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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.

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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,

This issue comprises a very eclectic set of articles on the work of foundations.

McClelland summarizes the findings of a survey conducted by the Bonfils-Stanton Foundation of leaders from 10 arts and culture nonprofits. The author recommends that arts grantmakers can most effectively support nonprofits in their diversity, equity, and inclusion work through building the field, supporting a diverse workforce, and measuring progress. As more funders intentionally focus on equity and justice, asking grantees what they need to support their DEI efforts is a critical step.

While the COVID pandemic has captured the attention of the world, the opioid epidemic is still with us.

It is one of many examples of foundations grappling with complex, cross-sector societal problems. **Yegian** describes a major effort by the California Health Care Foundation to reduce opioid-related morbidity and mortality. Their early investment had dramatic returns, laying the groundwork for scaling pilot projects statewide as hundreds of millions of dollars in government funding became available to address the crisis. Bridging across sectors, providing resources beyond dollars, and co-creation with grantees were key strategic choices that the author suggests might apply to addressing other complex social issues.

As philanthropy becomes increasingly globalized, it is important to understand cultural influences on how philanthropy is practiced. This understanding is particularly critical for funders who seek to partner internationally. **Wang** explores the history of Chinese foundations and examines their relationships with overseas funders across three time periods, providing practical information to practitioners who work, or will work, for or with foundations in China.

Arnold, Blackmur, Solórzano, Kong, Wunsch, and Mutha share their experiences with a 12-year investment by Blue Shield of California Foundation growing a pool of community health center leaders. The Clinic Leadership Institute was implemented in partnership with Healthforce Center at University of California, San Francisco in anticipation of a generation of health center leaders beginning to retire. A study spanning 10 cohorts of CLI alumni found that CLI served a critical role in supporting community health center leaders and their organizations in navigating these changes. As we anticipate extensive turnover in the leadership of the nonprofit sector in the near future as the baby boom generation retires, developing a more diverse pool of people equipped to take on leadership is critical. Focusing on building leadership for specific types of organizations, rather than broad leadership development, is a strategy to consider.

Bringing grantees together to share learning is a common practice in philanthropy. **Nicklin, Chancellor, Garcia, Gohole, Haussmann, Kaijage, Cady, Miller, Moore, Nelson, Powers, and Somé** explore the degree to which funders can initiate longer term peer learning through communities of practice. The McKnight Foundation's Collaborative Crop Research Program initiated, supported, and participated in a CoP comprised of its grantees to share and create knowledge. Long-term investment in convenings and facilitation and relinquishing some control over outcomes were key to actors in Africa and the Andes region to develop adaptive capacity related to food system research and action through social learning. While convenings and networking meetings are helpful, this work shows that intentional long-term investment in shared learning should be considered as a key tactic.

In 2013, Missouri Foundation for Health launched a five-year effort to reduce Missouri's uninsured rate. A broad-based state coalition employed a three-pronged approach: awareness building and outreach, enrollment assistance, and increasing health literacy. **Saltzman, Spilker, and Klenke-Isgriggs** report that the rate of uninsured Missourians dropped to 9% during the initiative's time frame. Coalition members pointed to the value of collaboration, access to expertise, the locally tailored approach of the initiative, and the maintenance of a politically neutral stance in the effort to support the implementation of a complex federal policy.

A theme across these articles is the importance of collaboration, whether with peers to foster learning or across sectors and organizations within communities — or across the globe — to achieve impact. In these divisive times, we hope these articles suggest ways to strengthen our work together.



A handwritten signature in black ink, which appears to read 'Teresa Behrens'.

Teresa R. Behrens, Ph.D.
Editor in Chief, *The Foundation Review*
Executive Director, Dorothy A. Johnson Center for Philanthropy
at Grand Valley State University

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Exploring Needs for Diversity, Equity, and Inclusion Practices in Arts and Culture Nonprofits in Denver, Colorado

Christina McClelland, M.P.A., University of Colorado Denver

Keywords: *Diversity, equity, and inclusion; arts and culture nonprofit organizations; Bonfils-Stanton Foundation; Denver, Colorado; diverse workforce*

Introduction

Metropolitan Denver, Colorado, is home to a rich arts and cultural community. Since 1989, the seven-county area's Scientific & Cultural Facilities District, funded by sales and use taxes, has supported organizations involved in the visual and performing arts, cultural and natural history, and the natural sciences. A National Endowment for the Arts (NEA, 2016a) study of arts participation found a particularly high rate among Coloradans, who ranked second in the nation for watching movies, visiting art galleries, seeing plays, or reading books, and third for attending live music, theater, or dance performances. In 2018, the Colorado Business Committee for the Arts (2018) reported that cultural events in metro Denver drew 15 million people annually, increasing at nearly twice the rate of population growth in the area.

Yet alongside this evidence of interest and enthusiasm for arts and culture, there has been notably more limited participation among some of the area's communities of color. Denver Arts and Venues, an agency of the city and county of Denver, commissioned Corona Insights (2018) to conduct public phone surveys in 2013 and 2017 as part of the city's cultural plan. In these surveys, both Latinx and Black respondents expressed interest in the arts, but reported that they currently were not participating in them as much as they would like; both also reported more difficulty finding out about arts and culture in Denver than did the overall survey group. Both groups of respondents described barriers to participation that differed slightly from those faced by the overall group, including

Key Points

- To foster a more welcoming, inclusive, and effective arts and culture community in the metropolitan Denver area, the Bonfils-Stanton Foundation seeks to promote promising practices in diversity, equity, and inclusion (DEI) among nonprofit arts organizations. The foundation partnered with a researcher to explore how local organizations are implementing such practices and to learn how it could best support these efforts.
- This article summarizes the findings of a qualitative survey of leaders from 10 Denver arts and culture nonprofits and discusses them within the context of a review of literature on diversity efforts among other arts organizations in North America. Interviewees were asked to reflect on what their organizations understand DEI to mean, what they consider promising practices for building DEI efforts, how they define success, what challenges exist in addressing DEI, and what structures can support the work.
- Drawing from these findings, this article recommends that arts grantmakers can most effectively support nonprofits in their DEI work through building the field, supporting a diverse workforce, and measuring progress.

To foster a more welcoming, inclusive, and effective arts and culture community, the Bonfils-Stanton Foundation, the sole private foundation in Colorado chiefly supporting the arts in Denver, seeks to promote promising practices in diversity, equity, and inclusion (DEI) among arts organizations both locally and nationally.

lack of parking and information; not feeling welcomed; and not feeling represented, in either participation or employment, in local arts and culture organizations and events. Latinx and Black residents were also less likely than others surveyed to believe that the arts had a positive impact on Denver.

Nationally, white populations are overrepresented in attendance and participation in arts and culture, which calls into question the viability of those companies and presenters (NEA, 2016b). By 2044, according to the U.S. Census Bureau (2015), no single racial or ethnic group will constitute a majority in the United States. With a population of just over 700,000 in July 2017 (U.S. Census Bureau, n.d.), Denver already reflects this trend: Data from the Colorado State Demography Office (2018) show over 53% of Denver County's population under age 17 identifies as Latinx.

To foster a more welcoming, inclusive, and effective arts and culture community, the Bonfils-Stanton Foundation, the sole private foundation in Colorado chiefly supporting the arts in Denver, seeks to promote promising practices in diversity, equity, and inclusion (DEI) among arts organizations both locally and nationally. In 2015, Donna Walker-Kuhne,

an audience development consultant, worked with the foundation to assess needs and develop strategies for engaging and building diverse audiences. Her resulting recommendations for nonprofit arts and culture organizations included the following:

- Develop a common understanding of and language for such terms as “diversity” and “privilege.”
- Improve staff recruitment and development through increased organizational commitment, support, and capacity for engaging diverse audiences.
- Change organizational culture by making DEI work a part of every department and position.
- Develop long-term partnerships to tackle the work together through sharing knowledge and effective strategies.
- Embrace diverse communities as part of core audiences (Steuer, 2015).

Building on this work, Walker-Kuhne and the foundation explored how local organizations are implementing DEI practices and, to learn how to best support these efforts, conducted a qualitative survey of 10 Denver arts and culture nonprofits in the spring of 2019.

Defining DEI

Initiatives to build DEI are core to the development of effective organizations, where differences lead to success, participation, and empowerment (Ferdman, 2018). This work continues to gain attention and emphasis in the fields of philanthropy and the arts. However, specific intentions of DEI initiatives vary among organizations, and many of them create DEI or equity values statements to clarify their terms. The D5 Coalition, a five-year initiative of 18 organizations that sought to advance DEI in philanthropy, defined diversity as focused on broader representation of racial and ethnic groups, LGBTQ populations, people with

disabilities, and women (Center for Effective Philanthropy, 2018). Americans for the Arts¹ (AFTA, 2016) and Grantmakers in the Arts (GIA, 2019) have released DEI statements focusing specifically on racial equity. Other organizations have changed their internal definitions of DEI: After an 18-month effort at the Ford Foundation to create an initiative challenging inequality, the foundation realized it had not considered the needs of people with disabilities — an omission that led it to rethink its definition of inclusion (Walker, 2016; Khan, 2017).

Strategies for and Challenges to Building DEI Initiatives

The GIA (2019) recommends the following strategies for DEI initiatives:

- Establish an advisory committee.
- Promote DEI in regular communications.
- Collect internal and external demographic data.
- Train board and staff in DEI practices.
- When choosing staff and board members, intentionally consider, select, and support diverse candidates and those who value racial equity.
- Use a racial equity lens throughout the organization.
- Collaborate with other organizations to share best practices.

The importance of board commitment to DEI is echoed by BoardSource (2019) and has guided the work of the James Irvine Foundation to encourage participation in the arts among diverse and underresourced communities (Ramirez, 2016). Another national organization,

the League of American Orchestras (LAO, 2019a), released a DEI strategic plan and funded grants to support capacity building; training and peer learning; DEI planning and audits; and measuring internal progress; and LAO grantees, participating in a cohort, are paired with an experienced DEI practitioner (LAO, 2019b).

Measuring progress toward DEI, internally and across the field, can be particularly challenging for the nonprofit sector. Third Sector New England (2011), a management consultant to fellow nonprofits, recommends infusing evaluation at the beginning of DEI work and engaging consultants to bring outside perspectives to the organization. Equity in the Center (2019) presents seven strategic elements or levers: senior leaders, managers, boards of directors, community, learning environment, data, and organizational culture. Mauldin, Kidd, and Ruskin note, data collection “varies by type of organizations, programs and partnerships involved, as well as by funder mandates and the socioeconomic makeup of target populations” (2016, p. 36). Nonprofits may also struggle to find the resources necessary to measure progress; Chung and Tran (2015) found that in Colorado, limited staff capacity and funding made evaluation a low priority.

There are also data showing limited opportunities for people of color who seek advancement in arts administration. The William and Flora Hewlett Foundation found not only a lack of diversity among arts administrators, but also few opportunities for early to mid-career leaders due to delayed retirements (Ono, 2016). Kunreuther and Thomas-Breitfeld (2017) found more similarities than differences in background and preparation among people of color and their white colleagues; they also learned that while aspiring to greater opportunities in nonprofit leadership, people of color often report frustration with expectations to serve as representatives of an entire community. Paid

¹ While Americans for the Arts continues to be a leading organization advocating for the arts in the U.S., in December 2020, the organization announced that its director would take a paid leave of absence while several independent investigations into AFTA's workplace environment and internal DEI policies and procedures are being conducted. See <https://www.americansforthearts.org/news-room/press-releases/statement-of-the-americans-for-the-arts-board-of-directors-on-the-commencement-of-independent>.

Paid internships, mentorships, and establishing and supporting networks for leaders at all career stages could help to create individual career pathways and to cultivate and retain leaders of color.

internships, mentorships, and establishing and supporting networks for leaders at all career stages could help to create individual career pathways and to cultivate and retain leaders of color. Recommended strategies in the literature for fostering DEI in arts leadership include changes in organizational culture and hiring and promotion practices, as well as systems of support for up-and-coming leaders. Americans for the Arts, for example, sponsors a Diversity in Arts Leadership internship, an arts and cultural equity fellowship, and various demographic constituency networks (Lord, 2019).

With its Landscape Project, the Denver Foundation (2018) sought to “establish a baseline of the nonprofit sector’s self-assessment of its diversity, inclusiveness, and racial equity work” (p. 3). The study’s participants — a cross-section of metro Denver nonprofit leaders — agreed that an organization’s successes in achieving racial equity are rooted in how well that organization is a reflection of its community, and that commitment and consistency are key to long-term change in organizational culture, including the ability to have difficult conversations about these issues. Among the identified barriers to achieving racial equity were divergent narratives among staff members of different identities, an absence of a diverse talent pipeline for new staff, and the lack of an agreed-upon measurement for advances in racial equity. Recommendations for removing those barriers included looking beyond educational levels to recognize lived experience and transferable skills when making hiring decisions and working to retain diverse

talent; cultivating growth opportunities; and building supportive organizational cultures, including creating common progress measures across organizations.

DEI in Arts and Culture in Several Cities

Several cities in North America have examined organizational approaches to DEI among arts and culture nonprofits:

- In Alberta, Canada, a DEI survey by the Calgary Arts Development authority (2018) of the more than 160 nonprofits it funds in that city found greater diversity among younger members of arts nonprofits; noted that Calgary’s population was more than half as ethnically diverse as its arts and culture organizations; and revealed that the nonprofits’ board members, in general and among those members with higher incomes, tend to be older and male.
- Quantitative data from a New York City Department of Cultural Affairs (2016) survey indicated the arts and culture workforce did not reflect the city’s racial and ethnic diversity. Respondents also identified peer-to-peer sharing of successful practices and diversity workshops as valued services, and partnerships with schools and educational organizations were recommended as an approach to diversifying staff.
- In Los Angeles County, a DataArts (2017) study found the arts and culture workforce was more homogenous (60% white non-Hispanic) than the overall population (27% white non-Hispanic), and that younger workforce members were more racially diverse and board members were least diverse. The study recommended that nonprofits explore pipelines to draw talent from colleges and universities, citing findings that only 30% of the population over age 25 in Los Angeles County has a degree and that 59% of that group identifies as white.

TABLE 1 Project Interview Subjects

Annual Operating Budget	Organizations (Leaders Interviewed)
Small (under \$1 million)	<ul style="list-style-type: none">• Phamaly Theatre Company (managing director, artistic director, director of production)• Youth on Record (executive director)
Midsized (\$1 million – \$10 million)	<ul style="list-style-type: none">• Art Students League of Denver (executive director)• Children’s Museum of Denver at Marsico Campus (vice president of development and communications)• Cleo Parker Robinson Dance (executive director)• Curious Theatre Company (managing director)• Newman Center for the Performing Arts, University of Denver (executive director)• RedLine Contemporary Art Center (executive director)
Large (\$10 million – \$50 million)	<ul style="list-style-type: none">• Denver Botanic Gardens (community relations manager)• Denver Museum of Nature & Science (director community research and engagement strategies)

Similar research in metropolitan Denver has been quantitative and focused on audience experience, or focused on the nonprofit sector as a whole. The lack of qualitative data, therefore, creates an opportunity for research to examine successes in and challenges to implementing DEI initiatives in the area’s nonprofit arts and culture organizations. Drawing on the literature, this researcher and the Bonfils-Stanton Foundation identified two primary research questions for a qualitative study of promising DEI practices, supportive structures, and challenges to these efforts:

1. What are promising practices for increasing DEI efforts among arts and culture nonprofits in Denver?
2. What structures can support progress in DEI in these nonprofits? What challenges to this support exist?

Methodology

The study for this project was based on data from semistructured interviews with the leaders of 10 Denver arts and culture nonprofits. (See Table 1.) The interview subjects were selected by the Bonfils-Stanton Foundation with criteria guided by the foundation’s equity values

statement; knowledge and awareness of practices gained from reviewing grant applications; and the subjects’ participation in the foundation’s Arts and Diversity Leadership Council. Five of the selected organizations are also led by Livingston Fellows, a foundation program recognizing exceptional nonprofit leaders.

Interviews each lasted approximately one hour and occurred in person. After being recorded and transcribed, they were analyzed via thematic analysis using inductive reasoning. Open coding was conducted, followed by pattern coding and categorizing, including identifying quotes to illustrate categories. The development of 10 open-ended questions and follow-up probes used in the qualitative instrument and accompanying descriptive data form were guided by the literature review, Denver-specific data, and the foundation’s knowledge and relationships. Data analysis identified a number of manifest and latent themes. (See Table 2.)

Results: Promising Practices

Interviewees were first asked to identify promising practices for increasing DEI efforts among Denver arts and culture nonprofits. Three sub-questions were posed to lay the groundwork for that discussion: 1) What do arts and culture

TABLE 2 Key Findings From Interviews

Research Question	Sub-Question	Summarized Findings
What are promising practices of increasing DEI efforts in arts and culture nonprofits in Denver?	What do arts and culture nonprofits understand DEI to mean?	<ul style="list-style-type: none"> • Welcoming • Co-creating with communities • Accessible to all, including people with disabilities and of different gender identities
	What does addressing DEI successfully in an arts and cultural nonprofit look like?	<ul style="list-style-type: none"> • A diverse board and staff • Demonstrating written and spoken organizational commitment to DEI through such strategies as an equity values statement, an internal DEI committee, and a DEI plan, embedded in overall organizational plans • Considering DEI in program development • Sharing information and practices with the field
	How do arts and culture organizations know they are successful in DEI work?	<ul style="list-style-type: none"> • Recognition from audiences and those in the field, locally and nationally • Diversifying audiences, staff, and boards • Ability to have open conversations about diverse experiences and perspectives among staff and board, particularly relating to race
What structures can support progress in DEI in arts and culture nonprofits in Denver?	What challenges exist in addressing DEI in arts and culture nonprofits?	<ul style="list-style-type: none"> • Challenges include measuring progress (organizations need more capacity, time, funding), hiring diverse staff, both for administrative and artistic roles and addressing accessibility • Creating understanding that there is no one-size-fits-all approach, sharing resources, and promoting willingness to take risks and make mistakes would be supportive toward DEI progress

nonprofits understand DEI to mean? 2) What does addressing DEI successfully those organizations look like? 3) How do they know their DEI work is succeeding?

What Does DEI Mean?

From interviews about what Denver arts and culture leaders understand DEI to mean, two themes emerged: welcoming and co-creating with communities. The leaders said they believed creating an organization where audiences and participants have a welcoming, comfortable experience would indicate a strong grasp of DEI, and they defined co-creating with communities as building relationships and partnerships over time with diverse communities through authentic connection, seeking from them feedback and long-term engagement. Many interviewees said they had changed their organizational approach to facilitate their efforts

to engage these communities; Curious Theatre Company (2018), with support from Bonfils-Stanton, published a white paper on this subject. Examples of poor strategies for co-creating included assuming that a theater production with a diverse cast would automatically draw diverse audiences, and trying to engage community participation in an organization's event without building a relationship first.

The interviewees were familiar with current discussions about the lack of racial, ethnic, and socioeconomic diversity among national arts audiences (NEA, 2016a). Some local organizations had been urged by communities of color to become more representative in terms of their staff, board, and programming as a way to stay relevant. Other issues that arose included the disproportionate impact of limited affordable housing, gentrification, and displacement in

metro Denver over the past five to 10 years on people of color and communities with relatively lower socioeconomic status. Some interviewees indicated an awareness that as Denver's high cost of living led many families to move to surrounding counties, barriers such as transportation had become a greater factor in the underrepresentation of some communities in arts audiences.

The nonprofit leaders also consistently agreed that a definition of DEI should include access. One aspect of this issue involves ensuring that the needs of people with disabilities (e.g., transportation, accessibility to facilities and equipment for wheelchair users and those with low vision) are being included in discussions of DEI, as has been addressed by Walker (2016) and Khan (2017). Gender identity and expression was also discussed, especially the need among arts organizations to be inclusive of those who identify as transgender and to gain a deeper understanding of how to be welcoming to these audiences, including expanding access by creating gender-inclusive restrooms.

Interestingly, the definitions offered by the interviewees differed in emphasis from those informing the approach of a number of national organizations (AFTA, 2016; GIA, 2019; Equity in the Center, 2019) whose focus has been primarily on racial equity. Some interviewees said that when they heard racial equity emphasized in DEI discussions, they felt issues of access were being excluded. In addition, there was a sense that the intersectionality of different identities was not receiving as much attention in DEI work across the sector.

Several of those interviewed agreed that DEI issues were integral to the founding of their organizations, such as the importance of creating opportunities in arts and culture for those of historically marginalized identities. At the time, however, they were not using the term DEI to characterize their efforts. All said they were now aware of DEI as a significant concern in arts and culture, and many noted how achieving inclusion and equity would require moving beyond representation to truly incorporate diverse

perspectives into an organization's approach to its mission. More than half of respondents discussed how their understanding of DEI developed from personal experience and interactions and emphasized it as a process of learning and growth; as one said, "The deeper you go, you're never going to go back."

DEI at an Arts Organization: What Does It Look Like?

The leaders of arts and culture nonprofits interviewed for this study agreed on the importance of diversity within their organizations and among audiences, and some more specifically defined that as reflecting the racial and ethnic diversity of the seven-county metro Denver area. Half of interviewees said they had noticed more diversity in audiences over the past five to 10 years. Half of them also noted increased diversity on their board, and the others indicated movement toward this type of diversity was in progress. A few interviewees also mentioned gains in building a more diverse staff; a similar shift in the makeup of volunteers was not mentioned. Several brought up intentional efforts to increase diversity on boards, among staff, and in audiences while also acknowledging a gentrification-driven decline in racial and socioeconomic diversity in the metro Denver area.

Some organizations were using demographic quotas to create more representational boards or were considering this strategy; others did not see the need or did not want to use that approach, instead focusing on building and maintaining community relationships. The Denver arts and culture leaders emphasized caution in these efforts, citing their unwillingness to tokenize community members and the need to ensure particular skill sets were represented on their boards — concerns Brennan and Forbes (2019) highlighted in a report on board diversity among U.S. nonprofits. Interviewees also pointed out that a racially diverse board does not by itself constitute board engagement in DEI work, and emphasized the importance of such a commitment. Boards represent organizations in the community, as do company members, faculty, contractors, and other affiliates, but they are not necessarily entrenched in organizational

In terms of communicating the importance of DEI to current staff, several leaders mentioned discussing the issue and sharing DEI-related articles during staff meetings, and including DEI implementation in performance goals and evaluations.

culture. Ensuring all of these parties get the same training and have the same discussions to create a shared understanding of DEI emerged as a priority.

The importance of solidifying the commitment of organizations to DEI in terms of language, especially from their boards and leadership, was a prominent theme across interviews. For those who called DEI integral to the formation of their organizations, this is a process of formalizing policy and institutional knowledge. Almost all organizations had developed an equity values statement in some form, either internal or external. Having a written commitment to DEI integrated throughout the organization and supported by leaders who recognize its value was identified as important due to the challenging and ongoing nature of DEI work.

The Denver arts and culture leaders expressed a concern that also surfaced in studies of DEI efforts in Calgary, New York City, and elsewhere: the importance of a diverse staff in their organizations and the struggle to find a diverse pool of candidates to fill these administrative and artistic roles. Homogeneous perspectives brought by homogeneous staff were identified as a problem. And some organizations mentioned that few people of color had applied for their open positions — which many attributed to the relative lack of diversity overall in the Denver area's arts and culture arena — though some interviewees mentioned that they were

currently examining their hiring practices with an eye toward this issue. Some larger organizations reported gains in diversity among lower-level staff, but said similar success remained a challenge at leadership levels, where people tended to remain in their positions for a longer time.

Interviewees had less to say about the retention and experiences of staff who identify as people of color. Some of those interviewed referred on their own to issues identified in the research, such as people with these identities being tasked with taking on a significant burden of DEI work and being re-traumatized as others in their organization are introduced to basic DEI concepts (Kunreuther & Thomas-Breitfeld, 2017; Denver Foundation, 2018). In terms of communicating the importance of DEI to current staff, several leaders mentioned discussing the issue and sharing DEI-related articles during staff meetings, and including DEI implementation in performance goals and evaluations. In this vein, those interviewees emphasized the importance of ingraining a DEI focus in staff culture as part of establishing an organizationwide responsibility for its success.

Arts and culture leaders were also asked about the presence in their organization of the following DEI practices:

- considering DEI in terms of programs, fundraising, and/or vendors;
- collaborating and/or sharing information with other organizations;
- an equity values statement;
- an internal DEI committee;
- a DEI plan; and
- a staff position responsible for leading DEI work.

Everyone interviewed consistently considered DEI in terms of their programs — from shaping decisions about performances and presentations

to holding an LGBTQ family day and offering admission discounts to those eligible for Supplemental Nutrition Assistance Program benefits. Grant applications contained questions related to DEI. Few, however, were considering DEI in terms of vendors, and beyond the general support for DEI seen from donors, little was discussed about the relationship between diversity efforts and fundraising.

All were sharing information related to DEI with other organizations. Nearly all organizations either had an equity values statement or were in the process of creating one. The majority had formed DEI internal committees. When asked about DEI plans for their organizations, many said those were part of strategic or master plans; few existed separately.

Several interviewees emphasized the importance of infusing DEI work throughout organizational culture rather than compartmentalizing it. Few organizations had the capacity for a dedicated DEI staff role; this work was often shared among positions, sometimes including the executive director, and/or part of community engagement or outreach efforts. Sometimes carving out DEI capacity meant prioritizing it over another organizational need, such as marketing. While one organization that began by sharing the DEI work eventually decided to hire for a dedicated DEI role, another that had such a position found it ineffective due to lack of authority and opted to share the work among several positions and departments.

DEI Work: What Does Success Look Like?

When asked how arts and culture organizations know they are successful in DEI work, interviewees brought up receiving positive feedback; being recognized by peers, audiences, funders, and policymakers; and seeing and creating change in their organizational culture. They consistently identified positive recognition, by both audiences and those in their artistic discipline and field, as a sign of success. Audience feedback came most often in the form of compliments for members of the organization. Indicators of positive notice in their field included receiving grants for DEI work;

When asked how arts and culture organizations know they are successful in DEI work, interviewees brought up receiving positive feedback; being recognized by peers, audiences, funders, and policymakers; and seeing and creating change in their organizational culture.

invitations to lead training, to present at conferences, and to create and share documents and tools; and compliments from new staff to organization colleagues.

The Denver arts and culture leaders also viewed demographically diverse audiences, staff, and board members as a marker of success, though intentionality and their methods of achieving that diversity differed, and continuing to build authentic relationships with enthusiastic community partners. Another gauge of success was the ability to have conversations about diverse experiences and from diverse perspectives, particularly relating to race, among staff and board members. This achievement was attributed not only to diversity within the organization, but also to an openness in the organization's culture that left staff comfortable speaking about their experiences, knowing they would be heard even if the conversations caused discomfort.

As was the case among organizations in other regions (Denver Foundation, 2018; Lord, 2019; Mauldin et al., 2016), the measurement of progress in DEI work was not consistent. Some organizations used demographic tracking, surveyed audiences and staff about their experiences, conducted performance evaluations, and worked with focus groups to establish baselines and track change, sometimes tied to goals and

TABLE 3 Recommendations for Arts Grantmakers

Building the Field	Arts grantmakers have the opportunity to convene networks to expand DEI work in nonprofit communities, such as through public and invite-only online channels, forums, workshops, learning cohorts, and site visits. A group approach can build confidence to take risks and make mistakes on the part of nonprofits. Groups can also be convened for tasks like defining DEI (e.g., whether to focus on race equity or include issues of access and gender equity). Such networks can also be collaborative outside the arts, promoting exchange with fields such as public health, social justice, and the nonprofit sector as a whole. Through these networks, effective practices can be shared, such as pairing expert organizations with those just learning about DEI.
Supporting a Diverse Workforce	<ul style="list-style-type: none"> • Collaborate with other foundations to support nonprofit leaders of color • Encourage hiring practices that re-examine educational requirements and put value on lived experience and transferable skills • Create constituency networks, like an arts administrators of color group, to build community and decrease isolation • Support mentorship opportunities, regardless of age • Partner with educational institutions <p>Implementing these structures must be accompanied by promoting inclusive organizational cultures to be effective. Nonprofits must understand issues of racial equity and implicit bias to ensure success, retention, and growth of diverse employees.</p>
Measuring Progress	Many organizations struggle with evaluation and measuring progress. As addressing DEI is already complex, support for a DEI consultant or staff member for technical assistance could aid in capacity building. Further, creating common progress measures allow nonprofits to get started while making it possible for arts grantmakers to track progress across organizations.

performance indicators laid out in organizational plans. Others had no formal systems of evaluation, and relied on a mix of what they described as a “gut check” and public feedback. Some interviewees mentioned feeling not up-to-date on established practices when it came to how to measure DEI progress.

Results: Supportive Structures

In discussing existing challenges in addressing DEI, the 10 Denver leaders emphasized benchmarking and measuring progress; diverse staff, both administrative and artistic; and broadening and deepening access. The interviewees agreed that despite much discussion of DEI, they knew of few organizations that were exemplary in addressing these challenges and those discussions centered on how to do it better. They also agreed that a “one size fits all” approach is not likely to be effective.

They also identified a number of structures and strategies that could support DEI progress in Denver arts and culture nonprofits; and some pointed to hesitance on the part of certain organizations as they sought to avoid approaching DEI implementation in the wrong way as evidence of the importance of supportive structures. Capacity and time were consistently mentioned, with funding necessary especially for evaluation and measurement. Responses were mixed in terms of the need for more resources, toolkits, and guidelines. Some said those resources were sufficient and that implementation should be the focus; others desired more support and looked to local and national funders and member-based organizations to provide it. There was interest in sharing resources among organizations doing DEI work; some said participating in structured learning cohorts was useful in implementing DEI practices. Overall, arts and culture leaders emphasized that DEI

work requires boldness and confidence from organizations, and a willingness to take risks and make mistakes.

Discussion

This research generated three recommendations for arts grantmakers to consider: building the field, supporting a diverse workforce, and measuring progress. (See Table 3.)

Building the Field

To build the field, grantmakers can increase their role as conveners for arts and culture organizations interested in implementing DEI work. Potential strategies include establishing networks through online channels; large gatherings and presentations, by invitation and open to the public; workshops and cohort-based learning; and tours and site visits with leading organizations. Diving into this work through such convenings, regardless of form, could create a welcoming and supportive environment for arts and culture organizations that are worried about making mistakes as they begin their DEI work. Taking a group approach can provide a forum and platform for learning, discussion, and exchange on questions shared among organizations, such as understanding the needs of audiences with disabilities.

Grantmakers could also facilitate shared understanding within the field on how to define DEI, whether specific to racial equity or a broader definition. The Bonfils-Stanton Foundation, for example, has partnered with Denver Arts & Venues, an agency that operates many of the region's event facilities, to provide a series of DEI trainings in the Denver region. Finally, as many of this project's interviewees identified resources from outside the arts and culture field, collaborating with a broader range of organizations could produce innovative results; for Bonfils-Stanton, these include Philanthropy Colorado and the Colorado Nonprofit Association.

Supporting a Diverse Workforce

Supporting a diverse workforce has emerged as a major issue in the arts and culture field, both in the literature and in the interviews with

As the literature indicates, hiring diverse staff is only a first step — supportive organizational cultures, versed in the challenges of race equity and implicit bias, must be cultivated to ensure success, retention, and growth.

the leaders from the Denver organizations. To address this, Bonfils-Stanton helped launch and support the Diversity in the Arts Internship, a paid summer opportunity for college students now in its second year. Other approaches include collaborating with other organizations, including foundations, to support people of color in nonprofit leadership; encouraging arts and culture organizations to examine education requirements in hiring, and valuing lived experience and transferable skills; creating constituency networks to build community and decrease isolation, such as an arts administrators group for people of color; supporting mentorship opportunities, regardless of age; and partnering with educational institutions (Denver Foundation, 2018; Lord, 2019; Ono, 2016; New York City Department of Cultural Affairs, 2016; DataArts, 2017).

As the literature indicates, hiring diverse staff is only a first step — supportive organizational cultures, versed in the challenges of race equity and implicit bias, must be cultivated to ensure success, retention, and growth. In addition, exploring the needs of diverse staff already in place, as well as supporting a leadership pipeline, are opportunities for future research in this area, particularly given findings from interviews and in the literature pointing to stress and negative experiences among people of color working at arts and culture nonprofits.

Measuring Progress

Finally, both the literature and project findings suggest that measuring DEI is extremely challenging. Few self-assessments are available; those that are, such as the one created by Equity at the Center (2019), while valuable, primarily come from fields outside arts and culture and are not geared to organizations just beginning this work.

To increase capacity for measuring DEI progress, supporting an evaluator and/or experienced DEI practitioner to provide consultation to organizations, either as a shared contractor or staff member could be an effective strategy (Third Sector New England, 2011; LAO; 2019b). Supporting the creation of common progress measures, perhaps by such an evaluator, could further strengthen this approach, giving organizations a starting point to customize and making it possible to measure progress across organizations (Denver Foundation, 2018).

Limitations and Opportunities for Future Research

There are several limitations to this project. The sample size for interviewees was small ($n = 10$) and the sampling purposive, rather than random. Further, this research design, with semi-structured interviews conducted and analyzed by one researcher, creates opportunities for general and confirmation bias. During the interview process, to ensure accurate understanding and interpretation of responses, the researcher conducted sporadic member checks. The content analyzed in the interviews seems to have reached saturation, as similar themes began appearing again and again. Conducting additional research with a larger sample and multiple researchers could address bias concerns.

In large organizations, one person may not know the full extent of the scope of DEI work; for this project, only paid staff (no board members or volunteers) were interviewed. There was a large variance in organization size and

discipline, and future research might utilize a more narrow focus. Further, while four out of the 10 interview subjects identified as people of color, a deeper exploration of the working experience of members of these communities in arts and culture nonprofits could be a rich area of research. Given the identified theme of lack of diversity in the Denver arts and culture workforce, and as the arts and culture sector nationwide grapples with its role in addressing centuries of racial injustice, this could be compelling and useful to the field.

Finally, it is important to acknowledge the power dynamic existing in this research project. All of the interviewed organizations have been Bonfils-Stanton Foundation grantees. The interview subjects were assured that their participation (or their lack of it) would not affect future funding and their responses seemed candid, but nonetheless there is always a potential for skewed responses. Future research could be done in partnership with a more neutral party.

As arts and culture organizations continue to discuss both concepts and implementation of promising DEI practices, this researcher hopes these findings will inform the growing body of research. Amid the COVID-19 pandemic's disproportionate impact on communities of color and the calls to confront racial injustice that have continued to intensify since the 2020 killing of George Floyd while in police custody, the urgency to advance this work has only increased.

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Placing Bets in a Complex Environment: One Foundation's Approach to the Opioid Epidemic

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Keywords: *Grantmaking strategy, strategic levers, systems change, taking to scale, impact, co-creation, California Health Care Foundation, opioids, cross-sector collaboration, results, outcomes*

Introduction

In 2015, opioid use resulting from overprescribing was just becoming understood as a problem that was reaching epidemic proportions: Opioid prescribing was skyrocketing, the toll of overdose deaths was growing, and billions of dollars in costs were attributed to prescription opioid misuse and addiction (Elitzer & Tatar, 2017). In response, the California Health Care Foundation (CHCF) — a statewide foundation focused on improving California's health care delivery system, particularly for those with low incomes or whose needs are not met by the status quo — created a new grantmaking focus area.

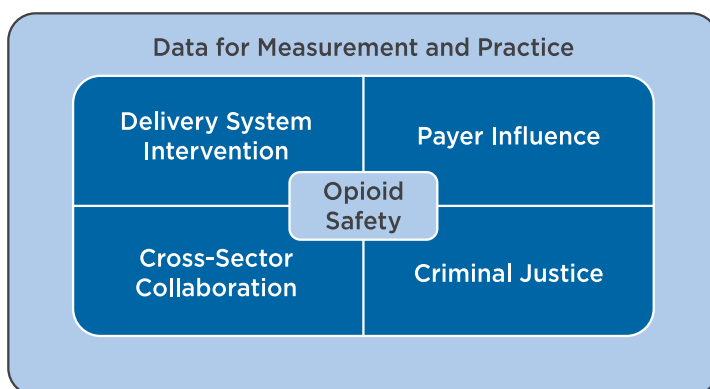
Under the leadership of Dr. Kelly Pfeifer, a passionate clinician and director of the high-value care program who was determined to stop overdose deaths and prevent new addiction by using the tools and resources of philanthropy,¹ the CHCF funded an array of opioid safety projects totaling \$7 million between 2015 and 2019. Approximately \$4 million of the total funded several “big bets” placed during the first three years. That early investment had dramatic returns, laying the groundwork for scaling pilot projects statewide as hundreds of millions of dollars in government funding became available to address the crisis. Based on review of foundation strategy, data on investments and results, and interviews with foundation staff, partners, and grantees, this article describes the grantmaking strategy and results of the body of work, highlighting the key factors contributing to impact

Key Points

- Across the globe, foundations grapple with how to tackle complex, cross-sector societal problems. A major effort by the California Health Care Foundation to reduce opioid-related morbidity and mortality, launched just as opioid use was becoming understood as a problem that could reach epidemic proportions, presents an instructive case study of impact.
- Starting in 2015, the foundation placed several “big bets” on initiatives aimed at stopping overdose deaths and preventing new addiction. That early investment had dramatic returns, laying the groundwork for scaling pilot projects statewide as hundreds of millions of dollars in government funding became available to address the crisis.
- This article, based on review of foundation strategy, data on investments and results, and interviews with foundation staff, partners, and grantees, identifies key strategic elements that contributed to impact: bridging across sectors, resources beyond dollars, and co-creation with grantees. It also highlights lessons learned for foundations working to address this and other complex social issues.

and lessons learned for foundations working to address this and other complex social issues.

¹ Pfeifer, CHCF's director for high-value care, transitioned in 2019 to a new role as deputy director at the California Department of Health Care Services with responsibility for behavioral health services provided or paid for by the state.

FIGURE 1 Strategic Levers for CHCF Opioid Safety Portfolio

Opioid Safety in California: Vision, Levers, and Targets

A key driver of the national opioid epidemic was overprescribing; physicians were encouraged to treat pain as the “fifth vital sign,” and patients who started on opioids for pain often became addicted. In many respects, opioid use disorder was an iatrogenic condition — induced unintentionally in a patient by a physician. In response, the CHCF laid out a vision of a linked, coordinated ecosystem of care focused on safe prescribing practices to prevent “new starts” on opioids and to manage pain safely; treating addiction effectively at all points in the health care system; and stopping overdose deaths. To realize the vision, the foundation pursued four strategic levers: delivery system intervention, payer influence, cross-sector collaboration, and criminal justice. (See Figure 1.) Data for measurement and practice served as a foundational element across the portfolio.

Lever 1: Delivery System Intervention

Medication-assisted treatment (MAT) uses medication, often alongside behavioral treatment and social supports, to treat addiction to opioids as a chronic condition similar to diabetes (Strugar-Fritsch, 2019). However, despite strong evidence of effectiveness, only 10% of those who might benefit were receiving it (Elitzer & Tatar, 2017).

The CHCF pursued a “no wrong door” approach, identifying the pathways an individual

with opioid use disorder might take that would intersect with the health care system (e.g., clinic, emergency department [ED]) and working to establish MAT availability at all entry points. Specific initiatives were undertaken in the primary care setting, EDs, and hospitals. In addition, a steady stream of publications, toolkits, videos, and convening opportunities aimed at a broader audience of health care delivery systems and providers across the state complemented the major initiatives.

Lever 2: Payer Influence

Health plan payment for medical services and prescriptions that support safe opioid use and effective treatment of addiction is a key contributor to addressing the epidemic of overuse, and it can lower health care costs by reducing ED visits and hospitalizations (Elitzer & Tatar, 2017). Through payment policies and drug formularies, health insurance plans and other purchasers have tremendous influence over what services are provided to patients. For example, they can eliminate prior authorization requirements for addiction treatment medications and make them available at zero cost to patients, increasing access. They can also support contracted physicians to undertake the training required to prescribe MAT, increasing availability.

The CHCF worked with health plans to identify specific changes to policies that would be most impactful, and developed information and tools to support implementation of the recommended

changes. A key partner was Smart Care California, a public-private partnership of health care purchasers, health insurance plans, and providers representing 16 million Californians that adopted opioid safety as a major priority.

Lever 3: Cross-Sector Collaboration

Changing the culture of opioid overprescribing and addressing the stigma associated with opioid addiction were essential to the success of the foundation's vision. The CHCF supported community coalitions that brought together leaders from health care, addiction treatment, law enforcement, health plans, and other sectors to create collective solutions relevant to the local context. In the initial cohort of 16 coalitions, about half were led by organizations in health care; others were led by independent entities or county government agencies (e.g., public health departments). They represented 23 counties (of 58 in California) and 20.7 million people — over half of the state's population (Max, Garrow, & Willis, 2017).

The coalitions agreed to embrace three priorities to anchor their work: safe prescribing guidelines for opioids, availability of MAT, and access to naloxone, a medication that reverses overdoses. Within those constraints, the coalitions had substantial flexibility. The CHCF provided coaching, information, and connections to experts, peer learning opportunities, and regional convening.

Lever 4: Criminal Justice

With the fourth lever, the CHCF moved outside its comfort zone. The foundation is firmly grounded in delivery-system improvement with a focus on Medicaid; program staff is deeply knowledgeable about California's enormous and complex health care system, but much less so when it comes to criminal justice and corrections. Grantmaking to drive change in jails, courts, and law enforcement felt distant from the core delivery-system mission, and risky given the complexity of the criminal justice system. But given the high likelihood that people with opioid use disorder will intersect with the criminal justice system, it became apparent that the absence of addiction treatment and support

for transition back to the community created a large gap in the foundation's "no wrong door" strategy to improve access to harm reduction and addiction treatment.

The first grant in correctional health was firmly grounded in learning from best practices: site visits to the correctional health systems across the country with the most innovative and effective models for addressing opioid use disorder. The CHCF then provided bridge funding to a collaborative of county jails interested in implementing MAT to enable an immediate start rather than waiting six months for government funding, which was committed but not yet available. Farthest afield from the CHCF's core care-delivery focus was a project to identify leverage points for MAT across the criminal justice system, incorporating child welfare; dependency court; and public defenders, district attorneys, and probation officers. According to both program staff and grantees, just the process of talking with leaders in the criminal justice field about shifting to a treatment mindset started the culture change process.

The foundation's funding for major projects between 2015 and 2018 totaled about \$4.3 million. (See Table 1.) The largest investment, \$2 million, went to cross-sector collaboration as two rounds of funding for the regional coalitions and network. The three main pathways for delivery-system intervention — primary care, EDs, and hospitals — accounted for an additional \$1.3 million. The payer influence lever accounted for about \$700,000, including targeted resources to influence adoption of new prescribing guidelines and other change strategies. The foundation invested about \$300,000 in the fourth lever, criminal justice.

Foundational Element: Data for Measurement and Practice

Data serve as a building block across the CHCF's program work, incorporated into strategy development, monitoring of portfolio progress, and as a key element of initiatives. Data for measurement and practice were embedded across all the grants rather than pursued as a distinct funding pathway. For example, each coalition received

TABLE 1 Opioid Safety Big Bets Based on Initial Strategy, by Lever

Focus Area	Project Description	Grantee(s)	Amount	Award Year(s)
Lever: Cross-Sector Collaboration (\$2M)				
Regional Coalitions Round 1	Safe Prescribing Coalitions: Grants to 16 coalitions in 23 counties focused on opioid prescribing, use of medication-assisted treatment (MAT), and access to naloxone, with additional support for project management, communications, convening, and analytic activities	12 coalitions* plus consulting support	\$1M**	2015, 2016
Regional Coalitions Round 2	California Opioid Safety Network: Accelerator program to increase the impact of coalitions in 36 counties across California in a learning network	Public Health Institute	\$1M**	2017
Lever: Delivery System Intervention (\$1.3M)				
Primary Care	Treating Addiction in the Primary Care Safety Net: Tailored technical assistance to 25 federally qualified health centers funded by the federal government to increase access to MAT	Center for Care Innovations	\$1M	2016
Emergency Department (ED)	Medication-Assisted Treatment in the Emergency Department: Pilot projects to make MAT available in 8 hospital EDs (4 urban and 4 rural), with additional support for project leadership and project management	8 hospital EDs plus consulting support	\$250,000	2016, 2017
Hospital (Inpatient)	Support for Hospital Opioid Use Treatment: Based on one hospital's success making MAT available to patients, create a change package and spread to other hospitals	University of California, San Francisco plus project management support	\$58,000	2017
Lever: Payer Influence (\$675,000)				
Health Insurance Plans and Purchasers	Support for Smart Care, multistakeholder work group on reducing overuse (opioid safety was one of 3 focus areas)	Integrated Healthcare Association	\$500,000	2015, 2016, 2018
	Smart Care: Creation and dissemination of toolkits and change packages to assist in the implementation of opioid safety and addiction treatment initiatives aimed at health plans and provider organizations	Pacific Business Group on Health; Manatt, Phelps & Phillips LLP	\$175,000	2018
Lever: Criminal Justice (\$285,000)				
Correctional Health Systems	Ensuring Access to MAT in County Jails and Jail Transitions: Learn from best practice nationally and apply to a learning collaboration for jails in California	Health Management Associates	\$185,000	2017, 2018
	Ensuring Universal Access to MAT Across Criminal Justice and County Welfare: Identify leverage points across the criminal justice system and beginning the culture change process	Health Management Associates	\$100,000	2018

*Partnership HealthPlan of California funded three additional coalitions and Santa Clara County funded its own coalition, bringing the total to 16 (Max et al., 2017, p. 33).

**Additional funds contributed by other sources, including the California Department of Public Health and Partnership HealthPlan of California.

TABLE 2 Indicators and Targets for CHCF's Opioid Safety Portfolio, 2015

Indicators	Targets (statewide)
Total opioids prescribed	15% decrease
Prescribing of medication (buprenorphine) for addiction treatment	Increase 3-fold (300% increase)
Prescribing of medication to reverse overdose (naloxone)	Increase 3-fold (300% increase)
Opioid-related emergency department visits	10% decrease
Opioid-related deaths	10% decrease

funding to create its own data dashboard populated by local data, along with technical assistance to support coalitions in using the data to drive change. In addition to using data to inform program commitments, monitor progress, and track results, the CHCF invested in public availability of valid data on key indicators, contributing to the design of the state's new Opioid Overdose Surveillance Dashboard and commissioning tailored, county-level reports to support local decision-making. Given California's size and diversity, comprehensive data were critical to facilitating initiative implementation and monitoring.

In the initial proposal for the board of directors, Kelly Pfeifer laid out five specific, ambitious targets as markers of success for this vision that balanced boldness with realism and served as the "true north" for the body of work. The CHCF set its sights on statewide impact, a major challenge in a state of almost 40 million residents. Metrics chosen were total opioids prescribed; prescriptions for buprenorphine, a key medication in MAT for addiction; prescriptions for naloxone, a fast-acting medication used to reverse opioid overdose; opioid-related ED visits; and opioid-related deaths. (See Table 2.)

Much has been written about the double-edged sword of indicators. Metrics that serve as proxies for desired outcomes can support discipline and flag the need for course correction, but what Patrizi, Heid Thompson, Coffman, and Beer (2013) call "indicator blindness" (p. 56) can result in a "compliance mentality" that truncates creativity and adaptive thinking both among foundation staff and grantees (pp. 58).

The opioid safety initiative, more than many, lent itself to concrete, measurable indicators that were also meaningful — particularly death rate due to overdose. Those indicators helped galvanize collective effort toward a common goal.

Early Results

The CHCF's early investments focused on launching pilot projects that could demonstrate practical progress on opioid safety, particularly in delivery-system settings. Testing feasibility, demonstrating proof of concept, and tracking relevant metrics were emphasized over formal evaluation. Early indications of effectiveness laid the groundwork for promising interventions to be scaled up or to "fail fast" when tracking metrics showed lackluster results or unintended consequences.

Delivery System Interventions

In the primary care setting, the CHCF-funded initiative Treating Addiction in the Primary Care Safety Net supported a learning collaborative for 25 federally qualified health centers (FQHCs) in implementing or expanding MAT programs. The initiative resulted in expanded availability of addiction treatment in participating community health centers and a three-fold increase in the number of patients on addiction medication; facilitated identification and sharing of promising practices in MAT implementation; and supported the changes in language and culture required to eliminate stigma and shift toward a harm reduction perspective (Newman, Fisher, & Brouwer, 2018).

In the inpatient setting, when patients with opioid use disorder are admitted to the hospital

While the coalitions were shown to be very effective, the assessment informed the CHCF's decision not only to fund a second round of the coalitions, but also to dedicate expert resources to strengthening the coalitions.

due to a medical condition, they may go into opioid withdrawal and leave without completing medical treatment. The CHCF funded Support for Hospital Opioid Use Treatment — Project SHOUT — to increase the number of hospitals in California able to start and maintain MAT treatment, allowing patients to be treated for withdrawal and supported in transitioning to outpatient addiction treatment upon discharge. The project team produced a webinar series, developed a website and toolkit to support MAT implementation at hospitals, delivered multiple presentations, and offered group and one-on-one coaching.² The program ultimately engaged with over 200 hospitals nationally.

The emergency care setting, one grantee said in an interview, provided a “golden opportunity to reach people — a 24/7 setting that could provide incredibly convenient always-on access for people in crisis who need help.” But a proof of concept was required to demonstrate that it could work. The project team worked with eight EDs to develop an effective approach to implementing MAT, laying the groundwork for scaling the intervention and distilling key findings into an article published in the *Annals of Emergency Medicine* that provides guidance to EDs across the globe (Herring, Perrone, & Nelson, 2019).

Cross-Sector Collaboration

Following the initial “big bet” to support 16 opioid safety coalitions, the CHCF funded an assessment of their effectiveness. The Public Health Institute conducted key informant interviews, reviewed CHCF documentation, and performed a comparative analysis of California counties with CHCF training and support and those without. The assessment found that the coalitions had made substantial progress in their local areas after only 18 months: 90% facilitated adoption of safer prescribing guidelines, more than 75% increased access to naloxone to reverse overdoses, and more than 50% expanded use of MAT (Max et al., 2017).

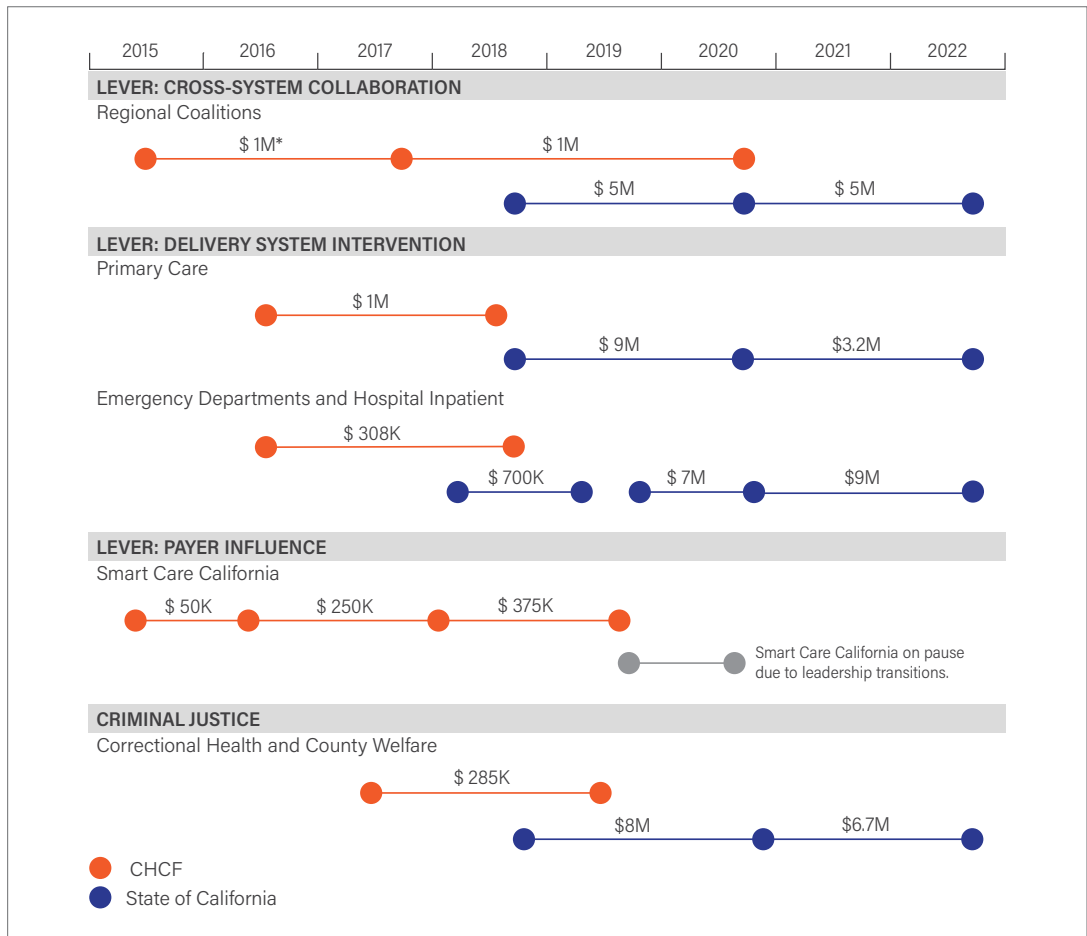
The assessment also made a series of recommendations to enhance the effectiveness of the coalitions, including providing more comprehensive wraparound support for the statewide network and focusing on the organizational health of the coalitions. While the coalitions were shown to be very effective, the assessment informed the CHCF's decision not only to fund a second round of the coalitions, but also to dedicate expert resources to strengthening the coalitions.

Payer Influence: Unintended Consequences

With guidance from the CHCF-funded Smart Care California, health insurance plans created barriers to opioid prescribing through formulary changes, authorization requirements, and pay-for-performance metrics. However, the initial emphasis on reducing overprescribing backfired when physicians became reluctant to continue to care for patients addicted to opioids due to administrative hurdles and/or loss of compensation.

In addition, physicians prescribing high-dose opioids could trigger investigation from the California State Medical Board. Patients cut off from continuing care often turned to street drugs such as fentanyl, and the rate of ED visits and deaths due to overdose spiked. Indicator tracking identified the increase, and an investigation surfaced the problem. In response, the

² See <https://www.chcf.org/collection/webinar-series-support-hospital-opioid-use-treatment-project-shout/>

FIGURE 2 CHCF-Funded Initiatives Scaled Through State Funding

*Additional regional coalition funding provided by other sources, including the California Department of Public Health and Partnership HealthPlan of California.

Sources: California Health Care Foundation and California Department of Health Care Services

message to physicians became more nuanced: Keep treating patients already on opioids but avoid new starts where possible.

Pivot: From Building to Scaling Through Partnership

The environment in which the CHCF was operating shifted significantly when national attention to the growing opioid epidemic resulted in a large influx of federal funding to support state efforts to address the burgeoning crisis. Beginning in 2017, hundreds of millions of dollars in federal grants from the Substance Abuse and Mental Health

Services Administration (SAMHSA) flowed to California's Department of Health Care Services (DHCS). The 2017 State Targeted Response to the Opioid Crisis program granted California \$90 million, and the State Opioid Response programs followed with \$176 million in 2018 and \$211 million in 2020.

Beginning in 2018, the coalitions, delivery-system interventions, and criminal justice efforts that the foundation had invested in all transitioned to DHCS funding and scaled up. (See Figure 2.) The \$2 million investment in cross-system collaboration generated an additional \$10 million; the \$1.3 million investment in

TABLE 3 Results of CHCF's Opioid Safety Body of Work, by Lever of Change

Focus Area	2020 Results (includes investment from other funders)
Lever: Cross-Sector Collaboration	
California Overdose Prevention Network (formerly California Opioid Safety Network, regional coalitions)	Coalitions are active in more than 40 of 58 counties, representing over 85% of Californians (California Overdose Prevention Network, n.d.).
Lever: Delivery System Intervention	
Medication-assisted treatment (MAT) in: <ul style="list-style-type: none"> • Hospitals • Emergency departments (EDs) • Primary care 	<ul style="list-style-type: none"> • California Bridge sites at 52 hospitals across 35 counties offer MAT. (California Department of Health Care Services, 2019) • 208 EDs awarded California Department of Health Care Services grants for behavioral health navigators (California Department of Health Care Services, 2020b) • Primary care: MAT available in over 100 federally qualified health centers. (California Primary Care Association, personal communication, 7/13/2020)
Lever: Payer Influence	
Smart Care California	Smart Care California works with health insurance plans covering 40% of covered lives in California. Achieved adoption of best practices to enhance prescribing safety and reduce barriers to addiction treatment. (Smart Care California, 2018). As of 2020, Smart Care is on pause due to leadership transitions.
Lever: Criminal Justice	
MAT in correctional health and county welfare	<ul style="list-style-type: none"> • MAT available in jail systems of 29 counties, covering over 80% of California's population. (California Department of Health Care Services, 2020a) • County Touchpoints: More than 700 stakeholders trained on importance of maintaining MAT in justice settings (e.g., public defenders, district attorneys, probation officers, courts). (California Department of Health Care Services, 2020a)

delivery-system interventions resulted in subsequent funding of \$29 million; and \$285,000 in seed funding for criminal justice projects was followed by \$14.7 million. One of the four levers, payer influence, did not receive follow-on funding due in large part to leadership transitions underway with the central initiative, Smart Care California.

Collectively, the projects the CHCF launched with around \$4.3 million have received funding of over \$53 million from DHCS, about \$25 million of which was committed for the two-year period starting in fall 2020. By building on the pilot projects started by the foundation, the state of California was able to move much more quickly to allocate the new resources and implement major initiatives than would otherwise have been possible. Moreover, the investments were more strategic due to the years spent

incubating ideas, cultivating collaboration, and road-testing concepts. As Marlies Perez, the DHCS lead, noted, the “CHCF wasn’t the only organization we spoke to, but CHCF was so far ahead in innovation and so dedicated to making a real difference in that space. There were so many things we could leverage that they did.”

The foundation’s ability to gain the attention of the state of California and to effectively partner with the DHCS during a window of opportunity for federal investment depended on relationships and trust. From the early days of the foundation’s opioid safety grantmaking, it made small grants in support of related work at state agencies such as grant writing to obtain federal funding, staff trainings, and user experience testing for the statewide opioid dashboard. The CHCF’s willingness to fund gaps in government funding to enable more robust projects and deep

subject matter expertise made the foundation a valued partner, able to complement the government's enormous resources with agility and creativity. "It may seem like a small amount of money and a small project — but some links make big things happen," Perez of the DHCS said. "It's gratifying to be able to leverage each other to achieve great results for people in California."

One area of the DHCS's efforts, the Tribal MAT Project, is indirectly attributable to the foundation — not because it funded tribal MAT work that subsequently transitioned to the DHCS, but because it had previously funded DHCS staff to learn about substance use in American Indian and Native Alaskan populations and to make connections with the tribal health system as part of the development of the Drug Medi-Cal Organized Delivery System pilots, a restructuring and expansion of addiction services available through California's Medicaid program (Brassil, Backstrom, & Jones, 2018). The Tribal MAT Project includes a tribal needs assessment with a focus on opioids, creation of tribal coalitions (connected to the statewide network of coalitions launched by the CHCF), distribution of naloxone for reversing overdoses, and addiction treatment. According to Perez, "That never would have happened if CHCF hadn't funded that work on the Organized Delivery System. They ... were the spark that lit that fire."

Cumulative Results

The CHCF's investment of \$7 million — about \$4.3 million of which was allocated to a handful of big bets aligned with the four strategic levers — yielded strong returns from the perspective of access to treatment and services provided. (See Table 3.) The infusion of \$53 million in funding from the DHCS allowed the initiatives to scale across the state and to undertake much more rigorous evaluations than was possible during the CHCF-funded pilot phase. For example, California Bridge — combining the CHCF-funded ED and inpatient efforts into a single integrated initiative — is conducting the

California Bridge Outcomes Study, a series of investigations across the 52 participating hospitals on topics including dosing, longitudinal patient experience, and rates of incarceration.

As of 2020, coalitions were active in more than 40 of California's 58 counties; over 85% of California's population resides in counties with an active coalition (California Overdose Prevention Network, n.d.). Through a partnership with AmeriCorps' Volunteers in Service to America (VISTA), 40 VISTA members serve one-year terms in coalitions across California, amplifying the coalitions' capacity and impact. The website³ for the California Overdose Prevention Network (rebranded from the California Opioid Safety Network in 2020 as part of a shift toward building a national network based on the success of the California experience) features an extensive resource library, stories about the work of the coalitions on the ground, and opportunities to learn from experts and connect with peers through regular events.

California Bridge is supporting 52 participating hospitals in 35 counties with adoption of the California Bridge Model, which features three core elements: evidence-based substance use disorder treatment available in the ED and in all other hospital departments; culture change that does not stigmatize substance use and that builds trust; and connecting people to ongoing care and active support after discharge, coupled with community outreach and partnerships focused on harm reduction. The program website⁴ provides extensive, publicly available resources ranging from clinical protocols and best practices to patient-facing materials and reimbursement information. In August 2020, the DHCS awarded an additional \$20 million from the California state budget to 208 participating hospitals for behavioral health counselors in over half of California's EDs; California Bridge will provide grantees with training and technical assistance with data collection (California Department of Health Care Services, 2020b). Medication-assisted treatment is now available at

³ See www.nopn.org/california

⁴ See www.bridgetotreatment.org

TABLE 4 Change in Indicators Compared With CHCF Targets (set in 2015 based on 2013 data)

Indicators	CHCF Target	2013	2018	Change
Total opioids prescribed (MME*) per resident	15% decrease	603	349	-42%**
Prescribing of buprenorphine (for MAT) per 1,000 residents	Increase 3-fold (300% increase)	11.2	14.5	+29%**
Prescribing of medication to reverse overdose (naloxone)	Increase 3-fold (300% increase)	489	13,849	+2,732%***
Opioid-related emergency department visits (per 100,000 residents)	10% decrease	17.6	21.4	+22%**
Opioid-related deaths (per 100,000 residents)	10% decrease	4.8	5.8	+21%**

*Morphine milligrams equivalent

**12-month moving average for Q4 of 2013 and 2018 (California Department of Public Health, n.d.)

***Naloxone prescribing based on Medi-Cal claims data (California Health and Human Services Agency, 2020).

over 100 FQHCs, and the learning collaboratives the CHCF initially funded to support expansion of addiction treatment have expanded to behavioral health and community partnerships as well as primary care.

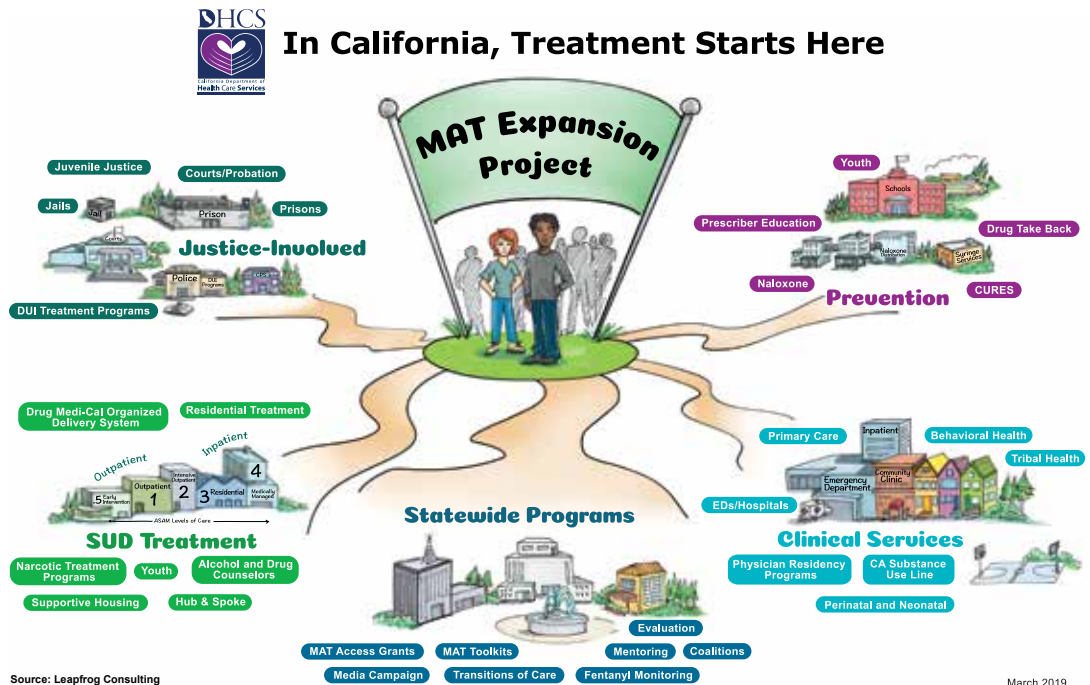
The California MAT Expansion Project (2020) website⁴ serves as a centralized source of information about the many projects underway and their impact — both those originating with CHCF funding and others. Collectively, results include 36,000 new patients receiving MAT, 19,000 overdoses reversed, 650 access points available for MAT, and 450,000 units of naloxone distributed.

Returning to the “true north” metrics the CHCF set at the beginning of the initiative, results show that intermediate outcomes (prescribing measures) are strong, but the overdose death rate in California has not improved. (See Table 4.) Total opioids prescribed statewide have dropped by almost half, far outperforming the 15% target and an unequivocal success. Buprenorphine prescribing, an indicator of the spread of MAT, is up by about 30% — healthy growth, though short of the three-fold target. Increase in naloxone prescribing to reverse opioid overdose exceeded all expectations; the number of prescriptions for Medi-Cal enrollees

in 2018 was 27 times the number in 2013. Despite the positive trends in prescribing (opioids down, addiction treatment up), opioid-related ED visits have increased by 22%. More disappointing is mortality, with a 21% increase. However, national data provide some perspective: The opioid-involved overdose death rate for the U.S. almost doubled between 2013 and 2018, from 7.9 to 14.6 age-adjusted per 100,000 population (National Institute on Drug Abuse, n.d.). Taken in context, California’s results may indicate that the multipronged approach, while not yet reducing the death rate, is preventing an increase on par with that observed at the national level.

Strategy Elements Contributing to Statewide Impact

The dramatic results achieved by the CHCF’s opioid safety grantmaking effort relied in part on the unanticipated allocation of \$265 million in federal funding to California in 2017 and 2018. In turn, the state was only able to leverage the CHCF’s early investment in opioid safety because the foundation had developed a set of innovative projects that showed promise in early results. How did the foundation create such a robust portfolio? Based on interviews with grantees and partners, several aspects of the CHCF’s grantmaking strategy contributed.

FIGURE 3 California's MAT Expansion Project: Treatment Starts Here

Bridge Across Sectors

The CHCF acted as a connector between health care providers, payers (health insurance plans and other health care purchasers), and government agencies to enhance grantee effectiveness. The foundation has credibility with health care providers across the state, such as community health centers and hospitals, based on over two decades of program work on California's health care delivery system and the staff's deep expertise — including, in the case of Kelly Pfeifer, clinical expertise. The foundation also has long-standing relationships with Medicaid health plans and funded a multistakeholder effort, Smart Care California, to engage the broader payer community. To increase the effectiveness of the opioid safety portfolio, the CHCF invested substantial effort in intentional, strategic connections on behalf of grantees. Pfeifer “knows everybody in the state,” one grantee commented; “she has her pulse on what is

happening in hospitals, who could be a champion.” Another grantee said Pfeifer “seeded the professional network that I tapped into to make the program successful.”

One specific example of bridging across sectors is the Treatment Starts Here group, a learning and coordination forum that CHCF launched — and was still funding at the end of 2020 — for all grantees working on aspects of California's MAT Expansion efforts. (See Figure 3.) The DHCS leadership creates the agendas and runs the meetings, providing a forum for leaders of major initiatives across all sectors to come together to share updates, identify points of connection, and learn from each other. Most recently, the forum has been used for brainstorming about COVID-19 and implications for the shared work on opioid safety. In interviews conducted for this project, this group was mentioned multiple times as a valuable forum.

The first lesson is to incorporate intentional learning and co-creation into portfolio development and implementation. The CHCF conducted extensive planning up front, including defining desired outcomes, identifying levers, selecting key partners, and setting targets on “North Star” metrics.

Beyond Dollars

The CHCF provided an array of resources to grantees beyond funding, identifying knowledge gaps, skill-building needs, and opportunities to improve effectiveness. Coaching to enhance leadership, communication skills, and self-awareness was among the resources on offer. One grantee remarked on the “conscientious strategy to develop me as a leader,” noting that “typically grants don’t come with a coach.”

Other grantees mentioned communications and dissemination support, such as learning how to tell the story of the project so that it would be of interest to the media. According to one grantee, “I got lots of questions about financing MAT and didn’t know the answers, but knew it was important. CHCF got me an expert to learn about financing and a consultant with expertise to write about it.”

Co-Creation

Within the bounds of the CHCF’s focus and desired outcomes, grantees had wide latitude to execute their projects. Likewise, the coalitions formed independently and created their own agendas within the opioid safety framework. Comments from grantees highlighted the sense of partnership: One observed that it was “so nice

to be asked to help create a vision with a funder, co-create the vision; it’s not a funder telling me, ‘Here’s the vision, now go execute it.’” Another said the CHCF “recognized that I know how to do this and let me go get it done.”

A grantee noted that the process involved more than simply giving a grant: “Rather, you felt like you had a partner and mutual advocate, using whatever connections and opportunities she had access to, to see if you could run with it.” Another reported that the CHCF “was very welcoming, comfortable, understanding of our process in a way that some funders wouldn’t be. That allowed us to grow this work in the way we needed to.”

Lessons Learned for Foundations

The CHCF’s investment in opioid safety generated two overarching lessons for future bodies of work, and for philanthropy more broadly.

The first lesson is to incorporate intentional learning and co-creation into portfolio development and implementation. The CHCF conducted extensive planning up front, including defining desired outcomes, identifying levers, selecting key partners, and setting targets on “North Star” metrics. Structured planning activities require disciplined thinking and incorporation of feedback from colleagues and other stakeholders with diverse perspectives at the outset of a major initiative — core elements of a thoughtful approach, though care should be taken to ensure that they do not evolve into a rigid blueprint for execution. Throughout, the foundation created space for grantees and project participants to lead, acknowledging their expertise and providing thought partnership and tailored support to maximize effectiveness. This flexibility within the constraints of the broad goal reflects the central tenet of emergent strategy:

[T]o create the conditions for emergence, funders need to distinguish between the goal (the “what”) and strategies (the “how”), and allow grantees the freedom to bring their own best thinking to how to achieve their shared goal. (Darling, Guber, Smith, & Stiles, 2016, p. 62)

The second lesson is that culture change requires commitment and staying power. Underpinning the CHCF's approach to opioid safety is a paradigm shift from stigmatizing individuals with opioid use disorder to viewing them as individuals with a chronic condition that requires treatment. Sustainable change requires that physicians, hospitals executives, corrections officers, police, judges, and many others adopt a new perspective. One grantee noted that the clinicians participating in a learning collaborative about MAT experienced a shift in attitude from viewing patients with addiction negatively to "the patient on drugs has had many challenges in life; it is a privilege to treat them." But the process of change is slow, and subject to setbacks and reversals along the way. Another grantee advised that "foundations need to be willing to stay the course. The 'shiny penny' tendency is a real problem. Complex social issues are sticky. If ... you can't stand up and take the heat, you shouldn't be funding in that area."

The Path Forward

California has continued to broaden and deepen work on opioid safety across the state, with medication-assisted treatment available at hundreds of access points statewide (California Department of Health Care Services, 2020a). In September 2020, California received its next tranche of \$211 million from SAMHSA for two additional years of initiative funding. The grantees continuing to work on the projects launched by the CHCF several years ago are optimistic that by the end of 2022, the efforts will be institutionalized and sustainable over the long term.

In light of the sustained engagement on opioid safety from the state of California, the CHCF has ramped down its opioid-specific funding and turned attention to the treatment needs of people with co-occurring mental illness and substance use disorder and to the health care needs of those experiencing homelessness. The factors that contributed to the impact of the opioid safety portfolio are evident in the strategy for this new work, including cross-sector engagement, consideration of resources beyond the dollar, and co-creation with grantees. The

The second lesson is that culture change requires commitment and staying power. Underpinning the CHCF's approach to opioid safety is a paradigm shift from stigmatizing individuals with opioid use disorder to viewing them as individuals with a chronic condition that requires treatment.

unfolding COVID-19 pandemic and intertwined recession has already influenced the CHCF's funding trajectory and will continue to do so; the foundation is actively monitoring the environment and engaging with key stakeholders to ensure that funding decisions align with changing needs.

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The Development and Operation of Foundations in China

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Keywords: *Foundation, overseas foundation and representative office, social organization, history, China*

Introduction

In the 21st century, nongovernmental organizations (NGOs) have gradually become a mainstream concern of China scholarship. This scholarship coincided with the rapid expansion of China's nonprofit sector, where NGOs are referred to as social organizations and comprise three types: social associations (*shehui tuanti*); social service organizations (*shehui fuwu jigou*), formerly called private nonenterprise units (*min-ban feiqiye danwei*); and foundations (*jijinhui*).

Social associations are membership associations within such fields as business; science and technology; the professions; academia; and arts and culture. Social service organizations resemble human service organizations in the United States, but cover broader service areas.

Chinese foundations, which are subjects under study in this article, were granted legal status under China's Regulations for the Management of Foundations in 2004; before then, they were counted as social associations. Foundations are the most recent organizational form in China's nonprofit sector, and thus allow us the opportunity to study their development.

Anheier and Daly (2007) identified seven roles for foundations: complementarity to the government; substitution for the provision of public and quasi-public goods; redistribution; innovation; social and policy changes; preservation of traditions and cultures; and promotion of pluralism. These roles and their significance, however, vary across countries and, at minimum, their large financial scale facilitates the channeling of private wealth to the charitable undertaking.

Key Points

- Chinese foundations flourished in the 21st century, and empirical studies emerged to address multiple aspects of their activities and relations with the government. Yet there has been little research synthetically reviewing their development and operation. As a result, we often lack the knowledge of the context in which these organizations interact with state and society.
- This article divides the history of Chinese foundations into three phases: in search of identity, 1978–2004; in search of legal status, 2004–2016; and in search of the role in civil society, from 2016 onward. Within those three periods, it also examines overseas foundations and their representative offices in China. The discussion covers the normative and contextualized foundation operations in regard to the legal, political, and economic environment during each phase.
- This article not only helps readers understand and interpret findings from research on Chinese foundations, but also provides practical information to Chinese and non-Chinese practitioners who work, or will work, for or with foundations in China.

Since the 2010s, foundations have attracted increasing scholarly interest. Dozens of empirical studies have been conducted on these organizations from multiple perspectives, such as government control, governance, and spatial distribution (see Wang, 2020a, for a review of academic works generated by the Research Infrastructure of Chinese Foundations). While this group of studies provided new findings on Chinese foundations, little research

has synthetically reviewed their history and their normative and contextualized activities. Therefore, we only have limited knowledge of older Chinese foundations, how they developed to their current stage, and how they operate in the real world. Moreover, led by foundations, more and more Chinese NGOs began to participate in international philanthropic and humanitarian programs involving such efforts as poverty alleviation (An, 2019) and disaster relief (Liu & Dong, 2018). There is a good chance that non-Chinese nonprofit practitioners and organizations collaborate with Chinese foundations in conducting programs in China and elsewhere.

Equally important, a small group of foundations — namely, foundations with an overseas background (foundations established by overseas entities or persons) and overseas foundations (those legally incorporated in a foreign country) and their representative offices in China — are largely neglected by the existing literature. Therefore, non-Chinese individuals and organizations that want to understand, collaborate with, or establish foundations or representative offices of overseas foundations often find it difficult to understand how they can fit in with China's nonprofit sector.

This article fills these literature gaps by providing a synthetic historical review of existing data and literature that points to three phases of foundation development in China: (1) in search of identity, 1978–2004; (2) in search of legal status, 2004–2016; and (3) in search of the role in civil society, 2016 to the present. The three phases show that Chinese foundations and other social organizations have been evolving from a fragmented organizational field to a manufactured civil society that has been engineered to serve the party-state's policy priorities. Although a series of legislation has established foundations as legal entities in China's nonprofit sector, their role in civil society remains constrained. Overseas foundations now face even more difficult barriers to operate in China.

Background of Foundations in China

Before discussing the evolution of Chinese foundations, it would be informative to outline the

legal framework for these foundations, their size and scale, and their working areas.

Legal Framework

Historically, the Chinese party-state enacted a series of legal and administrative policies to define and regulate foundations. These policies are presented in Table 1. The table excludes legal and administrative policies concerning the entirety of the nonprofit sector, since those do not specifically address foundations and are only marginally relevant to the discussion. It does include, however, the Charity Law and the Law on the Administration of Activities of Overseas Nongovernmental Organizations Within the Territory of China because of their high rank in China's judicial system and their significant impact on Chinese NGOs, including foundations. Some of those policies will be referenced from time to time in the next section.

In their comparative study, Anheier and Daly (2007) defined foundations as formal organizations that:

1. are asset-based to a significant extent,
2. are private (i.e., institutionally separate from government),
3. are self-governing without external influence,
4. are nonprofit distributing organizations (i.e., profit not being the principal and primary goal),
5. serve a public purpose, and
6. have the self-understanding of being a foundation, even if there is no government legislation establishing or defining such an organization.

This six-part definition establishes a three-dimensional understanding of foundations: organizational (formal and asset-based), structural (the relationship with the government and external environment), and operational (how

TABLE 1 Major Legal and Administrative Policies on Foundations in China

Legal and Administrative Policies		Authority	Effective Period
A	Measures for the Management of Foundations	Issued by the State Council	1988–2004
B	Notice for Strengthening the Management of Foundations	Issued by the People's Bank of China	1995–2004
C	Regulations for the Management of Foundations	Issued by the State Council	2004–
D	Provisions on the Administration of Names of Foundations	Issued by the Ministry of Civil Affairs	2004–
E	Measures for Annual Inspection for Foundations	Issued by the Ministry of Civil Affairs	2006–
F	Measures for Information Disclosure for Foundations	Issued by the Ministry of Civil Affairs	2006–
G	Provisions for Standardization of Certain Activities of Foundations (Trial)	Issued by the Ministry of Civil Affairs	2012–
H	Notice for Strengthening the Administration of Special Funds for Foundations	Issued by the Ministry of Civil Affairs	2015–
I	Charity Law	Enacted by the National People's Congress	2016–
J	Law on the Administration of Activities of Overseas Nongovernmental Organizations Within the Territory of China	Enacted by the Standing Committee of the National People's Congress	2017–
K	Revised Regulations for the Management of Foundations (Draft)	Issued in draft form by the State Council	2016 (not effective)
L	Reminder for Standardizing International Cooperation for Foundations	Issued by the Ministry of Civil Affairs	2019–

NOTE: All the following sources were verified on March 22, 2021. The author prioritized widely accepted translations currently available on websites such as China Development Brief and the International Center for Not-for-Profit Law. Links to Chinese text are provided only when English translations are not retrievable on the Internet.

A: <http://www.asianlii.org/cn/legis/cen/laws/mfmof358/>

B: <https://www.chinaacc.com/new/63/69/110/1995/4/ad930238401114459918976.htm> (Chinese)

C: <https://chinadevelopmentbrief.cn/wp-content/uploads/2020/04/REGULATIONS-FOR-THE-MANAGEMENT-OF-FOUNDATIONS-.pdf>

D: <http://www.mca.gov.cn/article/gk/fg/shzzgl/201507/20150715849520.shtml> (Chinese)

E: <https://chinadevelopmentbrief.cn/wp-content/uploads/2020/04/Measures-for-the-Annual-Inspection-of-Foundations1.pdf>

F: https://www.icnl.org/research/library/china_measinf/

G: https://www.icnl.org/research/library/china_china-charity/

H: <http://www.mca.gov.cn/article/xw/tzgg/201907/20190700018220.shtml> (Chinese)

I: <https://chinadevelopmentbrief.cn/wp-content/uploads/2020/04/Charity-Law-CDB-Translation.pdf>

J: <https://chinadevelopmentbrief.cn/wp-content/uploads/2020/04/Law-on-Management-of-Activities-of-Overseas-NGOs-CDB-Translation-.pdf>

K: <https://www.chinalawtranslate.com/en/foundations-regulations-draft/>

L: <http://www.mca.gov.cn/article/xw/tzgg/201907/20190700018220.shtml> (Chinese)

they manage and conduct activities to achieve charitable purposes).

The two definitions of foundations in Chinese legislation — the 1988 Measures for the Management of Foundations and the 2004 Regulations for the Management of Foundations — were quite normative in that they primarily regulated what foundations

should do. In terms of implementation, the 1988 legislation was to a large degree dysfunctional. Neither piece of legislation mentioned that the government could create foundations, although to date the government has founded most of the large and lasting foundations: by the end of 2014, 62% of Chinese foundations were formally affiliated with the state (Wang, 2018a).

TABLE 2 Registered Social Organizations in China, 1988–2018

Year	Social Organizations	Social Associations	Social Service Organizations	Foundations	Foundations with Overseas Background*	Representative Offices of Overseas Foundations*
1988	4,446					
1989	4,544					
1990	10,855	10,855				
1991	82,814	82,814				
1992	154,502	154,502				
1993	167,506	167,506				
1994	174,060	174,060				
1995	180,583	180,583				
1996	184,821	184,821				
1997	181,318	181,318				
1998	165,600	165,600				
1999	142,665	136,764	5,901			
2000	153,322	130,668	22,654			
2001	210,939	128,805	82,134			
2002	244,509	133,297	111,212			
2003	266,612	141,167	124,491	954	0	N/A
2004	289,432	153,359	135,181	892	0	N/A
2005	319,762	171,150	147,637	975	0	N/A
2006	354,393	191,946	161,303	1,144	0	N/A
2007	386,916	211,661	173,915	1,340	0	N/A
2008	413,597	230,000	182,000	1,597	1	11**
2009	430,843	239,000	190,000	1,843	3	N/A
2010	445,200	245,000	198,000	2,200	7	N/A
2011	461,614	255,000	204,000	2,614	7	19
2012	499,029	271,000	225,000	3,029	8	19
2013	547,549	289,000	255,000	3,549	8	18
2014	606,048	309,736	292,195	4,117	9	28
2015	662,425	328,500	329,141	4,784	9	29
2016	702,405	335,932	360,914	5,559	9	29
2017	761,539	354,794	400,438	6,307	N/A	N/A
2018	817,360	366,234	444,092	7,034	N/A	N/A
Annual increase since 2004	7.7%	6.4%	8.9%	15.9%		
Cumulative increase since 2004	182%	139%	229%	689%		

NOTE: The Chinese Statistical Yearbook 2004 reported the number of foundations in 2003; it was the first time the number of foundations became available in official statistics. The Regulations for the Management of Foundations were not implemented until June 1, 2004. It is possible that while drafting this legislation before 2004, the State Council asked the Ministry of Civil Affairs to conduct a national census for the existing foundations. The 954 foundations in 2003 were probably those deemed able and possible to be reregistered. The number of foundations dropped in 2004, probably because those that failed to reregister outnumbered new foundations registered in 2004. Strictly speaking, 2004 is the first year in which the number of foundations became reliable.

*The number of foundations with an overseas background and the number of representative offices of overseas foundations are included in the number of foundations in China. These numbers are available only for years 2011–2016 in official statistics reported by the Ministry of Civil Affairs.

Sources: *China Statistical Yearbooks* (<http://www.stats.gov.cn/tjsj/ndsj/>); China Social Organization Public Service Platform (<http://www.chinanpo.gov.cn/search/orgindex.html>); Ministry of Civil Affairs of the People's Republic of China (<http://www.mca.gov.cn/article/sj/tjgb/>); **Shieh (2018).

Size and Scale

In 2003, official Chinese data regarding the number of foundations became available for the first time. In 2004, the Regulations for the Management of Foundations took effect; since then foundations have been required to submit

their annual reports to civil affairs departments by March 31. Those reports became the primary data source for Chinese foundations.

Since 2004, foundations increased in number more rapidly than did other social organizations.

TABLE 3 Income, Assets, and Expenditures of Chinese Foundations, 2008–2018 (in Chinese yuan*)

Year	Donations to Foundations (in billions)	Total Donations in Country (in billions)	Donations to Foundations against National Total	Average Donation Income (in millions)	Average Total Income (in millions)	Donation Income against Total Income	Average Charitable Expenditure (in millions)	Average Total Expenditure (in millions)	Charitable Expenditure against Total Expenditure	Average Total Assets (in millions)
2008		106.00**			20.28			12.98		
2009		63.00			15.02			10.30		
2010	34.05	103.18	33.00%		17.42			11.28		
2011	33.70	84.50	39.88%	16.76	18.90	89.61%	11.76	12.08	97.35%	32.95
2012	30.57	81.69	37.42%	13.46	15.62	86.17%	11.31	11.64	97.16%	33.03
2013	37.35	98.97	37.74%	13.66	16.34	83.60%	11.90	12.27	96.98%	29.66
2014	38.32	104.24	36.76%	14.08	16.21	86.87%	11.77	12.07	97.51%	31.86
2015	44.56	110.87	40.19%			79.96%				
2016	62.55	139.28	44.91%			81.10%				
2017	65.80	149.99	43.87%							
2018	64.59	143.92	44.88%							

NOTE: The average measure of key financial indicators for the years 2011–2014 has been calculated or adopted from data presented in the *Blue Books of Foundation* by Liu (2013, 2014, 2015) and Liu & Ma (2016).

*From 2008–2018, one U.S. dollar was equivalent to approximately 6.5 Chinese yuan.

**Disaster relief for the massive Wenchuan earthquake in 2008 accounted for 75.2 billion yuan (\$11.57 billion).

Sources: China Charity Information Centre (retrieved on June 1, 2017); Liu (2013, 2014, 2015); Liu & Ma (2016); Schrader & Xie (2016); Wang (2020a); Wei (2019).

(See Table 2.) By the end of 2018, there were 7,034 foundations, almost seven times the number in 2004, although the number of foundations with an overseas background and of representative offices of overseas foundations remained low. The significance of foundations, however, goes beyond their rapid numerical development. In spite of their small number in comparison to other social organizations, their financial scale makes them a prominent presence in China's nonprofit sector. (See Table 3.)

Since at least 2010, foundations have been the most popular donation recipients. In 2018, 44.88% of charitable donations in China went to foundations. The available data also show that donations accounted for about 85% of foundation revenue. From 2011 through 2014, foundations spent almost all their funding — an average of more than 11 million yuan (\$1.69 million) or 97% of their total expenditure — on charitable programs. Their total assets held steady at an average of 30 million yuan (\$4.62 million) over those years, with the slight decline in 2014 due to that year's rapid registration rate. Foundations are the largest financial presence

in China's nonprofit sector, as well as the largest contributor. Notably, the small number of financially large foundations account for a large proportion of foundation income and assets.

Working Areas

While 1,511 foundations in China work in education and 2,341 focus on social services, accounting for a total of 3,852 or 54.76% of all foundations, Chinese foundations in fact usually work on multiple issues. (See Table 4.) Wang (2018b) took this into consideration and reported that among the 3,343 foundations operating in 2013, 1,790 foundations worked in education; 953 focused on disadvantaged people and 554 on poverty alleviation; and 470 focused on health and medical aid. Liu and Ma (2016) found that in 2014, a sample of 2,386 foundations implemented 12,362 programs, among which 6,289 benefited education, 812 concerned poverty alleviation and community development, and 801 contributed to health and sanitation. According to Huo (2020), in 2018 more than 70% of all foundation expenditures was devoted to education, poverty alleviation, and health.

TABLE 4 Primary Working Areas of Chinese Foundations in 2018

Policy Areas	Social Associations	Social Service Organizations	Foundations
Science & Research	14,838	14,665	504
Education	10,102	240,012	1,511
Health	8,707	30,882	177
Social Service	49,409	73,024	2,341
Culture	41,835	26,614	295
Sports	33,722	19,986	42
Industrial & Commercial Service	42,510	5,437	224
Rural Development	64,745	3,060	86
Other	100,366	30,412	1,854
Total	366,234	444,092	7,034

Source: Ministry of Civil Affairs of the People's Republic of China (<http://www.mca.gov.cn/article/sj/tjgb/>)

These statistics generally support the argument by Lai, Zhu, Tao, and Spires (2015) that the activities of Chinese NGOs are “bounded by the state” — the work they can do largely depends on government policy. In citing Liu and Ma’s (2016) data, Chan and Lai (2018) similarly observed that Chinese foundations focus mainly on relief: “alleviating suffering and meeting ... needs ..., [not promoting] structural changes and reforms of existing systems or to help bring about new ones” (p. 1814).

Considering their legal identity, organizational configuration, operation, and so forth, we can divide the historical development of Chinese foundations into three phases: (1) in search of identity, 1978–2004; (2) in search of legal status, 2004–2016; and (3) in search of the role in civil society, 2016 to the present. Each phase has its own legal, political, and economic environment that shapes and directs foundation development.

In Search of Identity: 1978–2004

In Western societies, foundations emerged largely out of wealth accumulation and economic development (Prewitt, 2006). The context in which Chinese foundations came into being was entirely the opposite. In the late 1970s, China’s economy had stagnated for decades due to an array of socialist campaigns, leaving

no room for private wealth to grow. Serving as the fundraising departments for their founding government agencies, the early foundations were designed to qualify for the nonprofit status necessary to receive overseas donations (Xu, 2008). Ironically, foundations and other social organizations appeared about a decade before the enactment of the first legislation in China governing nonprofits.

Like the China Children and Teenagers’ Fund, established in 1981 and widely regarded as the first national foundation in China, early foundations had strong support within the government (Wang, 2018b). Many were led by high-profile political figures, or their children or spouses. In the 1980s, for example, prominent national foundations were headed by Deng Pufang, the son of Deng Xiaping, former chairman of the Central Committee of the Chinese Communist Party, and Deng Yingchao, the wife of former Chinese Premier Zhou Enlai. Fundraising activities were guided more by an ad hoc expediency than careful organizational planning, and foundations relied on the Beijing-centered bureaucratic reach of their founding government agencies to collect local charitable donations (Xu, 2008), sometimes through forceful measures.

As there were few domestic private entrepreneurs, the government welcomed efforts by overseas Chinese to found foundations in their hometowns. In some parts of Shunde City, in Guangdong Province, almost every rural community had a foundation.

Local governments followed suit in creating their own foundations to relieve the budgetary burdens of poverty alleviation and education. By 1986, more than 6,000 foundations working on disaster relief and poverty alleviation had spread across the country (Li & Cai, 2013). By 1987, local governments had up to 6,275 so-called “special funds” that they chose to label “foundations” (Wang & Xu, 2010, p. 22). As there were few domestic private entrepreneurs, the government welcomed efforts by overseas Chinese to found foundations in their hometowns. In some parts of Shunde City, in Guangdong Province, almost every rural community had a foundation (Yang, 2010). By today’s standards, most of the early foundations were at best foundation-like quasi-organizations due to poor governance and the lack of a well-defined legal status (Yang, 2010). For example, some so-called foundations were simply an account in a government agency’s budget.

To generate revenue, many foundations or special funds engaged in for-profit business. These “illegal activities” (Whiting, 1991, p. 26) led to the State Council’s promulgation of the 1988 Measures for the Management of Foundations. Strictly speaking, however, there were no substantial legal grounds to argue that the early foundations were conducting illegal activities before 1988. Article 2 of the 1988 Measures for the Management of Foundations define foundations as social associations that are nonprofit,

civic, and voluntarily established by foreign and domestic social associations, other organizations, and individuals in order to manage their donations for the purpose of advancing scientific research, culture, education, public welfare, and other charitable enterprises. Registration, addressed in Article 3, required a minimum of 100,000 yuan (about \$14,000 in 1988) or an equivalent amount of foreign currency. In practice, the measures had very limited enforceability because they were rather vaguely drafted and a low priority within China’s legal system.

China’s Central Bank Takes a Role

In the early 1980s, foundations were required to receive approval for registration from the People’s Bank of China, “the banks’ bank,” before filing requests for registration with civil affairs departments. From the 1988 Measures for the Management of Foundations forward, this requirement (as stated in Article 11) became formal. The People’s Bank makes and implements China’s monetary policy, including domestic currency issuance, foreign currency reservation, the exchange rate, and much more. It is doubtful that the bank would have the expertise to manage nonprofits, since it is a financial institution without experience with such organizations. In late 1988, the bank asked its local branches to submit all foundation registration requests to the Beijing headquarters for approval. Following the 1988 Measures for the Management of Foundations, the bank launched a rectification campaign to reevaluate existing foundations’ eligibility for registration. The bank’s effort was not successful, however; evidence shows that many organizations remained unregistered and conducted activities in the name of a “foundation” in the middle 1990s.

Consequently, the bank issued the Notice for Strengthening the Management of Foundations in 1995, which was followed by another rectification campaign. In Article 11 of the Notice, the bank also instructed all its branches to inspect the work of foundations in their areas annually, starting from 1995. Still, financial and administrative misconduct was frequent. For example, Zhao, Zhang, and Du (1997), who were employees of the bank’s Hangzhou branch, in Zhejiang

Province, inspected 31 foundations in 1996 and reported the following findings: Financially, a substantial number of foundations invested in businesses, lent funds to businesses at high interest rates, or ran their own business for profit. Administratively, some foundations shared the same bank account with their supervisory agencies, skipped board meetings for years, or had incumbent government officials as managers.

Zhejiang had one of the country's better institutional market environments, so such financial and administrative misconduct could be assumed to have been more severe in many other provinces. The People's Bank of China and the Ministry of Civil Affairs terminated many foundations and froze foundation registration until 2004 (Deng, 2011). An anecdotal story tells that during the Jiang-Zhu administration (1998–2003), someone who wanted to establish a foundation named after a family member had to obtain the signature of approval from Zhu Rongji, premier during that time. Although the 1988 Measures for the Management of Foundations did not seem to allow government agencies to establish foundations with the exception of state-funded science foundations (Article 2), almost all the foundations the state recognized in 2004 were government-created (Wang, 2018a).

The lack of records makes the number, size, and activities of the early registered foundations difficult to trace. Wang and Xu (2010) and Whiting (1991) suggested a range for the number of foundations in the 1980s between 100 and a few hundred. Estes (1998) claimed that between 1989 and 1998, more than 1,000 organizations registered as foundations. Nie, Liu, and Cheng (2016) retrospectively counted the number of foundations in China; relying on the data provided by the China Foundation Center, they found that the number of Chinese foundations grew from very few in 1981 to about 600 in 2002. Their method should be treated with caution, however, because they counted only the early foundations that were successfully reregistered in 2004.

Shieh noted that during this period that overseas NGOs' substantive legitimacy trampled their procedural legitimacy: they were allowed to exist only if they provided needed resources to certain specified issue areas and were deemed by the Chinese Communist Party to be unthreatening to the regime. As a result, most overseas NGOs during this period kept a low profile and often operated underground or were registered as for-profit businesses.

Limits on Overseas NGOs

The data for overseas foundations that had operated in China were no better than the data for early domestic foundations. According to Peng and Liu's (2012) literature review, the number of overseas NGOs that had conducted activities in China ranged from 1,000 to 10,000 by the end of the 2000s. Their own data collection showed that among those overseas NGOs, about 1,000 were American. The lack of data is largely contributable to China's early internal guidelines for local authorities to deal with both domestic and overseas NGOs, known as the three "Nos": no recognition, no banning, no intervention (*bu chengren, bu qudi, bu jiechu*). Shieh (2018) noted that during this period that overseas NGOs' substantive legitimacy trampled their procedural legitimacy: they were allowed to exist only if they provided needed

The number of foundations increased about sevenfold between 2004 and 2018. Few civic foundations — those free of direct government affiliation and influence — were founded by individuals, families, or corporations in the 1990s; by 2018, hundreds had been registered by such founders.

resources to certain specified issue areas and were deemed by the Chinese Communist Party to be unthreatening to the regime. As a result, most overseas NGOs during this period kept a low profile and often operated underground or were registered as for-profit businesses.

The larger overseas foundations, however, took a different path. The most notable case is the Ford Foundation, which began to sponsor Chinese research institutions from as early as 1979 and is usually recognized as the first overseas NGO to work in the People's Republic of China. In 1988, the State Council granted the Ford Foundation permission to establish a representative office in Beijing, the first in China. Ironically, the foundation had to register its representative office as a business entity with the Bureau of Industry and Commerce, and remained on such status until 2018. The Ford Foundation's initial registration of its representative office as a business was due to the inconvenient absence of legislation in China governing nonprofits. Even after the relevant legislation took effect, the foundation still could not find a government agency to sponsor its nonprofit registration because it worked in multiple thematic areas that were beyond the functional authority of most government agencies (Shieh, 2018).

Aware that its longevity in China depended on the Chinese party-state's support, the Ford Foundation strategically built its relationship with this authoritarian regime. First, the foundation's initial work focused on economic development, legal education, and international relations, which the Chinese government desperately needed to advance economic reforms. Second, it awarded most of its funding to the government because the party-state apparatus was the most capable of carrying out programs, given China's weak nonprofit sector. In 1995, for example, 65% of total funding from the foundation's representative office in China was awarded to the government (Li, 2014).

This is in fact what many overseas NGOs and their representative offices had to do during this period. Peng and Liu (2012) estimated that in the years 1988–2009, U.S. NGOs operating in China allocated 82% of their charitable funding to government agencies and state-affiliated research and higher education institutions, whereas only 8% was awarded to grassroots NGOs. Nevertheless, overseas NGOs did contribute to the growth of grassroots NGOs in China. In the 30-year period studied by Peng and Liu, U.S. NGOs alone awarded about 200 billion yuan in China. Even a small proportion of such funding could have benefitted emerging NGOs unaffiliated with the Chinese party-state.

In Search of Legal Status: 2004–2016

China's booming private economy accounted for 40% of its gross domestic product by 2000 (Cui, 2005). In the first 10 years of the current century, Chinese entrepreneurs began to appear on lists of the world's highest-ranking net-worth individuals. Meanwhile, the imbalanced economic development caused various social and environmental problems, such as income disparity and air pollution, that began to threaten political stability in the country. From the middle 2000s, the Hu-Wen administration (2003–2013) started to address these issues through scientific development in order to build a harmonious society (which, in short, refers to equality among regions and populations, balance among industries, and coexistence of the people with nature) (Holbig, 2006).

Against this backdrop, the State Council promulgated the Regulations for the Management of Foundations, effective June 1, 2004. Fourteen years later, Chinese foundations have changed dramatically in number and type of founder. The number of foundations increased about sevenfold between 2004 and 2018. Few civic foundations — those free of direct government affiliation and influence — were founded by individuals, families, or corporations in the 1990s (Estes, 1998); by 2018, hundreds had been registered by such founders. By the end of 2013, for example, there were 643 corporate foundations (Wang, 2018b). Wang argued that the need for governance, altruism, and political pressure could all motivate Chinese corporations to register foundations.

The 2004 Regulations for the Management of Foundations represented a systematic government effort to standardize foundation registration and management, marking a new era for this new type of nonprofit legal entity (Wang, 2018a). Article 2 stipulates that the foundation is “a nonprofit legal entity ... that employs assets donated by natural persons, legal entities or other organizations for the purpose of engaging in some public benefit enterprise.” Article 3 distinguishes public fundraising foundations (usually referred to as public foundations), which are allowed to raise charitable donations from the general public, from non-public fundraising foundations (usually referred to as private foundations), which can solicit donations from only a small circle of people, such as family members and friends. However, it is debatable whether this stipulation profoundly influenced foundations’ fundraising strategies and outcomes (Chan, 2010; Hildebrandt, 2013; Ni & Zhan, 2017; Wang 2020b; Wei, 2017). Evidence also indicates that a private foundation might bypass the legislation by asking a public foundation to raise donations from the general public, and then receiving those funds from the public foundation in the form of a grant (Guo & Lai, 2019; Wang, 2020b).

Article 3 of the 2004 Regulations for the Management of Foundations categorizes public foundations as either national or regional,

whereas private foundations can be only regional. At the beginning, “regional” signified the provincial level, but the State Council later allowed provinces to decentralize foundation registration to the city level. Regional foundations are supposed to restrict their activities to within the jurisdiction of their registration, while national foundations enjoy the flexibility to implement programs with no geographic limits. However, regional foundations did not fully follow this jurisdictional restriction. Some foundations had liaison offices in other provinces, for example, or conducted programs in the less developed western provinces while being based near the eastern coastline.

The capital that foundations are required to pay upon registration varies depending on their fundraising qualification and geographic coverage. Registering national and regional public foundations requires a minimum of 8 million yuan (\$1.23 million) and 4 million yuan (\$620,000), respectively (Article 6). Private foundations are required to pay 2 million yuan (\$310,000 million) to register (Article 8); however, if the registration capital exceeds 20 million yuan (\$3.1 million), the registration must be approved by the Ministry of Civil Affairs (Article 6). In all the above cases, the registration capital becomes part of the foundations’ net assets. All foundations must seek endorsement from a supervisory agency before qualifying for registration (Article 9). In the 2010s, foundations working on issue areas that match government priority were allowed to register without a supervisory agency and/or at a lower amount of capital.

The 2004 Regulations for the Management of Foundations include several articles governing leadership and staffing. They call for a board of directors (*lishihui*) with five to 25 members; each term cannot exceed five years (Article 20). Foundations are also required to appoint a supervisory officer (*jianshi*) to monitor board and foundation activities (Article 22). First stipulated in the 1988 Measures for the Management of Foundations and then again in the 1995 Notice for Strengthening the Management of Foundations, Article 23 of the 2004 Regulations

The 2004 Regulations for the Management of Foundations define foundations as nonprofit legal entities that employ donated assets for charitable work.

for the Management of Foundations also forbids incumbent government officials from taking managerial positions in a foundation, namely chair and deputy chair of the board of directors and secretary general, which is equivalent to CEO at U.S. foundations. However, this stipulation has been frequently violated (Johnson & Ni, 2015; Ma & DeDeo, 2018). Interestingly, recent studies revealed that having government officials on the management team did not necessarily increase foundation revenues (Wang, 2020b). It is possible that government officials are now less actively involved in foundation management than expected, due to the conflict of interest concerns (Zhan & Tang, 2016).

The 2004 Regulations for the Management of Foundations state that a “foundation should have . . . full-time staff with the appropriate capacity to carry out its activities” (Article 8.3). In reality, it is not uncommon for foundations to have zero full-time employees and rely on volunteers who work part time or full time for the foundation while being formally employed by the founder, not by the foundation (Wang, 2018b). Most foundations have a small number of full-time employees. Liu (2012) found that among 1,771 foundations in 2010, 429 foundations (24%) had zero full-time employees and 744 foundations (42%) had one to three full-time employees. Ni and Zhan’s (2017) data, which are based on 6,361 observations of 2,159 foundations, show that from 2005 to 2012, half of the foundations hired two or fewer full-time employees.

Revenue and Expenditures

The 2004 Regulations for the Management of Foundations define foundations as nonprofit

legal entities that employ donated assets for charitable work. Their annual reports reveal that they receive eight sources of revenue: charitable donations, investment returns, government grants (i.e., subsidies or *buzhu*), government purchase of services, service sales, product sales, membership fees, and “other revenue,” which usually consists of interest earned on bank deposits. Government purchase of services has always been zero in foundation annual reports, so only the other seven revenue sources matter.

Overall, the majority of foundations’ total revenue came from charitable donations and each foundation received revenue from an average of 2.2 sources in the years 2008–2013 (Wang & He, 2018). Because almost all foundations had “other revenue,” the average number of revenue sources effectively indicates that most foundations relied largely on charitable donations, and to a lesser extent on investment returns or government grants (Wang & He, 2018). As the Chinese government has taken steps to reduce its long-term financial commitments to the nonprofit sector (Wang & Wang, 2018), charitable donations are likely to remain the single most important revenue source for foundations in China.

Ni and Zhan (2017) regarded all but charitable donations and government grants as market revenue. However, the way they calculated market revenue does not necessarily correspond to reality because membership fees and “other revenue” may not be market-based. In Wei’s (2017) study of Chinese foundations’ revenue mobilization, the dependent variable was the total revenue. Considering the many different sources of revenue, an all-encompassing operationalization of Chinese foundation revenue may mask interesting nuances. Indeed, Wang’s (2020b) analysis of the 2013 data of 2,021 foundations revealed that their organizational, financial, contextual, and political characteristics systematically differed in the significance of their association with charitable donations and government grants. This largely means foundations acquire the two sources of revenues through different mechanisms.

TABLE 5 Foundations With Overseas Backgrounds Operating in China (2004–2018)

Name	Year of Registration	Location	Supervisory Agency	Founder	Origin
Compassion Relief Tzu Chi Foundation	2008	Suzhou, Jiangsu	State Administration for Religious Affairs of the State Council	Master Cheng Yen (Buddhist nun) representing Tzu Chi*	Taiwan
Huayang Charity Foundation	2009	Xiamen, Fujian	Taiwan Affairs Office of the State Council	Yung-Ching Wang (Entrepreneur) Family	Taiwan
VIA Foundation	2009	Beijing	Taiwan Affairs Office of the State Council	Cher Wang representing the VIA Technologies	Taiwan
Ting Hsin Foundation	2010	Beijing	Chinese People's Association for Friendship with Foreign Countries	Ting Hsin (Cayman Islands) Holding Corporation	Taiwan
Huang Yicong Charitable Foundation	2010	Shanghai	Overseas Chinese Affairs Office of the State Council	Shengjie Huang and Heng Yu**	Indonesia
China Resources Charitable Foundation	2010	Shenzhen, Guangdong	Ministry of Civil Affairs	China Resources Holdings	Hong Kong***
Pang-Lin Yu Charitable Foundation	2010	Shenzhen, Guangdong	Ministry of Health	Pang-Lin Yu (Entrepreneur)	Hong Kong
China–United States Exchange Foundation	2012	Beijing	Chinese People's Association for Friendship with Foreign Countries	China–United States Exchange Foundation (headed by Chee-hwa Tung, former Chief Executive of Hong Kong)	Hong Kong
Master Hsing Yun Cultural and Education Foundation	2014	Beijing	Ministry of Culture****	Master Hsing Yun (Monk)	Taiwan

NOTE: Data after 2018 are unavailable.

*Tzu Chi is a Buddhist humanitarian organization based in Taiwan.

**Shengjie Huang is the grandson of Yicong Huang, an overseas Chinese entrepreneur.

***China Resources Holdings is owned by the State-Owned Assets Supervision and Administration Commission of the State Council. It has a large operation in Hong Kong.

****The ministry was reorganized as the Ministry of Culture and Tourism in 2018.

Sources: China Social Organization Public Service Platform (<http://www.chinanpo.gov.cn/search/orgindex.html>); official foundation websites.

The 2004 Regulations for the Management of Foundations differentiate between the charitable expenditures of public and private foundations. On issues proclaimed in their mission statement, public foundations must spend no less than 70% of the previous year's total revenue, and private foundations must spend no less than 8% of the net assets left from the previous year (Article 29). The same article further notes that “a foundation may not allocate more than 10% of its total expenditure to cover staff wages, benefits, and overhead.” This requirement is a contributing factor in the low number of full-time foundation employees and, in reality, is implemented with flexibility. For

example, civil affairs departments may exempt foundations from administrative punishment if foundations are able to adjust their expenditure in the next year to make the two-year average meet the requirements.

Foundations With Overseas Backgrounds

Although the 2004 Regulations for the Management of Foundations' definition of foundations appears to establish no barriers for overseas founders, in reality it has been abundantly difficult for overseas individuals and organizations to register foundations in China. By the end of 2018, only nine Chinese foundations had been originated overseas. (See Table 5).

On March 16, 2016, the National People's Congress passed the long-awaited Charity Law. This law is the overarching legal framework for many kinds of charitable activities, including fundraising; donations, grants, and awards; trusts; assets and service; and information disclosure.

Among the nine foundations with overseas backgrounds, the Compassion Relief Tzu Chi Foundation and Master Hsing Yun Cultural and Education Foundation were founded by prominent Taiwanese Buddhists. Laliberte (2011) argued that mainland China's recent tolerance of Taiwanese Buddhist NGOs was to a large extent politically motivated. Under close state surveillance, those organizations had to deal with frequent government interference (Wang, 2018b). The remaining seven foundations were established by overseas Chinese, overseas Chinese corporations, and entrepreneurs in Southeast Asia who are descendants of Chinese. They are all closely connected with China; it is practically impossible for overseas individuals and organizations to register foundations if they do not have such connections.

The 2004 Regulations for the Management of Foundations also, for the first time, specify how overseas foundations must register representative offices. They require all applications to be submitted to the State Council (Article 6). Yet during the 12 years since the regulations were enacted, only 29 overseas foundations — among them the Bill & Melinda Gates Foundation — were able to register successfully. Twenty-six representative offices of overseas foundations that went through the annual inspection passed it in 2015 (Ministry of Civil Affairs, 2016).

Thirteen of those were representative offices of American foundations, eight were based in Hong Kong or Taiwanese, and the rest were European foundations. Under Article 25, these representative offices were not allowed to raise funds in China. The government's rationale is that fundraising in China implies these representative offices no longer have the financial capacity to conduct activities, so there is no need for them to exist within the territory. Therefore, these representatives may only rely on their overseas headquarters and interest accrued from their bank deposits for funds.

Prior to 2004, some overseas foundations were involved in “gray” issues related to religion, women's rights, labor rights, and so forth (Peng & Liu, 2012), but all 26 representative offices of overseas foundations have worked on such relatively uncontroversial issues as education, health, and government-led international exchanges. Shieh (2018) has suggested that a number of overseas foundations have remained unregistered in order to continue working in a legal gray area. Under the 2004 Regulations for the Management of Foundations, the Chinese government has refused to accord procedural legitimacy (i.e., registration) to potentially antagonistic overseas foundations. But Sidel (2019), noting an increase of representative offices of overseas foundations despite the color revolutions in Ukraine, Georgia, and elsewhere that were concurrent with the enforcement of the 2004 Regulations, argued that the Chinese government has been confident enough in its control over the nonprofit sector that it has not felt compelled to take immediate action.

In Search of the Role in Civil Society: 2016 to the Present

On March 16, 2016, the National People's Congress passed the long-awaited Charity Law. This law is the overarching legal framework for many kinds of charitable activities, including fundraising; donations, grants, and awards; trusts; assets and service; and information disclosure. Article 3 of the law defines the charitable organization as a voluntary status for which social organizations can apply if they engage in charitable activities involving

poverty alleviation; disaster relief; public health; education; science and culture; environmental protection; and so forth. Interestingly, these charitable activities are associated with a greater volume of charitable donations, but not government grants, to foundations (Wang, 2020b).

Two months after the passage of the Charity Law, the Ministry of Civil Affairs posted for public comment a revision draft of the 2004 Regulations for the Management of Foundations designed to ensure they would comply with the Charity Law. There since has been no update of that draft, partially because the new regulations must be consistent with other regulations concerning social organizations that also need to be revised. For example, in 2018 the Ministry of Civil Affairs publicized a revision draft of the Regulations on the Registration and Management of Social Organizations for public comment; those overlapped the 2004 Regulations for the Management of Foundations.

If the 2016 revision of the Regulations for the Management of Foundations had been promulgated largely as they appeared in the draft, we would see the removal of the distinction between public and private foundations, decentralized registration with increased registration capital, new restrictions on boards of directors, clarifications for foundation termination, and specifications for governance, transparency, and activities related to charitable funds. Under certain circumstances, foundations can still qualify for public fundraising activities upon registration. In the future, foundations more likely will be required to perform well financially and operationally for a certain period before they become eligible to qualify for public fundraising. Notably, the revision draft highlights requirements for the ideological compliance of foundations; for instance, foundations are to set up a branch of the Chinese Communist Party as long as circumstances permit.

The nonprofit policymaking in the 2010s strengthened government control over NGOs to the extent of an era of neo-totalitarianism in China (Béja, 2019; Kang, 2018). The difference

from the previous nonprofit policy implementation is that the Chinese government is now creating a norm of control over NGOs that highlights the role of state as an infrastructural power rather than a sum of despotic government officials (Wang, 2020b). As previously mentioned, the Chinese party-state discouraged government officials from managing NGOs while at the same time revising and enacting the law to institutionalize its nonprofit policy. Moreover, in 2017 the National People's Congress issued a report stating that the party-state would advance an institutionalized, coordinated approach to promote consultations carried out by social organizations. The positive side of this wave of nonprofit policymaking is that in the future, the government may employ fewer extralegal measures to regulate NGO activities and adopt a procedural rather than contingent policy consultation style with NGOs (Wang & Wang, 2018).

A major task of Chinese foundations, then, is to understand and establish their role with state and society in the 2020s and beyond. From 2004 in China, more foundations were founded in a bottom-up manner than with a top-down approach (Wang, 2018a). This means that non-public-sector organizations and individuals began to establish civic foundations at a fast pace. Most recent data are unavailable, but it is likely there are already more civic foundations than government-affiliated foundations in China. While these foundations need to align their work with state priorities, they may “repurpose the state” (McCarthy, 2013, p. 48) by rhetorically associating their own goals with the state's. Under tight authoritarian rule, it is doubtful that they will become promoters of pluralism. However, they are potential policy changers if they can take advantage of their consultative role in relation to the Chinese government.

Grantmaking Versus Programming Among Chinese Foundations

At the end of 2019, 111,844 out of 119,791 U.S. foundations (93.4%) were primarily grantmaking organizations (Candid, 2020). Unlike their American peers, Chinese foundations prefer

Unlike their American peers, Chinese foundations prefer operating their own programs to making grants to other NGOs. Those that do make grants usually run their own programs as well.

operating their own programs to making grants to other NGOs (Wang & Xu, 2010). Those that do make grants usually run their own programs as well (Feng, 2015). In 2016, 5,690 foundations provided data for 23,796 programs, among which only 317 programs (1.3%) consisted of grantmaking (Huo, 2018). Even that small number did not all go to social organizations; 36.8% of the recipients were local governments (in the name of communities), government agencies, and corporations, presumably for their social responsibility programs.

Chinese foundations most closely resemble America's 501(c)(3) public charities (Feng, 2015; Johnson & Ni, 2015), which are described in the Internal Revenue Code as having "an active program of fundraising and receive contributions from many sources, including the general public, governmental agencies, corporations, private foundations or other public charities" (IRS, n.d., para. 3). Chinese foundations are also similar to operating foundations in Europe (Anheier & Daly, 2007). For example, 24% of German foundations are currently operating their own programs (Anheier, Forster, Mangold, & Striebing, 2018). In Italy, the national census data show that in 2005, 49.5% of foundations were mainly operating foundations (Ricciuti & Turrini, 2018).

Porter and Kramer (1999) argued that a new philanthropic agenda for foundations is to strategically create value through others in four ways: (1) selecting the best grantees, (2) signaling other funders, (3) improving the performance of grant

recipients, and (4) advancing the state of knowledge and practice. "Each successive approach," they wrote, "leverages a foundation's special assets more than the preceding one as the pool of resources affected grows from a single grant to an entire field" (p. 124). Porter and Kramer did not necessarily negate the value of operating foundations, but emphasize that a reasonable presence of grantmaking foundations is of great importance to the nonprofit sector. After the Chinese government cut off the supply of foreign funds to domestic NGOs around 2010, the grantmaking role of foundations became more salient than before.

Chinese nonprofit practitioners and scholars have advocated foundation grantmaking, and a few large organizations, such as the Narada Foundation and the Lao Niu Foundation, have made grants to other social organizations or invested in social enterprises. A number of nonprofit practitioners created the Golden Orange Award (*jinjujiang*) to recognize the best grantmaking foundations since 2013. Yet even until 2018, there were no more than 40 foundations primarily doing grantmaking in China (Qiwo Foundation, 2018). Some foundations complained that other social organizations (i.e., social service organizations) were not competent to implement programs satisfactorily, but foundations themselves also lacked expertise and experience in grantmaking. Overall, China's nonprofit sector is still wanting in professionalism, standardization, and trust (Hsu & Hasmath, 2017).

Promisingly, foundations — and, in particular, community foundations — now often work with corporations and other NGOs to address local needs with the government playing a minor role (Weng & Christensen, 2019), a form of collaboration called independent public service provider (Forrer, Kee, & Boyer, 2014). It is possible that social innovation will emerge from such collaboration and Chinese foundations and other NGOs improve their capacity, understand each other, and eventually overcome the paradoxical situation. Through program implementation and collaboration, Chinese foundations may involve

boards and volunteers to foster a culture of citizenship and volunteerism (Wang, 2020a).

China Begins to Shape the Work of Overseas NGOs

Different from the previous two phases, representative offices of overseas foundations fell under the control of the Ministry of Public Security in 2017, when the Law on the Administration of Activities of Overseas Nongovernmental Organizations Within the Territory of China went into effect. Among its many provisions, the law gives overseas NGOs (including foundations) two options to legally operate in China. One is to register a representative office: After approval from a government agency to serve as its professional supervisory unit, the NGO files a registration request with the public security department at the provincial level or higher (Articles 6 and 11). Alternatively, overseas NGOs that want to conduct activities without establishing a representative office in China may request a permission (*bei'an*) to conduct temporary activities through a qualified Chinese partner organization for up to one year (Article 17). Without the registration or permission, overseas NGOs are not allowed to operate or provide funding to Chinese individuals and organizations (Article 9). As before, overseas NGOs and their representative offices are forbidden from fundraising in China (Article 21).

The management of overseas NGOs thus became a security issue rather than a civil issue. The 2017 law addressing overseas NGOs signals the Chinese party-state's departure from regulatory ambiguity to the use of governing legislation to deal with overseas NGOs. No longer an observer or collaborator, the Chinese party-state began to proactively shape the work of overseas NGOs. For example, some of these NGOs had to fund projects in line with government priorities, such as the Belt and Road Initiative global development strategy, in order to secure approval and registration (Shieh, 2018), therefore compromising their own work. Overseas foundations and their representative offices, once an important source of funding for Chinese grassroots NGOs, may have to have their grant recipients approved by their

Promisingly, foundations — and, in particular, community foundations — now often work with corporations and other NGOs to address local needs with the government playing a minor role, a form of collaboration called independent public service provider.

professional supervisory units, which would act with extra caution since they are answerable to the powerful public security department.

In fact, with the rapid growth of domestic foundations and Chinese government's tight control of overseas funding, the financial significance of overseas foundations has diminished. Almost all present representative offices of overseas foundations (with exceptions including the Ford Foundation) are those whose registration has been transferred from the civil affairs department to public security department; few have been newly registered. Thus, the 2017 law governing overseas NGOs has had a deterring effect. Overseas foundations, especially those headquartered in the United States, might have succeeded elsewhere in promoting pluralism and civic awareness, but in China they are more likely to limit their work to charitable programs defined by the public security department.

Discussion and Conclusion

This article synthetically analyzes the three phases of foundation development in China. In their search for identity (1978–2004), foundations were regulated by fragmented nonprofit policy and their initial support by the Chinese party-state diminished over time due to political instability and their own misconduct. While in the phase of a search for legal status (2004–2016),

Despite its continuous control-oriented nonprofit policy, the Chinese government has recognized the value of NGOs and taken the legal approach to maximize their utility to the state.

foundations flourished. The landscape of foundations changed dramatically on many fronts, such as number, founder, financial scale, organizational structure, and relationship with the government. They also contributed a huge amount of resources to the nonprofit sector. Since 2016, foundations have been in a phase of searching for their role in civil society, but both a lack of professionalization in the nonprofit sector and political reality remain obstacles to engagement with other NGOs and advancing a robust civil society. Positive signs have also emerged; for example, increased collaboration with other NGOs and widened opportunity to participate in public policy.

Overseas foundations and representative offices experienced the three stages with foundations incorporated in China. During the first stage, the Chinese party-state was willing to collaborate with and arrange accommodation for overseas foundations due to its need for resources and expertise. Since 2004, overseas foundations were able to formally register representative offices, but they had to restrict their activities to areas allowed by the government; only 29 overseas foundations were able to register their representative offices. In the present phase the public security department manages representative offices of overseas foundations, whose importance has declined because of China's economic development and the growth of domestic foundations. The role of representative offices of overseas foundations is also limited by their small numbers, but still they can bring new knowledge to their Chinese peers.

Implications

This article has addressed some implications along with the discussion of the three phases; a few more can be drawn here. Despite its continuous control-oriented nonprofit policy, the Chinese government has recognized the value of NGOs and taken the legal approach to maximize their utility to the state. For example, Wang (2020c) argued the Chinese government seeks both the functional and behavioral conformity of foundations to strengthen the regime. For this purpose, the government will continue to incorporate both constraining and enabling measures in nonprofit policymaking.

The past practices of foundations in China informs nonprofit practitioners of the rationale for the present and future state of foundation development, why certain organizational characteristics are more pronounced than others, and what managerial strategies are most effective in avoiding risks and attaining goals. For them, understanding the normative, actual, and limitations of foundation operations in China's particular institutional environment helps formulate tactics to optimize cooperative outcome and activate the roles of Chinese foundations in civil society. For example, grassroots NGOs seeking resources from foundations should strive to build trust through co-implementing programs. A demonstrated capacity and trustworthiness of grassroots NGOs is important to persuading foundations to make grants to them for more independent work, since most Chinese foundations still prefer operating their own programs.

International donors need to be aware of the constraints that the Chinese government has imposed on overseas donations. Not every Chinese NGO is eligible to receive those donations. To be eligible, Chinese foundations and other social organizations must demonstrate good performance; indicators of good performance include their registration, annual inspection, nonprofit evaluation, and program record. Other aspects of foundations that international donors may take into consideration include foundations' affiliation with the party-state and the way they allocate funding,

either through running their own programs or making grants to other social organizations. It is also recommended that before registering a representative office, overseas foundations obtain permission to conduct activities for one year in China as stipulated in the 2017 law governing overseas NGOs. This allows overseas foundations to identify potential partners and evaluate the necessity for a representative office.

Limitations and Future Research

This article's review of the history of foundations in China relies on existing data from both government and scholarly resources. It also draws evidence from industrial reports and research. It combines both practical and academic findings in order to broaden its usefulness to different audience. This method offers an objective, comprehensive account of foundations in China, but it also has some limitations.

First, no large-scale survey has been implemented to investigate the internal dynamics of Chinese foundations, such as their governance, program execution, and contact with stakeholders. Similarly, there are few survey data of the popular attitude toward and knowledge of

the nonprofit sector in China. Therefore, at this moment it is difficult to incorporate donors, beneficiaries, and the general public in the discussion. Future research may address such a data shortage by designing questionnaires and interviewers for these purposes.

Considering the volume of studies on foundations in Western democracies, research on foundations in China is quite limited. Existing research rarely puts Chinese foundations in a comparative context, and little research examines the different experience of overseas foundations in multiple countries. Future research may identify points of comparison from this article and systematically examine the differences and similarities of foundations in China and elsewhere. Results will bring additional policy and practical values to policymakers and nonprofit practitioners. As previously mentioned, Chinese foundations lead Chinese NGOs' overseas activities in philanthropy and humanitarian aid. Future research may examine how Chinese foundations operate overseas; their interaction with local people, authorities, and NGOs; and their interaction with other international NGOs.

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Investing in Leadership Development: A Tool for Systems Change in the Community Health Center Field

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Introduction

The pandemic and protests of 2020 heightened public awareness of systemic disparities and racial inequities across the United States (Chowkwanyun & Reed, 2020). With this greater awareness and growing calls for change, many foundations expressed commitments to fostering equity and supporting systems reforms in a range of sectors and spaces (Kresge Foundation, n.d.; Neyman, 2020; Coke & Naylor, 2020; Walker, 2020; Torres-Springer, 2020; David & Lucile Packard Foundation, 2021; William & Flora Hewlett Foundation, 2020; Ono & Fong, 2020; DeBarger, 2020; Gates, 2020a, 2020b; Proctor, 2021). We believe, as do others, that a key to advancing and sustaining equity is supporting and cultivating new leaders among diverse individuals and communities often overlooked in traditional leadership programming (Sharma, 2017; Davies, 2018). Foundations are in a unique position to invest in and build upon inclusive leadership programs, which we define as programs that aim to expand the pool of emerging and effective leaders from all walks of life. This broader, more diverse pool of leaders can then fuel wider changes to systems, increase access to opportunities for historically marginalized populations, and yield more equitable outcomes (Stephan, Vahdat, Walkinshaw, & Walsh, 2014; Davis, 2018; Lyons, 2019; Khan, 2014).

As foundations continue to invest in efforts designed to reduce systemic disparities and racial inequities, and work to understand their

Key Points

- Over the course of 12 years, the Blue Shield of California Foundation committed nearly \$20 million to growing a pool of community health center leaders who were prepared to be effective agents of change in their organizations and in the safety net field. This signature investment, the Clinic Leadership Institute, was implemented in partnership with the Healthforce Center at University of California, San Francisco, in anticipation of a generation of California health center leaders beginning to transition into retirement.
- During the institute's 10 cohorts, access to community health centers dramatically increased with the Affordable Care Act, and this — coupled with rising costs of health care — continued to underscore how crucial community health centers were to accessible and quality care for poor and underserved populations. A study spanning 10 cohorts of alumni found that the institute served a critical role in supporting community health center leaders and their organizations in navigating these changes, while also building alumni networks advocating for community health centers in county- and state-level policy. The program equipped 258 individuals to lead and deliver care in a field marked by continuous change, complexity, and mounting demand.

(continued on next page)

Key Points (continued)

- Drawing on these findings, we make the case that investment in leadership development is a critical philanthropic tool for field building and, ultimately, systems change. We explore how the foundation made the most of this investment through intentional funding, design, and strategic considerations.

benefits, we want to highlight our experience with the Clinic Leadership Institute (CLI), a program for emerging community health center (CHC) leaders. Over 12 years, the Blue Shield of California Foundation (BSCF), in partnership with Healthforce Center at University of California, San Francisco, implemented the CLI to grow a pool of leaders in California who could collectively and individually act as effective agents of change in the safety net field — defined by the Institute of Medicine (2000) as care and service providers supporting uninsured, Medicaid-receiving, and vulnerable populations. In what follows, we describe the impetus and structure of the program, share key findings, and identify five key lessons learned in sustaining the program:

1. Investing in new leaders is a long-term commitment.
2. Effective partnerships share power.
3. Diversity and inclusion require ongoing monitoring.
4. Sustain collaboration beyond the program.
5. Measuring impact requires sustained investment.

Inclusive Leadership in Community Health Centers

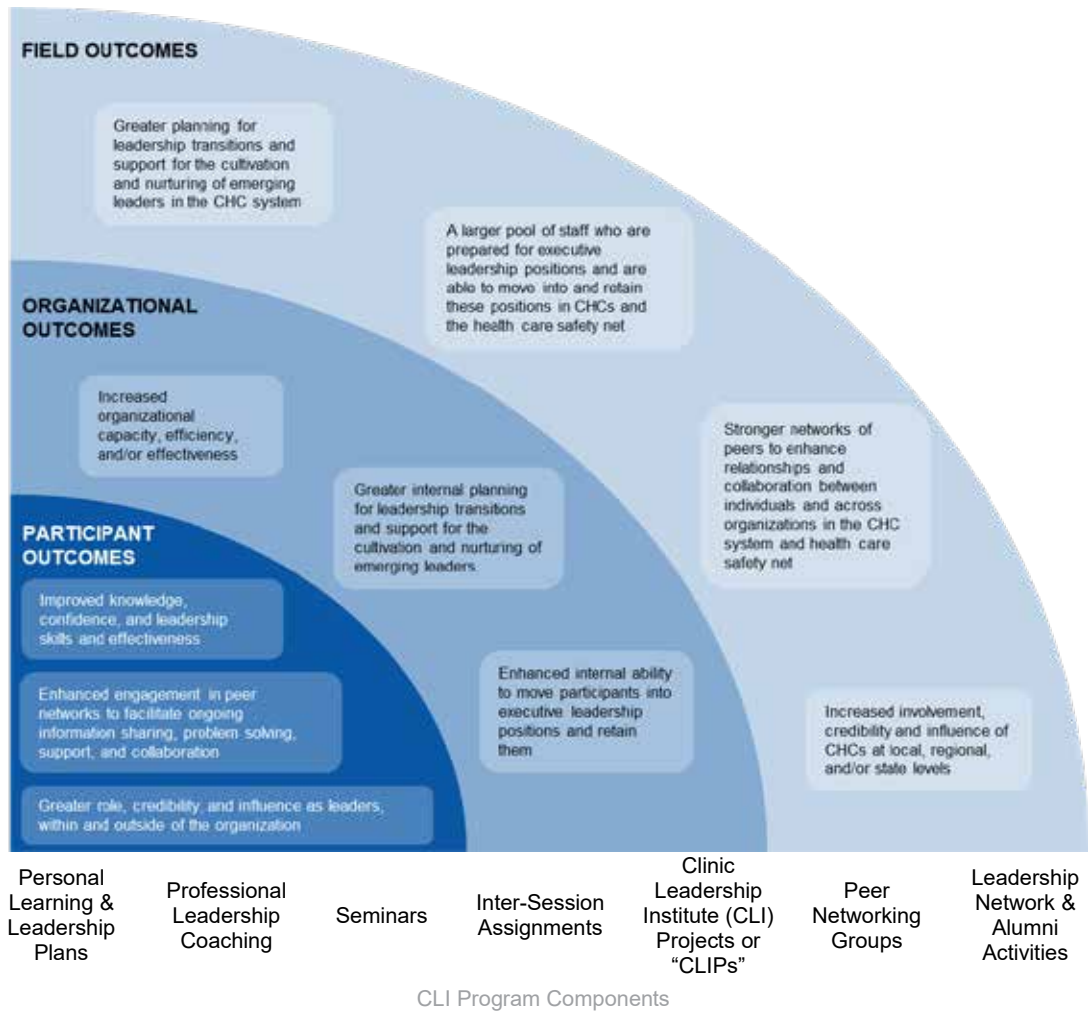
Established in the 1960s, CHCs were founded on the belief that everyone, regardless of socioeconomic status, deserves access to affordable community- and patient-driven health care.

Health centers play a vital role in meeting the needs of patients underserved through private health care providers and are a central feature of the safety net. Health centers not only provide care, but also extend access to care by providing enabling supports such as transportation and translation (Health Outreach Partners, 2016; National Association of Community Health Centers, 2020a).

Health centers also play a key economic role in making government-subsidized care possible. Compared to other providers, health centers save 24% per patient annually. These savings make reimbursement scalable for government health insurance programs such as Medicaid and Medicare. Accordingly, the role of CHCs grew to even greater prominence with the passage of the Affordable Care Act in 2010. With the expansion of access to Medicaid they saw a sharp increase in use; the number of patients served grew by more than 50% between 2010 and 2016 (National Association of Community Health Centers, 2018).

Community health centers, therefore, have a powerful role to play in improving health care for all, and they need leaders with the skills, networks, and lived experiences that support them in working alongside communities — particularly those historically underserved. Leaders of CHCs must lead with the social justice and community values that support effective access, care, and engagement. At the same time, they must embrace the challenges and opportunities of a rapidly changing health care field, rising demand for CHC services, an uncertain health care policy landscape, and deepening health inequities (Bor, Cohen, & Galea, 2017).

The need for an expanded leadership pool was further highlighted in the early 2000s, in studies that predicted that tenured nonprofit leaders, including those in the CHC sector, were preparing to transition out of their roles and that a gap in the leadership pipeline was approaching. They reported that a limited number of “next generation leaders” were ready and eager to accept senior leadership positions (Cornelius, Moyers, & Bell, 2011; Cornelius, Corvington,

FIGURE 1 The Clinic Leadership Institute's Theory of Change

& Ruesga, 2008). The demand for these leaders in rural and high-poverty areas, which face challenges recruiting new talent, is even greater (Chang, Bynum, & Lurie, 2018; National Association of Community Health Centers, 2020b).

The Clinic Leadership Institute

Recognizing the urgent need to prepare a new generation to lead California's CHCs, the BSCF in 2008 committed to investing \$20 million over 12 years to expand the pool of emerging health center leaders across the state. The foundation built the program on a historical commitment to

building and sustaining a field that is responsive to communities and the evolving health care field. The central focus of the investment was not just to produce individual, capable leaders, but also to do so in service of the CHC field's stability and longevity.

The Healthforce Center, which focuses on building the capacity of the health workforce through pioneering leadership programs; an advisory committee of CHC executives; and the BSCF together designed the CLI as an 18-month state-wide program for full-time CHC employees to prepare individuals for executive positions in

FIGURE 2 The Clinic Leadership Institute's Curriculum



CHCs. The primary participants were a CHC and consortia staff who demonstrated executive leadership potential and a commitment to preserving and enhancing CHCs and the broader safety net.

The goal of the CLI, as articulated in its theory of change, was to expand the pool of committed, knowledgeable, and collaborative CHC leaders dispersed throughout California to advance the influence of the centers on policy and care delivery. This was seen as central to the stability of the CHC and safety net fields in a shifting health care landscape. The seven core components of the CLI model — from personal learning and leadership plans to leadership network and alumni activities — were theorized to collectively support changes at the participant, organization, and field levels. (See Figure 1.) Those outcomes are nested and interdependent: changes for participants, for example, have ripple effects on changes at the field level.

The program sought to build participants' skills, roles, confidence, peer support, and professional networks as a means of strengthening their organizations and their impact on the field. (See Figure 2.) To bring this about, the 18-month

program included the following core components and alumni activities:

- **Personal learning and leadership plans:** After completing personal assessments and receiving input from colleagues and staff, participants created individualized leadership development plans to guide them through the CLI experience.
- **Seminars:** Six in-person seminars, totaling 220 hours over the course of the program, bolstered participants' knowledge and skills through instruction, field-specific topics and scenarios, group problem solving, and role playing.
- **Inter-session assignments:** Approximately three hours of inter-session work was assigned per week, including readings, webinars, group activities, and apply/practice work.
- **CLI Projects or "CLIPs":** Participants implemented customized leadership projects at their health centers that allowed them to practice their skills (e.g., securing buy-in, managing people and processes, measuring

progress) while also working on an organizational need.

- Professional leadership coaching: Each participant had access to nine hours of one-on-one coaching — personal, customized, and confidential support — during the CLI, plus six hours after graduation.
- Peer networking groups: Groups of approximately five participants met throughout the CLI to facilitate more intimate peer connections, learning, and support.
- Leadership network and alumni activities: Participants had structured opportunities during and after the CLI to connect with and learn from fellow alumni and colleagues from other health centers.

Between 2008 and 2018, the program graduated 258 alumni from 10 cohorts. Annual evaluations of the first five cohorts, a midpoint assessment completed in 2015, and a 2019 cumulative 10-cohort evaluation surfaced important benefits of the CLI model. These mixed methods evaluations included surveys and interviews with program participants and alumni; surveys and interviews with CEOs and colleagues of health centers that sponsored participants; observations, materials, and secondary data review; and interviews with the CLI design and implementation team (Informing Change, 2015, 2019). In keeping with the theory of change, CLI participants and alumni reported substantial gains in personal and professional growth, drew on the program to make changes within their organizations and the field, and described it as important to their career trajectories in CHCs and the broader health care safety net.

Personal and Professional Growth

Participants and alumni consistently demonstrated growth in self-awareness and their knowledge and understanding about leadership in the CHC field. (Figure 2). Notably, participants described CLI as influential to their:

In keeping with the theory of change, CLI participants and alumni reported substantial gains in personal and professional growth, drew on the program to make changes within their organizations and the field, and described it as important to their career trajectories in CHCs and the broader health care safety net.

- confidence as leaders (94%) — reporting greater comfort speaking up, sharing opinions, and standing by their decisions;
- knowledge about leadership in the health center field (93%) — reporting greater awareness of the nuances of health center operations and business, as well as the implications of policy changes and dynamics on the field; and
- leadership skills and effectiveness (92%) — reporting greater skills in communicating, decision-making, delegating, listening, visioning, and presenting ideas, particularly when addressing strategy and other high-level organizational issues.

“Even though I was told I was a leader,” one participant remarked, “I don’t know [if] I’d have claimed it. CLI really helped me realize and see the power of owning my role as a leader.”

Career Trajectory and Advancement

Despite promising contributions of the program to participants’ career trajectories and engagement with the field, the evidence of impact was less pronounced than on personal and professional growth. Across cohorts, nearly 90% of participants reported that the CLI had deepened

Investing in community health center leadership was a core priority for the BSCF; it served as one of a trio of field-building strategies that also included technical assistance and core operating funding to safety net organizations.

their professional commitment; as of 2018, 89% continued to work in the safety net field. Although many stated that the program was influential in building their confidence to advocate for promotions and negotiate raises, the evidence of movement into executive positions was mixed — in part due to the effect of the 2008 recession on C-suite vacancies.

Nevertheless, most (71%) alumni reported advancing to more senior roles and benefiting personally and professionally from the connections with and community of other CLI alumni. The program, said one, “gave me the ability to move with confidence into a temporary CEO role. It gave me the courage to believe that I could excel in the position, and I did.”

Organizational and Field-Level Change

Participants reported the benefits of the CLI on their spheres of influence within CHCs and the field at large: 88% said their influence as a leader has grown, and 73% reported engaging the alumni network to generate new ideas and approaches. Combined with expanded technical skills acquired through the program, these leaders were able to help their CHCs better address a range of challenges, such as streamlining operations, improving patient engagement and experience, and tackling workforce shortages and training. Participants reported taking on new responsibilities to enhance organizational performance, for example:

- opening a satellite office,
- overseeing program quality,
- implementing electronic health records,
- leading patient-centered medical home efforts and other novel practices, and
- representing the organization at field-level conferences.

The CLI created a community of leaders and advocates who are beginning to bring policy solutions to statewide conversations on health care. Connections made through the program led to deepened collaboration among individuals and across CHC organizations and the health care safety net. Alumni are actively engaged in collaborations and groups that work to improve the field through policy responses (e.g., addressing workforce shortages, access to electronic health records, expansion of telehealth), generating ideas and innovative approaches, and fostering a sense of belonging across community clinics in California. These venues for collaboration include the Rural Roundtable, the California Primary Care Association, and the Health Education Roundtable.

“In order for our health centers to be sustainable,” one participant said, “we have to evolve. We have to expand our networks. We have to know how to engage in successful collaborations with others.”

Investing in Inclusive Leadership: Five Key Lessons

The findings from the CLI evaluations bolster the program’s theory of change — that developing emerging leaders is an important tool for shaping and sustaining CHCs. Our experiences funding, implementing, supporting, and evaluating the program produced a number of insights that can be of use to other foundations investing in field-building, inclusive leadership programs.

Investing in New Leaders Is a Long-Term Commitment

Investing in community health center leadership was a core priority for the BSCF; it served as one of a trio of field-building strategies that also included technical assistance and core operating funding to safety net organizations. Initially, the foundation made an investment of \$10 million over five years. Based on early successes and learnings, as well as a desire to expand the pool of emerging leaders and the benefits across the field, it soon increased this investment by an additional seven years, adding another \$10 million. We recognize that these costs may be prohibitive for some foundations, and recommend that grantmakers look at different models of funding these deep-engagement, cohort-model inclusive leadership programs — for example, by pooling funding with other foundations to provide low-cost or no-cost enrollment for participants or their sponsoring organizations.

The BSCF's 12-year commitment to 10 cohorts meant a critical mass of emerging leaders — over 250 individuals — could participate in the program. The depth of funding was essential to implementing a multifaceted program for capacity building, where participants could tailor portions of their experience. This allowed participants to draw on the types of resources most relevant to their role, professional growth, and their organization's needs.

The BSCF's commitment, however, extended beyond just funding. Foundation staff were partners with Healthforce in program implementation, actively engaging in its evolution and informing recommendations to strengthen the program. The consistent support from the foundation meant that program staff could invest in designing, adapting, and witnessing results of the model over 10 iterations.

The sustained investment was also key to supporting a community of leaders that could collaborate on policy and systems change. For example, CLI alumni were at the forefront of the 2017 debate on payment reform in California. While the time frame for health policy change

By stepping back, ceding power to, and actively engaging those in the field, and taking an active role as a thought partner, facilitator, and collaborator, the foundation was able to realize its commitments to investing in people in ways that expand leadership capacity, equity, and responsiveness in the field.

extended far beyond the scope of the cumulative evaluation, CLI alumni networks have joined in advocating for policy solutions to workforce shortages, expansion of telehealth, and health equity. From the perspective of one alumnus, “CLI alumni are part of field-level conversations on responding to policy changes. Some of the ideas that have come out of them are coming from this new emerging leadership.”

Effective Partnerships Share Power

Sustaining an effective, multicohort leadership program was possible through close relationships and by establishing opportunities to engage and learn from participants. The strength of CLI was fostered through the partnerships embedded in the program design and that evolved during the program. The BSCF established an intentionally inclusive approach to partnership, grounded in mutual learning, with Healthforce and the program's advisory committee. By stepping back, ceding power to, and actively engaging those in the field, and taking an active role as a thought partner, facilitator, and collaborator, the foundation was able to realize its commitments to investing in people in ways that expand leadership capacity, equity, and responsiveness in the field.

TABLE 1 Demographics of CLI Participants at Time of Entry Into Program

Participants		
California Region	Number	%
North Coast	22	8%
Far North	16	6%
Bay Area	90	32%
Central Coast	14	5%
Central Valley	35	13%
Los Angeles	53	19%
Riverside & San Bernardino	5	2%
Southern California (San Diego & Orange County)	36	13%
Statewide	7	3%
Gender		
Female	226	81%
Male	53	19%
Ethnicity/Race*		
White	100	36%
Asian	30	11%
Latino/Hispanic	103	37%
Native Hawaiian or Pacific Islander	3	1%
African American	20	7%
American Indian Or Alaskan Native	12	4%
Other	18	6%
TOTAL	279	

*Ethnicity/race category redefined in 2010. Asian and Pacific Islander groups combined.

Partnerships were essential to successful recruitment and to ensuring the program design met the needs of emerging leaders. Advisory committee members — CHC executives from across the state — brought credibility to and raised awareness about the CLI among health care centers. At the same time, the advisory group and Healthforce raised the BSCF's understanding of the CHC field. Healthforce brought expertise in leadership development, the safety net field,

and workforce challenges. Healthforce staff held responsibility for program design and implementation, and ensured the program's strategic alignment with the evolution of CHC services, financing, operations, workforce, and policy advocacy. Engaging Healthforce and the advisory committee as mutual partners helped the foundation ensure the program's responsiveness to rapid expansion of CHCs and the changing safety net field.

Diversity and Inclusion Require Ongoing Monitoring

A central goal of CLI was establishing cohorts of emerging leaders who reflect the diversity of safety net providers and communities in California. Realizing this goal required continuous reassessment of successes and gaps in outreach, reimagining new approaches to recruitment and selection, and critical reflection on structural impediments and interpersonal biases that challenge inclusion and diversity intentions. The program's evolving outreach saw both wins and challenges.

Initial outreach was done through the advisory committee of clinic executives. Program staff also worked with regional consortia, county-specific or multicounty-specific associations that serve as informal extensions of state CHC associations, to identify ideal program candidates. Consortia's reach and networks made them important partners in identifying emerging leaders. As the program's alumni and reputation grew, recruitment was conducted through participant and alumni referrals, e-newsletters, and social media (i.e., LinkedIn, Facebook, Twitter).

Review of demographic and geographic representation in the early and midpoint cohorts raised awareness that the program was not attaining a diversity of participants. To correct for the underrepresentation of specific demographics — particularly Black, Indigenous, and rural representation — CLI implementers focused recruitment efforts using strategies such as individual outreach to specific organizations with few or no CLI applicants or participants. Program staff also researched demographics that were underrepresented in the field's top leadership, and demographic goals based on ethnicity, gender, geography, and type of position (e.g., finance, information technology) were identified. The program then focused on outreach to CHC leadership in underrepresented regions, including Los Angeles, the Central Valley, and the Inland Empire of California. While these efforts resulted in racial/ethnic representation that mirrored California's population, overrepresentation of urban geographies persisted. (See Table 1.) Some of this is attributable to such

barriers such as travel from rural regions to attend in-person trainings and the inability of rural organizations to backfill positions to support staff's participation in the CLI.

As disparities in program representation became evident, the CLI team took steps to correct for this where possible. For example, early in the program design, the BSCF and Healthforce defined what they meant by "emerging leader" and then developed proxy indicators to use as selection criteria. Program staff determined common behaviors and characteristics associated with successful participants, but some of these criteria reinforced existing gaps. For example, early criteria looked at the number of years an "emerging leader" had been working in CHCs, and at restricting enrollment to a single participant from an organization and to only those working in CHCs or free clinics.

As more cohorts cycled through the CLI, the alumni network emerged as a key recruitment tool. After Cohort 5, the majority of recruitment was conducted through word-of-mouth and brand recognition with alumni who referred applicants from their organization and networks. While the role of engaged alumni aligned with the program's strategic goals, alumni were often most familiar with organizations already represented within the CLI, contributing to overall limitations in diversifying outreach to organizations that had not participated in earlier cohorts. We share these reflections as cautionary examples to carefully monitor gaps and biases and work early on — particularly in the design stage — to identify opportunities to overcome structural biases.

Sustain Collaboration Beyond the Program

The CLI model was grounded in intentional network building focused on systems change. The networks that many alumni relied on for professional, organizational, and advocacy support began first with the peer networking groups from their cohort. The institute facilitated a broader network beyond cohorts via electronic platforms where alumni could connect and share resources across the state. Graduation events and alumni convenings served as

In addition to self-reported measures, the BSCF assessed trends comparing alumni-led CHCs to others to assess change and impact and make data-informed decisions. For example, as the foundation monitored data like CHCs' financial status, they observed that CLI alumni often led the more stable centers.

opportunities for re-engagement and connection with other participants. Alumni were also integrated into the program as recruiters, applicant interviewers, content experts, panelists, and small-group facilitators. Given the organic nature of these networks, program staff stayed engaged with alumni's needs and adjusted their support as the network matured. Through these connections, the impact of CLI rippled out beyond individuals and organizations to support the field more broadly through a united collective of CHC advocates, including recruitment for open positions and sharing of resources (e.g., strategies for effective use of patient portals).

In the words of one alumnus, "I think CLI created a culture of sharing resources and expertise amongst community health centers in an environment that could have been overcome with competitiveness." Another shared, "I think when we're looking at new projects of some kind and have a question, our first instinct is to reach out to somebody in the CLI network to see who's experienced it and who's implemented it."

As with recruitment, alumni engagement strategies need to be periodically revisited and adapted to maintain engagement and ensure relevance for professional development. As alumni

take on greater responsibilities in their organizations or the field (e.g., professional associations or statewide committees), they face increased demands on their time. We found peer support, collective action opportunities, and relevant programming motivated busy CLI professionals to continue participating in alumni activities. Their ongoing engagement enabled the field-building that lies at the heart of the cohort model and program design.

Measuring Impact Requires Sustained Investment

Ongoing evaluation was a central component of the CLI program design. Evaluation activities included an assessment of participant growth from the perspectives of both participants and their supervisors, and participants' feedback on the program. A persistent challenge for the evaluations, however, was adequately capturing and learning from organizational and field-level impacts alumni were making. At an organizational level, supervisors and other staff were a great resource for information about alumni influence. As supervisors retire or face numerous demands on their time, it is challenging to engage them directly in standard data collection approaches such as surveys and interviews. Additionally, as alumni with enhanced leadership abilities transition to new roles or organizations and no longer engage with their sponsoring supervisor, it is challenging to get a consistent picture of their trajectory.

In addition to self-reported measures, the BSCF assessed trends comparing alumni-led CHCs to others to assess change and impact and make data-informed decisions. For example, as the foundation monitored data like CHCs' financial status, they observed that CLI alumni often led the more stable centers. Alumni-led centers were also among the most common CHCs applying to the foundation's technical assistance and strategic program offerings. They also volunteered for innovative pilots and programs — additional evidence of alumni's potential for impact.

At the field level, change can take several years, is often fostered through collective rather than individual actions, and is often affected

by factors beyond the collective's control (e.g., elected officials and the economy). To understand and report on these impacts, long-term follow-up is needed along with resources to engage numerous stakeholders and account for the range of contextual and other contributing factors. Exploring impacts in these conditions may take additional investments and require taking chances on more novel or innovative evaluation methodologies building on mind mapping, social media analysis, and policy analysis.

Conclusion

Individual alumni, their organizations, and the field benefited from a long-term investment in CHC leaders that helped to bring forth a united policy advocacy voice from across the state. It was beyond the scope of the evaluations to connect with patients and community members, but the growth exhibited by organizations involved in the CLI indicate promising outcomes for those they serve. With more than a decade of direct support to leaders built on long-standing relationships for organizations, the foundation offers the CLI as a model for contributing to lasting change.

Sitting at the intersection of racial, economic, and health justice, CHCs play an active role in addressing the staggering inequities made readily apparent at the intersections of the COVID-19 pandemic and continued protests demanding racial justice. By providing access to quality, community-informed, and community-driven care, health centers intervene in the structural issues of racism and poverty in the U.S. and California health care systems. However, CHC leaders cannot bring change alone. By definition, systemic inequities are woven into the fabric of our institutions, sectors, and relationships. Broader efforts to dismantle and address these

inequities require all of us to reconsider what leadership looks like.

We believe that investing in emerging leaders — particularly among groups historically or structurally discouraged from traditional and positional leadership roles, and those who have had limited access to roles of positional authority — is a key to supporting systemic change. As foundations continue to support this work, we encourage you to consider tactics that lie outside the box of traditional leadership development approaches. These include:

- centering lived experience and community connections within selection and programming;
- expanding definitions of who counts as (emerging) leaders;
- prioritizing inclusion and equity in design, support, and feedback, creating an experience for all people to be included and shape the focus;
- avoiding a “one size fits all” model to development; and
- sharing and ceding power away from philanthropy's traditional role as gatekeeper and “expert” to one that embraces and raises the contributions of partners, participants, and affected communities.

The Blue Shield of California Foundation's approach to investing in community health center leaders through the Clinic Leadership Institute reinforced such attributes as adaptability and ingenuity that are essential to fulfilling the promises of the safety net field and addressing racial and other inequities in the health care system.

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Funder-Initiated Communities of Practice as a Means for Sharing and Creating Knowledge in Order to Strengthen the Adaptive Capacity of Systems

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Keywords: *Communities of practice, adaptive capacity, social learning, social capital, nonprofits, participation, Africa, Andes*

Introduction

Foundations are increasingly interested in decentralizing knowledge sharing among grantees in order to strengthen the adaptive capacity of organizations and systems (Lewis-Charp, Berman, Lench, & Siddall, 2020.) Communities of practice (CoPs) can decentralize the flow of information in a way that can accelerate innovation and dissemination.

The original CoPs arose organically and informally among practitioners who wanted to share tacit knowledge. Efforts by corporations to implement them have often fallen short of the concept's original objectives. This article presents the lessons learned and outcomes achieved from the long-term commitment to CoPs by the McKnight Foundation's Collaborative Crop Research Program (CCRP).

CoP Theory of Change

The CCRP's theory of change for funder-led CoPs makes clear that there are costs to forming a funder-initiated CoP, such as the financial outlay for supporting facilitation and convenings. (See Figure 1.) There are also costs in terms of the loss of some control by the funder. One way this can show up is less alignment in the portfolio in order to have enough diversity

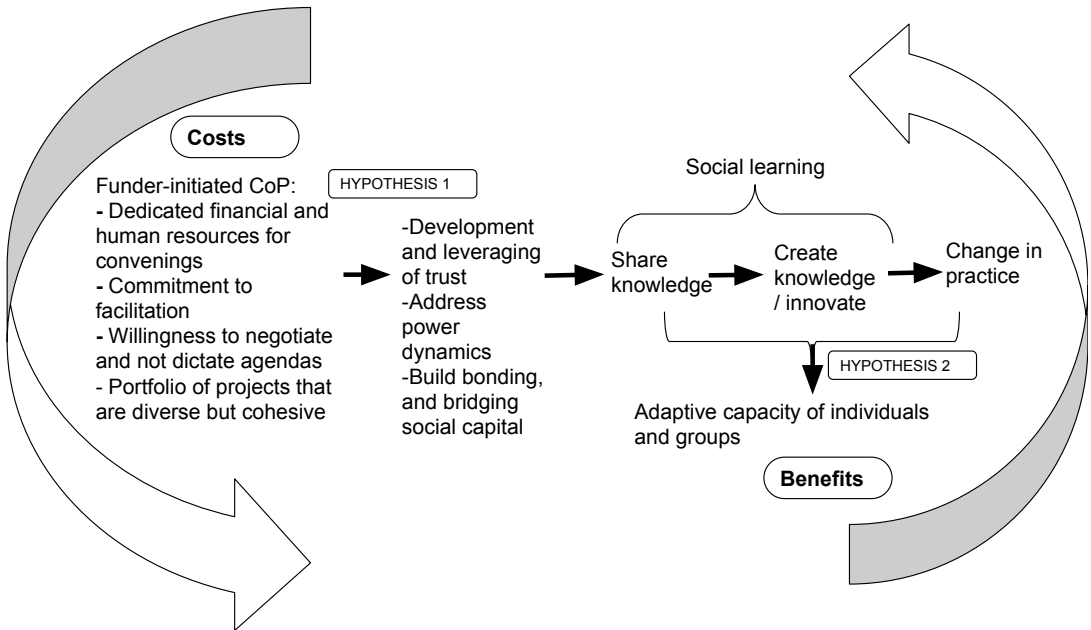
Key Points

- Planned communities of practice can be an effective means to spread and create knowledge. This article explores the degree to which communities of practice can be initiated by funders, and presents the lessons learned and outcomes achieved from the long-term commitment to this concept by the McKnight Foundation's Collaborative Crop Research Program.
- This article provides a novel contribution to the literature by showing that a funder can initiate, support, and participate in a community of practice comprised of its grantees, which can succeed in sharing and creating knowledge. Factors that organizations should consider when investigating this concept include long-term investment in convenings and facilitation, as well as relinquishing some control over outcomes.

(continued on next page)

for cross-learning to happen, but not so much that it is hard to find common agendas. It is hypothesized that those investments lead to more trust, shared power, and social capital. This sets the conditions for social learning and

FIGURE 1 How Funder-Initiated CoPs Can Influence Adaptive Capacity: A Theoretical Model



the hypothesized main benefit of this approach, which is the increased adaptive capacity of individuals and groups to meet new challenges. Finally, this is not a linear process; instead, it is an iterative one that is constantly evolving. New knowledge and practice inform grantmaking and other support for a CoP, whose composition is fluid and changing, as are the levels of trust and social capital.

CoPs and Power Dynamics

Self-organization is a defining feature of the original CoPs, such as those for photocopier technicians and midwives. Wenger (1998) argues that even if a mandate for a CoP comes from the outside, it is the community that ultimately decides if it will engage in the practice and learning.

Outside entities like private-sector corporations (Murillo, 2011) have tried to harness the power of CoPs to increase the efficiency of knowledge sharing and induce innovation. The literature from this sphere suggests that when such an entity gains a level of power that allows it too much control, the arrangement changes from a CoP to more of a hierarchical structure, with

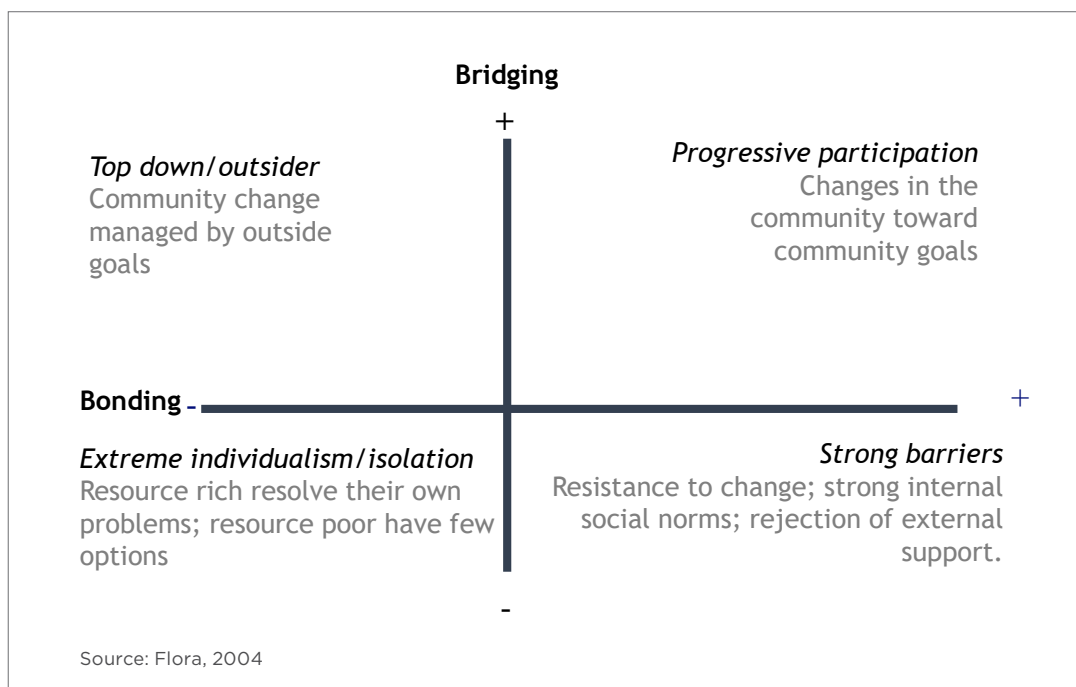
Key Points (continued)

- Research shows that the McKnight program's communities of practice have provided a space for various actors in Africa and the Andes region to develop adaptive capacity related to food system research and action through social learning. As funders increasingly look outside of the traditional logic of projects to explore how they can contribute to enabling long-term conditions and capacity for change and adaptation, well-supported and facilitated communities of practice offer a promising approach.

its attendant problems of potential low buy-in and diminished trust (Newell, Tansley, & Huang, 2004). This, in turn, inhibits knowledge sharing, which is mediated by trust and is a necessary input to the creation of new knowledge or innovation.

Funders reward grantees through financing, which can create a sense of competition among

FIGURE 2 Dimensions of Social Capital in Communities



grantees that impedes the building of social capital. Grantees are usually subject to explicit contractual obligations and implicit understandings of mandatory behavior that could be described as a coercive type of power that the funder exerts over the grantee.

Within any CoP there may be many subtle and overt exercises of power. For one to be functional, however, information and expertise needs to be shared with minimal reifying of the status associated with them. Pyrko, Dörfler, and Eden assert:

The formulation of CoPs was founded within a postmodern framework that tends to be skeptical about the notion of knowledge (as a term), associating it with appointed (or self-declared) experts who “monopolize” the possession and creation of knowledge as their source of power. (2017, p. 391)

The literature suggests that a CoP initiated by an outside actor will become a successful mechanism for the sharing and creation of knowledge only when power is shared (Pemberton, Mavin, & Stalker 2007).

Social Capital

Networks such as CoPs are mediated by social capital, defined as the benefits that come from the sum of personal connections among individuals. The concepts of bonding and bridging social capital help to describe the quality of social capital in a community of practice. Bonding social capital refers to the “strong” ties within a group, whereas bridging social capital refers to the “weak” ties among different groups (Nayaran, 1999). Weak ties are important for providing novel information, while strong ties, because of high levels of trust and familiarity, can be more accessible to the knowledge seeker and more readily absorbed or used (Newell et al., 2004). Bonding and bridging social capital are not mutually exclusive, but can be fluid concepts that shift over time depending on how social spaces are bounded.

Flora (2004) has explored how the interrelationship of bonding and bridging social capital influences community dynamics. She argues that high-bridging but low-bonding capital generates a top-down process where a population

is connected to an “expert” that tries to do what the expert wants because there is little internal cohesion or voicing of collective needs. High levels of bonding combined with low levels of bridging social capital leads to fear or distrust of the outsider and a general resistance to change. (See Figure 2.) It can also lead to redundant information, groupthink, and lack of innovation.

Adaptive Capacity

Many funders are shifting toward support for adaptive capacity within systems (Knight, Lowe, Brossard, & Wilson, 2017). Improving adaptive capacity in individuals, institutions, networks, and systems allows for better responses to evolving and diverse needs. Hall, Clark, Sulaiman, & Yoganand (2003) argue that institutions and individuals are less successful in the long term when they focus only on projects and problems and miss the adaptive-capacity element. We have found that a CoP that increases the adaptive capacity of the individual members as well as groups and the community through social learning has a good balance of bridging and bonding social capital.

The CCRP Funder-Initiated CoP

The McKnight Foundation established its Collaborative Crop Research Program in 1994 with the intention of improving world food security. After a decade of funding research and development projects in food-insecure regions of the world, the foundation's leadership decided in 2004 to take an explicitly regionally based approach in its grantmaking. The program director decided to try to build regional CoPs to encourage networking, learning, and collective action among regional grants clusters.

Grantmaking and capacity strengthening are currently carried out in four geographic areas, and project teams are organized into corresponding CoPs. The program hoped that using CoPs would allow for a more horizontal form of grant support and nongrant assistance that would strengthen regional networks and place less emphasis on the grantee–grantor relationship. It was further hoped that CoPs would enable ideas, approaches, and inspiration to be shared across the diverse organizations, which

To use the Wenger-Trayners' definition of a CoP, while the domain (small-scale agriculture research for development) and community (grantees of a specific geographic area) of the CoPs were determined by McKnight, their practice, or shared repertoire, was never made explicit by the CCRP.

have a common vision for improving small-scale agriculture outcomes and enabling new ideas and linkages to emerge more efficiently.

The CCRP implemented its first CoP in 2004 when it convened representatives from research organizations, nongovernmental organizations (NGOs), and farmers from the Andean region (Bolivia, Peru, and Ecuador) to consider the design features for a proposed CoP. They were subsequently organized in southern Africa (Malawi, Mozambique, and Tanzania) in 2005, West Africa (Niger, Mali, and Burkina Faso) in 2006, and eastern Africa (Kenya, Uganda, and Ethiopia) in 2008. In each case, the CoP involved the current grantees or project teams funded by the McKnight CCRP. Each CoP meets annually and engages in a variety of activities throughout the year, such as cross-visits, training workshops, thematic efforts, and various forms of communication. All of the CoPs remain currently active, underscoring the long-term, sustained commitment to the model by the CCRP.

Willingness to Negotiate Agendas

To use the Wenger-Trayners' definition of a CoP (2015), while the domain (small-scale agriculture research for development) and community (grantees of a specific geographic area) of the CoPs were determined by McKnight, their

This research uses a case study approach to provide an understanding of the evolution of the four CoPs, which informs a theory of key relationships that can then be tested and improved by applying it to other cases.

practice, or shared repertoire, was never made explicit by the CCRP. At the inception of some of the CoPs, the CCRP intended that research around a specific crop or agriculture production system would be the unifying practice. In implementation, however, that thematic orientation has given way to a more process-oriented, shared practice around how to approach research for action. This demonstrates the CCRP's openness to letting CoPs define themselves and evolve, an approach that differs from other types of managed CoPs that are often short in duration and tightly focused on an objective (Garavan, Carbery, & Murphy, 2007).

The practice of how to do quality research for action for the CCRP has changed over the years, and remains quite broadly defined. It includes respecting different kinds of knowledge; being participatory, rigorous, and relevant; having an agroecological approach; and linking social and technical inquiry.

The contextual differences among the four CoPs have to do with their different environments, when they were organized, their socioeconomic-cultural contexts, and their portfolio compositions. While all CCRP projects are encouraged to form multiactor partnerships to engage the larger agriculture research system, the ways each region has done so are distinct and change over time.

Dedicated Resources for Convenings

Each region hosts an annual, weeklong CoP meeting attended by two to four representatives from its 12 to 16 active projects; project grants include funds for meeting-related planning and travel. The meetings are facilitated by skilled professionals who consistently engage in planning and meeting support over several years. The structure typically includes a mix of presentations, exhibition fairs, and discussion sessions. Subgroups are usually formed in these meetings around thematic, methodological, and geographic commonalities. Opportunities for informal socializing, such as shared meals, are important for forming bonding social capital.

The two or three CCRP consultants who work in each region are referred to as the regional team, and contribute to grantmaking, project support and evaluation, technical support, and such CoP maintenance as managing listservs and helping to organize meetings. Regional teams also serve as knowledge brokers. Part of their job is to bring different actors together, facilitate the exchange of knowledge, and translate knowledge between the foundation and grantees.

While the annual CoP meetings are the only mandatory event, there are other virtual and in-person encounters among members throughout the year, often in a workshop setting. Some of these events are initiated by the regional teams, some by the directors, and others by grantees, and most are funded by the CCRP. Grantees also use their own project or institutional funds to interact. Furthermore, many avenues for sharing and creating knowledge that do not require significant financial resources are used within and among the CoPs, such as WhatsApp groups, emails, webinars, and virtual meetings. The cost of all this support is approximately 20% of the annual program budget; the rest goes to grants.

The CCRP's approach to capacity strengthening often leverages aspects of social learning, in the sense of learning from the social environment (Pelling, High, Dearing, & Smith, 2008). In practice, this is accomplished through interactive capacity-strengthening methodologies,

including learning by doing, small-group work, ample discussion, and using real-world examples from the group.

Methods

This research uses a case study approach to provide an understanding of the evolution of the four CoPs, which informs a theory of key relationships that can then be tested and improved by applying it to other cases (Small, 2009). Thick description and mixed methods research are two specific approaches that were used to improve the generalizability of the research (Polit & Beck, 2010)

Because of the fluid nature of the CoPs, much of the data presented give a picture of what has happened at different moments in time that, when taken together and interpreted, constitute a body of evidence. The sources of information and data for the 12 years of CoPs in the CCRP include meeting notes and materials, participant surveys, and observations from almost all the meetings. Between 2012 and 2016, selected participants were interviewed at least biannually. Observation is an important method for determining the tacit values and beliefs of individuals.

It is important to note that this kind of research, which weaves together many types of data that are often gathered opportunistically and analyzed collectively, is only possible with a fairly sophisticated knowledge-management system. McKnight has invested in a customized database that allows the CCRP to capture and organize various types of quantitative and qualitative data in an easily searchable repository that can later be analyzed to find patterns and inform adaptive action over time.

The project's CoPs do not have hard boundaries, but 50 to 70 individuals are directly involved in each CoP in a given year. The sampling strategy for the interviews in the present study was a mix of purposeful and convenience, based on a shared language with the interviewer, willingness and availability to be interviewed, and an attempt to capture a diversity of perspectives.

In 2017, a social network analysis was done of CoP members in the Andes ($n = 56$, including both grantees and the regional team) using an online survey that asked respondents with whom they shared and received information within the CoP. The KlugeFinder software was used to analyze the information. KlugeFinder assigns people to subgroups to maximize a well-known criterion from social network models representing the concentration of network ties within subgroups. There is some graphical distortion to accentuate the subgroups in the visualizations.

Finally, three instruments were used systematically across the four CoPs to provide more comparable data. The first was an online grantee perception survey conducted by the Center for Effective Philanthropy (CEP) of all grantees in 2015 ($n = 63$; response rate 72%) and compared to the CEP's database of 250 funders. The second is an online survey of CoP members in all the regions undertaken in 2018 ($n = 72$ completed surveys). The third is a research quality rubric that has been filled out on most projects in the 2012–2017 period by CCRP leadership and will be used to explore how the CCRP CoPs contribute to project-level outcomes.

Findings

In this section, we present the evidence to address the two outlined hypotheses visualized in Figure 1: 1) whether the CCRP CoPs are legitimate CoPs and, if so, why; and 2) if they can improve the practice and adaptive capacity of the individuals and groups involved (outcome). We begin by presenting evidence on the extent to which the CCRP CoPs are sharing and creating knowledge — an important indicator of their legitimacy. Then we explore the factors that contribute to their functioning, namely, power dynamics and social capital. Finally, we present examples of how the functioning CoPs have contributed to adaptive capacity and changes in practice.

Sharing and Creating Knowledge

A 2018 grantee survey of 72 members of the four CoPs revealed that “gaining new information” received the highest number of votes as a benefit

A 2018 grantee survey of 72 members of the four CoPs revealed that “gaining new information” received the highest number of votes as a benefit of CCRP/CoP connections.

of CCRP/CoP connections. A West Africa CoP participant stated in an interview, “The CoP is a very practical way to make progress. It is rich. We immediately have answers and ideas.” This hints at the dynamic of knowledge creation or innovation, which often arises from sharing knowledge.

Further along the continuum of knowledge creation is the example of five projects in eastern Africa that are self-organizing within the CoP space around how to implement farmer research networks (FRNs) — a CCRP approach — by developing common protocols on how to collect data, which will inform research. In some cases, these collaborations have led to transformative change, such as seed projects in the Andes influencing seed-systems laws in all three countries through collective learning and action.

One CoP member reported in an interview, “With other funders, there are no meetings like this. The meetings for other projects are to present research results, not to learn or get training.” The emphasis on social learning is central to the CCRP approach, where the incentives for grantees are not to try to impress the donor, but instead to use research to learn from each other. An evaluator of the Andes annual meeting in 2015 wrote, “There were new people in the CoP mentioning that they only came to present their research, but now they realize it has been a whole sharing of experiences and knowledge.”

The importance of the social learning was also indicated in a post-workshop survey in which

60% of the participants ($n = 15$) indicated “having access to their colleagues” as the most valuable part of the workshop, only slightly less than “having access to an expert” (65%). Even more, 80%, chose “having time and space to work on their projects” and “strengthening their skills.” This shows the importance the participants place on research-methods support in combination with social learning and creating alternative spaces, and not just receiving instruction from an expert, as is typical of a more linear model of knowledge transmission.

Power Dynamics and Trust

Power dynamics influence the trust between and among individuals, which in turn can impede or facilitate the sharing and creation of knowledge. In the eastern Africa CoP meeting held in 2016, frequency of comments, which is an indicator of empowerment, was analyzed by type of actor. The CCRP leadership spoke the most throughout the week, making 30% to 45% of the comments despite representing just 17% of participants. The spoken contributions of newcomers were lower than their proportion of participants. The other types of participants spoke in proportion to their representation. The dominance of the funder may represent a power imbalance in the form of excessive bridging social capital, which if not balanced by bonding social capital can lead to overly top-down dynamics. (See Figure 2.) This is somewhat ameliorated by the increase in participation of more established members, which indicates that trust and confidence grow after the first year.

In an open-ended survey to participants during the same meeting about the shared “passion” of the CoP, the most frequent type of response for first-time CoP participants was the importance of sharing experiences and results. The second most common response category was farmer participation. However, for the CCRP leadership members who participated in that meeting, the most common answer was agroecological intensification (AEI). This shows that the funder’s objective, AEI, is not dominating the agenda, suggesting that their power is not being excessively exercised.

In addition to ethnicity, gender and education level were also observed to influence power dynamics. In the opening plenary session at the 2014 CoP meeting in the Andes, it was observed that the people talking were all men with more experience in the CoP. Individuals belonging to research institutions and universities expressed themselves more than those from NGOs. One participant, hinting at such dynamics, noted in the meeting evaluation: "It is important to create equitable opportunities for opinion among academic participants and development agents." This referred to the dominance of the academic participants who, because of their degrees and titles, can view themselves as having more expertise than other participants.

While these power dynamics are inevitable and constant, the facilitators and CCRP leadership use both subtle and overt tactics to shift social norms by trying to get those who are perceived as having less expertise to participate in empowered ways. Tactics include working in smaller groups, inviting those who speak less to lead special sessions, and offering critical commentary to those who use their positions to speak with more authority. For instance, in the 2014 Andes meeting in which male colleagues dominated the plenary discussion on the first day, almost half of the interventions made during smaller group discussions on the second and third days were by women. A similar trend was reported in the 2016 eastern Africa meeting. This signals the need for trust, an essential element of social capital, in order for many to feel comfortable contributing.

While the CCRP leadership often sets the agenda for the annual meetings and can dominate the conversation, mechanisms exist for grantee participants to feel ownership, such as being on the planning committee and being tasked with leading discussion or introducing new topics. For instance, during the West Africa CoP meeting in 2017, two representatives of farmer organizations were asked to lead discussions on synergies between projects. They did such a good job that participants were motivated to map out existing and potential synergies

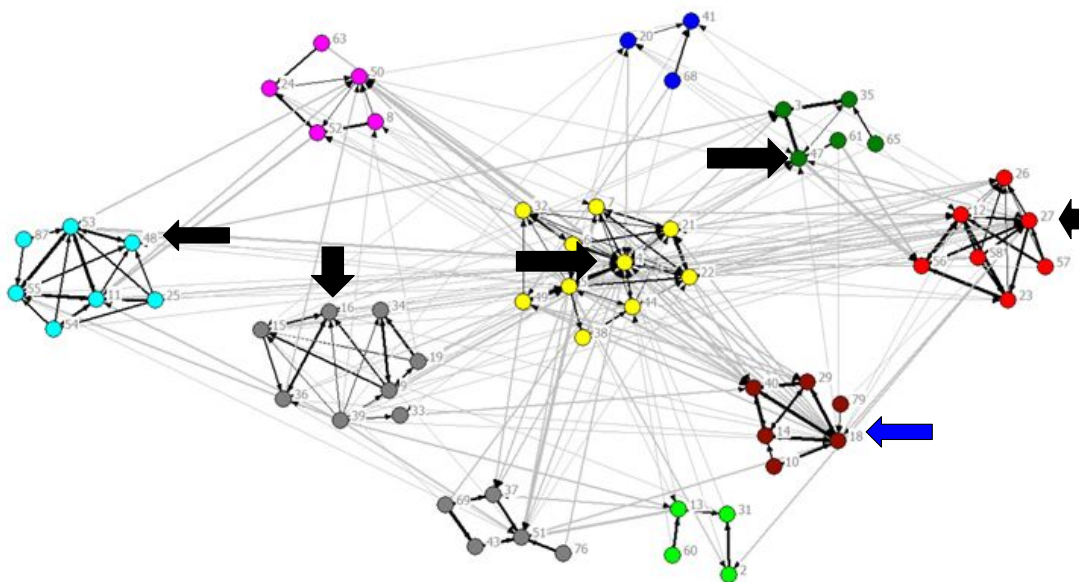
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among projects within countries and among the CoP projects.

In interviews, grantees have commented on the uniqueness of the relatively horizontal model. As one grantee observed, "The quality of the staff is very important. They allow us to work horizontally. They are not like others who come and impose ideas, conditions, and obligations. They are humble people."

In addition to top-down and horizontal movement of knowledge and practice, bottom-up innovation from CoP members has been incorporated by the CCRP. This includes cases where members came up with new knowledge and innovations and influenced the CCRP, which in turn, could share the innovation with other CoPs. For example, in the Andes, a project introduced the idea of working with a local food systems lens instead of value chains. That inspired the CCRP to further develop this area and make three more grants on the topic. In this case, the knowledge was translated into grantmaking strategy. Another example is a West Africa grantee who sponsored a farmer innovation fair, which was then copied by a grantee in the Andes using CCRP funds, but mostly bypassing the regional teams in the knowledge sharing by using a third-party network connection.

Finally, the grantee perception survey administered by the CEP in 2015 revealed that, on

FIGURE 3 Social Network Analysis of the Andes Community of Practice, 2017

KliqueFinder software was used for this analysis. Points represent individuals. Subgroups represent closer ties. Large arrows indicate bridges between the subgroups.

average, grantees rated the extent that the CCRP is open to ideas from grantees about its strategy as 5.48 on a 7-point scale. This rating is in the 83rd percentile compared to the other foundations in its database.

Bonding and Bridging Social Capital

A social network analysis done in 2017 in the Andes shows there are 10 subgroups of individuals with more bonding capital, and within these subgroups there are bridging individuals who are much more tied to other subgroups. (See Figure 3.) The subgroups are mostly, but not entirely, an outgrowth of project teams. Geography, friendships, and thematic focus are also factors in the formation of these subgroups.

For a more specific example of how bridging and bonding capital influence knowledge creation and sharing, the case of No. 18 (Figure 3, blue arrow), who we will refer to as “Maria,” is illustrative. Maria was a Bolivian student who researched climate change effects on farmer gender roles in collaboration with a CCRP

project in Bolivia. Her master’s thesis featured ethnographies of five rural women and was circulated by the regional team (i.e., knowledge brokering) to all of the projects as an example of qualitative research. An extension worker from another project said it deeply influenced her perception of women farmers, in particular how long their days are and the many risks they face.

Maria’s adviser put her in contact with a project in Ecuador. When the Ecuadorian project organized the logistics of the annual CoP meeting, they employed her as a facilitator; there, she got to better know the CCRP approach and CoP members. Later, that same project recruited her to collect interviews and ethnographies on why farmers participate in markets. Next, a CCRP-funded project on soil health, which included the Ecuador project as a partner, hired Maria to study local knowledge around soil in the same Bolivian community where she did her master’s work. Finally, Maria was so inspired by the markets work she did with the Ecuadorian project and observed at CoP meetings that she

organized a related project with the original Bolivian NGO with which she did her master's research, but this time on local markets in Bolivia. This example shows how bridgers like Maria can connect, influence, and be influenced by different subgroups to help spread and create ideas and knowledge within the CoP.

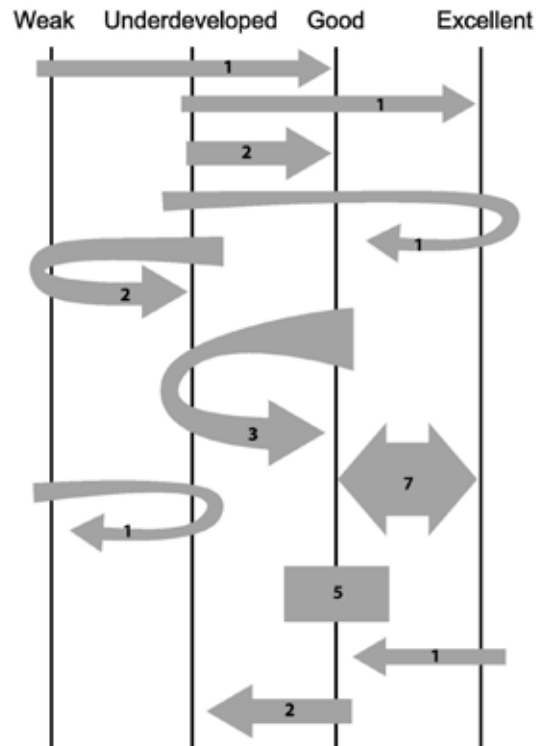
Adaptive Capacity

The response of the eastern Africa CoP to the emerging fall armyworm (FAW) epidemic provides an example of how bridging and bonding social capital can lead to sharing and creating knowledge that results in adaptive capacity. The FAW is a devastating pest that arrived in Africa from the Americas beginning in 2016, damaging maize fields across the continent. During the 2017 CoP meeting in eastern Africa, visits to field sites of a CCRP-funded FRN prompted discussion of the problem. In the context of a large-scale trial of new sorghum varieties by 800 farmer members of the FRN, the CoP members noted greater damage on maize than sorghum.

The CoP members decided they should learn more, and a rapid survey was conducted to further explore the issue. As part of the FRN, 10 young farmers, trained and equipped with mobile phones, served as enumerators and quickly interviewed 1,194 farmers who grew maize and sorghum and observed FAW damage. The farmer-enumerators captured survey responses on their mobile devices using the Open Data Kit, a technology shared with grantees over the years by CCRP leadership as part of the capacity-strengthening program, an example of the innovations bridging social capital can provide. The results were analyzed by the statistics experts in CCRP leadership, and these insights were shared among projects and farmers to inform management decisions.

The adaptive capacity of this 10-year-old CoP is on display in this example. Individuals, groups, and networks, with various degrees of bonding and bridging social capital, were able to quickly share and create knowledge that could lead to change in practices and systems. This inter-change also highlights the respect for different

FIGURE 4 Assessment of AEI Alignment of CCRP Projects Over Time



Only projects with at least two monitoring checklists filled out by the regional team (representing at least two data points) by January 2017 (n = 26) are assessed here. The arrows represent the movement between Likert scale rankings over time (1-4 years), and the width of the arrows represents the number of projects assessed.

types of knowledge — farmer, technical, statistical — within the CoP.

Change in Practice

In the Andes, an external developmental evaluation of the CoP revealed that participants from research backgrounds were being pulled toward a more farmer-centred approach because of their involvement with the CoP:

Grantees with more classic research backgrounds were introduced to and assumed a more farmer- and systems-oriented approach. This made their work more participatory and communicated their research to a wider audience and in ways that made sense for farmers. (Ambrose, 2014, p. 3)

The annual regional team assessments in all four CoPs on the dimension of AEI specifically asks, “How well does the project integrate the principles of AEI and a systems perspective?” and then provides criteria for each ranking. (See Figure 4.) “Excellent” is defined as: “Research is grounded in and leverages ecological principles and knowledge for improved productivity. Includes deep analysis of the multifunctionality and trade-offs of the research product and the adaptive potential of the proposed research products in potential farming and market systems.” Five projects got better over time, 13 projects moved over time but ended up in the same place, five projects stayed static, and three projects received lower ratings over time.

Some of these trends can be explained by the shifting definition of AEI, which was subject to the shared learning process of the CoP with different interpretations and meanings. The movement is also probably related to the point in the project cycle or to changes in project leadership or membership. However, the change also suggests that factors aside from grantmaking, such as capacity strengthening and CoP learning, influence project practice.

A specific example is a project that in 2012 was ranked as “good” for being “systems based and location based.” But in 2013 it was ranked as “weak” because, as the reviewer wrote in the comments section,

While the agenda is pushed by farmers, it tends to be very conventional and focus on one problem in isolation, such as a pest, or on one tool such as GPS. The farmers have repeatedly mentioned their interest in livestock and irrigation but the project thinks that is beyond their scope.

In 2014–2015 the project was ranked as “good” again, because they were integrating multiple dimensions in their participatory work, including soil, climate, and livestock. In large part this expansion in focus was made possible by their interactions and ability to leverage other initiatives within the CoP. Namely, they became part of a cross-cutting soils project financed by the CCRP and collaborated more with a grantee

that worked in the same geographical area on forage and climate. Thus, being a member of the CoP can lead to change in practice through social learning and collaboration.

Discussion

Returning to our main question: What are the trade-offs, or costs and benefits, involved in a funder-initiated CoP? We have learned that for a funder to successfully initiate and sustain a CoP, the funder has to relinquish a fair amount of control and power to the participants while also providing ample support, so that agendas can be negotiated in a more horizontal manner. The loosening of control is compensated for by the innovations and shared meaning and capacity that an authentic CoP provides. Since no single perspective or actor can understand the full system complexity, the CoP acts as a type of evolving crowdsourcing and social-learning platform, enhancing the value of the funder investment.

In addition to the relinquishing of some control, funder-led CoPs require significant demands for human, intellectual, and financial resources and commitment over time. The CCRP is essentially betting on the catalytic power of a portfolio of grantees brought together in a CoP as a more powerful engine of systems change than simply having a larger grant portfolio.

The second hypothesis was that CoPs, through the sharing and creation of knowledge, can improve the practice and adaptive capacity of individuals and groups that are connected through a common funder or lead organization. The 2018 programwide grantee survey on CoPs revealed that most grantees think sharing and creating knowledge is the most important benefit of being part of the CoP, so it is clearly happening. The FAW example showed the rich interplay between individual and group cognition and social learning in the CoP that leads to adaptive capacity. No one person in particular shared the knowledge or the final insight; rather, it was constructed collectively, using existing and new pieces of information to innovate insights for responding to an emerging threat. This kind of response is potentially part of a broader

systems change where institutions are learning how to do more participatory and applied research guided by agroecological principles.

Conclusions

This article provides a novel contribution to the CoP literature by showing that a funder can initiate, support, and participate in a CoP comprised of its grantees, which can succeed in sharing and creating knowledge. By building the bonding and bridging capital, the CoP can strengthen its collective adaptive capacity. The bonding social capital is important to maximize trust and flow of information, while the bridging brings in new experiences and ideas that lead to innovation. Members' external networks are essential to the sharing and innovation beyond the CoP, which can further contribute to systems change.

This kind of response is part of a broader systems change where institutions are learning how to do more participatory and applied research guided by agroecological principles. When knowledge is shared and created in ways that inform practice and lead to adaptive capacity, there is an increased possibility of long-term, sustainable systems change. In this case, the system being influenced is how agriculture research and development is done. Specifically, the CoPs provide practical insights on how to do participatory research. This is in contrast to the

dominant paradigm in many of the CoP members' home institutions, which mostly promote a top-down, technology-transfer model (e.g., research institutions), or do not use research at all (e.g., NGOs).

As funders increasingly look outside of the traditional logic of projects to explore how they can contribute to enabling long-term conditions and capacity for change and adaptation, well-supported and facilitated CoPs offer a promising approach. There are trade-offs in being less tightly focused, but ultimately the CoP becomes more relevant to participants' knowledge and relationship needs. A funder-initiated CoP has more horizontal power dynamics than a traditional funder-convened group or network of grantees, although it can tolerate more hierarchy than a completely decentralized CoP. Future research should both test and refine the theoretical model presented in this article as well as compare the CoP to other approaches to more fully explore cost, benefits, and trade-offs under varying conditions.

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A Mission to Improve Health: Lessons From Missouri's Expanding Coverage Initiative

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Keywords: *Health care, retrospective, evaluation, policy*

Introduction

The Affordable Care Act (ACA), signed into law by President Barack Obama in March 2010, made historic and expansive changes to the U.S. health care system. Aiming to make health insurance more accessible and compelling with a mandate set to begin in 2014, the ACA had the potential to reduce the numbers of uninsured Americans as well as the financial and health costs associated with a lack of coverage.

While the ACA was designed as sweeping federal legislation, its actual implementation varied by state and differed from the original intent of the law. State governments were given leeway in how they applied the ACA, and there was resistance to it in some states. Thus, implementation resulted in a patchwork of related but different strategies, solutions, and regulations in each state (Sommer, 2013). Missouri was one of a number of states whose government actively stood in the way of the federal law's implementation (Jones & Singer, 2012). Notably, it was one of 17 states that originally opted out of Medicaid expansion under the ACA.¹ This meant that over 100,000 Missourians fell into a gap whereby they were not eligible for Medicaid, but also were not eligible to receive tax credits through the ACA to reduce their health insurance premiums (Norris, 2020).

To address gaps left by the state government, a constellation of actors on the ground — hospital

Key Points

- To support the implementation of the Affordable Care Act, in 2013 Missouri Foundation for Health launched the Expanding Coverage Initiative. The five-year effort sought to reduce Missouri's uninsured rate from 13% to less than 5% by developing a broad-based state coalition and employing a three-pronged approach of awareness building and outreach, enrollment assistance, and increasing health literacy.
- While the initiative did not achieve its rate-reduction goal, the rate of uninsured Missourians dropped to 9% during the ECI's time frame, a decrease on par with the national average despite the fact that at the time Missouri was one of 17 states that opted out of Medicaid expansion. Coalition members pointed to the value of collaboration, access to expertise, the locally tailored approach of the initiative, and the maintenance of a politically neutral stance in the effort to support implementation of a complex federal policy.
- Drawing upon findings from a retrospective evaluation, this article explores the initiative's lessons and legacy, and shares key insights for other funders looking to support efforts to advance health care coverage.

¹ The ACA included a provision that called for an expansion of Medicaid eligibility in order to cover more low-income Americans. However, a 2012 Supreme Court ruling essentially yielded this provision optional for states. As a result, some states did not opt into the expansion program. These states were left with a coverage gap of individuals whose incomes were too high for them to be eligible for Medicaid, but too low for them to receive federal tax credits under the ACA. As of August 2020, after the time frame of Missouri Foundation for Health's Expanding Coverage Initiative, Missourians approved a ballot initiative that expanded Medicaid. Twelve states remained without Medicaid expansion.

and primary care associations, the regional Center for Medicare & Medicaid Services (CMS), and federally funded insurance navigators — initiated ACA-related roles without coordination or support from the state. These entities also worked to counter the effects of state-level provisions aimed at weakening the impact of the ACA.

The Launch of the ECI

Against this backdrop, in 2013 Missouri Foundation for Health (MFH) launched its Expanding Coverage Initiative (ECI). Operating under assumptions about the perpetuity of the ACA, the ECI was designed as a five-year investment in building the capacity of and coordination among the range of actors implementing the ACA within the state. The Cover Missouri Coalition (CMC) was the convening body established to provide a lasting infrastructure that could support effective ACA implementation through the rollout and beyond. This article describes the initiative's strategy and desired outcomes, highlights findings from a retrospective evaluation, and identifies lessons for funders interested in coalition-building and advancing health care coverage.

The mission of MFH, which was founded in 2000, is to eliminate underlying causes of health inequities, transform systems, and enable individuals and communities to thrive. In 2012, the foundation was launching a new strategic plan focused on health issues on which it believed it could have the greatest impact, particularly for underresourced communities in Missouri. With the ECI, the foundation saw an opportunity to support ACA implementation in the state by coordinating and supporting on-the-ground efforts to ensure all Missourians could access health insurance, particularly in populations least likely to enroll.

The ECI focused on awareness building, enrollment assistance, and health insurance literacy. Activities within each of these areas were supported by the infrastructure of the CMC and its members, and were designed to ultimately reduce the proportion of uninsured Missourians to 5% in five years. (See Figure 1, page 86.)

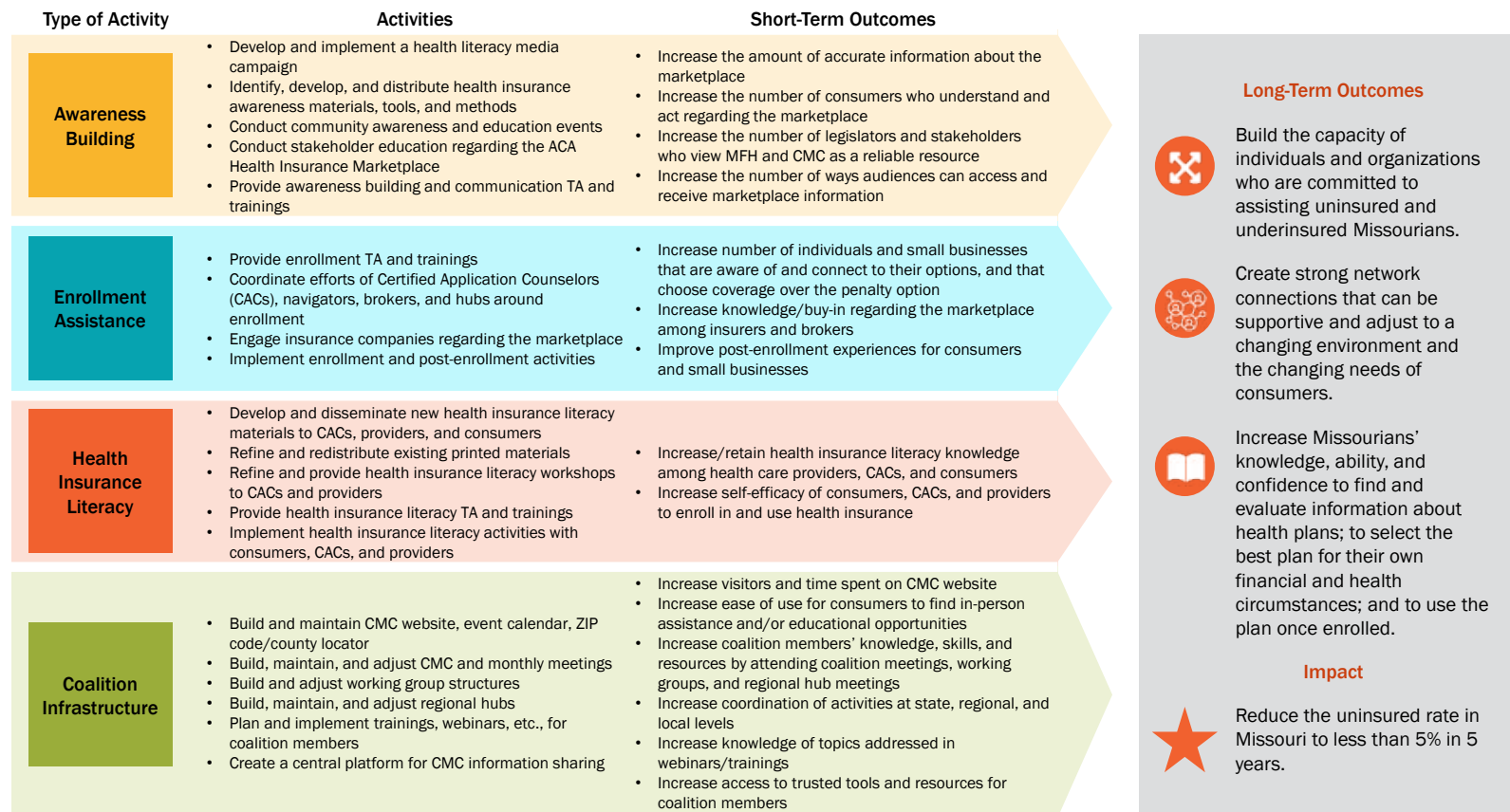
The CMC Structure

To carry out the initiative's aims, MFH sought to grow a broad base of stakeholders in the state, provide them with support, and create intentional opportunities for collective learning and action. By bringing together existing partners engaged in the ACA rollout and the organizations funded by the foundation to coordinate and enhance enrollment efforts, the CMC became the primary implementation body for the ECI. (See Figure 2, page 87.)

The foundation provided support to 28 grantee organizations throughout the state, that represented a broad range of missions and included health centers and community-based organizations. Throughout the initiative, these organizations built their capacity to conduct education and enrollment events in their communities, provided enrollment counseling sessions, and assisted community members with ACA Health Insurance Marketplace enrollment. MFH also invested in five organizations to serve as regional leaders, or hubs, for the CMC. These hubs focused on supporting local efforts through training and coordination for local grantees and partners, in addition to participating in and remaining connected to the broader, statewide work. (See Figure 3, page 88.)

Foundation-funded hub and grantee organizations were a critical part of the coalition, but made up a small percentage of CMC membership; at its peak the coalition had over 800 individual members. These unfunded coalition partners — including federally funded navigators, regional Centers for Medicare & Medicaid Services, health care brokers and agents, and insurance companies — had interest in and influence over health insurance enrollment in the state. (See Figure 4, page 88.) They brought their knowledge and resources to the coalition, and were also beneficiaries of the information and technical assistance (TA) the coalition provided to further its own or member organizations' enrollment efforts.

Within this structure, the CMC engaged in convenings both statewide and at the regional level to create multiple touchpoints that reinforced

FIGURE 1 The Expanding Coverage Initiative Logic Model

Source: Center for Public Health Systems Science, Washington University in St. Louis

FIGURE 2 Cover Missouri Coalition Structure

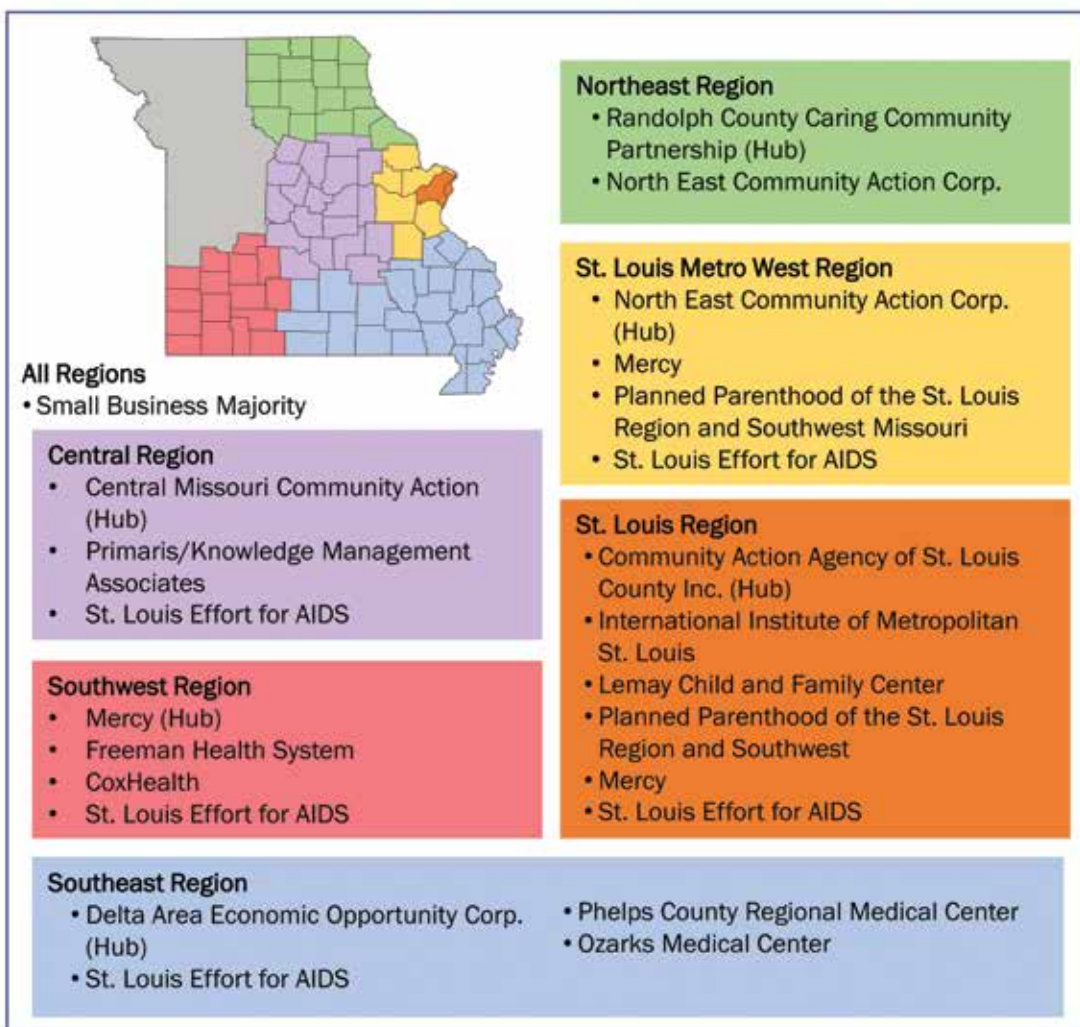
Source: Center for Public Health Systems Science, Washington University in St. Louis

the coalition's common purpose. The regional hubs met regularly (mostly monthly) to focus on localized implementation issues, challenges, and collaboration opportunities. Coalition members stayed current on issues impacting ACA implementation in Missouri, and built their capacity through regular TA calls and participation in ongoing topical webinars. A facilitator contracted by MFH coordinated and convened quarterly statewide in-person meetings and virtual gatherings in the months between those held in person. These distinct and frequent connection points were built in to address the diversity and spread of the partners, the volume

of emerging information, and how quickly the initiative ramped up.

MFH invested in an array of organizations — referred to as contracted partners — to provide support for the coalition. These partners brought specific expertise in facilitation and coordination, awareness raising and communications, health insurance literacy, technical policy support for grantees working in an ever-evolving legal climate, and evaluation. The contracted partners helped to facilitate meetings, translate complicated policy information, develop key messaging, design communication

FIGURE 3 Regional Hubs for the Cover Missouri Coalition



Source: Adapted from the Center for Public Health Systems Science, Washington University in St. Louis

FIGURE 4 Cover Missouri Coalition Participants



campaigns, navigate complex enrollment cases, provide legal aid and advice, lead trainings for coalition members across Missouri, and provide evaluation and data support. The foundation further supported the coalition through centralized tools and resources, among them a web-based “Find Local Help” tool and statewide call center that connected individuals to coalition members based on their enrollment needs and location.

Documenting the Legacy of the ECI

Throughout the ECI, an ongoing process evaluation conducted by a team at the Center for Public Health Systems Science at Washington University in St. Louis helped the foundation and the coalition partners review progress toward the initiative's outcomes and long-term goals. (See Table 1, page 90.) The evaluation captured the annual activities and progress of the 28 MFH grantees and regional hubs, including the number of outreach events and counseling sessions they conducted. The evaluation also tracked the CMC's activities through ongoing surveys of coalition members, measuring member capacity and the strength of the coalition network.

The evaluation showed the majority of coalition members reported gaining new knowledge and skills through their participation in coalition meetings, increasing their health literacy, building their capacity to enroll consumers in health insurance, and receiving valuable information from coalition events and communication. At the same time, the findings showed that the greatest gains in knowledge, skills, and awareness among coalition members may have occurred during their early months of participation, and plateaued after that point. These insights into the coalition's growing capacity helped identify future opportunities to strengthen its work.

The evaluation also captured annual marketplace enrollment data for Missouri. While the initiative was winding down in 2018, the enrollment data made clear that some of the ECI's long-term goals would not be achieved. Ultimately, the initiative did not achieve its goal of reducing the uninsured rate in Missouri to

below 5%. The volatile political atmosphere surrounding the coalition's work added a range of complications and stumbling blocks to achieving the outcomes and impact set forth in the logic model. Most notably, the state's failure to expand Medicaid left too many Missourians in the coverage gap for the initiative to effectively reduce the uninsured rate to 5%.

As the foundation and its partners were taking stock of their work over the past five years, they began to consider the factors that made the coalition's work effective, the stumbling blocks, and how their work contributed to ACA implementation in the state. With these broad questions in mind, MFH sought to gain a deeper qualitative understanding of how the CMC was implemented over its five years in order to tell a fuller story of its work — information that could be useful to the coalition's future work and to similar efforts.

Evaluation: Methods, Purpose, and Findings

In 2019, MFH partnered with Engage R+D to conduct a retrospective, qualitative evaluation of the ECI. (See Table 1.) Engage R+D's methods included stakeholder interviews and secondary data analysis. The evaluation team conducted 27 semistructured qualitative interviews from March to May 2019 with ECI partners and beneficiaries to better understand their experiences and perspectives on the accomplishments, challenges, and outcomes of the ECI. These participants were:

- six foundation staff with close involvement and leadership positions with the ECI;
- 11 key contracted partners that supported the CMC and provided TA to grantees; and
- 10 members of the coalition, including MFH grantees and other partners.

The evaluation team conducted a content analysis of the interview transcripts using qualitative analysis software to identify and organize themes.

TABLE 1 What Was Known About ECI, and Remaining Questions at Initiative's Conclusion

ECI Outcome	What Was Known... (from process evaluation)	Cross-Cutting Questions to Be Explored... (by retrospective evaluation)
Build individuals and organizations committed to assisting uninsured and underinsured Missourians	<ul style="list-style-type: none"> • CMC members increased their capacity to enroll consumers in the Missouri ACA Health Insurance Marketplace and/or Medicaid • Coalition members increased their community awareness and education activities 	<ul style="list-style-type: none"> • How did the ECI unfold over its 5 years of implementation? • What were some of the main accomplishments and challenges of the initiative? • What impact did the ECI have on the uninsured and partners engaged by the foundation? • What overall evidence of effectiveness exists for the coalition building strategy? • What strategies were particularly effective? • What, if any, unexpected outcomes emerged during the course of the ECI implementation? • What evidence exists that the ECI contributed to declining uninsured rates in Missouri (as compared to other states)? • What could have been done differently to have made the initiative more effective? • What contextual factors related to the state and national health insurance environment influenced ECI implementation?
Create strong network connections that could be supportive and adjust to a changing environment and the changing needs of consumers	<ul style="list-style-type: none"> • CMC membership steadily grew • Coalition members developed productive partnerships • CMC communications and materials became a valuable source of information in a rapidly changing environment 	
Increase Missourians' knowledge, ability, and confidence to find and evaluate information about health plans; select the best plan for their own financial and health circumstances; and use the plan once enrolled	<ul style="list-style-type: none"> • Coalition members reported that their knowledge of health insurance literacy increased • MFH's grantees demonstrated a high level of knowledge regarding comparing health insurance plans and reported high levels of confidence in communicating with consumers about health insurance terms • Coalition members experienced the greatest gains in knowledge within the first 6 months of their participation, then knowledge plateaued • There was no direct information from consumers about their gains in health literacy 	
Reduce the uninsured rate in Missouri to less than 5% in 5 years	<ul style="list-style-type: none"> • An increasing number of Missourians enrolled in health insurance through the marketplace each year, although enrollment plateaued toward the initiative's conclusion • Enrollment in Missouri's Medicaid program declined as more restrictive Medicaid eligibility rules were rolled out • Missouri's uninsured rate dropped from 13% in 2013 to 9% in 2017; ultimately did not achieve goal of reducing rate to less than 5% 	

Engage R+D also identified a subset of states similar to Missouri and conducted a qualitative, comparative analysis of their progress towards reducing uninsured rates. This analysis approach has been used by other researchers

seeking to understand the drivers of health insurance enrollment across states. For example, a comparative case study of four nonexpansion states used a similar approach to understand the factors that impacted enrollment outcomes

in the federal ACA marketplace (Wishner, Spencer, & Wengle, 2014). The intent of the secondary data analysis was not to claim causality. However, the analysis did seek to explore the relationship between state characteristics and external factors, including the presence of a broad coalition such as the CMC, and changes to uninsured rates. Our analysis had two stages: 1) an examination of changes in uninsured rates across all states and the 17 states without Medicaid expansion; and 2) a qualitative comparison of the context in Missouri to that of five similar states.

First, to provide context for the state analysis, we used federal data to understand shifts in state uninsured rates from 2013 to 2017 across all states with information available. We calculated the total percentage change and statistical significance of the change ($p = .01$) in uninsured between 2013 and 2017.² We then compiled comparative data on demographics and Medicaid enrollment for each of the 17 states that opted not to expand Medicaid.

Second, we refined our list to include Missouri and five other states of similar population size, racial/ethnic diversity, region, and rurality.³ We compiled qualitative information on each state's policy context, the role of local government and community-based organizations, and the presence or absence of statewide coalitions similar to those participating in the ECI. We conducted an analysis of gray literature and news media coverage related to states' ACA expansion, and conducted two key informant interviews in comparison states.

The evaluation team compiled findings from the interviews and state uninsured data analysis to tell a retrospective, qualitative story of the initiative's evolution, identify lessons for funders and other actors, and explore the role the coalition played in expanding health insurance enrollment in Missouri. Our findings fall into two categories: 1) coalition building, which has

Areas of Inquiry for Retrospective Evaluation

- How the initiative unfolded over its five years
- Successes and challenges
- Effectiveness of coalition-building strategy
- What could have been done differently and unexpected outcomes
- Evidence of ECI's contribution to declines in uninsured rates in Missouri
- Contextual factors that influenced implementation

broad implications for funders across a range of issue areas; and 2) advancing health care coverage, which is geared toward funders seeking to implement similar strategies.

Coalition Building

Given the newness of the ACA at the launch of the initiative, foundation staff and early partners reflected that it often felt as though the team members were "building the tracks as they were moving along." This sentiment posed some challenges to the coalition in establishing its structure, process, and goals. It also required flexibility, trust, and cohesion among the CMC's many partners.

The coalition sought to balance regional flexibility with centralized support. The CMC's regional hub infrastructure tapped into community-based experience and peer learning, while the centralized role of MFH staff and contracted partners offered cross-cutting expertise and support. Coalition members and partners reflected that the CMC struck a useful balance, giving them a meaningful voice in strategy and implementation while also supporting that

² We included 45 of 50 states in this analysis. We excluded five states for which American Community Survey (ACS) one-year estimates from the U.S. Census were not available for one or both years of comparison.

³ "Rurality" is the percentage of the population in each state living in rural areas, according to the U.S. Census.

“The whole initiative — the roles, the website, the plans — everything was new. It was new to everyone, and it really took most of that first year for people to start to feel confident.”

– ECI partner

implementation with structure, common processes, and shared language.

For example, contracted partners and MFH staff provided communication tools and campaign materials. Through the flexible hub structure, regional partners could strategize together to ensure that communications campaigns aimed at increasing health insurance enrollment were focused on reaching those historically uninsured in each local context with messaging that would resonate with residents. Regional hub leaders and coalition members alike regularly elevated local needs and effective strategies to the contracted partners leading the coalition and to MFH.

Trust and Cohesion

Establishing trust and cohesion posed some barriers early on in the initiative. The foundation, contracted partners, and coalition members recognized that they would need to establish clear lines of communication and trust in order to work together effectively for the long haul. However, they described encountering some challenges in doing so at the start of the initiative. One CMC member commented on the amount of time it took to build trust given the newness of the work: “The whole initiative — the roles, the website, the plans — everything was new. It was new to everyone, and it really took most of that first year for people to start to feel confident.” Another commented: “Cover Missouri really forced collaborations that

wouldn’t have happened otherwise. When they worked, they worked great. But not everybody was used to that.”

Others expressed initial hesitation around sharing their products or information freely with others. In addition, the initiative’s contracted partners reflected that in the initiative’s first year their roles were not always clear cut. Some of their skills overlapped, but a clear line of communication had not yet been established for these external consultants. “During the first year we weren’t operating as a seamless team,” described one contracted partner. Another agreed: “It was a little rocky in the first year. There were so many contractors and figuring out unique roles was difficult in the beginning.” Over time, as partners began to work together more closely and align around common goals, their thinking shifted, roles became more clear-cut, and the spirit of collaboration grew.

Shifts in Context

Unexpected changes in state Medicaid eligibility requirements posed a substantial challenge to the initiative achieving its goal. As a foundation staff member described it:

We had set a goal of reducing the uninsured rate to less than 5% in five years. ... It was an aggressive goal, but at the same time we thought [it was attainable] because at the time the initiative got going, Medicaid expansion was still a mandatory thing. Then, because of the Supreme Court ruling, it became optional for states. That, in the long run, impacted the success of the initiative.

A grantee discussed the frustration that some felt when balancing what they perceived to be the success of the coalition with the fact that attaining its ultimate goal seemed increasingly unlikely as the initiative progressed: “Everybody was just 100% committed to [our goal of] lowering the rate of uninsured to less than 5% in five years,” the grantee reflected. “If we would have expanded Medicaid, we would have gotten there. That’s what’s so frustrating about it.”

Convening as a Powerful Strategy

Through the retrospective interviews, members provided their reflections on the “value-add” of the CMC convening approach to the initiative’s efforts to expand health insurance enrollment. There was agreement, for example, that participation in the statewide coalition and convenings helped individuals with diverse interests and perspectives see eye to eye in unexpected ways. Given the breadth of the coalition, members often had differing perspectives on the ACA, as well as different ideologies about and stakes in expanding health insurance coverage. The convenings and supportive infrastructure of the coalition allowed these members to begin to converge their perspectives and develop a common vision for insuring more Missourians. As one partner observed:

Hospitals, health systems, and insurance companies participating in the marketplace — all kinds of organizations that were not originally comfortable with the ACA — came on board. ... We saw enrollment assisters at hospitals, even in rural areas ...; we saw those hospitals start hiring and training staff [to do] enrollment assistance, because they saw the real benefit of getting their uninsured patients covered.

In other cases, partners who traditionally may not have worked together due to ideological or competitive differences coalesced around reducing uninsured rates. Even when their motivation for doing so was different, partners reflected upon how the coalition and in-person connection points helped to unite them around this shared goal.

Ultimately, partners reported that the coalition created a collaborative spirit that helped to enhance their local work. One grantee said, “The reason individual organizations were as successful as they were was because we could lean on each other for support going through the open enrollment period. For me, that’s key: collaboration and partnership.”

In addition, members noted that coupling convenings with expert support helped the coalition to respond to shifts in context. The group of

“Everybody was just 100% committed to [our goal of] lowering the rate of uninsured to less than 5% in five years. If we would’ve expanded Medicaid, we would’ve gotten there. That’s what’s so frustrating about it.”

– ECI grantee

contracted partners that the foundation retained for the CMC offered a broad range of expertise and skills that were shared with grantees, regional hubs, and the full coalition via convenings and other activities. Although the majority of coalition members were not funded by MFH, they could still make use of the contracted partners’ collective expertise. These expert partners had the ability to quickly respond and provide guidance to the full coalition when, for example, a key policy or rule change was enacted that would influence Missouri residents’ eligibility for insurance coverage. In addition, the foundation hired a full-time initiative director to provide organization and coordination of this broad effort.

Advancing Health Care Coverage

Missouri’s political environment, including mixed public opinion about the ACA and the state government’s efforts to weaken its impact, posed major barriers to the coalition’s work. In this context, CMC members sought to thoughtfully structure and deliver their messaging and maintained a neutral stance in order to appeal to residents with diverse perspectives.

Adaptive Approaches

The foundation has a tradition of political neutrality, which CMC participants and foundation staff noted worked well for this initiative. MFH took on an issue that could have been a political

“For us, it was a matter of removing the politics from it. Then you can get people to see that ... some part of this is for them.”

– ECI partner

hot potato — implementation of the ACA — and led its coalition partners in avoiding partisan perspectives by keeping the focus on the facts and implementation of the federal law. As a foundation staff member described it, “We’ve always worked hard to stick with just the facts and stay as apolitical as we can. That has really been valuable for people to trust us as a source.”

According to contracted partners and coalition members, the approach worked in terms of maintaining the coalition’s credibility. For example, a coalition member attributed the success of consumer education workshops in part to the nonpartisan stance:

After doing 450 different workshops on the ACA in Missouri in the last six years, the fact that we had no complaints speaks to the professionalism of the Cover Missouri members as well as our approach of being strongly politically neutral.

Using adaptive and local approaches to meeting communities’ needs can help to shift attitudes and behaviors. The initiative focused its messaging on the reality of people’s lives and their fundamental need for health insurance. Regional partners worked to ensure that communications campaigns aimed at increasing health insurance enrollment were adapted to each local context in order for the message to reach and resonate with residents. This allowed the ECI to gain traction with a broad base of coalition members and Missouri residents in general.

One partner described their politically-neutral approach in this way: “for us, it was a matter of removing the politics from it. Then you can

get people to see that ... some part of this is for them.” Another partner reflected upon the importance of the language used when reaching out to potential enrollees, noting that the term “Obamacare,” while widely recognized, was politically charged. As a workaround to this, enrollment assisters doing community outreach reframed the policy for consumers: “We would correct and say, ‘it’s the Affordable Care Act’ (sometimes people call it ‘Obamacare’) By focusing on the policy and what it does for consumers and the protection, their attitudes started to change a bit.” At the same time, coalition members were strategic in their approach, recognizing that in some communities, attitudes toward the ACA were so hostile that doing any type of outreach, even with careful framing, would not be fruitful.

Engagement With Local Leadership

Engaging with trusted community leaders also helped coalition members navigate local context. The ECI’s regional hub structure helped members to form local partnerships and take approaches to increasing awareness, enrollment, and health insurance literacy that were sensitive to community needs and contexts. The coalition’s locally tailored approach supported involvement of nontraditional partners, such as religious leaders, who had credibility in certain communities.

One grantee, whose organization focused on directing uninsured individuals to enrollment agencies, described forging relationships with religious leaders: “We have a lot of personal contacts with, for example, pastors in the local churches. They are trusted leaders — if they say something, people will trust them. We often take our programs to them.” Another partner commented on the value of consumers, particularly in rural parts of the state, hearing messages about obtaining coverage from a trusted local partner:

If somebody local who I trust tells me, “Hey, this is important; you need to do it; you need to sign up for this insurance,” rather than someone out of St. Louis or on the news, I’m going to trust that local person.

The Political Landscape

Contextual factors can reveal differences in how states experience health insurance expansion. Prior research has documented a variety of factors that may have impacted uninsured rates in states after the ACA's implementation, including the policy environment, public sentiment, and coordinated efforts to support increased enrollment (Wishner et al., 2014; Glied, Ma, & Verbofsky, 2016). Engage R+D's state comparison analysis similarly revealed how such factors correlated with shifts in uninsured rates. (See Figure 5, page 96.) While it is not possible to infer causality from our analysis (i.e., to attribute changes in uninsured rates to demographics or the political environment), we found the following factors helped to tell a nuanced story of how certain states experienced ACA implementation:

- *Medicaid eligibility rules.* Across the U.S., all states with available data saw statistically significant decreases in their uninsured rates from 2013 to 2017. However, the magnitude of the change was larger in most Medicaid expansion states than in non-expansion states.⁴ In addition, among the six states we selected for comparison, the two that saw a decrease in uninsured rates larger than Missouri's — Wisconsin and Tennessee — had unique circumstances that led to increases in Medicaid enrollment despite their choice to opt out of expansion. The three states with smaller declines in uninsured rates relative to Missouri's maintained restrictive rules around expansion.
- *Support for enrollment independent of state agencies.* The decline in South Carolina's uninsured rate — 31% — was the same as that of Missouri. While ACA implementation policies were highly restrictive in both states, they had similar coordinated efforts, with philanthropic support, to increase health insurance enrollment. The change in the uninsured rate in South Carolina and Missouri stayed at the median for

nonexpansion states despite these restrictive environments.

- *Population size.* While Kansas and Nebraska are in the same CMS region as Missouri, their populations are less than half the size of Missouri's. Even in the absence of a coordinated initiative, the smaller populations may have simplified outreach and enrollment efforts in those states. Kansas and Nebraska reached the same uninsured rate, 9%, as Missouri in 2017, although that represented a smaller change from the 2013 rates.

Taken as a whole, this analysis points to the varied ways that demographics, Medicaid eligibility rules, and coalition-based efforts influence shifts in states' uninsured rates. They also suggest the strong role that state policies and regulations can play in access to health insurance coverage, regardless of the presence of coordinated efforts to support outreach and enrollment.

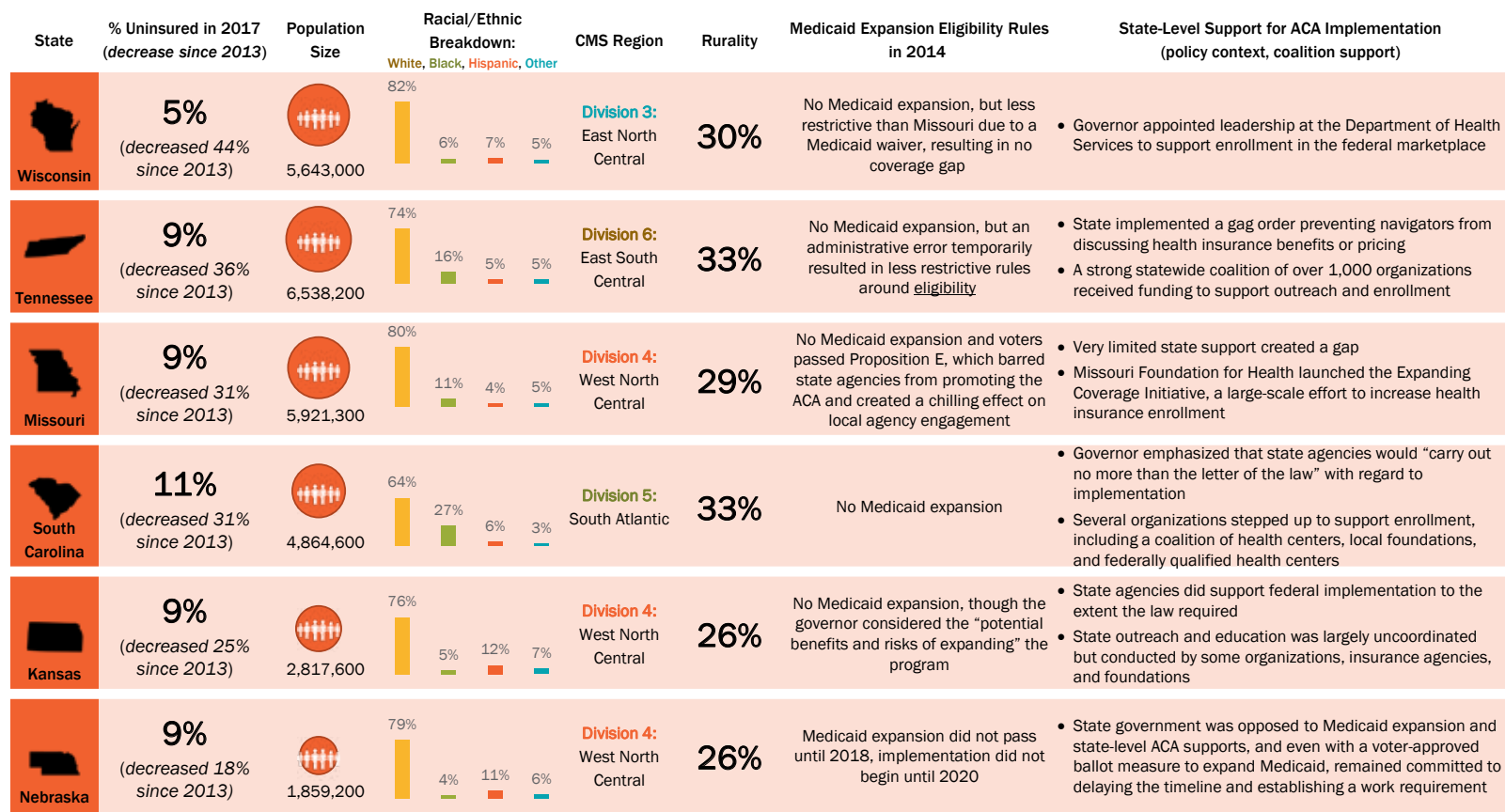
Lessons for Other Funders

The lessons from the Expanding Coverage Initiative suggest several ways that foundations can effectively manage and evolve a multiyear policy effort through broad coalition building, crafting politically neutral messaging that resonates across diverse local contexts, and approaching evaluation in a complex and shifting environment. We believe the following three lessons, on the importance of messaging, convening, and retrospective evaluation, are particularly valuable to other funders interested in supporting similar efforts.

Messaging

Foundations seeking to promote particular messages through their social change efforts frequently engage with communications and public relations firms to help craft their delivery. However, for initiatives such as the ECI, which are focused on diverse contexts within a single state or region, one set of messages may not be sufficient. By coupling the support of a

⁴Missouri's uninsured rate in 2017 (9%) was on par with the national average. However, the average change in the uninsured rate across the U.S. during this period (40%) was higher than the change in Missouri (31%) and in most other expansion states.

FIGURE 5 Missouri in Context of 5 Other States That Opted Out of Medicaid Expansion

Note: Across all 17 states that opted out of Medicaid expansion, the median decline in the uninsured rate from 2013 to 2017 was 31%; the decrease ranged from 8% to 44%.
 Sources: Centers for Medicare & Medicaid Services, healthinsurance.org, Kaiser Family Foundation, Kids Forward, Rockefeller Institute of Government, U.S. Census Bureau.

communications firm (to develop centralized yet flexible messaging) with input from local partners (about how to tailor messaging), the ECI was successful in delivering communications about health insurance enrollment that resonated with different local contexts within the state.

The communications firm, with message testing and feedback from local partners, tailored campaign materials for populations historically under-enrolled in insurance. These carefully crafted messages — paired with grantees' and partners' localized understanding of demographics, relationships, political views, and perceptions about the ACA — contributed to outreach approaches aligned with the attitudes and beliefs of residents in particular Missouri communities.

Messaging is a critical consideration for health-focused initiatives. Other organizations seeking to advance or implement statewide health policy could benefit from pairing investments in marketing and communications with input from local stakeholders to ensure that messaging resonates with and effectively reaches residents in different communities.

Convening

The ECI solidified its coalition of stakeholders through ongoing participation in statewide convenings. These convenings helped the initiative gain support in a range of localities, and brought partners to the table who had diverse knowledge and skills to support the initiative's goals. Foundations have long invested in convenings such as these as a way to drive social change by bringing together individuals and groups with diverse perspectives that are working toward common goals (Borgman, 2016). Further, the concept of adaptive strategy is becoming more common among foundations, and others have pointed to the particular value of taking a flexible approach to building coalitions (Easterling & McDuffee, 2019; Snow, Lynn, & Beer, 2015). Thus, the idea of coalitions and convenings as core to building and evolving in an adaptive way is not necessarily new.

The experience of the ECI, however, brings to light several lessons about how to structure coalitions and convenings to best achieve their goals. First, effective coalitions must strike a balance between having enough structure and access to shared resources that participants stay engaged and motivated around shared goals, while still having enough flexibility to adapt as internal and external conditions shift. Second, the ECI highlights how a prolonged investment in ongoing and intentional convening, particularly in geographies that lack investment in this type of approach, can be a powerful tool. However, it still may not be sufficient to overcome barriers related to the federal, state, or local policy context.

Third, by intentionally convening a broad group of stakeholders — and investing in the time required to build trust, establish relationships, and clarify roles — foundations can support more meaningful connections among grantees and partners, even those on seemingly opposite sides of the aisle. Convening can be a powerful strategy when applied intentionally, flexibly, and over the long term.

Retrospective Evaluation

Funders supporting adaptive initiatives such as the ECI can find it difficult to gauge impact (Britt & Coffman, 2012). Further, there is increasing recognition that rigorous impact evaluations of social change efforts can result in findings that are not practically useful and actionable, given the complexity within which such efforts take place (Gugerty & Karlan, 2018). Alternative strategies to evaluating social change efforts include developmental evaluation (Patton, 2010) — which focuses on collecting and analyzing real-time information to support innovation and adaptation — and implementation science, which focuses on understanding how well a program or intervention was implemented (Easterling & Metz, 2016).

Our evaluation adds to the growing knowledge about alternative ways to understand the progress of multiyear social change strategies. The retrospective evaluation helped to document the evolution of the initiative and the coalition's

work. It revealed strengths of the coalition — for example, its ability to build a strong, diverse base of over 800 members and develop politically neutral messaging — and how those strengths supported awareness building, health literacy, and enrollment efforts. It also revealed the challenges that a coalition can face when seeking to counter a state context that is highly restrictive to an initiative's goals. While some of these lessons were apparent as the initiative unfolded, others emerged when participants had the opportunity to reflect back on the entirety of their work. These lessons highlight strengths and gaps that may be useful to other funders supporting similar initiatives.

Conclusion and Looking Ahead

Upon overcoming early challenges around building trust and clarifying roles, the Expanding Coverage Initiative established a strong coalition that balanced centralized infrastructure and expertise with regional flexibility. Convenings, shared resources and support, and fact-driven communication, among other strategies, allowed coalition members the opportunity to bridge divergent perspectives and coalesce around shared goals. Members could then carry out those strategies within Missouri communities, tailoring their approaches to building awareness, expanding enrollment, and increasing health insurance literacy to each local context.

A comparative analysis of Missouri to similar states yielded insights about how state context

can help to advance efforts such as the ECI, but also how the policy environment can be a strong facilitator or barrier to desired changes, regardless of the presence of a coalition. The initiative did not achieve its ultimate goal of reducing the state uninsured rate to below 5%, facing significant barriers related to Medicaid eligibility rules and the state policy context. However, it did build an infrastructure to support ACA implementation that has had lasting impact and relevance beyond the initiative.

In addition, at the time of this article, the coalition built through the ECI was pivoting in new and unexpected ways as the landscape shifted once again. The COVID-19 pandemic was posing a major threat to the health and well-being of Missourians and was also challenging the state's public health infrastructure and health care system. In August 2020, Missourians voted on a ballot initiative to expand Medicaid coverage, a decision which felt even more critical against the backdrop of COVID-19. Missouri Foundation for Health mobilized the Cover Missouri Coalition in a variety of ways, activating their network of members and providing them with resources and support to navigate the shifting health care landscape and address health inequities. The Medicaid expansion ballot initiative was ultimately successful, receiving approval from 53% of Missouri voters. The experience and relationships coalition participants gained from the Expanding Coverage Initiative have helped to bolster the coalition's efforts in this new era.

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Executive Summaries

Results

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Exploring Needs for Diversity, Equity, and Inclusion Practices in Arts and Culture Nonprofits in Denver, Colorado

Christina McClelland, M.P.A., University of Colorado Denver

The Bonfils-Stanton Foundation partnered with a consultant to explore how to support Denver arts and culture organizations in their work on diversity, equity, and inclusion (DEI). This article summarizes the findings of a survey of leaders from 10 of these nonprofits and discusses them within the context of a review of literature on diversity efforts among other arts organizations in North America. Drawing from these findings, the authors recommend that arts grantmakers can most effectively support nonprofits in their DEI work through building the field, supporting a diverse workforce, and measuring progress.

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Placing Bets in a Complex Environment: One Foundation's Approach to the Opioid Epidemic

Jill M. Yegian, Ph.D., Yegian Health Insights LLC

Across the globe, foundations grapple with how to tackle complex, cross-sector societal problems. A major effort by the California Health Care Foundation to reduce opioid-related morbidity and mortality presents an instructive case study of impact. Starting in 2015, the foundation placed several “big bets” on initiatives aimed at stopping overdose deaths and preventing new addiction. That early investment had dramatic returns, laying the groundwork for scaling pilot projects statewide as hundreds of millions of dollars in government funding became available to address the crisis. This article identifies key strategic elements that contributed to impact: bridging across sectors, resources beyond dollars, and co-creation with grantees. It also highlights lessons learned for foundations working to address this and other complex social issues.

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Sector

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The Development and Operation of Foundations in China

Qun Wang, Ph.D., University of Toledo

As philanthropy becomes increasingly globalized, it is important to understand how funding institutions vary across cultures. Chinese foundations flourished in the 21st century, and empirical studies emerged to address their activities and relations with the government. Yet there has been little research synthetically reviewing their development and operation. As a result, we often lack the knowledge of the context in which these organizations interact with state and society. This article explores the history of Chinese foundations across three time periods. Within those three periods, it also examines overseas foundations and their representative offices in China. The discussion covers the normative and contextualized foundation operations in regard to the legal, political, and economic environment during each phase. This article helps readers understand and interpret findings from research on Chinese foundations, and provides practical information to practitioners who work, or will work, for or with foundations in China.

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Tools

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Investing in Leadership Development: A Tool for Systems Change in the Community Health Center Field

Michael P. Arnold, Ph.D. Informing Change; Natalie J. Blackmur, B.A., First 5 Contra Costa; Brenda Solórzano, Headwaters Foundation; Carolyn Wang Kong, M.P.H., M.P.P., Blue Shield of California Foundation; Bobbie Wunsch, M.B.A., Pacific Health Consulting Group; and Sunita Mutha, M.D., Healthforce Center at UCSF

Over the course of 12 years, Blue Shield of California Foundation committed nearly \$20 million to growing a pool of community health center leaders who were prepared to be effective agents of change in their organizations and in the safety net field. The Clinic Leadership Institute was implemented in partnership with Healthforce Center at University of California San Francisco in anticipation of a generation of health center leaders beginning to retire. A study spanning 10 cohorts of CLI alumni found that CLI served a critical role in supporting community health center leaders and their organizations in navigating these changes, while also building alumni networks advocating for community health centers. This article explores how the Foundation made the most of this investment in leadership development through intentional funding, design, and strategic considerations.

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Funder-Initiated Communities of Practice as a Means for Sharing and Creating Knowledge in Order to Strengthen the Adaptive Capacity of Systems

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Planned communities of practice can be an effective means to create and spread knowledge. This article explores the degree to which CoPs can be initiated by funders, and presents the lessons learned and outcomes achieved from long-term commitments by the McKnight Foundation's Collaborative Crop Research Program. This article shows that a funder can initiate, support, and participate in a CoP comprised of its grantees, which can succeed in sharing and creating knowledge. Factors include long-term investment in convenings and facilitation, as well as relinquishing some control over outcomes. Research shows that the McKnight program's communities of practice have provided a space for various actors in Africa and the Andes region to develop adaptive capacity related to food system research and action through social learning. Well-supported and facilitated CoPs offer a promising approach.

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Reflective Practice

A Mission to Improve Health: Lessons From Missouri's Expanding Coverage Initiative

Anna Saltzman, M.S., and Shayla Spilker, M.S.P.H., Engage R+D; and Megan Klenke-Isgriggs, M.S.W., Missouri Foundation for Health

To support the implementation of the Affordable Care Act, Missouri Foundation for Health launched the Expanding Coverage Initiative in 2013. The five-year effort sought to reduce Missouri's uninsured rate by developing a broad-based state coalition and employing a three-pronged approach: awareness building and outreach, enrollment assistance, and increasing health literacy. The rate of uninsured Missourians dropped to 9% during the ECI's time frame. Coalition members pointed to the value of collaboration, access to expertise, the locally tailored approach of the initiative, and the maintenance of a politically neutral stance in the effort to support implementation of a complex federal policy. This article explores the initiative's lessons and legacy, and shares key insights for other funders looking to support efforts to advance health care coverage.

DOI: 10.9707/1944-5660.1555

Call for Papers

FOR VOLUME 14, ISSUE 2

Philanthropy's Response to the Crises of 2020

Abstracts of up to 250 words are being solicited for Vol. 14, Issue 2, of *The Foundation Review*. This issue is focused on Philanthropy's Response to the Crises of 2020.

Many of the fundamental ways in which society functions were disrupted, challenged, and tested by the events of 2020. The COVID-19 pandemic highlighted the critical role of the nonprofit and philanthropic sector and the need for agility in responding to community crises. It also brought racial disparities into stark relief: The reckoning that began with a focus on policing and criminal justice spread to questioning how all of our institutions perpetuate inequity and injustice. The exploitive practices that enabled the accumulation of wealth — and its concentration among very few, largely white-led and male-led organizations — all came under scrutiny, along with power dynamics between funders and the communities they seek to serve.

This issue will focus on how foundations responded to these events. We are not seeking papers that merely describe what foundations did differently for that year. Papers should address the impact of these changes on communities, nonprofit organizations, and with a particular emphasis on how the foundation's long-term practices have been transformed. Input is welcome from a range of different kinds of foundations (e.g., community foundations' sponsoring funds and collaborations, corporate foundations — some of the biggest givers during 2020, and family foundations).

Papers for this issue might address issues such as:

- How did foundations shift their grantmaking practices to focus on equity? What were the results? What will it take to maintain these shifts?
- What new practices were implemented to support grantees through the pandemic? What old practices were discontinued? What were the results?
- What internal work did foundations do to address equity? How were discussions with trustees influenced by the changing context? Did they reconsider roles, mission, etc. — what did they do differently?
- How did collaborations change during the year? For example, were there new partnerships with the public and private sectors? What did these collaborations focus on and what were the results?
- Were family foundations really “nimble” like they say? How did different generations respond?

Abstracts are due July 5, 2021. If a full paper is invited, it will be due October 31, 2021 for consideration for publication in June 2022. Submit abstracts to submissions@foundationreview.org.

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 grant-making 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.
- **Reflective Practice.** The reflective practice articles rely on the knowledge and experience of the authors, rather than on formal evaluation methods or designs. In these cases, it is because of their perspective about broader issues, rather than specific initiatives, that the article is valuable.

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Authors can view full manuscript specifications and standards before submitting an abstract at https://scholarworks.gvsu.edu/tfr/for_authors.html.

Questions? Contact Teri Behrens, editor, at behrenst@foundationreview.org or (734) 646-2874.

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