URBAN INSTITUTE

Mutual Accountability Is the Key to Equity-Oriented Systems Change

How Initiatives Can Create Durable Shifts in Policies and Practices

Lydia Lo, Laudan Y. Aron, Kathryn L. S. Pettit, and Corianne Payton Scally

October 2021

The COVID-19 pandemic and protests arising from police killings of Black Americans have drawn national attention to long-existent and worsening racialized gaps in health, wealth, and well-being that decades of investment and problem solving have been unable to close. Responding to amplified calls from communities and advocates for meaningful change, some philanthropic organizations are reexamining what and how they fund. We present findings from one such effort by the Robert Wood Johnson Foundation (RWJF) in partnership with the Urban Institute to assess the funder's health-promoting portfolio of investments in community development organizations and activities.

This brief presents a framework for grantmakers seeking to understand why some past efforts have fallen short and how future investments might produce more equity-oriented, power-shifting systems change.[1] Urban analyzed a portion of RWJF's portfolio consisting of 15 health-promoting programs and investments launched between 2013 and 2019 that aimed to integrate public health, health care, and community development to improve community health, well-being, and equity. As part of the assessment, we developed a guiding framework that proved critical to our inquiry. We were able to road-test the model as we synthesized insights from dozens of interviews with grantees and partners, community development intermediaries, and philanthropic leaders and staff. The mutual accountability framework allowed us to disentangle intended goals, necessary commitments, and actual results to think about the ways these three elements may—or may not be—aligned.

Building on work from the field of public health, the mutual accountability framework highlights that system change initiatives need to (1) make explicit the multiple types of commitments needed from empowered entities, (2) align commitments to fit goals and capacity, and (3) create sustainable, results-based accountability mechanisms. Equity-oriented systems change necessitates shifts in power and resources from more systematically advantaged groups and places to systematically disadvantaged ones. Thus, mechanisms will be needed to ensure mutual accountability between a foundation, its grantees, community members, and especially other powerful stakeholders not necessarily attached to the grant. The framework can help foundations review and learn from current investments, as well as inform strategies for future grantmaking and other activities, by identifying what commitments are needed by whom and how commitments can be realized and, most importantly, sustained (and adapted) over time and place.

Background and Mutual Accountability Framework

The mutual accountability framework grew out of an assessment of grantmaking in the community development field, which has a strong focus on changing systems and shifting power toward more just and equitable outcomes. Since the 1960s, one of the primary goals of the community development field has been to alleviate poverty by building civic infrastructure that will help communities secure access to opportunities and resources and by working toward the physical, social, and economic revitalization of places. This work traditionally involves a blend of neighborhood residents and advocates; local actors providing physical and economic development, funding, community services and policymaking; and nonlocal actors that provide funding, networking, and communications, and that set policies at the state, regional, or federal levels. Given the multiplicity of actors and their varying levels of resources and power, initiatives need a framework of mutual accountability that identifies shared goals, clarifies the commitments each partner needs to make toward achieving them, establishes what should result based on those commitments, and continually improves this process as partners learn together and hold one another mutually accountable.

Our framework for mutual accountability shows the relationships between these four elements (goals, commitments, results, and learning). Stemming from a review of 15 conceptual frameworks,[2] our framework emphasizes the necessity of explicit commitments, especially from the most empowered entities, for mutual accountability to exist and drive equity-oriented change. Our working definitions for the framework components are as follows:

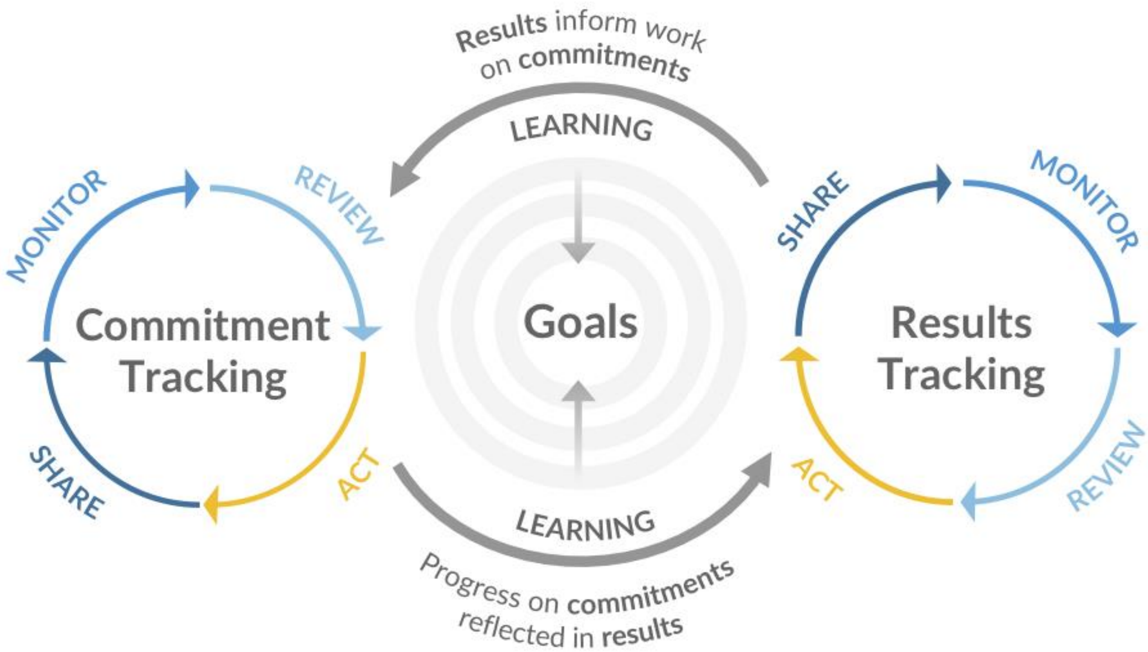
- **Mutual accountability.** The presence and use of explicit enforcement mechanisms that allow partners to hold those who have made commitments (or still need to make commitments) responsible for following through. The element of mutuality is present when both sides of an agreement have made commitments and are responsible to each other for fulfilling their promises.
- **Commitments.** Substantive actions with associated mechanisms for ensuring progress toward goals. Commitments inherently shift power by allowing one entity to require something from another.

- **Results.** Evidence of progress made toward goals. Results from systems change make durable changes in policy or practice.
- **Learning.** Actionable reflection on the alignment and interplay between commitments made and results achieved, or discovery of how commitments are reflected in results and how results inform the renewal or modification of goals and commitments.

Making commitments and generating results involves internal processes of acting (making a commitment or striving for a result), sharing or communicating the action with partners, monitoring the outcomes of that action, and reviewing or revising before beginning the cycle again (figure 1).

FIGURE 1

The Mutual Accountability Framework



URBAN INSTITUTE

Source: Authors' analysis of Robert Wood Johnson Foundation health-promoting programs and investments.

The framework ideally represents a cooperative, rather than an adversarial, approach to accountability founded on mutual trust and shared commitment to a goal. It should be acknowledged, however, that not all entities will necessarily share a population or community health–related goal, especially if it involves relinquishing power, revenue, profits, or other benefits (real or perceived).

For RWJF and its community development portfolio grantees, that goal was redirecting and/or expanding investments in community development with a health-oriented focus. Portfolio grantees aimed to shift capital toward locally identified investments in health, climate, and racial equity; expand investments in local communities by powerful actors such as real estate developers and hospitals; and build and share evidence to demonstrate the connections between community development and health.[3] With commitments from RWJF of grant financing, capacity building, and additional capital funding (along with a commitment to learn together and adapt), the grantees themselves committed to build networks and local capacity, develop tools, leverage additional capital, invest in real estate projects, establish cross-sector partnerships, conduct research, organize data, and report on cross-field developments.

Collectively, the RWJF community development portfolio achieved strong results in terms of investing capital, building housing and community infrastructure, and changing mindsets to value the connections between health and community development and to center racial equity. However, the portfolio was less successful in making permanent imprints on policy and practice. The varying depth and sustainability in the changes the portfolio programs achieved, coupled with learning and feedback from stakeholders, affirmed the applicability of and need for a different set or commitments and greater accountability, hence the need for and value of a guiding mutual accountability framework. Furthermore, these variations revealed helpful insights for initiatives working on systems change beyond the community development and health fields.

Recommendations for Funders and Practitioners

Applying our framework to RWJF's community development initiatives revealed recommendations for funder-grantee partnerships working toward equity-oriented durable changes in policies and practices.

Obtain Multiple Types of Explicit Commitments, Especially from Powerful Partners

Substantively, commitments reflect how one partner may use its influence and power in pursuit of shared goals. Offerings may include one's reputation or backing (reducing investment or partnership risks), public or network influence, capacity-building resources, financial capital, or direct assets such as access to services or information (Ranghelli, Choi, and Petegorsky 2018). Some of the most valuable commitments are when well-resourced partners such as hospitals or philanthropies commit to changing their business-as-usual practices or offer other nonfinancial commitments. For example, a hospital or philanthropy might go beyond making generous grants, aligning its nonphilanthropic investment portfolio behind a goal, or change its business model from maximum-return investments to a mission-oriented long-term equity fund.[4]

For mutual accountability to work, partners need clarity in the commitments both sides must offer each other (or secure from external parties) to achieve shared goals. Commitments can be communicated and tracked through voluntary agreements, grant agreements, contracts, pledges, or codes of conduct. In most grant relationships, grantees clearly enumerate their commitments through proposals. Funders and powerful partners, however, do not traditionally make similarly explicit commitments other than financial transfers. In one example of an exception, grantees appreciated the explicit commitment from RWJF to use its reputation to back more challenging public statements about racial equity, giving grantees cover when engaging with those opposed to or hesitant to speak about the topic.[5] Grantees have also benefitted from access to RWJF's resources for professional communications, other grantees doing similar work, financial backing or guarantees on loans, and capital grants (e.g., predevelopment financing, planning grants).

Align Commitments to Capacity and Goals

The first step in planning an initiative is an honest assessment of what each actor can realistically contribute and achieve with the available, committed resources and within the specified time frame. An initiative must also assess what commitments are necessary from entities outside the funder-grantee partnership (and who is best positioned to secure those commitments) to spur lasting changes in line with the initiative's goals.

For grantmaking to be equitable, the least empowered actors must not be held solely responsible for shifting the behavior of the most empowered.

Equitable grantmaking involves understanding that the least empowered actors cannot be solely or even primarily responsible for shifting the behavior of the most empowered entities. This requires funders to intentionally make more patient and creative commitments (i.e., more funding over longer periods, along with more nonfinancial support and power shifting) to communities subject to long-term disinvestment (e.g., rural or small town, Black or Hispanic, or low income). Given time and sufficient leverage, disinvested groups may extract meaningful commitments from powerful local actors. For example, SPARCC's San Francisco site supported grassroots organizing that successfully pressured Google to commit $250 million to affordable housing in the region.[6] Other grantees noted that RWJF's reputation and financial standing (when paired with substantive, evidence-driven requests from grantees or community members) gave them leverage to persuade powerful actors to change their policies and practices to promote health and equity.[7]

The size of a commitment also determines whether desired goals will be achieved. The approach to changing systems in ways that yield durable shifts in policy and practice is substantively different than the approach to one-off projects. Durable shifts require establishing incentives and disincentives that will last beyond a grant term and extend beyond a grant team. Yet these (dis)incentives may take a long time to design, implement, and popularize. As grantees pursue systems change, they may discover that they need different commitments, hence, the cycle of learning and adaptation between commitments and results in our framework.

Our portfolio analysis yielded many examples of funding commitments that did not adapt to results, remaining either too small or too short. These grants ended in single project-oriented efforts that, while valuable, did not alter systems or business-as-usual outcomes. However, we also saw longer-term commitments with expansive scope from powerful actors that produced marked, sustained, and systemic shifts in field incentives and, hopefully, field practice. As one example, the University of Virginia's Green Health Partnership showed how funders might structure long-term influence initiatives by allowing grantees to study a system and plan for change first, then following up with multiple long-term grants that have adaptable terms. Using this funding structure, the Green Health Partnership has sustained integration of health indicators into LEED[8] and GRESB[9] real estate ranking and certification systems.

Establish Mutual Accountability Mechanisms for Results Based on Commitments

A system of mutual accountability requires explicit enforcement mechanisms that allow partners to hold those who have made commitments (or still need to make commitments) responsible for following through. Ideally, mutual accountability is a cooperative approach founded on trust and shared goals, but it often requires addressing power imbalances between partners and others. Between funders and grantees, mutual accountability may be accomplished through annual reviews of both parties' commitments and achievements, and it may require data tracking.

Traditionally, systems' incentive or accountability structures have focused on financial efficiency, return on investment, or profits, which has produced the lopsided, racially biased, and inequitable outcomes many initiatives seek to change. To achieve equitable health and well-being outcomes requires creating new incentive structures with accountability mechanisms institutionalized through lasting incentives or disincentives, sustained buy-in, and resources or enforcement. Accountability mechanisms may take the form of policies or widely accepted rating systems. For example, the Massachusetts Determination of Need law requires hospitals and health systems to demonstrate investment in their service areas before they can receive state approval on applications for major capital improvements, mergers, and changes in service areas. Specifically, hospitals and health systems must document how they plan to address state-defined health priorities, namely six social determinants of health, including housing and the built environment.[10] Such policies create lasting incentives and accountability for positive practices.

Conclusion

Key to systems change are long-term commitments to equity-oriented policies and practices and their associated accountability mechanisms: equity necessarily involves redistributing power and money, and goes far beyond one-off financial investments (however large). Without accountability, power will remain imbalanced and systems will continue to produce the outcomes they are designed to produce; currently, these are growing inequality in income, wealth, and health. Funders can begin by adopting mutual accountability principles in their relationships with grantees. But funders can also apply our framework beyond grantee-funder arrangements to local, regional, and national contexts to shift current policies and practices toward those needed to achieve more equitable, just, and healthy communities.

Notes

[1] For more on equity-oriented philanthropy, see Gillian Gaynair, "Participatory Grantmaking Aims to Dismantle Power Imbalances between Funders and the Communities They Serve," *UrbanWire* (blog), Urban Institute, May 12, 2021, https://www.urban.org/urban-wire/participatory-grantmaking-aims-dismantle-power-imbalances-between-funders-and-communities-they-serve. For more on power shifting, see Tomasko (2021).

[2] Our conceptual framework draws most heavily on elements from two cutting-edge international models, one presented in the *Lancet* (Swinburn et al. 2015) and one from FP2020, an international multilateral family planning partnership hosted by the United Nations Foundation: Suzanne Scoggins and Jason Bremner, "FP2020 Accountability Framework," 2018, http://2017-2018progress.familyplanning2020.org/sites/default/files/UPDATED-Accountability-Graphic.png.

[3] RWJF community development grantees include SPARCC (the Strong, Prosperous, and Resilient Communities Challenge, https://www.sparcchub.org/), Invest Health (https://www.investhealth.org/), Build Healthy Places Network (https://buildhealthyplaces.org/), Healthy Neighborhoods Equity Fund (HNEF, https://www.hnefund.org/), and the Center for Community Investment (https://centerforcommunityinvestment.org/local-systems-change).

[4] For an example of a mission-oriented long-term equity fund, see Healthy Neighborhoods Equity Fund II LP, https://www.hnefund.org.

[5] "Racism and Health: Inequities in Our Nation Have Their Roots in Discrimination," RWJF Collection, https://www.rwjf.org/en/library/collections/racism-and-health.html.

[6] "Preventing Displacement when Google Comes to Town," *SPARCC Hub* (blog), July 15, 2019, https://www.sparcchub.org/2019/07/15/preventing-displacement-when-google-comes-to-town/.

[7] "Mobilizing Anchor Institutions," Democracy Collaborative, https://democracycollaborative.org/mobilizing-anchor-institutions; Green Health Partnership, https://www.greenhealthpartnership.org/.

[8] See "LEED and Human Health," US Green Building Council, https://www.usgbc.org/about/programs/leed-human-health.

[9] See "GRESB Health & Well-Being," GRESB, https://gresb.com/wp-content/uploads/2017/07/2016_Health-and-Well-being_Snapshot.pdf.

[10] "Massachusetts Determination of Need 105 CMR 100.000," Massachusetts State Government Regulations, December 28, 2018, https://www.mass.gov/doc/105-cmr-100-determination-of-need/download.

References

Ranghelli, Lisa, Jennifer Choi, and Dan Petegorsky. 2018. "Power Moves: Your Essential Philanthropy Assessment Guide for Equity and Justice." Washington, DC: National Committee for Responsive Philanthropy.

Swinburn, Boyd, Vivica Kraak, Harry Rutter, Stefanie Vandevijvere, Tim Lobstein, and Gary Sacks. 2015. "Strengthening of Accountability Systems to Create Healthy Food Environments and Reduce Global Obesity." *Lancet* 385 (9986): 2534–45.

Tomasko, Laura. 2021. "Power Shifting as a Form of Impact: Increasing the Transformative Potential of Impact Investing." Washington, DC: Urban Institute.

About the Authors

Lydia Lo is a research associate with the Metropolitan Housing and Communities Policy Center at the Urban Institute. A qualitative and quantitative researcher, Lo has expertise in land use laws' effects on housing market affordability and in describing the community development sector. Lo received her BA

in political science from St. Olaf College and an MPA with a certificate in urban planning and policy from Princeton University.

Laudan Y. Aron is a senior fellow in the Health Policy Center at the Urban Institute. Since joining Urban in 1992, she has spent over 25 years conducting research and policy analysis on a wide range of social welfare issues, including health and disability, education, employment and training, homelessness, and family violence. Her work focuses on how social and economic conditions shape health and well-being, and how social welfare programs (broadly defined) can best support healthy human development across the life course and over time and place.

Kathryn L. S. Pettit is a principal research associate in the Metropolitan Housing and Communities Policy Center, where her research focuses on neighborhood change and how communities use data for more effective and equitable decisionmaking. Pettit is a recognized expert on several small-area local and national data sources and on the use of neighborhood data in research, policymaking, and program development.

Corianne Payton Scally is a principal research associate in the Metropolitan Housing and Communities Policy Center, where she explores the design, implementation, and outcomes of affordable housing and community development policy and programs for vulnerable populations across US communities. Seeing housing as a foundation for health, Scally explores health and housing sector partnerships and models, including service-enriched housing.

Acknowledgments

This brief was funded by the Robert Wood Johnson Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

URBAN INSTITUTE

500 L'Enfant Plaza SW
Washington, DC 20024

www.urban.org

ABOUT THE URBAN INSTITUTE