

Engaged Health Grantmaking: The “Secret Sauce” for Decisive Action in Dynamic Times

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The Grantmakers In Health conference theme, “Big Ideas to Blueprints: Decisive Grantmaking in Dynamic Times,” conveys a sense of how significant a time this is for health grantmakers. With full-scale health care reform implementation around the corner, the big question is: “Will we be ready?” At the same time, other health and human service needs—such as preventing gun violence and promoting mental health services access—are still critical concerns. Deciding where to focus resources is no easy task.

This year, The California Wellness Foundation’s (TCWF) Board of Directors has embarked on a strategic planning process to create our next grantmaking program to launch in 2015. What have we learned over the years that can inform our future grantmaking? Amid a backdrop of great change, what emerging health issues need funding support? These questions have been at the forefront of my mind over the past year—my first as TCWF’s president and CEO.

I have spent much of my time meeting, surveying, engaging in dialogue, and corresponding with the foundation’s many stakeholders. These include key informants such as the board, staff, and grantees. Immersing myself in this process has been invigorating, and I have learned that engagement—in its many forms—is interwoven throughout the foundation’s work. I have come to think of “engaged grantmaking” as a lens through which to think about health philanthropy.

In this essay, I want to explore with you some of the benefits and challenges of this multifaceted approach, and why I think it is our “secret sauce” for good grantmaking.

CREATING OPPORTUNITIES FOR ENGAGEMENT

The Violence Prevention Initiative is one of several instances where the foundation has provided conference opportunities to bring together grantees and other committed stakeholders. The first conference brought together police, former gang members-turned-interventionists, researchers, and others with starkly different approaches to violence prevention. They did not see eye-to-eye, and there were some heated disagreements. The foundation worried that the coordinated efforts envisioned would never be fulfilled.

But we realized that if we were serious about reducing violence, we could not do it without all of them—all the

diverse stakeholders that create a community. We had to be willing to work with complexity if we were serious about supporting real change. This meant taking risks and being open to failure. We also needed to understand and build on existing infrastructures in communities wherever possible, rather than just ignore them or overlay them with new ones.

What has transpired during the past 20 years has exceeded our expectations—a synergy of organizations and people who have, in effect, created a violence prevention movement in California. These diverse players all work toward one common purpose: keeping youth out of harm’s way.

Through such experiences, we have learned that engaged grantmaking can be risky. But it is worth the effort if it results in dedicated people coming together among previously siloed groups.

We believe creating engagement opportunities adds value to our grantmaking by facilitating the discovery of unexpected allies in the effort to improve the health of underserved Californians. Last year, 1,919 people participated in 10 foundation-sponsored events, covering environmental health, diversity in the health professions, health advocacy, healthy aging, mental health of transition-age youth,

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organizational learning and evaluation, teen pregnancy prevention, violence prevention, women’s health, and sustaining nonprofit leadership.

The conferences have helped create peer-to-peer learning communities that exist beyond the life of an individual foundation grant. The following example explores how foundation-facilitated engagement helped kick-start an emerging field.

➤ **Developing a Diverse Health Care Workforce** – Today in California and in much of the country, there is a shared understanding that employing a health care workforce that more closely mirrors the racial and ethnic diversity of our population will increase access to care and improve the quality of care delivered. For example, we know that physicians of color typically provide more care for the poor and uninsured and more frequently practice in areas with shortages of providers than their nonminority peers.

The Affordable Care Act (ACA) includes a number of initiatives to help develop a culturally and linguistically competent workforce.

Widespread understanding of this issue was not always the case. When TCWF's Board of Directors prioritized funding to increase the diversity of the health workforce as part of its grantmaking program back in 2002, it helped lay the groundwork for this new field to coalesce in California.

At that time, the foundation recognized that many of the organizations that prepare and train students of color often worked in isolation, disconnected from others doing similar work. Starting in 2003, we began to host an annual conference that brought together our grantees, other practitioners, and funders from across the state. Participants got an opportunity to meet one another, learn about efforts in other communities, share promising strategies, and brainstorm about overcoming common challenges.

Over the past decade, the conference has also allowed organizations from different fields to come together around common issues. For example, at one annual conference, community clinic and safety net advocates, who struggle with recruiting providers of color, heard from community college administrators about the importance of a fully funded community college system in training a diverse, allied health workforce. The conference offered the potential for these organizations to become allies, as described by a conference participant:

“A kind of informal network started at TCWF's conference among some of us from the Bay Area that work on diversity in the health professions issues,” said John Gamboa, cofounder of the Greenlining Institute. “We realized that we could be more effective if we met regularly. So we formed a collaborative, which has been helpful in identifying areas where we can maximize our impact by working together.”

TCWF's first diversity in the health professions conference brought together 70 participants from across the state. By 2012 that number had grown to 259.

In a Harder+Company evaluation of TCWF's grantmaking, foundation grantees consistently noted their appreciation for these opportunities to convene and network, reflect, and share with others working on similar health issues across the state.

ENGAGING WITH GRANTEEES IN HEALTH IMPROVEMENT

The Harder+Company evaluation also found that grantees were very positive about their relationship with TCWF as a funder: “Through its practices, staffing, and grantmaking

decisions, TCWF lives up to its vision of creating an environment for community-defined health solutions. Grantees not only have the funding necessary to pursue their community-based health service delivery strategies, but they also feel engaged as partners in defining how to improve the health of Californians.”

The foundation's engaged grantmaking is rooted in a deep respect for the wisdom inherent in communities and a strong commitment to creating the conditions that will allow that wisdom to emerge and contribute to optimal community health.

When I read this quote from the evaluation, it really resonated with me because it gets to something I jokingly refer to with staff as our “secret sauce.” The foundation's engaged approach to grantmaking is part of why I was drawn to work at TCWF. It is rooted in a deep respect for the wisdom inherent in communities and a strong commitment to creating the conditions that will allow that wisdom to emerge and contribute to optimal community health. Key among those conditions is listening well and being transparent about the foundation's expectations as a funder.

For example, on site visits it is important to explain the purpose of the foundation's grant support and then explore with the potential grantee the organizational and mission-based challenges that might be addressed through the grant. This might seem very simple and obvious, but I think the inherent power difference between funder and fund-seeker can inhibit what should, ideally, be a very organic, natural exchange.

If the potential grantee organization has not applied to the foundation previously, its staff may be reluctant to speak frankly on a site visit or in other conversations with program staff—believing that revealing such challenges might lead the foundation to decide against funding their organization. But we have found that potential grantees relax somewhat and open up when we make it clear that we understand that challenges are inevitable and that our goal is to strengthen their abilities. An example of this is our support of the health care safety net.

► *Expanding Capacity of the Health Care Safety Net* –

Key stakeholders in our state have done excellent work in getting California ready to maximize the potential of the ACA in terms of health care access and finance. But health care reform will also have huge impacts on service delivery (and on the health workforce as discussed earlier). For this reason, TCWF has made significant investments in sustaining and expanding the capacity of the health care safety net (clinics, clinic consortia, and hospitals) with the awareness that the ACA will place many increased demands on this system of care.

Our safety net grantees have been frank in sharing concerns about their readiness to take on some of the challenges associated with the ACA. In response, TCWF grants have helped these nonprofit health service organizations respond effectively to changing circumstances while continuing to pursue their missions. For example:

- University Muslim Medical Association Clinic in South Los Angeles, a medically underserved community, received a core operating support grant to cover the costs associated with becoming a federally qualified health center (FQHC). The ACA relies upon FQHCs as critical providers as coverage expands.
- Glide Health Clinic in the Tenderloin District of San Francisco serves a large homeless population. The clinic used TCWF funding to shift from providing acute, episodic care to a managed care approach that encourages patients to stay connected to the clinic with mental health services and complementary care therapies.
- Sonoma Valley Community Health Center in Sonoma is using grant funds to implement electronic health records and quality improvement activities. These activities will help the health center prepare to become a patient-centered medical home.
- Anderson Valley Health Center in Boonville will join forces with four other FQHCs in Mendocino County, where shortages of health care professionals are a major concern. The grant funds will be used to develop a shared services plan that will consolidate human resource functions. This model of increased collaboration will help Mendocino County prepare for full-scale implementation of health care reform.

ENGAGEMENT TO FOSTER COMMUNITY HEALTH LEADERS AND GIVE VOICE TO UNDERSERVED COMMUNITIES

By providing grant funding to support engagement that develops and recognizes community-based health leaders, the foundation has been able to help foster leaders who are making a difference in the health of underserved Californians. These grants generally fall into two broad categories:

- **Leadership Development** – This includes peer-to-peer, faith-based, and community resident programs that bolster health education and advocacy within a defined community. Some examples: former foster youth are trained as peer mentors to help youth emancipating from the child welfare system; members of local congregations are trained to be community organizers to address health issues; residents of a specific community are trained to effectively advocate for community health concerns. (See Leadership Development Case Study.)
- **Leadership Recognition** – The foundation recognizes

Leadership Development Case Study: Experience of an Environmental Health Community Organizer

One result of leadership development programs is that individuals may discover that they are more capable than they had realized. A woman who worked with the Center for Community Action and Environmental Justice, a TCWF grantee, presented her thoughts at a public hearing for the first time.

“Two hundred people in the audience applauded,” she said. “I never thought anybody cared what I thought or said. Now I know I matter.”

The woman went on to participate in a two-year battle to stop a polluting facility that endangered the health of the community, playing a key role in translating materials and motivating her neighbors to stay involved. As a result, the company moved from the neighborhood and changed their site of operations.

Leadership Recognition Case Study: TCWF’s California Peace Prize

The California Peace Prize annually recognizes three individuals with a cash award of \$25,000, in recognition of their efforts to promote peace and prevent violence in their communities. Honorees have included gun violence researchers, youth development specialists, mental health providers, law enforcement, and members of the clergy. These heroes continue to engage their communities years after their recognition.

“One of the most important parts of this award was [the foundation’s] public relations and marketing that both my agency and I received to promote the work we have done, not only in our community, but throughout the state of California,” said Brian Contreras, a past California Peace Prize honoree. Contreras is a former gang member who became a violence prevention activist and founder of Second Chance Youth Program in Salinas, California.

“Since receiving this award, I have been invited to participate on many commissions and boards and in important political discussions regarding juvenile crime and violence,” Contreras said. “Recently, a visit with Senator Barbara Boxer helped motivate a substantial investment in our community to help us fight gang violence.”

exceptional individuals who demonstrate leadership on important health issues. This proactive grantmaking strategy often supports public policy goals by spotlighting the health issue addressed by the individual awardee in a foundation-sponsored media rollout. (See Leadership Recognition Case Study).

Changing public policy can be an empowering experience. Once engaged community members have experienced a public policy success, they are more likely to stay involved in efforts to improve their communities and hold policymakers accountable.

Having those directly affected by the health issues addressed through policy advocacy efforts is powerful because it puts a face on the problem. For example, it is much harder for a policymaker to say “no” to gun control when looking at the devastated face of a mother who has lost her child to senseless gun violence.

INFORMING POLICYMAKERS ENGAGED IN ACA IMPLEMENTATION

TCWF grants have supported activities to engage patients, health care providers, and others who represent underserved communities in health advocacy efforts. These efforts have helped shape the design of ACA implementation in California—to ensure that its benefits will be accessible to the state’s diverse communities.

Many California residents do not speak English as their primary language. A recent study by the University of California, Los Angeles and California Pan-Ethnic Health Network reports that in California, 40 percent of the 2.6 million adults who will become eligible for coverage in 2014 through Covered California (California’s Health Benefit Exchange) have limited-English proficiency, which may inhibit their ability to enroll (Gans et al. 2012).

► **Engaging in Health Advocacy** – In an effort to bring the opinions of California’s diverse voters to the attention of decisionmakers, we funded the 2012 TCWF-Field Health Policy Survey. This was the sixth in an annual series funded through grants to Field Research Corporation, an organization widely regarded as an expert in statistical research of this nature.

Field surveyed 1,579 registered California voters in seven languages and dialects—English, Spanish, Cantonese, Mandarin, Korean, Vietnamese, and Tagalog—about their views on various aspects of health reform. The poll found that a majority of California’s diverse voters wanted an integrated primary care system and that voters were supportive of a family nurse practitioner model. The poll also showed a majority was unfamiliar with the Health Benefit Exchange. The information was useful to state policymakers working toward full implementation of the ACA in 2014, and received wide coverage in general market and ethnic media.

KEY CHARACTERISTICS

Whatever the specific health issues our board decides to focus on in the next era of our grantmaking, it is my hope that the following characteristics of engaged grantmaking

will continue to inspire us.

- **A Value of Respect, Equity, Justice and Humility** – Engaged grantmaking is about lifting up the voices and power of the most marginalized.
- **A Commitment to Seeking Diverse Perspectives** – This does not guarantee that every stakeholder will be happy with the end result, but the end result will be better for having considered the different perspectives.
- **A Willingness to Engage in Candid Dialogue** – Whether with grantees, applicants, staff, board, or other stakeholders, being candid allows for the opportunity to improve. Candid dialogue also means being open to hearing what the other has to say. This process benefits the funder and the grantee.
- **A Belief in the Inherent Wisdom within Communities** – Organizations working daily on improving health and wellness within communities, as well as those directly affected by health issues, must help shape solutions. A question we always try to ask is: “What issues do you see emerging that are challenging to address?” An engaged grantmaker creates an environment to hear and elevate those voices so that their wisdom can be shared. The work should not be solely about us in the foundation.
- **Engaged Grantmaking Is a Learning Process** – What we have learned from a failure can pave the way to future success. Active participation is required for success in social change work.

These characteristics refer not only to grantmaking that engages communities and nonprofit organizations, but also how we engage on a daily basis on foundation-wide endeavors. I think it is making a continual effort to orient ourselves to stay open and willing to listen to diverse perspectives whether board, staff, colleagues, grantees, or other key informants.

As part of its current strategic planning process, TCWF’s board is involving grantees and key informants in focus groups and surveys, as well as staff in dialogues, to help inform the development of our next grantmaking program. Engaging all these stakeholders in the process helps ensure that, as a foundation, we are doing our due diligence in deciding the next steps to take in pursuit of our mission to improve the health of underserved Californians.

This essay is shared in hopes that it will encourage discussion among our colleagues in the field. While every foundation is unique, we share a philanthropic commitment. As always, your comments are welcome.

REFERENCES

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