

The TCWF Way

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Our mission statement sets the agenda for our work and defines some of the basic values of our organization. However, we have yet to formally articulate our philosophy of grantmaking, which guides the implementation of our mission. We each operate with tacit understandings about “the TCWF approach,” but we have yet to write them down and subject them to scrutiny and consensus. That is an important step in our ongoing process of organizational development.

Our starting point is with our mission to improve the health of the people of California. Our state’s diversity is the hallmark of our work, and we provide support to both newly emerging, grassroots efforts and established, powerful institutions. We have multiple funding priorities, but we believe that careful targeting of our funding within each of our program areas is the most strategic use of our resources. Even as we sharpen our focus, however, we recognize the importance of remaining open to community input and to changing events which can require a flexible response.

Underlying our mission is a commitment to traditionally underserved populations. We are particularly concerned with the disadvantaged, the disenfranchised and the powerless. Our challenge is to represent their interests with integrity, even as we know we cannot speak for them. Fundamentally, our goal is to assist them in gaining greater access to resources for health promotion, wellness education and disease prevention. Through the work we fund, we also aspire to help transform institutions and reorder public policy priorities to that end.

We see the fulfillment of our mission more through the actions and achievements of our grantees than those of the foundation itself. We believe it is also possible to have an impact with an organization even when we do not make a grant, whether it be a referral to an appropriate resource or simply some good advice. We aim to be instrumental, in the best sense of the word.

How? We believe there is no single “best” strategy. Instead, we are committed to work at several levels:

- **Public Policy:** supporting public education and advocacy activities at both the state and local levels to improve the health of all residents of the state, with a particular emphasis on underserved populations.
- **Community Building:** multi-institutional efforts, including public-private partnerships, to build capacity and transform systems to better address local and regional health issues.
- **Single Institutions:** funding to provide direct preventive health services, recognizing that what front-line organizations most need in the current climate is core support for their operations.

- Community-based Organizations: nurturing the development of grassroots efforts that arise in low-income neighborhoods to enhance the health and wellness of local residents.

Our role as a statewide funder influences this multi-level approach. We feel a commitment to fund activities in all regions of the state, not just centralized efforts that promise large scale, “systems” impact. We believe that the funding of direct health services in communities across California can pay multiple dividends.

We don’t judge a project idea by whether it represents a “national model.” We’re more concerned that it builds on the best thinking in a particular community. That’s not to say that we are interested in reinventing the wheel. We expect our grantees to know about developments in their field, and will point them to examples of successful programs if appropriate. But we’re also realistic enough to not expect one “model” program to work best for all of our diverse communities. We are also very interested in the process by which local solutions are designed and negotiated . . . it’s more complicated than “replicating” someone else’s idea, no matter how innovative it may be.

We feel that the most desirable approach, in each case, is one that develops the capacity for local leadership. We have supported and will continue to fund research and state-level policy development projects such as blue ribbon commissions. They can play a critically important role in raising public awareness and influencing the policy agenda. But we are also cognizant of the fact that not all of those who are most informed about the issues confronting California today reside in universities, think tanks, corporations, government or other traditional seats of power.

Consequently, if we want to help develop local leaders and build institutions to improve the health of diverse populations, we need to fund efforts that:

- Build on existing community strengths;
- Emphasize potential, not the amelioration of pathology, and
- Foster self-determination.

A challenge to our foundation is how to do this when many of our applicants are: a) not so configured at present; b) may not aspire to be so; c) may not even understand why it is important; or d) all of the above. No single institution can be all things to all people. But we have a special role to play across our priority areas in assessing not only programmatic ideas but also organizational capacity to effectively improve the health of multiethnic populations.

Our image as a large “mainstream” institution is an asset in meeting that challenge. By our active endorsement of these ideas, we are redefining them as mainstream/centrist concerns. In so doing, we are making it possible for our grantee organizations to grow, to explore new territory, and to take the necessary risks, however incrementally, to transform themselves.

Partnership is our operative metaphor for that process. By our definition, it is not passive, but neither is it arrogant. It is supportive, facilitative, and respectful of process . . .but also candid. Partners don’t have to agree on everything. But they do have to be clear on common purposes.

Our conception of partnership understands that:

- there is wisdom in communities;
- people are not likely to change unless they want to and are ready to;
- incentives and positive recognition are powerful motivators for change . . . more than abstract concepts;
- effective leadership builds ownership of change at all levels of the organization;
- real change that lasts is often incremental, takes time, and requires patience; and
- if we are to facilitate/encourage new ways of behaving, we must first model them ourselves.

In acting on these notions, we also understand that “experts” do not necessarily know better. The “best” thinking, the most complete data, the most elegant conceptualization of the problem do not equate to effectiveness. Rather, the best kind of expertise is enabling, challenging, and giving. There is also no substitute to operational/ground level knowledge.

We also actively seek out funding partners, not only for the leverage that our combined resources can exert, but also for the benefit of our grantees. Our primary interest is ensuring that adequate funding is available to fully support a project. Introducing a grantee to another potential funder of their work can also pay long-term dividends. Who receives “credit” for the grant is of secondary importance.

In subscribing to these principles, we give ourselves a lot to live up to, but we are up to the challenge. To keep our compass pointed in the right direction, we need to devote sufficient time to reflection and self-examination on a regular basis. As an organization, we have to hold ourselves accountable to these ideas, because no one else can.

Some characteristics of corporate culture to achieve the above:

- integrity
- stewardship
- partnership
- community of learners
- committed to high standards
- collegial, cooperative, not competitive
- respect for applicants and each other
- recognition that we are all parts of a greater whole
- cohesive
- balanced
- thoughtful
- generous with each other
- principled
- accountable

- patient
- good listeners
- openness
- unpretentious
- congenial, friendly, fun

. . . a place where we would want to have lunch with each other.