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Turning Changemaking Inward: How One Health Philanthropy Transformed Its Grantmaking Approach to Drive Deeper Impact

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Introduction

FSG's seminal 2018 report, *The Water of Systems Change*, called on funders to reflect on their structural approaches to addressing systemic inequities and provided a new framework for creating change (Kania, Kramer, & Senge, 2018). For the Advancing a Healthier Wisconsin Endowment (AHW), this framework brought new clarity and valuable language to a transformational shift in strategic perspective already underway at the statewide health philanthropy.

In 2014, AHW had launched *Moving From Grantmaker to Changemaker*, a five-year plan conceived and developed around changemaking: specifically, how to create lasting, sustainable, positive impact on the health of the people of Wisconsin. Starting with its first grants in 2004, AHW averaged \$17 million in annual funding over the next 10 years for interventions, critical research, and innovative programs that showed potential to impact health in communities across the state.

With each application, AHW asked the prospective grantee how it intended to sustain its work. And in nearly every response, the applicant indicated that sustainability would come in the form of another grant application. With the understanding that funding new programs and interventions was important and necessary work, the endowment faced the question of how to drive sustainable, transformative change in

Key Points

- In 2014, the Medical College of Wisconsin's Advancing a Healthier Wisconsin Endowment made a significant shift in focus to supporting adaptive rather than programmatic solutions to address critical health issues, and adopted a new approach that emphasized engagement with key stakeholders, recognizing the importance of contribution over attribution and requiring a long-term perspective on outcomes.
- The endowment identified three new "changemaker" roles for itself, alongside new funding mechanisms and a set of conditions where positive change could be supported to influence health. While changemaking began as a description of the endowment's strategic direction, today this philanthropic philosophy permeates all that it does.
- This article discusses how the endowment experimented with a new model of creating change, ultimately translating new knowledge from national thought leaders and aligning it with its own experiences to create a path that continues to guide the endowment's work. This article also shares lessons for other funders seeking to identify how to deepen their engagement and drive true systemic change.

health outcomes. The answer? The endowment itself would have to change.

It was a challenge that AHW's leadership and staff embraced (Maurana et al., 2016), and the first five years on their journey led to critical lessons that shaped the endowment's path forward.

Identifying the Components for Supporting Change

The endowment's philosophy at its founding was grounded in traditional philanthropic approaches, with grants awarded to projects that showed promise in supporting AHW's mission to improve the health of residents statewide. Over its first decade, the endowment focused on building its infrastructure and establishing its grantmaking practices. Internally, it explored its unique identity as a health conversion foundation tasked with stewarding public funds entrusted to the people of Wisconsin (Office of the Commissioner of Insurance, 2000) from within the Medical College of Wisconsin, a private academic health center.¹ Unlike other health conversion foundations in the United States, which are largely established as independent foundations, the AHW has a hybrid structure involving shared public-private leadership, governance under state public-records and open-meetings laws, and reframing and institutionalizing community-academic partnership models (Maurana et al., 2016).

From the outset, the AHW funded a range of traditional grant support for the development and implementation of community health initiatives and research. The endowment documented the outcomes of each investment as reported by grantees, assuring that individual investments were achieving the outcomes identified in their funding applications. However, it was clear that accommodating such a breadth of health topics was not creating the deep, long-term impacts the endowment wanted to see — namely, a healthier Wisconsin as shown in health outcome rankings. As AHW turned to developing its third five-year plan, input from those working in health improvement efforts across Wisconsin confirmed what the endowment was seeing

firsthand — providing awards to a range of grantee-identified approaches was not translating into significant, sustainable improvement in health outcomes.

The endowment began planning a move away from transactional grantmaking, turning to the literature on best practices in philanthropy (i.e., Orosz, 2000; Brown, Colombo, & Hughes, 2009; Brown, 2012; Crutchfield, Kania, & Kramer, 2011), experts in the field, and its grantees and key stakeholders to learn how it might redesign its efforts to have a lasting impact. These and other resources informed the endowment's changemaking approach in a number of ways, including the value of funders using their non-financial power to influence community change; being willing to take risks and tackle the complex problems that require more long-term, larger-scale investments; and advancing social, cultural, and systems change in partnership with communities. In addition, they indicated that if the endowment intended to have a lasting impact, it would need to leverage one of its greatest assets — its staff, which had the mandate, knowledge, and skills to be ambassadors for change with the communities and key stakeholders they served. Working with their governing bodies, endowment leadership and staff became critical to creating the internal culture and structural changes needed to ensure a successful shift from a grantmaking to a changemaking approach.

This process led to the development of three key components that would become the guiding principles of the endowment's 2014–2018 Moving From Grantmaker to Changemaker plan:

1. select strategies, called changemaker roles, for how to approach the work;
2. a set of investment strategies structured toward long-term impact that also accommodated the emerging priorities of the communities it served; and

¹ Academic medicine consists of entities that have a mission to educate the next generation of physicians and biomedical scientists, discover causes of and cures for disease, and advance knowledge of patient care while caring for patients (Kanter, 2008).

FIGURE 1 Changemaker Roles

3. accountability for changing the conditions, which it called checkpoints, that underpinned the work of its partners.

Changemaker Roles

Incorporating changemaking as an intentional strategy called for the endowment to shift to a relationship with grantees that was more active than the traditional funder–grantee model and to engage not only with funded projects, but also with funders, decision-makers, and other contributors with a shared commitment to addressing the state’s most complex health challenges.

The endowment initially agreed to explore six roles that its leadership and staff could assume within the broad system of health improvement work in Wisconsin: investor, influencer, broker, convener, learner, and partner. But the extent to which these roles were integrated and interdependent soon became clear. Staff members were having a hard time knowing which roles they were playing at any given time and defining what each role meant in practice, because the differences were very nuanced. In time they discovered that AHW didn’t need to play all of these roles; many needs were being addressed by other funders, nonprofits, and institutions. This experience showed the endowment that changemaking would require not only identifying new approaches and testing them in practice, but also listening to and reflecting on insights from staff on the front lines of the work and being willing

to respond with necessary modifications. Key to this process were transparency, frequent and clear communication, and building the mutual trust needed to try new ways of working while also learning from what wasn’t working.

Leaders and staff then worked through developmental evaluation approaches and market research to identify three critical changemaker roles that could be readily put into practice and would guide AHW operations and investments. The first role was that of high-impact investor, where staff would interact with current and prospective grantees to direct funding to the most viable solutions and sustainable efforts. The second role was that of connector: bringing people and ideas together to facilitate effective solutions to improve health. Acting as a connector, the endowment would not only form networks and strengthen relationships, but also generate and share knowledge and insights. And the third role was that of influencer, using the endowment’s unique position to motivate and inspire others to action. Through the dedication of resources and leadership, AHW would encourage the behaviors and create the conditions necessary to address Wisconsin’s toughest health issues. (See Figure 1.)

Investment Strategies

As it clarified its own roles as changemaker, the endowment also worked to realign its internal mechanisms. This included reshaping its perspective on the stewardship of its funds, and the

result was a translation of those roles into a set of investment strategies designed to deepen AHW's impact.

The endowment's unique position at the intersection of academic medicine and community philanthropy placed it within "conventional" (Kramer, 2009) funding philosophy: The responsibility for improving health outcomes rested with the endowment's funded partners, and AHW's role was to put grant money into the right hands. For its first 10 years, the endowment did traditional, competitive grantmaking to invest in biomedical and population health research, the education of health professionals, and community-based programs and interventions. This approach unintentionally limited investment to those applicants that excelled at writing proposals that aligned with the endowment's broad mission, but it helped demonstrate proper stewardship of the public's funds. However, the wider result was that grantees in academic medicine operated their research and education initiatives the way they always did, and community grantees conducted their programming and outreach the way they always did.

This approach also limited the endowment's own ability to impact health to the priorities of its grantees. Its staff and leadership, experts and advocates in their own right, sat outside of processes that identified statewide health priorities, good solutions, and necessary outcomes. Statewide, the impact of this approach was more of the same — while good things were happening, health improvements were not accelerating and disparities were widening.

And so, the endowment was confronted with a question: To be a good steward of public dollars, what was more important — getting those dollars to grantees as quickly as possible, or using its influence to ensure maximum return on the public's investment? While the latter choice was clear early on, this new perspective on public stewardship would require a philosophical shift in grantmaking based on a catalytic model of philanthropy, which places additional responsibility on the funder for achieving impact at a population level (Kramer, 2009). Core to a

catalytic approach is how philanthropy brings resources to the table in conventional and non-conventional ways to solve problems.

The result was a translation of the endowment's changemaker roles into mechanisms for funding. Building from best practices in the field, these strategies would leverage what was working in earlier endowment investments — community-academic partnerships, community-led initiatives, and access to funding responsive to identified needs and priorities — while adding components that emphasized collective action and systems change, such as capacity building, demonstrations of leadership and influence, and strategic long-term investments. The distinct yet complementary mechanisms would focus on:

- *strategic investments* — multimillion-dollar, multiyear initiatives aimed at producing sustainable, long-term change by infusing financial and nonfinancial resources over a longer funding period;
- *responsive investments* — smaller multiyear investments in community-led partnerships to advance a much-needed policy and systems change, or in researcher-led collaborations across basic science, clinical and translational research, or population health; and
- *capacity-building investments* — both a short-term funding mechanism to support the development of needs assessments, strategic plan development, or creation of other tools that brought immediate resources to a particular region, community, or health issue; and a method by which the endowment could convene and connect its partners with co-learning and skill-building opportunities critical to creating change, such as funded-partner cohort meetings, symposiums, learning series, and community-academic conversations.

One strategic investment was a \$20 million commitment that spanned 10 Wisconsin communities over eight years to tackle each community's unique challenges for improving

FIGURE 2 Advancing a Healthier Wisconsin Checkpoints

behavioral health. The high-impact investor role intersected with this initiative through a selection process that involved grantee-pitch presentations about community need rather than a preselected, evidence-based intervention. The convener role came into play through the endowment's creation of a learning community in which representatives from each of the 10 communities committed to regular convenings to learn with and from the other cohort members. In its influencer role, the endowment committed to an annual summit held to motivate and influence over 200 behavioral health practitioners and those with lived experiences.

Checkpoints: Six Conditions for Change

Over its first decade, the endowment wrestled with how project-by-project investments would have a positive impact on the health of an entire state. The resources did not exist to bring meaningful change on every critical health issue or cover the massive research and education needs

of academic medicine and public health. The pace of change was slow, and AHW also knew it was not the only entity with an influence on Wisconsin's health.

As its transition to changemaker was articulated, the endowment identified areas where it was uniquely positioned to make a difference. Alongside its changemaker roles and investment strategies, AHW turned its search from evidence that its investments alone were the reason for change to finding out more about how its strategy and approach represented one of many needed aligned strategies for change (Stern, 2015; Pillsbury, 2007). The resulting framework was designed not to focus on a small subset of health challenges, but instead to help hold the endowment accountable for eliminating barriers that prevented scientists, innovators, and communities from advancing broader solutions.

To that end, the endowment identified six conditions, or checkpoints, that it was positioned to influence. (See Figure 2.):

The shift from measuring changes in health outcomes and behaviors to measuring changes in how academic medicine and communities produce solutions to impact health required AHW to use data and evaluation to not just demonstrate impact, but also to inform learning.

- *Translation and dissemination of new knowledge:* This occurs when new knowledge is not only generated but also translated and disseminated to a wide variety of audiences and sectors. It can involve sharing the findings of cutting-edge and often complex medical research to nonspecialist audiences to influence program and policy implementation. This checkpoint also requires finding structured ways to engage others in what is being learned in the community around policy, systems, and environmental change.
- *Promotion of effective partnerships:* This occurs in collaborations among the endowment and funded projects and among the endowment and other entities; in collaborations that are not funded; or in a collaboration among partners in a funded project. The endowment incentivizes effective partnerships through its funding directed at multisector, interdisciplinary, and interprofessional collaborations. A significant amount of networking also occurs at learning opportunities and cohort meetings to enhance effectiveness.
- *Cultivation of leadership in public health and research:* This occurs when the endowment and its partners are positively influencing Wisconsin's health agenda or when its staff,

projects, and partners are recognized for contributions that extend the life of the financial investments. The endowment creates a culture of leadership in health and opportunities to apply skills to solve complex problems with impact beyond a single sector.

- *Strengthening of community and academic capacity:* This is accomplished when the endowment and its partners have the tools, skills, information, data, and equipment to build effective health solutions. The endowment strives to be seen as a trusted partner and a resource for these and other types of resources.
- *Development of innovative research and discovery:* This is achieved when the endowment and its partners refine, improve, and propose new applications of theoretical concepts, approaches or methodologies, instrumentation, tools, or interventions. Investments are directed toward innovative research efforts that can inform the health needs of Wisconsinites and influence a culture that includes practices that support innovation, "failing forward," and full participation and inclusion of nonacademic partnerships.
- *Development of effective programs, policies, and practices:* This occurs when the endowment and its partners identify, develop, adapt, and scale solutions with the potential to change the way health needs and disparities are addressed. The endowment and its partners work together to influence change in policy that addresses health at the local, state, regional, or national level; it also seeks to identify policy or practice change developed through a funded initiative for replication or scaling in another location, field, or organization.

The shift from measuring changes in health outcomes and behaviors to measuring changes in how academic medicine and communities produce solutions to impact health required AHW to use data and evaluation to not just

demonstrate impact, but also to inform learning. The endowment spent all five years of its Moving From Grantmaker to Changemaker effort defining and refining what transformative change in these six checkpoints looked like and why it mattered. Today, these checkpoints are grounded in an understanding of the transformational change that is needed within and across these systems, how that change will strengthen the impact on health, and the extent to which the purposefully developed strategies address these conditions for change. The endowment used this framework to determine the types of programs and portfolio work it would invest in and, eventually, the relevant outcomes sought through its investment.

Building Internal Capacity for Change

A shift in strategy and implementation at this level required a period of experimentation with and exploration of policies and practices, both internally and with external partners. Further, the endowment committed to the following assumptions during this staff transition:

- The transition plan will be a developmental process with the flexibility for modifications.
- Opportunities will be embraced to make necessary changes in how things were done in the past.
- The transition process will be authentic and effective.
- The endowment team will acknowledge that transformation takes time. Care must be taken not to overload staff whose responsibilities are changing while their original responsibilities need to be covered and/or transitioned.
- Everyone's responsibilities will be aligned to the strategic plan, while an integrated team structure will allow for collaboration and cross-coverage when needed.
- Professional development and additional resources will be allocated to support the

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staffing plan as team members assume new responsibilities and work in different ways.

The endowment implemented its staffing model with careful thought, bringing together the business needs of the new changemaking approach and the talents and experience of the existing staff. A smooth process required transparency, staff engagement in revising job descriptions and defining expectations of the new roles, and responsiveness to feedback from staff on how the process could be made more effective. A commitment to professional development and opportunities for staff to demonstrate leadership at local and national meetings was also critical to success.

In most cases, the staff embraced the shift to new roles as an opportunity to contribute the full capacity of their knowledge and to grow new expertise and skills. The setbacks experienced in the transition to the new staffing model were largely a result of a lack of clarity about expectations, discomfort with the uncertainty that comes with change, and mistrust about whether the shift would “stick” over time. Celebrating successes, addressing challenges as they arose, and providing meaningful feedback to staff were key to overcoming challenges. Since its initial transition, the endowment has continued to strengthen its commitment to nurturing its staff leaders and fostering a culture that reflects the lived values of the endowment.

In 2019 the endowment launched its next five-year plan, building on its transformation from grantmaker to changemaker to begin fully implementing this new model of philanthropy.

Developing and Strengthening Changemaking Partnerships

Because it is housed within an academic medical center, the endowment holds a core value of supporting community-academic partnerships. Under its traditional grantmaking model, the value of this partnership was largely transactional and its success was often due more to how well the individual partners functioned together than to supportive structures or systems.

Going into its third five-year plan, the endowment realized it needed to change its relationship with grantees and broader stakeholders. While these community-academic partnerships were a deeply held value, endowment leadership and staff recognized the opportunity to strengthen working relationships, cultivate new and unique partners that could add value to a systems approach, and invest in developing the leadership and capacity of partners for strong collaboration with each other and the endowment.

To achieve this, the endowment empowered its staff to bring communities and academic medicine together in more authentic ways. The staff were charged with identifying opportunities to engage with networks and develop infrastructure to advance collaborations. Efforts to recruit and develop emerging and existing leaders in public health, education, and academic medicine included a learning community, a technical-assistance partner program, workshops, cohort meetings, and an annual summit. This required the endowment to appreciate and use its full

resources (human, financial, physical, intellectual, etc.) to support its partners.

The Long Game of Systems Change

In 2019 the endowment launched its next five-year plan, building on its transformation from grantmaker to changemaker to begin fully implementing this new model of philanthropy. This intentional choice to focus on deeper application reflects the lessons learned in the endowment's experiment with its new model.

At the start of its experiment, the endowment recognized that the impact it was seeking from its grantees required a deeper kind of support — one that went beyond writing a check and monitoring progress. In wanting to create systems change, AHW had to take a systems perspective and turn the lens on itself. The endowment started by defining the roles it was best positioned to play in the greater system of statewide health, selecting conditions that it was best positioned to influence, and then establishing investment strategies most likely to create the desired change. And while it inherently understood that creating these changes required it to work differently, it still anticipated that changemaking would come from the work it funded. Its applications even asked prospective grantees to identify the changemaking potential of the proposed work and how the project would align with the endowment's changemaking roles.

Through its shift to changemaking, the endowment embraced a leadership role in which it could serve with its partners in advancing systems change to sustain health improvement and integrate positive change into practice. During its traditional grantmaking years, AHW intentionally did not invest in policy and systems change due to concerns that such priorities were complex, risky, and outside of the parameters of its role in supporting communities. As changemakers, the endowment embraced the power of the systems lens and supported grassroots policy, environmental, and systems change to foster sustainable efforts to effectively improve community health. These have already begun to create positive change: AHW's behavioral health initiative, for example, empowers communities

to leverage endowment expertise and resources using a systems-based approach that focuses on making healthier choices feasible and sustainable for every community member by addressing the policies and environments that impact health behaviors.

As noted by one of the endowment's partners in the behavioral health initiative,

[Our community] built a strong coalition; received amazing leadership training; learned from a national expert; used the model to build an incredible project with which we will produce population-level change; offered and received support through a learning community of dedicated, passionate professionals across the state; and used all of these things to benefit our local community and drive quality improvement in how our coalition engaged in systems-level work for mental health.

This funding model filled a gap for that community, allowing it to focus on capacity building, strengthening leadership, and mobilizing an effective coalition — all aspects of an effective system that were being missed within the framework of the endowment's traditional funding philosophy. In addition, this method allowed the community to use other locally leveraged funds in new and targeted ways to support more specific aspects of the project.

Lessons Learned

While there have been clear successes and exciting impacts from its funded projects, today the endowment recognizes that the responsibility for creating change is its own. Changemaking must start from within. Leaning on the language provided in *The Water of Systems Change* (Kania et al., 2018) to articulate what it had discovered, the endowment reflected on the lessons learned — and shares those reflections here.

First, take a systems approach to your own work. If you want to drive systems change, you first need to understand your place within the system. The endowment had to fully understand and embrace its position among the funders, organizations, and individuals that impact the health of Wisconsin residents. Only after AHW stepped

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back and identified its own place could it then identify the roles it was best positioned to play to drive the change it wanted to see.

Second, recognize your philosophy of philanthropy — and recognize when it needs to change. The endowment had long operated in a traditional sense: a transactional relationship with funded projects, a model within which staff provided only technical support and monitoring to grantees. To create the change it wanted to see, the endowment had to practice what it preaches. Its leadership recognized that change in its philanthropic philosophy necessitated change as identified by Kania et al. (2018) through the systems-change perspective:

- The endowment had to review its own policies, practices, and flow of resources and revise internal job descriptions and staffing models, allocating financial resources for staff to offer a wide variety of programming and capacity-building opportunities and making changes to practice that allowed staff the time to build relationships with grantees.
- It had to be willing to shift relationships and power dynamics between AHW governance bodies and staff to enable deeper engagement with partners, grantees, and stakeholders.

- Mental models had to shift, beginning with recognition that the endowment leadership and staff needed to embrace a shared philosophy of philanthropy that emphasized the importance of being more than a grantmaker.

Today, the endowment continues to deepen its analysis of itself, looking to its six checkpoints as a clear framework that will sustain its full support for systems change.

Conclusion

Since its inception, the Advancing a Healthier Wisconsin Endowment has been focused on supporting positive change. The endowment began with a traditional model that awarded grants for projects that showed promise to impact health outcomes, and designed its operations and funding strategies to achieve that purpose. Along the way, the endowment learned it could partner to accelerate discovery, catalyze innovation, and support communities across Wisconsin in impacting poor health outcomes. Yet it recognized that to create greater impact it needed to go beyond grantmaking, and that its partners wanted a deeper kind of support. The endowment took this recognition as a challenge to plan how to do more, better.

The result was an experiment with a new focus: Moving From Grantmaker to Changemaker. The years since that shift have been marked by tremendous growth and learning as the endowment took a leap into an entirely new way of thinking about and doing its work. Operations and strategies have shifted to not only invest in measurable, positive change, but also to connect sectors and communities and to influence the way ideas and knowledge can be transformed into action.

In *The Water of Systems Change*, the endowment discovered the language to articulate its experiment and a framework to identify opportunities for continuing its internal shift. Today, AHW is using this framework to reflect on its policies, power dynamics, and mental models in a way that will allow it, through its change-making roles, to create conditions that will help

its partners produce better outcomes for their communities, develop knowledge that can accelerate research innovations, and support the education and training of the health workforce. The endowment has identified a new purpose for itself: that of a driver, not just a supporter, of change. This shift in perspective has been transformative for its operations, investments, and the potential to achieve outcomes that will promote cross-sector system change and sustainability to impact its ultimate mission of creating a healthier Wisconsin.

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References

- BROWN, P., COLOMBO, M., & HUGHES, D. M. (2009). Foundation readiness for community transformation: Learning in real time. *The Foundation Review*, 1(1), 125–134. <https://doi.org/10.4087/foundationreview-d-09-00009>
- BROWN, P. (2012). Changemaking: Building strategic competence. *The Foundation Review*, 4(1), 81–93. <https://doi.org/10.4087/FOUNDATIONREVIEW-D-11-00033>
- CRUTCHFIELD, L. R., KANIA, J. V., & KRAMER, M. R. (2011). *Do more than give: The six practices of donors who change the world*. San Francisco, CA: Jossey-Bass.
- KANIA, J., KRAMER, M., & SENGE, P. (2018). *The water of systems change*. Boston, MA: FSG. Retrieved from https://www.fsg.org/publications/water_of_systems_change
- KANTER, S. L. (2008). What is academic medicine? *Academic Medicine*, 83(3), 205–206. <https://doi.org/10.1097/ACM.0b013e318168e828>
- KRAMER, M. R. (2009, Fall). Catalytic philanthropy. *Stanford Social Innovation Review*. Retrieved from https://ssir.org/articles/entry/catalytic_philanthropy
- MAURANA, C. A., LUCEY, P. A., AHMED, S. M., KERSCHNER, J. E., BOLTON, G. A., & RAYMOND, J. R. (2016). The Advancing a Healthier Wisconsin Endowment. *Academic Medicine*: 91(1), 42–47. <https://doi.org/10.1097/ACM.0000000000000924>
- OROSZ, J. J. (2000). *The insider's guide to grantmaking: How foundations find, fund, and manage effective programs*. San Francisco, CA: Jossey-Bass.
- PILLSBURY, J. B. (2007). *Theory of aligned contributions: An emerging theory of change primer*. Arlington, VA: Sherbrooke Consulting. Retrieved from <http://www.sherbrookeconsulting.com/products/TOAC.pdf>
- STERN, E. (2015). *Impact evaluation: A guide for commissioners and managers*. London, UK: Bond for International Development. Retrieved from https://www.bond.org.uk/sites/default/files/resource-documents/impact_evaluation_guide_0515.pdf
- OFFICE OF THE COMMISSIONER OF INSURANCE. (2000). *In the matter of the application for conversion of Blue Cross & Blue Shield United of Wisconsin*. Madison, WI: Author. Retrieved from <https://oci.wi.gov/Documents/Companies/FinBCDec.pdf>
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