

*A Joint Project of Tides and The California Endowment*

# Creating Currents of Influence:

## Success Factors for a Multifaceted Social Change Initiative

THE EXPERIENCE TO DATE OF THE COMMUNITY CLINICS INITIATIVE



# A Successful Philanthropic Effort

How can philanthropic investments in social change create broad and deep change? This evaluation brief outlines how the Community Clinics Initiative (CCI), a joint project of Tides and The California Endowment, has been successful in affecting such change within the community clinics field in California. The factors that have emerged as being instrumental to this success can inform the design and implementation of other philanthropic initiatives and grantmaking efforts.

In the pages that follow, we first provide a short description of CCI, its evaluation and its impacts. We then discuss the factors that emerged as critical for achieving deep, systems-level changes and offer some summary reflections to date.<sup>1</sup>

## THE CALIFORNIA ENDOWMENT & TIDES

The California Endowment is a statewide health foundation whose mission is to “expand access to affordable, quality health care for underserved individuals and communities and to promote fundamental improvements in the health status of Californians.” The foundation has provided over \$98 million in funding for the Community Clinics Initiative since 1999.

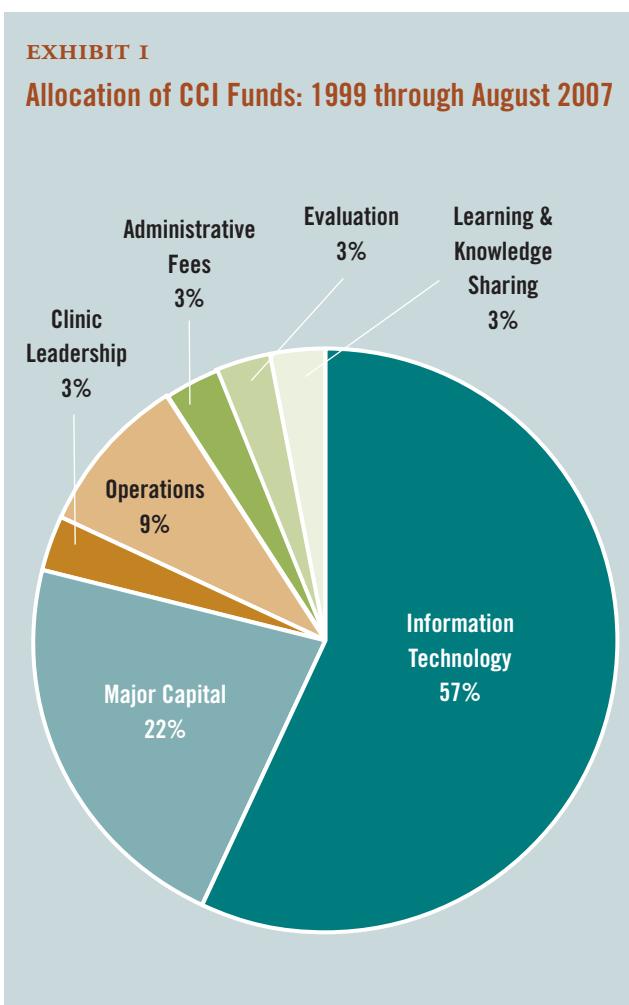
Tides is a nonprofit organization based in San Francisco that works with “individuals, groups and funders to implement programs that accelerate positive social change” in the nonprofit sector. As a project of Tides, the Community Clinics Initiative receives operational capacity, program design and grantmaking support as well as opportunities for shared learning and knowledge creation with Tides’ other projects and initiatives.

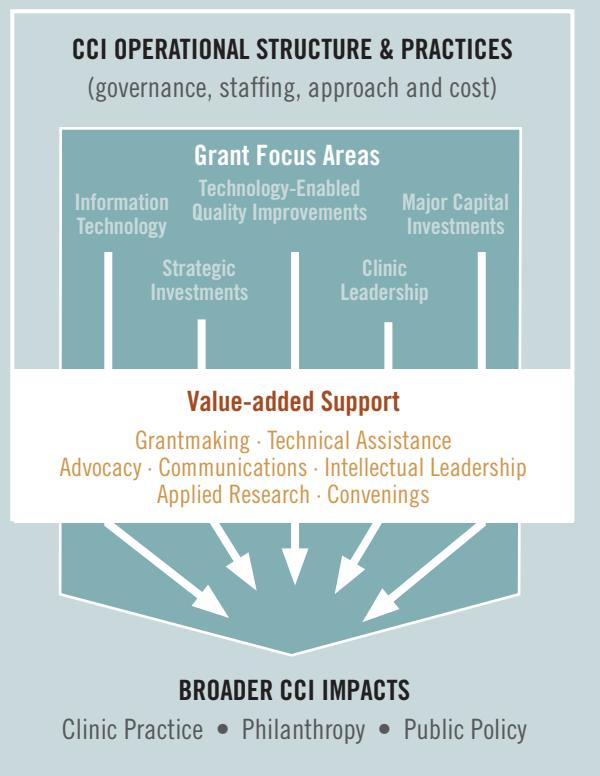
<sup>1</sup> A major source of information for this evaluation brief is a recent BTW *informing change* report, *Currents of Influence: The Broader Impacts of the Community Clinics Initiative*, which was informed by 123 key informant interviews (47 focused exclusively on the broader impacts of CCI and 76 interviews addressing specific program components of CCI as well as CCI’s broader impacts) and a review and analysis of a substantial number of relevant documents (e.g., previous CCI evaluation reports and studies).

# Revitalizing California Clinics

CCI, a joint project of The California Endowment (TCE) and Tides, is a partnership designed to strengthen the capacities of California community clinics and health centers.

TCE initiated CCI in 1999 as a one-time grantmaking program with a focus on preparing clinics' information systems for the new millennium (Y2K). From this initial set of grants, CCI grew into what is now a \$98 million initiative that has provided multiple types of support, including 737 grants to approximately 92% of California's 180 community clinics and 16 networks of clinics. As shown in Exhibit 1, 9% of funding goes to CCI's own operations (e.g., salaries, benefits, rent). Administrative fees, evaluation and learning and knowledge sharing each comprise 3% of CCI's expenses. Learning and knowledge sharing involves maintaining CCI's online community, called the Community Clinic Voice, and engaging in applied research. The remaining 82% of funds goes directly to grants, training and technical assistance and convenings for three broad focus areas: information technology (IT), major capital and clinic leadership.



**EXHIBIT 2****Community Clinics Initiative  
Structure and Focus Areas**

CCI has provided funding and support in five focus areas, as depicted in Exhibit 2: information technology, technology-enabled quality improvements, clinic leadership, major capital investments and strategic investments in collaborative IT for community clinic networks and their members.<sup>2</sup>

Beyond the direct and immediate impact of grants, the effects of the five grant foci have combined their influence to create cumulative or synergistic impacts broader than any one funding stream as well as ripple effects caused by individual funding areas.

The funding flows from TCE through Tides, which serves as the Initiative's program partner, to the CCI staff and others at Tides who together have designed an operational structure and undertaken distinct practices to implement the Initiative. CCI staff strengthen the funding streams by undertaking activities that support and enhance their work; these include direct grants as well as other value-added types of support such as technical assistance, applied research and convenings.

From CCI's inception, CCI has had a broad vision to improve the overall health of poor and under-resourced communities. While there has been no overall long-term blueprint dictating how the Initiative would be implemented, one working principle has guided the process: to strengthen the internal capacity and external linkages of community clinics and clinic networks, and thereby move the community clinics field. In general, CCI's progression can be characterized as more iterative and evolutionary than heavily scripted or prescribed. A timeline of CCI's programming from its inception is shown in Exhibit 3.

**EXHIBIT 3****Community Clinics  
Initiative Program  
Timeline****1999–2000**

Y2K Grants

**2000–2005**Information Technology  
Program**2003–2006**Strategic Investments  
Program**2003–2008**Major Capital  
Investments Program

<sup>2</sup> Most recently, CCI released a request for proposals for a new funding stream, Networking for Community Health. This two-year program will provide between 10 to 20 grants of up to \$200,000 each to help clinics build their capacity to catalyze, manage and sustain networks with community partners. The ultimate goal of the program is to position clinics as centers for community health in their communities.

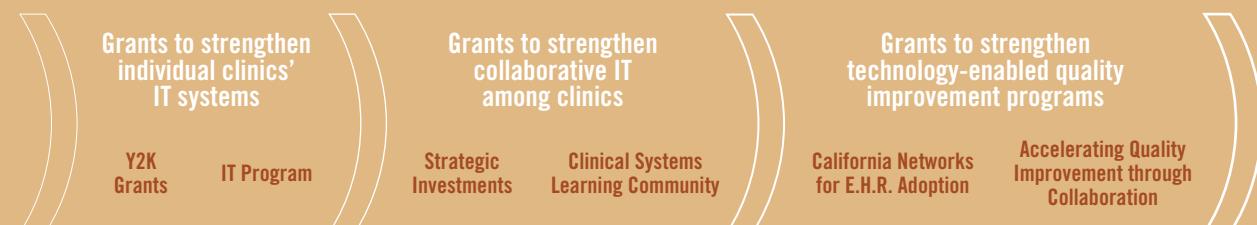
## The Ripple Effects of CCI's Initial Investments in IT

Since CCI's first IT investments in 1999, a ripple effect has occurred leading to new programs, the expanded involvement of funders focused on improving the technological abilities of California's community clinics and the use of technology to improve care. After the original Y2K grants, CCI continued to support individual clinics with the goal of raising all clinics to a basic level of IT infrastructure. In 2003, CCI shifted their funding approach to focus on supporting fewer organizations that could serve multiple clinics to enhance reach and impact. Through this collaborative IT approach of the Strategic Investments (SI) Program, CCI applied key learnings to their next stage of programming, which focused more intensively on technology-enabled quality improvement through the development of centralized centers for electronic health records (E.H.R.).

CCI developed a partnership with the California HealthCare Foundation and the Blue Shield of California Foundation to develop a three-year, \$4.5 million program, California Networks for E.H.R. Adoption (CNEA). CNEA provides grant funding and technical assistance to foster clinics' development of collaborative strategies for model community-based technology programs and shared applications and services for E.H.R.

In 2005, CCI awarded the Redwood Community Health Coalition (RCHC) a grant to establish the Clinical Systems Learning Community (CSLC) to bring together clinic staff to share learnings and best practices around clinical IT integration and process redesign. A subcommittee of this Learning Community, the Clinical Measures Group, focused on establishing a level of data

standardization around priority clinical areas (e.g., diabetes, women's health, hypertension) with the purpose of accurately collecting, tracking and analyzing clinical data. After about two years, the Learning Community became so successful that other clinics around the state wanted to join. This momentum contributed to the California HealthCare Foundation funding a new statewide initiative called Accelerating Quality Improvement through Collaboration (AQIC), which is now co-staffed by RCHC and the California Primary Care Association. CSLC continues their work under the AQIC umbrella with a broader infrastructure and more clinics involved in setting statewide data standardization measures.



**2003–2009**  
Clinic Leadership  
Program

**2005–2008**  
Clinical Systems  
Learning Community

**2005–2009**  
Funders Fostering  
Technology for Quality

**2006–2009**  
California Networks  
for E.H.R. Adoption

**2007–2009**  
Networking for  
Community Health

# Impacts & Accomplishments

Different facets of CCI's grantmaking demonstrated a profound impact not only on the individual grantees, but more broadly on community clinic practice and, to a lesser degree, on their funding and policy environments. Together, these broader impacts have coalesced to influence the field of community clinics in California.<sup>3</sup> Below we provide highlights of CCI's key accomplishments.

**"CCI has had a big impact on leadership in clinics via CCI's medical director training program and other work. The level of discourse has changed. They have helped to create a culture that expects engagement between clinical and administrative folks and that's a real paradigm shift."**

—Funder

**New capacities within clinics.** Through multiple waves of funding for IT and successive iterations of change, CCI advanced IT use in clinics to alter not only clinics' administrative functions but also the availability and quality of information that clinicians can bring to bear in consulting rooms as they diagnose and treat patients. Technological upgrades supported by CCI have built clinics' capacity to collect, store and use data to improve operations and health outcomes in grant-funded clinics. In many clinics, a redistribution of management responsibilities has accompanied the changes—with the IT projects, many clinic physicians' roles shifted from working almost exclusively with patients to assuming more significant leadership roles in clinic management. Further, CCI's funding and technical assistance for major capital campaigns enhanced clinics' infrastructure as well as their fund development capacity and their ties to their communities.

<sup>3</sup> During the same time period as this Initiative, many of the community clinics and clinic networks received funds from government and other private sources. To different degrees, a portion of these funds supported similar activities as CCI.

## Stronger, more integrated networks among clinics

**among clinics.** Before CCI, clinics tended to work in isolation from each other with few opportunities for information exchange except at the executive director level. The learning culture of CCI opened up more avenues for information exchange. In addition, CCI deliberately provided support to create more formal collaborations among clinics as a means of advancing capacity on a multi-clinic basis. By using IT to improve clinic management, information sharing and collaboration has increased at different levels of clinic administration; thus CCI has intensified collaboration at the executive and medical director level and extended it downward to include more levels and functions.

## Greater attention from the philanthropic and public policy sectors

**and public policy sectors.** CCI did not initially intend to influence other foundations, but as the Initiative became an increasingly important information and intellectual resource for grantmakers working with community clinics, CCI enhanced the visibility and stature of community clinics among foundations. CCI has assisted foundations in enhancing their understanding and support of community clinics and partnered with foundations to leverage CCI knowledge, experience and funds. CCI also increased the visibility of community clinics among policy-makers, enhancing attention to clinics' health information technology (HIT) needs and the relationship between IT and quality of care. CCI has also helped to establish clinics as knowledgeable, credible resources and testing grounds for moving HIT forward in both the public and private sectors.

### Examples of CCI's Impacts on Philanthropy

- Helped the national philanthropic affinity group Grantmakers in Health (GIH) enhance their own knowledge about community clinics, which has been conveyed to other foundations through a variety of methods. Most recently, GIH partnered with TCE and CCI to hold a two-day site visit for approximately 30 funders from around the country in which CCI shared their HIT grantmaking strategies and experiences. CCI staff continue to support participants' learning through subsequent follow-up audio conferences and one-on-one meetings.
- Assisted funders in Colorado and Hawaii in developing technical assistance capacity and expertise within their states by connecting them to CCI technical assistance consultants.
- Provided input to other foundations resulting in the replication of CCI components. For example, the Colorado Health Foundation recently launched an initiative focused on community clinics.
- Used a \$1 million philanthropic investment to secure \$20 million for the Healthy California Loan Program, thus increasing the availability of loans from private lenders for major capital investments among clinics.
- Influenced the decision to make \$40 million in tax-exempt bonds from the investment fund of Wellpoint/Blue Cross of California more accessible to community clinics.
- Three regional funders—L.A. Care, Kaiser Permanente South and Unihealth—co-sponsored an electronic health records (E.H.R.) forum in southern California modeled on an earlier one sponsored by CCI. This led to creating and funding—with approximately \$2 million—the Building Clinic Capacity for Quality (BCCQ) program, which used assessment tools developed by CCI and the California HealthCare Foundation to determine the readiness of approximately 50 clinics to take on E.H.R. projects. Based on the success of this project, other funders and government agencies have shown interest in expanding the BCCQ model of readiness assessment.

## Examples of CCI's Impacts on Public Policy

- Collaborated with the National Association of Community Health Centers (NACHC) to sponsor and provide testimony at a Capitol Hill briefing on the benefits and barriers facing community clinics as they seek to use HIT systems to improve care.
- Contributed to the creation of a HIT position at the Health Resources and Services Administration (HRSA) through public and private discussions with agency staff, policy convenings and the provision of both oral and written testimony.
- Informed and engaged national level policy experts, such as Dr. David Brailer, the first U.S. national coordinator for HIT.
- Submitted invited testimony to the House Ways and Means Committee to recommend inclusion of community clinics language in proposed safety net and HIT legislation (e.g., Kennedy and Gingrich bills).
- Partnered with other funders and clinics to retain the public policy law firm Manatt, Phelps and Phillips, to examine the regulatory environment of Medicaid to support HIT investments; a publication will be released in the near future.
- Participated in a California state summit, along with other foundation representatives and health care industry executives, to inform the Undersecretary of Health and Human Services and Managed Care on a state HIT plan.

## Stronger “field” identity and increased stature as a field.

With deep roots in local communities and the particular populations that they serve, community clinics were slow to converge and develop an identity as a field. CCI nurtured clinics’ sense of being a field by bringing them together, continually talking to them and treating them as a field and using data to reflect on the field as a whole. This growing identity as a field has been intensified by the increased visibility of community clinics among other foundations and in the public policy domain.

**“The CCI staff is very dedicated about bringing the issue of clinics and HIT (health information technology) into the national spotlight. CCI has been there to push the Health Resources and Services Administration (HRSA) to move forward and they have served as an information resource, documenting the special case of health centers, pushing the idea that they can’t be lumped in with other health care providers in any HIT adoption plan because clinics have unique needs.”**

—Policy-maker

# 10 Factors for Success

The evaluation of CCI identified ten key factors that facilitated significant change for community clinics and their environment (Exhibit 4).

## Key Structure & Management Practices

**1 Housing the Initiative at Tides.** A key consideration for any funding program or initiative is whether it will be managed from within a foundation or whether the foundation will use a vehicle such as a program partner or an external program office. When initiating funding for clinic information systems at the turn of the century, TCE needed an organization that could serve as a respected and full-service intermediary to quickly move dollars out the door, and chose Tides. Tides' expertise includes deep philanthropic experience translating ideas into grants, an institutional capacity for grantmaking and a wide range of support services for financial, legal and human resource needs. Also significant in achieving broader impacts in philanthropy have been Tides' well-established relationships and credibility as a steward of philanthropic funds. With the evolving nature and scope of CCI, this experience, expertise and agility have continued to be assets for achieving impacts. For example, the ability of Tides to accept funds from other philanthropists for collaborative projects facilitated the quick start up of California Networks for Electronic Health Records Adoption (CNEA), a program that was incubated at CCI and is described earlier in this evaluation brief.

**2 Relationship building and collaboration.** Networking, relationships and collaboration facilitated the achievement of many of the broader impacts, particularly moving the changes from individual grantees to the field level. CCI staff promoted these activities through many methods—structuring some grants to include collaboration, convening countless meetings and conferences and attending and organizing others—and by being perceived as good collaborators and relationship builders themselves. These skills were especially important to contributing to broader impacts in philanthropy where influence is primarily exerted laterally.

### EXHIBIT 4 Contributing Factors to CCI's Success

#### Key Structure & Management Practices

- 1** Housing the Initiative at Tides, a full-service intermediary
- 2** Relationship building and collaboration
- 3** Supporting innovation
- 4** Infusion of knowledge and emphasis on learning
- 5** Reflective practice
- 6** Relationship with The California Endowment

#### A Fluid Design

- 7** An emergent style
- 8** Governance and input from the field

#### Change Accelerators

- 9** The catalytic nature of the intervention
- 10** High dosage intervention

**3 Supporting innovation.** Throughout the Initiative, CCI staff have pushed grantee clinics and clinic networks to change, advance and take the steps, even when they are risky, that get them closer to their goals. The CCI staff have typically been several steps ahead of clinics and have used the variety of tools available to them to induce and exhort clinics to advance. They have also provided support for those clinics that are the greatest risk takers, encouraging them to take the steps with high potential for advancing the field.

**"For The Endowment to multiply its resources by contracting out its Initiative was a good way to go. It doesn't make sense for a foundation to carve out or hire staff for a limited time initiative. CCI has a very capable team with top-notch people. They are knowledgeable about the clinics and act as guide, funder and provider of technical assistance...giving tough love when needed. It has been an extension program for us for community clinics in California—to get an understanding as close to the ground level as you can get. It has been a wonderful model."**

—Funder

**4 Infusion of knowledge and emphasis on learning.** CCI employed multiple strategies for gathering and infusing knowledge into the Initiative and extracting information to inform next steps—for example, convening grantees, funding collaborative learning and communication vehicles and using an evaluation that provided process as well as outcome data in “real time.” At the beginning of CCI, very little research existed about the community clinics field. As a result, CCI both commissioned and catalyzed research to create a growing body of knowledge about community clinics. An important cluster of impacts on grantees’ internal practice focused on learning to manage transformative change, to expect that change is a normal part of doing business and to engage in iterative learning processes. CCI staff both eased and accelerated grantees’ learning processes through their timely infusion of data, knowledge and expertise. For example, CCI promoted peer-to-peer learning, hired consultants to provide technical assistance through the capital investments improvements process and made supplementary grants (e.g., for a change management consultant) to strengthen grantees’ capacity to meet their goals.

**5 Reflective practice.** The CCI management team itself engaged in an intensive learning process by constantly collecting, analyzing and using data and feedback about their grants, the state of the field and where new money and energy should be invested. Additionally, CCI staff effectively modeled reflective practice for clinics. This reflective practice has been done formally through the evaluation process and commissioned research and informally through meetings and discussions with practitioners, outside experts and observers of CCI. As a result of these practices, a continuing quality improvement process has been integrated into Initiative management which helps to determine the next steps and funding foci for the Initiative. Most recently, CCI convened a series of gatherings with a diverse set of community clinic leaders, TCE staff and others involved in movement building with low-income populations to determine the most effective use of remaining CCI funds. This iterative discussion process culminated in the start of CCI’s new funding stream, Networking for Community Health. This program focuses on supporting clinics to strengthen networks with community partners and position clinics as centers for community health.

**6 Relationship with The California Endowment.** Underlying all of the factors mentioned above has been the critical influence of CCI’s relationship with TCE. In implementing CCI, TCE ceded considerable authority to Tides to supplement its grantmaking with many forms of value-added activities to address key needs and opportunities as they arose, thus facilitating not only the accomplishments of individual grantees but the broader impacts of the Initiative as well. Of particular note are the discretionary funds that CCI has been able to use to further collaboration, technical assistance and learning among grantees. Reflective of this relationship, a member of the TCE Board of Directors was always a formal member of the CCI steering committee, and TCE staff attended CCI steering committee meetings as a learning partner and content resource for this endeavor.

## Aligning Funding Streams: Funders Fostering Technology for Quality

An important impact and ripple effect of CCI's programming has been the increased partnership of funders around technology-enabled quality improvement for community clinics. In 2005, a group of funders came together to form the California Health Funders Strategy Group (CHFSG) and create a common framework<sup>4</sup> to guide HIT funding among California foundations and other public and private funders. Now known as the Funders Fostering Technology for Quality (FFTQ), this group of approximately 17

funders meets regularly to share information about their HIT funding experiences, identify funding gaps and coordinate funding efforts as relevant. While they engage in their own individual technology-enabled quality improvement initiatives at local, regional or state levels, they utilize their shared framework and community of practice to align funding priorities and practices and, in some cases, collaboratively fund projects. The group has further expanded their relationships to include

semiannual meetings with state government representatives to share HIT knowledge and practices.

CCI plays an important role in FFTQ by providing staffing support and leadership to the group. The members agree that CCI is in a unique position to serve in this role given its strong organizational infrastructure and experience and expertise in HIT funding; some describe how their projects have evolved from CCI's initial IT work.

<sup>4</sup> California Health Funders Strategy Group. (2006). *A Strategic Framework: Technology-Enabled Quality Improvement for California's Community Clinics*. San Francisco: Object Health.

## A Fluid Design

In addition to the attributes of success identified above, the evaluation identified two more nuanced factors related to the Initiative design. While these factors have clearly contributed to the success of CCI, they also have a "shadow side" that must be managed to avoid dragging down the positive side, which continues to predominate in CCI.

**7 An emergent style.** CCI can be characterized as having an emergent style. Rather than operating from the outset with a blueprint providing precise information about how and when funds would be released, how grants would be supported with value-added activities and when the Initiative would conclude, CCI has gone through an iterative design and implementation process with several rounds and different types of funding. Part of CCI's success has resulted from this open-ended quality of the Initiative that has allowed, and perhaps necessitated, that CCI staff stay close to the grants, talk with grantees, listen and learn. Throughout this process, CCI continually identified additional supports to benefit grantees, build on their current level of accomplishment and address key challenges.

**"What has come out of CCI, for us and for other health centers and health center networks in California, is that the level of collective discourse about these issues is just light years ahead of where it was even twelve months ago. The CCI staff has been incredibly engaged in this really complicated back-and-forth about 'What are we doing, why are we doing it and how do we ensure that we're using these resources to really improve care?'"**

—Grantee

While this emergent style resulted in some of the strengths of the Initiative, the “shadow” is that Initiative observers and CCI staff both speculate that the focus and strategies for specific types of funds, such as IT, would have differed if the full amount and duration of funds had been known at the Initiative’s launch. The lack of a fully developed blueprint influenced other aspects of the Initiative’s implementation as well, for example, relying on a small core staff with external consultants brought on for key areas of expertise as needed. Although CCI has been successful within this emergent style, this factor emphasizes the need to find the right balance between determining initiative architecture in advance and learning through the process of implementing grantmaking programs.

**8 Governance and input from the field.** From its inception, CCI had a structure in place to gather input from the field through its steering committee which was composed of community clinic leaders and a representative of TCE. This committee created credibility for the Initiative as it got underway and provided valuable input and guidance to CCI staff in the early phases of the Initiative. Overall, the benefits of this structure have provided important, relevant input for CCI staff and created a sense of ownership and empowerment within the community clinics field. This has kept CCI’s thinking closely tied to the needs of community clinics.

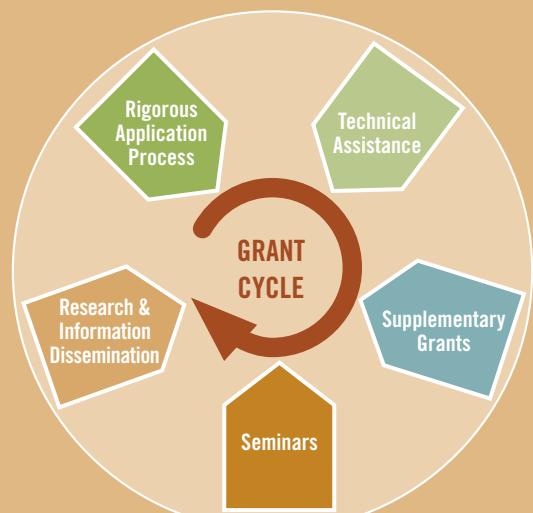
## CCI Strategy: Offer Complementary Supports

CCI launched the Major Capital Investments Program in 2003 with the intent of helping clinics strengthen their infrastructures through facilities and fund development. To increase the effectiveness of the core grants, they designed the Program to include multiple types of value-added supports. CCI intentionally structured a rigorous application process that required potential grantees to develop fundraising, business and strategic plans. Applicants without the necessary capacity and stamina to undertake capital campaigns and projects often received a grant to strengthen specific aspects of their organization and better position themselves for the next round of major capital grants.

Throughout the application process and during the grant cycle, grantees benefited from one-on-one technical assistance from two external consultant companies, Capital Link and Capital Incubator, as well as CCI staff. Technical assistance providers assisted clinics by providing a variety of supports such as financial analyses, readiness assessments and capital project work plan sessions. This

technical assistance helped to bolster the effectiveness of core grants by ensuring that grantees had access to reliable information to strategically strengthen their projects and organizations more broadly. In addition to the one-on-one technical assistance, CCI held an annual seminar that provided a venue for peer reflection, sharing and learning among major capital grantees,

technical assistance providers and CCI staff. These seminars provided CCI with an opportunity to keep grantees informed about current research they had commissioned, including program evaluation findings. The seminars also allowed grantees to hear from experts within the field and further develop knowledge, skills and supports related to their major capital efforts.



Although the benefits of this structure have outweighed the downsides, there are also “shadows” of this factor to consider. One has been that the need for input into the Initiative changed over time, necessitating a different type of structure and the disbanding of the original committee. Although the Initiative was able to preserve a sense of trust and collegiality with leadership from the field, and CCI participants generally understood the reasons for this shift, changing the governance structure midstream was risky and unsettling.

Some Initiative observers have pointed to another potential drag on change caused by this committee structure, which is over-reliance and responsiveness to the field. According to this point of view, those who will be doing the changing (in this case, community clinics and their leaders) may not have a vision for change that is as bold or expansive as the vision held by external observers and experts who hold less of a stake in the status quo. CCI has needed to find a balance between the voices of “insiders” and “outsiders” in designing and implementing the Initiative. This illustrates the importance of considering a variety of perspectives and approaches to creating change without becoming beholden to any one point of view.

## Change Accelerators

Finally, in comparing CCI to other large philanthropic initiatives, two additional factors emerged with important implications for CCI and its success.<sup>5</sup>

**9 The catalytic nature of the intervention.** The primary intervention of CCI was the introduction of technological change in clinics and groups of clinics. If interventions, like chemicals, were categorized according to those that are inert and those that are reactive, technology would clearly fall into the reactive category. Each new technological advance ignited a series of chain reactions that resulted in changes in many aspects of clinic organization and functioning, in the ways that clinics work together and, ultimately, in the field.

**“CCI has had a huge impact on clinics in California.... Their strategy was accomplished, which was to bring the clinics up many notches in terms of their advancement, level of sophistication and use of technology...getting the medical directors, the entire executive teams, and the entire health centers more engaged in technology. As a result, CCI is responsible for moving the clinic industry way further down the road in technology, and that is a very significant accomplishment of this Initiative.”**

—Grantee

**10 High dosage intervention.** CCI can be characterized as having achieved a high-saturation, high-intensity impact by reaching most of the community clinics in California not just once but multiple times. Among California’s community clinics and clinic networks, most have received at least one CCI grant, many have been awarded multiple grants and some clinics have received as many as ten grants.

<sup>5</sup> For comparisons and contrasts, the evaluation included a review of four philanthropic initiatives with a similar budget size, a duration of at least five years, multiple strategies (e.g., a combination of grantmaking, technical assistance, applied research, convenings, etc.), targeted constituencies and a focus on organizational capacity/field building.

# Summary Reflections and Questions To Consider

This evaluation brief has described ten factors critical to the success of CCI. These factors are important to telling and understanding the story of this one Initiative, and we believe they can be useful to other initiatives and funding programs. At a minimum, the list of this Initiative's success factors can help grantmakers and evaluators identify key dimensions of initiatives for consideration.

## Management

Given the nature of the intervention, what is the best management and governance structure?

## Dosage

What kind of dosage is desirable? Can a one-time intervention for many organizations work, or would it be better to focus on a higher dosage with a smaller number of organizations?

## Balance

What is the right balance between prescription from the outset and learning and evolving as you go?

## Added Activities

What activities beyond direct grantmaking would add value to the intervention?

## Change Management

To what extent will other changes be ignited, and should a change management process be built in?

## Tolerance for Risk

What is the level of tolerance for innovation and risk, and how does that align with the focus and type of initiative support?

## Reflection, Learning and Communication

To what extent do reflection, learning and communication facilitate intended outcomes and how will those qualities be built into the initiative?

## Collaboration

Has adequate time and support been included for relationship building and collaboration among grantmakers and grantees?

No single blueprint for success could ever be drafted to apply to all grantmaking situations. However, given the nature of deep, challenging problems that philanthropy is addressing, grantmakers and their partners can learn from successes such as CCI. We hope these evaluation findings will spark further conversation and analysis of initiatives and funding programs to ultimately build a body of knowledge about successful interventions that achieve deep and meaningful social change.

For more information or questions about this brief, contact Kim Ammann Howard at [kahoward@btw.informingchange.com](mailto:kahoward@btw.informingchange.com). Additional information about the Community Clinics Initiative and BTW *informing change* is available at their respective web sites, [www.communityclinics.org](http://www.communityclinics.org) and [www.btw.informingchange.com](http://www.btw.informingchange.com).

**"We were always impressed with the way (CCI staff) were able to absorb the information to really get a sense of what's happening in the field, to be able to marry a strategic perspective and talk with us about 'what's happening in the trenches' and 'will this really work?' ... to adjust and change and innovate. It was great to see that they weren't encumbered with any kind of bureaucracy or impediments to innovation."**

—Consultant

*February 2008*

COMMUNITY CLINICS INITIATIVE  
A Joint Project of Tides and The California Endowment  
P.O. Box 29907  
San Francisco, CA 94129  
(415) 561-6356

# Strong Clinics, Healthy Communities