

Culture of Health Progress Report

Lessons for New Directions

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Introduction

Over the last year and a half, the Robert Wood Johnson Foundation (RWJF) has been involved in a multi-phased strategic assessment to sharpen its strategy and focus. The Foundation is refining its strategic direction to include a systems-oriented framework to address structural racism as well as other structural and systemic barriers to achieving health equity. This work builds upon and expands the Foundation's Theory of Change, approved in 2020, in several ways.

Generational Goals: Staff identified three generational goals (Healthy and Equitable Community Conditions; Economic Inclusion for Family Wellbeing; Equitable and Accountable Public Health and Healthcare Systems) that clarified WHAT the Foundation was trying to achieve within a 25-year horizon. Each generational goal targets a specific pathway linking structural racism and health that provides a focus for programming.

Systems Focus: As the strategic work continued, staff realized that specifying high-priority systems for their efforts would help them align and organize WHERE they conduct their work and allow them to concentrate their strategies and programming where they believe they can have the greatest leverage and impact. The Foundation is prioritizing seven systems, three that align directly with the generational goals (Healthcare, Economic Supports for Families, Community Development) and four that span these goals (Public Health, Government, Media, and Health Sciences and Knowledge).

Levers of Change: Within each system, the Foundation is working to develop strategies (aligned with the Foundation's Theory of Change) that describe HOW they do their work in pursuit of removing and addressing structural barriers to achieving health equity, including structural racism. The overall vision for the work continues to be to build a Culture of Health that "provides everyone in America a fair and just opportunity for health and wellbeing", but is now prioritizing the systems through which RWJF believes it can have its greatest impact.

How the Foundation will approach its work within each system is being influenced by the work of Donella Meadows¹, one of the pre-eminent leaders of systems thinking. Her identification of system change levers has provided direction to the Foundation in scoping out its efforts and actions to make progress toward the generational goals. Meadows describes the leverage points on a continuum of powerfulness and effectiveness, with changing paradigms, changing mindsets, and changing the goals of the system considered the most powerful. All levers, however, have the potential for systems change. The expectation for RWJF is that the actions proposed for each system will span the continuum of leverage points. RWJF staff are currently defining the role of RWJF and its grant-making in each system, and how their work will address different levers of change along the continuum. The levers provide a framework for developing indicators of progress and measures that align with them.

¹ Meadows, D. (2012, April 5). Leverage Points: Places to Intervene in a System. The Donella Meadows Project . <https://donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/>.

Evaluation: In addition, RWJF is revising its evaluation approach to focus on commissioning evaluations aligned with the systems approach. This approach is aimed at identifying interventions that could benefit most from evaluation and where the learning can inform systems thinking. Attention is being paid to bundled evaluations that offer information across interventions and ongoing progress in each system.

Initiated in 2015, the Culture of Health Progress Report is assessing the nation's progress toward achieving improved population health, wellbeing, and health equity, with a specific focus on RWJF's role in contributing to these outcomes through its efforts in building a Culture of Health. The Progress Report is completing its third phase of work. During the first phase, a number of surveys and data collection efforts were conducted to assess early awareness and familiarity of the Culture of Health Action Framework and vision by various audiences (e.g., RWJF staff, partner organizations, grantees, mayors, health commissioners, and health and non-health organizations). Based on feedback that many were unclear about how to operationalize the Culture of Health principles, Phase 2 of the Progress Report included a number of qualitative research efforts to provide examples of Culture of Health in action. In addition, the work in Phase 2 took a developmental evaluation approach, including working with RWJF staff to develop a Theory of Change, and then using the Theory of Change to develop a long-term evaluation plan.

The third phase of the Progress Report, led by Westat in partnership with The Mirror Group and Dr. Shiriki Kumanyika, followed the long-term evaluation plan and assessed the Foundation's alignment with the Theory of Change. The assessment also included a detailed focus on health equity and how alignment has shifted over the years. Theory of Change alignment was informed by multiple research efforts:

- an analysis of the grants funded for \$1 million and over since 2018;
- an analysis of research grants funded during this time;
- a review of Foundation documents;
- a synthesis of the outcomes of recent evaluations; and
- an analysis of the extent to which evaluations are conducted in an equitable manner, based on document reviews of all evaluations and case studies of selected evaluations involving interviews with evaluators, RWJF project officers, and RWJF Research, Evaluation, and Learning officers.

An earlier draft report to the Foundation in April 2022 provided our findings from these research efforts. However, with the Foundation's move to a systems orientation, we have reanalyzed the data we have from 2018-2021, updated with 2022 grants and evaluations, to inform the Foundation's work moving forward. Using a systems lens, we have been able to extract findings that can inform the ways in which the Foundation is approaching the generational goals, what has been learned thus far about system change, the ways in which approaches to equity and removing barriers have deepened, and how evaluations might be strengthened moving forward, both with respect to incorporating more equitable practices and providing a rigorous assessment of the ways in which the Foundation is changing systems.

This synthesis of available information provides important insights for the Foundation as it embarks in its new strategic direction. Key limitations, however, need to be considered when reviewing the findings from this analysis. For feasibility concerns, the grant analysis is limited to grants \$1 million and over and is based on analysis of precis and short summaries. The research grant analysis is based on analysis of the short summaries and the generational goal analysis is limited to grants funded from January 2021 through August 2022. These precis and summaries may lack the detail needed to fully understand the scope of the grants and their involvement pursuing health equity and racial justice. Moreover, some of these descriptions are not written by the grant project officers but by others who may be less familiar with the grant and/or not as experienced writing precis that convey the key aspects of the grant. In addition, precis have page limits and do not always allow for the detail needed to understand how complex topics such as racial equity are addressed. Finally, limiting the grants to \$1 million and over focused on the grants with the largest amount of work underway but the findings may not fully generalize to smaller grants.

The evaluation synthesis and equitable evaluation analysis framework is also limited by what can be described in final evaluation reports. The case studies of a subset of evaluations offer additional important detail, but also have some limitations, particularly with respect to obtaining input from all key perspectives. Although most of the evaluators could be reached and interviewed, many of the project officers and REL officers who had been most involved in the evaluations had since left the Foundation. Although we were able to interview their replacements, there often was a vacuum of detail in key areas from the Foundation perspective. Finally, due to feasibility concerns, we did not interview grantees and individuals from the communities involved in these efforts. Appendix A describes in more detail the methods used in this report.

These cautions aside, the synthesis culls information from much of the work supported by the Foundation in recent years. The analysis of evaluations provides one of the few synthetic views of what has been learned about systems change through earlier efforts that can inform the work moving forward. The analysis of grants offers a perspective on the gains taken thus far toward approaching the generational goals and addressing health equity and racial equity. Although the precis and summaries may not provide completely accurate or comprehensive views of the grants due to the limitations noted above, they can provide a conservative estimate of the extent to which changes are moving in these directions.

This summary highlights what has been learned thus far about systems change, the ways in which approaches to equity and removing barriers have deepened, progress toward the generational goals and how the goals are guiding the work, and lessons about incorporating more equitable practices and sensitivity to systems outcomes in evaluation.

What has been learned about systems change that can inform the work moving forward?

Prior evaluations reveal a number of considerations and lessons for initiatives aimed at transforming systems and achieving equitable outcomes by addressing structural barriers, including structural racism. These considerations include:

- Ensuring there is sufficient time and resources for building a collaborative foundation for the work as well as sufficient time to develop and implement the system change strategies and to allow changes to occur;
- Developing a shared strategic vision that guides the work of multiple grantees engaged in initiatives with the same overarching aims;
- Incorporating individuals and organizations with the specific expertise required to guide the change desired;
- Identifying individuals that can serve as champions to spearhead the work, especially in contexts where considerable buy-in is needed to move the work forward;
- Successfully using leverage points to create systems and policy change;
- Knowing when ground-softening strategies can be important;
- Deciding on the types of outcomes that are not acceptable as well as exploring the possible unintended consequences of planned actions;
- Assessing whether the work being pursued is strong enough to make the type of change desired, on a scale to make a difference, and that it is durable and sustainable with the resources provided; and
- Developing agreed upon measures of both the short term and long term system changes being pursued in order to highlight early wins and provide an incremental understanding of progress.

Many evaluations we reviewed focused on initiatives aimed at creating systems change, typically in health systems, child and family serving systems, and communities (see Appendix B). Although the initiatives were designed and implemented prior to the Foundation's new emphasis on prioritized systems, the work included actions to create transformative change in a system, some of which align with one or more of the leverage points noted by Meadows. We reanalyzed these evaluations to identify findings that may provide guidance to the Foundation in this next phase of work. Some of the findings reinforce the direction the Foundation is taking, others inform additional steps to consider, and others note challenges that may be confronted and strategies for reducing or avoiding them. The findings raise

a number of questions for the Foundation and its staff to consider as they implement new systems change initiatives. We outline these questions below, framed within the findings that emerged from our synthesis.

Does the effort have resources and time set aside to build a foundation for the work? Across many of the evaluations reviewed, the importance of building a collaborative foundation was stressed. This often included developing:

- meaningful partnerships and relationships, especially including individuals affected by the systems;
- trust, especially among the organizations doing the work and the communities that are involved; and
- a shared agenda, goals, and understanding among the parties involved that align with community-led priorities.

As a first step, many of the prior initiatives worked on developing relationships to address systems change, often between unlikely partners from a variety of sectors and for a variety of purposes. For example, initiatives in the community development portfolio focused on developing relationships and collaborative tables between individuals and organizations in the health sector and individuals and organizations in community development. Grantees and others reported that the time spent together in these collaboratives built trust and formed commitments to pursue goals.

The evaluations reviewed, especially in the community development portfolio, noted that both a strong set of relationships and a shared vision were important to creating change, but findings were mixed as to whether a strong collaborative leads to a shared vision or whether a shared vision helps deepen relationships. In the Invest Health evaluation, for example, teams that had built a strong collaborative infrastructure were likely to have clarity on their vision/purpose; a shared commitment to achieve that vision; and trust, credibility, and accountability built among core members. On the other hand, the Building Healthy Places Network (BHPN) evaluation found that differences in shared vision, processes, and incentives made it hard to bring together cross-sector partners. Operational differences and different incentives in the sectors served as a roadblock to aligning solutions and strategies in pursuit of changing community conditions.

Understanding the landscape of the system, the extent to which other sectors are being included, and the different perspectives represented is an important first step before embarking on a systems change strategies. Several evaluations noted the importance of being intentional in selecting organizations for collaboration and to consider new partners and those both internal and external to the systems.

The Importance of Collaboration

Well-Connected Communities (WCC) initiative, a national initiative of America's Cooperative Extension System, aimed to catalyze community-based change to advance health equity and well-being. With broad acknowledgement that Extension could not do this alone, it partnered with the National 4-H Council as well as 46 communities and 17 land grant universities to use the power of combined youth-adult voice and action to address systemic health inequities. WCC built local collaboratives to increase community capacity for continuing the health improvement work and advancing health equity as a core value.

Systems initiatives need to build in sufficient time to explore the landscape, develop a shared definition of the problem, and build a foundation of collaborative learning for strategic vision. In initiatives that had short timeframes, they generally only were able to accomplish establishing new, often cross-sector relationships. Early work typically involved developing a shared understanding of the problem being targeted, a common lexicon, and a shared agenda for future efforts. Initiatives that are truly devoted to systems change need to allow sufficient time to develop this critical foundation of shared knowledge, trust, and commitment to the same goals.

Sufficient time is also needed for the parties to work together to develop and implement strategies. Strategies such as those aimed at shifting system goals and practices and addressing deep seated structural barriers takes time. In the evaluation of Healthy Family and Safety Net Initiative, for example, changes in safety net rules and eligibility criteria required support from a range of parties to address the change needed and time for the change to take hold. The bundled evaluation of community development initiatives noted that the Theory of Change guiding the work posited a 7-10 year timeframe for the outcomes to be achieved.

Resources in addition to time can also help develop the infrastructure for strong collaborations. Hands on consultation and support may be needed to guide the partnerships, particularly in navigating the complexities of removing structural and systemic barriers to health equity. In the evaluation of the YMCA-Strengthening Communities, for example, the evaluators noted the need for technical assistance to help the collaboratives understand and address root causes of inequities in their communities. Building a broad and diverse collaboration also may require strong, outside facilitation, incentives for organizations to work together, and resources to bring in any necessary expertise to strengthen the work. In addition, some organizations, especially those that may represent those most disadvantaged, may need General Operating Support to support their full participation in the work.

Does the work have a strategic vision and overarching framework to guide the work of multiple grantees working in the same system? In several prior evaluations, especially bundled evaluations of multiple initiatives in an area, the absence of a shared strategic vision or overarching framework made it difficult for the initiatives to have synergy and create amplifying change, and also made it difficult to cull cross-initiative findings. The Foundation in its current work is providing greater articulation of what is meant by systems change, with a focus on dismantling structural racism and other structural barriers that block equitable change. In addition, the focus on levers of change provides direction in how to approach the change. That said, it will be important to ensure that the vision is translated well into the funding documents and guidance is provided in how to operationalize the theoretical ideas into work that the grantees can accomplish. Based on the experience of past initiatives, it will be important to not only lead with the racial equity perspective, but ensure that it is firmly rooted in all aspects of the work and explicit in the vision and all agreements. The bundled evaluation of the community development

initiatives reinforced the importance of commitments to the vision and change, making them binding, and holding organizations accountable to them.

Moreover, within this guiding vision, room has to be made to align with community-led priorities. In some of the earlier community-development and state policy work, although Foundation leadership was noted as important to fostering cross-initiative learning, building in local goals was viewed as essential for getting community buy-in (see example in box).

When does creating systems change require individuals and/or organizations with the necessary expertise to guide the change desired?

As noted, when developing collaborations with a broad and diverse group of organizations, outside expertise in facilitation as well as technical consultation in how to do the work can be helpful. Some areas of systems change, especially areas involving policies and regulations, can benefit from the guiding expertise of skilled individuals and organizations with proven track records of fostering change. In the bundled evaluation of state policy efforts, working with highly skilled individuals with expertise was a key factor in successful efforts. These individuals were able to leverage legal and regulatory expertise, had deep knowledge of State Medicaid and how it operates, and could draw upon a network of expert contacts.

Sometimes outside expertise needs to be paired with the skills of individuals grounded in the community. For example, the Accelerating Investments for Healthy Communities (AIHC) initiative was designed to increase health system investments in addressing upstream social determinants of health with an emphasis on affordable housing. Content and technical expertise in community development and affordable housing were vital, but also needed were more local, inside individuals who could understand and translate the information to others.

When can a champion help move the work forward? Several initiatives aimed at systems change noted the importance of having a champion to spearhead it. Engaging these individuals strategically, at key leverage points, can be instrumental in bringing about needed change. In AIHC, a cohort of six nonprofit

Bridging Visions

Healthy Neighborhood Equity Fund's (HNEF) Healthy Neighborhoods Study reshaped itself from an evaluation of program investments into a participatory research project involving citizen researchers to understand the connections between neighborhood revitalization and individual health. The reshaping was sparked by the local sites and program leaders and aligned with the Foundation's growing focus on racial equity at the time. HNEF offered an example of alignment between goals, commitments, and results; in fact, the program exceeded the goals that were set out. Bringing in community goals from the start, however, may have avoided the need to recast the project and may have resulted in a stronger focus on structural racism.

health systems and their community partners across the country received team-based and peer-to-peer training and coaching on how to refine community investment strategies for affordable housing to leverage existing resources as well as funding to accelerate the work and funding from a capital pool to bring in other investors. Through intensive case studies, the evaluation found that increasing the role of a healthcare institution in affordable housing requires a champion within the healthcare sector who can work from the inside but also play a leadership role externally. The champion is critical to encouraging hospitals and healthcare institutions to go beyond simply making investments in affordable housing to engaging more directly in the community investment system to position the community for broader system changes.

Similarly, in the evaluation of systems-alignment initiatives involving public health, health care, and social services systems, community members serving as champions of the alignment helped to foster community buy-in as well as sustainability. In the evaluation of safety net policies (see box), having key decision makers and actors who could support and champion solutions was found to be an important enabling condition for safety net policy gains.

The Importance of Champions

The evaluation of the Healthy Families and Safety Net Initiative offered several illustrations of the role of champions in policy change. Champions can help to push through new policy, such as in Colorado where key legislative actors prioritized a progressive tax policy agenda. Champions can help raise awareness about inequities, such as policymakers' in Florida recognizing the inequities in the public safety net. Champions can prevent a change that could cause inequities, exemplified by the efforts of Alabama's state director of Child Health and Nutrition to push for maintaining current SNAP eligibility requirements to prevent changes that would limit access for some families in need.

What can we learn about the levers of change from past evaluations? The emphasis on levers of change in the Foundation is relatively recent, and work is still underway to translate the theory into grant-making and apply the work in real world settings. There are, however, a few notable lessons and examples from earlier initiatives of using leverage points for change that align with the Meadows' framework.

Leverage Point 1: Shifting paradigms. As noted in the box on page 12, RWJF's Future of Nursing Scholars (FNS) program was a \$20 million dollar initiative launched in 2013 in response to both the Institute of Medicine's recommendation to double the number of nurses with a doctorate by 2020 and the challenge presented by the 2010 American Association of Colleges of Nursing position statement to explore innovations in PhD nursing education to meet that goal, particularly calling for innovations that could increase the nurses' leadership and interdisciplinary skills. The RWJF Initiative aimed to address the urgent need to increase the number of PhD-prepared nurse scientists and educators by changing the paradigm of nursing education from a four-year to a three-year degree with a focus on developing the next generation of nurse leaders. During the four year period between 2014 and 2018, five cohorts of nurses received scholarships, mentoring, and leadership development across 45 nursing schools.

The program was successfully implemented, and despite some mixed findings, offered a proof of concept for this new model of education. The evaluation found, that though not suitable for all students or schools of nursing, a full-time accelerated PhD program was a workable and viable option for accelerating the pool of PhD-prepared nurse leaders in the field. Sustainability beyond the demonstration, however, was questionable.

Leverage Point 4. The power to add, change, evolve, self-organize systems (encouraging variability, experimentation, and diversity - means losing control). Shifting power to community members may allow systems to change and evolve to meet the needs of the community, but constraints on that power may restrict the change that can be made. In the AIHC-facilitated partnerships in Pittsburgh, several advocacy efforts questioned whether the University of Pittsburgh Medical Center was giving back sufficiently to the local community. The political pressure from the community helped to push the hospital to invest in affordable housing, a role it was motivated to take.

Leverage Point 5. The rules of the system (rules define scope, boundaries, degrees of freedom). Rules are the high leverage points (real power is power over the rules). In the AIHC Boston case study, the Massachusetts' Determination of Need Community-based Health Initiative provided a critical leverage point for hospital investments in community development. The state required that five percent of total hospital capital improvement expenses go toward supporting community health, with a particular focus on investments to address the social determinants of health. This mandated hospital financial contribution fostered hospital-community partnerships and investments in social determinants of health, especially affordable housing. The Boston team involved in the AIHC initiative therefore entered into a landscape that already had established collaboration between the healthcare and community development sectors. Having an enabling regulatory environment offered a leverage point for making change in the system.

Leverage Point 7. Structure of information flow (who does and doesn't have access). The County Health Rankings and Roadmaps (CHR&R) has attempted to level the playing field across and within communities by providing narrative tools and data that help to improve the power of community organizations to create policy and practice change. Organizations used CHR&R coaching, rankings, Action Learning Guides, and webinars to strategize and implement policy change. The most frequent changes focused on built environment, green spaces, and tobacco cessation. The evaluation found that CHR&R tools and resources helped communities understand and work towards equitable outcomes, such as improved health outcomes, elimination of disparities, creation of opportunities among specific population groups, removal of obstacles to achieving health in the community, and enhanced focus on addressing social determinants of health.

Leverage Point 8. Negative feedback loops place controls on the system (such as a monitoring or signaling device that triggers a response mechanism). The loops are self-correcting, like in democracy. A strategic assessment of the Foundation's preemption policy work demonstrated

how an equity-first preemption strategy can place controls on the system. It can prevent preemptive policies from diminishing governments' ability—particularly that of local governments—to advance health equity as well as promote state actions meant to either stop local policies that might create or perpetuate inequities. It can also create baseline preemption policies meant to promote equity. Strategies preemption coalitions have implemented include bill tracking, educating legislators on the issue of preemption, and testifying at hearings. The assessment found that these efforts made early progress in defeating or rolling back state level preemption policies but that the constant threats from a challenging political environment placed the coalitions in a continuous defensive position.

How can ground-softening lead to change? Several earlier evaluations note the importance of projects that have ground-softening roles and seed change. In the community development bundled evaluation, a key communication effort was attributed to having this role. BHPN was part of a set of projects funded by the Foundation in response to the call from the Commission to Build a Healthy American to revitalize neighborhoods with the greatest health inequities. The projects focused on supporting and integrating finance, health, and community development. BHPN created and shared information on health and community development to facilitate connections across sectors and share resources and tools to strengthen the capacities of stakeholders. It worked as a resource hub, thought partner and facilitator, and neutral broker. BHPN's role was to foster field-level change, softening the ground for change by helping to promote a shared vision with social determinants of health and health equity as the unifying framework. Although BHPN was credited with helping to foster greater recognition of the importance of bridging the two sectors for more impactful work, more sharing of proof points was noted as one strategy that may have increased BHPN's effectiveness.

In the evaluations of policy initiatives, ground softening seems to be particularly pertinent. In the evaluation of preemption policies, for example, expanding the voices for advocacy and developing new relationships and coalitions laid key groundwork for future initiatives and policy work.

If compromises need to be made, does the change that could result fit within the strategic vision?

At times it may be important to step back from a potential systems change win and question whether getting something is really better than nothing, especially when the resulting change may not align with equity goals. The evaluators of the Healthy Children and Families Safety Net Initiative offered an example in which advocates in one state aimed to expand the earned income tax credit (EITC) with a provision to include working, tax-paying undocumented immigrants as EITC filers. However, through the decision-making process, it became clear that the bill was not going to pass due to the costs of including immigrant filers. Advocates initially agreed to take the incremental win by pursuing the EITC increase and come back later to include the provisions for immigrant filers. With the emergence of COVID-19, however, advocates realized that immigrant workers would be excluded from getting any supports, and facing job loss, would be unable to receive any of the emergency stimulus payments or unemployment insurance. Moreover, they realized that excluding this population would result in a racist policy. The advocacy coalition decided not to go forward in supporting the bill and reflected on why they initially set aside the immigrant filers provision in order to get the bill passed. They realized that they had ascribed

to the perspective “getting something is better than getting nothing” which they ultimately decided was not the case.

Have the range of possible consequences of the systems change (especially unintended) been considered? Exploring the possibilities of the range of consequences that could result from systems change work and determining how they might be addressed or avoided can be an important part of creating the systems vision with community partnerships. Two examples illustrate unintended consequences from otherwise successful efforts. The CHR&R initiative seeks to ensure that people and places have the opportunities and resources needed to access quality and equitable health outcomes. CHR&R has helped RWJF inform national, state, and local leaders about their communities’ health conditions for more than 10 years. By highlighting factors that influence the length and quality of life across communities, RWJF encourages program and policy changes that improve health and distribute its benefits more equally. CHR&R has helped to improve the power of community organizations to create policy and practice change by providing narrative tools and data. Although many CHR&R-supported policy wins appear to improve health equity, some may have unforeseen impacts (e.g., green spaces increasing housing prices that may have disproportionate effects on disadvantaged

populations). Similarly, in the evaluation of State Health and Value Strategies (SHVS), some of the more traditional technical assistance projects ran counter to advancing health equity goals. For example, resources to help states implement marketplace insurance programs to reduce costs for people who are not receiving tax cuts can inadvertently lead to higher plan costs for those who do receive tax credits.

Is the work being pursued strong enough to make the type of change desired, on a scale to make a difference, and that is durable and sustainable? Some of the earlier work aspired to make transformative systems change. In many cases, the change falls short of the aspirations. In some cases, the time available to create the change was too short, and led grantees to slip from changing the system to accomplishing something that could get done. In several instances, the focus was changing how people thought, referred to in some instances as changing the mental model, raised questions as to whether that change was powerful enough to make a difference. In other initiatives, efforts to

Future of Nurses Scholars: Paradigm Shift that Did Not Sustain

Even when a powerful systems leverage point is used, the change may not be sustained without more intentional support. The Future of Nursing Scholars (FNS) program provides an example of a paradigm shift that was not sustained. FNS sought to shift the paradigm in PhD nursing education through advancement of an innovative model that accelerates the time to degree by supporting a three-year PhD program, while also providing leadership and transdisciplinary skills deemed essential for developing the next generation of nurse leaders.

The program was successful in working with 45 nursing schools and creating a diverse cadre of 165 new PhD-prepared nurses committed to a long-term leadership careers, with 90% graduating within the FNS three-year deadline. Although the number engaged was lower than the 200 target, the program boasted a low attrition rate, and a higher rate of on-time graduation than traditional programs. More than half of the faculty and administrators surveyed indicate the program had impact on their program. They noted the nurses operated more as leaders, but did not meet the traditional metrics of scholarship, etc. They noted that they may not be well-trained in research, though also noted that it could be too soon to expect the development of publications and other measures of scholarship.

transform the systems devolved to expand aspects of the existing system versus making changes to its structure.

The durability and sustainability of changes also was a concern raised in several past initiatives. Some commitments were more fleeting and not secured for the long-term. The FNS provides an example of how an initiative that successfully changed the paradigm in a system (nursing education) could not sustain the change created. This example highlights the need for initiatives to tackle questions of sustainability at the outset, agree on the types of outcomes that would warrant sustainability, and obtain commitments to provide resources if those outcomes materialize.

Are the measures of success agreed upon by all parties, do they span both short-term and long-term outcomes, and can they be measured incrementally to highlight early wins? Having realistic, achievable goals along a continuum of time is particularly important in systems initiatives that can take a decade or more to be fully successful. The Foundation has set out an ambitious agenda to work within prioritized systems to make progress towards generational goals by eliminating systemic and structural barriers to opportunity for health and wellbeing, including those related to structural racism. Strategies for shifting key levers have been identified, including shifting the flow of information and resources; shifting power; changing the goals, rules and practices in a system; and changing mindsets. Long-term signals of the change desired are proposed for the Foundation to track. Based on earlier systems change efforts however, having markers of interim change that map to the longer-term signals also will be important for not only guiding the work, but for keeping individuals engaged and managing expectations. Early wins were noted in several past evaluations as critical to maintaining momentum and deepening trust among key parties. Investing in data collection that can provide periodic assessment and tracking of outcomes is critical. Most ideal would be to have common metrics across programs in a strategy area, established from the outset, to not only provide a common standardized set of benchmarks but to also foster synergy and learning across initiatives.

Measures of success and their priority need to be agreed upon at the outset of an initiative, as was raised in the FNS Initiative evaluation. The program created the change that was desired (i.e., leadership), but also was judged against the status quo measures of success (i.e., scholarship), which seemingly lowered its value among some stakeholders. Before implementing an initiative, it can be useful to determine if there is agreement on the metrics that will be used to measure systems changes among the parties with the most investment (including communities and those affected by the changes) and relative prioritization of those measures.

What have we learned about the Foundation’s progress in addressing health equity and removing barriers to structural racism?

The Foundation’s focus on health equity has evolved over the years from 2018 to 2022. As shown below based on the analysis of grant summaries, health equity has been front and center in most of Foundation’s work during this time, but beginning in 2020, grants appeared to be deepening their focus on health equity. In particular, they appeared to be taking a more deliberate trajectory toward dismantling structural racism and other forms of discrimination in an effort to achieve health equity.

Grants (non-research) funded between 2018 and 2022 show a marked increase and deepening of a focus on health equity over time, especially from 2020 on.

We conducted a first set of descriptive analyses on a subsample of grants that were qualitatively coded² as either focusing on health equity (i.e., “health equity present”) or not focusing on health equity (i.e., “health equity absent”), guided by the definition in the box at the right³. “Health equity present” was coded if a grant addressed one or more social determinants of health (SDOH) and/or focused on underserved populations. In total, 82% of this sample of grants initiated between 2018 and 2022⁴ were coded as “health equity present”. Figure 1 shows that the focus on health equity in grants increased over the analysis period. Whereas roughly 70% of the large grants addressed health equity in 2018, about 80-90% of the grants did so in all other years. In both 2020 and 2022, nearly 90% of the grants had somewhat of a focus on health equity. Examples of “health equity present” grants included funding to explore the impact of the pandemic on communities of color, to implement messaging around disparities in the distribution of climate change impact, and to find new equitable approaches to affordable housing.

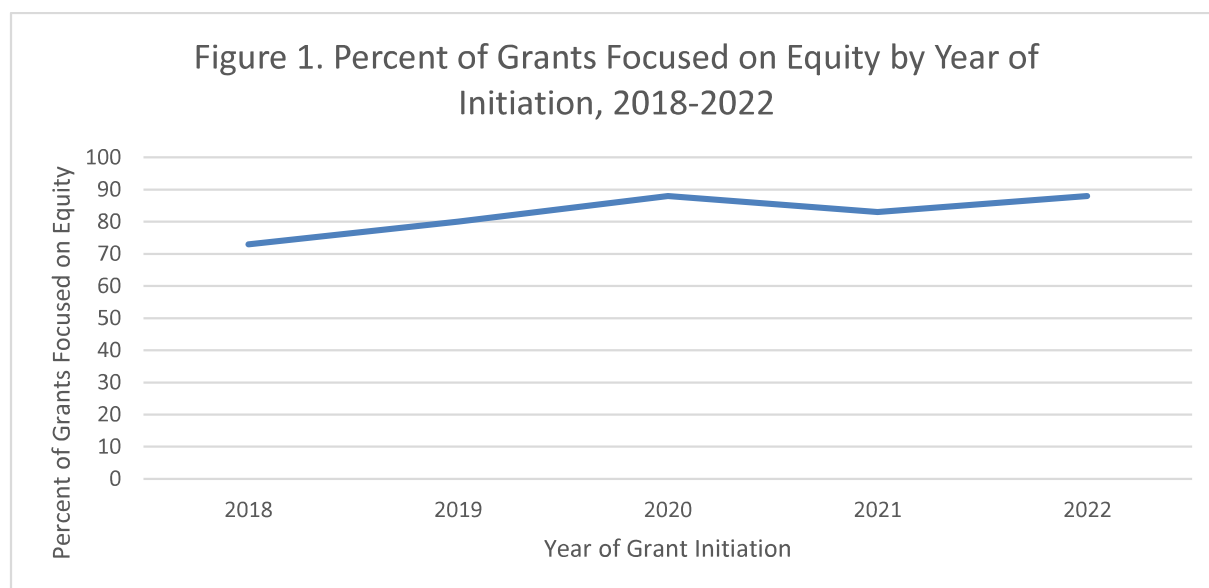
Health Equity Defined

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Braveman, Arkin, Orleans, Proctor & Plough, 2017)."

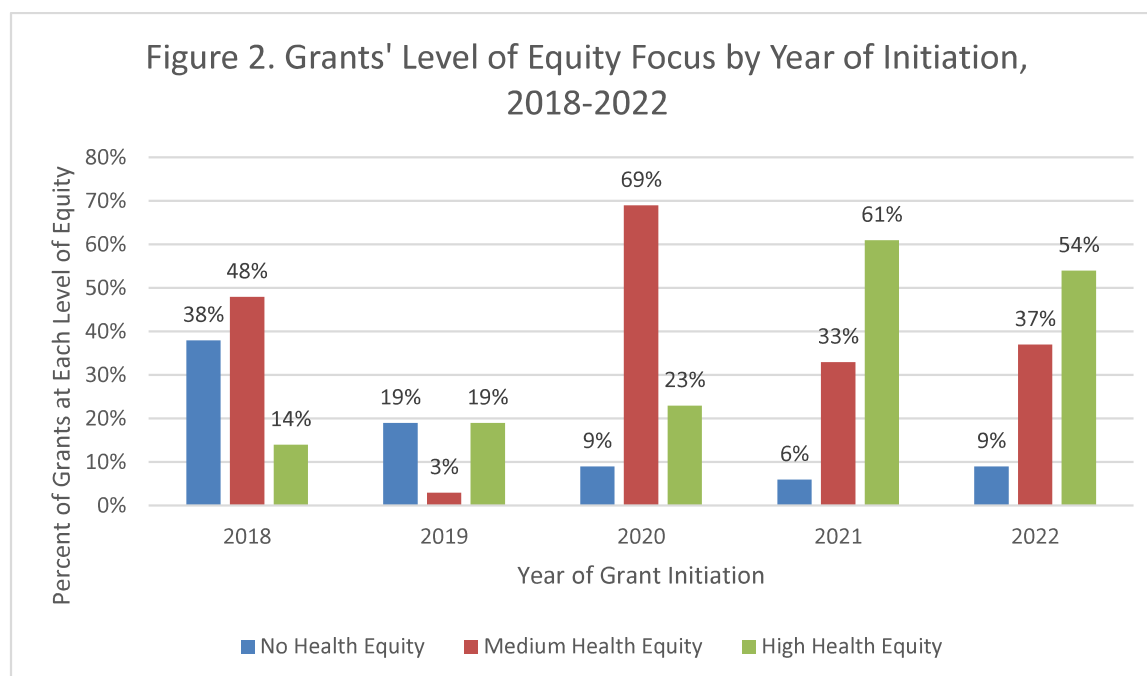
² See details of coding and definition used in Appendix A

³ Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017, May). What is Health Equity? And What Difference Does a Definition Make?. RWJF. <https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html>

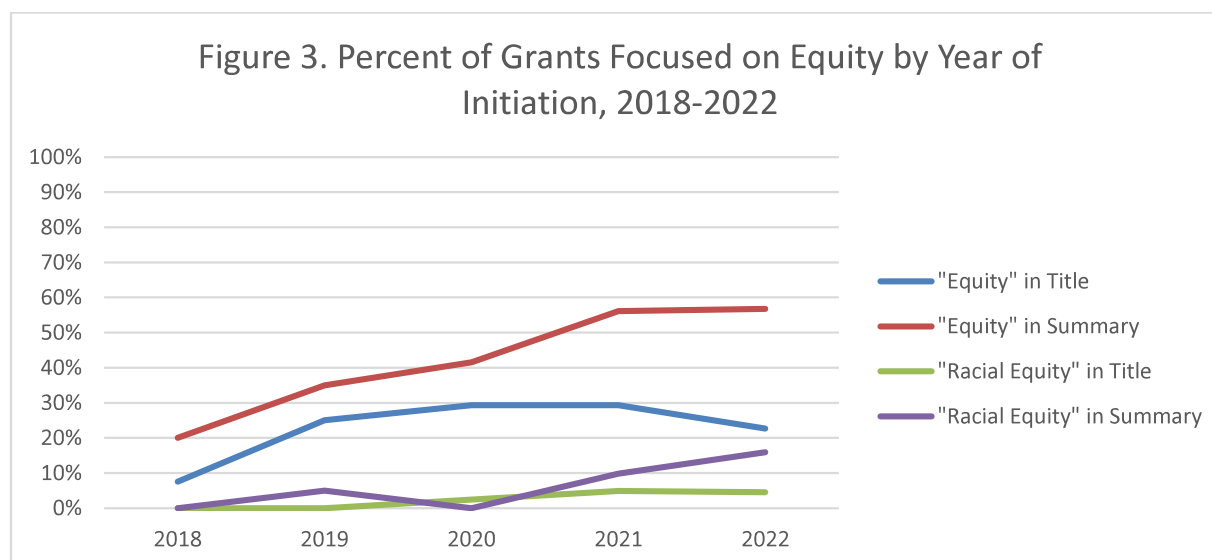
⁴ To provide for a manageable set of grants for the Progress Report, we selected grants with award totals of \$1 million and greater, and end dates in the following range 01/01/2018-08/31/2022, using the PIMS grants database management system. For the analyses of health equity, we selected a stratified random sub sample of 200 grants. We first stratified the sample to reflect the Themes, Teams, and Departments at RWJF. We then randomly selected 40 grants from each strata.



The second set of in-depth codes focused on the *extent* to which the grant precis focused on health equity, with a 0 = “no” focus on health equity (e.g., engaging technological institutes as thought partners); 1 = “medium” focus, either focused on SDOH or on underserved populations (e.g., providing quality health news for underserved residents), and 2= “high” focus, with activities, strategies, and goals to reduce or eliminate disparities in health and its determinants that adversely affect excluded or marginalized groups (e.g., evaluating initiatives that foster access to clean and affordable drinking water for communities of color). Results showed (Figure 2) that the extent to which grants focused on health equity, using this operationalization, increased over time. Grants with a “medium” focus on health equity shot up from 3% in 2019 to almost 70% in 2020, in part likely reflective of the responsiveness of RWJF funding to the pandemic context. From 2021, a second shift occurred, with a sharp increase in grants with a “high” focus on health equity, suggesting a deepening of the work. In turn, over time, the proportion of grants that did not appear to have any explicit focus on health equity decreased from 38% in 2018 to less than 10% in 2022.



More conservative coding finds fewer grants with an equity mentioned, though there is a similar trend of increase over time. To provide a check on our coding and recognizing the limitations in how the precis and summaries are written, we also examined the same group of grants in a more cursory way, examining whether ‘equity’ is used in the title of the grant and in the grant summaries. This analysis finds fewer grants with an explicit mention of equity than we find with the qualitative coding. Across the time frame, less than a quarter of grants (22%) included “equity” in their titles, while almost twice that number (42%) mentioned “equity” in the grant summary. As Figure 3 indicates, the use of the term generally increases over time, though more steadily and evenly in the summaries than in the titles.



When the word equity is mentioned, we almost always also had coded the grant as addressing health equity (93% of the grants with the term equity in their summary also were coded as a “health equity present” in the in-depth coding). Forty-three percent had a moderate focus on health equity, and 40% having a high focus on health equity. The few grants that used the term equity in the summary that were coded as having no equity focus all included a broad range of activities, such as a city health dashboard, a center for state health policy, and an annual research conference.

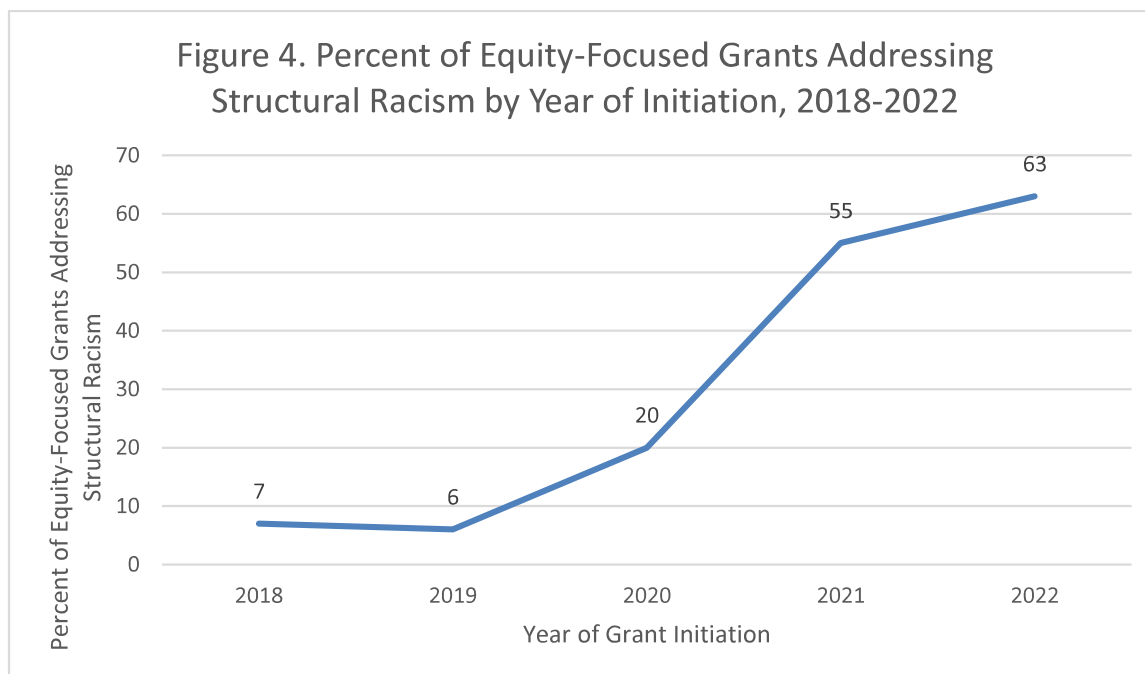
Conversely, grants that were coded as “health equity present” by the team did not always have the word equity explicitly in the documents. Less than half (48%) had the term “equity” in summary and about 28% had “equity” in their titles. This more thematic coding therefore found more evidence in the ways in which the grants were focusing on equity, but not necessarily using the term to describe the work.

Over time, more grants focused on structural racism. Reflecting the emerging efforts within the Foundation to acknowledge and address structural racism, we coded the initiative’s focus on “structural racism” as a separate code. Given the difficulty in assessing the “level” of structural racism, we coded each grant either having structural racism present or absent in its description. A grant was coded as addressing structural racism if the description explicitly described connections between structural conditions and racial differences in health experiences or outcomes, or mentioned racism as a root cause of health inequities or as a criterion in selecting target groups, organizations, or communities. Conversely, a grant was coded as not addressing structural racism if there was no mention of structural racism, or of racial differences in health experiences or outcomes (i.e., disparities) and their connection to structural conditions (i.e., study on racial disparities that fails to mention racism as a root cause). As noted, the limitations of the precis and summaries as the source for this coding are important to consider in reviewing the findings of this coding. Given the detail needed to determine if structural racism is present, the bias is likely in the direction of missing grants that may have addressed structural racism but the precis/summary did not include it.

Structural Racism Defined

Structural racism is racial bias manifested across a society’s institutions that describes the cumulative and compounding effects of factors that systematically privilege white people and disadvantage people of color.

Overall, a quarter of the grants (25%, n=51) funded between 2018 and 2022 were coded as reflecting a focus on structural racism. As Figure 4 shows, grants addressing structural racism increased from less than 10% of health equity-focused grants in 2018 to more than 60% of health equity-focused grants in 2022.



Overall, a higher percentage of grants in 2021 and 2022 than other years explored structural racism, developing frameworks to evaluate and inform the development of projects and programs to address racial equity. The analysis showed a sharp increase in grants focused on structural racism from 6% in 2019 to 20% in 2020, and an additional increase to 55% in 2021, and 63% in 2022, likely reflecting the increasing shifts in RWJF’s emphasis on structural racism over time. In 2021 and 2022, examples of grants with an explicit focus on structural racism include the Decolonizing Wealth Project (DWP) to strengthen and uplift narratives about Black and Indigenous caregivers, and a grant leveraging local expertise, capacities, and relationships to expand networks to further develop and strengthen youth-led community power-building efforts focused on advancing racial and health equity for communities of immigrants and people of color.

Similar to our check on equity coding, we also compared our coding of efforts to address structural racism to the use of the term “racial equity” in the title and summaries. As expected, considerably fewer grants (8%, 16 of 200) use the term “racial equity” in either or both the title and summary than the number of grants with codes for structural racism (25%, 51 of 200). (As Figure 3 shows, similar to the use of the term “equity”, there is an uptick of the use of the term “racial equity” in the summaries since 2020).

Among the 16 grants with “racial equity” in the title or summary, 11 are coded to have a focus on structural racism. Only one of the five grants that not coded for structural racism had racial equity in the title; this grant addresses Latinx community strength but did not discuss structural components that led to inequitable outcomes. The remaining four grants mentioned racial equity in the text, but were not viewed as addressing structural racism. Conversely, of the 51 grants that were coded as “structural

racism present” by the team, less than half had the term “racial equity” in summary and about a quarter had “racial equity” in their title.

We also compared our coding to the use of the term “structural racism” in the title and summaries. As expected, considerably few use the term “structural racism” in title (n=6) or in summary (n=13). Among the 19 grants with “structural racism” in the title or summary, 16 (84%) are coded to have a focus on structural racism. Conversely, of the grants that were coded as “structural racism present” by the team, less than half (31%) had the term “structural racism” in summary and about 8% had “structural racism” in their title. In addition, there was very little overlap between grants that used racial equity in title/summary and those that used structural racism in title/summary.

The above pattern of results show the use of terminology to describe grants, whether in the title or summary, typically indicates a focus on racial equity, but using terminology alone to identify projects misses additional projects that are addressing structural barriers to achieving racial equity.

How are the generational goals guiding the work?

Over two-thirds of the grants reviewed in 2021 and 2022 align with one or more of the Foundation's generational goals, with the Foundation's focus on generational goals just solidifying during this time. About 40 percent of the grants aligned with the Healthy and Equitable Community Conditions generational goal, followed by 31 percent aligned with the Equitable and Accountable Public Health and Healthcare Systems generational goal, and 18 percent aligned with the Economic Inclusion for Family Wellbeing. Grants across the goals emphasized the importance of addressing structural racism to achieve equitable outcome, with many focusing on specific populations historically marginalized. The grants reflect a variety of substantive areas across the three goals, but several approaches to addressing racial and economic injustices to achieve equity were common within and across the goals. Approaches included leveraging investments; advancing economic, tax, and social policies; supporting the development of narratives to support change; empowering directly impacted individuals, organizations, and communities and engaging them in the work; supporting leadership and networks; engaging local and regional foundations as partners in the work; and developing and promoting the use of data, metrics, and research evidence.

Generational goals are long-term objectives that are shared by a particular generation or group of people. These goals may relate to a wide range of areas, including politics, economics, social issues, environmental concerns, technology, and more. Achieving generational goals typically requires sustained effort and collaboration over many years or even decade. Generational goals have been a modification to the Theory of Change that provide strategic substantive direction for the Foundation's work. The generational goals are the "results" that RWJF seeks through its work within a 25 year horizon. Each generational goal targets a specific pathway linking structural racism and health. In this context, strategies are the hypotheses about how to move levers within prioritized systems in order to make progress towards generational goals. Although many of the grants during the time period we reviewed pre-dated the formal designation of the generational goals, we were able to code whether the focus of each grant aligned with one or more of the goals.

We used an iterative process of coding, using the grant precis. As we had previously used codes in our Theory of Change analysis for each indicator of progress (e.g., what was actionable evidence being produced on; what was the area in which community power was being built), we attempted to align these codes with each of the generational goals and then conducted an automatic recode of the indicator of progress codes. A content review of the groupings indicated that the automatic recoding was too inclusive and overly included grants based on key words that related to community power/development, child and family, and leadership into the Healthy and Equitable Community Conditions generational goal. We then conducted a qualitative review of each grant to determine if it aligned with one or more of the generational goals. We took a conservative posture to coding, looking for explicit mention of content that would align with each goal. We did not consider a grant aligned with a goal even if there could be an implied connection. For example, if a project focused on Medicaid policy but did not mention explicit attention to families, we did not code Economic Inclusion for Families, even

though Medicaid reform could support the wellbeing of families and children. Similarly, some grants were not explicitly aligned with any grants (e.g., funding of signature grant programs), although they could possibly provide pathways to each goal.

To conduct this review in the time allotted, we limited it to only the grants we had available for 2021 (n= 146) and 2022 (n= 68). All grants funded during those years were categorized according to the generational goals. The number of grants for 2022 is significantly smaller than 2021 as we had grants only through August of that year.

As description of the coding suggests, this exercise is very preliminary, based on a small number of grants from two years. We were not able to examine trends over time as we had with other analyses and thus are only able to paint a descriptive picture of how the recently funded grants align with these goals. In addition, as with the equity analyses, this analysis is based on a review of grant precis' that have their own limitations. Despite these caveats, we believe the analysis offers a useful synthetic view of how the work underway is advancing the Foundation's generational goals.

More than two-thirds of the grants align with one or more generational goals. Of the 214 grants funded in 2021 and 2022, the majority (67%) aligned with one or more of the generational goals. The most common alignment was with the generational goal of Health and Equitable Community Conditions (38%) overall, followed by Equitable and Accountable Public Health & Healthcare Systems (31%) and then Economic Inclusion for Family Wellbeing (18%). As Table 1 suggests, the pattern of findings are comparable for the two years. The 2022 numbers are less reliable due to the smaller number and the fact that they represent a little more than half of the year.

Half of the grants aligned with only one goal, 16% with two goals, and only three grants aligned with all three goals.

Thirty-three percent of the grants did not explicitly align with any of the goals. Many of these grants were for general operating support for specific organizations and several were support for specific RWJF programs. Other grants in this category focused on media and overarching studies and surveys.

RWJF's Three Generational Goals

Healthy & Equitable Community Conditions:

Through this generational goal, RWJF seeks to create the conditions in communities that allow all residents to reach their best possible health and wellbeing.

Equitable & Accountable Public Health & Healthcare Systems:

To achieve this generational goal, RWJF will help strengthen public health systems so they can serve as engines for racial equity and health; it will help move healthcare policy toward universal access and affordability and away from unequal, multi-tiered systems of care; and it will help advance public health and healthcare system accountability to community.

Economic Inclusion for Family Wellbeing:

Through this generational goal, RWJF seeks to catalyze a new social contract that will recognize and promote a collective stake and shared responsibility for supporting the wellbeing of children and families.

Table 1. Percentage of Grants Aligning with Generational Goals

Generational Goals	2021	2022	Average for 2021-2022
	N = 146	N = 68	N = 214
1 or more of the Goals	66%	69%	67%
Community Conditions	37%	34%	36%
Health Care	29%	37%	31%
Economic Inclusion for Family Wellbeing	18%	18%	18%

Grants align most commonly with Healthy & Equitable Community Conditions. Nearly 40 percent of the grants addressed community conditions, with attention to advancing health equity and racial justice in a variety of areas. Housing justice was among the more common areas of focus, especially in 2021. Approaches funded engaging community residents in actionable research on housing justice, supporting the work of local housing justice coalitions, mobilizing resources and scaling approaches for affordable housing with racial justice at the core, and supporting a housing justice narrative to advance policies. Other areas and approaches that align with the goal of seeking healthy and equitable community conditions included local base building for racial equity; policies to advance equitable health outcomes, and equitable development and investment. A number of grants coded under this goal (and several also coded under Equitable & Accountable Public Health & Healthcare Systems) focused on the development and use of data, metrics, and research.

Approximately a third of the grants align with Equitable & Accountable Public Health & Healthcare Systems, with many focusing on improving equitable access and coverage to healthcare. Health and Healthcare Systems, with the aim of removing structural barriers to achieving equitable access and coverage to health care as well as fostering policies and practices and strengthening leadership to advance public health and healthcare system accountability to community. A common grant focus was improving equitable access to, enrollment in, and coverage of healthcare at the state and federal levels through building the power of directly impacted constituencies, supporting the efforts of advocacy and other organizations, providing message and policy guidance for champions, and leveraging shifts in the state and federal landscapes. Several grants also focused on supporting and leveraging leadership such as community leaders in Aligning Systems for Health, ASTHO Leadership Institute’s leadership development efforts, the Ambassadors for Health Equity fellowship, the Medical Leadership Institute and Medicaid Pathways Program, and the leadership team of the Equity Learning Lab. As with grants under the Healthy & Equitable Community Conditions generational goal, several grants supported research and data efforts, including leveraging administrative datasets, performing analyses of health reform and new policy issues, and advancing policies for data disaggregation to achieve racial equity.

Eighteen percent of the grants align with Economic Inclusion for Family Wellbeing, with caregiving and birth justice as the focus of several grants. Grants coded under this generational goal aimed to improve the wellbeing of children and their parents, often through approaches grounded in economic justice and equity. Caregiving was a common focus, with efforts aimed at advancing a care infrastructure committed to race, gender, and disability equity. Birth justice also was a focus of several grants, typically also categorized under the Healthy & Equitable Community Conditions Generational Goal. Several grants also focused on safety net programs and policies, such as Earned Income Tax Credit, as well as Medicaid (also categorized under Equitable & Accountable Public Health & Healthcare Systems). Table 2 provides examples of grants that align with these goals.

Table 2. Grants that Align with Generational Goals

Generational Goals: Illustrative Grants	
Healthy & Equitable Community Conditions	
<i>Re-imagining community development to create an anti-racist paradigm for the field</i>	Engaging ThirdSpace Action Lab (TSAL) in an effort to articulate and animate a new anti-racist paradigm for community development and recommend pathways for advancing policy, practice, and systems change to drive more racially equitable outcomes in communities.
<i>Building infrastructures to align, connect, and amplify the work of local housing justice coalitions</i>	Supporting the Alliance for Housing Justice (AHJ) in providing support, including technical assistance, to help bolster the infrastructures of emerging local and regional housing justice tables so that those different groups can align, connect, and amplify their work to achieve systemic change.
<i>Facilitating meaningful, authentic engagement to mobilize the power of community actors to advance a community-driven health equity and healing agenda (also aligned with Equitable & Accountable Public Health & Healthcare Systems)</i>	Supporting the Institute of Women & Ethnic Studies (IWES) in co-leading the second phase of Aligning Systems for Health (AS4H) to help AS4H center equity and healing and strengthen community leadership in local efforts to transform and align healthcare, public health, and other systems.
<i>Supporting the National Birth Equity Collaborative in identifying community-based organizations best positioned to advance reproductive justice (also aligned with Economic Inclusion for Family Wellbeing)</i>	Enabling the National Birth Equity Collaborative (NBEC), with the Praxis Project Inc. (Praxis) as a fiscal sponsor, to advance power-building efforts through the dispersal of funds from the Birth Justice Rapid Response Fund (BJ Fund) supporting constituency-led birth justice (BJ) organizations, with a focus on those serving Black, Indigenous, and People of Color (BIPOC) communities, to respond to pressures, threats, and risks to advancing birth justice.
Equitable & Accountable Public Health & Healthcare Systems	
<i>Working with partners in select states to advance policies that respond to the needs of Marketplace enrollees and that reduce out-of-pocket costs</i>	

<p>Supporting state advocacy activities in reducing out-of-pocket healthcare costs for Affordable Care Act (ACA) Marketplace consumers, particularly low-income consumers who bear the brunt of the affordability crisis and who are disproportionately Black, Indigenous, and People of Color (BIPOC).</p>
<p><i>Supporting advocates and other stakeholders in making enrolling and staying enrolled in coverage easier as the continuous coverage requirement unwinds</i></p> <p>Supporting Center on Budget and Policy Priorities (CBPP) to continue to undertake activities aimed at increasing the capacity of state advocates to engage in administrative advocacy related to Medicaid enrollment.</p>
<p><i>Protecting Medicaid and CHIP for children and families and improving quality, affordability, and access in addressing structural racism, 2022-2024 (also aligned with Economic Inclusion for Family Wellbeing)</i></p> <p>Continue supporting the Georgetown Center for Children and Families (CCF) to serve as the policy and research hub for a vibrant network of state-based policy and advocacy organizations and, through a network of state advocates, work in partnership with communities and families to amplify community-driven strategic efforts aimed at positive policy changes.</p>
<p>Economic Inclusion for Family Wellbeing</p>
<p><i>Designing a future child-care system that ensures that every child, family, and community have the care they need to thrive anywhere, everywhere</i></p> <p>Supporting IDEO to work with a group of experts to elevate a new, transformational north star for child care—one designed outside the constraints of the current child-care system and one that is rooted in what is best for optimal child health and development and that will strengthen families.</p>
<p><i>Supporting a multimedia research and narrative project about family care to advance a Culture of Health in Black and Native American communities</i></p> <p>Supporting the Decolonizing Wealth Project (DWP) to strengthen and uplift narratives about Black and Indigenous caregivers, funding, working with, and building the capacity of Black and Indigenous organizations to articulate, test, and refine narratives that uplift the value of care.</p>
<p>All Three Generational Goals</p>
<p><i>Identifying policy and practice changes for Medicaid and the social safety net to move the nation toward health equity and racial justice, 2022-2023</i></p> <p>Continuing to support work to improve understanding of how changes to the social safety net affect health equity and well-being and how changes in healthcare policies impact racial equity, including changes in programs, practices, and Medicaid/CHIP policy; changes in the minimum wage; and the introduction of new benefits, such as paid leave, that could benefit structurally marginalized people and communities.</p>

Summary

The precis reviewed for the grants funded for 2021 and 2022, especially those that align with one or more of the generational goals, emphasized the importance of addressing structural racism to achieve

equitable outcomes. Many grants focused on specific populations that have been historically marginalized and sought ways of advancing racial and healthy equity, either through improving community conditions that perpetuate these inequities in health and wellbeing, strengthening the public health and health care systems to create more equitable policies and practices, and catalyzing policies and practices to promote collective responsibility for fostering family and child well-being. Grants focused on a variety of substantive areas across the three goals yet several approaches to addressing racial and economic injustices to achieve equity were common within and across the three goals. These approaches included leveraging investments; advancing economic, tax, and social policies; supporting the development of narratives to support change; empowering directly impacted individuals, organizations, and communities and engaging them in the work; supporting leadership and networks; engaging local and regional foundations as partners in the work; and developing and promoting the use of data, metrics, and research evidence. Future syntheses might examine the effectiveness of these different approaches in making progress toward these goals, especially in how they help to lever change in each of and across the prioritized systems.

How can equitable evaluation practices be incorporated into the Foundation's evaluation process?

Incorporating equitable practices into RWJF evaluations has been a work in progress, with increasing attention over recent years particularly in selecting evaluators with specific expertise in equitable evaluation. Through our review of 11 selected evaluations, we generated a number of strategies evaluations could incorporate to improve equitable practices in: evaluator recruitment, selection, and contracting; the length of time the evaluation is funded; the configuration of the study team; and all aspects of the evaluation process, including community engagement, data collection, selection and design, impact assessment, and dissemination.

Although evaluations completed after 2020 show a more intentional embedding of equitable practices in the evaluation, conducting the evaluations primarily for Board review influenced the time and resources provided and often prohibited equitable strategies, such as including communities in the evaluation. An equitable approach to evaluation requires time, resources, and intentionality not only for trust building but for robust data collection and creating various tailored dissemination products. Throughout the years, evaluations were provided slightly longer timeframes; however, allocated resources and a lack of intentionality in incorporating equitable practices stymied the outcome of the evaluations in applying principles of an equitable evaluation.

Overall, incorporating equitable practices into the evaluations has been a work in progress. An equitable approach to evaluation requires time, resources, and intentionality, not only for trust building but for robust data collection and creating tailored dissemination products. Over the years reviewed (2018 to 2022), evaluations increasingly used equitable evaluation practices, largely through selecting evaluators with specific expertise in equitable evaluation and providing additional time to conduct evaluations. However, even in these instances, the amount of allocated resources and a lack of intentionality in incorporating equitable practices stymied the ability to fully apply principles of an equitable evaluation.

We offer considerations for strengthening equitable evaluation practice, grounded in our review of 11 selected evaluations. We anticipate that many of these changes may already be under consideration or in effect, but offer them in the spirit of revealing fully what we found in our review.

Assessing Equitable Evaluation Practices: Methods Snapshot

- Review of all evaluations through evaluation reports, with more intensive review of 11 selected evaluations
- Intensive review included interviews with evaluators, RWJF Research, Evaluation, and Learning officers, and project officers
- Interview topics included:
 - Evaluator recruitment and selection process
 - Evaluation design and timeline
 - Grantee involvement
 - Report writing and dissemination

Build equitable evaluation practices into evaluator recruitment, selection, and contracting. In RWJF as in most foundations, the selection of evaluators can range in formality, from requests for proposals

(often involving an invited set of vendors) to sole source selection based on past experience and knowledge as well as ability to complete an evaluation within an expected timeframe. The dominant practice was to contract with evaluators with whose work RWJF was familiar or with whom they had an established relationship. The selection of large evaluation organizations, in particular, was typically driven by the need for short turnaround time to produce a report for a Foundation Board meeting.

As a result, most of the evaluations we reviewed were not conducted by organizations/evaluators that focused on or had expertise in equitable evaluation. Most of the expertise centered on methods for evaluation. Many evaluation organizations were selected for their knowledge of rigorous research and evaluation methods such as survey data collection and report writing. Evaluators we interviewed acknowledged the equity gaps in their evaluations. Some stated simply that equity was not embedded in the evaluation or acknowledged that their organization did not have equity experts and were also going through the process of incorporating equity on an organizational level.

Elements of an equitable evaluation require that all eligible organizations have an opportunity to be considered for a contract, regardless of their organizational size or lack of established relationship with RWJF. Although a fully open process can require more resources for the proposal and selection than might be available, the Foundation may consider ways to stage this type of request (e.g., starting with an open call for qualifications that can be responded to in a brief memo, followed by an invitation of selected vendors). Similarly, it may be difficult to identify new vendors that have the data collection and analytic capacity to conduct large-scale evaluations, such as bundled evaluations. Many of the evaluation firms that are noted for their equitable practices are often small in size and may lack the bandwidth for sizable efforts or the quick turnaround required. However, at a minimum, large scale contract firms that do have this bandwidth can be incentivized to broaden their bench and bring in other organizations, and even be required to provide mentorship and capacity building to organizations working in this area for the first time.

Other strategies for explicitly balancing the power of these arrangements more equitably should be explored. For example, strategies might include consortiums where all organizations have the same level of leadership or arrangements in which firms with equitable evaluation expertise assume the leadership roles and work in collaboration with larger, more familiar firms. Because small firms may not have the capacity to manage formal subcontracts with larger organizations, RWJF may be able to develop a new type of funding structure in which all organizations have direct contracts with the Foundation, but the evaluation leadership is assumed by the organization with more expertise in equitable practices. In short, unlike the federal government, RWJF has the flexibility to develop more innovative strategies for improving equitable practice in evaluation that can go beyond the standard contracting practices.

Ensure that equity evaluation practices are prioritized throughout the evaluation process. Our case studies revealed that even when evaluators were knowledgeable of equitable practices and policies, the focus of the evaluation questions (often to address board concerns), competing demands and other constraints made it difficult to fully implement them. We review four areas that are important for

equitable evaluation practice: community engagement, grounding the data collection process, assessing impact on the community, and incorporating diversity.

Foster community engagement: Community input and community context as well as grantee engagement should be critical facets throughout the evaluation process. Engaging the communities that were the focus of the initiatives in the evaluations rarely occurred. Most of the evaluation teams partnered with RWJF and the grantees, but there was typically little mention of community engagement or input into the evaluation. Interestingly, most evaluations focused on programs that engaged with community members and impacted the community. Among the most common factors cited for the lack of community engagement in the evaluation was the short time frame of the evaluations. Community engagement takes time as the evaluator first has to build trust and rapport with the community before requesting that they engage in the evaluation process.

For an equitable evaluation, attention to communities that are historically marginalized and underserved begins to balance the decision-making process. People and communities that are impacted by inequitable systems such as deteriorating neighborhoods are oftentimes the ones without decision-making power. Most evaluations were aimed at producing a report for the board of the Foundation, the decision-makers. Lack of community engagement in an evaluation aimed at assessing systems change among communities further contributes to the power differential and to the systems of inequality the programs aimed at improving a Culture of Health are trying to dismantle.

Ground the data collection process: A large component of Culturally Responsive and Equitable Evaluation (CREE) is understanding the cultural context in which programs occur and the people they serve. For some of the evaluations, grantees were involved in the evaluation design, survey/instrument development, and dissemination. For instance, for the State Health and Value Strategies/ Medical Leadership Institute, the grantees were part of developing the interview protocol and engaged in sense-making of findings. The relationship between the grantees, evaluation team, and REL staff was viewed as salient and implemented multiple touchpoints within the evaluation process. In this particular example, however, it was also acknowledged that the evaluation would have benefited from a collaboration with a firm focused on equity to refine the evaluation methods and ensure CREE concepts were embedded.

In other instances, such as the Safety Net Initiative evaluation, the evaluation team engaged in consistent communication with the Foundation. The evaluation process involved meeting with REL staff in-person to discuss the methodology and activities, and even assisted in developing a logic model. During those initial conversations, equitable practices were not at the forefront of the dialogues and therefore the framework and design didn't explicitly focus on equity.

Assess impact on the community. A critical element of equitable evaluation is assessing the impact of the initiative on the community. The evaluations we reviewed restricted their assessment of outcomes and impact to those reported and experienced by grantees and

selected stakeholders. Broader impact on the marginalized populations served was not assessed, typically due to time and resource constraints. With longer evaluation timeframes, assessing the impact of the intended systems changes on those they are aiming to serve should be a priority for the Foundation. Too often, as Bickman and colleagues (1999)⁵ found in several evaluations of mental health systems, the systems changes that are made do not have the intended effects on the populations served. Understanding the true impact of the system changes on moving the needle in eliminating structural racism and removing other barriers is essential to understanding if progress toward achieving health equity and building a Culture of Health is being made.

Incorporate diversity: Diversity in evaluation includes having diversity in geographical location, racial/ethnic identity of grantees, communities served, and evaluation team. Most of the evaluations had grantees from diverse geographical locations and covered several states with varying policies and politics. For evaluations that focused on policy programs, this type of diversity was needed to collect a wide range of data and different perspectives. For example, in the Bundled State Policy initiatives, grantees were from 42 states across the nation. Additionally, there was an opportunity to interview grantees that focused on multiple states. The same was true for the DASH evaluation which looked at learning networks across 34 states. Even within the states, there was a range of characteristics that included different types of organizations (non-profits, local governments, social service organizations, etc.) and social sectors (public health, clinical, housing academia, etc.).

At least one interviewee noted, however, that the tendency has been to fund White-centered program grantees, perhaps in part due to the limited capacity of more diverse organizations to respond to traditional grant announcements with quick turnaround time as well as criteria that may weigh against more diverse community-based organizations. The populations served by these grantees are often diverse both racially and socioeconomically, but are not typically engaged in the evaluation process or part of the assessment of outcomes.

Finally, most evaluations did not explicitly mention the diversity of the key stakeholders or evaluation team members. None of the evaluations explicitly acknowledged the evaluation team's positionality related to race, class, and/or gender. To be fair, the practice of acknowledging this diversity and the role these factors play in evaluation has only recently been more widely recognized in evaluation.

Disseminate findings more broadly: Equitable evaluation practice also means that the products should be designed and disseminated to a variety of audiences, and especially those impacted by the initiative and the findings of the evaluation. Grantees that devote time, energy, and

⁵ Bickman, L., Noser, K., & Summerfelt, Wm. T. (1999). Long-term effects of a system of care on children and adolescents. *The Journal of Behavioral Health Services & Research*, 26(2), 185–202.
<https://doi.org/10.1007/bf02287490>

resources in the evaluation process as well as the historically marginalized communities that they serve are critical audiences that may be able to benefit from the findings in improving their programming, receiving additional funding, or highlighting successes.

During the time we were conducting this review, however, dissemination of evaluation findings was closely tied to reports for the Foundation's Board. A dominant theme from evaluation teams was that RWJF was their primary audience, noting this assumption came from RWJF communication around the report and how findings from the report would be used. Most evaluation reports, consequently, were crafted for the Board and RWJF leadership, and not written with the grantee audience in mind. Most interviewees also were unaware of how the evaluations were used beyond the board reports or if there were any actionable steps that occurred as a result of the evaluations.

In some instances, reports created for RWJF included actionable recommendations for the Foundation and other stakeholders. For example, in *Climate Solutions are Health Solutions: An Evaluation of PUSH Green's Home Energy Efficiency Program* evaluation, recommendations were for community-based organizations and policymakers on multiple levels. Some evaluations also created dissemination products that could be used by grantees. For example, for the *Trust for America's Health* evaluation, policy briefs were created for the grantees in addition to a user-friendly website that sought to drive policy changes.

Others noted sharing the evaluation findings through websites, blogs, and toolkits. In turn, for some of these efforts, grantees were able to use the information to get more funding, support policy change initiatives, and create and maintain networks.

Continue to build upon the advancements begun in the use of equitable evaluation practices. Over the course of the five years, we saw increasing advancement of equitable practices in evaluation. Organizations that completed evaluations in 2018 and 2019 often had previous experience with RWJF and were chosen because they could turn around an evaluation in a short amount of time. Few of the reports noted any incorporation of equitable practices in the evaluation process and typically made no mention of priority populations being incorporated in any phase of the evaluation. Additionally, the evaluation teams did not indicate their focus on equity or their capacity to conduct an equitable evaluation.

Evaluations completed in 2020 incorporated a greater focus on health equity in the programs being evaluated. Some evaluations also made an intentional effort to incorporate equity in the evaluation by partnering with organizations that approached evaluation through an equity lens. For example, in the *State Health and Value Strategies* evaluation, Mathematica partnered with Change Matrix, an organization that incorporates "cultural and linguistic competence" into capacity building (though the amount of funding for Change Matrix was less than 5%).

Evaluations completed after 2020 reflected greater involvement of key stakeholders in the evaluation process. This included consulting with grantees about the evaluation design and data collection tools. For instance, the Y-USA Study of Community Strengthening Summary of Cross-Case Findings evaluation included 10 YMCA sites that collaborated on the development of conceptual frameworks and evaluation questions. In addition, in the years 2021-2022, evaluators expanded beyond the larger firms and included evaluators with specific expertise. These evaluators were able to embed elements of equity into their evaluations.

However, across the time period, the purpose of the evaluations continued to rest primarily on providing the Board with information to guide funding decisions and reauthorizations. This purpose in turn guided how evaluations used their time and resources. For example, in an evaluation completed in 2022, the evaluators initially proposed to incorporate the communities served by the grantees but were told to only focus on the grantees. Although in later years evaluators were chosen with more equitable evaluation backgrounds, they were still directed to focus on Board needs, which at times did not allow for equitable practices. An equitable approach to evaluation requires time, resources, and intentionality not only for trust building but for robust data collection and creating various tailored dissemination products. Throughout the years, more time was given to conduct evaluations; however, allocated resources and a lack of intentionality in incorporating equitable practices stymied the outcome of the evaluations in applying principles of an equitable evaluation.

Future evaluations should ensure that the evaluation team has expertise in equitable and culturally responsive evaluation practices. Additionally, the evaluations should aim to engage throughout the phases of the evaluation process, if possible; include communities served in a collaborative manner to achieve more equitable evaluation practices; and assess the initiative's outcomes for the population served.

What additional guidance for the structure and focus of future evaluations has been learned through our evaluation synthesis?

Fostering equitable evaluations implies having a broader, equitable process for identifying evaluators; multiple stakeholders (grantees and communities) involved in the design and implementation of the evaluation; longer evaluation timeframes to engage meaningfully with communities and grantees; and dissemination of products to multiple audiences and in ways that are useful and actionable.

In addition to these considerations, we identified other important consideration for future evaluations through our synthesis of evaluations focused on systems change completed between 2018 and 2022. These include:

- Providing the time, funding, guidance, and expectations for rigorous, long-term sensitive outcome assessment;
- Ensuring that the evaluations have strong conceptual frameworks mapped onto the initiatives and system they are studying and use triangulated approaches to outcome assessment. However, evaluations also need flexibility to adapt as needed to context changes, especially over the long-term;
- Staging the work to better understand what is known about each system and the evaluability of the initiatives before embarking on outcome evaluations;
- Prioritizing bundled evaluations to examine the outcomes of a body of work that can reveal patterns of outcomes across different approaches as well as provide an understanding of the relative impact of different approaches and the factors that may influence it; and
- Fostering learning activities for evaluations within and across systems. For example, initiatives that focus on the same leverage point in different systems have the potential to learn a great deal from one another and potentially align their activities to maximize cross-learning (such as using the same or similar metrics for change).

Our analysis of whether and how equitable practices are embedded in the evaluations completed through 2022 provide considerable direction for scoping evaluations moving forward. Some of the main themes for evaluations that emerged:

- Having a broader, equitable process for identifying evaluators;
- Scoping the evaluation with multiple stakeholders in mind, including the communities impacted by the work and the grantees involved in the work;
- Funding evaluations for longer periods of time to engage meaningfully with communities and grantees; and
- Ensuring products are developed for multiple audiences and are disseminated in ways that are useful and actionable.

Through our overall synthesis of the evaluation methods, their findings, and their own recommendations, we also gathered an understanding of other ways evaluations might be improved and enhanced to guide future systems change efforts.

Provide the resources – time, funding, Foundation guidance and expectations – to conduct a more rigorous long-term, sensitive assessment of outcomes. The evaluations we reviewed ranged in length of time they were supported, but all were less than five years and most were two years or less. This length of time, coupled with short lengths of time of supporting grantees in doing the work, generally resulted in a focus on very short term outcomes through the use of qualitative methods only. As noted in the Invest Health evaluation, the short time frame did not provide for long-term tracking of results, critical to understanding the extent to which systems change has occurred. Moreover, time limitations seem to drive evaluations to focus on process findings and often limit the data collection to key informant interviews and restricted surveys with individuals closely aligned with the initiatives (i.e., generally the grantees and other stakeholders involved in the efforts). Assessment of the views of the broader community or the impact of an initiative on their outcomes was not typically a focus of the evaluations.

To have a more sensitive assessment of the pathway of making systems change, mixed methods approaches with longer term time frames, focused on the outcomes expected both short-term and long-term are needed.

Ensure that the evaluations have strong conceptual frameworks, mapped onto the initiatives and systems they are studying, and incorporate triangulated approaches to assessing outcomes. Together with having more sensitive long-term tracking of outcomes, the evaluations of systems change in each of the prioritized systems would benefit from strong conceptual frameworks that represent the Foundation's perspective and the community perspective and that are informed by research. Bundled evaluations we reviewed were noteworthy for having articulated conceptual frameworks to guide their analysis, but these frameworks did not always fit all the work that the evaluation was covering. The individual initiatives did not always have specified theories of change or logic models or, if they did, they did not always map onto the bundled evaluation theory of change. In addition, in several instances, the evaluation noted that it was not always clear what the Foundation's expectations were for the initiatives, or if they did have expectations, if they had been communicated at the local level. In addition, local level perspectives were not always aligned with those of the Foundation, at least at the outset of the evaluation.

Given the work that is underway at the Foundation to develop efforts to leverage systems change, it will be important to ensure that both those carrying out the initiatives and those evaluating them have a clear understanding of how each initiative fits within the Foundation's theory of change for each system. Consideration might be given to meetings of teams working across initiatives to ensure that both the work and their evaluations are complementary and aligned.

Design the evaluations so that they follow a theory of change, but can be adaptive and flexible, especially in light of context changes. It is also expected that even if a theory of change guides the work, changes in implementation will occur for a variety of reasons. Most often adaptation of an

initiative is due to context changes, but changes in resources or having new knowledge can also affect initiative changes. Adaptation and flexibility is important, but communication of these changes and how they impact the ability to achieve outcomes is critical to ensuring the work has the desired influence. In turn, the evaluation scope of work also may need to change to reflect the changes that the initiative has made.

Consider staging the evaluation work, including environmental scans of what is known in each system, and assessing the evaluability of actions that are being undertaken before assessing their outcomes.

The work described by the Foundation for each system is complex and intertwined across initiatives. Moreover, the work is being done in complex, dynamic environments. To ensure that the portfolio of work in each system has the greatest potential of having the desired impacts, it may be prudent to stage the work of both the initiatives and the evaluations. Evaluation can be used as a developmental tool, a learning tool, and an assessment tool. Developmentally, evaluation can include environmental scans of what is already happening within systems that may support or challenge the initiatives being developed in an area. It can also be conducted in the early stages of the initiatives to guide their scope and provide early assessments of evaluability. These assessments can help provide critical feedback to the initiatives to ensure that they are designed and implemented in a way that achievement of outcomes is plausible. The assessments can also determine if the data needed on both short-term and long-term desired changes are available or need to be developed.

Prioritize bundled evaluations within systems. The bundled evaluations to date have been among the most rigorous conceptually and methodologically. They tend to have conceptual frameworks that are steeped in the literature and, in turn, have measures of outcomes that provide a deeper understanding of the process and outcomes of the body of work underway. In addition, by examining a body of work, bundled evaluations can reveal patterns of outcomes across different approaches as well as provide an understanding of the relative impact of different approaches and the factors that may influence it. Bundled evaluations are also more consistent with the Foundation's approach to systems and generational goals. The focus is not on a single initiative or a single set of outcomes, but how the work comes together to address structural racism as well as other structural and systemic barriers to achieving health equity. Even more so than in prior years, initiatives will be aligned with levers of change in each system (e.g., changing information flows) and may lend themselves to at least a similar set of core outcomes (especially for the longer-term, but also likely process and short-term outcomes as well). In addition, qualitative inquiry that can use similar lenses to assess the unfolding and influence of each initiative aimed at the same lever can be potentially more powerful and facilitate a synthesis more than individual evaluations focused on each initiative.

Foster activities for learning across systems. Just as initiatives focusing on a lever within a system can learn from one another, learning can be fostered across systems, especially for initiatives aimed at the same type of lever. Cross-system activities could involve sharing conceptual frameworks, process and outcome measurement, evaluation designs, strategies for engaging community members and others in the evaluations, and dissemination strategies for the information. These meetings can be held at the start of initiatives and evaluations, but also throughout the life of the work so that learning can take place in how adaptation is occurring, what is being learned, what challenges have been faced and how

they have been tackled. In essence, the systems focus lends itself to developing communities of practice that can offer a synergy to the work that can be powerful. In many ways, the paradigm of evaluation in the Foundation can shift to one that is much more comprehensive, collaborative, and geared to the Foundation's fundamental aims.

Summary

The pace of development for RWJF's new direction has been swift, and is impacting each aspect of the organization and its funding. The Progress Report evaluation activities, having been designed and implemented prior to the initiation of this new direction, were focused on assessing the Foundation's alignment with the Theory of Change, health equity, and equitable evaluation practices. Although some of these data are still relevant, the Theory of Change assessment is less relevant to the new strategic direction on prioritized systems. To maximize the data we collected, we reanalyzed them with a systems lens to extract what has been learned thus far about systems change that can inform the Foundation's work moving forward. We also reanalyzed the grants coded initially for their alignment to the Theory of Change to see if they align them with generational goals. Finally, we reviewed the evaluations and our case studies to provide recommendations for evaluation practice overall.

Although key limitations, as noted in the Introduction, need to be considered when reviewing the findings from this analysis, the findings offer important insights as the work moves forward, reinforce some of the efforts that have been determined, inform others, and raise additional questions for the Foundation to consider. Some of the major takeaways from our analyses:

- Systems work is hard, takes time to do it right, and needs inclusion of participation and perspectives from many parties, especially the communities most affected by the systems. It also needs clarity in a vision that is shared and understood by all. The Foundation's focus on prioritized systems aligned with generational goals and the funding of strategies at key leverage points in the system offers a strategic perspective for the work that was not as sharply focused in prior work. However, translating this to grantees in an effective manner and collaborating with them as the work unfolds will have its challenges. The lessons from the past systems work suggest ways to mitigate some of these challenges. Among the most common lessons include:
 - allocating time to fully articulate the Foundation's vision and how it can be adapted to the local context and needs;
 - providing resources to build local capacity to do the work but also to bring in whatever expertise might be needed to help move the specific levers;
 - identifying local champions who believe in the strategic vision and can help sustain the work when other priorities compete for attention and resources;
 - deciding what the primary desired outcomes are, what compromises are possible and not possible, and what are possible unintended consequences of the work that need to be mitigated;
 - developing a set of measures that are shared and agreed upon by all key stakeholders, can be tracked over time, and provide a balance of short and long-term outcomes so

early successes can be measured and celebrated and strategies not on track or creating the desired outcomes can be redirected.

- An increasing number of grants are focusing on equity and structural racism, and the majority of grants align with at least one generational goal. Because we derived these data from funding documents that have several limitations, future evaluations might focus on studying grantees in action and offer more detailed findings on grantees' strategies for addressing structural barriers to achieve health equity. Our analysis suggests grantees are using a number of similar approaches across the goals (e.g., supporting the development of narratives; developing and applying metrics) and a synthesis may shed light on their relative effectiveness. Similarly, syntheses across grantees aligned with the same generational goals can identify where the work is focused, where there are synergies, where there are gaps, and where there are contextual challenges that threaten the work underway.
- RWJF has been a strong supporter of evaluation to guide its work, but the findings are often directed primarily to the Board. In the spirit and direction of equitable evaluation, we recommend funding evaluations that can provide direction for a range of audiences, especially those closer to the ground where the work is taking place. We also recommend that the Foundation continue its trajectory in incorporating equitable practices in its evaluations, and continue to be both critical minded and innovative in funding future efforts that embrace the key principles of equitable evaluation practice. Finally, we recognize that work is underway in the Foundation to redesign its evaluation strategy, moving away from a tradition of funding evaluations of many efforts to funding fewer evaluations, but more within a bundled evaluation format. Our analysis supports this direction and believes that it aligns well with a systems focus. Moreover, we recommend that these core evaluations be funded for time periods (5-10 years) that allow for rigorous, long-term sensitive outcome assessment; be guided by strong conceptual frameworks that map onto the initiatives and systems they are studying; and be accompanied by convenings of evaluators and initiative leaders within and across systems to accelerate learning about the systems, the strategies, and the evaluations.
- Because these long-term, bundled evaluations will require considerable investment, we also recommend a phased process to evaluation. Before embarking on a long-term evaluation design, we recommend supporting environmental scans of the systems and conducting "readiness" evaluability assessments to inform when and how to best launch an evaluation. Some areas of work may be nascent to assess for outcomes. Some areas would benefit from a deep dive look at implementation of the work. Other efforts may be spent in developing measures and identifying key data systems that can be used to inform the measures. Some of these developmental activities can be part of a bundled evaluation, others may be their own effort working within or at times across systems.

Appendix A-Methods

Synthesis of Recent Evaluations

To better understand how the Foundation's work aligns with the Indicators of Progress and the long-term outcomes outlined in the Theory of Change, the study team conducted a synthesis of completed evaluations funded by RWJF. Evaluations were selected using several inclusion criteria, and then summarized with a template that extracted the outcomes and alignment with the Theory of Change from the evaluation reports. This set of evaluations served as the pool of evaluations from which evaluations were selected for the systems change analysis and the case studies of equitable evaluation practice.

The selection of evaluations began with a search in the PIMS database using the following keywords: evaluation, evaluating, assessment, bundled, and was constrained by those completed from 01/01/2018-08/31/2022. Once the list of evaluations that fit these initial search criteria was exported from PIMS, it was reviewed and narrowed down further based on the following criteria:

- Must be an RWJF-funded program that is being evaluated; and
- Must be an outcome-focused evaluation, removed all process evaluations.

Evaluations were assessed for inclusion based on title, funding description, and precis. In narrowing the list of evaluations to include in the synthesis, it was also imperative that the evaluations produced a final report as this was the product used for the summary. The finalized list was then sent to RWJF staff for review to confirm that there were not any major evaluations that were not included, and all those on the list were RWJF-funded initiatives. In total, 37 evaluations were summarized. Those containing systems change outcomes were included in the systems analysis (n = 17). Eleven recent evaluations were selected for case studies of equitable evaluation.

Selection of Grants for Equity and Generational Coding

Westat previously reported findings from an analysis of all RWJF-funded grants over \$1 million that were started in 2018, 2019, or 2020 (460 total). Since that report, we added 214 grants funded from January 2021 through August 2022. Of the total 674 grants, 60 (9%) were described as General Operating Support.

Table 2: Grants over \$1M by year

Year Grant Awarded	Grants (Frequency)	Grants (Percent)	General Operating Support
2018	137	20	
2019	145	21.7	
2020	176	26	26
2021	146	22	20
2022	68	10	14
Missing	2	.3	
TOTAL	674	100	60

Key information for each grant was extracted from RWJF's PIMS database including funding identifier, TTU managing the grant, authorization, funding amount, start and end dates, grantee, and precis summary and program elements and activities to examine the following key questions:

- How does the work proposed in the grants' precis align with the RWJF's Theory of Change indicators?
- What do the grant precis tell us about the target audience(s) for this body of work?
- What do the grant precis tell us how work related to the Theory of Change indicators is expected to be carried out?
- What do the grant precis tell us about the goals from this body of work?

Based on the grant precis, the grants initially were coded using the Theory of Change Indicators of Progress and Long-Term Outcomes in MAXQDA (VERBI Software, 2021). Some grants received multiple codes. Emergent codes from 2018, 2019, 2020 analysis was applied to the 2021-2022 analysis. The most frequent codes were further analyzed using SPSS to understand if specific strategies were more likely to be used for particular goals or audiences. Frequency counts for emergent codes were generated to examine the most common goals and strategies used by year and across years for each Theory of Change indicator.

Coding Health Equity and Structural Racism

A stratified random sample of 200 of the 614 non general operating support grants were selected for coding. We first stratified the sample to reflect the Themes, Teams, and Departments at RWJF. We then randomly selected 40 grants from each strata. The definition of health equity that guided the coding was:

"Health equity means that **everyone has a fair and just opportunity** to be as healthy as possible. This requires **removing obstacles to health** such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Braveman, Arkins, Orleans, Proctor & Plough, 2017⁶).” Racial equity has the potential to counteract the harms of structural and systemic racism and improve health, well-being, and equity outcomes.

The conceptualization of health equity in the above definition and as expanded upon in other RWJF work, includes “who” the initiative is targeted at and “what” components of health equity it is focusing on and “how” it will bring about health equity. Consequently, our codes focused on two key dimensions of health equity: target groups and social determinants of health (SDOH). We extracted information on the target groups and SDOH from the grant precis based on the following conceptualizations.

⁶ Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017, May). What is Health Equity? And What Difference Does a Definition Make?. RWJF. <https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html>

Target groups = targeted for assistance due to their perceived vulnerability to negative health outcomes, including low-income families, racial or ethnic minority groups, e.g., minority-owned businesses, rural communities, and health systems in distressed communities.

SDOH = “the conditions in which people are born, grow, live, work and age,” which are “shaped by the distribution of money, power and resources.” (Alderwick & Gotlieb, 2019⁷), including income, education, employment, housing, neighborhood conditions, transportation, social connection and other social factors

Trained coders read through each precis, including the summary, the program elements and activities, as well as the strategic and historical context. They then assessed the target groups the initiative focused on and the extent to which the goals, activities, and strategies addressed SDOH.

We generated two types of health equity codes. The first set of codes were based on whether the precis focused on health equity (“health equity present”) or not (“health equity absent”) based on the above dimensions.

The second set of codes used a 3-point equity scale, 0-2 (0 = no focus on health equity (e.g., engaging technological institutes as thought partners); 1 = “medium” focus on either SDOH or target groups (e.g., providing quality health news for underserved residents, and 2= “high” focus on target groups and SDOH (e.g., evaluating initiatives that foster access to clean and affordable drinking water for communities of color) community development to create an anti-racist paradigm for the field.

The team also coded for ‘structural racism’ on a 0-1 scale, reflecting the emerging efforts within the Foundation to acknowledge and address the structural barriers BIPOC individuals face within our society. We coded the initiative’s focus on “structural racism” as a separate code. Given the difficulty in assessing the “level” of structural racism, we coded this as “0/absent” and “1/present” based on the following definition:

Structural racism (or structural racialization) is racial bias manifested across a society’s institutions. It describes the cumulative and compounding effects of factors that systematically privilege white people and disadvantage people of color, and reflects “upstream” causes of health inequities, such as the systems, structures, laws, policies, norms, and practices that determine the distribution of resources and opportunities.

Structural racism was considered present if the grant precis explicitly drew connections between structural conditions and racial differences in health experiences or outcomes; mentioned racism as a root cause of health inequities; or mentioned it as a criterion in selecting target groups, organizations, or communities.

⁷ Alderwick, H., & Gottlieb, L. M. (2019). Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. *The Milbank quarterly*, 97(2), 407–419. <https://doi.org/10.1111/1468-0009.12390>

The codes were based on the grant precis that varied in length and structure of the content. Hence, we were limited by the content and the terminology used in the description of the project, which may have changed over the years based on RWJF's requirements of precis writing. In addition, health equity is a multidimensional concept that includes "how" the initiative was conducted, such as using participatory practices. These aspects of health equity were assessed in the interviews we conducted.

Coding for Generational Goals

We coded generational goals based on the description of the grant as reflected in the precis. Due to time and resource constraints, we focused on recent large grants ($\geq \$1\text{M}$) that were funded from January 2021 through August 2022 (N=214). As we had previously used codes in our Theory of Change analysis for each indicator of progress (e.g., what was actionable evidence being produced on; what was the area in which community power was being built), we first attempted to create automatic recodes with each of the generational goals based on the following descriptions:

- **Healthy & Equitable Community Conditions:** Through this generational goal, RWJF seeks to create the conditions in communities that allow all residents to reach their best possible health and wellbeing.
- **Equitable & Accountable Public Health & Healthcare Systems:** To achieve this generational goal, RWJF will help strengthen public health systems so they can serve as engines for racial equity and health; it will help move healthcare policy toward universal access and affordability and away from unequal, multi-tiered systems of care; and it will help advance public health and healthcare system accountability to community.
- **Economic Inclusion for Family Wellbeing:** Through this generational goal, RWJF seeks to catalyze a new social contract that will recognize and promote a collective stake and shared responsibility for supporting the wellbeing of children and families.

A content review of the groupings indicated that the automatic recoding was too inclusive and overly included grants based on key words that related to community power/development, child and family, and leadership into the Healthy and Equitable Community Conditions generational goal. We then conducted a qualitative review of each grant to determine if it aligned with one or more of the generational goals. We took a conservative posture to coding, looking for explicit mention of content that would align with each goal. We did not consider a grant aligned with a goal even if there could be an implied connection. For example, if a project focused on Medicaid policy but did not mention explicit attention to families, we did not code Economic Inclusion for Families, even though Medicaid reform could support the wellbeing of families and children. Similarly, some grants were not explicitly aligned with any grants (e.g., funding of signature grant programs), although they could provide pathways to each goal.

Assessing the Evaluation Process

Our synthesis of the evaluations informed our assessment of the evaluation methods and processes used in RWJF evaluations and recommendations for future evaluations. We also selected 11 evaluations for more in-depth review of the processes used and the factors that influenced choices of designs,

methods, and overall approaches used. We combined this effort with a focus on equitable evaluation practices (see section below).

We conducted 27 key informant interviews with RWJF REL Officers (n= 9), Program Officers (n = 7) and external evaluators (n = 11) to explore eleven evaluations in-depth:

Evaluations selected for key informant interviews

- Data Across Sectors for Health (DASH)
- Bundled Preemption
- Safety Net Policies
- Bundled Community Development
- Evidence for Action
- Bundled State Policy
- Leadership for Better Health
- State Health and Value Strategies / Medicaid Leadership Institute
- Well Connected Communities
- Accelerating Investments for Health Communities
- County Health Rankings and Roadmaps

These 11 evaluations were selected to ensure the set reviewed in-depth reflected:

- Representation of evaluations concluded in different years between 2018-2022
- Interest in deeper exploration from RWJF (i.e., of interest going forward)
- Outcomes-focused or exemplary outcome evaluations
- Alignment with the TOC
- Illustrative of equitable practices

Interviews were conducted virtually, recorded and then transcribed for analysis. Transcripts were analyzed for themes falling into eight domains that captured the processes, scope/strength and equity-focus of evaluations:

- Evaluation Background
- Evaluation Questions
- Equity Definition/Focus
- Evaluation Processes (Impetus, selection/collaboration with evaluator & grantees, roles & level of involvement of RWJ, evaluators & grantees)
- Parameters/Decisions & Challenges (How were decisions made about design, methods, inclusion/exclusion criteria, main challenges/strengths)
- Communication & Dissemination (report writing, internal & external communication/dissemination)

- Findings (Important findings, equity-specific learnings, utility and uptake of findings)
- Theory of Change Alignment (Alignment with indicators & long-term outcomes, sharing of TOC, anything else)

For each project, we analyzed the transcripts of all relevant informants for each of the domains (e.g., what did the program officer say about communication and dissemination?). Then we synthesized information across informants within the domains (e.g., what was said about project communication and dissemination across all informants?). We also reviewed available evaluation documents (e.g., reports, briefs, memos) for each project to triangulate informant perspectives.

Assessing the Use of Equitable Evaluation Practices

A key aspect of centering equity in the Progress Report is examining how it is incorporated into the process and outcomes of the evaluations that we are studying. Led by the Mirror Group, this analysis was guided by three equity frameworks:

- *Considerations for Conducting Evaluation Using a Culturally Responsive and Racial Equity Lens* (MPHI)
- *Centering Racial Equity Throughout Data Integration* (AISP)
- *The Health Equity Framework: A Science and Justice-Based Model for Public Health Researchers and Practitioners* (ETR)

The **MPHI framework**⁸ sounds a clarion call to traditional evaluators to recognize the influence of different life experiences, to acknowledge the “*continuity of white privilege and structural oppression*”, and to recognize each community’s history and context. By using this framework as a guide, evaluators “*gain richer insights that can ultimately lead to more inclusive and equitable outcomes*” by addressing diversity, inclusion, equity, healing and justice in their evaluation teams, tools, and processes.

While the MPHI framework takes a critical eye to evaluation methodology, data collection processes and uses, the **AISP framework**⁹ digs more deeply into the complexities and ethical concerns towards an equitable data integration process. Acknowledging that the “*way that cross-sector data are used can also reinforce legacies of racist policies and produce inequitable resource allocation, access and outcomes*”, the AISP framework ultimately presses researchers to shift “*awareness and practice, by centering racial equity and community voice within the context of data integration and use*”.

The **Health Equity framework**¹⁰, embraces health equity as “*having personal agency and fair access to resources and opportunities*” and identifies four spheres of influence that represent both risk/protective factors and possible opportunities to address these factors. These four areas are: systems of power, relationships and networks, individual factors, and physiological pathways. Extending the work of the previous two frameworks, the intersection of these four essential spheres marries the understanding of

⁸ See [Considerations for Conducting Evaluation Using a Culturally Responsive and Racial Equity Lens](#) (2015)

⁹ See [Centering Racial Equity Throughout Data Integration](#) (2020)

¹⁰ See [The Health Equity Framework: A Science and Justice-Based Model for Public Health Researchers and Practitioners](#) (2020)

history, appreciation of local context, equitable deployment of social/cultural capital and the critical employment of data in culture of health work.

After identifying the frameworks, the team created a grid featuring key components from each framework (example of two evaluations follow). The MPH framework focuses on the evaluators, evaluation process, and community, the AISP framework depicts the data life cycle from planning to reporting, and the Health Equity Framework looks at health outcomes across multiple societal levels. Each evaluation was rated by multiple raters, inter-rater reliability was performed, and raters constantly compared findings to ensure consistency. Additionally, there were frequent team conversations and exchange of memos to identify key themes.

The evaluation reports for all evaluations in the synthesis were coded. Because reports often do not include all the detail on methods used, a deeper assessment of 11 evaluations was conducted with a focus on equitable evaluation practices in addition to general evaluation methods used.

Culturally Responsive and Racial Equity Engagement Checklist Michigan Public Health Institute	
Health Systems	Healthy Communities
<input checked="" type="checkbox"/> Identify racial disparities	<input checked="" type="checkbox"/> Identify racial disparities
<input checked="" type="checkbox"/> Understand racial historical legacy	<input checked="" type="checkbox"/> Understand racial historical legacy
<input type="checkbox"/> Examine institutional and inter-institutional aspects of structural racism	<input type="checkbox"/> Examine institutional and inter-institutional aspects of structural racism
<input type="checkbox"/> Assess diversity of team, service provider, and funder	<input checked="" type="checkbox"/> Assess diversity of team, service provider, and funder
<input type="checkbox"/> Reflect on cultural competence of team	<input checked="" type="checkbox"/> Reflect on cultural competence of team
<input type="checkbox"/> Ensure community voices are heard and valued	<input type="checkbox"/> Ensure community voices are heard and valued
<input checked="" type="checkbox"/> Reach out to community leaders/agents	<input checked="" type="checkbox"/> Reach out to community leaders/agents
<input checked="" type="checkbox"/> =Often <input checked="" type="checkbox"/> =Sometimes <input type="checkbox"/> =Rarely	

Relationships and Networks

Health
Systems

- Multi-sector partnerships, influencers and sponsors, network building

Healthy
Communities

- Community development, interpersonal changes, cross-sector partnerships, family support

Individual Factors

Health
Systems

- Health behaviors, attitudes

Healthy
Communities

- Mindset changing, capacity building, leadership development



- / - / - Connection to health outcomes, community perspective
- Based on inference

Systems of Power

Health
Systems

- Laws, policy change, state-level approaches

Healthy
Communities

- Systems change, organizational change, policymaker engagement

Physiological Pathways

Health
Systems

- Social determinants of health

Healthy
Communities

- Changes to environment

ETR

Appendix B-Table of Evaluations Included

Table B-1. Evaluations Included in Synthesis

Managed by Group	Funding Title	Organization	Current Start Date	Current End Date
HC	Expanding the evaluation of the RWJF initiative County Health Rankings & Roadmaps, 2013-2018	Mathematica	11/15/2013	1/14/2018
HC	Evaluating the Invest Health: Strategies for Healthier Cities initiative*	Mount Auburn Assoc	2/1/2014	12/31/2018
HC	Evaluating the Strong, Prosperous, and Resilient Communities Challenge to identify meaningful measures and inform strategic learning*	Kaiser Fdn Hlt Plan of Washington	12/15/2016	12/14/2019
HC	Understanding the role of the County Health Rankings & Roadmaps in promoting collaborative public health efforts to improve community health	American Inst for Rsh in the Behav Scis	2/1/2017	1/31/2018
THHCS	Increasing RWJF's influence and capacity in enabling hospitals and health systems to work with surrounding communities to improve health outcomes	NYU School of Medicine	8/1/2017	7/31/2019
HCF	Evaluating the work and accomplishments of the RWJF/YMCA of the USA partnership and tracking its evolution over the next 24 months	Center for Assessment & Pol Devel	8/1/2017	7/31/2019

*Indicates evaluation was included in assessment of systems change work.

REL	Evaluating the impact of RWJF's Culture of Health Prize program	CHN NE dba Gretchen Swanson Ctr for Nut	1/15/2018	3/14/2018
HCF	Evaluating RWJF's Forward Promise national program	Research Triangle Inst	9/15/2018	9/14/2020
REL	Evaluating Trust for America's Health's influence and impact on public health policy	National Opinion Rsh Ctr NORC	9/1/2018	8/31/2019
THHCS	Evaluating RWJF's Data Across Sectors for Health program to understand its contributions to advancing communities' sharing and use of information*	Mathematica	10/15/2018	4/14/2020
HC	Exploring best practices in community power-building and how community influence advances place-based structural reforms to health and equity	USC Dorsife College	11/15/2018	5/14/2020
HCF	Evaluating YMCAs' contribution to building and sustaining community strength, particularly in low-income communities and communities of color	Community Sci	11/15/2018	11/14/2020
HCF	Developing an evaluation design to support an RWJF effort to promote children's healthy development by protecting critical federal and state policies	ORS Impact	12/15/2018	6/14/2020
REL	Evaluating RWJF state-focused investments to maintain coverage gains, restrain growth in health care costs, and achieve health equity*	Mathematica	7/1/2019	6/30/2020

* Indicates evaluation was included in assessment of systems change work.

REL	Assessing RWJF's community development portfolio's impact on embedding health in the community development field*	Urban Institute	9/15/2019	5/14/2021
HC	Evaluating the Build Healthy Places Network	Social Pol Rsh Assoc	10/1/2019	9/30/2020
THHCS	Conducting parallel evaluations of the impact of the State Health and Value Strategies and the Medicaid Leadership Institute programs	Mathematica	11/1/2019	6/30/2020
HC	Assessing RWJF's portfolio of grants focusing on pre-emptive state laws harming progress toward health equity	Mathematica	1/15/2020	9/14/2020
HCF	Evaluating the Hawaii Community Foundation's Promising Minds Initiative in increasing the healthy development of vulnerable children*	Hawaii Comm Fdn	12/15/2019	12/14/2021
LBH	Evaluating RWJF's LBH network-building strategy*	Network Impact	2/1/2020	7/31/2021
REL	Conducting follow-up evaluations of RWJF's Evidence for Action and Policies for Action research programs*	Mathematica	6/1/2020	5/31/2021
NJ	Continuing work with RWJF's Upstream Action Acceleration grantees by analyzing coalitions' progress and evaluating 30 NJHI grantees' COVID-19 response	Equal Measure	9/1/2020	5/31/2021
THHCS	Evaluating the short-term outcomes of national accreditation of tribal, state, local, and territorial public health agencies, 2017-2020*	National Opinion Rsh Ctr NORC	2/15/2017	2/14/2020

* Indicates evaluation was included in assessment of systems change work.

REL	Evaluating the impact of the HOPE initiative's collaboration strategy on systems-change outcomes and impacts: A bundled evaluation*	Transform Change	4/1/2018	9/30/2019
HCF	Evaluating the value of technical assistance and capacity building for community-based organizations in advancing racial justice and health equity	Loyola Marymount U Bellarmine Col of	4/1/2018	9/30/2019
REL	Evaluating the philanthropy and business-sector partnership of RWJF and Humana in improving health outcomes at the community level	North Carolina U of Charlotte	2/15/2017	8/14/2018
HC	Conducting an outcomes harvesting evaluation of RWJF's County Health Rankings & Roadmaps program*	Georgia St U	10/15/2021	7/14/2022
REL	Continuing evaluation of RWJF's four Change Leadership Programs, focusing on the variety of the programs' components and adapting to emergent needs	TCC Grp	9/1/2018	3/31/2022
HC	Evaluating the hospital component of the Accelerating Investments for Healthy Communities program*	Health Rsh & Educ Trust	2/15/2018	6/30/2022
HC	Evaluating the progress and performance of the Policy Surveillance Program	Vital Statistics Consulting LLC	9/1/2021	6/30/2022
HC	Evaluating the impact of the Accelerating Investments for Healthy Communities initiative on the community-investment system*	Mount Auburn Assoc	8/15/2019	2/14/2022
HC	Evaluating network development and asset dissemination for RWJF's County Health Rankings & Roadmaps program*	Visible Netwk Labs	10/15/2021	7/14/2022

* Indicates evaluation was included in assessment of systems change work.

HC	Evaluating the Well Connected Communities initiative*	Kaiser Fdn Hlt Plan of Washington	12/15/2019	8/31/2022
LBH	Evaluating the RWJF Future of Nursing Scholars program*	White Mountain Rsh Assoc	1/15/2020	1/31/2022
REL	Evaluating the climate and health impacts of a community-based energy-efficiency program in Buffalo, N.Y.	People United for Sustainable Hous	07/15/19	05/31/22
THHS	Evaluating systems-alignment initiatives in Texas to test RWJF's hypotheses on the impact of aligning public health, health care, and social services	Texas Hlt Inst	05/01/20	08/31/22
HC	Evaluating the Invest Health field-building program*	Mt. Auburn Associates	9/15/2018	3/14/2021

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