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The Foundation Review is the first peer-reviewed journal of philanthropy, written by and for foundation staff and boards and those who work with them implementing programs. Each quarterly issue of *The Foundation Review* provides peer-reviewed reports about the field of philanthropy, including reports by foundations on their own work.

Our mission: To share evaluation results, tools, and knowledge about the philanthropic sector in order to improve the practice of grantmaking, yielding greater impact and innovation.

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Statement of the Editorial Advisory Board

We believe that the forthright sharing of information among foundations and nonprofits builds a knowledge base that strengthens their ability to effectively address critical social issues. We encourage foundation donors, boards, and staff to honor this transparency in their own practices and to support others who do so.

Editorial

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.

Teresa R. Behrens, Ph.D.
Editor in Chief, *The Foundation Review*
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Can Coaching Help Community Partnerships Promote Health Equity, Community Engagement, and Policy, Systems, and Environmental Changes? Results From an Evaluation

Jung Y. Kim, M.P.H., Lisa Schottenfeld, M.P.H., M.S.W, and Michael Cavanaugh, M.A., Mathematica

Keywords: *Community coalition, community partnership, evaluation, health equity, community engagement, coaching, technical assistance*

Introduction

Communities have increasingly formed multisector partnerships to address the social determinants of health and promote health equity (Erickson et al., 2017; Hogg & Varda, 2016; Mattessich & Rausch, 2014; Mays, Mamaril, & Timsina, 2016; Zahner, Oliver, & Siemering, 2014). Because no single sector can address all the factors that influence health, multisector partnerships have the potential to tackle challenging health issues by increasing collaboration across a range of stakeholders (Woulfe, Oliver, Zahner, & Siemering, 2010). Partnerships may use a variety of strategies to improve the health of their communities, from increasing availability of direct services to pursuing policy changes. Some evidence suggests that partnerships can have positive effects on health outcomes and health equity (Mays et al., 2016; McAfee, Blackwell, & Bell, 2015).

Truly collaborative work of partnerships is not easy; many struggle to build the capacities necessary for diverse stakeholders to pursue shared goals (Siegel, Erickson, Milstein, & Pritchard, 2018; Wolff, 2016; Woulfe et al., 2010). For example, partnerships require strong internal processes and structures, along with the skills, knowledge, and capacity needed to pursue health promotion activities (Roussos & Fawcett, 2000). In addition, partnerships require specialized skills in order to address longstanding health

Key Points

- Foundations and other entities have increasingly funded coaching and technical assistance to support multisector community partnerships to promote health and health equity. However, much remains to be learned about how coaching can best support these partnerships.
- As part of its efforts to build a culture in which everyone in the United States has a fair opportunity to be healthy, the Robert Wood Johnson Foundation partnered with the University of Wisconsin Population Health Institute to provide structured coaching to strengthen the capacities of community partnerships. The foundation contracted with Mathematica to evaluate the coaching program, focusing on whether it had an effect on strengthening the capacity of partnerships to prioritize policy, systems, and environmental changes; promote health equity; and increase community engagement.
- The evaluation found that the coaching program provided valuable support to many partnerships, helping some focus on policy, systems, and environmental changes. Integrating health equity and community engagement into a general health-promotion coaching model might be best suited for

(continued on next page)

Key Points (continued)

partnerships just beginning to develop a strategy to improve health equity. Partnerships that already have a strong understanding of health equity might benefit most from intensive, specialized technical assistance to address inequities. Some partnerships reported that coaching shifted their thinking around community engagement, but none reported increasing engagement as a result of coaching.

- To advance health equity and engage communities, we propose that funders consider investing in partnerships that already prioritize leadership of community members most affected by inequities. Specialized technical assistance may help leaders not affected by inequities to think critically about their community's history and structures of power, ongoing racial and power dynamics, and their own personal stories and levels of privilege.

inequities (Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010). Some practitioners argue that if partnerships are to make an impact on health inequities, they must explicitly address issues of social and economic injustice and structural racism; meaningfully engage community members most impacted by health inequities (hereafter, "community members") by giving them equal power in shaping the partnership's agenda and activities; and focus on promoting policy, systems, and environmental (PSE) changes rather than programmatic activities (McAfee et al., 2015; Wolff et al., 2016). Many partnerships struggle in these areas, including with their ability to integrate community members in partnership initiatives (Motes & Hess, 2007; Roussos & Fawcett, 2000; Siegel et al., 2018).

Foundations, government agencies, and other entities often use technical assistance to increase the ability of partnerships to improve health and health equity. Technical assistance strategies include coaching, facilitation, and didactic and experiential learning, and can be delivered through multiple formats (e.g., written products; webinars; in-person, video, and telephone meetings) and in varying levels of intensity and duration (Le, Anthony, Bronheim, Holland, & Perry, 2016; Lyons, Hoag, Orfield, & Streeter, 2016). Further, the content of technical assistance varies depending on whether its funders or recipients, or a combination, are driving the curriculum (Lyons et al., 2016; Mitchell, Florin, & Stevenson, 2002).

Coaching draws on empowerment theory, organizational change theory, and adult learning theory to build capacity among individuals, organizations, and community partnerships to bring about change (Motes & Hess, 2007). A coach acts as intermediary to facilitate action, offering guidance and support to leaders as they negotiate the challenges of community-based initiatives (Brown, Pitt, & Hirota, 1999). Rather than giving specific guidance on what to do or providing tangible support directly, a coach helps leaders figure out how to identify appropriate solutions and take action on their own (Hubbell & Emery, 2009; Smathers & Lobb, 2014). A coach's role in helping leaders develop cultural knowledge, examine their own individual and organizational culture, identify diversity, and strengthen efforts to engage community residents (Motes & Hess, 2007) are particularly relevant to promoting health equity and community engagement. For example, a coach can facilitate discussions around cultural awareness and diversity, encourage the use of self-assessment tools, identify resources, and provide training to build capacity in cultural competence. A coach can also advise partnerships on how to support the participation of community residents with tips on scheduling meetings and budgeting incentives for meeting participation.

Modest evidence suggests that varied types of technical assistance can help partnerships improve internal structures, processes, and communication, and can enhance skills in planning, implementing, and evaluating health promotion programs (Butterfoss, 2004; Chiappone et al., 2018; Hunter et al., 2009; Riggs, Nakawatse, & Pentz, 2008; Woods, Watson-Thompson, Schober, Markt, & Fawcett, 2014). Less is known about the effectiveness of coaching to

strengthen the ability of multisector partnerships to prioritize PSE strategies, health equity, and engagement of community members (hereafter, "community engagement").

As part of its efforts to build a culture in which everyone in the United States has a fair opportunity to be healthy, the Robert Wood Johnson Foundation partnered with the University of Wisconsin Population Health Institute and launched the County Health Rankings & Roadmaps Program (CHR&R) in 2010. CHR&R offered technical assistance through online resources and coaching to help communities build capacity to promote health and health equity. From 2014 to 2018, CHR&R offered a coaching program to individual community leaders seeking to form a new partnership and to teams of leaders representing existing partnerships.

The foundation contracted with Mathematica to evaluate the coaching program, focusing on whether it had an effect on strengthening the capacity of partnerships to prioritize policy, systems, and environmental (PSE) changes; promote health equity; and increase community engagement. This article summarizes the results and discusses ways in which coaching may have affected the ability of partnerships to incorporate these elements into their work; identifies lessons learned; and shares recommendations for funders interested in pursuing similar strategies.

The County Health Rankings & Roadmaps Coaching Program

The coaching program, one component of CHR&R, shared the larger program's broad goals of increasing awareness of the multiple factors (especially social and economic) that shape health and engaging and supporting multisector partnerships to help them improve health in their communities. (See Figure 1.)

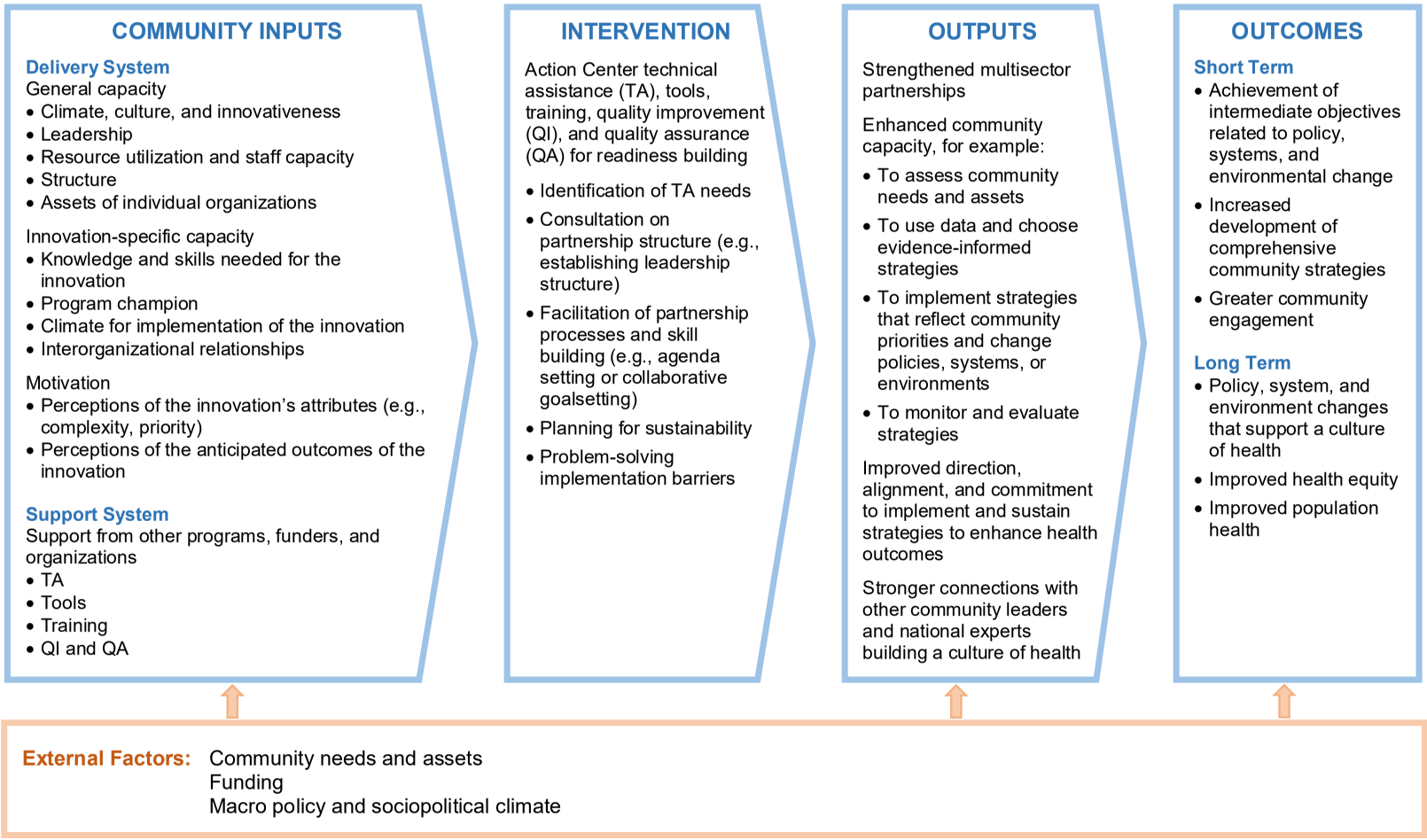
Community leaders learned about the coaching program through CHR&R, the Population Health Institute or foundation staff, or their other professional networks. To participate, community leaders submitted an application with information about their partnership, its goals, and a team of three to seven members who would participate in coaching. A range of informal, newly formed, and well-established partnerships applied. Coaching was intended for small teams representing a multisector partnership, with the intention that the team would then apply the coaching principles to its work with the broader partnership. However, individual leaders could also apply and participate. Hereafter, we refer to both coaching teams and individual leaders as "coaching teams." CHR&R program staff matched each team with a coach based on the partnership's goals and the coach's area of expertise and geographic location.

A coach's role in helping leaders develop cultural knowledge, examine their own individual and organizational culture, identify diversity, and strengthen efforts to engage community residents are particularly relevant to promoting health equity and community engagement.

Structure and Evolution

The general format for coaching involved three elements. (See Figure 2.) First, each team identified specific goals that members hoped to achieve during coaching, such as prioritizing partnership goals, incorporating community input into a strategic plan, or identifying ways to measure progress. Coaches then met with each team for 60 to 90 minutes once a month via tele- or videoconference. During each meeting, the coach briefly reviewed the team's coaching goal and action steps identified from the previous meeting, and then discussed the current issue or challenge identified by the team.

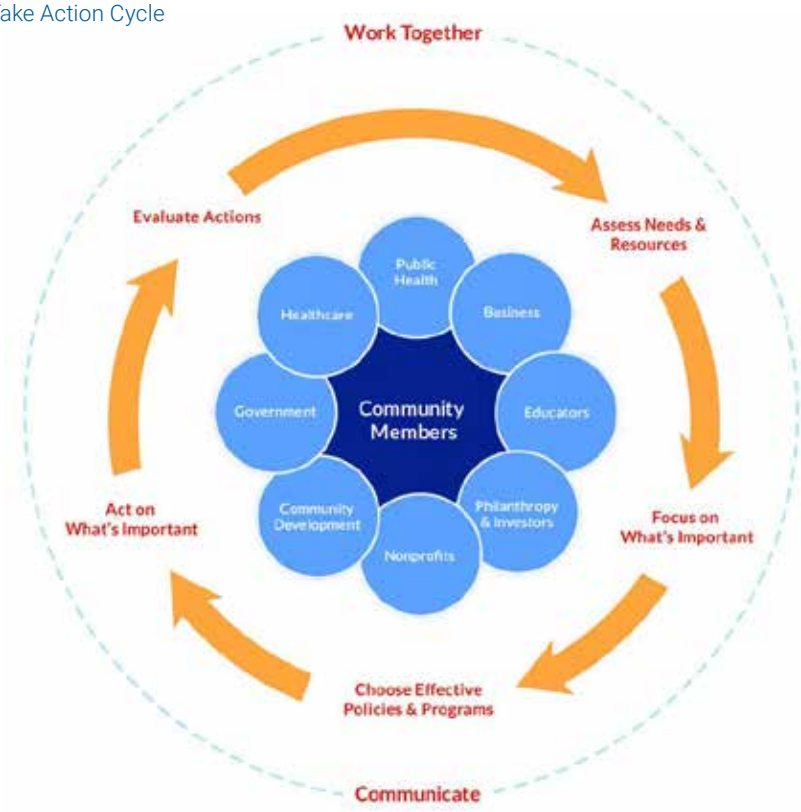
FIGURE 1 Conceptual Framework at the Start of the Coaching Program



Note: The community partnership is the primary delivery system change agent, which interacts with its existing support system. The inputs were informed by the Interactive Systems Framework for Dissemination and Implementation (Scaccia et al., 2015; Wandersman, Chien, & Katz, 2012; Wandersman et al., 2008). The outputs were derived from CHR&R, *Roadmaps to Health Coaching Program.* Available at http://www.countyhealthrankings.org/roadmaps/roadmaps-to-health-coaching.

FIGURE 2 Coaching Format

FIGURE 3 Take Action Cycle



Reprinted from University of Wisconsin Population Health Institute: https://www.countyhealthrankings.org/take-action-cycle

Coaches used the online tools and resources available on the CHR&R website to facilitate discussions and guide partnerships through steps of the Take Action Cycle and build partnership capacity. (See Figure 3.) For example, coaches used a tool called Team Blueprint to help the team clarify its partnership's goals, members' roles, and processes. Over the three- to 11-month coaching engagement, each team met with its coach for a total of three to 11 times and communicated by email in between meetings. Coaches also conducted one in-person site visit to each partnership to facilitate learning and capacity building. For example, a coach facilitated workshops for one partnership toward the end of the coaching period to help the community shift toward a systems-change approach. Although the program offered flexibility around the

timing of the site visit, most site visits during this period took place toward the end of the coaching engagement to allow enough time for the coaches to assess the team's skills and how to best use the site visit as a skills-building opportunity.

The original goal of coaching was to help multisector partnerships work together to improve health, and coaching covered many topics. During the coaching program, the priorities of the Population Health Institute and the foundation shifted to include an increasing emphasis in three areas:

- **PSE.** Coaching aimed to help partnerships shift from delivering more services or better programs toward a focus on PSE to create widespread community change. For example, a coach might encourage a partnership to consider promoting healthy school-lunch policies rather than introduce cooking classes in schools. Two tools that coaches frequently used to facilitate these discussions were the Intervention Planning Matrix guide, which helps partnerships identify which strategies are a program, systems change, environmental change, or policy; and the Policy Advocacy Choice Tool, which helps the partnership select a policy or systems change with the greatest likelihood of successful adoption.

- **Health equity.** Coaches sought to increase partnerships' understanding of health disparities and equity, strengthen their capacity to focus on equity, and/or help identify actions partnerships could take to promote health equity. Coaches tailored discussions based on each leader and team's understanding and comfort with equity. The County Health Rankings model provided coaches with a starting point for discussions about equity because, as one coach described it, the model helps illustrate that "where you live matters to your health." Coaches asked teams questions about their community's gaps in health or facilitated awareness activities to understand whether equity is an area of focus. Coaches also identified ways to connect equity to current issues of the partnership, such as building capacity for storytelling or addressing challenges connecting with community residents.

- **Community engagement.** Coaches tailored their support to help partnerships understand why community engagement was important, find ways to build trust with community members, and include community members in partnership planning and decision-making. Coaches approached community engagement by discussing partnership representation: who is at the table and whose voices are missing. Coaches encouraged teams to consider whether they truly engage people most affected by inequities or whether their activities focus on gathering input from community residents without providing an equal space for them to drive the conversation and decision-making.

Meeting Partnerships Where They Are

Coaches worked with teams representing partnerships at various stages of development, including individual leaders only beginning to develop relationships with potential partners, as well as partnerships that had collaborated for years. Teams also had varying levels of understanding of the concept of health equity and of experience with community engagement. Therefore, although coaches used the Take Action Cycle, they tailored coaching according to the starting place and needs of each team.

Coaches sought to strike a balance between helping teams pursue their self-identified goals, and encouraging progress toward PSE and an increased focus on equity and community engagement. For example, even if the coaching team had not identified community engagement as a goal, coaches might raise the issue proactively.

Coaches were recruited for their range of experience and expertise. As the program expanded, newer coaches, often people of color, spurred a more explicit emphasis on promoting equity and community engagement. Although CHR&R

TABLE 1 Partnership Characteristics

	Number of Teams	Number of Individuals	Total Number of Teams
Number of coaching teams	44	7	51
Teams with at least one completed interview	42	7	49
Duration of coaching[a]			
3 months	10	-	-
4 to 5 months	9	-	-
6 to 7 months	6	-	-
8 to 9 months	13	-	-
10 to 11 months	6	-	-
Total	44	-	-
Type of organization leading the partnership			
Health care system or medical center	6	0	6
Community coalition or partnership	6	0	6
County or municipal government department or agency (e.g., health department or city government agency)	12	3	15
Public school or university	4	0	4
State or regional service organization or foundation	16	4	20
Total	44	7	51
Geographic region			
Midwest (IA, IL, IN, KS, MI, MO, OH, WI)	15	0	15
Northeast (CT, MA, NH, NJ, NY, PA, VT)	12	1	13
South[b] (AL, FL, KY, MS, NC, TN, TX, VA)	13	0	13
West (CA, CO, OR, UT, WA)	4	6	10
Total	44	7	51

Source: Mathematica analysis of contact information provided by CHR&R.

[a] Information about the duration of coaching was not available for individual leaders.

[b] One partnership covered two states in the Midwest and South regions; for the purposes of this table, we included this partnership in the state in the South region in which respondents described conducting their activities.

staff actively sought ways to train all coaches to incorporate a focus on equity and community engagement, program leaders reported that coaches had varying levels of familiarity and comfort with these topics, depending on their training and experiences.

The Evaluation

Although coaches sought to improve many aspects of partnership structure and processes, the qualitative evaluation focused on understanding whether and how coaching helped strengthen partnerships' capacity in three areas: prioritizing PSE changes, promoting health equity, and strengthening community engagement. Because no two coaching interventions were the same, the evaluation, instead of attempting to measure progress toward a predetermined, universal goal, sought to understand whether teams made self-reported progress in any of these areas.

From September 2015 to August 2016, 51 coaching teams located in 28 states participated in the formal coaching program. (See Table 1.) CHR&R provided a list of 231 participants representing

the 51 coaching teams. Each coaching team included from one to nine members. We requested individual interviews with all participants, with the goal of interviewing two or three members of each coaching team.

Interviews

We interviewed one to four members of each coaching team, for a total of 105 participants representing 42 teams and seven individual leaders. We were unable to reach any participants from two teams. The majority of the 126 participants not interviewed did not respond to our outreach; 23 declined the interview (some said they lacked time or did not participate in enough coaching sessions), and 10 had non-working email or telephone numbers, changed organizations, or retired. We also interviewed all four CHR&R staff leaders responsible for the coaching program and seven of the eight coaches who provided coaching to the teams during the period of study.

To understand how coaching might have affected a partnership's work over the long term, we conducted 60-minute telephone interviews about 12 months after the coaching engagement ended. Semistructured interviews with coaching participants focused on the partnership's self-reported accomplishments, whether they prioritized PSE changes, the extent to which they understood the concept of health equity and sought to promote it, and ways in which they engaged community members in their planning and decision-making.

To understand the perspectives of coaches and staff leaders, we also conducted 60-minute semi-structured telephone interviews with 11 coaches and staff leaders. Topics included coaching content and strategies, barriers and facilitators to communities' ability to incorporate principles from coaching into their work, and whether and how coaches helped communities plan strategies to address health inequities and increase community engagement.

Analysis

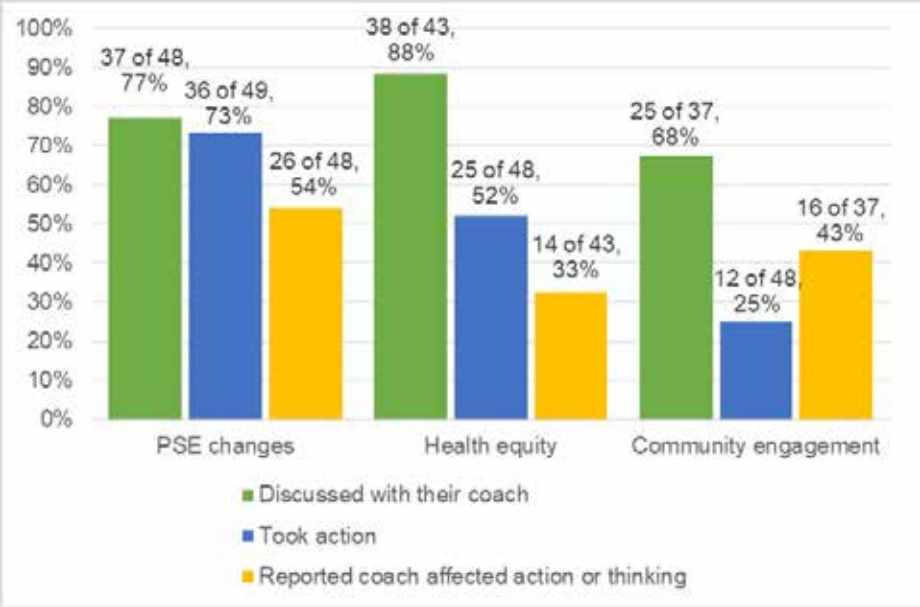
One of three evaluation team members read all the interviews from a single coaching team and summarized findings at the partnership level. A second evaluation team member reviewed the findings and confirmed information in the transcript as needed. In cases where there was disagreement, a third team member was brought in to review and discuss until consensus was reached. The evaluation team members analyzed interview transcripts using a grounded theory approach, whereby the team looked for emerging patterns in the data to identify themes. The team used an Excel database to document findings and conduct the analysis.

For each of the three areas of focus (PSE, health equity, and community engagement), we counted a team if at least one respondent said they discussed the issue with their coach, took action, or that coaching affected their partnership's action or thinking. To assess progress toward at least one PSE goal, we asked respondents to describe the kinds of actions the partnership had been taking to address the health issue on which their coaching team focused and the partnership's main accomplishment. We coded each initiative as PSE or non-PSE and whether the respondent reported progress. We asked respondents whether coaching played a role in the partnership's reported actions or accomplishments. As happens during qualitative interviews, some respondents did not answer specific questions (or answered in a way that did not address the question directly), and some interviews might not have covered a specific question. Thus, the total number of coaching teams in the denominator varies slightly by question. Teams whose respondents could not remember discussing an issue with their coach were included in the denominator.

Limitations

The evaluation offers important insights about the use of coaching, but has several limitations. First, we did not speak with all members of a coaching team. Those who did not respond to or declined our interview requests might have had

FIGURE 4 Summary of Findings



experiences different from those who agreed to an interview.

Second, our analysis of partnership progress relies on self-reports by coaching teams; we did not verify accomplishments. However, most respondents who reported progress were able to describe it in detail. Respondents were also frank about when they could not remember discussions with their coach or were unsure whether coaching contributed to their partnership's progress. We also did not attempt to track change over time. Rather, we conducted interviews after coaching concluded and asked participants to reflect on whether and how coaching affected their work.

Third, to give partnerships time to implement some work, we interviewed participants one year after coaching ended. However, some respondents had difficulty remembering aspects of coaching, including whether they had discussed certain topics with their coach. Finally, because partnerships are exposed to many potential influences, it is difficult to attribute changes in behavior solely to coaching.

Despite these limitations, we believe that our findings can help inform funders' strategies to support the work of community partnerships to promote PSE, health equity, and community engagement.

Results

Across the three areas of focus (PSE, health equity, and community engagement), more coaching teams reported progress with their partnership's efforts toward PSE than with their efforts to promote health equity or community engagement. (See Figure 4.) Respondents from over half the 49 coaching teams reported that the coaching program affected their partnership's approach to PSE; a third reported that coaching affected their partnership's approach to health equity, and less than half reported that effect on their approach to community engagement.

Given the range of developmental stages and goals with which the partnerships began the program, the light-touch coaching intervention, and the complexity of the potential topics addressed during coaching, one might expect the program to affect capacity differently for each partnership

[O]ne respondent observed, "Members of our executive committee that were part of coaching were the ones that drove hard to incorporate racial equity statements in our charter documents for the coalition. That would probably be the biggest, really concrete change that we made relative to [coaching]."

across the areas of PSE, health equity, and community engagement.

Policy, Systems, and Environmental Changes

Coaches connected teams to tools and resources to help them develop or deepen the skills and knowledge needed to select and implement PSE changes. We hypothesized that this could have led partnerships that did not already have a focus on PSE to consider, select, or implement it instead of only programmatic interventions.

Respondents from 73% of coaching teams (36 of 49) reported that their partnership made progress toward at least one PSE goal during coaching or since coaching ended. Most commonly, PSE changes focused on changing health behaviors or the environment to support healthy behaviors, for example, creating walking paths or safe places for physical activity, improving access to healthy food, or passing policies to reduce tobacco use or exposure.

Over half (54%) of the teams (26 of 48) said that coaching helped them pursue those changes (22 teams) or affected their approach (four teams). Of those that made progress toward PSE changes:

- Ten said that coaching helped identify potential local policies (as most teams felt federal policy approaches were unattainable), identify politically feasible PSE approaches, or narrow their focus to a potential PSE change that felt achievable.
- Eight said coaching helped with partnership processes, membership, and leadership, which equipped them to advocate for policy changes.
- Eleven noted that although coaching did not play a direct role in their decision to pursue PSE, it helped formalize ideas, build soft skills (such as partnering), or coalesce others around a shared goal, which strengthened the partnership as it sought PSE changes.

Four teams said that coaching affected their approach, but did not report progress toward PSE. Seven other teams focused on programmatic goals or activities not aimed at PSE changes (such as supporting community gardens or offering nutrition education or cooking classes), and partnerships for five teams disbanded (and thus did not make progress) or did not work on collaborative projects.

Six teams described several challenges when trying to shift the partnership's focus from programming to PSE. A few perceived that PSE changes would be similar to policy advocacy, which their funder(s) would not allow, or would require involvement in politics, with which they had little experience. Others said they lacked the appropriate stakeholders to address PSE effectively. In addition, teams from well-developed partnerships noted the need for specialized support, for example, to help them plan PSE changes in inner cities or related to living wages or effects of incarceration on families.

Incorporating Health Equity

As some coaches began to incorporate health equity into more discussions, we hypothesized that partnerships could have changed various aspects of the partnership's structure or work to reflect a greater emphasis on health equity.

Over half (52%) of the coaching teams (25 of 48) described implementing initiatives to promote health equity during or after coaching. Many (21 of 48) took steps to address specific inequities in their communities, such as engaging in system-wide coordination or planning to advance equity or in developing targeted programs with marginalized populations. For example, one partnership provided assistance to low-income families of color as a way to improve kindergarten readiness, an area of disparity. Ten partnerships sought to raise awareness about health equity by writing reports or white papers, conducting trainings, or convening educational events to increase their communities' focus on equity. One of these partnerships developed an infographic to share with policymakers on health inequities within a local neighborhood. Ten partnerships incorporated health equity into their governance structures: they included a focus on equity in their mission statements or goals, or set up work groups dedicated to equity. For example, one respondent observed,

> Members of our executive committee that were part of coaching were the ones that drove hard to incorporate racial equity statements in our charter documents for the coalition. That would probably be the biggest, really concrete change that we made relative to [coaching].

Respondents from 88% of the teams (38 of 43) said they discussed health equity with their coaches. Of these 38, 14 said that their coaches affected their approach to health equity, and most said that coaches helped increase understanding of or capacity to address health equity. For example, a few teams said that coaching helped them shift their focus to identifying and targeting services to specific populations and away from the health of the general population. Coaching also helped draw attention to the importance of health equity; during a site visit, one coach gave a presentation on health equity to partnership members and the wider community.

Some teams made the link between health equity and community engagement and indicated that coaches helped them diversify partnership membership and understand how differences in experience between the coaching team and community members could affect the team's approach to health equity.

[O]ne respondent said that coaching "played a role in influencing how we develop our goal around health equity. [Health equity] is something that gets talked about a good bit, but we were kind of struggling, understanding how [to] go beyond educating people."

Coaching helped a few partnerships go beyond raising awareness about equity to actively promoting it. This included learning how to use data to target those most affected by inequities and thinking about how to engage elected officials on issues related to health equity. For example, one respondent said that coaching

> played a role in influencing how we develop our goal around health equity. [Health equity] is something that gets talked about a good bit, but we were kind of struggling, understanding how [to] go beyond educating people. Part of our conversation with [our coach] was thinking about our goal, to get people to take some type of action [and] take ownership … to give individuals and organizations the tools they need to make changes within their sphere of influence. The best way to do that, we thought, is this training on equity … and providing ongoing assistance on addressing health equity. Thinking through how to do it came out of conversations with [our coach] and others on our team.

About half (23 of 43) of the teams said the discussions with their coach about health equity did not affect their work. Most of these teams said that their partnership was already focused on improving health equity.

One respondent observed, "We are not that racially or ethnically diverse, but we certainly face the issue of poverty. And we don't always do a great job … to pull in someone that is living in poverty to the same table as decision-makers."

Respondents from 28 teams described at least one challenge addressing health equity. A few noted that some members of their partnership or wider community did not understand health equity or did not agree it should be a focus of their work. For example, one partnership advocated for building greenways in lower-income neighborhoods, but some argued that those in such communities could drive to greenways in other neighborhoods. Another community thought it was addressing health equity by offering free summer camps to all, but acknowledged that lower-income people did not attend because the partnership lacked a "formal communication link with that group of folks."

In terms of challenges to incorporating health equity into their work, coaching teams cited difficulty engaging community members. A few cited the national, state, or local political climates. Others struggled to identify or select clear, evidence-based actions they could take.

Seven teams, mostly in rural areas, responded to the evaluation questions about equity by stating that their entire community faced challenges with poverty, and that they sought economic equity for their community relative to other nonrural communities, rather than attending to inequities that might exist within their own communities (e.g., along racial lines). Some specifically noted that because their communities were mostly white, they did not address racial or other inequities. But one respondent from a majority-white community reported that the partnership's lack of knowledge of potential racial inequities in their community was an issue they hoped to address.

Community Engagement

As coaches began to incorporate community engagement into more discussions, we hypothesized that partnerships could have shifted their focus to reflect a greater emphasis on it.

One quarter (25%) of teams (12 of 48) reported that their partnerships included community members in planning and decision-making (seven teams) or had made some progress (five teams) during or after coaching. Two partnerships required that 50% of the membership of all their work groups needed to be people directly affected by the groups' issues. A third partnership ensured that all its work groups included at least one community member; it also developed leadership programs to prepare predominantly Spanish-speaking residents and youth to take part in the partnership and advocate for policy changes. Another partnership described building deep relationships with community-based organizations led by members of groups most impacted by inequities. One respondent described their partnership's community engagement efforts in this way: "Everything we've done has been from the place of reaching out to the community first and building their voice in — building their leadership capacity within the conversation, not just creating practitioner spaces."

Most teams (36 of 48), however, did not report engaging community members in planning and decision-making during or after coaching. Respondents from 27 teams said they included professionals who worked at service agencies but no community members served by those agencies. Some respondents understood the distinction and said they wanted to engage community members; 16 seemed to equate the inclusion of service providers with community engagement, or said that service providers could speak for the community members most affected by inequities. One respondent observed,

> We are not that racially or ethnically diverse, but we certainly face the issue of poverty. And we don't always do a great job … to pull in someone that is living in poverty to the same table as decision-makers. Rather, organizations that work directly with [people living poverty are] more likely to have a seat at those discussions, and that's something we've recognized we need to change, but sometimes change is easy to talk about and harder to make.

Respondents from 18 teams (including those representing partnerships with a strong focus on health equity) said their partnerships collected data from community members without including them in making decisions.

Coaches sought to help partnerships improve their understanding of community engagement and identify ways to better engage community members. Respondents from 68% of teams (25 of 37) said they discussed community engagement with their coach, and 43% (16 of 37) said coaching affected their approach. Teams reported that coaching helped increase their understanding of meaningful community engagement, encouraged them to invite community members to join their teams, helped identify strategies for building trust with community members, and helped them consider ways to change their structures and approaches to better incorporate community members into their partnerships. One respondent said,

> Our coach talked about the importance of not just throwing community members in there, but making sure that we gave them a voice, that they were a full part of what was happening and had decision-making power and weren't just tokens.

Of the 16 teams reporting that coaching had affected how they thought about or approached community engagement, 11 still had little engagement after coaching ended. Of the five partnerships rated as having strong engagement after coaching, most said they had prioritized community engagement before coaching began.

Respondents from 31 teams described at least one challenge with community engagement. Some teams reported that their coach encouraged

One respondent said, "Our coach talked about the importance of not just throwing community members in there, but making sure that we gave them a voice, that they were a full part of what was happening and had decision-making power and weren't just tokens."

them to improve community engagement, but that they had not succeeded. Some did not agree with or chose not to implement the coach's suggestions. Others said they could not figure out how to put the suggestions into action or did not receive specific enough guidance. A few respondents reported that "life challenges" made it difficult for community members to commit to the partnership or take a leadership role (e.g., community members were unable to take time off work to attend partnership meetings consistently); notably, the systemic inequities that partnerships tried to address often contributed to these challenges.

Some coaches offered their perspectives and reflections on why some partnerships had difficulty engaging community members. A few noted that many partnerships were composed primarily of professionals who were not affected by inequities or did not have direct connections to the communities they sought to engage, which created several challenges:

- Discomfort or lack of interest in examining dynamics related to power and race within partnerships and communities. For example, one coach described that when partnerships do not give the voices of community members the same weight as those

Our findings suggest that integrating health equity and community engagement into general community-improvement coaching might be best suited for partnerships just beginning to develop a strategy to improve health equity.

of the professionals, they create a "virtual kids' table" for community members.

- An inability or unwillingness to schedule meetings so that working community members could attend or to compensate community members for attending, even though professionals in the partnership are paid for their time.

- Unfamiliarity, discomfort, or a lack of trust with working across socioeconomic, racial, ethnic, or age divides, and uncertainty about how to build trust.

Discussion

Coaches provided support on a broad range of topics to build partnership capacity. Our evaluation found that the coaching program helped some partnerships pursue PSE changes. These findings are consistent with literature demonstrating that technical assistance more broadly can help partnerships build the skills needed to plan, implement, and evaluate health-promotion programs. Although coaches attempted to incorporate a focus on health equity and community engagement, our results suggest that coaching was less effective in helping partnerships make progress in these areas.

Our findings suggest that integrating health equity and community engagement into general community-improvement coaching might be best suited for partnerships just beginning to develop a strategy to improve health equity. Multiple teams cited ways in which their coach helped them understand, raise awareness, or incorporate health equity into the partnership's structure or governance. A limited number of teams indicated that coaching helped their partnerships move from an understanding of equity to an ability to take concrete action to address inequities in their communities, suggesting that coaching may be less effective for partnerships that already have a strong understanding of health equity and might require intensive, specialized technical assistance to address inequities. Similarly, although some teams reported that their coach helped them understand the importance of community engagement or think about how to increase engagement, none reported increasing engagement as a result of coaching.

These findings are unsurprising, as progress toward reducing health inequities nationwide has been elusive (Bleich, Jarlenski, Bell, & LaVeist, 2012; Fawcett et al., 2010), and community engagement is a long-standing and well-documented challenge for public health partnerships (Roussos & Fawcett, 2000). Coaching practitioners have noted that these concepts are linked; without meaningful engagement of community members, community change interventions are less likely to be effective or sustainable (Kahl, Emery, & Holmes, 2016). The leadership of community partnerships largely by traditional institutions, rather than grassroots groups, is one key reason for this struggle (Cheadle et al., 2008; Erickson et al., 2017; Himmelman, 2001). Public health, health care, and nonprofit institutions are often dominated by professionals who do not have personal experience of inequities or direct connections to communities most impacted by inequities (hereafter "professionals").[1]

[1] We acknowledge that every person has intersectional identities, whereby some aspects of their identity afford them privilege (e.g., possessing a high level of education) and others result in personal experiences of inequities (e.g., being a person of color). At the same time, we acknowledge the observations from coaches and findings from the broader literature describing the divide that often exists between professionals (as defined here) and communities who, as a whole, have historically had less power and privilege, and have experienced the impacts of forces such as systemic racism and lack of access to economic opportunities.

This poses several challenges. First, professionals often bring a hierarchical perspective to leadership, in which public health officials or health care executives control agenda-setting, budgets, and timelines, and value professional expertise over personal experience with inequities (Nelson, Prilleltensky, & MacGillivary, 2001; Roussos & Fawcett, 2000). For example, some professionals have spent years using epidemiological data and tend to prioritize the use of these data over the knowledge and ideas from community residents. Further, they often establish partnership meeting times and locations that are most comfortable and convenient for professionals, rather than for community residents.

In addition, the culture and unspoken rules of a partnership dominated by professionals are likely to be uncomfortable or intimidating and to discourage involvement of community members and leaders (Nelson et al., 2001; Roussos & Fawcett, 2000). Finally, lead agencies for partnerships often do not prioritize or do not have the mechanisms to compensate community residents for their time, despite the fact that professionals are paid for their own involvement. Having dedicated resources to compensate community members—for travel or child care expenses, for example—might help to reduce some of these barriers to participation.

CHR&R coaches and staff described similar challenges in their efforts to promote community engagement with coaching teams:

- Many partnerships lacked relationships with community members, and many lacked the skills, authority, or willingness to deviate from the partnership's standard processes and structures to engage community members.

- Conversations about the partnership's approaches to health equity and community engagement often touched on sensitive issues related to race and power, which were challenging to hold in a virtual setting and during once-a-month calls.

- Coaches had different life experiences from one another and from the coaching participants. Fewer partnerships reported discussing community engagement with their coaches, as compared to health equity. This could indicate that coaches' varied backgrounds affected the content of coaching, or that coaches did not think some teams were ready to discuss community engagement.

For successful community engagement, partnerships and the agencies leading them need to acknowledge differences in power between professionals and community residents and be willing to share and redistribute power. Multisector partnerships have garnered support from institutions and entities with power for advancing a community's health agenda. Prioritizing partnership membership by the community's power brokers, such as CEOs and elected officials, is likely to magnify differences in power and perpetuate the development of initiatives misaligned with the needs of marginalized communities. A study of local multisector health partnerships, nominated by outside observers for being well developed, found that few of these partnerships "developed mechanisms to ensure that residents have both voice and power in the work" (Siegel et al., 2018, p. 33).

Conclusion

The coaching program provided valuable support to many partnerships, helping some of them change their approach to focus on PSE. Coaching also affected some partnerships' thinking around and approach to health equity, albeit to a lesser extent than for PSE. Although some teams reported that coaching shifted their thinking around community engagement, coaching did not appear to affect their ability to take action within the follow-up period of this evaluation.

As funders and practitioners consider strategies for supporting community partnerships that seek to advance health equity and engage communities, we propose two considerations.

One is to invest in partnerships that already prioritize leadership of community members most

[T]o fundamentally shift their approach to community engagement, partnerships may need a more intensive technical assistance approach to help leaders think critically about their community's history and structures of power, ongoing racial and power dynamics, and their own personal stories and levels of privilege.

affected by inequities. Funders interested in promoting community efforts to advance equity and engage communities may consider which organizations are best positioned to pursue these goals. CHR&R coaches reported that formal institutions (such as public health departments), made up of professionals, led most partnerships they coached. These partnerships often faced challenges when trying to engage the community. Grassroots groups, in contrast, already have strong community ties (Erickson et al., 2017; Himmelman, 2001).

If the goal is health equity, then supporting partnerships that are already led by community members and/or are structured to prioritize community engagement (for example, by requiring that at least 50% of work group members are directly affected by the issues the group seeks to address) has the potential to be more effective than trying to steer partnerships led by professionals toward community engagement. Partnerships led by community members may still benefit from coaching to help them improve partnership processes and structures; gain technical, topic-specific expertise; and create action plans. Recruiting grassroots groups into a coaching program may, however, require different or more intensive strategies, as these groups may have fewer connections with major foundations or national health initiatives, and less likely to reach out proactively for assistance.

Another strategy worth consideration is investing in intensive, specialized technical assistance to help partnerships led by professionals engage communities and take action to promote equity. As many multisector partnerships are likely to continue to be led by professionals who may not be directly impacted by health inequities or have few direct connections to communities who are directly impacted, funders might also consider other assistance that might be better suited to helping these partnerships promote health equity and engage communities. Including these topics in a coaching program appears to have affected some partnerships' thinking about health equity and community engagement, which suggests that coaching could play a role in planting seeds for future efforts.

However, to fundamentally shift their approach to community engagement, partnerships may need a more intensive technical assistance approach to help leaders think critically about their community's history and structures of power, ongoing racial and power dynamics, and their own personal stories and levels of privilege. Increased in-person and more frequent interactions may be necessary to build the trust necessary to tackle sensitive issues related to race and power dynamics. In addition, hiring, training, and dedicating specific technical assistance providers to address these challenging topics would provide partnerships with more specialized support. Finally, this approach might require dedicating resources to partnerships that are ready and willing to address equity and community engagement, and need assistance identifying or implementing steps for how to do so. Issuing a specific call for applications could help attract these types of partnerships.

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Moving Upstream: An Intersectoral Collaboration to Build Sustainable Planning Capacity in Rural and Appalachian Communities

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Introduction

In the early 1990s, data-driven health planning emerged as a disease-prevention strategy for public health issues such as substance abuse (Springer et al., 2004). Substance-use prevention initiatives historically had focused on programs delivered to small groups of individuals, and were not necessarily achieving the desired population-level outcomes (Orwin, Edwards, Buchanan, Flewelling, & Landy, 2012). As a result, grantmakers, policymakers, researchers, and evaluators tried various approaches to strengthen the selection and implementation of evidence-based strategies to achieve those outcomes (Aarons, Hurlburt, & McCue Horwitz, 2011).

While some grantmakers advocate to preselect strategies for organizations (Easterling & Main, 2016), this approach runs the risk of being presumptive (Couto, 2003) rather than empowering (Fetterman, Kaftarian, & Wandersman, 2015). Instead, for the initiatives discussed in this article, the Substance Abuse and Mental Health Services Administration (SAMHSA) promotes an alternative approach: community-driven strategy selection based upon local data. This approach is useful because while many proven prevention strategies exist (SAMHSA, 2017), organizations that are able to chart their own course using a data-informed approach can more effectively address community public health concerns in a more culturally relevant and sustainable manner (Trent & Chavis, 2009).

Key Points

- As part of an effort to address health inequities in Appalachian and rural Ohio, the state's Department of Mental Health and Addiction Services developed an upstream intersectoral health innovation that specifically addressed the lack of infrastructure and other capacity issues that create barriers to obtaining federally funded prevention services among communities with the highest need for those services.
- The department partnered with two nonprofit organizations and a university to create a performance-based, stepping-stone investment strategy that provided monetary awards to community organizations and included intensive, customized training and technical assistance that promoted capacity-building for data-driven strategic planning.
- This article discusses successes and lessons learned from implementing this infrastructure development initiative, which strengthened capacity of local prevention workforces in six Appalachian and rural communities. The findings will be helpful to foundations as they structure and evaluate funding opportunities to sustainably address persistent inequities in health and mental health.

[C]ommunities that are socially and economically vulnerable and lack access to community-level data are at even greater risk of health inequities because they do not have the necessary resources to effectively address their health issues.

Likewise, philanthropic grantmakers have shifted their expectations when funding public health prevention efforts. They no longer simply award grants, but instead make investments in initiatives, organizations, and communities that carry a desired "return on grantmaking" (McCracken & Firesheets, 2010, p. 55). Philanthropy also has moved toward making longer-term, multiyear investments in recognition that evidence-based prevention strategies need sufficient time to impact public health concerns (Julnes, 2019; Schell et al., 2013; Bartczak, 2013). Multiyear investments often include expectations of grantees to produce positive community outcomes, which means they need community-level data to track and report those outcomes.

While these shifts help optimize the impact of both government and philanthropic dollars, the approach overlooks a potential upstream social determinant of health (U.S. Department of Health and Human Services, 2010). Communities that are socially and economically vulnerable often lack the data and infrastructure necessary to select and implement locally determined evidence-based strategies (Brownson & Bright, 2004). According to Bharmal, Derose, Felician, and Weden (2015), upstream health innovations include those that provide socially and economically vulnerable communities with resources to protect and improve health. Importantly, researchers have noted that one of the biggest barriers to implementing effective substance-use prevention strategies is a lack of community-level data related to key indicators that drive the intervention selection process: consumption of substances, consequences of substance use, and community and individual risk and protective factors (Brownson & Bright). As such, communities that are socially and economically vulnerable and lack access to community-level data are at even greater risk of health inequities because they do not have the necessary resources to effectively address their health issues (Braveman, Arkin, Orleans, Proctor, & Plough, 2017).

Around 2010, state leaders in Ohio, along with other partners, began noticing health inequities in the state's Appalachian and rural regions, which historically have been vulnerable to behavioral health and economic disparities. Sixty-one of Ohio's 88 counties are designated as Appalachian and/or rural and struggle to equitably compete for substance-use prevention funding. For example, under the Strategic Prevention Framework–State Inventive Grant (SPF SIG), a five-year (2009–2014) SAMHSA initiative, only nine of those 61 eligible communities submitted applications to become federal subrecipient grantees. Further, only five had strong enough applications to be selected. Under a subsequent (2014-2019) five-year SAMHSA initiative, state leaders and other partners intentionally restricted eligibility for funding to communities designated as Appalachian or rural. Organizations from 24 of those 56 communities applied to become federal subrecipient grantees, and nine were selected. Although the number of applications from Appalachian to rural communities was greater than for the previous initiative, the comparatively small number of applications amplified concerns about deeper health inequities within those communities.

Ndumbe-Eyoh and Moffatt (2013) argue that action must be taken on social determinants of health in order to address health inequities. Since most social determinants lie outside of the health care sector, the authors note the importance of having intersectoral collaborators. In particular, they advocate for partnerships among both governmental and nongovernmental agencies, especially those outside of the health care delivery system.

With this in mind, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) developed an upstream intersectoral health innovation for six Appalachian and rural communities. Three organizations — an institute of higher education, a nonprofit research and evaluation organization, and a nonprofit substance-use prevention organization for youth — partnered with the state agency to empower six Appalachian and rural community organizations to collect community-level data and then articulate a data-driven strategy selection process for their communities. Since financial investments alone are often insufficient to ameliorate disparities in vulnerable communities, graduated micro investments were offered with intentional wraparound support that included coaching, training, technical assistance, and evaluation services — all at no cost to the communities.

Since financial investments alone are often insufficient to ameliorate disparities in vulnerable communities, graduated micro investments were offered with intentional wraparound support that included coaching, training, technical assistance, and evaluation services — all at no cost to the communities.

Background

In federal fiscal year 2015, the OhioMHAS received a five-year, $8.1 million award under a cooperative agreement with the SAMHSA that aimed to address health inequities in the state by increasing access to evidence-based prevention services among Appalachian and rural communities. The SAMHSA's Strategic Prevention Framework Partnerships for Success (SPF-PFS) initiative included three goals:

1. Increase prevention services by building workforce capacity and infrastructure.

2. Prevent or reduce consequences of underage drinking for persons aged 12 to 20.

3. Reduce prescription drug misuse and abuse among persons aged 12 to 25.

As a federally supported initiative, grantees are required to use the Strategic Prevention Framework (SPF), a multiphased, evidence-based planning framework that supports the selection and implementation of culturally relevant, sustainable, and effective substance-use strategies using local data (SAMHSA, 2017). The framework has the advantage of being a comprehensive planning process with broad applicability to many substance-use and mental health issues. However, it requires access to community-level data to drive decision-making (SAMHSA, 2017), which parallels other population health initiatives that focus on "broad health outcomes" (Kindig, 2007, p. 142–143). Further, the SAMHSA (2006) requires national outcome measures (NOMs) to ensure uniform reporting of outcomes. This, however, perpetuates a critical health disparity among communities designated as Appalachian and rural that are socially and economically vulnerable and often do not have access to or the capacity to collect community-level data (Brownson & Bright, 2004; Borlawsky, Lele, Jensen, Hood, & Wewers, 2011). Such communities now have an additional barrier to implementing effective public health prevention strategies because they lack community-level consumption, consequence, and risk and protective factor data, which are needed to apply for grant funding, select population-level strategies, and evaluate outcomes (Brownson & Bright).

In 2016, the OhioMHAS issued a competitive request for proposals (RFPs) to fund community organizations from counties designated as Appalachian and rural to engage in the SPF-PFS initiative as subrecipient grantees. The department received 24 responses and selected

nine to become full subrecipient grantees with three-year contracts, renewed annually (Ware et al., 2019). Despite an RFP exclusively focused on funding Appalachian and rural communities, reviewers noticed a paucity of competitive responses from select areas of the Appalachian Ohio region. Among the nonselected proposals, some lacked critical structural elements for competitive substance-use prevention, including experience using the SPF planning process to implement prevention strategies and access to local data for community-level decision-making and national reporting requirements. As a result, the OhioMHAS decided to test an innovative upstream intersectoral approach to address these health inequities.

Methods

Given that capacity building requires dynamic and variable processes (Patton, McKegg, & Wehipeihana, 2016), the OhioMHAS collaborated with two partners to design and implement a contextually responsive evaluation: research scientists with evaluation and substance-use prevention expertise from Ohio University's Voinovich School of Leadership and Public Affairs and from the nonprofit Pacific Institute for Research and Evaluation. Ultimately, the three partners decided to use a developmental evaluation approach (Patton, 2011) because they knew the outcomes sought by the SAMHSA, but not all of the underlying assumptions to achieve them (Fitzpatrick, Sanders, & Worthen, 2010). Methodologically, a developmental evaluation approach emphasizes real-time, rapid-cycle feedback with the goal of nurturing strategic learning throughout the process. The collaborative nature of this approach also made sense given the capacity-building goals of the initiative, which focused on addressing an upstream social determinant of health.

In addition to offering technical assistance and training, evaluators acted as facilitators and conveners, engaging all involved in evaluative thinking, reflecting, and learning. They used reflective practice as a method of inquiry to systematically capture the evolving needs and achievements of the community organizations, including the iterative process of acting and reflecting to allow for continuous learning and adaptation (Patton, 2011). The evaluators also drew from empowerment evaluation principles: nurturing community ownership, inclusion, community knowledge, and organizational learning throughout the process (Fetterman et al., 2015).

When compiling the findings for this article, the authors utilized document analysis as a key method of study (Bowen, 2009). We reviewed three time points — baseline, end of year one, and end of year three — and analyzed the initial RFP, the submitted proposals, completed products and deliverables, and other artifacts. (See Table 1.) To frame this article as a case study, we also applied several validation strategies to ensure methodological rigor (Creswell & Miller, 2000). First, we had prolonged engagement in the field from the developmental process, which gave us time to learn from and document ideas and experiences. Other validation strategies included triangulation of findings, peer debriefing, and thick, rich description from documents, observations, and notes.

Innovative Strategy

Mini-Awards

The OhioMHAS created a series of tiered mini-awards to build organizational readiness and data capacity over a three-year period among the six community organizations. (See Table 2.) Based on the identified needs of these organizations, the department established two cohorts of awardees. The first cohort, consisting of two Appalachian community organizations, became the "data community cohort"; these organizations had no experience using the SPF and lacked community-level data on any of the NOMs. The second cohort, consisting of four communities (three Appalachian and one rural), became the "community readiness assessment cohort"; most had community-level access to at least some of the NOMs, which they could use to identify a problem of practice and begin assessing the readiness of their communities to address the problem.

The U.S. Census Bureau (2016) population estimates for 2015 for these communities ranged

TABLE 1 Mini-Award Timing and Data Sources

Time Points	Time Periods	Data Sources
Baseline	Sept. 1, 2016	• Documents (RFP, proposals) • Artifacts (notes, professional correspondence)
End of Year 1	June 30, 2017	• Observations • Documents (deliverables) • Artifacts (notes, correspondence)
End of Year 3	Sept. 30, 2019	• Observations • Documents (deliverables) • Artifacts (notes, correspondence)

Note: OhioMHAS originally contracted with the organizations based on the state fiscal year. Year one ran from July 1, 2016, to June 30, 2017. In year three the dates shifted to the federal fiscal year, which made the final year a 15-month period, from July 1, 2018, to Sept. 30, 2019.

TABLE 2 Characteristics of Mini-Award Communities

County Type	Organization Type	2015 Census Population	2016 ARC Economic Status
Appalachian	Medical foundation	28,000	Distressed
Appalachian	Mental health services provider	28,000	Transitional
Appalachian	Addiction and mental health services board	43,000	At-Risk
Appalachian	Nonprofit prevention organization	61,000	Transitional
Rural	Mental health services provider	45,000	N/A
Appalachian	Health coalition	77,000	Distressed

from 28,000 to 77,000. In addition, they all had high five-year (2009–2013) poverty rates and high three-year (2011–2013) average unemployment rates relative to the state and nation (Appalachian Regional Commission [ARC], 2016). In terms of economic classifications, the ARC designated two as distressed (lowest ranking out of five), one as at-risk (second lowest) and two as transitional (middle ranking) in 2016.

Tiered Funding

The OhioMHAS offered each cohort tiered investments over a three-year period and based continuation each year on demonstrated performance (e.g., completion of deliverables and buy-in). (See Table 3.) The two organizations in the data community cohort had infrastructural data-collection needs, and each received $2,500 in year one for staff to support those efforts. In year two, they were eligible for additional investments of up to $5,000 to select a problem of practice and begin coalescing efforts around that issue. In year three, they were eligible for up to $52,500 to complete the other SPF phases.

The four organizations in the community readiness cohort appeared ready to select their problem of practice and coalesce efforts around

TABLE 3 Tiered Funding and Performance Requirements

Data Community Cohort Mini-Awards	Community Readiness Cohort Mini-Awards
Year 1 (Eligible for up to $2,500) • Participate in learning community • Negotiate memoranda of understanding with schools • Develop quantitative data collection plan for community-level national outcome measures (NOMs)	***Year 1 (Eligible for up to $5,000)*** • Participate in learning community • Establish prevention data committee • Develop quantitative data collection plan for community-level NOMs • Identify problem of practice • Complete community readiness assessment • Reflect on overall readiness and community-level data
Year 2 (Eligible for up to $5,000) • Participate in learning community • Establish prevention data committee • Update quantitative data collection plan • Identify problem of practice • Complete community readiness assessment • Reflect on overall readiness and community-level data	***Year 2 (Eligible for up to $60,000)*** • Participate in learning community • Continue prevention data committee • Update quantitative data collection plan • Complete needs assessment • Process results and develop strategic plan map • Articulate theory of change and theory of action for outcomes • Participate in prevention conferences for professional development
Year 3 (Eligible for up to $52,500) • Participate in learning community • Continue prevention data committee • Update quantitative data collection plan • Complete needs assessment • Process results and develop strategic plan map • Articulate theory of change and theory of action for outcomes • Begin implementation of strategies • Evaluate results • Plan for sustainability • Participate in prevention Conferences for professional development	***Year 3 (Eligible for up to $60,000)*** • Participate in learning community • Engage a community action theory • Update quantitative data collection plan • Implement strategies • Evaluate results • Plan for sustainability • Participate in prevention conferences for professional development

that issue. They received up to $5,000 in year one to shore up data-collection plans and conduct a community readiness assessment. In each of the two subsequent years, they were eligible for up to $60,000 to complete the other SPF phases.

Customized Networked Learning

When building capacity, the type of structural supports offered by grantmakers matters (Grantmakers for Effective Organizations [GEO], 2014a). The OhioMHAS used funding from the SPF-PFS initiative to contract with three nongovernmental partners to offer extensive wraparound support: the Voinovich School of Leadership and Public Affairs at Ohio University, the Pacific Institute for Research and Evaluation, and PreventionFirst!, a nonprofit youth substance-abuse prevention organization and former subrecipient of the prior SPF initiative in Ohio (SPF SIG). The partners collaborated with state leaders to engage the mini-award recipients in intensive, networked learning events; peer-to-peer sharing; and personalized technical assistance. In addition, each grantee was assigned a local evaluator and content-expert coach to provide intensive, direct technical assistance.

TABLE 4 Access to Community-Level National Outcome Measures

Organization Type	Baseline		End of Year 1		End of Year 3	
	Access to Data	Annual Basis	Access to Data	Annual Basis	Access to Data	Annual Basis
Medical foundation	No access	No	Access to all	Yes	Access to all	Yes
Mental health services provider	Access to some	No	Access to all	Yes	Access to all	Yes
Addiction and mental health services board	Access to all	No	Access to all	No	N/A	N/A
Nonprofit prevention organization	No access	No	Access to all	Yes	Access to all	Yes
Mental health services provider	Access to some	No	No	No	N/A	N/A
Health coalition	Access to all	No	Access to all	No	N/A	N/A

A key capacity-building strategy for both mini-award cohorts involved the use of learning communities, which has been shown to effectively build shared practice (GEO, 2014b). Importantly, the evaluators and coaches did not act as experts dispensing wisdom from a distance, but instead worked as facilitators, conveners, and advisors to guide learning. They created learning environments where organizations would take the concepts being taught and put them into action. Then, they would come back together as a group for peer reflection to deepen understanding, which allowed the organizations to acquire additional skills and revise practices (GEO, 2019).

More specifically, in year one, all six community organizations participated in monthly learning events that generally occurred in an alternating pattern of daylong, in-person sessions followed the next month by shorter, virtual events. Before and after these events, personalized technical assistance provided additional support. Two key advantages of this support were peer-to-peer sharing for networked learning, cohesion, and knowledge transfer (Reagans & McEvily, 2003), and empowerment of community leaders to make community-determined, data-driven plans (Fetterman et al, 2015).

Further, the wraparound support encouraged customization based on emerging needs. For example, in year one, the readiness-assessment cohort engaged in such topics as conducting and analyzing qualitative interviews with key informants. In contrast, the data cohort engaged in such topics as negotiating agreements with local partners to support data collection. Again, the technical assistance evolved based on the needs of each organization and cohort.

Results

The mini-award investments produced three key results: access to standardized health measures, experience utilizing a planning process, and capacity to implement data-driven planning.

Access to Standardized Health Measures

At baseline, two community organizations indicated in their proposals that they did not have access to any of the standardized NOMs, two had access to some, and two had access to all. (See Table 4.) However, none of the organizations had adequate plans to collect or access them annually. By the end of year one, five organizations had access to all of the measures and three had approved plans for annual collection. By the end of year three, three of the organizations had access to all of the NOMs and continued to have annual plans for collection.

TABLE 5 Experience With the SPF Planning Process

Organization Type	Baseline	End of Year 1	End of Year 3
	From the Proposal	Detailed SPF Phase	Detailed SPF Phases
Medical foundation	• Some non-SPF planning experience • No SPF experience	• Assessment: Community-level national outcome measures (NOMs) data collection	• Assessment: Community-level NOMs data collection and readiness • Other phases: Capacity, planning, implementation, evaluation • Cultural competency • Sustainability
Mental health services provider	• Detailed non-SPF planning experience • Some SPF experience	• Assessment: Community-level NOMs data collection and readiness	• Assessment: community-level NOMs data collection and readiness • Other phases: Capacity, planning, implementation, evaluation • Cultural competency • Sustainability
Addiction and mental health services board	• Some non-SPF planning experience • Minimal SPF experience	• Assessment: Community-level NOMs data collection	N/A
Nonprofit prevention organization	• Some non-SPF planning experience • No SPF experience	• Assessment: Community-level NOMs data collection	• Assessment: Community-level NOMs data collection and readiness • Other phases: Capacity, planning, implementation, evaluation • Cultural competency • Sustainability
Mental health services provider	• Some non-SPF planning experience • Some SPF experience	• Assessment: Community-level NOMS data collection and readiness	N/A
Health coalition	• Minimal non-SPF planning experience • No SPF experience	• Assessment: Community-level NOMS data collection and readiness	N/A

Experience Utilizing a Planning Process

All six organizations indicated in their proposal (baseline) that they had at least some planning experience. (See Table 5.) The proposal reviewers considered this non-SPF planning experience to be a capacity indicator for knowledge transfer, meaning leaders could draw from experience to learn new skills (Reagans & McEvily, 2003). Further, four organizations said they had either no or only minimal SPF-specific planning experience and the remaining two had some basic SPF-specific experience. By the end of year one, all six had gained firsthand, detailed experience with at least the assessment phase of the planning framework.

In addition, four organizations had gained firsthand experience with the detailed assessment

TABLE 6 Stepping-Stone Investments in Six Rural and/or Appalachian Communities

Organization Type	End of Year 1 (SFY17)				End of Year 3 (FFY19)	
	Initial SPF-PFS Seed Investment	Initial TTAE From ANEP	Buy-In	Data Plan and PDC	Subsequent TTAE From ANEP	Subsequent Funding
Medical foundation	$2,500	$3,279	High	Yes	$4,244 (SFY18) $12,313 (SFY19)	SPF-PFS data cohort: $5,000 (SFY18) $52,500 (SFY19)
Mental health services provider	$5,000	$3,279	High	Yes	N/A	SPF-PFS subrecipient: $60,000 (SFY18) $60,000 (SFY19)
Addiction and mental health services board	$5,000	$3,279	Low	Pursued another opportunity	N/A	SPF-Rx subrecipient: $175,000 (SFY18) $85,000 (SFY19)
Nonprofit prevention organization	$2,500	$3,279	High	Yes	$4,244 (SFY18) $12,313 (SFY19)	Yes
Mental health services provider	$5,000	$3,279	Low	No; lacked local support	N/A	N/A
Health coalition	$5,000	$3,279	Moderate	No; lacked local support	N/A	N/A
Total	**$25,000**	**$19,674**	–	–	**$33,114**	**$495,000**

ANEP: Appalachian New Economy Partnership
TTAE: Training, technical assistance, and evaluation
SFY: State fiscal year
FFY: Federal fiscal year
PDC: Prevention Data Committee
SPF-PFS: Strategic Prevention Framework–Partnerships for Success Initiative
SPF-Rx: Strategic Prevention Framework for Prescription Drugs in Ohio

phase of community readiness assessments. By the end of year three, three organizations had gained firsthand experience with additional phases of the planning framework, including planning, selecting, and implementing culturally relevant and sustainable evidence-based strategies.

Capacity to Implement Data-Driven Planning

The OhioMHAS offered a stepping-stone approach to fund the two cohorts. (See Table 6.) At the end of year one, through the SPF-PFS initiative, it had made an initial investment of $25,000 among the six organizations. Two (the data cohort) each received $2,500 and four (the community readiness cohort) each received $5,000. All six received customized training and technical assistance from the wraparound support team.

Local evaluators also leveraged state funding under the Appalachian New Economy Partnership (ANEP). Administered through the Ohio Department of Higher Education and

Ohio's SPF-PFS initiative shifted the focus of capacity building away from teaching community leaders about selecting individual evidence-based programs to instead learning how to select the right program for the community based on the local context.

appropriated to Ohio University, the ANEP seeks to build the capacity of public and nonprofit organizations in the region in order to further their impact in critical areas such as health outcomes. In year one, ANEP support for the project totaled $20,000, which included dedicated local evaluators for the mini-award recipients. The OhioMHAS funded the evaluation team and prevention coaches under the SPF-PFS to provide additional wraparound support to the mini-award recipients; however, this support could not be directly quantified.

At the end of year one, the OhioMHAS invited three of the community organizations to continue receiving SPF-PFS funding in years two and three. They had demonstrated a high degree of buy-in (e.g., receptivity towards the cooperative process, active participation, and willingness to receive developmental feedback), and had also fully completed the deliverable requirements in year one. These three organizations had also identified local partners to engage the initiative in a community-based process.

In years two and three, one of the organizations from the community readiness cohort showed enough promise to become a full SPF-PFS sub-recipient grantee and received a total additional investment of $120,000 over those two years. The other two organizations, which comprised the data cohort, received more intensive training and technical assistance from the evaluation team during those two years. This support totaled a little over $33,000 from ANEP, and by the end of year three the two communities received additional investments of $115,000 from the OhioMHAS.

The three organizations that did not receive continued funding had low to moderate buy-in for the initiative. One organization decided to move forward with another SPF initiative in Ohio.[1] Despite supportive efforts from the local evaluators and coaches, the remaining two communities could not obtain adequate local support.

Discussion

Given the wide variety of evidence-based programs available, the OhioMHAS wanted to reframe the state's substance-abuse prevention approach. Ohio's SPF-PFS initiative shifted the focus of capacity building away from teaching community leaders about selecting individual evidence-based programs to instead learning how to select the right program for the community based on the local context. Using an evidence-based planning framework, with cultural relevance, sustainability, and capacity built into it, allowed the latter to happen. Similarly, because the SPF relies on data-driven decision-making, the community organizations based their strategy selection on unique local conditions and root causes. Moreover, not funding implementation of a particular strategy, program, policy, or practice provided a space for the organizations to learn more sustainable practices. Instead of an emphasis on action planning, they focused on building infrastructure to support community-based strategic planning — a data-driven decision-making process with a high propensity to achieve the intended outcomes.

Health Equity

This mini-award strategy addressed an organization-level equity issue with six communities. Notably, when communities lack the capacity

[1] Under that initiative — the SAMHSA-funded SPF-Rx: Strategic Prevention Framework for Prescription Drugs in Ohio — the organization received a total investment of $260,000 in state fiscal years 2018 and 2019.

and infrastructure to access local health data, it prevents them from selecting culturally relevant, sustainable, and evidence-based programs. As this article has discussed, communities with the greatest need for prevention services were not able to meet stringent federal outcome-reporting requirements. Instead of allowing structural barriers to disqualify six organizations from receiving funding under the SPF-PFS, the mini-award process built the capacity of these organizations to address substance abuse within a strategic and data-driven framework.

Some might argue that the mini-award strategy had only mixed success, because not all the organizations received funding for all three years. However, this innovative strategy allowed the grantmaker and grantees to mutually determine fit, which maximized the public investment and demonstrated respect for local choices. Likewise, all six organizations increased their substance-use prevention planning capacity by participating in year one alone.

Customized and Empowered Wraparound Support

Importantly, the grantee organizations received facilitated support from highly skilled evaluators and coaches. As others have discussed (Schweinhart & Raffle, 2019), this participatory approach pairs experts and community leaders as co-planners who progressively engage a set of processes to build knowledge, skills, and attitudes for data-driven strategic planning. These empowerment-focused and participatory processes encouraged the community leaders to take active control over what they implement, which researchers acknowledge as valuable (Cargo & Mercer, 2008; Stoecker, 2004).

Further, as others recognize (Frantzen, Solomon, & Hollod, 2018), participatory models have the benefit of allowing the organization, funder, and other partners to mutually learn from the process, which occurred here. Through this cohort-based model, the grantees needed to complete key steps in the planning process by submitting deliverables, which were then reviewed with a standardized rubric by one or more of four statewide committees.

Building data and planning capacities among communities situated in designated Appalachian and rural communities addressed an upstream social determinant of health: social and economic vulnerability.

Lessons Learned

Building data and planning capacities among communities in designated Appalachian and rural areas addressed an upstream social determinant of health: social and economic vulnerability. A number of broader lessons learned also emerged from this health equity innovation.

- *Address health equity with upstream strategies.* Monitoring health outcomes is necessary for public health initiatives; however, community organizations need access to local data and a planning infrastructure before they can engage in community-level, data-driven planning and monitoring. When communities lack access to these resources, they are at a competitive disadvantage that perpetuates health inequities because they are not able to meet the base requirements to apply for awards, much less submit competitive proposals. This innovative strategy provided opportunities for six communities to begin more effectively addressing their substance use issues.

- *Utilize evidence-based planning frameworks for sustainable planning capacity.* For more sustainable planning capacity, this initiative utilized an evidence-based planning framework that supported organizations in selecting and implementing culturally relevant substance-use prevention strategies based on their own community context. While this approach had an immediate

[E]ach of the three project directors acknowledged that having local information on the issues being addressed offered critical context that led each of them to select interventions other than those they had initially planned to use.

impact on their issues related to substance use, it also has had a long-term impact because communities are able to use the same process to address new issues as they arise. As Trent and Chavis (2009) note, engaging organizations in the process allows communities to be more successful and demonstrates respect for their voice. Likewise, it moves the conversation around sustaining programs away from viewing it as only an outcome to also seeing it as a process (Schell et al., 2013).

- *Consider incremental funding options.* The flexibility from the tiered-funding structure allowed the state agency to better engage Appalachian or rural communities across Ohio, regardless of individual community capacity needs or readiness levels. The funding structure also allowed the state to tailor capacity building to the needs of communities. Similarly, grant requirements expanded as grantee capacity grew. This incremental approach ensured buy-in and gave both the community organization and funder the option to continue. Similar to others who have used mini-awards to maximize resource distribution in public health (Arriola et al., 2016; Wiebel, Welter, Aglipay, & Rothstein, 2014), this initiative demonstrated similar success.

- *Recognize the benefits of learning communities.* Offering customized networked learning and technical assistance allowed multiple grantees to implement efforts simultaneously. In this case, having the two learning community cohorts allowed innovative ideas and practices to be shared frequently among grantees based on their level of planning readiness. It also built a collective community of practice, which allowed more contextualized learning to occur. However, community-of-practice models are resource-intensive and often require wraparound support from backbone organizations and technical experts. The experience of the SPF-PFS initiative reinforces the transformative nature of the SPF for coalitions and communities.

- *Employ developmental and empowerment evaluation methods.* The evaluation team provided a common evaluation and planning approach for all of the grantees, which meant each organization did not have to hire an evaluator. Further, developmental and empowerment frameworks allowed the evaluators and others to partner with community organizations to co-creatively build their capacity. It moved the conversation away from funding the right and perfect program to instead be about learning how to utilize a data-driven planning process. Finally, the developmental nature of this initiative allowed evaluators and coaches to provide rapid-cycle feedback to the communities and state agency, which in turn made real-time adjustments to the project. Moreover, the developmental process allowed an inequity issue to surface and be addressed. Finally, having four independent statewide committees review the key planning deliverables with standardized rubrics provided much-needed reflection and legitimacy to the work products.

Concluding Thoughts

The three communities that completed the annual collection of community-level outcomes in year one went on to utilize that data for planning purposes in years two and three. In particular, they selected culturally relevant substance-use prevention strategies based on the

readiness assessments and listening sessions they conducted. At the initiative's closeout event at the end of year three, the three project directors discussed how pivotal it had been for them to have community-level data. Interestingly, each of the three project directors acknowledged that having local information on the issues being addressed offered critical context that led each of them to select interventions other than those they had initially planned to use.

In federal fiscal year 2020, the two communities in the data cohort will receive additional funding. First, they will become federal subrecipients under a new, five-year $1.5 million SAMHSA award and will continue developing their capacity to address underage drinking and up to two additional data-driven substance-abuse prevention priorities. They also leveraged their mini-award investments to each receive an additional $13,000 ($26,000 combined) from the OhioMHAS to implement a strategy under the SAMHSA-funded SPF-Rx: Strategic Prevention Framework for Prescription Drugs in Ohio.[2]

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Building Nonprofit Capacity to Achieve Greater Impact: Lessons From the U.S.-Mexico Border

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Keywords: *Capacity building, sustainability, funder's role, evaluation*

Introduction

The South Texas border region is a vast area with vibrant communities and a complex history. More than half a million people live in the region's *colonias* — rural residential areas along the border with Mexico that often lack such public services as potable water, trash pickup, and sewage systems. Most of these people (96 percent) are Hispanic or Latinx (MHP Salud, 2018); these neighborhoods are tight-knit communities with strong cultural and regional identities and residents who value family and faith. Residents of the border region's urban areas, including the cities of McAllen, Laredo, and Corpus Christi, are also predominantly Hispanic or Latinx, with strong ties to Mexico that have created a unique, blended culture. The region has seen economic growth from manufacturing and international trade, and a growing population as well.

Throughout South Texas, residents don't always have easy access to healthy food and health care due to factors such as geography, barriers to insurance coverage, and transportation difficulties. As a result, the region reports high rates of diabetes, obesity, depression, and substance abuse. A range of organizations, from state universities to community-based clinics, are working to improve health outcomes for these communities but must contend with funding restrictions, staffing challenges, and policy shifts.

To advance their missions, these organizations must be nimble and resilient — and that requires investments in their capacity. When Methodist Healthcare Ministries of South Texas Inc. (MHM) partnered with eight community-health organizations through its Sí Texas initiative, the foundation saw firsthand the capacity-building needs of grantees. In response, MHM created a $1.5 million program that invested in the organizational health of grantees to better equip them to advance health outcomes in their communities.

Key Points

- Foundations often rely on strong relationships with grantees doing frontline work in marginalized communities. Yet these nonprofits typically face myriad financial and policy pressures that must be managed amid increasing need for their services. Helping them expand their impact requires funders to invest in their grantees' organizational health and capacity.
- This article discusses the capacity-building funding experiences of Methodist Healthcare Ministries of South Texas, which saw firsthand the needs of grantees when it partnered with eight community-health organizations through its Sí Texas initiative and, in response, created a $1.5 million capacity-building program for those organizations.
- This article also shares the findings of an evaluation of the technical-assistance portion of the program, which led to learning in three critical areas for grantmakers that award capacity-building support: the role of the funder, ensuring sustainable change, and impact evaluation that is useful for both foundations and grantees.

Sí Texas

MHM is a faith-based nonprofit organization dedicated to creating access to health care for uninsured and low-income families in 74 counties across South Texas through direct services, community partnerships, and strategic grantmaking. Since 1996, MHM has invested more than $281 million in grants to deepen collaborative efforts, incentivize quality health outcomes, leverage and strengthen health care delivery systems, and promote sustainable systems change.

In 2014, MHM established Sí Texas: Social Innovation for a Healthy South Texas through a Social Innovation Fund (SIF) grant from the federal Corporation for National and Community Service. The grant awarded MHM $50 million over five years to stimulate local solutions to improving physical and behavioral health, specifically targeting co-occurrences of diabetes and depression.

Sí Texas funded eight South Texas organizations to implement integrated behavioral health services, an emerging approach to health care that blends medical treatment and care for behavioral health issues into one setting for "whole-person care" (Agency for Healthcare Research and Quality, n.d., para. 2). Through this approach, MHM sought to scale strategies that are making a difference in advancing health outcomes for residents. In one example, a grantee used Sí Texas funding to move from a collaborative model — where medical and behavioral providers worked with each other episodically — toward an integrated model with care coordination and shared treatment plans, service provision, and record keeping.

MHM's Capacity-Building Program

As the initiative progressed, MHM saw that the grantee cohort was grappling with the extensive evaluation, financial, and program monitoring that the grant required. In 2016, it responded with a capacity-building program that included three components: peer-to-peer connections, a series of trainings designed to help organizations develop skills and expertise that would improve patient care and outcomes, and targeted technical assistance to address each grantee's specific needs.[1] (See Figure 1.)

A team of two MHM staff members[2] provided oversight of the program. MHM offered grantees an organizational assessment with interpretation support from a consultant, and assembled a pool of qualified consultants for grantees to choose from who were vetted using multiple criteria, including experience with health care organizations, prior work in rural South Texas, and Spanish-speaking proficiency. Consultants worked directly with grantees to fulfill their contracts, with MHM serving as an intermediary when necessary. Many of the grantees used the technical-assistance support to conduct strategic planning; other areas of work included governance, data collection, and executive coaching.

Technical-Assistance Evaluation

In 2018, MSM contracted with Community Wealth Partners Inc., a Washington, D.C.-based consultant to foundations and other nonprofits, to conduct a qualitative evaluation of the technical-assistance component of the program.

Capacity Building Defined

Methodist Healthcare Ministries of South Texas defines capacity building as a process by which an organization achieves the next level of operational, programmatic, financial, or organizational maturity so it may more effectively advance its mission. Capacity building is not a one-time effort to improve short-term effectiveness, but instead a continuous improvement strategy toward the creation of a sustainable organization working in response to its community.

[1] In 2017, MHM disbanded the peer-learning component of the program because it did not gain traction among grantees.

[2] Authors Meg Loomis and Shirly Thomas constituted the capacity-building team for MHM; Carla Taylor, of Community Wealth Partners, led the evaluation.

FIGURE 1 MHM's Capacity-Building Program: Theory of Change

The evaluation included interviews with five of the program's six technical-assistance providers, representatives of 27 grantee and partner organizations who utilized the assistance, and MHM staff. The evaluation led to learning in three critical areas that addressed questions common among funders of capacity-building support:

1. The funder's role: When do we step in to provide support, and when do we step back to ensure ownership among grantees?

2. Sustainability: What supports should be put in place to ensure capacity-building assistance leads to change that sticks?

3. Impact assessment: How do we use evaluation to facilitate learning that is useful for foundations and grantees?

The evaluation's findings led the MHM team to reflect on how to continue support for capacity building among grantees — an experience that other funders might find instructive.

The Funder's Role

Research into change management highlights the importance of ensuring buy-in across an organization. John Kotter (n.d.) identifies creating a sense of ownership and building a guiding coalition as two initial steps; Sirkin, Keenan, and Jackson (2005) list commitment as one of four critical factors for change management. In capacity-building efforts, funder-driven approaches are less likely to meet the needs of grantees. Buy-in and ownership among grantees are critical for success, and funders can help ensure capacity building leads to enduring change by giving grantees a say in how the support is structured, looking for opportunities to provide support beyond the grant, seeking feedback about grantmaker-grantee roles in the capacity-building relationship, and making adjustments based on that feedback.

MHM approached its capacity-building support with a focus on building trusting relationships and co-creating solutions with grantees. As a starting point, MHM partnered with TCC Group to give grantees access to the firm's Core Capacity Assessment Tool (CCAT) and help them gain perspective on their organizational strengths and challenges. TCC Group consultants walked through the assessment findings with each organization to help the grantees consider what they might prioritize for capacity-building support. From there, they identified their priorities for technical assistance.

"We were very affirmed, but it showed that we were at a point that we needed to reevaluate where were we going next. If we stayed the same, we would begin to deteriorate or to decline. The timing was really good for us."

– Sister Maria Luisa Vera, president, Mercy Ministries of Laredo

For Sister Maria Luisa Vera, president of Mercy Ministries of Laredo, the CCAT offered confirmation of some aspects of that grantee's work and illuminated the need for the organization to evolve in order to continue to meet the community's needs:

> We were very affirmed, but it showed that we were at a point that we needed to reevaluate where were we going next. If we stayed the same, we would begin to deteriorate or to decline. The timing was really good for us.

Providing Support Beyond the Grant

Taking on a capacity-building project often creates a daunting administrative burden for grantees because they must have the bandwidth to begin and effectively manage it. Funders can help reduce this burden by offering support such as identifying and vetting consultants, helping grantees think through organizational priorities

"In a way, there was a learning curve for us to recognize the power we had in the relationship... We'd never had a funder say, 'Here are some resources; I can offer guidance if you want, but you get to decide how to use them.'"

– Rebecca Stocker, executive director, Hope Family Health Center

and what success looks like, and sharing relevant knowledge and perspectives from work with other organizations.

Because Sí Texas was a federal SIF project, MHM staff contracted with the technical-assistance consultants directly to free grantees from dealing with procurement guidelines. The MHM team identified and vetted potential consultants and responded to requests from organizations to help them think through the scope of the work, though grantees had total autonomy in defining that work and selecting consultants. The evaluation found that grantees valued this support because it saved them time and offered a different perspective as they considered project ideas. As Rebecca Stocker, executive director of the Hope Family Health Center, commented,

> It was nice to receive information and added context from MHM to help us decide who we wanted to work with. They didn't just give us a list of five names of people we could call. They also provided introductory information and references to help with the vetting. And we knew we could pick up the phone and call the foundation if we wanted more information. That was extremely helpful for an organization like ours, without a lot of resources for capacity building and not a lot of knowledge about the consulting resources available.

Another way MHM helped ease the burden was to augment grantees' own fundraising capacity. SIF projects require grantees to raise matching funds to supplement federal dollars and strengthen local community support, and this proved to be a significant challenge. MHM leveraged match funding for five of the eight organizations through its relationship with the Valley Baptist Legacy Foundation in McAllen and dedicated its own grant-writing staff to assist the remaining three grantees with match funding requests, ultimately raising more than $450,000 for those organizations, and then closed the gap by providing match funding through its own general funds.

Seeking Feedback and Acting on It

Throughout the process, MHM tried to walk the line between stepping in to offer guidance and support and stepping back to ensure sufficient ownership among grantees. "In a way, there was a learning curve for us to recognize the power we had in the relationship," Stocker said. "We'd never had a funder say, 'Here are some resources; I can offer guidance if you want, but you get to decide how to use them.'"

The team worked to address a few challenges during the process. There was some initial confusion among grantees about the MHM team's role, and the team members sometimes found themselves in the middle of difficult conversations between consultants and grantees. They learned that they needed to communicate their role more clearly and, at times, step out of conversations between grantees and consultants and direct them to communicate with each other.

In some situations, grantees seemed to be waiting for MHM to instruct them on how to proceed. There appeared to be a number of explanations for this: these organizations didn't have the time and space to think deeply about capacity building, they were assuming a more prescriptive approach based on previous experiences with other funders, they didn't have sufficient buy-in from leadership, they had never worked with a consultant on capacity building. Whatever the reason for hesitancy, MHM had to encourage grantees to take ownership of their projects.

The MHM team learned the timing of technical assistance was important to ensuring ownership — it couldn't happen within a funder-imposed schedule. In some cases, the projects that had strong outcomes were those for which the organizations had more time to identify their needs and a scope of work. Additionally, grantees' timing for beginning work with consultants sometimes clashed with the timeline for program funding. Other grantees were finalizing their work with consultants just as the funding from Sí Texas was winding down, which slowed momentum and created uncertainty about whether the organizations would be able to use the products of the work.

Trust was critical for working through these challenges. The MHM team strove to have honest conversations with grantees and serve as thought partners in helping them navigate challenges. As MHM considered its role, power dynamics were front and center. Team members asked themselves these questions: Why are we stepping in? Who needs to have a voice here? When do we need to step out to encourage others to have direct conversations? It was critical for the foundation and consultants to hold strongly to their belief that grantees know best what they need.

Sustainability: Capacity Building That Leads to Change That Sticks

As the MHM team worked with grantees to define the scope of their technical assistance, they emphasized two things: 1) helping grantees make the connection between the areas they prioritized for capacity-building work and the organization's long-term sustainability, and 2) ensuring the work could endure at the organization after the engagement with the consultant was over.

Connecting Capacity Building to Long-Term Sustainability

While financial sustainability was a primary concern for grantees, the MHM team recognized that when organizations are healthy and operating at their fullest capacity in all functional areas, they are inherently more sustainable organizations. The MHM team used research from TCC Group to help grantees understand how financial stability is predicated on other organizational capacities, like leadership, strategic planning, and — especially in the case of health clinics — use of technology and data (York, 2009). In order to become more financially sustainable in a health care environment, an organization must be able to tell the story of its impact on patients' health.

As the MHM team worked with grantees to define the scope of their technical assistance, they emphasized two things: 1) helping grantees make the connection between the areas they prioritized for capacity-building work and the organization's long-term sustainability, and 2) ensuring the work could endure at the organization after the engagement with the consultant was over.

Most of the grantees decided to use their technical-assistance support to develop strategic plans that integrated use of data and technology. Though time will tell whether this work does improve their long-term financial sustainability, at the end of the technical-assistance engagements most grantees felt the plans gave them a stronger way to make the case to funders.

"Having a documented strategic plan is really helpful, because now we're able to present where we want to go and how we plan to grow," said Stocker of the Hope Family Health Center. "Once funders see we have this plan in place, they'll feel more committed to back us."

To help ensure the work could endure among MHM grantees, technical-assistance contracts included three months of consultant support after the strategic plan was completed to help grantees begin implementation.

Ensuring the Capacity-Building Work Endures

Capacity building is not only about technical solutions. Any capacity-building intervention — whether it is a fundraising plan or a new database — will often require fundamental shifts in thinking and behavior from people inside the organization. Funders should structure capacity-building support to include time for grantees to tackle adaptive challenges that are part of managing organizational change.

To help ensure the work could endure among MHM grantees, technical-assistance contracts included three months of consultant support after the strategic plan was completed to help grantees begin implementation. In some cases, contracts complemented strategic planning with board development or executive coaching to help leaders clarify roles and practice new ways of leading.

"I think sustainability is still a long story that needs to be written, but I feel like we have gotten somewhere," said Dr. Deepu George, a clinical assistant professor at the Family Medicine Residency Program at the University of Texas-Rio Grande Valley. "I don't know if we have achieved sustainability, but we've seen the first steps toward it. We have a ledge to stand on, as of now, beyond the grant period."

Impact Assessment for Learning and Improvement

Funders of capacity building commonly wonder how to assess the impact of their investments. Capacity building is not a short-term project, but a long-term investment that takes place within a larger organizational context. Grantmakers should approach evaluations of capacity building with an eye toward understanding how it contributes to grantee impact rather than wanting to see it as the sole cause of impact.

Ultimately, MHM invested in the capacity of its grantees to help position them to have a greater impact on patient health. However, the team recognized that longer-term outcomes, such as improvements in community health, would likely require more time and additional resources. For that reason, MHM used its evaluation to see whether program outputs and short-term outcomes suggested that grantees were on track to achieve the desired longer-term outcomes.

Indeed, the evaluation found short-term outcomes that show potential for longer-term impact, consistent with what MHM hoped to see in its theory of change. (See Figure 1.) Some of the short-term outcomes reported include strategic plans to guide future work, enhanced use of data to inform decision-making, and improved ability to lead and manage teams.

For the MHM team, grantees' perceptions of the work are also a meaningful output. In interviews, some grantees made clear connections between the investment and the outcomes they eventually want to see for their patients. Even though it is too early to draw a definitive line between the capacity-building program and long-term outcomes, when grantee leaders see that connection and say the work is useful to them, foundations should trust that as a signal that the work will endure.

"If we follow our strategic plan, we'll be able to increase the impact we're making with current patients, open our door to more patients, make a stronger economic impact in our community, and become a model for other charitable clinics," said Nancy Saenz, integrated behavioral health director at the Hope Family Health Center.

In addition, grantmakers should consider how the evaluation process might serve learning for

grantees. In the evaluation of MHM's capacity-building program, several grantees noted that participating in the interviews that were part of the evaluation was helpful to them because it gave them time and space to reflect on the work and make meaning of it. Grantmakers should consider grantees a key audience of evaluation findings and share the results with them as well for their own learning.

Conclusion

MHM's experience underscores that grantmakers should approach capacity building with community-based organizations with three considerations in mind: 1) intentionality about grantmaker–grantee roles in capacity-building partnerships, 2) an eye toward ensuring the support will endure inside the organization, and 3) approaching assessment with a long-range view and a spirit of partnership with grantees. To those points, some considerations to keep in mind are:

Funder's Role

- Ensure that grantees have a say in the structure and focus of capacity-building support
- Look for opportunities beyond the grant itself to provide that support, such as leveraging additional funds and alleviating administrative burdens.
- Be explicit about the role that you, as grantmaker, are playing in the relationship; but at the same time, ask for feedback and be prepared to adjust your role in response to grantees' expressed needs.

Sustainability

- Help grantees make the connection between the areas they prioritize for capacity-building work and how that will contribute to the organization's long-term sustainability.
- Make sure the capacity-building investment ends in useful and actionable deliverables to ensure the work can endure at the organization after the engagement is over.

When it is structured as an ongoing partnership between grantmaker and grantee, capacity building can be a powerful tool for building nimble, resilient organizations that are well-positioned to create meaningful impact in their communities.

Impact Assessment

- Consider capacity-building support a long game and look for short-term outcomes that suggest the support is on the right track for long-term impact.
- Remember that the grantee is a key stakeholder; identify ways to make the evaluation process and findings useful to them as well.

When MHM entered relationships with the eight Sí Texas grantees, it envisioned that in five years they would be in a significantly stronger position to advance systemic change in their communities. If that vision represented change that could be measured in miles, the experience suggests that the change accomplished over five years might better be measured in feet. Overall, MHM's capacity-building support has had positive impact on grantees, but these organizations need continued support to be able to continue to evolve and move the needle on health outcomes. The Sí Texas experience shows the importance of viewing capacity building as a long-term investment. When it is structured as an ongoing partnership between grantmaker and grantee, capacity building can be a powerful tool for building nimble, resilient organizations that are well-positioned to create meaningful impact in their communities.

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

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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 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

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.

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.

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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 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
1. Model and support practices across sectors that explicitly promote racial equity and improve health outcomes. • Increase understanding of structural racism and ways to dismantle these barriers. • Adopt and advocate for organizational practices and structures that promote racial equity.	**1. Support more representative and inclusive nonprofit leadership.** • Invest in the work of diversifying nonprofits' executives and board leadership. • Address funding disparities in organizations run by people of color.
2. Invest in the development and participation of traditionally underrepresented community members to be decision-makers and leaders in fostering equity. • 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.	**2. Increase operational support for nonprofits.** • Create a nontraditional, flexible, accessible funding mechanism for the operational needs of grassroots organizations. • Advocate for living-wage compensation among area nonprofits.
3. Be a catalyst for greater racial equity and inclusion in nonprofit hiring and governance in the region. • 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.	**3. Advocate for racial equity.** • 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.
4. Advocate for federal, state, regional, and local policies that foster regional health and equity. • 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.	**4. Invest in an affordable built environment.** • 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.
	5. Advance the Fellows' projects. • Engage Fellows as consultants to RMHF. • Hold media events to showcase Fellows' work.
	6. Connect Fellows to influential, cross-sector networks. • 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	• Leadership skills • Public narrative • Peer and community networks • Individualized support • Understanding of power	• 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	• 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	• Stronger governance • Healthier infrastructure • Sustainability beyond Fellowship • Implementation assistance	• 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	• 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	• Improved conditions in neighborhood • Policy change • Increased understanding of priority issues • Greater activism	• 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	• 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	• Long-term problem-solving • Assessment of what works • Catalyst and convener for grassroots leadership and movement	• Allows foundation entry into new networks • Laboratory for learning and advising • Invests in leaders who have the potential to transform the field	• 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 nonprofit 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 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.

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.

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;
- 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.

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.

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.

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Capacity-Building Catalysts: A Qualitative Assessment of Nonprofit Capacity Building by Community Foundations in Illinois

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Keywords: *Capacity building, community foundation, nonprofit effectiveness, nonprofit capacity*

Introduction

Capacity building is not a new phenomenon. Its roots trace back at least to the 1950s, when the focus was placed on institution building and international community development in rural communities (Smillie, 2001). Capacity building received ample attention during the last half of the 20th century through a variety of lenses, including private-sector business (e.g., Ulin, 1955), community development (e.g., Simpson, Wood, & Daws, 2003), rural development (e.g., Brown, 1980), and public management (e.g., Burgess, 1975).[1] During the 1990s capacity building gained substantial traction in the nonprofit sector (Vita & Fleming, 2001), and it continues to hold the attention of those who seek to strengthen nonprofit leaders, organizations, and the sector as a whole (Castillo, 2019).

Capacity building has many definitions, but broadly stated, nonprofit capacity building is any activity, funding, or other input that strengthens an organization's ability to pursue its mission. Common examples of capacity-building activities are group training or one-on-one technical assistance in areas like fundraising, bookkeeping, volunteer recruitment, donor stewardship, and human resources management.

Key Points

- 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. Yet little is known about what community foundations are doing to support capacity building. This article focuses specifically on nonprofit capacity building that is funded, organized, or led by community foundations in Illinois.
- First, this article identifies the capacity-building efforts of those community foundations. Next, it summarizes results from a qualitative survey to share insights from leaders of the foundations that offer capacity-building opportunities. These data shed new light on our collective understanding of how community foundations define both capacity building and success in capacity building, what challenges they encounter, and how funders can overcome obstacles to effective capacity building.
- The article concludes with practical recommendations for community foundations seeking to implement capacity-building opportunities.

There are more than 1.5 million nonprofit organizations that combine to contribute $985.4 billion to the U.S. economy (McKeever, 2018). Yet nonprofits are frequently asked to do more with less (e.g., Sandler et al., 1998), operate more efficiently, and focus on operations and management, all while emphasizing mission-related impact. This is where capacity-building efforts — such as training and leadership development — are called upon, and foundations often make investments in these initiatives in an attempt to strengthen the organizations that

[1] Still others focused on developing a conceptual framework for capacity building (Honadle, 1981), capacity building and institutional development (Moore, 1995), and the development of local capacity in times of humanitarian crisis (Smillie, 2001).

Examples of capacity-building efforts include training, technical assistance, consulting services, board development, peer-learning opportunities, infrastructure development, and strategic planning.

are serving a given community. Still, there is very little empirical knowledge about the capacity-building efforts of community foundations specifically.[2]

This article focuses on community foundations in Illinois and their strategies to build nonprofit capacity in local communities. First, an overview briefly discusses some existing literature on capacity building and community foundations. This is followed by an analysis of qualitative survey data gathered from leaders of community foundations in Illinois that are funding or providing capacity-building services. These data illuminate different perspectives on capacity building from leaders in the community foundation field. Finally, practical recommendations are offered for community foundations that are considering the implementation of a capacity-building program or looking to enhance existing capacity-building efforts.

Capacity Building: An Overview

Nonprofit organizations are vital. Indeed, this research shares Paul Light's view from *Sustaining Nonprofit Performance: The Case for Capacity Building and the Evidence to Support It:* "[N]onprofits make miracles every day. Name a difficult national or international problem since World War II, and the nonprofit sector has played a role in addressing it, whether through its research, innovation, entrepreneurial spirit, or advocacy" (2004, p. 13).

Nonprofits have important roles in communities throughout the United States, at a national level, and on a global scale — from advocacy and issue education (Boris & Mosher-Williams, 1998; Reid, 1999), to human services (Williams-Gray, 2016), to enhancing arts and culture (Hansmann, 1981; Schatteman & Bingle, 2017) and beyond (Hansmann, 1980; Kluver, 2004; Ott, 2001; Smith & Grønbjerg, 2006). In fact, it is difficult to identify an arena in which these organizations are not at least indirectly involved. Given the wide range and importance of services conducted by nonprofits, there is clearly pressure to perform and to enhance their capabilities (Vita & Fleming, 2001). Capacity building is one way to help strengthen nonprofit organizations.

Capacity building can occur at various levels: individual, organizational, or sectoral (Bryan, 2017). Donors, foundations, and governmental institutions have invested millions of dollars in nonprofit capacity building based on the fundamental notion that these efforts will result in nonprofits that are more appropriately prepared to achieve their missions (Linnell, 2003). Examples of capacity-building efforts include training, technical assistance, consulting services, board development, peer-learning opportunities, infrastructure development, and strategic planning. In some instances, community foundations have stepped in to invest in the capacity of nonprofits that serve their geographic focal areas. Yet relatively little is known in the aggregate about what community foundations are doing to support capacity building.

Methodology

The following analysis relies on data gathered from a qualitative survey that was administered in July 2019. First, a list of 27 community foundations was drawn from the website of the Alliance of Illinois Community Foundations (2019) and

[2] At the core of many community foundations is the triad of endowment funds, donor advised funds, and grantmaking activities. These methods help ensure long-term, sustained asset appreciation and targeted investment in communities through grant funding. It should be noted that not all community foundations perceive capacity building to be part of their role. This research is targeted toward community foundations that are conducting or considering the addition of capacity-building services.

TABLE 1 Title and Location Frequency

Position Title	Frequency	Percentage
Executive director	2	25.0%
President & CEO	5	62.5%
Anonymous	1	12.5%
Total	**8**	**100.0%**

TABLE 2 Geographic Region Frequency

Region	Frequency	Percentage
Central	3	37.5%
Northern	3	37.5%
Southern	1	12.5%
Anonymous	1	12.5%
Total	**8**	**100.0%**

cross-verified for accuracy. Next, websites and annual reports (when available) of each community foundation located in Illinois were reviewed to determine whether they provided any of the following:

- professional development, training, or education for nonprofit board members, volunteers, or staff;
- grants to offset professional development, training, or education for nonprofit representatives;
- consulting or technical assistance designed to build specific areas of capacity within nonprofits; and
- financial support to a grantee that offers capacity-building services to nonprofits in their service area.

Stated differently, if a community foundation in Illinois directly provides a capacity-building program, offers grants to support capacity building, or funds a third party to lead capacity-building efforts, they were identified and contacted. The result was a list of 10 community foundations, and a survey was sent via email to the senior leadership (i.e., executive director, chief executive officer, etc.) of each. (See Appendix.)

Participants were given 15 days to respond and were sent up to two reminder emails as needed.

In the end, eight responses were recorded for a response rate of 80.0 percent (n = 10). The survey included 15 questions, of which only one was forced choice. The data were cleaned, analyzed, and coded before themes were identified.[3] What follows is a summary of the survey results to shed light on three primary questions:

1. How do community foundations define capacity building?
2. What challenges or barriers make capacity-building initiatives difficult to implement?
3. What recommendations could lead to successful implementation of capacity-building initiatives?

An attempt was made to summarize the data gathered without losing the sentiment and meaning behind what was shared. At times, full quotes are included to help clarify and contextualize the coded information. The responses have been summarized quantitatively, and they offer practical recommendations for overcoming common challenges associated with capacity building.

Results

All survey respondents were in senior leadership positions, and were located throughout Illinois. (See Table 1 and Table 2). One respondent did not include a name, title, or foundation represented.

[3] This project was guided by the methodological framework and processes of others with regard to survey design and implementation, data cleaning, coding, and analysis (Flick, 2013; Fowler, 2014; Saldaña, 2015; Silverman, 2016).

Descriptive statistics about the survey respondents underscore that approximately one-third of all community foundation in Illinois are engaged in capacity-building efforts. These initiatives are taking place in a variety of geographic locations and spread from the southern region to northern areas; however, the statistics suggest noticeable gaps in Illinois' nonprofit capacity-building landscape.[4] Most specifically, southern Illinois has fewer community foundations providing capacity building compared to the central and northern areas of the state; but there are also comparatively fewer community foundations in southern Illinois.

Defining Capacity Building

"What is 'capacity building'? That is the problem" (Moore, 1995, p. 1). Grappling with the topic has not stopped practitioners and scholars from developing many definitions of capacity building. Linnell (2003) describes it as a "continuum of interventions … that improve an organization's ability to achieve its mission" (p. 13). This continuum of interventions includes:

- individualized organizational assistance,
- group trainings,
- field-building work that brings organizations with similar missions together,
- peer-learning groups, and
- geographically focused capacity-building activities.

Light (2004) expands on the definition and includes all inputs that could be utilized by an organization to achieve its mission:

> Organizational capacity encompasses virtually everything an organization uses to achieve its mission, from desks and chairs to programs and people. Measured at any given point in time, capacity is an output of basic organizational activities such as raising money; forging partnerships; organizing work; recruiting and training board members, leaders, and employees; generating ideas; managing budgets; and evaluating programs. Once created, organizational capacity is consumed in mission-related program activities such as treating patients, feeding the hungry, building housing, producing art, educating students, training workers, and so forth. Once expended, it is regenerated through the same organizational activities that created it in the first place. (p. 15)

Others keep the definition relatively straightforward. Bryan (2017) defines nonprofit capacity building as an "organizational development strategy aimed at strengthening a nonprofit's ability to achieve its mission" (p. 92).

This is just a sample of definitions found in the research literature, and it also served as a natural starting point for survey respondents. All eight respondents were provided the opportunity to share their definition of nonprofit capacity building. All answered this question, and the responses were analyzed by content keywords to distill broad definitional themes and then coded with regard to definitional depth.

Three respondents focused on capacity building as a mechanism to "improve" the management and/or operations of nonprofit organizations. (See Table 3.) Other keywords that stood out were "growing" and "investing." For example, one community foundation leader described capacity building as "investing in resources that are utilized by nonprofit organizations to assist them in fulfilling their mission in the most efficient and effective ways possible, thus leading to a strong nonprofit network and sector serving a given geographic area." Working backward, this definition ties in the place-based nature of community foundations (i.e., "given geographic area"), emphasizes efficiency and effectiveness as desirable traits in the pursuit of mission fulfillment, and leads with the notion that capacity building is an investment. This follows the thinking of Vita and Fleming (2001), who view foundation-funded capacity building quite

[4] Community foundations are not the sole providers of capacity-building initiatives. These services may be provided by consultants, community colleges, universities, chambers of commerce, and a variety of other resource providers. A full environment scan of all capacity building in Illinois is beyond the scope of this article.

TABLE 3 Defining Nonprofit Capacity Building: Themes

Theme	Frequency	Percentage
Growing	1	12.5%
Improving	3	37.5%
Investing	1	12.5%
Learning/Training/ Funding	2	25.0%
Resources	1	12.5%
Total	**8**	**100.0%**

TABLE 4 Defining Nonprofit Capacity Building: Definitional Depth

Definitional Depth	Frequency	Percentage
Transformative	3	37.5%
Transactional	5	62.5%
Total	**8**	**100.0%**

TABLE 5 Funding Comparison

Definitional Depth	% Funded by Endowment	% with Multiple Funding Sources
Transformative	100.0%	100.0%
Transactional	40.0%	40.0%

comprehensively. However, some capacity-building initiatives are not as encompassing, and this came through in the survey results as well.

The definitions were also coded by definitional depth. Some respondents offered definitions that described transformative capacity building. These touched on the depth of services, alluded to a broader scope, and/or focused on the outcome these efforts aim to achieve. Other definitions described a more transactional approach to capacity building;[5] those focused mainly on training and did not hint at a deeper perception of capacity building. (See Table 4.) One respondent defined it transformatively as "any intentional activity that serves to grow the human, capital, physical, financial, natural, and/or intellectual assets of an area or entity." Conversely, a more transactional viewpoint was "bringing training, education, and awareness speakers to town so they have learning opportunities close to home rather than traveling." In the end, five of the eight respondents had a more transactional definition of capacity building.

It should be noted that there is no value judgement being made here. Those with a transactional definition may be offering the precise capacity-building services their nonprofit partners need; or, perhaps, they are simply just beginning to offer capacity building. The purpose of including this secondary code is solely to reinforce the differences that exist in how community foundations describe and discuss capacity building, especially given the wide-ranging definitions that scholars and practitioners have grappled with for some time. It also allows an opportunity to further analyze the approaches of these two groups, including comparing those coded as transformative and those coded as transactional with regard to how their capacity-building efforts are funded. (See Table 5.) Interestingly, those with a transformative operational definition of capacity building are fully invested financially. In fact, 100% have an endowment fund in place to financially support their capacity building and 100% have diversified their revenue streams to include multiple funding sources. This is not the case among those with a more transactional definition, where funding does not appear to be as stable (i.e., no endowment) or as diversified (i.e., a single funding source).

Challenges and Barriers

Capacity building is challenging work (Faulk & Stewart, 2017; Williams-Gray, 2016), especially when nonprofit organizations are frequently so focused on providing vital community services.

[5] The terms "transformative" and "transaction" are used here solely to categorize the findings. There are no values associated with either term. (See Table 4.)

[T]hose respondents who identified staff time as a challenge were predominantly those who described their initiatives as "on the back burner" or "on our radar for some time now, but [capacity building] hasn't made it into our strategic plan."

Much has been written about the pressure on nonprofits to reduce overhead costs, the debate between restricted and unrestricted funding streams, and whether administrative costs are a worthy investment of donor dollars. Capacity building does require investment and time, and nonprofits can find it difficult to focus on it when they are often caught in a chain of circumstances that leaves them, as Goggins Gregory and Howard (2009) put it, "so hungry for decent infrastructure that they can barely function as organizations — let alone serve their beneficiaries" (p. 49):

> Our research reveals that a vicious cycle fuels the persistent underfunding of overhead. The first step in the cycle is funders' unrealistic expectations about how much it costs to run a nonprofit. At the second step, nonprofits feel pressure to conform to funders' unrealistic expectations. At the third step, nonprofits respond to this pressure in two ways: They spend too little on overhead, and they underreport their expenditures on tax forms and in fundraising materials. This underspending and underreporting in turn perpetuates funders' unrealistic expectations. Over time, funders expect grantees to do more and more with less and less — a cycle that slowly starves nonprofits. (p. 50)

Broadly stated, nonprofits feel constant pressure to perform, and it is often at the expense of infrastructure, overhead, staffing, and professional development — all important elements of organizational capacity.

One nuance of the study at hand, however, is that the survey respondents are senior leaders at community foundations that are actually offering capacity building to nonprofits and, therefore, support it at least at a basic level. Theoretically, this ought to reduce some of the "pressure" outlined by Goggins Gregory and Howard; and there might be reduced "unrealistic expectations" from the funders included in this study.

Survey respondents were asked to share the most significant challenges they have faced related to nonprofit capacity building. Interestingly, the responses again varied significantly. Time was identified repeatedly as a challenge for both the foundation staff who lead capacity-building efforts and for the nonprofit staff, volunteers, and board members who are on the receiving end of capacity building. Here is a sampling of the responses that touched on time as a significant challenge:

- "Time restraints and turnover of nonprofits. Time restraints for foundation staff."
- "Staff time to lead efforts."
- "Getting nonprofits to devote time to it; both staff and board."

This makes intuitive sense, and is not surprising to see as a primary challenge. Time may be a particular challenge if the community foundation does not have dedicated staff to focus on capacity building. Indeed, those respondents who identified staff time as a challenge were predominantly those who described their initiatives as "on the back burner" or "on our radar for some time now, but [capacity building] hasn't made it into our strategic plan." On the nonprofit side, it is important to remember that many of these organizations are all-voluntary (Salamon, 2012). For some volunteers, it is very difficult to participate in capacity-building initiatives like a group training or workshop when they have limited hours to dedicate to their volunteer service. This can be a challenge even for those nonprofits with staff, since small organizations make up the majority of public charities in the United States

(McKeever, 2018). These smaller entities are especially challenged to invest in capacity.

Other challenges identified by the survey respondents included turnover within the nonprofit organizations and a lack of quality resources and/or consultants in their geographic region. Turnover is, indeed, a challenge in the nonprofit sector; in fact, turnover rates have been on the rise in the past decade (McCambridge, 2017). What this can mean for capacity-building community foundations is that an investment is made in the professional development of nonprofit staff with no guarantee that staff will remain intact. Beyond professional development or traditional training, turnover creates challenges for grantmaking, cohort-based learning, and other in-depth programs because institutional knowledge is often difficult, if not impossible, to fully pass on when staff members leave. And it is no surprise to see a lack of quality resources and consultants as a challenge, because Illinois has very disparate demographics, population sizes, and access from one part of the state to another. Some community foundations are located in areas with university faculty who specialize in nonprofit management, whereas others are comparatively isolated. Identifying and engaging qualified content specialists is vital to capacity-building efforts that offer training, workshops, and/or consulting services. The implications can be very real and quite challenging for foundations that offer capacity building in regions where these qualified experts simply are not available.

The final obstacle is substantial and difficult to overcome. Capacity building often encourages change of some kind (e.g., management practice, technique, operational approach), and change is difficult. Moreover, there can be tension between the views of funders and the perception of nonprofits with regard to needed change. This dynamic can further complicate the relationship between funders and the recipient of those funds. Here are a couple of responses that focused on the challenge of creating long-term change:

- "Nonprofits who decline to take advantage of the resources provided and/or don't implement effective ideas offered (e.g., you can lead a horse to water …)."
- "Creating change. We can spend a lot of time helping the nonprofit and the board understand how to be more efficient and better boards, but they often revert to past practices."

The final obstacle is substantial and difficult to overcome. Capacity building often encourages change of some kind (e.g., management practice, technique, operational approach), and change is difficult.

The difficulties in achieving behavior change are well documented (Berkman, 2018) and nonprofit capacity building is no exception. For example, a training about program evaluation might suggest that nonprofit leaders should outline a theory of change for each program they manage, depict that process visually with a logic model, and encourage participants to gather appropriate data to measure their progress over time. This analytical approach may be second nature for some nonprofits. Yet it is fairly easy to envision an organization that would make an attempt to incorporate some of these practices from the training before ultimately reverting back to the old way of business which may not employ such deliberative activities (Bryan, 2017).

Implementation Success

Measuring success can also be quite challenging, especially in the nonprofit sector, where there are various levels of accountability, multiple stakeholders, and limited resources (Benjamin, 2013; Devine, 2016; Kaplan, 2001; Sandler et al., 1998; Zimmermann & Stevens, 2006). To shed light on "success," survey respondents were asked if they

The results suggest that board members should be engaged in the process, lead by example, and have a willingness to actually make a financial investment through funding capacity-building initiatives.

consider their capacity-building efforts to be successful (by their own definition) and to elaborate. (See Table 6.)

Half of the respondents (n = 4) view their capacity-building efforts as successful; only one does not. This respondent also reported that "capacity building for nonprofits has been on our radar for some time now, but hasn't made it into our strategic plan," and indicated that it is currently "on the back burner" as an organizational priority. Three organizations were unsure or tentative in their responses:

- "Not yet ..., but a start. In addition to our microgrants and professional development trainings, we are also providing education to nonprofits and the community at large on what capacity building is. ... [We are] also having conversations with our donors and fund advisors on how nonprofits need investments in their operations."

- "Sometimes. With one [nonprofit], the success was that they didn't make the changes and nearly went out of business. When faced with that crisis, most of the board members resigned and new ones came on. I continue to work with them and feel much better about their chances of success."

Next, survey respondents were asked a series of questions about how to achieve "success" with capacity-building initiatives. One recurring theme is simply that they recognized there is a need for nonprofit training. Stated differently,

TABLE 6 Capacity-Building Success

Response	Frequency	Percentage
Yes	4	50.0%
No	1	12.5%
Unsure/Not yet	3	37.5%
Total	**8**	**100.0%**

these data suggest funders must acknowledge that nonprofits require training, technical assistance, and development just like other organizations, and this necessitates investment. Some said the cost of training needs to be nominal or nonexistent, since many of the nonprofits in their area do not have budgets for professional development. Another respondent noted the importance of involving nonprofit organizations in the capacity-building process from the very beginning to ensure it is valuable and aligned with their needs: "Involving representatives from key nonprofits and resource providers in our area to be part of the planning, structuring, and launching of the [capacity-building] initiative [led to success]. If it were just funder-driven it would have likely failed."

Survey respondents were also asked specifically what is needed from the foundations' board of directors to help ensure successful capacity building. The results suggest that board members should be engaged in the process, lead by example, and have a willingness to actually make a financial investment through funding capacity-building initiatives:

- "Strategy must be co-created between the board and staff."

- "We have to invest in our own capacity and lead by example. Also, supporting staff time and expenses in our operating budget for capacity-building efforts."

- "An understanding and deep appreciation of the link between capacity-building resources that we offer and the investment in the success and future of area nonprofits.

> A willingness to properly fund and staff the professional resources needed to provide strong leadership of our in-house [capacity-building] efforts. Engagement in following the activities and results of our efforts and communicating those accordingly to their professional and personal networks."

While "success" is a highly subjective measure, this section provides a glimpse at how these survey respondents view their capacity-building efforts. All told, half view their capacity building as successful (n = 4). Moreover, the data reveal a variety of precursors for success, such as setting an appropriate price point for capacity-building training, creating a representative structure that includes the nonprofits that will benefit from capacity building, and an assortment of prescriptions for community foundation board members. The next section outlines some limitations of this study and further elaborates on practical recommendations that may assist foundations that are launching capacity-building programs.

[T]he data reveal a variety of precursors for success, such as setting an appropriate price point for capacity-building training, creating a representative structure that includes the nonprofits that will benefit from capacity building, and an assortment of prescriptions for community foundation board members.

Discussion and Recommendations

One limitation of this study is the low number of survey respondents. Although an 80.0% response rate was achieved, this effort still relies on data from only eight community foundation leaders. Future research could investigate capacity building by community foundations in multiple states, which would allow for a deeper analysis of commonalities, differences, trends, and themes.

Another methodological challenge is identifying community foundations that may provide capacity-building funding to grantees within another area of broader grantmaking. For instance, a grant issued to support a collective impact initiative focused on affordable housing might also include some funding for leadership development. Capacity building that is embedded in a broader grant may not have been captured in this study, depending on how the community foundation communicated about the funding. Ultimately, this study includes only those community foundations that are deliberately investing in capacity building to the point that they are publicly acknowledging it via annual reports or their website. An opportunity for future study is to investigate capacity building that is implanted in broader grantmaking, but that is beyond the scope of this research.

Community foundations can vary widely in areas such as organizational structure, leadership, staffing, location, service area, assets, and annual revenue. Some community foundations simply do not have an appetite for capacity building. This can be due to a focus on more traditional areas, such as endowment funds, donor advised funds, and grantmaking activities. Not all community foundations view capacity building as part of their role. Others are located in places that are full of resources, like content experts, consultants, university faculty, think tanks, and other providers, that are satisfying capacity-building needs. In the end, this low N may impact the generalizability of these findings. Considering the lack of research specifically focused on capacity building by community foundations, the goal is that these results may still prove beneficial for those planning capacity-building initiatives in the future.

In that spirit, the following points from foundation leaders who participated in this study can serve as recommendations for foundations that

One common theme from these data is quite clear: Focus on the nonprofits and resist making assumptions about what needs exist. While this is not groundbreaking advice, it is an important reminder.

are considering launching capacity-building initiatives:

- "Be humble. Promote best and effective practice, but don't presume just because we are a community foundation that we know how other nonprofits should run their shops."
- "Have really good information and really good resources. Also, don't be formulaic. Respond to the needs of the individual groups."
- There is "[l]ots of local, free talent, so use them first, whether from the nonprofit world or business world."
- "Make a long-term investment, not just grants."
- "Scan their local environment (service area) to evaluate who is already providing such resources, and convene a meeting(s) to explore what's being done and where gaps may exist."
- "Talk to your nonprofits about their current challenges; educate and advocate on why we need to change our grantmaking practices from just program/project support to investing in the nonprofits themselves."

One common theme from these data is quite clear: Focus on the nonprofits and resist making assumptions about what needs exist. While this is not groundbreaking advice, it is an important reminder.

This type of collaborative and deliberate approach is supported by others. Most specifically, Bryan (2019) suggests a contingency model to conceptualize and assess nonprofit capacity. She defines capacity as "the means by which organizations achieve effectiveness" (p. 885), and explains that effectiveness is perceived differently based on how it is measured and who is assessing it. Stated plainly, community foundations and nonprofits may perceive effectiveness differently. Bryan notes:

> By understanding that assessment of capacity is contingent on how organizations and funders define effectiveness, organizations can target areas of capacity-building that will most likely produce the outputs and outcomes (effectiveness) that they desire. … If those who fund capacity-building programs want enhanced effectiveness, it is critical to define their measure(s) of effectiveness for nonprofits before articulating the areas of capacity-building that will enable the organization to achieve its mission. (p. 894)

At the core of Bryan's model is the notion that nonprofits and funders must first assess needs and establish effectiveness measures or goals, and then proceed with capacity building designed to address the needs and to enhance effectiveness. It is heartening to observe that survey respondents for this study share this sentiment. These data suggest a focus on the nonprofits being served and resistance against assumptions about what nonprofits need.

In summary, these data suggest that community foundations involve nonprofit representatives in the process, engage with nonprofit leaders about their challenges and capacity-building needs, avoid duplication of services by identifying gaps via environmental scan, and commit to long-term investment in developing capacity in collaboration with the nonprofit community. Now attention turns to some additional practical recommendations for community foundations that are offering capacity building or are contemplating these types of initiatives. The recommendations are organized using the four

TABLE 7 Challenges and Associated Recommendations

Challenge	Recommendations
Time • External (nonprofit representatives) • Internal (community foundation staff)	1. External: Gather data from nonprofits to determine the best times to offer capacity building. 2. External: Offer asynchronous training to accommodate schedules. 3. External: Evaluate the impact of capacity building and communicate positive results to reinforce value. 4. Internal: Integrate capacity building into organizational goals and strategic plan. 5. Internal: Dedicate staff or a percentage of an employee's time to capacity building so there is an identifiable foundation representative leading capacity-building efforts; justify this investment of human resources using impact data from recommendation No. 3.
Nonprofit-personnel turnover	1. Offer training, leadership development opportunities, and other programs to encourage retention and systemically counter turnover. 2. Offer capacity building at the network level to encourage relationship building, connections, and a sense of collaboration. 3. Create a 3- to 5-year training schedule with input from nonprofit representatives, and repeat select training regularly.
Lack of resources	1. Encourage and convene participants for peer-learning opportunities to encourage idea sharing, lessons learned, and networking. 2. Connect with resources digitally when possible to overcome any lack of local resources.
Behavior change	1. Encourage nonprofits to target areas of capacity building that will produce the outcomes they desire, and tailor capacity building to that need and their ability level. 2. Be consistent and invest for the long term. 3. Consider all elements of capacity building and how different components complement each other. 4. Engage nonprofits in the entire capacity-building process to encourage ownership.

primary challenges identified by survey respondents as a framework: time, staff turnover, lack of resources, and prompting actual behavior change. (See Table 7.)

To begin, time is a challenge for both the foundation staff who lead capacity-building efforts and for the nonprofit staff, volunteers, and board members who participate in capacity building. Although persistent, this challenge is not insurmountable.

- First, nonprofits can provide feedback about when capacity building should take place. This feedback can be obtained from a formal survey, focus groups, informal discussions, a posttraining program evaluation, or a combination of these options. The point is, funders can ask nonprofits for this information and respond accordingly.

- Second, funders can make resources available on demand for nonprofit representatives to access when it is convenient for them. For example, webinars can be archived on a website, shared on social media, or distributed via email. Presentations can be recorded for virtually no cost and made available publicly afterwards. This approach reduces transportation and time considerations, but might diminish in-person attendance.

Leadership turnover was another obstacle survey respondents identified. One practical recommendation to overcome this challenge is to invest systemically in keeping employees in the community and with the nonprofit as an employee or volunteer.

- Third, capacity building should be evaluated regularly to measure its effectiveness and impact. Funders would be wise to communicate these results broadly to their nonprofit partners. This step can be used to reinforce that the funder is leading by example via its evaluation efforts, the funder takes capacity building seriously, and there is value in capacity building. Demonstrating and communicating the value of capacity building can help create buy-in among nonprofits and encourage them to make the time to participate.

- Fourth, funders face time constraints as well, and there are options to help mitigate this challenge. For instance, capacity building can be integrated into the funder's strategic plan. This demonstrates a commitment to capacity-building activities and, theoretically, aligns capacity building within the broader plan as a priority.

- Fifth, human resources should be dedicated to capacity building. This will vary depending on the funder. For instance, one community foundation may have multiple full-time employees directing and leading a comprehensive in-house capacity-building initiative. Another foundation could have a percentage of someone's time allocated to fielding questions and referring inquiries to a consultant that carries out capacity building in partnership with the foundation. Clearly, this suggestion carries with it an administrative expense, but it also suggests a true commitment to building the capacity of nonprofit organizations.

Leadership turnover was another obstacle survey respondents identified. One practical recommendation to overcome this challenge is to invest systemically in keeping employees in the community and with the nonprofit as an employee or volunteer. This type of investment is difficult to measure, but many community foundations are focused on enhancing the quality of life in a given geographic area, which may encourage some retention of employees. More specifically, capacity building can focus on leadership development, cohort learning, and other methods of fostering relationships, and encouraging a sense of connectivity among nonprofits at the network level and among individuals. It is also important to note that turnover is not necessarily a bad occurrence (Ban, Drahnak-Faller, & Towers, 2003), especially considering the various circumstances that can lead to departures (e.g., poor performance, illegal activity). As a result, funders can prepare for turnover by working collaboratively with nonprofits to develop a three- to five-year capacity-building schedule. Key training opportunities and workshops could be offered at regular intervals so that new board members, staff, and volunteers can all benefit.

Another challenge identified by survey respondents is a lack of resources for capacity building, such as consultants or other qualified experts. For funders that feel isolated from resources, one recommendation is to encourage nonprofits to come together for peer-learning opportunities. By encouraging and convening, funders can create the space for nonprofit leaders to share ideas, lessons learned, resources, and strategies. These opportunities also allow for networking and relationship building. Examples might be lunch-and-learn gatherings, where a management topic is used as a conversation starter and nonprofit representatives attend to discuss the topic; sector-specific meetings to further connect those in human services, arts and culture, or other subfields of the nonprofit sector;

or executive director roundtables for nonprofit leaders to build networks, connect with others in their role, and share ideas. These peer-learning offerings do not require access to consultants or expert trainers; instead, they are organic and led by those in the community. Another recommendation is for isolated funders to investigate digital resources for capacity building. There are many options available for low or no cost from reputable sources, and these videos, content libraries, document archives, and other resources can be disseminated to nonprofits regardless of physical location.

The final challenge is arguably the most difficult to overcome. Behavior change is not easy, but funders can position their capacity-building efforts for success by making them "contextual (tailored to the unique needs of the grantee), continuous (taking the long view), and collective (considering how the parts add up)" (Bartczak, 2013, p. 77). Funders should engage nonprofits in the entire process of capacity building, from planning and program design to implementation and evaluation. Through this approach, capacity building can be tailored to the needs of the nonprofits, resulting in valuable and relevant offerings (Bryan, 2019). Finally, funders should be deliberate with their capacity-building strategy. Consistent, deliberate, inclusive, comprehensive, and relevant — these descriptors can help guide capacity building initiatives.

Conclusion

Although capacity building has been around for decades (Honadle, 1981; Moore, 1995; Vita & Fleming, 2001), there is still much to learn about how it can help nonprofits (Bryan, 2019). Fortunately, community foundations serve as a valuable setting to demonstrate capacity-building initiatives and learn from their experiences not only as funders, but also as catalysts working to strengthen nonprofit organizations, their employees and volunteers, and the sector.

There is no panacea for the challenges of capacity building that confront community foundations. Foundation leadership would be wise to frame capacity building as collaborative, to involve nonprofits in the process, to ensure relevancy

Behavior change is not easy, but funders can position their capacity-building efforts for success by making them "contextual (tailored to the unique needs of the grantee), continuous (taking the long view), and collective (considering how the parts add up)."

by tailoring capacity building to unmet needs, to view efforts comprehensively, and to be consistent. These findings are reinforced by this survey response: "We are kind to nonprofits.We don't expect them to be perfect. Rather, we see our grantmaking/capacity building and their evolution as an iterative, continuously improving process." In the end, this type of supportive, encouraging, and collaborative attitude toward capacity building is difficult to operationalize, but is arguably an antecedent for capacity-building success.

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APPENDIX Capacity-Building Survey

Introduction

Thank you for taking the time to participate in this study about nonprofit capacity-building efforts of community foundations in Illinois.

The goals of this research are to:

- Describe capacity building by community foundations in Illinois.
- Identify any themes or commonalities among these efforts.
- Outline challenges related to capacity building.
- Identify any best practices or recommendations for community foundations that want to embark on capacity-building efforts.

Consent

All responses to this survey are confidential. Your name and the name of your organization will not be associated with responses when the results are reported. Individual responses will be combined and reported in aggregate, so no one can identify answers from a specific organization.

This survey contains 15 questions and most respondents will be able to complete it in approximately 20 minutes, but this depends on the length of answers you submit. You may save your work and continue the survey at a later time.

By completing and submitting this online survey, you understand that:

- Taking part in this study is entirely voluntary.
- You may refuse to participate or discontinue participation at any time without penalty.
- You may decline to answer any question (by selecting or typing "Decline").
- The results of the study will be used for practical and scholarly purposes. The results from the study will be made publicly available and presented in educational settings and at professional conferences, and the results may be published in professional journals.

If you have any questions about the survey, please contact [redacted].

I agree to participate in this survey.

- Yes
- No (SKIP TO END)

Section One – Background

1. First Name
2. Last Name
3. Job Title
4. Organization
5. How do you define nonprofit capacity building?

Section Two – Goals, Funding, & Challenges

6. In your own words, what are your foundation's goals relative to capacity building?
7. How does your foundation build the capacity of nonprofits? Please describe any programs, services, funding, etc., that you consider to be capacity building.

8. How are these capacity-building efforts funded? (Select all that apply.)
    a. Endowment
    b. Program/training fees
    c. Sponsorships
    d. External grants
    e. Other
9. What are the most significant challenges your foundation faces related to building the capacity of nonprofits?

Section Three – Perception & Recommendations

10. Do you consider your capacity-building efforts to be successful? Why or why not?
11. Please describe one aspect your foundation really "got right" about capacity building when these initiatives first started in your organization.
12. Thinking about your board of directors, what's needed from the board to help ensure successful capacity building?
13. What recommendations do you have for foundations that are considering launching a capacity-building initiative?
14. What recommendations do you have for a foundation that wants to take the next step and strengthen their capacity-building efforts?
15. Please include any additional comments below.

Conclusion

Thank you for participating in this study. Your input is greatly appreciated.

We anticipate concluding with data collection by July 26, 2019, and a manuscript will be submitted for peer review in mid-August.

If you have any follow up comments or questions, please contact [redacted].

Thanks again!

You may now close your browser.

Balancing the Competing Demands of Strategic Philanthropy: The Case of the Delaware River Watershed Initiative

Edward W. Wilson, Ph.D., Edward W. Wilson Consulting; Carol Bromer, M.A., Independent Consultant; and David LaRoche, Ed.M., Independent Consultant

Keywords: *Strategic philanthropy, strategic grantmaking, philanthropic strategy, emergent strategy, evaluation and learning, collaborative learning, foundation learning, developmental evaluation, foundation/grantee relationships, top-down management, bottom-up management, goal setting, environmental grantmaking, watershed conservation, watershed protection, watershed restoration, conservation strategy, geographic targeting, spatial targeting, Delaware River Watershed, Delaware River Basin, William Penn Foundation*

Introduction

As foundations increasingly embrace the principles of strategic philanthropy — explicit goals, evidence-based strategies, evaluation of progress — warnings about the approach have gained currency. Strategic grantmakers, some contend, assert the right to set social change agendas while undervaluing the judgments of practitioners who are working for change on a daily basis. They risk treating their grantees as mere contractors rather than full partners (Patrizi & Heid Thompson, 2010). And they are likely to oversimplify highly complex problems, thus locking their grantees into rigid theories of change and indicator frameworks that are insufficiently responsive to dynamic situations (Patrizi, Heid Thompson, Coffman, & Beer, 2013; Harvey, 2016; Kania, Kramer, & Russell, 2014). Nevertheless, in a field where feedback is uneven and vast sums of money can easily be squandered, the reasons for conducting goal-driven, evidence-based grantmaking remain compelling (Brest & Harvey, 2018).

The challenge for strategic grantmakers is to reconcile a dilemma at the heart of their enterprise. They have an obligation — not just to their founders, but to the public that has entrusted them with generous tax benefits — to put their funds to the best possible use and take full advantage of the unusual freedom they have to choose where their money goes. This means pursuing ambitious aims through carefully formulated courses of action. Yet their success depends on grantee organizations that are accountable to their own boards and

Key Points

- Strategic philanthropy requires striking a balance between two extremes. On one side is unilateral agenda-setting by the foundation and excessive reliance on its own intellectual frameworks and methods. On the other side is too much deference to competing voices from the field, with the risk that funding will be haphazard and incoherent. This article describes how the Delaware River Watershed Initiative, supported by the William Penn Foundation, has struggled to position itself between these two extremes.
- Based on an evaluation conducted during the first four years of the initiative, the article examines four interrelated tensions: upfront planning versus emergent strategy, top-down versus bottom-up management, strategic focus versus opportunistic flexibility, and ambitious aspirations versus realistic expectations.
- After discussing how each of these tensions has played out as the initiative has evolved, the article concludes by suggesting that the role of evaluation in strategic philanthropy is not just to provide feedback on the progress of a strategy, but also to facilitate a learning process to help participants clarify their strategy by reconciling such tensions.

FIGURE 1 The Evaluation Team

- **Edward W. Wilson,** an evaluation professional with three decades of experience, specializing in the review of conservation programs.
- **David LaRoche,** an independent consultant with more than 40 years of experience in watershed project development, management, and evaluation.
- **Paul L. Freedman** and **Kathy Hall** of LimnoTech, a leading environmental engineering and science firm specializing in water-related issues.
- **Matt James** and **Dave Hubbard** of Coastal Restoration Consultants Inc., experts in on-the-ground stream and wetland restoration projects.
- **Carol Bromer,** a research specialist with nearly 20 years of experience assessing environmental programs.

Evaluation activities included:

- In-depth interviews
- Participant observation
- Field and site visits
- Expert reviews of the use of water-quality monitoring and modeling tools
- An online survey of grantees
- Three written reports
- Four presentations to grantees

stakeholders and have their own goals that may not be consistent with those of their funders. Although the inherent power imbalance in philanthropy can easily lead foundations to treat grantees as subordinates, foundations must work cooperatively and respectfully with grantees for practical as well as ethical reasons. If they fail to do so, they may tie the hands of the implementers of their strategies and ignore the knowledge of those who are laboring in the trenches (Dowie, 1995, 2001; Delfin & Tang, 2006; Harvey, 2016; Reich, 2018).

Strategic grantmakers find themselves teetering on a narrow edge between hubris and humility. On one side is unilateral agenda-setting and excessive reliance on their own intellectual frameworks and methods. On the other side is too much deference to competing voices from the field, with the risk that funding will be haphazard and incoherent. The art of strategic philanthropy is to strike the right balance between these two extremes.

This article examines how the William Penn Foundation, of Philadelphia, Pennsylvania, has endeavored to achieve this balance in its support for watershed protection and restoration. The Delaware River Watershed Initiative (DRWI) is a continuing effort, launched by the foundation in 2014, that has sought to align the efforts of more than 50 conservation organizations, land trusts, and research groups toward improving the condition of watersheds in a major East Coast river basin. Although the foundation had been making grants in support of watershed restoration and land preservation since the mid-1990s (Sherman & Wilson, 2003), the DRWI represented a dramatic shift away from responsive grantmaking, guided by broad programmatic criteria, toward a much more strategic approach. Emphasizing the importance of sound science, the foundation used data and models to inform the location and design of on-the-ground land protection and restoration projects, and invested in an extensive water-quality monitoring program in the hope of demonstrating the initiative's effectiveness (Freedman, Arscott, Haag, & Hall, 2018). A formative evaluation was commissioned to assess the initiative's first three-year phase. (See Table 1.) That evaluation, which is the basis of this article, contributed to a strategic learning

In the DRWI, as in many other foundation initiatives, the challenge was not so much to assess the progress of the strategy as to clarify what the strategy was. The evaluators' chief contribution was to facilitate a collaborative learning process by calling attention to the various tensions inherent in the initiative and encouraging the William Penn Foundation and its partners to find ways to address them.

process the foundation and its partners have gone through as they have worked to reconcile four interrelated tensions:

- upfront planning versus emergent strategy,
- top-down versus bottom-up management,
- strategic focus versus opportunistic flexibility, and
- ambitious aspirations versus realistic expectations.

We will describe how each of these tensions has played out during the first several years of the DRWI, and we will conclude by challenging conventional wisdom among foundations about the role of evaluation in strategic philanthropy. Foundations typically have seen evaluation as a feedback mechanism that tracks progress in implementing a strategy and alerts them when corrective action should be taken. In the DRWI, as in many other foundation initiatives, the challenge was not so much to assess the progress of the strategy as to clarify what the strategy was. The evaluators' chief contribution was to facilitate a collaborative learning process by calling attention to the various tensions inherent in the initiative and encouraging the William Penn Foundation and its partners to find ways to address them.

Upfront Planning Versus Emergent Strategy

Since "strategy" is commonly defined as "a plan of action" (American Heritage Dictionary Online, 2019), the existence of a plan or an explicit theory of change would seem to be an essential feature of strategic philanthropy. But strategy-driven grantmaking can go badly awry, as even some leading exponents of strategic philanthropy have warned. One question is who does the planning. Harvey (2016) has noted that strategic philanthropy "can create delusions of omniscience in many program officers" (p. 1), who may well have less experience and hands-on knowledge of the field than their grantees. Another question is when and how the planning is conducted. As Patrizi and colleagues (2013) have suggested,

> Much of the knowledge needed to support strategy can arise only during implementation. … Although some dynamics of change in a system might be "knowable" before strategy launch, much of what needs to be learned about these dynamics depends upon actual experience. (p. 55)

The point is not to abandon strategic planning, but to avoid treating it as solely an upfront exercise conducted unilaterally by the foundation and ending when implementation begins (Patrizi & Heid Thompson, 2010).

The DRWI's experience illustrates some of the limitations of donor-driven, upfront planning. An initial planning process by the foundation and a few experts left key questions unanswered, leading to confusion among grantees and poor alignment among various activities. The planning did not end there, however. The strategy was refined and elaborated as implementation

TABLE 1 The Eight DRWI Clusters and Brief Descriptions

Cluster Name	The Land and Water
Brandywine and Christina	Covering portions of Pennsylvania and Delaware, this suburban and agricultural region provides drinking water to a half-million people but for the past 30 years has experienced intense development that adversely affects forests and water quality.
Kirkwood-Cohansey Aquifer	This area, which encompasses portions of New Jersey's Bayshore and Pine Barrens, is underlain by the Kirkwood-Cohansey aquifer, an important source of water for drinking, irrigation, and industrial uses. Development threatens the aquifer and related surface water resources.
Middle Schuylkill	This cluster comprises areas both east and west of Reading, Pennsylvania, and is largely rural but includes small urban areas. Although some of its streams are of high quality, much of the area's water resources are impaired by agricultural pollution.
New Jersey Highlands	Providing drinking water for half of New Jersey's population, this area is bordered by the Poconos on the north and Kittatinny Ridge on the south, and spans the nationally significant Appalachian Highlands landscape. It contains large tracts of forest and many high-quality headwaters.
Pocono-Kittatinny	A largely forested region encompassing the eastern Pocono Mountains. This cluster encompasses portions of Pennsylvania, New York, and New Jersey. Though water resources in the region are generally of high quality, they are threatened by rapid development in some places.
Schuylkill Highlands	Encompassing heavily forested watersheds as well as pastoral and suburban landscapes, this cluster is located in densely populated Chester County, Pennsylvania, and includes many high-quality streams, though water quality is threatened by development.
Upper Lehigh	Located in the western side of Pennsylvania's Pocono Mountains, this area consists primarily of largely intact forested headwaters of the Lehigh River, the Delaware River's second-largest tributary. Overall water quality is good but threatened by development.
Upstream Suburban Philadelphia	In this predominantly urbanized landscape west of Philadelphia, water resources are impaired by heavy groundwater withdrawals, impervious surfaces that prevent groundwater recharge, and polluted stormwater runoff.

proceeded, and after four years the ends and means were more clearly understood and more widely embraced.

The DRWI's Upfront Planning Process

The initiative began when foundation staff partnered with Drexel University's Academy of Natural Sciences (ANS) and the Open Space Institute (OSI) to develop a comprehensive approach to improving water quality in the Delaware Basin. Key features of the new strategy included:

- the identification of eight subareas, or "cluster areas," within which investments would yield the greatest impacts, based on watershed characteristics, threats to water resources, local organizational capacity, and other considerations. (See Table 1 and Figure 2.)

FIGURE 2 The Delaware River Watershed and the Eight Cluster Areas

- "cluster teams" consisting of land trusts, watershed associations, and other conservation groups working together to develop implementation plans and on-the-ground projects within each of the eight clusters.

- two re-grant programs to support capital projects within the cluster areas. One of these was for protecting land important to producing clean and abundant water, administered by the OSI. The other was for restoration projects, including stream restoration, agricultural best management practices, and "green" infrastructure for stormwater management, administered by the National Fish and Wildlife Foundation (NFWF).

"Building the Airplane While Flying It"

Although the new approach represented a major change for both the foundation and the community of grantees it supported, it launched the initiative quickly in an effort to avoid a disruptive hiatus in the flow of grant dollars, giving the grantees just a few months in the summer of 2013 to prepare implementation plans for each of the eight cluster areas. Subsequently, three-year grants were awarded to the organizations comprising the cluster teams with the understanding that, given evidence of progress, the initiative could be supported for as long as 10 years. The first three-year phase was a period of development and learning as core partners and cluster organizations forged new working relationships, began implementing quickly conceived projects, and negotiated with one another to clarify roles and expectations. Foundation staff frequently remarked that they were "building the airplane while flying it."

Interviews by the evaluation team midway through Phase 1 revealed widespread support within the grantee community for the DRWI's central aim — to align the efforts of NGOs to achieve measurable improvements in water quality through a science-informed strategy. Yet there was considerable uncertainty about what exactly the DRWI was trying to achieve. Grantees were told that the ability to produce measurable water-quality impacts would be an important criterion for project selection, but the foundation did not specify how large such impacts were expected to be. When evaluators asked at what geographical scale projects were expected to produce measurable impacts and in what time frame, grantees could not provide definitive answers. Nearly all were certain, however, that it would be unreasonable to expect measurable impacts at a large scale — certainly not at the basinwide scale, and perhaps not even at the scale of cluster areas. As for the time frame, virtually none of the interviewees believed that measurable impacts would be evident within the three-year term of the initial set of grants, and many expressed skepticism about seeing results by the end of the longer 10-year time horizon. The evaluators' observations of selected projects corroborated this view. The DRWI participants were left with insufficient guidance on how to plan future projects, measure progress, and design monitoring plans, and some grantees wondered whether shortfalls in meeting possibly unrealistic expectations might negatively affect prospects for future grant awards or the entire initiative.

Water-Quality Monitoring Challenges

Another problem was poor alignment between water-quality monitoring efforts and on-the-ground land protection and restoration projects. The DRWI funding included substantial support to the ANS for developing a state-of-the-art monitoring program. The foundation wanted to strengthen water-quality monitoring in the region for several reasons: to support basic research by the ANS, to engage the public in volunteer monitoring activities, and to enhance the ability of local conservation organizations to gather and use scientific data. The most obvious reason, however, was to measure the impacts of the initiative's watershed improvement efforts.

The program developed by the ANS, which involved repeated sampling using sophisticated methods at selected sites throughout the basin (Kroll & Abell, 2015), was well-designed to characterize the watersheds, establish baseline conditions, and ultimately assess long-term trends. However, it was not capable of detecting changes resulting from projects funded by the

The work of the Institute for Conservation Leadership (ICL), which included facilitation of interactions within cluster teams and organizing annual meetings that brought all partners together, played an important role in building these relationships.

DRWI because there had not been enough time for the ANS to coordinate with cluster teams to establish sampling sites in areas where projects would occur. Some members of cluster teams developed their own monitoring plans with support from the foundation, but they were inconsistent in design and not well integrated with the basinwide ANS monitoring program.

Reflecting and Rethinking

These concerns were raised in an early evaluation report, and the foundation and its key grantees took them seriously. To clarify goals and expectations, the decision was made to construct an explicit theory of change. The process involved the initiative's core partners, though other participants had an opportunity to provide input at an initiativewide meeting. The theory of change provided a useful overview of the DRWI's strategic approach, served to clarify the range of projects and approaches the cluster organizations could undertake, and led to development of a series of performance measures. But it left unanswered questions about the size of the targeted watersheds, the time frame of the intended changes, and the specific water-quality improvements that were sought.

Realizing that many important issues had yet to be resolved, the foundation decided to designate 2017 as a planning year during which partners would develop clearer policies and guidelines for Phase 2 of the DRWI. The planning year was in large part compensation for the initiative's hasty launch, which had given grantees little time to coordinate their work and left them confused about essential details. Some problems might have been avoided had the initiative been more carefully planned at the outset.

On the other hand, a more thorough upfront planning process might have been premature. Many of the organizations collaborating at the cluster level had not worked together previously, and many of the grantees lacked experience with the foundation and its core partners. The relationships needed for a broad, participatory planning process had not yet been forged. Through the course of Phase 1, the cluster teams coalesced, cross-cluster contacts were established, and cluster organizations gained greater familiarity with core partners. The work of the Institute for Conservation Leadership (ICL), which included facilitation of interactions within cluster teams and organizing annual meetings that brought all partners together, played an important role in building these relationships. In addition, enough experience had accumulated to clarify the issues that needed attention. The learning acquired during the first three years had set the stage for a much more robust and inclusive planning process during the fourth year of the initiative.

Learning the Strategy

The difficult, time-consuming, and sometimes frustrating process through which the DRWI elaborated and clarified its approach turned out to be a good example of emergent strategy. The upfront planning process sketched the broad outline of a science-informed approach, but it left grantees with many questions about how to implement the strategy in their regions and how to coordinate their various activities. Through the course of the first several years, however, the uncertainties and misalignments became apparent, and the evaluation process helped bring them to the attention of the foundation and its core partners.

The foundation and its partners had learned much about what worked and did not work in

practice and incorporated that knowledge in a newly realized strategy, while accepting that the strategy would continue to evolve. As Henry Mintzberg, the chief exponent of emergent strategy in corporate planning, has remarked, "You don't plan a strategy, you learn a strategy" (quoted in Patrizi & Heid Thompson, 2010, p. 54). By the fourth year of the initiative, the foundation and its grantee partners had learned enough about the strategy to articulate its goals more clearly, improve coordination among activities, and resolve challenges that had become apparent through the implementation process.

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Top-Down Versus Bottom-Up Management

To its credit, the foundation began the DRWI with a clear understanding of the power dynamics inherent in grantmaking; and its staff, accustomed to a more responsive mode of grantmaking, was keen to avoid the appearance of heavy-handedness. Recognizing that many of their grantees had relevant scientific expertise as well as years of experience working with local landowners and communities, foundation staff described the DRWI as a bottom-up initiative in which most of the decision-making authority would reside with the grantee community.

The approach it chose, however, demanded a large degree of top-down management. The foundation's desire for an overarching strategy informed by sound science required analysis and planning by experts and the alignment of efforts by a large and varied group of grantee organizations, most of whom were accustomed to very different ways of working. As much as it may have wanted to organize the initiative from the bottom up, the foundation and its core partners could not avoid issuing top-down directives. In fact, what emerged was a hybrid style of management that began as largely centralized and top-down but progressed toward greater decentralization as the initiative developed.

Creating a Coordinating Committee

Some of the most important top-down decisions were made early on with the definition of cluster areas and the selection of organizations that would make up the cluster teams. Driven by scientific data on watershed characteristics as well as judgments about local organizational capacity, these decisions required hard choices about which of the foundation's previous grantees would be eligible for continued funding. Once the cluster teams were formed, however, the foundation avoided dictating terms to them — so much so that some of the teams told the evaluators they preferred clearer directives from the foundation.

Recognizing the need for improved coordination and communication across all aspects of the initiative, the foundation added the ICL as a core partner to help organize and facilitate meetings, enhance communication within and between cluster teams, and encourage and facilitate network-building and participatory decision-making. In addition, the foundation created a coordinating committee composed of foundation representatives and the four core partners:

- the ANS, which helped ensure that the best science and data were employed in the initiative's design and implementation and in water-quality monitoring;
- the OSI, which administered a capital fund for land protection and provided

Although the initiative remained largely foundation-driven at the end of its first phase, there was by that time more robust buy-in from the cluster organizations, as indicated by a survey conducted by the evaluators, and those organizations were developing greater capacities in water-quality monitoring, the use of watershed models, and other techniques associated with a more science-based approach.

science-based analysis and advice, as well as technical assistance, to cluster partners;

- the NFWF, which administered a capital fund for restoring targeted lands and provided technical assistance to cluster partners; and
- the ICL, which helped facilitate effective collaboration among the DRWI partners.

By early 2016 the foundation had empowered the committee to assume responsibility for managing the theory of change process and, the following year, to lead in the development of Phase 2 guidelines. Meanwhile, foundation staff members had reduced their decision-making role, eventually casting themselves as advisors to the coordinating committee rather than full members.

Although the foundation had ceded much authority to the coordinating committee, further devolution of management control required more participation from the cluster teams, a point that was noted by the evaluation team. By the beginning of Phase 2, an additional body had been created to broaden representation in decision-making. The eight "cluster coordinators," who performed administrative functions for their respective cluster teams, began meeting separately among themselves to provide input to the coordinating committee.

Toward Greater Grantee Empowerment

The foundation set out to change the way its grantees operated by coordinating their work around a science-informed strategy while at the same time hoping to organize the DRWI as a bottom-up initiative. This was a contradiction, at least in the early stages, when grantees were often leery about the new demands being placed on them. It was not unreasonable to expect, however, that greater decision-making authority could be transferred to the grantee community over time. To some extent this has happened — first, with the increased empowerment of coordinating committee and, more recently, with the elevated role of the cluster coordinators.

Although the initiative remained largely foundation-driven at the end of its first phase, there was by that time more robust buy-in from the cluster organizations, as indicated by a survey conducted by the evaluators, and those organizations were developing greater capacities in water-quality monitoring, the use of watershed models, and other techniques associated with a more science-based approach. This suggests that cluster organizations were becoming more willing and able to assume leadership roles. But additional progress was needed to develop a management structure that could truly be described as bottom-up. Urging the DRWI partners to begin planning for the initiative's long-term future, the evaluators noted that grantee ownership of the initiative would be essential if the DRWI was to have any hope of persisting beyond the foundation's 10-year time horizon. A committee known as the "initiative stewards," composed mostly of representatives from the coordinating committee and the cluster coordinators, was formed to begin thinking about how the initiative could survive in the long term with less dependence on the foundation.

Strategic Focus Versus Opportunistic Flexibility

Among the most important strategic decisions for a grantmaker is the extent to which grant dollars should be concentrated on one or a few issue areas. A highly focused grantmaking strategy improves the odds that resources will be concentrated enough to make a meaningful difference and produce observable impacts. Conversely, a high level of focus restricts options and may foreclose chances to take advantage of unanticipated opportunities as they arise.

Strategic focus in the field of conservation often takes the form of geographical targeting, where the question is whether to limit interventions to areas that are especially important, such as biodiversity hotspots or aquifer recharge areas, or to pursue a more opportunistic approach (Martin, 2012). A degree of opportunistic flexibility is essential when strategies require the cooperation of private landowners. Land trusts are necessarily opportunistic because they can close land deals only where owners are willing to sell (Delfin & Tang, 2006). Similarly, watershed restoration projects and agricultural best management practices often depend on the willingness of landowners to collaborate with conservation organizations.

Geographical targeting was built into the DRWI from the outset when the foundation decided to concentrate activities within eight cluster areas. But even those areas were large, diverse landscapes. In the expectation that concentrating capital projects geographically would increase the likelihood of measurable impacts, the cluster teams were asked to locate land protection and restoration projects within much smaller focus areas. In Phase 1, however, most of those focus areas were far too large to encourage meaningful spatial aggregation of projects, and there was little consistency in the way they had been defined from one cluster to the next.

Although this was the view of the coordinating committee, it was not shared by many local implementing organizations. In a survey of cluster team members conducted by the evaluators in January 2017, less than half of the respondents (44%) agreed that "capital projects should be concentrated within relatively small areas," and only 5% thought that "the focus areas defined for my cluster in the Phase 1 implementation plan were too large."

The evaluators called attention to the stark contrast in thinking about focus areas and urged the DRWI partners to develop a new approach that would help concentrate projects while preserving the flexibility grantees needed to get projects done.

The evaluators called attention to the stark contrast in thinking about focus areas and urged the DRWI partners to develop a new approach that would help concentrate projects while preserving the flexibility grantees needed to get projects done. The nature and size of focus areas was a major topic of discussion during the planning year as Phase 2 guidelines were being developed. Although the tension had not been fully resolved by the end of the planning period, the initiative had moved toward reasonable compromises. The coordinating committee held fast to its insistence on restricting the size of focus areas and basing their locations on scientific criteria using models of small watersheds developed for that purpose. But they understood that the focus areas had to be numerous enough to ensure sufficient project opportunities, with the expectation that measurable results would be achieved in only a subset of the targeted places. The OSI and the NFWF, the two organizations managing the capital funds, created incentives to encourage the aggregation of capital projects. The NFWF decided to score potential restoration projects higher if they were located near other projects, and the OSI reduced the match requirement for land-protection

[I]t took several years for the foundation and its partners to come to a shared understanding of what the initiative could reasonably expect to achieve on its own, and what it could aspire to accomplish in the long run with the help of a wider range of stakeholders.

projects near other protected land. If these incentives work as expected, concentrations of projects will emerge through time in areas where restoration and land protection can make a difference in water quality and where there happen to be willing landowners.

The differing views on focus areas served as a vivid illustration of the underlying tension between strategic focus and opportunistic flexibility. Strategic considerations advocated by the coordinating committee demanded that focus areas be carefully chosen based on scientific criteria and small enough that projects would be spatially concentrated and cumulative impacts could be achieved. Implementing organizations, on the other hand, could conduct projects only where there were willing landowners, so they wanted to maximize project opportunities and access to capital funding by creating large focus areas. The new approach to focus areas worked out in Phase 2 planning was a reasonable compromise, but its success in balancing the interests of scientific planners and project implementers remains to be demonstrated.

Ambitious Aspirations Versus Realistic Expectations

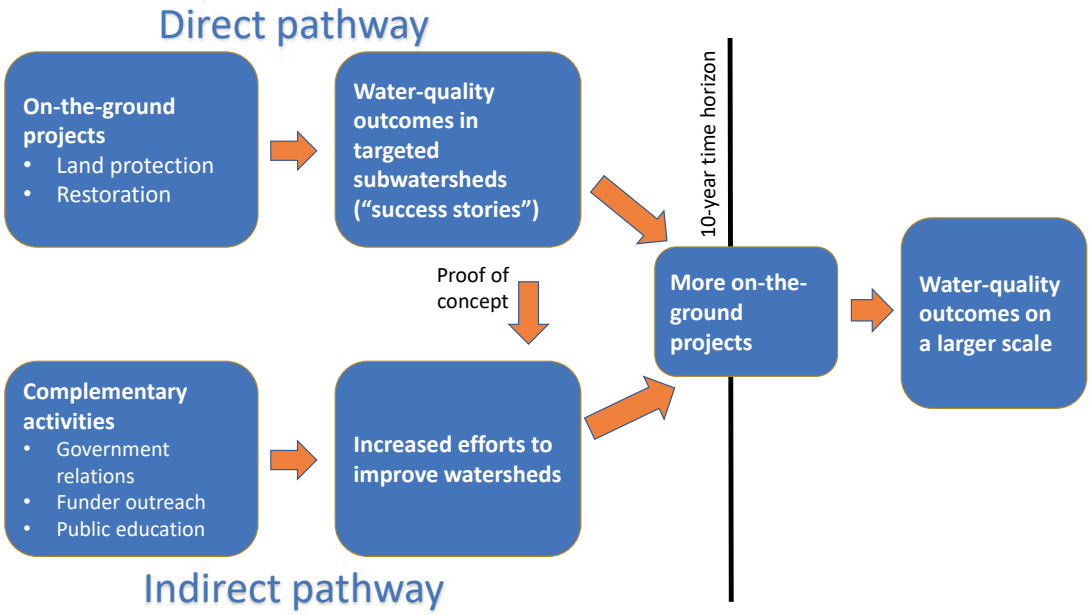
The learning process the DRWI went through in developing its strategy was not just a matter of finding effective ways to achieve the goals; at least equally challenging was clarifying what the goals should be. Early in the initiative the evaluators called attention to the confusion around goal definition, but it took several years for the foundation and its partners to come to a shared understanding of what the initiative could reasonably expect to achieve on its own, and what it could aspire to accomplish in the long run with the help of a wider range of stakeholders.

The resistance to articulating clearer overall goals stemmed in part from the foundation's desire to let the cluster teams formulate specific goals for their local areas. In addition, many partners may have been reluctant to acknowledge the limitations of a privately led watershed initiative. Comparisons to the neighboring Chesapeake Bay watershed, where the federal government was much more active, were hard to avoid. There, watershed improvement activities were driven by the federally mandated Chesapeake Bay Total Maximum Daily Load (TMDL),[1] which set specific targets for the reduction of nitrogen, phosphorus, and sediment entering the bay. Efforts to achieve the TMDL targets for the Chesapeake were backed by much more generous state and federal resources and the regulatory force of law. The initiative partners rightly avoided setting comparable targets for their own work, recognizing the limited size of their projects and the fact that large-scale impacts directly attributable to the initiative would be unrealistic (Freedman, Ehrhart, & Hall, 2018).

Thanks to deliberations during the planning year, it became clear that the outcomes the DRWI was pursuing through its on-the-ground projects were much more modest than those being sought by the Chesapeake TMDL process. Having agreed that cluster teams should try to concentrate projects within relatively small focus areas, and understanding that opportunities for good projects would not be available in all focus areas, initiative leaders now expected that cluster teams should seek demonstrable impacts in a few small subwatersheds where conditions and opportunities were favorable. That is, the

[1] TMDL is a regulatory term in the U.S. Clean Water Act.

FIGURE 3 Direct and Indirect Pathways Toward Water Quality Outcomes



emphasis would be placed on developing a few good success stories within each cluster area.

Gone now was any fear that implementing organizations would be expected to produce outcomes that were far beyond their capacities. But the new question was whether a few success stories in scattered locations throughout the basin would be enough to justify tens of millions of dollars in foundation investments. That might seem like a meager payoff for an initiative of this scale. What helped allay this concern was a redoubled commitment to building upon and complementing the on-the-ground project work being supported through the DRWI.

The Direct and Indirect Strategies

Although land protection and restoration projects were the DRWI's main emphasis, the foundation also provided funding to local organizations for "complementary activities" – outreach, education, and advocacy aimed at leveraging additional resources and enlisting the cooperation of other actors whose decisions affect the health of the watershed, particularly local governments. During the first phase of the initiative, however, the complementary activities were unfocused and poorly coordinated with on-the-ground projects.

The evaluation team raised questions about the role of complementary activities in the DRWI, suggesting that they should be receiving more attention. To encourage discussion on this issue, the evaluators proposed a simplified logic model that identified two pathways toward desired water-quality outcomes. (See Figure 3.) The "direct pathway" consisted of on-the-ground projects, which were expected to produce quantifiable outcomes in targeted subwatersheds (i.e., "success stories"). In the "indirect pathway," complementary activities were expected to stimulate increased efforts to improve water quality.

It was presumed that success stories would contribute to these increased efforts through "proof-of-concept effects" that would help catalyze additional activity. Together, the direct and indirect pathways were expected to produce water-quality outcomes on a scale larger than

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those that could be achieved by the initiative's on-the-ground strategies alone. Visualizing the strategy in this way helped make the point that by pursuing success stories of modest scale through on-the-ground projects, the DRWI was not abandoning more ambitious aspirations. Rather, local success stories could be seen as intermediate outcomes that would serve as steps on the way toward longer-term outcomes on a larger scale.

In preparation for Phase 2, the coordinating committee developed guidelines designed to encourage a more strategic approach to the indirect pathway. Ideally, complementary activities would be concentrated within focus areas that had been targeted for land protection and restoration projects. Since local governments in the region vary widely in respect to their willingness and capacity to address water-quality challenges, however, there was no guarantee that high-priority municipalities would be receptive to working with the DRWI partners. Again confronting the need to allow implementing organizations the flexibility needed to respond to local opportunities, the coordinating committee decided to encourage rather than require greater alignment between focus areas and local government engagement. A complementary-strategy steering committee was created to help cluster teams develop more strategic approaches to working with local governments and other key stakeholders.

Relieving the Burden on Project Implementers

The initiative's challenges in defining clear goals and expectations were rooted in an apparent mismatch between the foundation's ambitious aspirations and the limits of an initiative that emphasized privately funded, voluntary, on-the-ground projects. But the foundation never intended that the DRWI should rely solely on the land protection and restoration projects. Work with local governments and other complementary activities were included from the start. During the first several years, however, partners were intent on developing and implementing the direct pathway while tending to overlook the indirect pathway.

The distinction between the two pathways toward the long-term outcomes reminded partners that complementary activities were important and deserved more attention. It also made explicit the role on-the-ground projects were expected to play in the initiative's overall strategy; their purpose was not so much to yield large-scale impacts as to demonstrate what could be accomplished if more resources were invested in restoration and protection projects guided by sound science. This, in effect, helped relieve the burden on project-implementing organizations, making it clear that they were expected to produce some impressive success stories, not to achieve unrealistically large water-quality impacts.

Conclusions

The role of evaluation in strategic philanthropy is typically seen as something like the feedback system of a self-driving car: a destination is set, the feedback system monitors progress toward the end-point, and when obstacles are detected the system directs corrective actions to be taken. This model assumes the goal and the path toward it are known in advance and are independent of the evaluation. In our experience, evaluations of complex initiatives, especially those that begin during the early stages, cannot simply take the aims as given. The challenge is not so much to measure progress toward goals as to clarify what the program is trying to achieve and how it intends to achieve it. An important — often the most important — contribution an evaluation can make is to help a foundation learn its strategy.

The DRWI evaluation was originally conceived as a way to gauge progress toward the initiative's goals, but the evaluators quickly discovered that such an assessment could not occur until the

foundation and its partners addressed and clarified key questions stemming from the central dilemma of strategic philanthropy: the desire for a rational, evidence-based strategy capable of producing measurable outcomes, and the competing need to respect grantees' local knowledge and give them the leeway they need to get the work done. The foundation struggled to balance these two demands from the outset, but in the early stages of the initiative neither it nor its grantees were clear on how to do that. The balancing act had to be learned. Partners had to come up with workable solutions to a range of perplexing problems: What sort of planning process could best combine a comprehensive, basinwide approach informed by scientific experts with local-level planning by implementing organizations? What kind of organizational structure could provide overall coordination and expert guidance while allowing an appropriate level of input from local grantees? Could geographical focus areas be selected in such a way as to direct project resources to locations where they would be most likely to make a difference, while at the same time giving project implementers enough flexibility to respond to opportunities? Could partners agree on goals that were ambitious enough to justify a large foundation investment without creating unrealistic expectations for grantees?

The evaluators' role was not to provide answers to such questions, but to continually raise them — to act as Socratic interrogators drawing attention to ambiguities and contradictions and encouraging participants to address them. While the tensions have not been entirely eliminated, the initiative has made substantial progress in managing them. In the areas of planning, management, geographical targeting, and goal setting, the experts and implementers have negotiated with each other to reach compromises and mutually agreed solutions. As the initiative began its second phase, partners were much more confident in the strategic approach and organizational arrangements than they were at the outset.

Although this article has described tensions unique to the DRWI, all strategic grantmakers must confront the underlying conflict between rational strategizing and respect for grantees' autonomy. They must set goals that are appropriately ambitious without creating unrealistic expectations for their grantees. They must develop planning processes and management structures that weigh foundation-driven strategizing against the need to learn from grantees and their experiences in the field. They must develop approaches that are focused enough to produce concrete results while allowing grantees the flexibility needed to respond to unanticipated opportunities. Each initiative will need to go through its own learning process to find ways to deal with the resulting challenges, and evaluators can be important partners in this process.

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Strengthening the Ecosystem of Capacity-Building Service Providers: A Case for Why It Matters

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Keywords: *Capacity-building, consultants, service providers, collaboration, racial equity, leadership*

Introduction

Of the many components that contribute to a strong, healthy nonprofit sector, providers of capacity-building services are key players. These providers — whether they come in the form of independent contractors, consulting firms, university-affiliated centers, or something else — are critical partners in helping nonprofits build knowledge and skills, develop new strategies, and navigate change so they can more effectively advance their missions.

In an ideal scenario, nonprofits seeking capacity-building[1] services would have a variety of options available to choose from, a clear understanding of how the offerings differ from one another, ample time and space to carefully vet providers to ensure the right fit, and adequate resources to hire the help they need. For many nonprofits, however, this is not the case.

Nonprofits often say that finding the right capacity-building service provider can be difficult. In some regions, there are few options to choose from. For many nonprofits, it can be tough to discern the best fit among the options available. Identifying and vetting options requires careful consideration and extra time, a luxury many nonprofit leaders don't have.

These challenges become even more significant when a nonprofit is seeking specialized expertise

[1] "Capacity" is an abstract term that describes a wide range of capabilities, skills, practices, knowledge, and resources that individuals and organizations need in order to be effective. "Capacity building" describes investments in individuals and/or organizations to develop and grow specific capacities.

Key Points

- Nonprofits frequently find it challenging to find providers best suited to meet their capacity-building needs. This can be especially true when looking for providers to strengthen racial equity capacity. Many nonprofits lack the time, networks, or expertise to identify what's available and vet various options for cost, relevance, and quality.
- When the Kresge Foundation designed a program to build leadership capacity through a racial equity lens among its grantees, it wanted to strengthen the marketplace of offerings as well. Kresge's Fostering Urban Equitable Leadership program sought to build leadership capacity and add value for grantees by offering a curated menu of services from a range of providers. The program also has an explicit goal of helping strengthen participating service providers' own capacity, which it does by providing grant support and opportunities for peer learning and collaboration.
- This article explores why more foundations should invest in the capacity of nonprofit capacity builders. It draws on reflections and lessons learned from the program and perspectives from service providers. Foundations have a unique role to play in strengthening the ecosystem of capacity-building service providers. The article offers recommendations for how to do so in ways that have the potential to stimulate new thinking about collaborative opportunities, reduce overlap in services, and expand the quality of offerings throughout the field.

on a complex issue such as racial equity. In recent years, growing numbers of nonprofits have recognized the need to build internal capacity for advancing racial equity in their organizations. Finding a capacity-building service provider to help build racial equity capacity can be especially challenging for a variety of reasons:

- As more nonprofits recognize racial equity as a critical component of effectiveness and more foundations articulate commitments to racial equity, there is greater demand for consultants with racial equity expertise. Some consultants are having to decline requests from nonprofits seeking assistance.

- Advancing racial equity in organizations is complex and adaptive work that often requires change at multiple levels in organizations and long time frames for seeing results. Some nonprofits may not recognize this initially. As a result, there may be a mismatch between what nonprofits start out seeking and what they actually need. For example, an organization seeking to improve racial diversity of its staff may want to start with overhauling human resources policies, but that work will not be effective if the organization hasn't first done some internal reflection on organizational culture and other dynamics that may be contributing to a lack of diversity among its staff.

- Nonprofits in the early stages of thinking about racial equity in their organizations often underestimate this complexity and overestimate the organization's readiness to take on this work, which can make it difficult to find the most appropriate match.

- Many capacity-building service providers are also still learning how to integrate racial equity into their work, how to effectively work with leaders and organizations to advance their racial equity capacity, and how to collaborate with others to provide more comprehensive support to nonprofits.

Add to this the overall lack of funding available to nonprofits and capacity-building service providers to support investments in their organizational effectiveness, and it is not surprising that finding the right provider is such a common challenge for nonprofits seeking capacity-building support.

When The Kresge Foundation designed a program to build leadership capacity through a racial equity lens among its grantees, we wanted to strengthen the marketplace of offerings as well. Kresge's Fostering Urban Equitable Leadership (FUEL) program sought to build leadership capacity and add value for grantees by offering a curated menu of services from a range of capacity-building service providers. Knowing that the nonprofit sector's success in advancing racial equity depends on assistance from these service providers, the FUEL program also has an explicit goal of helping strengthen participating providers' own capacity, which it does by providing both capacity-building funding and opportunities for peer learning and collaboration.

Now that we are in our second program cycle with FUEL, we are seeing some valuable outcomes from our investment in the capacity of capacity-building service providers — outcomes that other capacity-building funders may want to pursue in their own networks:

1. increased effectiveness and efficiency of service delivery,

2. strengthened capacity of capacity builders, and

3. greater coordination and collaboration among service providers.

As the funder (Kresge) and program manager (Community Wealth Partners) of the pilot effort, we also have learned some valuable lessons from bumps we encountered along the way. We will explore each of these outcomes in greater detail, as well as key lessons we've learned from this work and adjustments we've made to the program in response to what we've learned.

TABLE 1 FUEL Program Stakeholder Roles

Kresge Foundation Leadership & Infrastructure Funding Team	Community Wealth Partners
• Incubator • Sponsor and grant manager • Champion • Convener • Learning partner	• Design and implementation expert • Program manager • Lead learning partner • Neutral facilitator between other stakeholders
Capacity-Building Service Providers	**Grantee Participants**
• Experts on equitable talent and leadership development and equity-informed service delivery • Learning partners with peers and other stakeholders	• Experts on their own work • Engaged and committed participants in the services • Learners and learning partners

About the FUEL Program

The Kresge Foundation works to expand opportunities in America's cities. A key strategy for doing this is investing in grantees' talent and leadership development[2] through a racial equity[3] lens. This investment aims to better equip nonprofits to advance racial equity and achieve better outcomes in their organizations and communities.

In 2016, Kresge launched the FUEL program, a pilot effort that expands on a history of investment in leadership at the foundation by investing in nonprofit leaders across all seven of the foundation's program and practice areas in a coordinated way and making investments with an intentional focus on racial equity. The goals of the FUEL program, as stated in internal documents for the program's second cohort, are:

> Participants from grantee organizations across all Kresge's funding areas have capacity-building support to develop 1) stronger senior teams, 2) stronger mid-level talent, 3) more diverse talent, and 4) more equitable practices. Participating providers are stronger in their ability to meet their individual missions and to grow their collective work in the social sector.[4]

To date, the program has reached about 550 individuals from 236 grantee organizations and invested $3.4 million to cover grants for each capacity-building service provider; costs for convening, consulting, and program design and management; and travel stipends for participants.

The foundation hired Community Wealth Partners, a social-sector consulting firm, to help design and implement the program. Together, they sought input on the program design through a survey and interviews with grantees. (See Table 1.)

Grantee feedback uncovered a desire to focus on talent and leadership development through a racial equity lens. Grantees shared this was something they needed to focus on to be more

[2] Talent and leadership development is a specific type of capacity building that leverages investments in individuals and/or teams to build a wide range of capacities (e.g., recruitment and hiring, management best practices, succession planning), leading to stronger, more well-run and more sustainable organizations.

[3] According to the Center for Social Inclusion, racial equity is both an outcome and a process. As an outcome, it is when race no longer determines socioeconomic outcomes and everyone has what they need to thrive. As a process, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the policies and practices that impact their lives. To learn more, visit https://www.centerforsocialinclusion.org/our-work/what-is-racial-equity.

[4] Other grantmakers are working to strengthen the nonprofit ecosystem in similar ways. For two examples, see Borealis Philanthropy's REACH Fund and a case study on an effort of the Evelyn & Walter Haas, Jr. Fund.

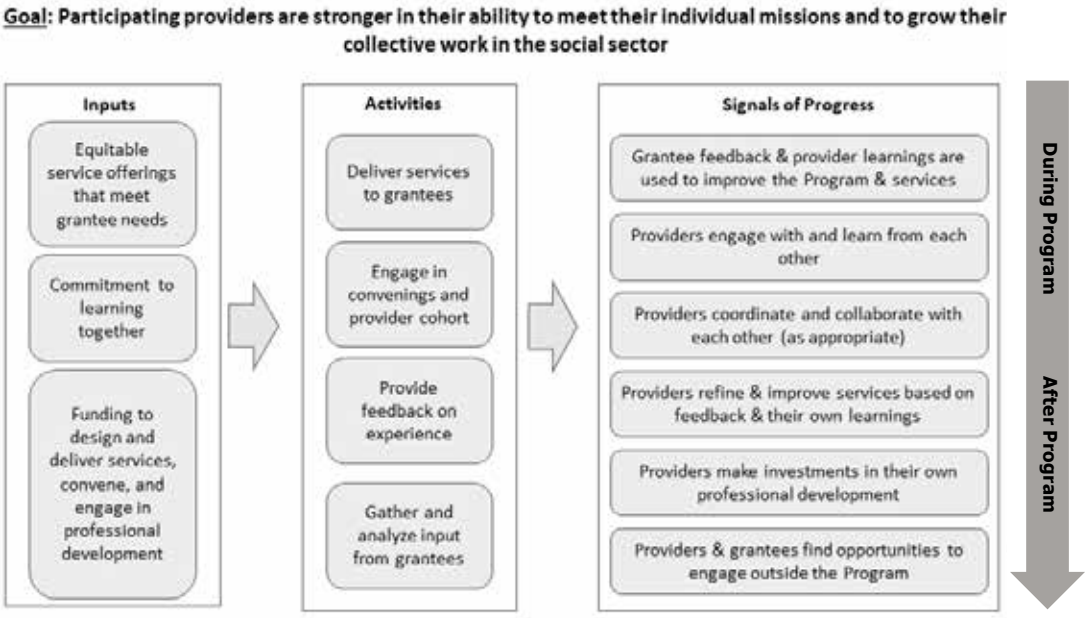
TABLE 2 FUEL Program Services at a Glance

Service Providers	Offering	Description
AchieveMission; Crossroads Antiracism Organizing & Training	Race equity and succession planning	AchieveMission and Crossroads collaborated to design an offering that brings an adaptive leadership framework and race equity/ power analysis to succession planning. The program includes 3 in-person sessions, 2 virtual sessions, and team coaching focused on an organizational project.
Change Elemental; ProInspire; Crossroads Antiracism Organizing & Training	Learning community to operationalize equity	3 service providers collaborated to design a 10-month learning community on developing strategic clarity to operationalize race equity within organizations. The program includes 2 in-person sessions, 2–3 virtual-learning sessions, 2–3 coaching sessions, and ongoing work.
CompassPoint Nonprofit Services	Organizational Equity Leadership Development Program	This program on facilitative leadership is designed to strengthen leadership skills of a cohort of mid-level leaders across grantee organizations and instill greater ability to achieve equitable outcomes. It includes 3 in-person gatherings, 4 virtual-learning sessions, and 5 sessions of individual coaching.
Rockwood Leadership Institute	Art of Leadership	This 5-day intensive retreat teaches powerful visioning, listening, speaking, presentation, coaching, team-building, and feedback skills to emerging and established leaders. The program infuses concepts of racial, gender, and economic equity within the curriculum as leaders draw from their personal identity and experiences throughout their participation.
Interaction Institute for Social Change	Facilitative Leadership for Social Change	This program on facilitative leadership aims to strengthen leadership skills of mid-level leaders and instill greater ability to achieve equitable outcomes. It includes a 3-day in-person workshop and a virtual follow-up session.
	Fundamentals of Facilitation for Racial Justice Work	Training to help leaders become more effective at helping others understand structural racism and the difference between inclusion and equity, and develop plans for advancing racial equity, includes a 2-day in-person workshop and a virtual follow-up session.
	Advancing Racial Justice in Organizations	A workshop for organizational leaders is centered on understanding the system of racialization and concepts and tools for facilitating a collaborative planning process to develop plans for operationalizing racial justice and pursuing equity. The program includes a 1-day workshop and a virtual follow-up session.
Management Center	Managing to Change the World	A 2-day course on management skills includes delegation, goal setting, hiring, and using an equity and inclusion lens.
People's Institute for Survival and Beyond; Crossroads Antiracism Training & Organizing; Race Forward	Variety of trainings and workshops focused on foundational racial equity learning	Grantee organizations receive a scholarship to support their participation in a racial equity training or workshop of their choosing, based on their learning interests and available capacity.

effective leaders, but many didn't know where to start, know who to turn to for help, or have time to dedicate to finding solutions.

In response to this, a key part of the program design includes vetting and selecting a cadre of service providers with expertise in racial equity to offer grantees a range of services on different aspects of advancing racial equity inside organizations and aligned with grantees' needs. We made this design choice based on grantee feedback — grantees said being able to choose from a menu of vetted options saved them time and effort, and we made sure the options available

FIGURE 1 Logic Model for Capacity-Building Service Providers in FUEL Program



aligned with the types of services grantees said they wanted. In the initial pilot we formed partnerships with six capacity-building service providers, and in round two of the program we expanded to include 10 providers. (See Table 2.)

We had a clear vision for how the FUEL program would contribute to grantees' talent and leadership development, and we anticipated that capacity-building service providers would find it useful to be part of the cohort and receive grants. We found that our investment in the capacity of those service providers provided more value than we anticipated.

In an assessment of the pilot round of the program, capacity-building service providers reported three key benefits: 1) increased effectiveness and efficiency of service delivery through vetting and matching assistance, 2) strengthened capacity, and 3) greater coordination and collaboration among service providers. For the second round of the program we decided to put a more intentional focus on some of these benefits. (See Figure 1.)

Increasing Effectiveness and Efficiency of Service Delivery

By working with a cohort of capacity-building service providers and helping match grantees with providers suited to meet their needs, we hoped to support providers' ability to meet their individual missions and to grow their collective work in the sector. We also hoped to create some efficiency and minimize the burden for grantees who often don't have time to identify and vet potential providers.

Indeed, feedback from grantees and capacity-building service providers from the first round of the program shows that the vetting and matching is helpful to them. In a survey to participants in the current program, grantees rated every aspect of the application and matching process favorably (average responses were above 4 out of 5 for each of 13 questions), and service providers also rated the process favorably overall. High satisfaction rates among grantees for the services they received also suggest that the attention to vetting and matching had the desired effect.

Kad Smith, project director at CompassPoint Nonprofit Services, said:

> I appreciate the back-end support Community Wealth Partners has provided. It helps keep us organized, and they are covering some of the things that can be time-sucks for us as providers, such as travel support and the application process. And because Kresge is sourcing the grantees who are participating in the program, that makes it a lot easier for us to get folks in the room.

We also learned some valuable lessons that we have incorporated into the program's second round to make the matching process more effective and equitable for service providers and grantees.

First, while a funder or intermediary can add value by aiding with vetting and matching, it is important to ensure both grantees and service providers have an active role in assessing the fit. While this was part of the initial program design, we learned there was more we could do to allow space for grantees and capacity-building service providers to have more of a voice in the match. "Giving grantees the opportunity to select among offerings is important, and giving providers an opportunity to agree [or] disagree with the findings is [also] important," said one service provider in an open-ended survey response.

Second, an equitable process should provide a flexible time frame so that the work can happen at a pace that feels reasonable for both the capacity-building service providers and the grantees. In our pilot round we received feedback from both groups that the timeline we were imposing felt too rushed and was driving a false sense of urgency, a practice associated with white dominant culture. Grantees requested more time to absorb the information about the various options available, consult with others in their organization, and make decisions. Service providers requested more time to get to know grantees to help assess fit.

In response to this feedback, we altered the process in the program's second round to allow more time to share information about the services available, provide space for grantees and service providers to connect directly with each other, give grantees more time for internal conversations and decision-making, and give service providers greater voice in assessing fit for their offerings among interested grantees. These adjustments meant we needed to extend the overall time frame for the program by six weeks.

Finally, we learned from the pilot effort how difficult it can be to accurately assess where an organization is in its racial equity journey and ensure that the service being offered is an appropriate fit. Initially, the Kresge team had wanted all capacity-building service providers to meet grantees where they were and be flexible about who they worked with no matter what their stage in their equity journey. We learned that not all service providers were able to do that — providing foundational training to educate organizations on systemic racism and how it can manifest itself in nonprofit organizations is not something that every service provider offers. To mitigate this challenge, we made a few changes in the program's second round:

1. We offered grantees an optional self-reflection questionnaire to help them assess their needs.

2. We created more space for capacity-building service providers to voice when they saw signs that a grantee might not be ready for a more sophisticated service.

3. We created a wider cadre of options to help better meet grantees where they were, including scholarships for grantees who were in earlier stages of understanding racial equity to participate in foundational training. (See Figure 1.)

Strengthening the Capacity of Racial Equity Capacity Builders

The FUEL program invests in the capacity of the capacity-building service providers through grant funding and peer learning. Each participating service provider receives a capacity-building grant to use as they see fit. (Grants were $25,000

in the first round of the program and were reduced to $10,000 in the second round due to budget constraints.) For many of the participating organizations, benefiting from this type of support is rare and provides an opportunity for internal investment in the organization that may not have happened otherwise. Mikaela Seligman, executive director of AchieveMission, reported:

> We have not previously received funding that is not directly tied to designing offerings for our clients. We ourselves are a nonprofit, so we don't have a lot of resources to put into our own capacity. Having some dedicated funds to invest in ourselves has been tremendous.

AchieveMission used its grant for professional development for board and staff — participating in a Crossroads Antiracism Organizing & Training program — and to help strengthen the organization's marketing efforts.

While we expected the grants to be valuable for the capacity-building service providers, an unexpected outcome was the value they received from having an opportunity to work with and learn from one another. They benefited from sharing best practices that influenced service delivery, identifying opportunities to expand or continue their work, and creating new relationships and opportunities for their own professional development.

Kad Smith and Shannon Ellis of CompassPoint offered one example of the sharing and learning that took place in the program's first round. Smith and Ellis had both been involved in revising the organization's compensation framework to be more equitable, and they had an opportunity to reflect and exchange ideas with the cohort of other capacity-building service providers. "The cohort gave us an opportunity to learn with others who are undertaking similar structural and cultural shifts," Ellis said. "In the spirit of transparency and co-learning, we shared our revised compensation framework with several people in the program."

Other examples of how the service providers learned from one another included participating in trainings by other providers to advance learning, sharing resources with one another, and accessing the cohort to discuss thorny issues such as measuring the impact of racial equity capacity-building work and assessing readiness for organizations to do deep, transformational racial equity work.

"We have not previously received funding that is not directly tied to designing offerings for our clients. We ourselves are a nonprofit, so we don't have a lot of resources to put into our own capacity. Having some dedicated funds to invest in ourselves has been tremendous."

– Michaela Seligman, executive director, AchieveMission

Fostering Greater Coordination and Collaboration

The FUEL program includes the opportunity for capacity-building service providers to come together and learn from one another. Kresge provides funding to cover meeting and travel costs, and Community Wealth Partners plays a facilitation role. Touchpoints for service providers include a 1.5-day in-person convening and quarterly calls.

Creating the space to bring capacity-building service providers together has sparked several opportunities for coordination and collaboration. The common goal of advancing racial equity practice in the nonprofit sector drives each provider, and they are eager to share and learn together. In addition to the spaces we've

Gaining clarity on the spectrum of offerings has also helped capacity-building service providers identify some potential gaps in the field and collaborate with others to design offerings to fill those gaps.

provided, the service providers have found other ways to stay in touch with one another. They are connecting outside of the FUEL program to share learnings and questions.

There are a few things we think helped create a spirit of collaboration within this group. First, when vetting providers to work with, we prioritized those who seemed open to collaboration. Meeting in person and setting a norm of showing up with vulnerability and transparency helped providers build relationships with one another. And receiving capacity-building grants from the foundation may have helped reduce feelings of competition among providers. Cynthia Silva Parker, senior associate at Interaction Institute for Social Change, said:

> One of the beautiful things about the Kresge convenings was the opportunity to build relationships and trust. Everybody in the room was familiar with most of the other organizations, and we see one another as part of the broader ecosystem. I don't think any of us came in the room looking at each other as competitors. We came together with an interesting puzzle in front of us — what would be of most service to Kresge's grantees? Coming together in that way helped us learn about our place in the ecosystem, what we do best, and how we can connect to the rest of the network. We came up with some creative ideas that were much different than the original program design. That was powerful.

Service providers reported that this time together led to the following outcomes:

1. learning in new ways and adapting service delivery to better meet people where they are,
2. identifying opportunities to expand or continue work,
3. creating new relationships, and
4. engaging in professional development opportunities.

Another benefit of spending time together is that capacity-building service providers have greater understanding of how their offerings are situated in relation to other services. This has enabled some providers to refer potential clients to other providers that might be a better fit. Said Smith, of CompassPoint,

> It's unreasonable to think that one organization can do it all when it comes to covering the broad spectrum of racial equity programming needs. To do this work in a deep way, we need to understand how we all approach different slices of this work and partner with multiple providers. This cohort provides opportunities to connect the dots. We've seen that we're more aligned than we may have realized when it comes to the analyses we bring to the work. We see problems and challenges in similar ways.

Gaining clarity on the spectrum of offerings has also helped capacity-building service providers identify some potential gaps in the field and collaborate with others to design offerings to fill those gaps. For example, AchieveMission and Crossroads collaborated to co-design a cohort program focused on succession planning with race and gender at the center. Jessica Vazquez Torres, national program manager and a facilitator with Crossroads, observed:

There was a seed of mutual connection between us when we met at the in-person gathering, which then blossomed to a more targeted conversation. There was a sense that we each brought different gifts, and we were intrigued

to see what it would be like to collaborate. They were struggling with issues we knew something about, such as bringing racial equity language and framing to the work; and they had insights of areas of work we were trying to figure out, like how to work with board members, ways to design a sustained engagement over time, and succession planning.

Crossroads also formed a collaboration with ProInspire and Change Elemental to offer a 10-month learning community on operationalizing racial equity within organizations.

While the time together brought benefits to the capacity-building service providers, their collaborative thinking helped improve the design of the FUEL program's second iteration and identified opportunities for strengthening the ecosystem of racial equity service provision as well. At the in-person meeting, the service providers identified a common challenge: Some of the grantees in the first cohort did not yet have a foundational understanding of systemic racism and how it connects to their organization's work, and none of the providers offered services to provide that foundational training. The service providers recommended improvements for the second iteration to help meet these needs. Seligman, of AchieveMission, said:

> We came back and said, "We have a totally different idea of how to do this." What I loved about that was that we were all coming from an orientation of what would be best for the sector, not what would be best for our individual interests.

Ultimately, Kresge was not able to make all the changes that capacity-building service providers recommended. We went into the program's second round thinking we'd be making minor adjustments, based on evaluation feedback, and we had limited bandwidth and budget to make major overhauls. We made some small but meaningful adjustments, such as offering the self-reflection questionnaire to help grantees assess their own readiness and providing scholarship funds for grantees to attend foundational trainings in the field. While this may help mitigate the challenges somewhat, we weren't able to act on all the ideas the service providers contributed.

In our convening role, the Community Wealth Partners and Kresge teams learned some lessons from this experience about how to create space for authentic engagement of stakeholders. When the convening happened, and the capacity-building service providers offered big ideas, they came at a time that was too late in the process for the foundation to be able to make significant changes, and the proposals were beyond the scope of available resources. As a result, the modifications felt insufficient to some. Moving forward, we, as funder and program manager, are trying to be more mindful of the power we wield, look for opportunities to share that power, and be more explicit and transparent about the context of the work, its boundaries, and how decisions are made (and how we communicate them), all in service of our shared vision of creating a stronger system of support for nonprofits. Said Seligman,

> When we left that meeting, we were all on this kind of high; and then we learned they're not really going to change the program, and there was a deep sense of disappointment. That's when some of us said, "What can we do within the boundaries of this?" And we began to make some small changes.

We've also heard feedback from capacity-building service providers that they'd like to see more active engagement from Kresge in the conversations. Community Wealth Partners, as program manager, has been positioned as the primary contact for service providers, both to try to mitigate funder-provider power dynamics and due to capacity challenges for foundation staff (there is no full-time, dedicated staff supporting the FUEL program at the foundation). While service providers have expressed appreciation for the role Community Wealth Partners has played, they've also said they'd like to see Kresge staff more actively involved. Capacity-building service providers desire more opportunity to be in relationship with foundation staff for continued discussion and learning about how to make the FUEL program stronger and ways to advance the

"Foundations have to do the work themselves to fully understand the beauty of this work and what it can do to transform leadership."

– Kad Smith, project director, CompassPoint Nonprofit Services

broader work of advancing racial equity capacity in the nonprofit sector as well.

Advancing a Vision for a Stronger Ecosystem

Capacity-building service providers are a critical part of the ecosystem in which nonprofits operate, so their effectiveness matters. Foundations can help strengthen this ecosystem by investing in service providers' organizational capacity and creating space for them to learn from each other and explore possibilities for coordination and collaboration. Funders investing in the capacity of capacity-building service providers should consider the following recommendations:

- For foundations investing in strengthening the ecosystem of racial equity providers, work to build your own racial equity capacity. Said Smith, of CompassPoint,

  > Foundations have to do the work themselves to fully understand the beauty of this work and what it can do to transform leadership. Foundations need to grapple internally with some of their ways of working that are rooted in white supremacist, patriarchal culture. When foundations try to support racial equity work in grantees without doing the work themselves, there will be deep fractures.

- Engage capacity-building service providers in the design of what you're offering. They have unique perspective and expertise on sector needs. Supports targeting their capacity should be responsive to their needs and requests as well. "Engage potential providers early in the process of designing your capacity-building strategies and programs," said Parker, of the Interaction Institute for Social Change. "Don't wait until you're finished to engage them in implementing what you've designed."

- Consider the role a foundation can play in matching nonprofits with capacity-building service providers. Service providers and nonprofits agree that this is a valuable role for foundations if done well. Look for ways to add value to grantees by helping them find and vet service providers — but balance that with allowing grantees and service providers voice and choice in the process.

- Use your convening power to provide opportunities for connection among capacity-building service providers. Creating space for service providers to learn from one another and explore opportunities for coordination and collaboration is another way to invest in their capacity. Vazquez Torres, of Crossroads, observed,

  > Being in work that is fee-for-service or grant dependent means that you're often isolated. The FUEL program provided a place of collaboration, learning, and camaraderie across a set of shared commitments to notions of equity from organizations that normally would compete with each other for the same RFPs or who would be passing each other because we exist in this parallel world.

  Funders should be mindful of their role and power dynamics when playing this convening role. Consider when your presence will be helpful and when it might be better to step back.

- Provide funding for capacity-building service providers to invest in their own organizations. The nonprofit sector is a price-sensitive market and, like nonprofits, service providers in this space are often operating on thin margins and don't have abundant resources to invest in their own capacity beyond direct grant dollars.

Providing funding to support their capacity signals trust and respect from foundations and helps strengthen the marketplace of service offerings available to nonprofits.

Capacity-building service providers share a common vision — to help strengthen the nonprofit sector for greater social impact. When service providers have resources to invest in their own effectiveness and opportunities to share with and learn from other providers, they are better positioned to advance this vision. For foundations working to strengthen the social sector through nonprofit capacity building, supporting the capacity of capacity builders is critical for ensuring the overall health of the nonprofit ecosystem.

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– Jessica Vazquez Torres, national program manager and a facilitator, Crossroads

The Cultivation Approach to Place-Based Philanthropy: Evaluation Findings from the Clinton Foundation's Community Health Transformation Initiative

Douglas Easterling, Ph.D., Sabina Gesell, Ph.D., Laura McDuffee, M.P.A., Whitney Davis, M.P.H., and Tanha Patel, M.P.H., Wake Forest School of Medicine

Keywords: *Place-based philanthropy, cultivation, community-based initiatives, community health, collective impact, contribution analysis, Clinton Foundation*

Reflective Practice

Introduction

As foundations become more ambitious in their aspirations for impact, they discover that they need to move beyond standard transactional grantmaking and take fuller advantage of the various forms of philanthropic capital available to them, including reputational, political, and social capital (Kramer, 2009; Ditkoff & Grindle, 2017).

These foundations are seeking to act as change agents through activities such as convening collaborative problem-solving efforts, strengthening networks, building organizational capacity, leadership development, policy advocacy, and raising issues on the public agenda (Hamilton, Parzen, & Brown, 2004; Bernholz, Fulton, & Kasper, 2005; Easterling, Smart, & McDuffee, 2016; Jellinek & Treanor, 2019). Rather than focusing attention and resources on specific grantees, some foundations adopt place-based approaches wherein they support multiple organizations within a community who are carrying out complementary, mutually reinforcing work (Brown et al., 2003; Kegler, Painter, Twiss, Aronson, & Norton, 2009; Connor & Easterling, 2009; Ferris & Hopkins, 2015).

Key Points

- Cultivation is a decentralized approach to place-based philanthropy where the foundation seeks to activate local stakeholders and assist them in translating their ideas into action. Rather than convening a strategic planning process, cultivation presumes that the seeds of high-payoff solutions are already circulating somewhere in the community. The foundation's role is to support local stakeholders in developing and implementing their own ideas in ways that produce meaningful impacts.
- 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.
- Building on the results of this evaluation and our experience with all three foundations, we assess the potential of the cultivation approach and indicate how it complements collective impact.
- We also introduce a taxonomy of the six roles foundations play in place-based philanthropy, which is useful in clarifying intent and theory of change.

Place-Based Philanthropy

An increasing number of foundations refer to themselves as "place-based" funders, but there is considerable variability among these foundation with regard to philosophy and strategy. Some have a responsive orientation, investing their resources in attractive projects proposed by local nonprofit organizations in response to a request

for proposals (RFP) or more targeted invitations. Other foundations bring their own goals and values more directly into the community-change process. They might do this by introducing specific program models, by carrying out advocacy work, and/or by playing a leadership role in driving the process of community change. Most place-based foundations fall somewhere in between responsive and directive orientations, acting as a facilitator to help local stakeholders find and implement strategies that have the potential to address major community issues.

Many of the foundations that have a facilitative leadership orientation focus on collaborative problem-solving (Fawcett et al., 2018; Albert et al., 2011; Schwartz, Kelly, Cheadle, Pulver, & Solomon, 2018, Jenkins et al., 2004; Anderson et al., 2015; Easterling & McDuffee, 2018). The basic idea is to convene different organizations that are in a position to influence a major community issue that both the foundation and the community regard as crucial. Collaborative initiatives generally focus on complex, large-scale issues such as health care access, opioid misuse, obesity, and racial disparities in health outcomes — issues beyond the scope of influence of one organization.

In most of these initiatives, the funder supports an interagency coalition in developing a shared definition of the problem, setting a vision for success, analyzing the causes and consequences of the problem, and developing a collective strategy appropriate to the local context. This approach to place-based philanthropy has become more popular since the publication of John Kania and Mark Kramer's article on "collective impact" in 2011. When collaborative problem-solving initiatives succeed, the impacts can be profound (Lynn et al., 2018; Easterling & McDuffee, 2019). However, many of these initiatives have not produced tangible improvements in local conditions (Brown & Fiester, 2007; Kubisch, Auspos, Brown, & Dewar, 2010).

While collective impact presumes that high-payoff solutions emerge when agency leaders focus on a specific issue and engage in an intensive planning process, cultivation presumes that the seeds of high-payoff solutions are already circulating somewhere in the community.

Cultivating Solutions Throughout the Community

Because of the challenges associated with collaborative problem-solving, foundations such as the Kate B. Reynolds Charitable Trust, The Colorado Health Foundation (CHF), and the Clinton Foundation are experimenting with a "cultivation" approach to improving community health (Easterling & Smart, 2015; Benton-Clark, 2018; Easterling & Gesell, 2019). The cultivation approach is much more decentralized than collective impact. (See Table 1.) While collective impact presumes that high-payoff solutions emerge when agency leaders focus on a specific issue and engage in an intensive planning process, cultivation presumes that the seeds of high-payoff solutions are already circulating somewhere in the community. The foundation's role is to support local stakeholders in developing and implementing their own ideas in ways that are capable of producing meaningful impacts — meaningful both to those stakeholders and to the foundation.

Rather than convening an interagency coalition, cultivation calls for the foundation to play a constructive role in advancing the work that local stakeholders are either carrying out or contemplating. Foundation staff are deployed to selected communities to understand the local context,

TABLE 1
Comparison Between Collective Impact and Cultivation Approaches to Improving Community Health

Elements	Collective Impact Approach (Kania & Kramer, 2011)	Cultivation Approach (Easterling & Gesell, 2019; Easterling & Smart, 2015)
Premise	• Large-scale impact comes from better cross-sector coordination rather than the isolated intervention of individual organizations.	• Large-scale impact occurs when promising strategies emanating from the community reach their full potential. This requires focusing on sound ideas that have local momentum and translating them into effective actions. Foundations can use their resources and influence to stimulate and support this developmental process.
Where do health-improvement strategies come from?	• Centralized design and development of collective strategies by an interagency coalition	• Decentralized cultivation of ideas that community stakeholders have formulated but haven't fully developed or implemented
How do these strategies evolve?	• The coalition engages in an extensive strategic planning process and then implements key elements of the resulting plan. • Progress is gauged according to prespecified measures.	• Ideas are translated into concrete strategies, which are then implemented and evaluated. • Initial strategies are adapted and expanded based on experience. • Strategies become increasingly comprehensive through further learning and partnering.

How does the funder support this evolution?	• At a minimum, the foundation provides monetary support for the planning process, technical assistance, the backbone organization, and implementation of key elements of the strategy.
	• Foundations sometimes, but not always, do the following:
	  ○ Dictate the problem to be solved.
	  ○ Convene the coalition.
	  ○ Dictate which stakeholders need to be included.
	  ○ Participate directly in the planning process.
		• Foundation staff spend considerable time within the community to learn about issues of concern, build relationships with a wide range of stakeholders, and identify promising ideas.
		• Foundation staff encourage and advise multiple stakeholder groups to translate their ideas into action.
		• Consultants hired by the foundation support local groups with planning, analysis, advising, networking, etc.
		• Grants are used to activate, incentivize, and support project implementation.
		• Successive grants support more informed, ambitious, and strategic adaptations to the initial project.
		• Foundation staff and consultants broker partnerships between groups to foster more comprehensive strategies.

Who organizes and implements the work?	• The coalition sets the mission and goals, and then develops and monitors the strategy. • Organizations participating in the coalition implement relevant elements of the collective strategy. • The backbone organization manages the coalition, provides operational support, oversees measurement, and prepares reports for funders.	• Individuals and organizations cultivated by the foundation translate their ideas into action. • Multiple organizations design and implement specific projects, apply for grants, and report to funders. • Some projects may be designed and implemented by formal or informal networks, but the foundation does not convene networks.

engage with people who are interested in doing more to improve health, and assist them in developing and implementing projects that have the potential for large-scale impact. Once the foundation has selected promising prospects, it provides various forms of assistance (e.g., grants, consulting, training, facilitation) to support local stakeholders in developing and implementing their ideas, with special attention to ensuring that local actions achieve the intended outcomes.

Kate B. Reynolds Charitable Trust

To our knowledge, the cultivation approach to place-based philanthropy was initially defined by Doug Easterling and Allen Smart in 2011 when they developed the Healthy Places NC (HPNC) initiative of the Reynolds Trust.[1] Smart spelled out the rationale for HPNC in 2015, when he was serving as the vice president for programs and interim president of the trust:

> [We are] skeptical of a funder's ability to be effective in creating change and engaging people in rural communities when using traditional grantmaking. A top-down prescriptive model doesn't fit how people in these communities live and think, and whom they trust to help solve local issues. Grantmaking needs to foster and cultivate local assets, allowing change to come from within. (Smart, 2015, para. 4)

Under HPNC, the Trust is providing concentrated grant funding, technical assistance, leadership training, and a variety of other resources and opportunities to 10 rural counties identified by the North Carolina Department of Commerce as economically challenged. The counties were selected by the Trust based on population size, an analysis of local health issues, the capacity of local organizations, and geographic representation.

Once a county has been selected for HPNC, the initial steps of the cultivation process involve intensive exploration and relationship-building by the program officer assigned to that county. All program officers are based in Winston-Salem, where the Trust has its offices, but they spend four to eight days per month in their assigned counties. Operating in the mold of a community organizer or community development specialist, the program officers immerse themselves in their respective HPNC counties, getting to know a wide variety of people and organizations that might be interested in doing new work, while also learning firsthand how the local political, economic, and social systems operate. Through this reconnaissance, the program officers identify local stakeholders (including both established institutional leaders and emerging leaders) with an interest in leading new and/or expanded work that has the potential to improve the health of the community.

Initially HPNC was intended to stimulate and support community-based programs and projects that would address whichever health issues were most critical within the communities being supported. The Trust subsequently added an explicit goal around increasing health equity, which now informs both its grantmaking and the focus of the program officers' cultivation work (KBR, n.d.).

By offering the possibility of grants and, more generally, by encouraging and advising local actors, the program officers cultivate interest, ideas, projects, action, and, ultimately, community change and impact. The program officer's work is supplemented by a variety of additional resources provided by partner organizations commissioned by the Trust.

Colorado Health Foundation

The cultivation approach was transported from North Carolina to Colorado in 2015, when Karen McNeil-Miller left her position as CEO of the Reynolds Trust to become CEO of CHF. Upon her arrival, McNeil-Miller sent a clear signal that foundation staff would be spending much more time in community settings listening to a wide range of stakeholders, and that the foundation would direct resources toward community-driven change efforts. Her intent was spelled out in a 2017 blog post:

[1] See https://kbr.org/healthy-places-nc/

[W]e are changing our way of engaging with you. … In our new state, we will engage more deeply in Colorado communities in order to understand, listen, and support your agendas. We may even support you in developing a plan, but we aren't there to tell you what your plan of action should be or how to go about achieving your goals.

[W]e are changing our way of engaging with you. … In our new state, we will engage more deeply in Colorado communities in order to understand, listen, and support your agendas. We may even support you in developing a plan, but we aren't there to tell you what your plan of action should be or how to go about achieving your goals. … [I]n order to make impact at the community level, we need to be IN it and WITH you in your communities, experiencing it as closely as we can to the way you do. (McNeil-Miller, 2017, para. 4–6).

This vision of engaging stakeholders across the state was taken to a more intensive level within CHF's "Locally-focused Work" (LFW), under which the foundation commits to a long-term investment of philanthropic resources within a small number of foundation-selected "communities" (defined as either a rural county, a moderate-sized city, or a geographically defined portion of a large urban area). This work is led by Jehan Benton-Clark, who previously served as a senior program officer at the Reynolds Trust. The process was launched in four Colorado communities in 2017 and expanded to five additional communities in 2020 (Benton-Clark, 2018). The foundation regards LFW as a concentrated body of place-based work rather than a formal initiative.

From the outset, LFW has had an explicit focus on advancing health equity. The following "core outcomes" point to LFW's overarching intent:

- Community members use their power to engage, lead, and take action.
- Strong, responsive, and inclusive institutions enact policies and systems that promote health.
- Community members (people, organizations, and networks) work together to address health-related challenges.

When referring to "people using their power" and "community members working together to address challenges," the foundation is prioritizing people who have been historically underserved or disenfranchised by current systems.[2]

Given that the individuals providing leadership for LFW were deeply involved in Healthy Places NC at the Reynolds Trust,[3] it is not surprising that the LFW approach has a number of similarities to HPNC. Each community is assigned a Denver-based program officer who spends four to eight days per month in the community, meeting with a broad mix of people who can provide perspective on the community's issues and who have the potential to serve as longer-term partners in carrying out new work to address those issues. CHF supports promising work with grants and with technical assistance from consulting groups such as Civic Canopy. CHF's approach to cultivation includes major investments in leadership development and capacity-building for organizations and networks

[2] One of CHF's "cornerstone" beliefs is, "We serve Coloradans who are low income and/or historically have had less power or privilege."

[3] Doug Easterling was centrally involved in the design of both HPNC and LFW, serving as an external strategy advisor for the Reynolds Trust and CHF, respectively.

that are addressing issues related to health equity. The Center for Creative Leadership delivers leadership development training within a local venue to two cohorts of 30 to 40 participants.

In addition to cultivating promising projects that promote health equity, LFW is designed to affect the underlying structures and norms that determine how decisions are made and how things are done (or not done) within the community. As such, when program officers choose which people and organizations to engage, they are explicitly looking for opportunities to create more inclusive institutions and to build the power of community members who have been historically excluded from decision-making.

Clinton Foundation

The Clinton Foundation employed the cultivation approach with its Community Health Transformation (CHT) model, which was implemented in six communities across the United States between 2011 and 2019. The model was developed by the Clinton Health Matters Initiative (CHMI), which is the division of the foundation that focuses on domestic health issues. The stated intent of the CHT model is to "encourage sustainable bold action steps that promote systems strengthening and systems change resulting in improved health outcomes" (Clinton Foundation, 2015, p. 9).

CHMI frames its work around the concept of "activation" rather than "cultivation," (Clinton Foundation, n.d.), but the CHT model is highly consistent with descriptions of cultivation (Easterling & Gesell, 2019; Easterling & Smart, 2015). (See Table 1). Moreover, CHMI leaders have come to regard their approach as cultivation based on conversations that have occurred as the authors conducted an evaluation of the CHT model.

The CHT model had three major elements:

1. Within each participating community, a full-time regional director recruited from the community was employed by the Clinton Foundation for three to five years (depending on the terms of the sponsorship).

The stated intent of the CHT model is to "encourage sustainable bold action steps that promote systems strengthening and systems change resulting in improved health outcomes."

   This person was responsible for cultivating and advancing lines of work with the potential to improve health outcomes that matter to community stakeholders. Regional directors operated in a variety of roles, including project manager, research analyst, advisor, coach, broker of relationships, convener, meeting facilitator, and advocate. Regardless of the role, the regional director sought to facilitate the work of others rather than becoming the identified leader of projects and programs.

2. A Blueprint for Action was developed for each CHT community based on input that local stakeholders provided at a daylong planning summit. The summit occurred at the outset of the CHT process and included between 50 and 150 community leaders, including directors of local health systems, nonprofit organizations, governmental agencies, and foundations. The Clinton Foundation organized and facilitated the summit. The invitation list was compiled based on what foundation staff had learned during their background research and "community listening" sessions with local leaders. Participants at the summit reviewed data reported by the County Health Rankings and Roadmaps (CHRR) program (University of Wisconsin, n.d.), supplemented by additional data concerning the community's health issues (with "health" defined broadly). Participants then broke into small, sector-specific groups, where

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they created vision statements and identified potential projects. The options that attracted the most interest were elevated as "Bold Action Steps" within a Blueprint document written and published by CHMI. The Blueprints for the six CHT communities contained between 30 and 45 steps covering the different domains of health and social determinants specified in the CHRR framework.[4] The Blueprint provided a starting point for the regional directors in determining where to focus their cultivation efforts.

3. The name recognition associated with the Clinton Foundation and its leaders drew community stakeholders into the CHT process. Former President Bill Clinton made personal appearances at summits held in three of the six CHT communities and highlighted CHT-supported projects in his public remarks. The foundation's reputation also helped to build awareness, interest, and credibility for specific projects developed through the CHT process.

The CHT model is comparable to the cultivation approaches of the Reynolds Trust and CHF in that foundation staff spend considerable time in community settings encouraging and supporting local stakeholders in carrying out work that has the potential to improve community health. However, the CHT model is distinctive in a few important ways, including the following:

- The Clinton Foundation's regional directors carried out cultivation in a single community as a full-time job, whereas program officers with the Reynolds Trust and CHF have other responsibilities that extend beyond their foundations' place-based work.

- The regional directors were recruited from within the CHT communities, whereas program officers with the Reynolds Trust and CHF live in the cities where their foundations are based.

- The Clinton Foundation is not a grantmaking foundation, so the regional directors did not use funding opportunities to entice local stakeholders to develop and implement projects. As at least a partial substitute, the foundation's name recognition attracted interest and participation in the CHT process. While many foundations are able to bring visibility and credibility to the work of local stakeholders, the Clinton Foundation has heightened influence in this regard. In our evaluation of the CHT model, we observed this influence within six communities with qualitatively different demographics.

Evaluation of the Clinton Foundation's Approach to Cultivation

Cultivation is a relatively new and uncommon approach for foundations, especially as a means of improving community health. As such, little has been published on the effectiveness of the approach. All three of the foundations discussed here have contracted with external evaluators, but only one evaluation of the cultivation approach has been published to date. In particular, Dupre and colleagues (2016) showed

[4] As an example, the Blueprint for North Florida is available at https://www.clintonfoundation.org/sites/default/files/neflorida_091814_web.pdf.

that the Reynolds Trust was able to activate residents, enhance leadership, and expand networks through its Healthy Places NC initiative. That study did not evaluate the projects cultivated by the foundation or health outcomes. Building on that research, we evaluated whether the Clinton Foundation's approach to cultivation — the CHT model — was able to stimulate new or enhanced community-based work to improve health.

Implementation of the CHT Model

The CHT model was introduced in six sites across the United States where either the Clinton Foundation or a corporate sponsor had a specific interest. The sites were:

- Coachella Valley, California (the eastern end of Riverside County);
- Central Arkansas, including Little Rock (Pulaski County);
- Greater Houston, Texas (Harris County);
- Northeast Florida, including Jacksonville (Baker, Clay, Duval, Nassau and St. Johns counties);
- Adams County, Mississippi (including Natchez); and
- Knox County, Illinois (including Galesburg).

These sites included a mix of urban, rural, and suburban communities. Four sites were single counties, one was a multicounty region, and one was a subregion of a large county.

The CHT process was initially implemented in Coachella Valley, in late 2012. The subsequent sites launched their CHT work between 2013 and 2016. All six sites had completed the CHT process by the spring of 2019.

Evaluation Approach

The Clinton Foundation hired a team of researchers from Wake Forest School of Medicine in April 2016 to conduct a process and outcome evaluation of the CHT model. The first year of the evaluation was devoted to clarifying the assumptions and expectations of the CHT model, assessing how the model was being implemented in the six sites, and identifying where the model might be producing benefit. Beginning in the second year of the evaluation, the evaluation team focused on answering the following two questions:

1. What types of health-improvement projects took shape and were implemented through the CHT process?

2. To what extent and how did the foundation's resources and actions contribute to these projects?

To answer these questions, the evaluation team asked the regional directors to identify promising projects or initiatives within their community where they believed the CHT process had made a difference. Based on semistructured interviews with the regional directors and with 43 individuals directly involved with those projects and initiatives, the evaluation team characterized each of those projects in terms of issue addressed, approach, and stage of development. We also determined whether each project was leading to "systems change," which required evidence that multiple agencies had changed their approach, coordinated services (e.g., through new referral protocols), developed new governance structures, enacted new policies, or in some other way aligned efforts to generate a more comprehensive approach to addressing a cross-cutting issue. These criteria for systems change are consistent with the conceptualization developed by Foster-Fishman, Nowell, and Yang (2007).

We also assessed whether and how the Clinton Foundation contributed to the development of each project and any associated outcomes that might be occurring. This approach was informed by the methodology of contribution analysis articulated by Mayne (2008), but we focused less on the question of attribution and more on the question of what role the foundation played in moving the work forward. (See Appendix 1).

Among the 16 cases of new, expanded, or enhanced programming, the majority involved a discrete program or a change in a particular organization's programming. However, we also observed six instances where the CHT process was leading to "systems change."

Health-Improvement Projects Initiated Under the CHT Model

Each of the regional directors interviewed by the evaluation team was able to identify either four or five "significant projects" that they believed had been influenced by the CHT process. Interviews with local stakeholders directly engaged in those projects affirmed that each project had progressed notably over the course of the CHT initiative and that the foundation had contributed to that progress.

A total of 24 CHT-supported projects were identified across the five sites.[5] (See Appendix 2.) They addressed a variety of health-related issues, including food insecurity, healthy eating, physical activity, pedestrian safety, substance misuse, behavioral health, HIV screening, emergency medical services, cancer survivorship, services for seniors, and volunteerism. These projects employed a broad mix of approaches, including new and expanded services, education and training, public health campaigns, new information technology, enhancements to the built environment, research and planning, new centers, and increased coordination among agencies.

The 24 projects were at various stages of development at the time of our analysis. Based on the interviews and other information available, we determined that 16 of the 24 projects had either produced new programming and services or else enhanced existing programming and services. The other eight projects included a mix of (a) planning efforts that had not reached the point of strategy implementation, (b) research and mapping that lays the groundwork for strategy development, and (c) one program that was designed but not implemented.

Among the 16 cases of new, expanded, or enhanced programming, the majority involved a discrete program or a change in a particular organization's programming. However, we also observed six instances where the CHT process was leading to "systems change" (as defined earlier). Those instances of systems change are as follows:

- Get Tested Coachella Valley, which has overhauled the way in which health and social service organizations throughout the region carry out HIV screening, follow-up, and referral. The number of local residents tested for HIV increased by 49% over a three-year period.

- The substance-use coalition in Northeast Florida, which has established new approaches to prevention, screening, intervention, and harm reduction within health care systems, workplaces, and other settings.

- The Northeast Florida Food, Hunger, and Nutrition Network, which has implemented multiple programs that expand the availability and accessibility of food for food-insecure families throughout the region.

- The Food Insecurity coalition in Knox County, which is increasing the supply of healthy food and improving aggregation and distribution among multiple agencies.

- An interagency substance-misuse initiative in Knox County, which is expanding and

[5] The sixth site had turnover in the regional director, which precluded evaluation interviews.

coordinating services for prevention and treatment throughout the county.

- A partnership among all the behavioral health providers in Knox County, as well as smaller surrounding counties, which is improving referral procedures and coordinating intake and follow-up in line with the principles of "system of care" (Stroul, Blau, & Friedman, 2010).

Four additional projects involved the creation of formal networks among agencies. One of these is Arkansas Impact Philanthropy, a coalition of funders interested in coordinating their. The other three networks were built at the Coachella Valley site in support of improving services for seniors (Senior Collaborative), cancer-support services (Better Together), and connecting volunteers to opportunities (Desert Volunteer Connect).

The Clinton Foundation's Contributions

Local stakeholders were the primary designers and implementers of these 24 projects identified through the evaluation, but the Clinton Foundation also played a substantive role in their development. Interviews with community stakeholders directly engaged in each project affirmed that the foundation, and more especially the regional director, had provided forms of support that allowed the projects to take shape and/or move forward in ways that would not have occurred in the absence of the CHT process.

In order to clarify more precisely how the Clinton Foundation contributed to these projects, the evaluation team developed a taxonomy of four distinct roles that the foundation played across the 24 projects:

- *Activator:* The regional director and/or the events sponsored by the Clinton Foundation activated local stakeholders to pursue an idea, translate an idea into a tangible project, or reinvigorate a dormant line of work.

- *Driver:* The regional director played a lead role in developing the project and provided ongoing support that was essential in implementing the project.

- *Enhancer:* The regional director brought assistance, expertise, and/or resources that allowed an existing project to expand in scale, scope, and/or effectiveness.

- *Supporter:* The regional director was involved in developing and implementing the project, but did not directly influence its design.

Local stakeholders were the primary designers and implementers of these 24 projects identified through the evaluation, but the Clinton Foundation also played a substantive role in their development.

The Clinton Foundation played an activator role in eight of the 24 projects. These were instances where the regional director stimulated community stakeholders to take concrete action to address a particular need or take advantage of a particular opportunity. This was done through actions such as convening stakeholders with shared interests, or highlighting a particular health issue or remedy at a foundation-sponsored event. One example is Arkansas Impact Philanthropy, where the regional director partnered with leaders from two other Arkansas-based foundations to host a gathering of grantmakers to promote more strategic approaches and collective action, especially with regard to health equity.

When the regional directors played a more direct role in developing the project, we assigned the driver role to the foundation. The evaluation team classified three projects as

"foundation-driven." One is the Bike Pedestrian Safety project in Northeast Florida, where the regional director alerted local government agencies to a grant opportunity for an innovative technology to assess traffic patterns at dangerous intersections. The regional director also assisted in writing the proposal and implementing the project once it was funded.

With the driver and activator roles, the regional director was actively engaged when the project was initially conceived. Regional directors were also expected to assist in advancing efforts initiated by community stakeholders; this was done as either an enhancer or a supporter. A project was classified as foundation-enhanced when there was evidence that the project was augmented, strengthened, or accelerated through contributions from the regional director and/or other Clinton Foundation resources. As an example, the foundation enhanced the scale and impact of Get Tested Coachella Valley by publicizing the program at its national summits and through the regional director's work to encourage regional health systems to collaborate with the community-based program by being testing sites and ensuring linkage to care. Based on the evaluation team's interviews, the foundation played an enhancing role in 10 projects. Three pre-existing projects were not directly influenced by the foundation, and thus the role was classified as supporting.

To provide a more concrete sense of how the Clinton Foundation contributed to the 24 projects, the evaluation team developed a second taxonomy that defines seven ways that regional directors contributed to a project: increasing readiness for action, network development, strategy development, project management, elevating issues and approaches, leveraging resources, and building individual and organizational capacity. (See Table 2.)

Regional directors contributed to each project in multiple ways; the average was four ways per project. The most frequent ways of contributing were elevating issues and approaches (22 projects), network development (19 projects), leveraging resources (18 projects), and increasing readiness for action (17 projects).

Summary of CHT's Outcomes

With one full-time regional director employed for three to five years in each community, the Clinton Foundation tangibly contributed to the development and implementation of four or five health-improvement projects in each of the five CHT communities included in the evaluation.[6] These projects were "community-based" in the sense that local stakeholders identified the problem to address, set the objectives, and designed the approach (Easterling, Gallagher, & Lodwick, 2003). The regional directors provided a variety of supports that allowed those projects to move beyond what would have occurred in the absence in the CHT process.

Sixteen of the 24 projects identified through the evaluation had reached the point of delivering tangible benefits to local residents, while eight were at an earlier stage of development. While most of the projects involve specific programming, some adopted a more comprehensive approach. Six projects showed clear evidence of interagency systems change — in the areas of substance-use prevention and treatment, behavioral health, HIV testing and treatment, and the distribution and availability of healthy food.

The foundation's contributions occurred primarily through the work of the regional directors. Drawing on an extensive list of action steps generated at the one-day Blueprint planning meeting, each regional director identified a short list of promising opportunities with significant local interest and the potential for impact. The regional directors then ascertained what was required to move these projects forward, including the specific roles they needed to play and which stakeholder groups they needed to engage. In some instances, the regional director

[6] The 24 projects analyzed in this study were the ones that the regional directors identified as having moved forward with their assistance. It is possible that the CHT process had an effect on additional projects, although we believe that these are unlikely to have been as significant as the projects described here.

TABLE 2 Ways That the Clinton Foundation Contributed to Projects Under the CHT Model

Contribution	Description	Relevant Activities
Increasing readiness for action	People and organizations are activated to do new work or additional work that improves community health. This occurs through encouraging people to take initiative, develop new ideas, gain a greater sense of possibility, and find others to work with.	• Recruited partners • Hosted meetings where the Blueprint for Action was developed and released • Posted Blueprint on the Clinton Foundation website • Hosted gatherings of project personnel and key stakeholders ("summits") to highlight work • Facilitated groups and meetings • Connected people with shared interests • Stimulated interest and action through informal interactions
Network development	Networks of people and/or organizations with shared interests become stronger and better able to develop and implement health-improvement projects, services, programs, etc. This occurs through expansion of the network, stronger relationships, identifying shared interests, clarifying purpose, increased capacity for problem-solving, etc.	• Organized work groups that may evolve into ongoing networks • Connected people with shared interests • Facilitated communication among network members • Provided guidance to nascent or underperforming networks
Strategy development	Organizations, workgroups, coalitions, and/or networks develop clearer, more informed, and more impactful strategies to achieve their health-related goals. In the process, the participating actors deepen their strategic thinking and develop more comprehensive analyses of the issues they are addressing.	• Facilitated strategic-analysis and strategy-development sessions for organizations, work groups, networks, etc. • Brought research and community data to inform strategic analysis • Compiled and synthesized strategy ideas from multiple partners • Encouraged strategic thinking in ongoing interactions with partners
Project management	Administrative, logistical, and analytic support allows organizations, work groups, coalitions, and/or networks to move forward with the development and implementation of key projects.	• Organized meetings and events, including convening, scheduling, finding venues • Identified tasks required to move work forward, taking responsibility for some and delegating others • Facilitated communication among partners involved in a project
Elevating issues and approaches	Visibility, awareness, and buy-in for specific approaches to improve health increase across the community as a whole, as well as among key constituents such as policymakers, funders, and health institutions.	• Highlighted issues and projects at national summits and other major foundation-sponsored meetings • Highlighted issues and projects in Blueprint and reports to the community • Produced additional communications efforts (e.g., blogs, foundation website) • Emphasized issues and projects in interactions with stakeholders
Leveraging resources	Projects gain increased access to financial and other resources.	• Connected local partners with private and public funders as well as corporations that can contribute financial resources, products, time, and expertise • Advised on grantwriting and identification of funders • Wrote letters of support for grant applications
Building organizational and individual capacity	Organizations involved in health-improvement work become more effective in developing and implementing their programs and stronger in their operations, staffing, finances, governance, etc. Leaders within those organizations develop their individual capacity.	• Advised and mentored leaders of key organizations on programmatic, strategic, and organizational issues • Connected partners who can support one another • Provided foundation-supported networks and work groups opportunities for advising and peer learning

This evaluation of the CHT model provides evidence that new health-improvement work can be advanced when a foundation uses the cultivation approach. Multiple projects moved forward in all five of the evaluated sites, some of which involved interagency systems change.

contributed to efforts that were already underway in the community, while in other cases the regional director stimulated new work — either by creating the conditions for people to come together to design a project or by actually taking the lead and advancing a particular opportunity.

The regional directors' contributions were reinforced by the name recognition associated with the Clinton Foundation. In each of the five sites where the evaluation was conducted, a large number of local leaders with varying backgrounds responded positively to the foundation's invitation to participate in the Blueprint meeting. The regional directors were then able to build on this interest and momentum to engage influential local stakeholders in carrying out specific action steps described in the Blueprint. In communities where President Clinton made personal appearances, the CHT process attracted even greater attention and participation.

Implications for the Cultivation Approach

This evaluation of the CHT model provides evidence that new health-improvement work can be advanced when a foundation uses the cultivation approach. Multiple projects moved forward in all five of the evaluated sites, some of which involved interagency systems change. Although the foundation did not convene coalitions (as is done under collective impact), the cultivation process did lead to new and expanded networks of agency leaders and service providers in each community.

Cultivating With and Without Grantmaking

In assessing the impact of the Clinton Foundation's cultivation approach, it is important to recognize that the foundation was not in a position to make grants that would reinforce the efforts of the regional directors. In contrast, the Reynolds Trust and the Colorado Health Foundation build grantmaking directly into their cultivation approaches. Grants ranging from thousands of dollars to hundreds of thousands of dollars are awarded to promising projects identified by the foundations' program officers (Dupre et al, 2016; Metz & Easterling, 2016; Easterling, 2016; CHF, n.d.; KBR, n.d.).

New funding obviously makes it easier to implement whatever opportunities for programming or systems change emerge through the cultivation process. In addition, the prospect of grant funding often entices people and organizations to invest effort in the development of new projects. This can be helpful not only on the front end when a project is designed, but also as projects evolve from their initial design to more complex and sophisticated strategies.

The Skill Set Required for Cultivation

It is important to appreciate what was required to actually cultivate projects. The CHMI regional directors stimulated people to action and performed a variety of strategic and operational functions to translate ideas into tangible projects, including facilitating groups, offering advice, and providing critical forms of support during implementation. The cultivation approaches of the Reynolds Trust and CHF call for program officers to play comparable roles. All three foundations have discovered that cultivation requires high levels of interpersonal, strategic, and operational skills.

In the Reynolds Trust's initial implementation of the cultivation approach, the National

Implementation Research Network (NIRN) developed a practice profile to characterize the work that program officers were expected to carry out within HPNC (Metz & Easterling, 2016). That profile identified 10 "essential functions" that program officers need to carry out as they engage with local stakeholders:

1. active listening,
2. building and managing relationships,
3. communication,
4. power analysis,
5. brokering connections,
6. facilitating networks and collaboration,
7. strategic analysis and problem solving,
8. questioning and advising,
9. critical thinking, and
10. grantmaking, management, and monitoring.

These are applied across three phases of engagement: exploring, initiating action, and learning together.

CHF expects its LFW program officers to be skilled at a similar set of functions. These are spelled out in the Community Engagement IMPACT Practice Model (CHF, 2017), which Benton-Clark developed based on the NIRN's practice profile for Reynolds Trust's program officers. The IMPACT model calls for program officers to carry out the following work within their LFW communities:

1. Engage in active listening;
2. Act intentionally and professionally as ambassadors of the foundation;
3. Cultivate and develop diverse, authentic, respectful, trusting relationships;

It is important to appreciate what was required to actually cultivate projects. [...] All three foundations have discovered that cultivation requires high levels of interpersonal, strategic, and operational skills.

4. Connect individuals, networks, and organizations to resources and to one another;
5. Continually seek to clarify and understand power structures;
6. Stimulate and facilitate individuals, networks, and organizations to think and to act differently together to improve health;
7. Use critical thinking skills to understand and define problems;
8. Maintain regular interaction to ask probing questions; and
9. Learn and adapt to challenging environments.

The Clinton Foundation's regional directors are expected to demonstrate similar skills. (See Table 3.) The evaluation team, working in conjunction with CHMI leadership, identified six essential tasks that regional directors needed to be able to do:

1. Communicate effectively with people throughout the community;
2. Build strong, trusting relationships;
3. Lead groups through facilitative and directive techniques;

TABLE 3 Behaviors Required for Clinton Foundation Regional Directors

Communicate • Engage with people throughout the community in ways that they feel heard. • Clearly explain (verbally, in writing, and visually) the model and how to become engaged. • Actively listen to and engage with people who come from a range of backgrounds.
Build Relationships • Connect with stakeholders who will be involved in developing, implementing, promoting, and funding the work. • Develop strong, trusting relationships with all stakeholders who can either advance or obstruct high-priority projects. • Help stakeholders build and strengthen their relationships with one another.
Lead Groups • Provide guidance in ways that are appropriate to the context surrounding any given project. • Build enthusiasm for ideas that have emerged as priorities. • Encourage people to act and to try new things. • Bring people together, facilitating conversations and helping groups find common interests and a shared sense of purpose. • Discern when to provide facilitative leadership and when to provide more directive leadership.
Collect, analyze, and synthesize information • Present information that will allow for smart planning, prioritizing, project development, and sustainability. • Identify what sort of information is needed for the task at hand, where to find or elicit the information, and how to organize and analyze the information in order to answer critical questions and guide high-priority work.
Conduct strategic and situational analysis • Bring a strategic orientation and a nuanced understanding of the local context in order to identify opportunities, challenges, threats, and underlying dynamics that either facilitate or impede progress. • Carry out specific analyses that allow for strategic decision-making, including the environmental scan of the community, stakeholder analysis, identifying which project ideas have the most promise, determining how and where to implement projects, and finding ways to sustain projects.
Manage multiple lines of work • Assess the potential and importance of the opportunities that present themselves, and set priorities appropriately. • Develop work plans that move the high-priority work forward and follow through to carry out those work plans, adjusting as necessary. • Keep track of a long list of tasks, people, meetings, deadlines, project details, and big-picture issues. • Monitor simultaneously the different lines of work and be able to shift attention quickly from one project to another.

4. Collect, analyze, and synthesize a variety of data;

5. Conduct strategic and situational analyses; and

6. Manage multiple lines of work.

The ability to think strategically about which opportunities to pursue is especially critical to the role of cultivator. The evaluation found that the CHT process was more likely to generate larger-scale and higher-dose projects, as well as interagency systems change, in communities where the regional director was more strategic in choosing which action steps to pursue. These regional directors focused their attention on project ideas that had the prospect of bringing new services and/or benefits to significant numbers of people, and were likely to move to fruition because there was a critical mass of community stakeholders willing to invest effort and willing to change how their organizations did business. Other regional directors were more opportunistic in selecting projects, either pursuing projects in line with their experiences and interests or

being responsive to stakeholders with whom they had strong pre-existing relationships. For the cultivation approach to reach its potential in generating meaningful community impact, foundations need to hire cultivators who are skilled at strategic analysis.

Revisiting the Distinctions in Place-Based Philanthropy

One of the more important features in our approach to evaluating the CHT model involved categorizing projects according to the role played by the regional director: activator, driver, enhancer, or supporter. As we shared this taxonomy with colleagues in the philanthropic field, we came to recognize that these roles also apply at the foundation level. While the Clinton Foundation acted primarily as an activator and enhancer in advancing the work of local stakeholders, other place-based foundations operate as a supporter, providing grants to community-defined projects through an RFP process. And other foundations operate in a driver role, where they introduce a particular intervention into the community which they believe will resolve a major issue.

Our conversations regarding the taxonomy also pointed to two additional roles that place-based foundations play: facilitator and capacity-builder. The facilitator role involves supporting local stakeholders in planning and problem-solving so that they arrive at better developed and more effective solutions. This support can take a variety of forms, including convening and facilitating coalitions, advising on program design, and providing research on local issues and conditions.

The capacity-builder role also involves helping local stakeholders to be more effective in addressing the issues they regard as most critical, but the focus is on strengthening the ability of individuals, organizations, and networks to do their work and accomplish their goals. Capacity building can be done through leadership development, coaching, support for information technology, training for staff, and consultation on organizational issues such as strategy, programming, funding streams, board development, and succession planning. The updated taxonomy includes for each of the six roles what we regard as the underlying premise of each role (i.e., why this is an appropriate way to engage with local stakeholders). (See Table 4.)

The evaluation found that the CHT process was more likely to generate larger-scale and higher-dose projects, as well as interagency systems change, in communities where the regional director was more strategic in choosing which action steps to pursue.

In addition to serving as a tool for evaluating place-based initiatives, we believe that this taxonomy can be useful to foundations in clarifying their intent and in developing strategies consistent with their intent. A frequent theme in the evaluations of community initiatives is ambiguity regarding the funder's "theory of change" (Grantmakers for Effective Organizations, 2014). In particular, foundations sometimes fail to describe in clear terms the pathways through which its target outcomes will be achieved, as well as how the foundation's actions and resources will affect that change process. Failing to specify the theory of change can undermine alignment and focus within the foundation, while also creating confusion and frustration among community stakeholders.

The taxonomy can help a foundation clarify its theory of change by making a more deliberate choice as to how it will support the community change process. For example, will the foundation act in a directive, responsive, or facilitative mode? Who will determine which lines of work are supported with the foundation's resources? Does the foundation expect to stimulate new projects or enhance pre-existing projects?

TABLE 4 Taxonomy of the Roles That Foundations Play Within Place-Based Work

Role	What the Foundation Does	Premise
Driver	• Takes the lead in choosing, designing, and developing local projects • Provides resources that are essential to implement those projects	The foundation has the expertise and perspective to know what approaches will be most effective in allowing communities to reach their goals.
Activator	• Sparks action that moves forward a new or dormant line of work	Promising ideas exist throughout the community, but many are not developed and acted upon. Foundations can stimulate forward movement on these ideas.
Facilitator	• Creates the conditions to allow local stakeholders to plan, develop, and implement projects in line with their interests	The most powerful solutions emerge when local stakeholders engage in well-facilitated, collective problem-solving. Foundations are in a position to convene and to design such a process.
Capacity-Builder	• Provides training, consultation, and other assistance that brings people and organizations to a level where they are capable of accomplishing their goals	Promising ideas don't reach their potential because people and organizations don't have all the skills and expertise they need to develop, implement, and scale effective work. Foundations can use their resources, expertise, and connections to bring the right resources to the community.
Enhancer	• Brings expertise and resources that increase the effectiveness and/or reach of projects designed by local stakeholders	Community-defined projects reach their full potential when foundations actively partner with local stakeholders and bring their own expertise and experience into design and implementation.
Supporter	• Provides funding, visibility and other resources that allow local organizations to implement their projects	Communities are in the best position to know what needs to be done. Foundations should respect that expertise and direct their resources toward the projects that communities regard as most important.

As a foundation answers these questions and determines its role, it will be defining its theory of change. In addition, exploring the merits and premises associated with the six roles will allow a foundation to clarify its underlying values, beliefs, and assumptions. As such, we believe that the role taxonomy can be a useful tool in developing a foundation's "theory of philanthropy" (Patton, Foote, & Radner, 2015).

Conclusion

Cultivation is a highly nuanced approach to place-based philanthropy where the foundation actively encourages the development of promising work throughout a community. There is much more engagement with local stakeholders than occurs with place-based foundations that rely on transactional grantmaking (including many community foundations). Moreover, cultivation calls for facilitative engagement that supports local stakeholders in optimizing and acting upon their ideas, rather than directive engagement where the foundation is promoting its own solutions.

Foundations that act as cultivators can be expected to play a number of roles, especially those of activator and enhancer. The roles of facilitator and capacity-builder are also relevant, although this work is often carried out by intermediaries or consulting groups rather than the foundation itself.

Cultivation is defined in part by the roles that the foundation plays, but also by the decentralized approach to activating, facilitating, enhancing, and capacity-building. It is important to note that foundations can play these same roles (especially

the facilitator role) in collective impact initiatives. But collective impact involves a single, centralized problem-solving body focused on a particular issue (Kania & Kramer, 2011).

As foundations explore whether to pursue cultivation, collective impact, or some other place-based approach, they will need to take into account a number of factors. These including the foundation's goals, philosophy, and assets; the skill sets of staff; the foundation's reputation and relationships within the communities it intends to support. In addition, it is crucial to align the approach with the local context, and the context that exists within those communities, including the strengths and limitations of current programming, the capacity of local nonprofit organizations, community leadership structures, and the local culture, especially as it pertains to taking initiative and working together toward shared goals.

Informed decision making also requires further evaluation of place-based initiatives and more dissemination of these evaluations. The critical practical question for foundations considering a place-based approach is, "Which approach is most effective, and under what conditions?" The current study demonstrated that the Clinton Foundation's model of cultivation was able to advance multiple lines of work in each community, including some projects that improved the functioning of interagency systems. More evaluations of other foundations' cultivation models are needed to gain a full sense of what this approach is capable of producing, which approaches to cultivation are most effective, and what contextual factors either facilitate or inhibit effectiveness.

Collective impact has also been shown, in some cases, to produce solutions that improve the health and well-being of populations and communities (Lynn et al., 2018; Easterling & McDuffee, 2019). Rather than regarding cultivation and collective impact as competing models, we believe they can be complementary. Cultivation may be the more appropriate approach in a community that has a turf-oriented culture that precludes effective collaboration. Conversely, collective impact may be the next logical step in a community that has developed a track record of translating ideas into action.

In evaluating any place-based approach, we would strongly recommend that there be an emphasis on the question of whether the observed outcomes are broader and deeper than what is possible when foundations focus their grantmaking on individual organizations or programs.

In evaluating any place-based approach, we would strongly recommend that there be an emphasis on the question of whether the observed outcomes are broader and deeper than what is possible when foundations focus their grantmaking on individual organizations or programs. The rationale behind place-based philanthropy is that intervening at a holistic level will yield more fundamental shifts within the systems, structures, and norms that determine how well a community solves its problems and how fully the residents are able to lead healthy, fulfilling lives.

Place-based foundations have multiple options for supporting positive community change. Selecting the right approach involves clarifying their theory of change, understanding the nature of the communities they will be supporting, and paying attention to what is known about the effectiveness of the alternative approaches. Regardless of which approach is chosen, it is crucial for the foundation to engage respectfully with community members and to evaluate the approach to determine if it is actually achieving the foundation's goals and serving the interests of local stakeholders.

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APPENDIX 1 Methodology for Evaluating the CHT Model

Preliminary Approach

The first year of the evaluation was devoted to clarifying the assumptions and expectations of the CHT model, assessing how the model was being implemented in the six sites, and identifying where the model might be producing benefit. Semi-structured interviews were conducted with each of the six Regional Directors who were in place in September 2016. Subsequent interactions — by phone, email and in-person — provided with information about specific projects underway in each community, upcoming events, local issues and the Regional Director's activities and approach. We also conducted interviews with CHMI leaders to better understand the history and nature of the CHT model, the Foundation's expectations and assumptions, and how the CHMI process took shape in each of the six communities.

Also during Year 1, the Wake Forest Evaluation Team conducted 47 semi-structured interviews with local stakeholders and representatives of organizations that provided funding to implement the CHT model. These interviews provided information on how the CHT model was being received and perceived, what had occurred in response to the Blueprint Workshop and resulting Blueprint, how the Regional Director is supporting local actors and whether CHMI has stimulated new investments (direct and indirect) in health interventions. We also ask for recommendations for what should happen next in the community and how the CHT model might be revised.

Based on these interviews, site visits and other available information, the Evaluation Team determined that the primary benefit that the CHT model was delivering involved the development and implementation of health-improvement programs, services, technology and policy. Based on that determination, the evaluation design was refined to focus on assessing more concretely how and how much CHMI was contributing to specific bodies of health-improvement work in each CHT community.

Evaluation of the Foundation's Contribution to Health-Improvement Projects

Building on the general idea that motivates Contribution Analysis (Mayne, 2008), the second phase of the evaluation sought to identify tangible "outcomes" that could be traced, at least in part, to the CHT intervention. We used a broad definition of "outcomes" because the health-improvement work stimulated by the CHT process generally had not yet translated into measurable changes in health status at the time of the evaluation. Thus, we looked for intermediate outcomes such as the development and implementation of new programs, the creation of new organizations, the building or expanding of networks, and the completion of studies that set the stage for planning and program design.

The following two questions provided the basis for the second phase of the evaluation:

1. What types of health-improvement projects took shape and were implemented through the CHT process?
2. To what extent and how did the Foundation's resources and actions contribute to the projects that took shape?

Data Collection

The analysis was based on semi-structured interviews with individuals directly involved with those projects and initiatives, along with supporting materials pertaining to each project. The process began with interviews of the Regional Directors. They were asked to identify significant or promising projects within their community where they believed the CHT process had made a difference. The term "project" was used generically to refer to any of a variety of focused efforts to improve some aspect of health or a social factor related to health. Regional Directors identified either 4 or 5 projects for their respective communities (24 in total). For each such project, the Regional Directors described the work to date, accomplishments, and the role(s) they had played in the process. They also named community stakeholders who had played critical roles in the projects.

Each community stakeholder identified by the Regional Director was contacted to set up an interview. Semi-structured interviews were conducted with 42 stakeholders recommended by the Regional Directors, plus one additional stakeholder who was recommended by an interviewee. The interviews asked about the nature of their respective project, how it started, how it developed, the current status, who (if anyone) is benefiting from the project, and how the Clinton Foundation contributed. Interviewees were also asked for recommendations on who else could provide in-depth information about the project, as well as whether there were any materials that would allow a more detailed understanding of the project. Interviews were conducted with between 1 and 4 community stakeholders associated with each project identified by the Regional Directors.

All interviews were conducted by telephone between November 2016 and March 2019. Participants provided verbal consent. Interviews were audio-recorded and transcribed verbatim for coding and analysis. The evaluation study protocol and materials were approved by the Institutional Review Board (IRB) at Wake Forest School of Medicine.

Data was collected in the five CHT sites where there was continuity in staffing. The Adams County site had turnover in the Regional Director position midway through implementation which precluded the evaluation team from carrying out the necessary data collection.

Interviews with Regional Directors. These interviews asked about the Regional Director's background, the approach they took to mobilize community stakeholders and to move projects forward, and specific projects or initiatives that they believed had been advanced because of the CHT process. The term "project" was used generically to refer to any of a variety of focused efforts to improve some aspect of health or a social factor related to health. For each such project, the Regional Directors described the work to date, accomplishments, and their roles in the process. They also named community stakeholders who had played critical roles in those projects.

Interviews with Community Stakeholders. The evaluation team interviewed at least one community stakeholder associated with each of the projects identified by the Regional Directors.

Data Analysis

The evaluation team characterized each project in terms of the issue addressed, scope, and stage of development, and then assessed how the Foundation contributed to the project's development. To do this, each interview transcript was coded by at least two members of the evaluation team. Each coder independently extracted text about characteristics such as the project's intent, stage of development, key activities to date, outcomes, and individuals and organizations involved in the project. Coders met to compare their characterizations and to discuss instances where different informants provided inconsistent information.

In order to assess the contribution of the Regional Director and/or the CHT process more generally, the evaluation team extracted and coded quotes relating to the origin of the project and the involvement of the Regional Director. Codes were developed to characterize the role of the Foundation and the specific ways in which the Regional Director supported each project. The evaluation team explicitly assessed whether the information available indicated that the project would have taken shape in the same way if there had not been a CHT process.

Project summaries were validated through follow-up email and telephone conversations with interviewees. Assessments of the Foundation's contribution for each project were first vetted with the Regional Director and then with the community stakeholder(s) who were directly involved with the project. If there were disagreements about levels of involvement and influence of the Foundation, the evaluation team primarily relied on community stakeholder input when developing project summaries.

APPENDIX 2 Projects Advanced Under the CHT Model

Issue Area	Project	Site	Goal
Food insecurity / Healthy eating	**NEFL Food, Hunger, and Nutrition Network**	Northeast Florida	Develop a coalition, establish a new center, and initiate a new program to promote food recovery and distribution.
	Food insecurity	Knox County	Connect organizations and individuals working on food insecurity, identify potential resources, and take steps to establish a food distribution satellite facility.
	PRAPARE	Greater Houston	Coordinate the integration of food-insecurity data into health information exchanges being developed for health systems.
	Fresh2You	Central Arkansas	Develop a mobile food market to make healthy options available to traditionally underserved areas.
	ABC Market	Northeast Florida	Expand access to healthy foods via a farmers' market accepting food stamps and opening in an underserved community.
	Food-insecurity mapping	Greater Houston	Create a map of food deserts for food systems and hospitals to use in their planning.
Active living	**Mission One Million**	Northeast Florida	Initiate a citywide healthy living campaign promoting increased physical activity.
	Play deserts	Greater Houston	Create a map of play deserts, identify physical activity spaces, and build a playground in an underserved area in partnership with Too Small to Fail.
	United Way Weekly Walks and Wellness Challenge	Coachella Valley	Collaborate with existing community initiatives around wellness, weekly walks, and challenges for fundraising for a United Way initiative around an annual run.
	Walking School Bus	Knox County	Implement the Walking School Bus program designed by the National Center for Safe Routes to Schools to increase physical activity and provide positive role models for elementary school children.
Pedestrian safety	**Near Northside Intersection Revitalization**	Greater Houston	Develop options for improving the safety at intersections through planters and decorative applications in crosswalks.
	Bike-Pedestrian Safety	Northeast Florida	Identify an opportunity to utilize technology to capture data to analyze traffic at dangerous intersections.
Substance misuse	**Substance use**	Northeast Florida	Promote Drug Free Duval programs and link with Harvard continuing education. Donate Narcan units by Adapt Pharma.
	Substance use	Knox County	Create and implement a person-centered, support system for individuals and families affected by substance use.

(continued on next page)

Issue Area	Project	Site	Goal
Behavioral health	**Access to care**	Knox County	Create a comprehensive system of care for behavioral health that includes developing a local resource list, unifying referral processes and forms, and ongoing interorganizational case discussions.
HIV	**Get Tested Coachella Valley**	Coachella Valley	Promote HIV screening through awareness-raising, additional testing sites, a mobile testing unit, and changes in testing protocols among health systems.
Teen pregnancy prevention and sexual health	**Act 943**	Central Arkansas	Implement legislation authorizing sexual health education, mentoring, health care, and other resources for students in higher education institutions.
Cancer survivorship	**Better Together**	Coachella Valley	Develop a collaborative of cancer-care providers to raise awareness of cancer support services.
Emergency medical services	**ETHAN**	Greater Houston	Implement an emergency telehealth system to triage some of the health-related emergency calls coming in through 911.
Services for seniors	**Senior Collaborative**	Coachella Valley	Bring together providers to coordinate services and create an information sharing and referral system.
Self-sufficiency among youth with disabilities	**AR Promise**	Central Arkansas	Help youth achieve employment, education, and life goals and reduce dependence on Supplemental Security Income.
Access and use of digital technology in public housing	**ConnectHome**	Central Arkansas	Provide digital literacy training, technology, and connectivity for residents of federally subsidized housing.
Volunteerism	**Desert Volunteer Connect**	Coachella Valley	Collaborate with local partners to design and promote a program aimed at connecting volunteers and organizations.
Increase impact of foundation grantmaking	**AR Impact Philanthropy**	Central Arkansas	Promote networking and shared analysis among funders with the goal of coordinating their strategies and creating systemic change, especially with regard to equity.

Executive Summaries

VOL. 11 ISSUE 4

Results

40 Building Nonprofit Capacity to Achieve Greater Impact: Lessons from the U.S.-Mexico Border

Meg Loomis, M.S.W., and Shirly Thomas, M.P.H.; Methodist Healthcare Ministries of South Texas; and Carla Taylor, Ph.D., Community Wealth Partners

Foundations often rely on strong relationships with grantees doing frontline work in marginalized communities. This article discusses the capacity-building funding experiences of Methodist Healthcare Ministries of South Texas, which created a $1.5 million capacity-building program for those organizations. Findings from an evaluation led to learning in three areas for grantmakers that award capacity-building support: the role of the funder, ensuring sustainable change, and impact evaluation that is useful for both foundations and grantees.

DOI: 10.9707/1944-5660.1492

49 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

Between 2016 and 2019, Richmond Memorial Health Foundation transformed 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. This article highlights the outcomes of both programs, how the experience enhanced the foundation's impact and learning, and how the foundation identified areas that require strengthening as its transformation continues.

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Sector

67 Capacity-Building Catalysts: A Qualitative Assessment of Nonprofit Capacity Building by Community Foundations in Illinois

Benjamin S. Bingle, Ph.D., DeKalb County Nonprofit Partnership

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. This article focuses specifically on nonprofit capacity building that is funded, organized, or led by community foundations in Illinois. It summarizes results from a qualitative survey sheds light on how community foundations define both capacity building and success in capacity building, what challenges they encounter, and how funders can overcome obstacles to effective capacity building.

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Reflective Practice

Thanks to our reviewers!

We'd like to thank our peer reviewers for Volume 11 of *The Foundation Review* for their time, expertise, and guidance. The peer-review process is essential in ensuring the quality of our content. Thank you for your contributions to building the field of philanthropy!

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FOR VOLUME 13, ISSUE 1

Abstracts of up to 250 words are being solicited for Vol. 13, Issue 1 of *The Foundation Review.* This issue will be an open (unthemed) issue. Papers on any topic relevant to organized philanthropy are invited.

Submit abstracts to submissions@foundationreview.org by March 13, 2020. If a full paper is invited, it will be due August 15, 2020 for consideration for publication in March 2021.

Abstracts are solicited in four categories:

- **Results.** Papers in this category generally report on findings from evaluations of foundation-funded work. Papers should include a description of the theory of change (logic model, program theory), a description of the grantmaking strategy, the evaluation methodology, the results, and discussion. The discussion should focus on what has been learned both about the programmatic content and about grantmaking and other foundation roles (convening, etc.).

- **Tools.** Papers in this category should describe tools useful for foundation staff or boards. By "tool" we mean a systematic, replicable method intended for a specific purpose. For example, a protocol to assess community readiness and standardized facilitation methods would be considered tools. The actual tool should be included in the article where practical. The paper should describe the rationale for the tool, how it was developed, and available evidence of its usefulness.

- **Sector.** Papers in this category address issues that confront the philanthropic sector as whole, such as diversity, accountability, etc. These are typically empirically based; literature reviews are also considered.

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