Learning WITH AND FROM Community Members

Being an effective grantmaker requires getting honest information and feedback from grantees and the communities they serve. Much has been written about the uneven power dynamic between funders and grantees, and how it inhibits honest dialogue. Even under the best circumstances, leadership changes, shifting priorities, and pressure to show results can strain relationships and inhibit open communication.

There are clear steps funders can take to increase the odds that their interactions with grantees and potential grantees are forthright and productive. Grantee satisfaction is highest when the quality of interactions with foundation staff is marked by fairness, responsiveness, and approachability; when there is clear and consistent articulation of a foundation's goals and strategy; and when funders are knowledgeable of the field in which they work, and are able to advance knowledge and change public policy (Bolduc et al. 2004).

Efforts to learn with and from community members can help funders assess the results of particular grants, gain insight into the organization's effectiveness, and build a culture of learning and exchange among grantees and other community partners. As funders pursue these goals, they need to consider how they will apply what they learn, and how this will be communicated back to the community. Community representatives and grantees are much more likely to provide honest feedback if they know the funder will sincerely consider their views and regularly shares how they apply what they learn through mechanisms such as Web sites and periodic meetings of grantees.

OPPORTUNITES FOR GRANTMAKERS

Over the past decade, health funders have engaged communities in learning through a variety of techniques, such as supporting collaborative inquiry or learning networks, establishing community advisory committees (CACs); and supporting community-based participatory research (CBPR).

- ***Working With a Community Advisory Committee*** – Historically, foundations have sometimes convened community leaders to serve as ad hoc advisors. More recently, in the wake of the many hospital and health plan conversions that resulted in the creation of health foundations, community advisory committees have been created by state regulators as a part of the formal governance documents (often at the insistence of community advocates) to ensure that the foundation's assets are used consistent with the conversion agreement. The three main functions of community advisory committees are to act as ongoing liaisons with the community, particularly with respect to identifying community needs and priorities; to assess and make recommendations regarding the foundation's interaction with the communities it serves; and to serve as an outside nominating committee to fill seats on the foundation board (Consumers Union and Community Catalyst 2005). CAC structures allow community members to provide input on foundation operations without fear of jeopardizing their position as applicants or grantees.

  Foundations that have created successful working relationships with their CAC point to the importance of clearly articulating the expectations and advisory role of CACs, in contrast to the work of the foundation's board. For example, the Missouri Foundation for Health's CAC is comprised of 13 individuals, selected by the Missouri Attorney General to represent different regions of the state, thereby ensuring the foundation's statewide grantmaking programs are responsive to each region. Members are responsible for nominating candidates to the foundation's board. Additionally, committee members conduct public forums across the state to obtain direct input on unmet community health needs. Foundation staff view these forums as opportunities for Missourians to learn more about its programs and consider the CAC as particularly valuable in linking the foundation to the communities it serves.

- ***Supporting Community-Based Participatory Research*** – Another way to learn with and from communities is to involve community members in the design and implementation of research on community health issues. Community-based participatory research is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. It begins with a research topic of importance to the community, has the aim of combining knowledge with action, and attempts to achieve social change to improve health outcomes and eliminate health disparities. According to an assessment conducted for the federal Agency for Healthcare Research and Quality, "done properly, CBPR benefits community participants, health care practitioners, and researchers alike…[and] the ultimate benefit to emerge from such collaborations is a deeper understanding of a community's unique circumstances, and a more accurate

framework for testing and adapting best practices to the community's needs" (Viswanathan et al. 2004).

Funders can use CBPR to evaluate their own work or to explore broader issues. In either case, challenges include definition of the funders' role in the research, the capacity of community organizations or intermediaries to conduct the research, the amount and duration of resource needs, and assessing both the intermediate and long term outcomes of CBPR (Minkler et al. 2003).

The Louisiana Bucket Brigade is an example of CBPR in action. With support from the Jessie Smith Noyes Foundation, Rockefeller Family Fund, Jenifer Altman Foundation, Public Welfare Foundation and others, the Bucket Brigade works with communities neighboring oil refineries and chemical plants, providing community members with an EPA-approved bucket for taking air samples. It also trains community members to monitor and expose industrial pollution, and to push for policy changes such as relocation, reduced pollution, or a moratorium on facility expansions. Recently, in the aftermath of Hurricane Katrina, the Bucket Brigade and its partners took soil samples at various locations. Their initial analysis found arsenic, cadmium, and various benzene compounds at levels exceeding EPA and state standards. They are now using these results to educate community residents and advocate for their right to return to safe environments.

In addition to supporting the direct costs of CBPR, funders can also build community capacity to conduct such research. The Northwest Health Foundation, for example, sponsored conferences in 2004 and 2005 to help community members, representatives of community-based organizations, university faculty, public health officials, and policymakers learn about CBPR. These conferences focused on the processes, challenges, and successes of building research partnerships with diverse communities; effective CBPR methods and models; funding opportunities and project planning strategies; and ethical and other challenges. The foundation also published a directory of CBPR funding sources.

➤ ***Supporting Collaborative Learning*** – Some foundations are supporting collaborative inquiry or learning circles to create learning partnerships among grantmakers, grantees, and evaluators or consultant researchers. Collaborative inquiries have the potential to build new relationships, incorporate front-line practice, and generate new knowledge for the field. In practical terms, this is accomplished by funders, grantees, and community members meeting in learning groups, agreeing on key questions, receiving training and expert assistance, making site visits to see other's work, conducting research and data analysis, studying the capacity of organizations, and sharing their findings. A learning circle is a less formalized structure; these are essentially groups of individuals with common interests who meet regularly to learn from each other about a self-identified topic in a format the group has decided upon. Learning circles are flexible, peer-directed learning experiences intended to lead to action and change.

Collaborative inquiry and learning circles can be useful when trying to develop a model or innovative approach; they are probably not as useful when the practices in a field are already long established, there is broad agreement on what methods work best, and the purpose of monitoring or evaluation is to assure quality control (McGarvey 2004).

The California HealthCare Foundation has provided major support to the California Primary Care Association to create a collaborative among the state's community health centers to improve the quality of diabetes and asthma care for low-income residents. The *California Quality Improvement Collaborative* (CAQIC) is modeled after the federal Bureau of Primary Health Care's Health Disparities Collaborative but targets centers ineligible for the federal collaborative because they do not receive federal funding. Under the collaborative, teams of key clinical and administrative staff attend six two-day learning sessions over two years. In between, they receive individualized coaching and technical assistance from CAQIC staff through monthly group conference calls, site visits, phone calls with individual center teams, feedback on monthly reports, and listservs. Each center sets improvement goals, implements changes in practice, and reports on progress.

This article is part of GIH's portfolio, From the Ground Up: Improving Community Health, Inspiring Community Action. Each article focuses on an approach grantmakers are using to improve health in communities. The entire portfolio is available at the GIH Web site, www.gih.org.

SOURCES

Bolduc, Kevin, Phil Buchanan, and Judy Huang, *Listening to Grantees: What Nonprofits Value in their Foundation Funders* (Cambridge, MA: The Center for Effective Philanthropy, 2004).

Consumers Union and Community Catalyst, *Community Advisory Committees*, fact sheet (Washington, DC, 2005).

McGarvey, Craig, *Learning Together: Collaborative Inquiry Among Grantmakers and Grantees* (New York, NY: The Ford Foundation, 2004).

Minkler, Meredith, Angela Glover Blackwell, Mildred Thompson, and Heather Tamir, "Community-Based Participatory Research: Implications for Public Health Funding." *American Journal of Public Health* 93:1210-1213, August 2003.

Viswanathan, Meera, Alice Ammerman, Eugenia Eng, et al., *Community-Based Participatory Research: Assessing the Evidence.* Summary Evidence Report/Technology Assessment: Number 99 (Rockville, MD: Agency for Healthcare Research and Quality, 2004).