

## Honoring Community Voices to Enhance Health Grantmaking

WENDY J. WOLF, MD, MPH

*President and CEO, Maine Health Access Foundation*

In philanthropic circles we spend a lot of time discussing the importance of how foundations can meet the needs of and strengthen communities. We expect our grants and program support will prompt change and improve lives, but how often do we end up doing things “to” a community as opposed to working “with” a community to achieve common goals?

All too often our work is guided by a relatively small group of individuals: board members, formal advisory groups, and foundation staff. Fostering broader community engagement is one strategy foundations can use to identify community needs, set priorities, inform program development, and build trust and openness. Yet we need to constantly ask ourselves: Who represents “the community”? How do we ensure that our work is informed by diverse voices with different experiences and ideas?

In May 2009, Grantmakers In Health (GIH) and the Maine Health Access Foundation (MeHAF) cohosted the *National Meeting on Community Engagement and Effective Health Grantmaking* in Portland, Maine, to discuss these questions, share experiences and strategies, and learn how health foundations across the country ensure that our work is shaped by the people whose health and lives we seek to improve. Participants included staff and trustees from foundations across the country, community advisory committee (CAC) members, and non-profit and community representatives.

Prompted by the opening session “Why Board Input Is

Not Enough: The Conscience of Community,” participants explored how foundations seek community input and actively engage a broad and representative array of stakeholders. While the questions shaping community engagement are not new, participants found that the gap between aspiration and practice provides an opportunity for the philanthropic sector to be more informed and bold in how we listen to and engage the people we serve.

In preparation for this meeting, GIH surveyed 197 foundations created from health care conversions to gather descriptive

data on how these funders seek and solicit community input, identify the benefits of community engagement, and describe key lessons learned from this work.

Of the 197 foundations in the survey sample, 128 (78 percent response rate) provided detailed information on how they solicit and engage communities. Responding foundations had assets ranging from \$1.8 million to \$3.5 billion, and the majority of respondents (52 percent) were private foundations. Public charities (43 percent), however, were well represented in the sample, too.

Surveyed foundations generally reported high levels of community engagement using strategies such as listening tours, key informant interviews, staff members’ participation in community events, surveys, and focus groups. Yet two-thirds of surveyed foundations reported having no explicit requirements for community input into foundation operations.

About one-quarter of the foundations surveyed had formal CACs. Typically CACs serve as an ongoing liaison with the community to identify needs and priorities for future work. For some foundations, the CAC provides input on foundation funding strategies, monitors and reviews the foundation’s performance, and serves as a nominating body for the foundation’s board of trustees.

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For example, at MeHAF our CAC nominated the founding board of trustees, and eight of the foundation’s 15 current board members previously served on the CAC. At Con Alma Health Foundation, in Santa Fe, New Mexico, CAC members often operate as an extension of the foundation’s small staff. They participate in annual reviews and do site visits, all of which is incorporated with staff work. Table 1 describes other ways that CACs have influenced funding decisions and other aspects of foundation work.

Most foundation CACs are institutionalized organizations

created to reflect the communities served by health conversion foundations. In fact, just over half of foundations with CACs have requirements that specific populations from their communities be represented. For example, a CAC may need to reflect the racial and ethnic diversity of the foundation's service area or include representation from both urban and rural communities. The GIH survey, however, revealed that in actuality, CAC composition may not be as diverse as the communities served by their respective health foundations.

Foundations can also gain valuable insight from individuals acting on behalf of various constituencies, rather than representing members of a community. Staff from Casey Family Programs seek input from both, making the distinction that communities are the broad context for foundation work and are represented by local voices, whereas constituents are the priority population on which foundation work focuses. One of Casey's strategies is to pay stipends and provide training and support that enable constituents to participate more fully in discussions and policy work.

Throughout the two-day meeting in Maine, CAC members and nonprofit and community representatives offered candid and practical advice to foundation representatives on ways to enhance and broaden community engagement. Simply put, foundation boards and staff need to constantly challenge themselves to venture beyond their typical circle of advisors and allies. This means reaching outside our comfort zones to look beyond the people, organizations, and issues we know well.

Community leaders shared some simple strategies:

- Rather than inviting people into our offices, foundations must actively go out into communities.
- Seek out communities that are central to the foundation's mission that the organization has not worked with before.
- Rather than focusing on and talking about the foundation's mission and grant programs, be prepared to listen and learn.

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- Make sure the tone of your voice, body language, and actions show that you really are hearing what is being said.
- In some communities, it is vital to acknowledge in advance that language and cultural differences may pose barriers to easy communication. In these situations connecting with someone who is trusted by the foundation and the community can help pave the way for a more productive and open conversation. These are just the first steps in a longer-term process of connecting with diverse communities in a way that fosters strong relationships built on trust.

Additionally, a nonprofit service provider attending the May meeting encouraged foundations to require (and support)

#### **TABLE 1: GIH SURVEY FINDINGS ON HOW CACS INFLUENCE FUNDING DECISIONS AND OTHER FOUNDATION WORK**

- Documenting health concerns and advancing ideas on how the foundation can work in these areas
- Helping design community needs assessments
- Contributing to foundation strategic planning and allocation decisions through CAC-sponsored community forums
- Providing important insights as foundation staff develop new initiatives
- Prompting the foundation to invest in capacity grants and provide operating support
- Helping craft the foundation's advocacy agenda
- Improving the foundation's grant review process
- Encouraging the foundation to create a socially responsible investment policy
- Providing quick engagement with the nonprofit and health care communities
- Acting as the eyes and ears of the community for foundation staff and board members

grantee organizations to ask and answer the same questions that we must ask ourselves:

- Are diverse members of the community effectively engaged in project design, implementation, and evaluation?
- Is this a project the community really wants or just one the organization wants to provide to them?
- How can organizations engage more of the people they serve in leadership roles?

Foundations have a great opportunity to ensure that our responsible stewardship is informed by the people we serve. As a philanthropic community,

expanding our concepts and approach to community engagement sharpens our focus, deepens our work, and enhances the chance that our engagement with communities will be meaningful and successful. It is one foundation investment well worth making.

**VIEWS FROM THE FIELD** is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or [fmitchell@gih.org](mailto:fmitchell@gih.org).