

STRENGTHENING Community Capacity

A growing body of research shows a link between a community's strength and the health of its residents. Mortality rates are lower in states with higher levels of civic engagement and social trust, for example. The chances of a woman bearing a low-birthweight child tend to be lower in environments with more cooperative social networks. And neighborhoods in which residents trust and protect one another have lower levels of violence. In light of these and similar findings, many health funders are exploring whether and how these powerful, protective elements of community can be encouraged and enhanced (Easterling et al. 1998).

One way to invest in a community's strength is to devote philanthropic funds to bolstering crucial nonprofit organizations. Most nonprofit organizations have trouble finding infrastructure support and have staffs with a strong commitment to mission but little, if any, management training. For this reason, several health foundations – including Community Memorial Foundation, Deaconess Foundation, and Sunflower Foundation – have established grants programs with a specific focus on organizational effectiveness. Others – like The California Wellness Foundation – encourage grants for core operating support in order to allow grantees the flexibility to meet a variety of organizational needs (David 2000).

In addition to designing initiatives to improve the performance of nonprofit organizations by strengthening their management or administration, some foundations are working to strengthen the skills and knowledge, leadership, sense of efficacy, trusting relationships, and learning opportunities in the broader community (Light et al. 2004; Easterling et al. 1998). Grantmakers use many strategies to promote community capacity: hosting neutral stakeholder convenings, prompting community-based planning efforts, training local leaders, coaching nonprofit staff and trustees, and bringing grantees together for networking and peer learning (Easterling et al. 1998).

Building nonprofit capacity and building community capacity present similar challenges. Both call for funders to work closely with a wide range of stakeholders and decisionmakers to ensure that communities have access to the resources they need to thrive (GEO 2002). Foundation staff and trustees have identified two key lessons from this work. First, capacity building projects should allow for a true exchange of expertise, so that foundations and contractors also learn from grantees, and community groups are less reliant on outside assistance in the future (Johnston 2005). Second, foundation support should

evolve as community members become more proficient. As individuals advance, organizations mature, and communities become stronger, their expectations and needs change and a good grantmaker's funding strategy should as well (Easterling et al. 1998).

For a foundation to remain relevant in the capacity-building business, it must listen to and learn from its grantees. In other words, as communities develop more and more capacity, the foundation must do the same, or risk becoming irrelevant.

Source: Easterling, Gallagher, Drisko, and Johnson 1998.

OPPORTUNITIES FOR GRANTMAKERS

The following examples highlight how funders can – and do – build organizational and community capacity by helping community residents help themselves, encouraging team-based learning among nonprofit organizations, and developing comprehensive capacity-building strategies.

- **Helping Community Residents Help Themselves** – One of the most successful community development projects in the nation began when the trustees of the Boston-based Mabel Louise Riley Foundation partnered with the directors of a few key nonprofit organizations to develop a plan to revitalize the Dudley Street neighborhood. When their newly formed *Dudley Street Neighborhood Initiative (DSNI)* presented its plan, neighborhood residents balked, upset that they had not been consulted during the development phase and demanding to know how many of the foundation and nonprofit leaders lived in, and could therefore speak for, the community. To the foundation's credit, its trustees discarded their original idea and began again, involving residents in every phase of the rebuilding plan. *DSNI* set up a new governing structure that gave residents a majority on the board and the redevelopment process began, with a \$50,000 grant from the Riley Foundation. One of *DSNI's* first successful community health projects was the *Don't Dump on Us* campaign. Recognizing the disproportionate impact pollution and trash has on poor communities, residents had the U.S. Environmental Protection Agency test neighborhood soil samples where refuse was being illegally dumped and succeeded in getting the city to haul away trash and abandoned cars throughout the area. They also succeeded in getting two

illegal trash transfer sites closed. That process and the redevelopment work that has followed required residents and community leaders to develop skills in organizing, policy development, fundraising, strategic planning, and coalition building. The neighborhood also needed links to legal, financial, and political expertise. The foundation came to see itself as a resource for the community, not a leader of the initiative, and has since contributed more than \$10 million to projects in the neighborhood.

- **Encouraging Team-Based Learning Among Nonprofit Organizations** – St. Luke’s Health Initiatives’ *Technical Assistance Partnership (TAP)* strives to create and support coalitions of small and midsize nonprofit agencies in Arizona in order to increase organizational and community capacity to address health and social issues. Teams of organizations that commit to working together for five to six months receive a technical assistance grant and are matched with consultants who help them design a plan and serve as coaches, mentors, and troubleshooters. The eight year old *TAP* has been nationally recognized as a model collaborative capacity-building program, and has served 421 organizations to date. Among the *TAP* alumni are a team of 18 small community-based nonprofits who learned how to create, maintain, and enhance a Web site; 7 domestic violence shelters that developed a common database with reporting functions that allow them to monitor bed availability throughout the system; and 6 organizations with an interest in promoting organ donation for health and research that designed a plan for an electronic statewide donor intent registry. *TAP*’s success has led the foundation to develop the *Executive Director Roundtable*, which is specifically designed for executives of community-based organizations to provide one another peer learning and support. Team members receive leadership and consultation from an expert in organizational development with topics and a curriculum that are selected by consensus of the group during the course of the *TAP* session.
- **Developing Comprehensive Capacity-Building Strategies** – Critics have asserted that though many foundations fund pieces of a capacity-building agenda, they are not thinking systematically about how best to do this work (Brown et al. 2003). The Washington, DC-based Consumer Health Foundation (CHF) has addressed this challenge head on by explicitly seeking to simultaneously improve the financial, social, technical, and knowledge capital of the communities in which it works. The foundation builds financial capital by engaging in community-focused grantmaking, both through its strategic initiatives and unsolicited grants. CHF has also made two program-related investments in the last five years: one to the Local Initiatives Support Corporation in 2000 and the other to the Nonprofit Finance Fund in 2005. The foundation utilizes its role as convener to build social capital in the community. CHF played an important role in establishing the Regional Primary Care Conversation, a regional collaboration of primary care associations, coalitions, and funders. In the coming year, CHF plans to convene its advocacy grantees to explore their interest in building a more broad-based coalition around health in the region; to convene a cross-sectoral dialogue on health disparities, bringing together stakeholders from housing, education, workforce development, and health to talk about building regional equity; and to work with other funders in the region exploring cross-boundary leadership development. CHF works to build technical capital with its grantees and with other nonprofits in the region by engaging in capacity building projects in program design and evaluation, communications, technology, and finance. The foundation employs a variety of strategies in its capacity-building programs, including mini-grants, individual consulting, workshops, and individual analyses. Finally, CHF attempts to build knowledge capital by funding small research projects and supporting forums, conferences, workshops, and meetings on health in the region. CHF has supported three regional policy analyses on the proposed conversion of the regional Blues plan, CareFirst; HIV/AIDS; and lead in drinking water. CHF is also building knowledge capital through the *Learning Collaborative*, a program design and evaluation program that brings together grantees working in similar areas to exchange ideas and learn from one another.

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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.

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