Tackling the Tough Work of

Community Change

Frustrated by their attempts to move the needle on the issues they care about most, a foundation's trustees and staff decide to wrap their arms around a distressed community – be it a neighborhood or city – and experiment with a more ambitious way to improve the lives and prospects of its residents. They will move away from traditional categorical grantmaking and single-issue, fragmented approaches, and instead invest in this one place over an extended period. They will simultaneously support direct services, capacity building, advocacy, leadership development, capital construction, strategic communications, and research. Their interventions will address economic development, education, environmental justice, health, housing, racial equity, and transportation. They will build on local assets, partnering with residents, community leaders, cultural institutions, schools, faith-based organizations, and government officials who share their vision.

Yes, it is a risk to commit their resources a decade in advance, to initiate projects that are not guaranteed to work, to fund organizations that are different from those they usually fund, to shift their focus in a way that may cause them to be criticized publicly, and to invite others into their decisionmaking processes. But what is the worst that can happen?

Thanks to nearly 30 years of experimentation by several philanthropic pioneers, we know the answer to that question. The theory of change that the foundation develops might not begin to accurately portray the more intricate actuality of working in the community. It may prove impossible to sustain a shared vision across diverse constituencies over 5 to 10 years. The foundation's expectations might prove unrealistic. Communities with a long record of unsuccessful change attempts may view the initiative with cynicism rather than excitement. It might take years to build functional working relationships. The foundation and the intermediary organization that the foundation enlists to manage the initiative may communicate different goals or priorities to grantees, resulting in mission creep. The initiative might win the support of the mayor only to be ignored by her successor. The state's elected officials may choose not to invest in the initiative because it is seen as having enough resources from the foundation. The foundation might be pressured to surrender more control than it is willing to (David 2008).

And that is not all. The skills of the foundation's staff may not turn out to be a good match with the new work they are being asked to do. The duration of the effort might diminish the backing of trustees. The foundation's grantees may have varied capacity building needs, making it difficult to sequence and coordinate training and technical assistance. Collecting and analyzing the data needed to build grassroots and public support for the initiative might require more investment than the foundation originally anticipated and be more time consuming than the grantees would like. Community planning and action may become ensnared in turf battles; unhealthy racial, class, and power dynamics; and personality conflicts. It might prove impossible to prove a definitive causal relationship between the initiative and any positive outcomes. Promising elements of the initiative may never be turned into citywide or statewide practice (David 2008).

While somewhat new to health foundations, place-based community change work is not new to philanthropy. Whether it be multimillion dollar, comprehensive community change initiatives led by large national and state foundations, or long-term, hands-on investments that local funders make in their hometowns, many nonhealth funders have been experimenting with place-based community change efforts since the 1980s, and have, of late, been remarkably candid about what works and what does not. Their reflections can be incredibly valuable to health grantmakers who are beginning to view intensive, cross-sector place-based approaches as a promising strategy for tackling the economic and social factors – education, income, occupation, wealth, housing, neighborhood environment, race and ethnicity – that have a powerful influence on health.

And it makes sense to try because across our nation, low-income communities and communities of color are weighed down by crippling crime rates, resource-poor schools, scarce services, meager transportation and housing choices, and other damaging qualities that negatively affect individual and community health (Bell and Rubin 2007). For health philanthropy, therefore, the key question is: How can we learn from past experience while charging boldly into the future?

IS THE FOUNDATION READY?

Community change work – when defined as disrupting the status quo in support of residents, neighborhood leaders, organizations, and networks that need and deserve access to better chances and resources, within and beyond the community – is not the best fit for all philanthropic institutions. Grantmakers who are considering such ventures have to judge how comfortable they are with the roles they might be called upon to play in a community change effort. More than a few will decide that the prospect is too chaotic, political, or difficult to measure. It may not be the best approach for funders who favor one- to three-year projects or insist on interventions with a clear and direct return on investment (Brown and Fiester 2007).

➤ **Risk Tolerance** – Grantmakers' pursuit of significant, sustainable outcomes does not always translate into an

increased risk tolerance. In interviews with foundation staff, representatives of community change initiatives, evaluators, researchers, and technical assistance providers, Prudence Brown and her colleagues repeatedly heard: "While meaningful community change can be viewed as inherently risky, political, and fractious because it affects the distribution of power and resources...foundations are wary of stimulating...conflict even as they seek to achieve ambitious ends" (Brown et al. 2003). Put more bluntly, some observers discern a disconnect between foundations' audacious objectives and approaches, and the "timid" way some go about their grantmaking: "Systems' reform, yes; real labor market, political, or regulatory reform, no." A fundamental task for funders, therefore, is to reflect on the board and staff's attitudes about community change, research the risks inherent in different types of community change work, and be sure to align the two (Brown et al. 2003).

➤ *Foundation Capacity* – In the early years, foundations did not invest much time gauging their own capacity – structure, leadership, staff roles, internal systems – to carry out the tough, time-consuming work of community change. For many, this meant that they ended up "building the airplane while flying it." Funders with experience in community change work often adopt swift decisionmaking methods to distribute their dollars, and abandon lengthy funding cycles, firm application guidelines, and arduous reporting rules. Foundations have been known to set up distinct, accelerated, more adaptable grantmaking procedures for their community change work and give the staff overseeing that work the authority to make funding decisions (David 2008; Brown and Fiester 2007; Sojourner et al. 2004).

➤ *Initiative Design, Implementation, and Evaluation* – One of the things that gives some health funders pause about investing in place-based community change efforts is that there is no strong body of evidence proving that they significantly and consistently revitalize communities that are suffering from generations of neglect. This may be due in part to how the initiatives have been constructed and in part to how intricate an evaluation would need to be to assess impact. According to Prudence Brown, "When you compound the problems of weak theories and unrealistic expectations with insufficient resources and lack of implementation capacity, it is not surprising that we are not learning as much as we could from current work on the ground" (Bohan-Baker 2003).

Conventional evaluation techniques cannot appropriately measure the scope and scale of community change initiatives in progress. There is promising preliminary research on newer evaluation approaches such as community-based participatory evaluation. New community statistical systems and geocoding technologies are also making it easier for foundations and their partners to utilize demographic and administrative data as they develop strategies and track progress. It remains to be seen, however, whether using these newer evaluation methods from the beginning to the end

LESSONS FOR FUNDERS

- **Know thyself.** Take the time to clearly articulate the foundation's motivations and expectations.

- **Do your homework.** Build a solid understanding of the problem and what is needed to solve it.

- **Stack the odds in favor of success.** Make sure the initiative has the necessary ingredients for success.

- **Be accountable.** Performance matters, and foundations should be prepared to hold grantees – and foundation staff – accountable for performance. Poor performers drag down the success of everyone involved.

- **Keep it manageable.** Limit the number of sites to those that are ready and prepared to engage at the expected level of performance.

Source: Adapted from Trent and Chavis 2009

(and beyond) of a place-based community change effort will help overcome the difficulties to demonstrate a causal relationship between particular initiative elements and the array of outcomes they are intended to generate (Bohan-Baker 2003).

CONCLUSION

In the words of *The New Yorker* writer James Surowiecki (2009), in times of uncertainty, people are inclined to shun experiment for the safe choice. It is a risk to invest in place-based community change because the approach remains relatively unproven and the efforts that are up and running are to some extent still embryonic. The magnitude, cost, and intricacy of comprehensive change initiatives – and the occasionally unfair hope for premature outcomes – can cause funders to turn to more predictable and familiar strategies and tactics (Bailey et al. 2006). And while there is indeed no guarantee that place-based community change efforts can achieve scale and sustainability, some have produced astonishing results, including new housing units, improved asthma rates, and unprecedented levels of community collaboration. Perhaps now is not the time to pull back from efforts at community change because they are expensive, experimental, and labor intensive. Perhaps it is instead a time for foundations to make an informed leap of faith. In these times of economic upheaval, distressed communities need innovative ideas, long-term support, and a seat at decisionmaking tables now more than ever.

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