

Partnership and Leadership

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June 1998

From the beginning, TCWF has seen itself as a leadership foundation and has charted its own course. While we sought to learn from the experience of others, we also clearly set out to do philanthropy in a different way. But it's important to acknowledge the role that partnership has played in that vision. It was more than just an important symbolic gesture for a new, large foundation to reach out to other established funders to be part of its first major grantmaking initiative. It also set a tone of collegiality and collaboration that was a significant statement of leadership in a field that is sometimes more characterized by institutional ego and individualism than selfless giving for the common good.

With the emergence of other large new health foundations in California, the local landscape of funding has changed dramatically in the past few years, with still more changes on the horizon. TCWF, which was until recently the state's largest health-related funder, is now one of several major players in the same arena. Each of those new funders is eager to establish itself as a leader in the field.

While this bonanza of new philanthropic dollars can yield great benefits for the people of our state, some observers are also worried about its potential impact if we model the competitive ethos of our counterparts in other parts of the country. No one expects these new foundations to see eye to eye on every issue or to operate in the same way. Indeed, such a close alignment of style and interests would probably not be to the in the best interest of a diverse grantseeking community. But we have an important opportunity -- some would suggest an obligation -- to forge new ways of communicating and partnering that run against the grain of traditional philanthropy.

We have undertaken a variety of efforts, from extensive informal contacts to more formal convenings, to walk the talk of good partnership with our new philanthropic colleagues. . . and to communicate that we are interested in collaborating on their ideas, not just our own. But as we do so, we have also acknowledged to ourselves that partnership, in and of itself, is neutral value. It is neither inherently good nor bad. In what circumstances, and under what conditions, is partnership warranted?

I would argue that the first test for a potential partnership is whether it helps advance our mission of improving the health of the people of California. Closely associated would be potential benefits to grantees--e.g., making more dollars available for important work--and extending our reach to organizations and communities that would otherwise remain untouched by our efforts. There are also institutional reasons to partner with other funders; for example, to build important relationships and enhance mutual learning. There is also the motive mentioned above of modeling cooperative behavior for other institutions by taking the first steps in that direction. Finally, as in the case of our Violence Prevention Initiative, a joint venture can provide the opportunity for partners to share risk when it comes to investing in untested ideas or uncharted terrain.

Some Lessons Learned

But there are also some important caveats to consider before engaging in partnership. Depending on the nature of the project, one invariably relinquishes some institutional independence and control over day-to-day decisionmaking. Collaborations can also be process heavy. A certain amount of extra effort is inevitable simply to ensure good communication among partners. However, the complications of mixing organizational cultures and decisionmaking styles, and joining together on routine tasks such as proposal review and site visits, add an extra dimension of effort that can prove to be quite labor intensive. It is the rare partnership that has the foresight to anticipate and work out all of these important details in advance.

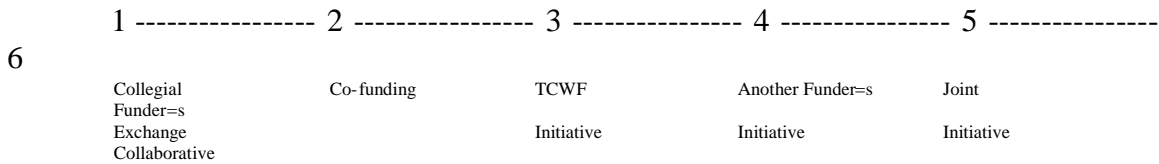
At the annual meeting of Grantmakers in Health in January, Bill Richardson, president of the Kellogg Foundation, elaborated on some of these notions as he shared some of his lessons learned about partnership. First, he noted that **clear expectations** about **specific outcomes** are what keeps partners engaged over time. There is a natural tendency to rush things, and to enter into joint efforts without the proper ground work. It is important to devote the time up front to visioning and community building to agree on goals. Second, there is the delicate matter of **power sharing**, upon which many partnerships flounder. To build trust, the parties involved must honestly identify both their self-interest and mutual interest for collaboration. There should also be agreement on the mechanisms for decisionmaking and group governance, a detail that is often dealt with only after the partnership has been established. Finally, all involved (from Boards to front-line staff) need to recognize that partnership is not for the faint of heart. It is **time and labor intensive**, and the organizational culture must value listening, accepting mistakes, participation without insisting that I'm right, and staying in place (not disappearing) when things go wrong. Along these lines, Richardson suggested that partnerships among funders are least likely to be mutually beneficial when the subject is developmental work vs. a situation in which they might join forces to scale up a well-developed program.

Forms of partnership

At a Program Officers retreat on this topic in March, the staff had an opportunity to reflect on their personal experiences of partnerships with other funders. We acknowledged a shared belief that TCWF places a high value on being a generous and responsive partner. We also agreed on some important characteristics of successful partnerships, among them: complementary vision, values and preparedness to act; shared responsibility; mutual cooperation; and reciprocity. As a group, we also strive to put substance before ego, and to bring cultural competence to the table whenever we engage in partnership. In addition, we value the learning opportunities inherent in such joint ventures.

As we shared case studies of various collaborations, we also acknowledged that grantmaking lent itself to a variety of forms of partnership. We sketched out a continuum of collaborative activities, ranging from informal/unstructured exchanges to formally incorporated joint ventures. Descriptions of each of the six points on the continuum follow, along with some examples from our current work.

A continuum of partnership opportunities with other funders:



The varieties of partnership are arranged such that, as one moves from left to right on the continuum, one moves from less complex/labor intensive efforts to more complex undertakings, and from relationships in which the partners retain maximum independence and control to those where key aspects of control tend to be ceded to the shared group process. Here are some capsule descriptions:

1. Collegial Exchange: Sharing information on an informal basis with other funders regarding grantees, developments in the field, grantmaking strategies and lessons learned, and more formal convenings to discuss joint project ideas or lessons learned. Examples range from one-to-one contact between Program Officers and administrative staff to compare notes, to a series of recent convenings we have hosted to discuss funding advocacy in the health arena, to more formalized efforts such as the evolving effort to link California health funders on an extranet. We have also talked to other funders about developing joint trainings for our staff. At the national level, staff is playing a variety of active roles in the various affinity groups of the Council on Foundations, serving on boards, co-chairing national conferences, and arranging local convenings.

2. Co-funding: Each funder contributes dollars independently to support the same project. There may be only limited communication among the partners even though they are jointly funding the same agency. Other projects, such as the Sacramento ombuds effort referenced below, involve extensive convening and communication among the various partners. Examples from this docket: **California Health Decisions'** work in three Southern California counties, which will be jointly funded with the State, the participating health plans, and other foundations; the **Center for Health Care Rights'** ombuds program in Sacramento, which is jointly funded with the Kaiser Family Foundation and the Sierra Health Foundation; and the **Council on Foundations**, whose policy work at the national level is co-funded with a lengthy list of other funders.

3. TCWF Initiative: Other funders join us in co-funding aspects of one of our initiatives such as the VPI. Their involvement may range from partial funding of a single site to shared funding of multiple components of the initiative, such as **The California Endowment's** investment in the second phase of the VPI. It is our responsibility to ensure that our partners are appropriately engaged in initiative activities, including communications with grantees, public descriptions of the Initiative, convenings, and the like. Examples from our current work include eight of the nine continuation grants recommended for the **VPI Community Action Programs** as well as the grant to the **Trauma Foundation** to serve as coordinator for the VPI Academic Fellows Program.

4. Another Funder's Initiative: We agree to support a portion of a grantmaking initiative undertaken by another foundation. In this case, we have made a conscious decision to play a secondary role to help successfully implement someone else's idea. The degree to which we are involved in their initiative process is typically minimal, but varies according to the situation. Some examples from the past include a sizeable investment in underwriting the evaluation of the Sierra Health Foundation's Children's Health Initiative, and a recent grant to Project Concern International to help plan the California Endowment's Border Health Initiative, where we also intend to be one of several co-funders of its implementation . Some other examples include partnering with r the **Los Angeles Women's Foundation** on their Women's Health Initiative; and our work with the **Community Foundations** in San Francisco, Santa Cruz and Los Angeles to help support their gay and lesbian funding initiatives.

5. Joint Initiative: Two foundations jointly conceive, fund and operate a grantmaking initiative that from the beginning is publicly identified with both partners. Governance arrangements can vary, with one partner typically taking on special responsibilities, but shared vision is key. While TCWF has not yet undertaken such an effort, some examples include: the Turning Points program, jointly sponsored by the Kellogg and Robert Wood Johnson Foundations, to build partnerships among local public health departments, schools of public health and community providers; the multiyear partnership between the Hewlett and Bush Foundations to support historically black colleges; and the recently announced strategic alliance between the California Endowment and the Rockefeller Foundation to fund community economic development efforts in California.

6. Funders' Collaborative: The most ambitious form of multifunder partnership, where a number of foundations of varying size pool their dollars to tackle a topic of sufficient scale (and/or political sensitivity) and where strength in numbers is seen as a particular asset. The group typically develops a governance structure and jointly makes funding decisions. One of the key motivators is the potential for joint learning from an effort that few individual funders could undertake on their own. TCWF has been a strong supporter of a number of such activities in California, among them the Los Angeles Urban Funders and the NCG AIDS Task Force. We have generously contributed not only dollars but staff time, including filling key leadership roles. Even though we have often been one of the larger funders in terms of grant dollars, we have been typically content to participate as one of many players around the table. Four additional examples of such collaboratives are: the **Foundation Consortium**, of which we were a founding member and have been a major funder; the **National Funding Collaborative on Violence Prevention**, which followed the launch of the VPI and modeled itself significantly after our efforts here in California; the **NCG Task Force on National Service**, which helps to provide matching funding for AmeriCorps volunteers working on health projects in the Bay Area; and a new effort in which we are being asked to be a lead funder, **The Funders' Collaborative for Strong Latino Communities**, a project of Hispanics in Philanthropy.

Postscript

Since our founding, TCWF has acknowledged that the challenge of improving the health of Californians was sufficiently daunting that no single foundation, no matter how large its brainpower or asset base, could hope to do it justice. Consequently, we have looked to partnership with other funders as an effective strategy to extend our reach and meet more community needs. We continue to be committed to partnership in many forms, from a simple conversation to a multifaceted initiative. As in any other relationship, professional or personal, it takes continual effort to be mindful of how our actions and intentions are perceived and to strive for appropriate balance and reciprocity, particularly when working with smaller local funders. Also, although we strongly support the principle of partnership, we acknowledge that there are situations in which it is not the most effective way for the Foundation to act.