

# Redefining Expectations for Place-based Philanthropy

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**Keywords:** Community change, place-based philanthropy, evaluation, strategic review, policy advocacy, systems change, organizational learning

## Key Points

- This article discusses how The California Endowment has used a midcourse strategic review to refine Building Healthy Communities, aiming to provide insight for other place-based initiatives and to add to the body of knowledge about how to support transformative community change.
- With Building Healthy Communities, the endowment is taking a new approach to community change using a dual strategy to build community capacity in 14 places and scale the impact of its local efforts through state-wide policy advocacy and communications. In 2013, it commissioned a strategic review to reflect on what it has learned from the first three years of this innovation in place-based work.
- Through interviews, focus groups, surveys, and document review, examples have emerged of how this unique approach is contributing to community change. The review also surfaced tensions created by the design and implementation of the strategy that could impede progress.

## Introduction: The Need for Local Data

Many funders over the past three decades have decided to engage in place-based philanthropy as a way to concentrate investments in a specific locality in order to achieve measurable changes that advance their goals. Some of these place-based strategies are referred to as comprehensive community initiatives or community-change

initiatives (CCIs), which are characterized by having “adopted a comprehensive approach to neighborhood change and worked according to community building principles that value resident engagement and community capacity building” (Kubisch, Auspos, Brown, & Dewar, 2010, p. vi).

Studies of past CCIs largely conclude that these well-intentioned efforts have not lived up to the transformative expectations of their designers (Kubisch, et al., 2010). While the reasons are varied and complex, a few stand out as particularly common and relevant for place-based funders. In some cases, CCIs have struggled because of a lack of clarity around the goals and vision for success at the outset, or because they changed midcourse (Annie E. Casey Foundation, 2013; Kubisch, et al., 2010). In others, foundations have struggled to adapt and change their internal processes and culture in order to build effective relationships with grantees and other local partners (Brown & Fiester, 2007), even though most funders recognize that getting involved in community change requires new ways of operating (Brown, Colombo, & Hughes, 2009). Foundation leaders interested in measurable changes in population-level impact (e.g., reducing poverty, increasing graduation rates, reducing drug use) have seen these aims go largely unfulfilled (Brown & Fiester, 2007; Kubisch, et al., 2010). As these findings became more apparent, fewer national funders seemed interested in multisite, place-based philanthropy (Backer & Kern, 2010).

In the past three years, however, the pendulum seems to have swung once again toward investments that concentrate resources and activities in particular neighborhoods, cities, and regions (Chaskin & Karlstrom, 2012; Burns & Brown, 2012). Among funders with a keen interest in place-based philanthropy is The California Endowment (TCE).

The foundation is taking a new approach to community change by pursuing a strategy that aims to build community power within 14 places in California that are predominantly communities of color, while also creating synergies between local and statewide policy and systems change. Building Healthy Communities (BHC) is a 10-year, billion-dollar effort to create equitable conditions across the state so that children are healthy, safe, and ready to learn. The strategy has always had a particular focus on boys and men of color, and TCE continues to consider how to balance the needs of other populations, including the undocumented and LGBTQ communities.

Wanting to learn from its predecessors' successes and missteps, TCE decided to take an innovative approach to its place-based work based on many of the promising practices described in extant literature (Trent & Chavis, 2009; Kubisch, et al., 2010; Pastor & Ortiz, 2009; Auspos, Brown, Kubisch, & Sutton, 2009). It is the aim of this article to add to the body of knowledge about how to support transformative community change.

### **Building Healthy Communities' Approach to Community Change**

As Dr. Robert Ross, TCE's chief executive officer and president, describes it, Building Healthy Communities is a two-pronged strategy that includes concentrated investment in 14 distressed California communities over 10 years, "working in partnership with community leaders to improve the health and life chances of young people" (Ross, 2013). In addition, TCE supports advocacy, organizational capacity building, and communications on health issues at the local, regional, and state levels.

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Since TCE's board of directors approved moving toward a unified foundation focus through BHC in 2008, the strategy has continued to evolve – evidenced by the number of different frameworks that have been used to describe the initiative's goals. (See Figure 1.)

The strategy began with a set of "10 Outcomes," reflecting the foundation's view of the various, complex characteristics of a healthy community. These outcomes signified a range of interests within TCE and were also intended to serve as measures of progress toward the foundation's "Four Big Results." Those results, identified by TCE leaders and the board, represented how the foundation would demonstrate the aspirational long-term success of BHC. The foundation anticipated that the combination of the 10 outcomes would contribute to achieving the four long-range results to ultimately create healthy communities in which California's children and youth are healthy, safe, and ready to learn.

FIGURE 1

**10 Outcomes**

1. All children have health coverage.
2. All children have access to a healthy home.
3. Health services shift their resources toward prevention.
4. Land use promotes health.
5. Neighborhoods are safe from violence.
6. Communities support healthy youth development.
7. Neighborhoods and schools are healthy environments.
8. Health gains are linked to economic development.
9. Health gaps are narrowed for boys and men of color.
10. There is a shared vision for community health.

**Drivers of Change**

Building resident power  
 Developing youth leadership  
 Enhancing collaboration  
 Changing the narrative  
 Leveraging partnerships

**The 3 Big Campaigns****4 Big Results**

1. All children have a healthy home.
2. School attendance is increased.
3. Youth violence is reduced.
4. The childhood obesity epidemic is reversed.

Over the past three years, TCE recognized the need to simplify the messages about its strategy. Recognizing that several outcomes connected to one or more results, leadership clearly articulated that each outcome and result squarely fit within one of “Three Big Campaigns.” The foundation has started to organize its work into these three major programmatic areas: Health Happens With Prevention, Health Happens in Neighborhoods, and Health Happens in Schools. In addition, the foundation has identified five core capacities – “Drivers of Change” – that describe how the work is being carried out locally and statewide.

As TCE’s work has evolved, several characteristics have emerged that distinguish what the foundation is doing from other place-based strategies.

First, TCE is focusing on policy and systems change to address complex community problems. Most CCIIs have not made policy and systems change a central component until well into implementation, if at all. In contrast, TCE started Building Healthy Communities with an emphasis on policy and systems change, which includes

funding for a wide range of policy-advocacy activities including public communications campaigns, policymaker education, media advocacy, community organizing, and leadership development. Direct-service providers are still engaged in some places as grantees and local partners; their funding, however, focuses on supporting youth leadership development, collaboration, and strengthening capacity and infrastructure for change, rather than the provision of services (e.g., counseling, health care, job training).

Second, a central element of the BHC strategy is building resident power, largely through community organizing. Foundation leaders considered supporting community members as agents of their own change a prerequisite to developing equitable conditions for healthy communities. Building from current power and assets within sites, TCE recognized that supporting existing community organizing infrastructure was an appropriate role. Meaningful engagement is translating into youth and resident leadership and action, as well as base building. According to Foundation Center data, TCE contributed more dollars toward com-

munity organizing than any other foundation nationwide between 2009 and 2012 (Cohen, 2012). The result has been an “inside out” and “outside in” approach. Systems such as school districts and local government receive funding to draft health elements to integrate into general plans and to explore restorative justice practices, and receive funding to engage in cross-sector collaboration (“inside out”), while advocacy and organizing groups receive funding to train and support adult and youth leaders to advocate on their own behalf (“outside in”).

Third, TCE is supporting local efforts spread across 14 geographically and demographically diverse communities in California. The intensive, multistage site-selection process spanned one year. Extensive individual and aggregate site criteria were considered, including having a mixture of sites that represented the diversity of the state’s population; being high need, as well as high opportunity; and having capacity and readiness to implement the BHC strategy. As a result, some communities are located in rural areas, others urban; some are majority Latino while others are multicultural; and all have varying levels of readiness and capacity to pursue policy and systems change. The foundation needed to work with an array of sites to achieve this type of broad diversity. While the number of communities across which TCE is working is impressive, what is even more unusual is that TCE is determined to support all of these communities over the 10-year time frame. TCE funds several local positions that help to facilitate and coordinate work within and across the grantees at its 14 sites, including a local site or “hub” manager, site coordinator, and local learning and evaluation staff.

Fourth, TCE is simultaneously supporting advocacy efforts locally and statewide, seeking to leverage these efforts to create an even greater impact. Others in the field have recognized the value of bringing together local and state actors (Bell & Rubin, 2007). The foundation hopes that state-level advocacy and strategic communications can reinforce the local BHC work as well as make progress on TCE’s goals regardless of what happens in the sites. This, too, differentiates Building

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Healthy Communities from past CCIIs that made little investment in broader city, regional, or state policy and systems contexts.

None of this, in and of itself, is new for TCE. The foundation has been involved in local and statewide policy advocacy, supporting community organizing, and working in places since its inception. It is the combination and synergy across these areas of activity that leads TCE leaders to refer to their strategy of “learning while doing,” which could be described as bold, courageous, and risky.

### Organizational Structure and Processes

While most literature on CCIIs describes the infrastructure and processes that are needed to be successful on the ground, little has been written on foundations’ own organizational structures and processes. Yet, these dictate how and by whom decisions are made, and ultimately can influence – positively or negatively – how the work gets done.

In order to carry out its two-pronged local and statewide strategy, TCE reorganized in 2009 and created two departments – Healthy Communities and Healthy California. Each department has its own leadership, staff, and budget. Healthy Communities reflects TCE’s place-based strategy and focuses on making deep investments in the 14 communities. In addition to two directors and two regional program managers, TCE has assigned a Healthy Communities program manager to each of the 14 sites. The budgets vary from place to place, and program managers have deep knowledge and understanding of the foundation

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and of the community in which they work. Many staff live in or near the community where they make grants.

Healthy California focuses on statewide and state-level policy advocacy and communications. Within Healthy California, most program staff focus on a specific campaign area: Health Happens With Prevention, Health Happens in Schools, or Health Happens in Neighborhoods. Most Healthy California program staff work in Sacramento or Oakland.

The remainder of TCE’s grantmaking is part of its enterprise funds, which are primarily foundation-driven investments made by the CEO, chief operating officer, and board. Enterprise funds also support the foundation’s learning and evaluation activities as well as its impact investments. The members of the executive team are dispersed across TCE’s three main offices: Oakland, Sacramento, and its headquarters in Los Angeles.

### **Hitting the Pause Button**

Many organizations, including TCE, aspire to be learning organizations. In a learning organization, it has been written, “[Organization] members

actively use data to guide behavior in such a way as to promote the ongoing adaptation of the organization” (Edmondson & Moingeon, 1998, p. 28). In 2011, TCE chose to underscore the importance of learning by establishing the role of chief learning officer to oversee its research and evaluation activities within a Learning Department. This shift signaled a commitment to learning across the foundation, among grantees, and across the field. In this new context, research and evaluation are among several tools that promote learning, in addition to grantee convenings, workshops, and peer exchanges.

The foundation recognized the complexity of its new strategy, and that social change rarely happens in a predictable or linear fashion. This reinforced to foundation leaders and the board that TCE’s evaluation efforts ought to support ongoing understanding of what is taking shape, expose blind spots as the strategy is implemented, test assumptions about what is working and why, and inform how TCE can help its partners continue to move in a positive direction.

As a result, TCE has continued to commission research studies, formative evaluations, and learning activities during the first three years of Building Healthy Communities. In late 2012, TCE leadership decided to “hit the pause button” and commission an external assessment – a strategic review – of the implementation of its BHC strategy to date. The strategic review was designed to build from and complement other learning and evaluation activities underway. It also was explicitly connected to the overall learning agenda within TCE and articulated in its Strategic Learning and Evaluation System, which provided a set of overarching questions to help focus its evaluations (Preskill & Mack, 2013).

The findings of this strategic review, which largely focuses on the period of April through October 2013, have been informed by data collected to answer five key learning questions:

1. To what extent and in what ways are Healthy Communities and Healthy California efforts

aligned and working together to proactively address a specific issue, policy, or practice related to Building Healthy Communities' goals?

2. What factors are supporting and hindering power building among residents and youth to advance BHC's goals of policy and systems change?
3. To what extent and in what ways are the hubs and other collaborative structures developing effective partnerships and increasing community capacity to influence policy and systems changes?
4. What changes are being realized at a local and state level as a result of the BHC work?
5. To what extent and in what ways are TCE structures and processes
  - affecting staff and senior leaders' abilities to effectively provide oversight, management, and support for TCE's activities, investments, and partnerships related to Building Healthy Communities;
  - enabling TCE to adapt and respond to BHC sites' capacity needs; and
  - affecting alignment between Healthy Communities and Healthy California?

These questions reflect assumptions underlying the BHC strategy (e.g., the value of aligning local and state efforts), and they examine critical elements included in the theory of change, such as the impact of building resident power and collaboration on driving policy and systems change. The questions were designed to capture what is happening and how the strategy is evolving, rather than "Did we move the needle?" or "Did we have an impact?"

A mixed-methods approach was used to gather data to answer the questions above. Seventy-one individuals were interviewed, including TCE leadership, staff, grantees, partners, elected officials, residents, and youth. Two surveys were administered, one with TCE program staff and one with the local site staff. More than 60 docu-

ments related to BHC were reviewed, and 14 focus groups were conducted with more than 90 individuals including TCE program staff; local site staff, including local learning and evaluation staff; grantees; adult residents; and youth. The evaluation team completed a comprehensive final report, two in-depth case studies of TCE's place-based work in Sacramento and Santa Ana, and a case study of Sons and Brothers, which focuses on improving the lives of boys and young men of color.

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All qualitative data – interviews, focus group, and documents – were categorized, coded, and analyzed using QSR NVivo qualitative coding software. Survey data were analyzed in Microsoft Office Excel. Early interpretations of data were reviewed and vetted with TCE staff and local sites (for each of the case studies) for accuracy.

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### Strategic Review Findings

The review reflects data collected three years into TCE’s 10-year commitment, and as the strategy continues to evolve. While there are unique aspects of TCE’s Building Healthy Communities work in each of the 14 sites, the patterns and themes highlighted in the review are likely to be relevant across the communities. The results highlight successes and challenges of TCE’s unique approach to transformative community change.

#### *Building Community Capacity in 14 Places*

As most multisite, place-based funders will agree, TCE is pursuing community change in a lot of places. In the past, most foundations have taken a “seed and weed” approach to place-based work, starting with a large number of sites and then gradually reducing that number through the planning and implementation phases. In contrast, TCE selected 14 communities that it intends to support over the lifespan of the 10-year initiative.

The foundation’s commitment has helped establish trust with community leaders, and has been further aided by embedding its program managers in the 14 places. Quality relationships between Healthy Communities (local) program managers

and leaders of nonprofit community-based organizations, other local funders, and systems leaders enable TCE’s program managers to more easily identify and connect partners and be responsive to community needs and priorities when they arise. Many of TCE’s partners see it as a “hands on” funder – attentive, conscientious, and available.

While it seemed like a risky proposition at the start of Building Healthy Communities to select 14 places and stick with them, the gamble seems to be paying off. Sites are reporting greater cross-sector collaboration, and many can point to tangible outcomes of their advocacy efforts.

While there is early evidence that the foundation’s core strategies are taking hold in communities, supporting the work across 14 unique locations has been a challenge. Communities have different cultures and histories, and are making progress toward the BHC goals at varying speeds. What works in one place might not work well in another. As a result, there is a lot of trial and error. This learning process requires trust, patience, and perseverance on behalf of foundation leaders, staff, and members of the community.

In Santa Ana, for example, the site recently emerged from a year-long process (initially anticipated to be three months) of reassessing the structures, decision-making processes, roles, and responsibilities of the various structures created to support BHC. This intensive process has required an incredible commitment from residents, as well as other community leaders, and has resulted in a shared vision for the effort that has been deeply informed by Santa Ana residents. Rather than throw in the towel in these places that are still finalizing the “process,” TCE is enabling communities to take time to reflect on and improve their capacity for policy and systems change.

A key lesson learned in the first three years of Building Healthy Communities is the importance of managing expectations in multisite philanthropy about the pace of change. An inclusive, multisector, collaborative process is going to take longer, be less predictable, and continue to evolve even as the foundation’s strategy unfolds and as

site leaders figure out what works or doesn't in their particular context.

### *Community Power Building*

The foundation's power-building work involves grantmaking to "build resident capacity through training and implementation of focused curricula, as well as to deepen resident engagement and participation in local decision-making forums and campaigns" (Iton, 2011). Community organizing is a critical component of building power among adult and youth residents. In some communities, there was already a cadre of adult and youth leaders ready to take action. In other places there were few, if any, organizations equipped to organize residents and youth.

Through Building Healthy Communities, the foundation has been strengthening organizing capacity in communities with varying levels of experience in the area. Particularly in places with a relatively weak history of community organizing, new groups are emerging to support residents and youth in understanding and addressing systemic barriers to creating healthy neighborhoods and schools.

In Del Norte and Adjacent Tribal Lands, for example, no organization was poised to absorb TCE's investments in community organizing. As a result, the local community foundation, a key BHC partner, launched organizing efforts throughout the community. According to a BHC grantee,

Two years ago, we would have had two residents that would say they were community leaders. The rest of the people involved in Building Healthy Communities were grantees and people getting paid. Now we have 300 people in the community that feel like leaders, and 60 people that would say the experience has changed their life.

Because the BHC-site strategic plans were developed before resident leadership and organizing capacity was built, a few grantees observed, local BHC strategies do not fully reflect the interests or priorities of residents. Said one hub manager, "If I could start over, I would do community organizing first and then build the logic model from

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On the other hand, some places are still trying to determine what the role of residents and youth should be. It is easy to give lip service to community engagement and power building without changing how things get done. On a tactical level, most residents and youth want to participate in action-oriented conversations. While nonprofits and systems leaders can sometimes wait out the process of developing consensus and collaborating, residents and youth want to dive right in to concrete action. Language issues, power dynamics, and cultural norms all affect whether residents and youth feel they are participating in a meaningful and authentic way.

Yet, there is an important tension within TCE's power-building strategy: how to balance the time, resources, and attention that are going to addressing local community needs with what is needed to advocate for policy change at a regional or statewide level. In Los Angeles, for example, youth in Long Beach, Boyle Heights, and South L.A. have united around issues affecting boys and young men of color. The issue of school suspensions and expulsions can be addressed at multiple levels – neighborhood, city, state. Local activists have had to manage the opportunity to develop and strengthen campaigns that address uniquely local issues and the opportunities for collaborating with campaigns happening across Los Angeles

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or statewide. Building Healthy Communities has created numerous opportunities to elevate youth voice on a statewide platform, such as through the Alliance for Boys and Men of Color or the President's Youth Council, and yet, young people have limited time and energy. The foundation continues to learn how it can build from and link its statewide work with advocacy efforts in its 14 places – some of which has been underway for decades – in order to make progress on priority issues, such as school climate.

#### *Policy and Systems Change*

As more funders recognize the complexity of the problems they are trying to address, there is an increasing focus on supporting systems change. Building Healthy Communities grantees in nearly all of the 14 communities are able to cite progress on the advocacy front, in part due to joining forces with existing campaigns. During the review, there were mounting expectations among TCE staff to start seeing specific, targeted policy-advocacy campaigns underway in each of the places.

Policy change is one aspect of broader systems change, which has been defined as “a process that

shifts the way that an organization or community makes decisions about policies, programs, and the allocation of its resources — and, ultimately, in the way it delivers services and supports its citizens and constituencies” (U.S. Department of Justice, n.d.). Past CCIs have intended to change policy and systems by breaking down silos between service providers or different public agencies (Kubisch, et al., 2010).

While most nonprofits and community partners that we spoke with are aware of the foundation's focus on policy and systems change, what that means for their own organization isn't always clear. This was particularly evident in communities with a strong set of direct-service providers who were new to thinking about their role in advocacy and systems change. The foundation may have underestimated the need to educate and train direct-service providers to understand their role in changing systems and what that takes.

In some communities, the idea of policy and systems change seems a bit fuzzy because grantee organizations are not yet engaged in advocacy or high-functioning coalitions. The emergence of campaigns across the 14 sites, however, has been a promising development toward a common understanding of the policy and systems-change goals. As a young leader remarked, “When you have a campaign, all the committees and meetings make sense. There is a mobilizing force. There is urgency and there is a direct connection with statewide policy advocacy work.” The continued development of local campaigns may help to identify a clear set of goals and foster a shared sense of purpose for collaborative efforts.

#### *Connecting Local and Statewide Efforts*

Since the start of the Building Healthy Communities strategy, TCE's leadership has communicated the importance of creating synergy between people working locally and statewide, often referred to internally as “alignment.” This desire for alignment between local and statewide efforts differentiates Building Healthy Communities from past CCIs.

Within BHC, there are powerful examples of how local and state program staff and grantees are

working together to build momentum behind a specific issue. The best example is school discipline, which was not even on TCE's radar as an issue when the strategy launched. The issue was brought to the foundation's attention as strategic plans from several sites identified school discipline as a focus of their early efforts and when youth in Fresno also introduced TCE leadership and the board to the issue during a routine board meeting. Quickly, school discipline was identified as a top policy priority by the foundation's statewide Health Happens in Schools campaign leaders. Soon after, BHC sites were asked to mobilize their constituencies to educate policymakers about the issue. Backed by local data and national research, school-discipline campaigns gained traction in more BHC sites and generated interest in changing local district policies. The activation of young people and community leaders, including school district superintendents with tried and true solutions, contributed to development of state policies aiming to reduce unnecessary suspensions and expulsions.

Yet, through interviews with foundation staff it became clear that not everyone agrees on how the local and state efforts ought to be aligned or sees alignment between local and state efforts as essential to achieving their goals. As a foundation leader reflected early into implementation, "Staff who do place-based work think of everything at the local level. If we're going to create statewide change, there's got to be some investment and energy on our part on how to spread this across the state."

In order to address the divisions that had formed between the foundation's local (Healthy Communities) and statewide (Healthy California) departments, TCE started holding quarterly, cross-departmental strategy learning and implementation meetings (SLIMs), which bring together program managers across the foundation organized by the campaigns. While not a panacea, SLIMs are helping Healthy California, Healthy Communities, and learning program managers develop a better understanding of each other's values, interests, and priorities and ultimately to work more closely together. For example, these forums

have provided program staff with opportunities to elevate issues that are being surfaced in 14 places, such as immigration and LGBTQ, which were not statewide priorities three years ago.

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Despite two years of SLIMs, however, some staff continue to feel a disconnect between the foundation's local and statewide work. Structurally, alignment is difficult because program managers are geographically dispersed, making informal knowledge sharing and relationship building a challenge. Another challenge with aligning local and statewide work is that Healthy California and Healthy Communities program managers have different roles and see themselves as accountable to different stakeholders. Healthy Communities staff make grants across a range of issues and see themselves as primarily accountable to the stakeholders in their community. In contrast, Healthy California staff make grants focused on a single issue or set of interrelated issues (e.g., land use, school wellness), and see all Californians as their

target beneficiaries. Statewide staff tend to have a shorter time horizon for change, too. A Healthy California program manager observed that Healthy Communities has “this 10-year mission kind of thing. We have a short planning horizon.” As a result, Healthy California staff are in a position to more easily make strategic choices about what they will or will not fund, which can leave some community stakeholders feeling left out of what’s happening at a statewide level. In addition, connecting with the state-level work becomes secondary for local program staff and grantees, unless there is a clear idea of how the statewide work will benefit the residents, youth, and other stakeholders in their site.

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### Questions for Consideration

The strategic review findings demonstrate the bold, multipronged approach to improving health in California that TCE has taken, and a few tensions that are inherent in the Building Healthy Communities strategy:

- Effectively managing an “inside out” and “outside in” approach to building community capacity that engages resident and youth leaders, organizers, advocates, and systems leaders to create change.
- Creating alignment between local place-based work across the 14 sites and activities statewide, while tailoring activities and services to each community’s unique context.

- Leveraging the capacity of the 14 places to advance statewide priorities, while respecting the diversity of views within a place regarding if and how to engage in statewide efforts.
- Providing a vision, goals, and sufficient guidance around BHC while allowing communities to determine their own path, which may or may not align with TCE’s goals.

Challenges are inherent in pursuing complex systems change, and many of these cannot or should not be resolved. Yet, the tensions are surfaced to spur reflection, consideration, and management attention. Based on these findings, TCE has been considering several strategic questions to inform or strengthen the BHC strategy:

1. Given what is known now about the progress of Building Healthy Communities, what is TCE’s vision for success in 2020 and what will it take to achieve BHC’s goals?
2. How can the different priorities and approaches of Healthy California and Healthy Communities be respected, while establishing a clear vision for how Healthy California and Healthy Communities can work together toward BHC’s goals?
3. How can the foundation better equip program managers, grantees, and even systems leaders to manage the inherent tensions of supporting both an inside-out and an outside-in strategy?

### Reflections on TCE’s Approach to Community Change

When TCE launched Building Healthy Communities, its leadership, staff, and board knew it was taking a risk. The combination of pursuing strategies that involve community power building and policy and systems change has surfaced conflicts at a local level and between local and statewide advocates. In fact, in most cases, the conflicts between systems leaders and local residents have only served to reinforce that the foundation is helping to shift power dynamics in places that had a track record of excluding poor, disenfranchised, and other vulnerable groups.

Because of the fundamental shifts in power that TCE recognizes will result from its strategies, its leadership has accepted that the foundation cannot be “neutral.” For example, there are vocal and powerful groups that oppose TCE’s support of Affordable Care Act outreach and enrollment or its position on immigration. These issues are highly contentious, and it is not always within the comfort zone of a foundation to take such a position. Yet, TCE has also come to realize that taking a position on controversial issues that align with the mission of the foundation and the BHC strategy is critical to being responsive to community needs, and it is necessary in order to contribute to lasting community change at the local and state levels. Once TCE started to move in this direction, its leaders have embraced it.

Like past place-based funders of community change, TCE has struggled to find the right balance of providing guidance and mandates toward a certain set of goals, and supporting a broad agenda fueled by policy and systems change. TCE has been using many different frameworks to describe its work, creating confusion internally and among TCE’s local and statewide partners despite the intention of making its work easier to understand. Yet, some of the emerging frameworks reflect the foundation’s openness and ability to adapt and respond quickly to what they are hearing from their partners working to implement Building Healthy Communities. According to the foundation, “We need to stay willing to experiment with different strategies to reach our goal.” TCE is proud to have been open to respond to issues such as the Affordable Care Act, the recession, and school discipline, which were unforeseen when the BHC strategy was developed.

In addition, having TCE staff embedded in communities that can be a bridge between the foundation and the community, as well as communicate with grassroots advocacy groups and systems leaders, has been critical to building trust in communities and with statewide partners. Helping staff members juggle the responsibilities of grantmaker and the increased responsibilities inherent with an embedded role in communities continues to be a challenge. This review has

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provided foundation leaders with a chance to consider whether their internal structures and processes create the conditions for program staff to thrive in both roles.

Getting in the business of community change requires foundations to assess their tolerance for ambiguity and risk and their ability to engage in continuous learning – all of which are in high demand. In order to do community change work well, funders need to:

- Recognize the complexity in which meaningful, transformative community change happens. For TCE, this has meant structuring the initiative so that multiple, diverse stakeholders – residents, public officials, nonprofit leaders – are engaged in the design and implementation of Building Healthy Communities. The foundation also provides the structure and resources to pursue a flexible and adaptive strategy that is able to be responsive to unexpected opportunities that emerge.
- Step outside the comfort zone of “neutrality.” The California Endowment is taking a stand on issues that are not always the most popular and that can be politicized. Recently, for example, a Health Happens Here advertisement was banned from Sacramento International Airport because it communicated facts about undocumented workers and their lack of health care coverage, and TCE has spoken out with its “Son Niños” campaign to address the detention of

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children at the border. These are not tangential or political issues from the foundation's point of view; rather, they are problems that deeply and directly affect many of the residents and leaders in the BHC sites.

- Support communities in pursuing their own strategies for community change, and focus on community organizing. Though a delicate dance arising from the foundation's fiduciary responsibilities, TCE leaders have thought long and hard about developing appropriate boundaries and structures for their efforts across the 14 communities that enable a unique, effective approach to improving health in each place. Addressing power imbalances in each place, however, means that community members, youth, and residents have the knowledge, skills, and interest to shape and lead activities in the places where they live.
- Anticipate supporting foundation staff embedded in communities to effectively address power dynamics and balancing community development efforts with grantmaking responsibilities. For TCE to authentically engage in long-term, transformative place-based philanthropy, it

needs to have a constant ear to the ground on what is happening in the places where it works. The relationships and trust that develops between program officers and other community stakeholders is essential to weathering storms, conflicts, and missteps when they inevitably arise.

- Seek to connect policy-advocacy efforts at multiple levels (e.g., local and statewide) and create the structures that allow organizations to align their vision and strategies. The foundation has intentionally developed relationships with organizations that are skilled at state-level advocacy work and local organizing, and attempted to use these relationships to create bridges between local and state-level policy work. The foundation has created platforms for local and state-level organizations to regularly discuss and develop shared strategies and goals, such as the Alliance for Boys and Men of Color.
- Put resources toward strengthening a culture of organizational and strategic learning. Creating a learning culture requires people who design and implement intentional opportunities for team, program-area, and organization wide learning. The foundation has committed resources to evaluation, convenes staff quarterly for learning retreats, and hosts multiple gatherings of staff from across the 14 sites so people can share stories, discuss progress in key areas, and identify areas of joint strategic interest.

TCE leadership and staff have used the findings from the strategic review to reflect on and discuss refinements that are needed for its BHC strategies. Findings were reviewed at multiple levels of the organization, including program staff, executive leadership, and board. Program staff discussed findings and raised next steps over a full-day meeting. Executive program staff synthesized the essence of the discussions into an action plan that has been reviewed with the board.

The foundation is addressing the need for increased strategic clarity by planning a common suite of communications tools for staff as they share information regarding BHC's long-term goals. In addition, the core functions of the hub are being clarified to maximize its effectiveness.

Resources and attention are being focused on how to further align local and statewide efforts and grantees. Thoughtful consideration is being done on the type of support, including training and grantmaking, that can be provided to address the stress and burnout from their multiple commitments being felt by youth involved in Building Healthy Communities.

The strategic review provided a critical opportunity to pause and reflect on how BHC was going while the initiative was still young, so that there was time to make course corrections. The lessons learned from this study offer useful insights into the opportunities and challenges in pursuing transformational community- and systems-change strategies. The California Endowment's unique approach to building both power and community engagement is an exciting and bold approach that offers much promise.

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