

The California Wellness Foundation 2014 Grants Program Survey Final Report

Submitted by

Julia Pennbridge, Ph.D.
1137 Grant Avenue, Venice, CA 90291

and

The National Health Foundation
515 South Figueroa Street
Los Angeles, CA 90071
www.nhfca.org

TABLE OF CONTENTS

Executive Summary..... ii

Introduction..... 1

Methods..... 1

Results..... 2

1. The respondents..... 3

2. Respondents’ perceptions of Cal Wellness..... 5

3. How respondents heard about Cal Wellness..... 7

4. Accessibility and understanding of Cal Wellness’ materials and information..... 8

5. CalWellness.org..... 13

6. Respondents’ understanding of Cal Wellness’ Responsive Grantmaking Program..... 15

7. Interaction with Cal Wellness’ staff..... 18

8. Cal Wellness’ grantmaking process..... 20

9. Denied applicants..... 25

10. Additional questions..... 25

11. Conclusions..... 32

Appendix A: 2014 Grants Program Survey

Appendix B: Survey Monkey Data Frequency Tables & Text Responses

Appendix C: Suggestions for Improving Cal Wellness’ Website

The California Wellness Foundation 2014 Grants Program Survey

Executive Summary

The California Wellness Foundation (Cal Wellness or TCWF) recently completed its sixth Grants Program Survey. Every three or four years since 1997, Cal Wellness has conducted a survey to determine how grant applicants perceive the Foundation and its staff, and to assess the usefulness of its materials and website. Cal Wellness uses the findings to improve its philanthropic activities.

In 2014, Survey Monkey was used to distribute more than 1,200 surveys to organizations that had applied for funding, had letters of interest (LOIs) denied or were active grantees in 2013. After the initial email and four follow-up emails, the highest response rate ever (54%) was achieved.

Most respondents viewed Cal Wellness positively (though fewer than in the three previous surveys), but their enthusiasm was muted. Also, an increased negativism showed in their answers to open-ended questions, suggesting that they had been strongly affected by the administrative and grantmaking policy changes made since the last survey, particularly those stemming from the decision to temporarily stop accepting unsolicited LOIs. One question about this change had been added to the survey at the request of Cal Wellness' president.

Fewer than half of the respondents described the implementation of this change as "well done," which was almost twice as many as those saying it was "poorly done." Even so, most respondents found ways to criticize the decision and its implementation. For some "it was not well thought through" and was insensitive to "how these changes impact grassroots nonprofits so strongly." For others, Cal Wellness "did not communicate ... [the] new process or timeframe for new directions," and they are "still waiting to understand the direction." Apparently, "staff were inaccessible" and "did not know what the Board was up to on [the] planning process." Given the flawed communication process, the importance of the issue for nonprofit organizations, the high expectations of communities for all of Cal Wellness' actions, staff's unpreparedness to deal with these issues, and the staff and management changes, it is not surprising that survey respondents were confused and frustrated by, and impatient with, the Foundation.

Nevertheless, most respondents valued Cal Wellness' importance to the health of Californians, respected its staff, were pleased with its funding processes and appreciated the educational and networking opportunities it provided. Examples of 2014 respondents' perceptions and experiences are listed below.

Importance of Cal Wellness to the health of Californians: "Health" was the most common response to the question about respondents' perceptions of Cal Wellness. Some expanded it to, for example, "health promotion and wellbeing (sic)." Others commended Cal Wellness' interest in, and "commitment" to, "community" and its "inclusive" approach. Also, they saw Cal Wellness as "a critical funding source for the state" that is appreciated for knowing that "core operating support = oxygen for nonprofits." Critics saw the Foundation as "confusing," "not available to small organizations" and, because respondents "don't know what to expect," "somewhat mysterious/opaque."

Staff's behaviors: Cal Wellness' staff was seen as "supportive beyond funding," "responsive to the needs of the underserved" and caring "about our communities." One described them as "the best team I ever worked with." Others saw them as "unhelpful" and "not willing to make time for communication," and some found staff "not as responsive as in [the] previous year" and "dismissive." Quantitative data showed the proportions of respondents viewing Cal Wellness' staff as "courteous," "knowledgeable," "responsive," "helpful" and "accessible" was the lowest ever. In 2010, the proportions had all been $\geq 94\%$; in 2014 they ranged from 78% for "accessible" to 87% for "courteous" (which was 99% in 2010).

Educational and networking opportunities: These opportunities came from all the "great materials" Cal Wellness provides, particularly their availability on CalWellness.org. In 2014, quantitative data show that more respondents are reading the *Annual Report*, the *How to Apply* brochure, *Grantee* and *Reflections*, but fewer report accessing Calwellness.org or receiving Cal Wellness' e-alerts and postcards. Respondents particularly value their ability to participate in Cal Wellness' conferences, convenings, workshops, trainings, retreats and meetings. These events provide "excellent skill-building" arenas where respondents can "hear about each other's work" and "learn from experts in the non-profit (sic) field." All these opportunities "build capacity and connections that augment the actual grant dollars received."

Although respondents were confused and frustrated by Cal Wellness' recent actions, there is still considerable goodwill toward, and respect for, the Foundation. Respondents reported that Cal Wellness is the "best health-related grantmaker in CA," is "doing a great job" and—a point made throughout—"funding of core expenses is GREAT." Other respondents were "looking forward to a 'new day' at TCWF" and hoping "the new leadership team will have a positive impact." One respondent summed up the feelings of most: "Please continue existing Responsive Grantmaking Program and don't change ANYTHING!!! TCWF has been the BEST Foundation to work with for many years."

INTRODUCTION

Approximately every three years since 1997, The California Wellness Foundation (Cal Wellness or TCWF) has conducted a survey of its grants program in order to understand how grant applicants perceived the Foundation, how accessible and useful they found its materials and information, how staff treated them, and how its philanthropic activities could be improved. As with its previous surveys, Cal Wellness worked with consultant Julia Pennbridge, Ph.D., for its 2014 Grants Program Survey. In turn, Pennbridge asked the National Health Foundation (NHF) to be responsible for the technical aspects of conducting the survey.

This report presents the findings from the 2014 survey. Where appropriate, results of the five previous surveys (1997, 2000, 2003, 2006 and 2010) are compared. The survey was sent to all organizations that applied to Cal Wellness for funding, had letters of interest (LOIs) denied or were active grantees in 2013.

METHODS

The format and content of previous surveys were used for the 2014 survey. But, for the first time, Survey Monkey was used to administer the survey; previously Cal Wellness distributed both web-based and paper surveys. In reformatting for Survey Monkey, some sections were modified and some questions and responses were added or updated. At the section level, questions were regrouped, but not reordered, so that Section D, Working with the Foundation, became shorter and Section E, Additional Questions, became longer. At the question level, after reviewing the closed- and open-ended questions of the 2010 survey, one question was deleted and three were added. Modifications to response options included updating and adding names of communications materials and vehicles (e.g., CalHealthJobs.org and CalWellness' YouTube channel) and adding other new response options (e.g., "Don't remember" and "Doesn't apply").

Once the 2014 survey format and questions were finalized, completion criteria were developed and programmed into the process. For their answers to be included in the database, respondents had to answer 91% of the questions (57 total), but they did not have to complete open-ended response options (e.g., "Other?" and "Additional comments?") that were parts of multiple-choice questions.

All of the 2014 surveys were distributed to a recipient list generated by Cal Wellness' Grants Management Department. An initial test suggested some of the email addresses were incorrect, and these were either corrected or deleted. Each recipient received an email with a unique link to its organization's survey. Details regarding the survey's features, along with screen shots, are provided in Appendix A.

After NHF's and Cal Wellness' staffs had extensively tested the survey and its distribution process, an initial email with the survey link was distributed on June 4. This email included a request to submit the completed surveys by June 25. Over the course of the next three weeks, three follow-up emails were sent to those who had neither logged on nor completed the survey, with the last email extending the completion date to July 2. The fourth follow-up emails were sent

on June 30 (to the nonresponders) and on August 1 (to those who had not completed the survey). Because of the Fourth of July holiday weekend, the de facto completion date became July 10.

Survey distribution and data submission went smoothly, except that after about one-third of the responses had been submitted, a respondent reported a missing response option for Question 36 (concerning the size of the organizations' operating budgets). In response, this response option was added. We looked at those surveys that were completed before the correction and, when a response option was selected immediately before or after the missing response option, we checked that data against 2013 data from GuideStar (a public data source of nonprofit organizations' annual operating budgets). Two-fifths of these responses (41%), according to GuideStar, were in the correct category; 26% belonged in the previously omitted category, and 33% either were from organizations not in GuideStar or belonged in other categories. Hypothetically, if the 26% that belonged in the omitted category had been added, the final total proportion for that category would have differed little (3% to 5% less) from those in previous surveys. This suggested that, rather than report on the nine original response options, responses to this question could be combined into three larger groups. This preserved the ability to compare the 2014 data to data from previous surveys.

All responses were automatically saved into the database as end-users navigated through the survey, and data validation capabilities were provided to ensure a logical flow of data based on end-user selections and the completion criteria. Consequently, additional data validity checking was unnecessary.

Data analyses included running Survey Monkey frequency reports on every question and cross-tabulation summaries on selected questions. Survey Monkey's text analysis was conducted on a few of the open-ended questions that generated simple answers (e.g., Question 35, "Please name the California county in which your organization is headquartered.") and on questions where there was a majority of single-word responses. Content and theme analyses were conducted on the responses to all open-ended questions. For findings from qualitative data to be included in this report, there had to be at least 10% of responses clustering around an issue; this was required for the cluster to become a theme. To check validity, findings from the content and theme analyses were compared to Survey Monkey's text analysis reports where they were appropriate and available. (Please note that in reporting the findings from this survey, differences from previous years are described as follows: $\pm 1\%$ difference = no change; $\pm 2-5\%$ difference = relatively unchanged; $\pm 6-10\%$ difference = slight change; $\pm 11-20\%$ difference = moderate change, and $\pm 20\%$ plus = considerable change.)

RESULTS

Fewer surveys (1,207) were distributed for the 2014 Survey than in 2010 (2,030) and, for the first time, all surveys were distributed electronically. Although .pdf versions were available to everyone receiving the survey, only one recipient took advantage of this capability so she could print and distribute various parts of the survey to staff before completing the survey and submitting it online.

Of the 1,207 surveys, 34 did not go through for various reasons (e.g., the email boxes were full, the email addresses were no longer being used, or no one opened the email during the course of data collection), and six recipients chose not to respond. Overall, 670 surveys were submitted and of these, 626 met our completion criteria. Thus, the 2014 survey response rate was, at 54%, higher than both the response rate of the web-based component of the 2010 Survey (50%) and the overall response rate (36%) of the 2010 survey. Information summarizing how the 2014 response rate was calculated is shown in the table below.

ITEM	NOTES	Numerator	Denominator	Percentage
Survey responses	Surveys opened and some data were provided	670		
“Partial” surveys	Surveys not meeting our completion criteria	44		
Numerator		626		
Surveys distributed	After Survey Monkey identified incorrect email addresses and Cal Wellness corrected those it could		1207	
Survey “bounce-backs”	Surveys that did not go through and were, therefore, not opened by recipients		34	
Respondents “opting out”	Respondents that took advantage of the opt-out link Survey Monkey is required to provide		6	
Denominator			1167	
RESPONSE RATE	626 / 1167 x 100			53.60%

Survey Monkey reports from the raw data—numerical and text responses for each survey question—are provided in Appendix B. This report provides summaries of the findings from each section of the survey. Comparable data from the previous five surveys are included in the discussion, where they are available. The Table of Contents delineates ten categories ranging from a brief description of the respondents themselves to their suggestions for improving Cal Wellness’ grantmaking process. The major highlights of the data are presented in the Executive Summary.

1. The respondents. (Questions 33 through 37). These questions generated descriptive data about the jobs/roles of the individuals completing the questionnaire and about their organizations. The organizational data identified current statuses in relation to Cal Wellness, operating budgets and where headquarters were located.

Jobs/roles of those completing questionnaires. (Question 33). In the 2010 survey, more than three-quarters (78%) of the respondents were senior management while in 2014 this proportion dropped considerably to just over half (57%), thus returning more closely to the 2003 results (55%). Senior management included executive directors, presidents, CEOs, chief operating

officers, chief financial officers and board members. However, the 2014 proportion of development staff (24%), which included development directors and coordinators, grants managers and writers, increased slightly from 2010 (18%), returning to proportions seen in 2003 (24%) and 2006 (25%). Program and administrative staff made up the remaining respondents.

Current funding statuses of responding organizations in relation to Cal Wellness. (Question 34). In the 2000, 2003 and 2006 surveys, the proportion of current grantees that had responded remained relatively unchanged (between 37% and 40%). In 2010, it increased moderately, to more than half (53%) and, in the 2014 survey, although it decreased slightly, it remained close to half of all responding organizations (47%). A different pattern is seen in the proportions of former grantees and unfunded applicants responding in 2014. Both of these groups had increased since 2010, with the proportion of former grantees increasing considerably from 21% to 46% and that of unfunded applicants increasing moderately from 18% to 32%. The proportion identifying itself as belonging to more than one group (29%) was moderately larger than the proportion in 2010 (16%), but relatively unchanged from the 2006 proportion (25%). Data showing these patterns are presented in the following table.

<u>Statuses of Responding Organizations*</u>					
	2014	2010	2006	2003	2000
	Survey	Survey	Survey	Survey	Survey
Current grantees	47%	53%	40%	40%	37%
Former grantees	46%	21%	10%	11%	17%
Unfunded (denied) applicants	32%	18%	20%	24%	56%
Pending applicants	6%	4%	2%	2%	N/A
Other	3%	4%	3%	2%	N/A
Multiple groups	29%	16%	25%	21%	N/A
No data	0%	0%	2%	N/A	N/A

*Percentages do not add up to 100 because respondents could check all that applied.

Responding organizations' operating budgets. (Question 36). This question was first expanded to include nine response options in the 2003 survey, and each of them was reported in the last three surveys. The response format for this year's survey was altered due to a problem during data collection; please refer to the Methods Section for an explanation of what happened and how the problem was solved. Since the 2003 survey, Cal Wellness has maintained a relatively even distribution of its funding across small, medium and large organizations. In the 2014 survey, organizations with annual budgets of up to \$499,999 made up about one-third of all organizations (29%), those with budgets between \$500,000 and \$4,999,999 were slightly less than half of all organizations (47%), and those with budgets between \$5 million and \$25 million or more, about one quarter (24%). These data are summarized in the table below.

<u>Responding Organizations' Operating Budgets</u>				
	2014 Survey	2010 Survey	2006 Survey	2003 Survey
Small organizations (up to \$499,999)	29%	30%	33%	29%
Medium organizations (\$500,000 to \$4,999,999)	47%	47%	44%	40%
Large organizations (\$5 million to \$25 million+)	24%	24%	23%	24%
No data	0%	0%	4%	7%

Responding organizations' locations. (Question 37). From the first survey in 1997, Los Angeles County has always had the highest proportion of responding organizations, ranging from 24% in 2000 and 2006 to 34% in 1997. In the 2014 survey, this proportion was 29%. Since 2006, the next top five have been organizations reporting from Alameda, San Francisco, San Diego, Orange and Sacramento counties, and the proportions reporting from each county have remained relatively unchanged. These patterns are shown in the table below.

<u>Responding Organizations' County Locations</u>						
	2014 Survey	2010 Survey	2006 Survey	2003 Survey	2000 Survey	1997 Survey
Los Angeles	29%	27%	24%	27%	24%	34%
Alameda	11%	9%	10%	9%	7%	Unknown
San Francisco	8%	9%	9%	8%	10%	8%
San Diego	8%	8%	10%	7%	7%	8%
Orange	5%	6%	6%	Unknown	Unknown	Unknown
Sacramento	5%	6%	7%	5%	5%	6%

2. Respondents' perceptions of Cal Wellness. (Question 1). This open-ended question was on the first survey in 1997 and asks for words or phrases that best describe Cal Wellness. Responses to this question in the 2014 survey did not follow the trend identified for the previous three surveys. That is, positive responses to the question did not overwhelmingly outnumber critical comments and, in fact, this ratio was the lowest ever (positive:negative responses were 16:1 in 2003, 24:1 in 2006, 29:1 in 2010, but only 10:1 in 2014).

Most responses to this question in 2014 were either single words or very short descriptive phrases. There were some long responses, but not as many as in earlier surveys, where respondents often wrote one or more sentences for each question. After grouping the responses, four areas emerged, although there was considerable overlap among them. These areas were Cal Wellness': a) focus

on health, b) staff behaviors, c) approach to philanthropy, and d) importance to California. Examples of the negative comments are summarized at the end of this section.

Cal Wellness' focus on health. “Health” was the most frequent single-word response to Question 1, with more than two-thirds of the respondents writing “health,” a synonym (such as “wellness” or “health and wellness”) or “prevention.” A few expanded on these descriptors, offering “health promotion and wellbeing (sic),” “healthcare (sic) and prevention,” and “health and wellness education,” but most did not.

Longer responses involving the word “health” were most likely to mention “community health.” More than a quarter of all respondents thought of community health when they thought of Cal Wellness, and many felt, as one respondent wrote, that Cal Wellness is a “[f]oundation that cares about community.” Others commented that the Foundation was “interested in communities and their health and wellbeing (sic)” and that it “partnered” and “collaborated” with them. The Foundation was seen as interested in “building healthy communities” and “helping community empowerment” and, because it was perceived to be “connected” and “inclusive,” it was also seen as being “in touch with community needs.” Many respondents saw Cal Wellness as a “good collaborator” and a “good community partner.”

Staff behaviors. As in previous years, more than half the 2014 respondents (59%) commented on Cal Wellness’ staff and expressed appreciation for them. Again the descriptors were mostly single words, most typically: “supportive,” “responsive,” “open,” “compassionate” and “professional.” Phrases describing staff behaviors included that they were “responsive to community needs,” “supportive beyond funding,” “warm and inviting” and “willing to listen.” In short, Cal Wellness staff was described as “wonderful program managers and support staff,” “hands off” in a good way” and “easy to work with.”

Foundation's approach. In the 2014 survey, as many respondents commented on Cal Wellness’ approach to funding as commented on its staff. Their responses continued the pattern of primarily being single words with a few phrases or sentences. The responses emphasized Cal Wellness’ “commitment” and “creativity,” including its creative approach to funding.

In the 2014 survey, the most common responses under this heading concerned “commitment” and “dedication.” The few that expanded upon these answers saw Cal Wellness as “committed to healthcare (sic) for the underserved,” “dedicated to healthy thriving in CA” and as having a “passion for improved health for all people.” But, respondents did not only think about whom Cal Wellness focused on, they were also interested in how it conducted its philanthropy.

As in the 2010 survey, many respondents perceived Cal Wellness’ approach to be “innovative,” with others capturing this idea as “forward thinking,” “proactive” and “resourceful.” Still others saw its approach as “strategic,” “progressive” and “thoughtful.” Far fewer respondents provided phrases supporting these perceptions; some examples from those that did included the views that Cal Wellness was “open to unusual solutions” and “willing to take risks.” Almost as a consequence, Cal Wellness’ funding was also seen as “flexible,” both “in giving” and “in its process.” As a result, Cal Wellness was perceived to be “sensitive” to the “needs of non-profit organizations” in “changing environments” and “when challenges are encountered.”

Cal Wellness' importance to California. More than one-third of respondents reported on the charitable aspects of Cal Wellness, and its importance can be seen in respondents' many single-word responses; some examples include "resources," "funding," "grantmaking" and "funder," and, less directly, "philanthropy," "foundation" and "generous." Some were more descriptive about the size of the Foundation's assets, simply writing "large" or "big," or as one described it, "Daddy Warbucks."

More verbose respondents wanted to express their appreciation for the availability of these resources, reporting that it was a "great resource for Californians" and a "critical funding source for the state." One emphasized that Cal Wellness was important because its resources are used for "supporting infrastructure to improve health." As this last quote intimated, many comments either indirectly referred to, or directly mentioned, core operating support. For example, some wrote that Cal Wellness as a resource was important to nonprofit organizations in the state "for sustainability" and for "unrestricted funds." Others were more direct, explaining that Cal Wellness "understands the critical need for core operating funds" and that it knows "core operating support = oxygen for nonprofits."

Two other, smaller groups of responses emerged that seemed to contradict one another. One respondent group reported that Cal Wellness funded a "broad range of issues," and the other that its funding was "focused," "specific" and "targeted." Those in the "broad range" group described Cal Wellness' funding as "comprehensive" and "holistic," while those in the "focused" group tended not to embellish.

Negative comments. About four out of ten unfunded applicants had negative views of Cal Wellness, but only one out of ten of all respondents did. However, as previously mentioned, the 2014 positive-to-negative ratio (10:1) was the lowest ever. That is, there were relatively more negative comments in 2014 than in any previous year, although they coalesced around different issues than the positive views. Unexpectedly, the 2014 negative comments were similar to those in 2010 grouping as follows: staff inaccessibility, unclear funding requirements and the difficulty of getting funds. Respondents found staff "remote," "closed off" and "non-communicative (sic)." They did not understand what Cal Wellness was funding because they found the information and the process "confusing," "mysterious" and with a "lack of clarity." Finally, the perceived difficulties some respondents experienced in obtaining funds were reflected in comments such as, "closed to new organizations," "bureaucratic" and "own agenda, not community-needs focused."

3. How respondents heard about Cal Wellness. (Question 2). As in 2010 and 2006, 2014's respondents most often reported hearing about Cal Wellness through previous experiences with staff and through CalWellness.org. However, since 2003, these proportions had changed only slightly. The proportion hearing through previous experience with staff slightly increased from 29% in 2003 to 38% in 2014. The proportion learning through CalWellness.org slightly decreased, from 37% in 2003 to 29% in 2014. The proportions reporting for all the other communications channels, except one, decreased in 2014 from 2010. Only the proportion of those learning about the Foundation through Cal Wellness-sponsored events increased, from 6% in 2010 to 12% in 2014. Detailed data for how respondents came to know about Cal Wellness since 1997 are shown in the table below.

<u>How Responding Organizations Heard About Cal Wellness</u>						
	2014 Survey	2010 Survey	2006 Survey	2003 Survey	2000 Survey	1997 Survey
Previous experiences with Cal Wellness' staff	38%	35%	34%	29%	N/A	N/A
CalWellness.org	29%	34%	35%	37%	24%	<11%
Personal contact with Cal Wellness' staff	24%	28%	22%	29%	N/A	N/A
Referral by a nonprofit organization	18%	26%	23%	22%	28%	24%
Suggestion from organization's member	20%	24%	20%	24%	17%	12%
Cal Wellness' materials	17%	22%	23%	32%	46%	52%
Referral by grantmakers	14%	18%	18%	17%	18%	<11%
Articles/ads about Cal Wellness	9%	14%	12%	13%	25%	22%
Presentation by Cal Wellness' staff	8%	12%	14%	21%	20%	12%
Through nonprofit resource center	10%	11%	14%	15%	15%	12%
Cal Wellness-sponsored event	12%	6%	N/A	N/A	N/A	N/A

4. Accessibility and usefulness of Cal Wellness' materials and information. (Questions 3 through 9). As in all but the first Grants Program Survey, respondents were asked about which Foundation materials they received or accessed. The next table shows these data and the expansion of the number and types of communications produced by Cal Wellness. Over the last 18 years, these have increased from three to twelve, and in 2014, three new communications vehicles—CalHealthJobs.org, Twitter and CalWellness' YouTube channel—were added to the nine listed in 2010. Those nine included: the *Annual Report*, CalWellness.org, CalWellness.org e-alerts, *Grantee* magazine, *Reflections*, the *How to Apply* brochure, CalWellness.org postcards, news releases and HealthJobsStartHere.org.

For five of these communications vehicles—the *How to Apply* brochure, the *Annual Report*, *Grantee* magazine, *Reflections* and CalWellness.org e-alerts—respondents were asked whether they read them online or in print (where this question was appropriate), whether and how their information was useful and which provided the most useful information.

Materials/information received or accessed. (Question 3). As in all but the first survey, CalWellness.org and the *Annual Report* were the most received or accessed communications. In the 1997 survey, fewer respondents reported accessing CalWellness.org than the *Annual Report*. By 2003, slightly more respondents were accessing the website and this difference has held since

then. Thus in 2014, CalWellness.org was accessed by 64% of the respondents, and the *Annual Report* was received or accessed by 58%. Both proportions decreased between 2010 and 2014, but CalWellness.org's decrease was three times larger (16%) than the *Annual Report's* (5%). There are no survey data to explain this difference.

CalWellness.org and the *Annual Report* account for two of the twelve communications channels. Of the other ten, the proportions of respondents for all but three remained relatively unchanged. Those three, CalWellness.org e-alerts (29%), CalWellness.org postcards (15%) and *Reflections* (6%), had each decreased by about one-half. None of the new channels (CalHealthJobs.org, Twitter and Cal Wellness' YouTube channel) garnered more than 4% of the responses. Details of data concerning the materials and information respondents received or accessed are shown below.

Materials/Information Received or Accessed						
	2014 Survey	2010 Survey	2006 Survey	2003 Survey	2000 Survey	1997 Survey
CalWellness.org	64%	80%	73%	78%	61%	15%
<i>Annual Report</i>	58%	63%	64%	75%	73%	56%
CalWellness.org e-alert	29%	56%	39%	17%	11%	Least used
<i>Grantee</i> magazine	43%	43%	31%*	42%*	39%*	N/A
CalWellness.org postcard	15%	33%	35%	N/A	N/A	N/A
<i>How to Apply</i> brochure	26%	29%	28%	42%	52%	54%
News release	20%	20%	16%	17%	11%	N/A
<i>Reflections</i>	6%	12%	20%	27%	27%	N/A
HealthJobsStartHere.com	3%	4%	N/A	N/A	N/A	N/A
CalHealthJobs.org	3%	N/A	N/A	N/A	N/A	N/A
Twitter	4%	N/A	N/A	N/A	N/A	N/A
CalWellness' YouTube channel	1%	N/A	N/A	N/A	N/A	N/A
None of the above	9%	3%	6%	N/A	N/A	N/A
Other	3%	6%	5%	N/A	N/A	N/A

*Cal Wellness' *Portfolio* newsletter was replaced by *Grantee* magazine in 2009.

Efficacy of communication materials. (Questions 4 through 8). The 2014 survey respondents were asked about four informational communications vehicles that can be read online or in print and one, CalWellness.org e-alerts, that can be read only online. Of the five, the *Annual Report* continued to be the most read, but no matter which of the five was read, almost all respondents ($\geq 90\%$) found the information useful. Details regarding the readership and usefulness of each communications channel are discussed below.

Annual Report. (Question 5). The proportions of respondents reading the *Annual Report* in print and reading it online have both increased since 2006. Seventy percent reported reading it in this survey, a slight increase from 2010 (63%), and the proportion reading it online showed a moderate increase from 39% in 2010 to 51% in 2014. No matter how they read it, almost all (92%) found its

information useful and about half (49%) commented on why. Their responses predominantly clustered in three areas: they liked seeing who is being funded, understanding the breadth of Cal Wellness' interests and learning about programs and grantees.

Respondents liked knowing who has and, as one respondent wrote, "who has not," received Cal Wellness' funding because it "shows TCWF priority areas," "makes it easier to understand what the organization prefers to fund" and allows them "to see amounts of grants awarded." Respondents' appreciation of how the *Annual Report* increased their understanding of the breadth of Cal Wellness' interests became apparent in the following comments: "It helped me understand the vision and direction of the foundation," "it offered a perspective beyond my industry" and it "provided context for the work of the Foundation." Finally, learning about programs and grantees was helpful because "seeing what others are doing gives us ideas to use in our programs," it promotes "shared best practices across the State (sic)" and the "examples shared keep the performance and expectation BAR high for grantees [and] potential grantees."

How to Apply brochure. (Question 4). The proportion of respondents who reported having read the brochure in the 2014 survey (59%) had moderately increased since 2010 (48%). However, only in this most recent survey did we ask how many had read it online; the majority had (81%). Since the 2006 survey, similar proportions of respondents who read the brochure reported that they found it easy to understand (97% in 2006 and 2010, and 96% in 2014). In 2014, 22% commented on how to improve it, and over half of them wrote either "none," meaning no improvements were necessary, or wrote compliments, such as "overall, it's an excellent resource," a "very easy to understand process" and "easier to navigate than most."

Suggestions for brochure improvements fell into one of two groups: process improvements and improvements to the material. Process improvements included Cal Wellness offering "more flexible word limits" and "a hotline to call to ask ... questions with an informed person." Many wanted "to receive some form of communication back after an LOI is submitted ... even if not being considered ... [and] particularly if funded in the past" and to get clarification of "specific funding priorities, [which] part of the state [Cal Wellness is] looking at and factors that will affect [its] decision[s] for the year." One respondent wrote a great deal about the improvement s/he recommends: "On [CalWellness.org] when you search 'how to apply' you do not easily get to the brochure, you just get to the one-page overview. The information is similar and equally useful, but it could be easier to find the full 'How To Apply' brochure on the website."

Respondents' suggestions for improvements to the brochure included requests to "create a section for current grantees with more details on renewals" to answer the question "if an organization received fund[s] previously would they be eligible to apply for funding again," and to "provide ... examples of previously funded letters." Other respondents wanted "more clarity around 'other priority areas'" and fewer "narrative paragraphs and more bullets and checklist items."

Grantee. (Question 6). The first edition of *Grantee* magazine was published in May 2009 (replacing the *Portfolio* newsletter). The proportion of respondents that reported reading *Grantee* in the 2014 survey (51%) had moderately increased since 2010 (34%), and the proportion reading it online had slightly increased (42% in 2014 compared to 34% in 2010). In both the 2014 and 2010 surveys, 92% of respondents found *Grantee's* information useful and, in the 2014 survey, their comments about its usefulness fell into one of two groups. The smaller, but more passionate,

group focused on the “great stories,” but most comments fell under the rubric of “learning” either about funding or current issues.

The smaller group “loved the stories” and especially loved “reading about what organizations are doing.” Some explained that they enjoyed reading “compelling stories, inspirational testimonials and [about] successful experiences and work.” One particularly enthusiastic respondent insisted that *Grantee* “usually profiles community leaders who are making a difference. I find that inspirational.” Others appreciated the larger view that the *Grantee* articles provided. One found it “inspiring to see how we are part of a larger effort to help our under-served (sic) communities,” another appreciated that “it gave insight into what the foundation was thinking,” and yet another liked that it provided a “larger view of what is happening within priority areas and how our work fits in. Inspires and motivates (sic).”

The larger respondent group that appreciated learning about Cal Wellness’ funding liked how *Grantee* provided “showcases of grantees,” “insight into strategy and giving” and “gave me an idea of what the Foundation is doing and who it is serving.” There was also interest in “seeing highlights from other programs,” and learning “about innovative programs” and “lessons learned, grantee success stories [and] health topics.” Other respondents read *Grantee* articles with an eye to the future. As they explained, the magazine “introduced leaders whose work was worth watching” and “there were some programs mentioned that I looked into. I thought they had some great ideas.”

Those interested in learning about current issues and events were interested in them both for insight into Cal Wellness’ funding and within the context of the broader health and wellness field. Those interested in learning more about Cal Wellness reported that *Grantee* provided “updates on TCWF activities,” “a sense of TCWF current interests” and “info (sic) on [the] progress of foundation and leadership changes.” Those interested in learning about the broader health and wellness field liked getting “a sense of what trends are happening right now, especially in healthcare (sic) jobs and training programs,” “information on relevant current issues like ACA [Affordable Care Act] implementation” and seeing “who and what is highlighted to better understand legislation and health.”

Respondents described *Grantee* information as useful because it “increased awareness”; one respondent wrote: “I shared it with my Board Member and staff.” Others liked it because it “keeps me informed on the issues of priority to TCWF,” is “interesting to see what TCWF focuses on” and helps in “understanding how our organization fits with the objective of ... TCWF.”

Reflections. (Question 7). As in both 2006 and 2010, in 2014, *Reflections* was the least read publication (16%), a proportion that was relatively unchanged from 2010 (20%). However, the proportion reading it online in 2014 (72%) had moderately increased since 2010 (61%). The proportion finding its information useful (90%) was the same in 2014 and 2010, and the proportion commenting on why it was useful in 2014 (56%) was slightly less than in 2010 (60%). Although it was the least read, those commenting liked it for being “informative” and providing “good background” and “strategic insight”; they valued hearing “the voice of a major funder.” Their comments were generally longer and more thoughtful than for other publications. One respondent wrote that “it provided a sense of the funding priorities of the foundation—what issues or strategies were more valued,” and others wrote that it “gave us a clearer picture of the policy

side of the program and how we could introduce a policy to help our participants, and our community as a whole” and showed “how the funding was used to support sustainability during specific time periods of financial strain, looking at comparisons to other viable times.” Finally, one respondent seemed to capture what many were thinking about *Reflections*—that it is “not necessarily ‘front-line’ useful, but I have a larger interest in philanthropy, like to step away from my primarily front-line vantage point every now and then, and ‘*Reflections*’ is [a] great example.”

CalWellness.org e-alerts. (Question 8). There are no historical data for this question because it was added for the 2014 survey. Slightly more than two-fifths (44%) of respondents reported receiving e-alerts, and almost nine out of ten of them (89%) wrote that the frequency of receiving them was “just right.” Interestingly, more respondents reported reading the e-alerts (84%) than any of the other four informational communications. Of those that read them, the same proportion (92%) as for the *Annual Report* and *Grantee* magazine found the e-alerts’ information useful.

More than half (55%) found this information “useful” because of its “update” quality and the fact that it was “real-time.” Other reasons included “[the] information was useful for planning ahead, and thinking strategically,” “the alerts also help in strengthening our connection with the foundation’s key initiatives” and “it is always helpful to learn about what other organizations are doing, best practices and about the foundation’s priorities and news.”

Like *Grantee* magazine, the e-alerts’ information was valuable in keeping respondents up-to-date with what was going on within Cal Wellness and within the health and wellness field. Knowing Cal Wellness’ “new hires, promotions and grantees” was important because “it communicated all of the changes that were happening.” As one respondent summarized, “The e-alerts provide an easy-to-access snapshot of happenings at the Foundation. The updates on staffing changes and grantmaking were especially useful.” Another stated: “[it] keeps me up to date on ... health trends, and what others are doing. It is good online networking.” Yet another provided an example of how the information is used: “It alerts me to what is happening at [Cal Wellness] and I can look up grantees to see what projects are being worked on. [I use] this as resource to check [Cal Wellness’] website from time to time to look up what is new, i.e. (sic), reports, links to other helpful websites, etc.” Finally, one respondent somewhat plaintively wrote that, through a CalWellness.org e-alert, “I found out [Cal] Wellness was not doing grants this year.”

It was equally important to respondents that the e-alerts helped them keep up-to-date with “what was going on within the field.” Through them, respondents understood “trends in prevention, wellness and the ACA” and learned about “what issues were gaining traction and who was involved.” Thus it was “an effective way to stay on top of issues and events,” and to keep “updated on industry topics” and “abreast of issues in philanthropy.” Finally, respondents felt that it was always “helpful to hear of resources, publications, reports, events, etc.” and to have access to “review[s] of the articles and reports on ACA.”

A summary of the findings about the use and efficacy of communications materials is provided in the table below.

<u>Use and Efficacy of Communications Materials</u>			
	2014 Survey	2010 Survey	2006 Survey
<i>Annual Report</i>			
Read	70%	63%	62%
Read online	51%	39%	24%
Found information useful	92%	94%	95%
<i>How to Apply brochure</i>			
Read	59%	48%	49%
Read online	81%	Unknown	Unknown
Found easy to understand	96%	97%	97%

<u>Use and Efficacy of Communications Materials (continued)</u>			
	2014 Survey	2010 Survey	2006 Survey
<i>Grantee</i>			
Read	51%	34%	38%*
Read online	42%	34%	27%
Found information useful	92%	92%	91%
<i>Reflections</i>			
Read	16%	20%	20%
Read online	72%	61%	46%
Found information useful	90%	90%	96%
<i>CalWellness.org e-alerts</i>			
Received	44%	Unknown	Unknown
Read online	84%	Unknown	Unknown
Found information useful	92%	Unknown	Unknown

*Cal Wellness' *Portfolio* newsletter was replaced by *Grantee* magazine in 2009.

Most useful information. (Question 9). This open-ended question asked respondents to comment on which of Cal Wellness' materials most helped them understand the Foundation's grantmaking program. In 2014, the proportion reporting that CalWellness.org was most helpful remained unchanged from 2010 (37% in 2014 and 44% in 2010). At the same time, the proportion reporting that the *Annual Report* was most useful decreased slightly from 24% in 2010 to 16% in 2014. The next most useful material (13%) was *Grantee* magazine.

Cal Wellness' website was typically described as the most useful because of how "comprehensive it is." It's "the most up-to-date" and "I can access at any time." As one respondent summarized: "Your website is a fountain of knowledge. It is easy to navigate and is filled with information on

your grantmaking process, your priorities, and your mission. We can find *Reflections*, *Grantee Magazine*, upcoming events, and your grants database.”

Those finding the *Annual Report* most useful explained that this was because it “gave us a broad picture of what TCWF is trying to accomplish for the state,” and because it “shows the types of program[s] that are funded and the priorities of the foundation.” In addition, it provided “a summary of key areas of interest, the nonprofits (sic) who are the grantees and how the foundation has demonstrated impact with its grantmaking and research.” Many felt that “the letter from the CEO about the upcoming changes helped provide insight on the future grant making of TCWF.”

Grantee magazine was seen as useful because it provided the “most specific information about what’s been funded—interesting and real” and “keeps me up-to-date on a more regular basis than [the] annual report.” Finally, one response summarized many respondents’ appreciation for *Grantee’s* “in-depth profiles of other organizations with values similar to our own and inspirational ideas of ways to improve our programming and services.”

5. CalWellness.org. (Questions 10 and 11). In the 2003 survey, respondents were asked whether they had Internet access in their workplaces. By the 2010 survey, 97% reported their organizations had high-speed Internet access, and four out of five respondents reported working in organizations where all employees had such access. Thus, for the 2014 survey, this question was replaced with one that asked which technology respondents used to access online information about Cal Wellness. The other questions, asked since 2003, centered on whether and how frequently they had visited Cal Wellness’ website and how they thought it could be improved.

How CalWellness.org is accessed. (Questions 10 and 11). Responses to the question about which of four different technologies—desktop computers, laptops, tablets and smartphones—were used to access CalWellness.org showed that, while all of them were used, there were major differences in their use. Almost three-quarters (73%) reported they accessed the website through their desktop computers, 49% through their laptops, 11% through tablets and 10% through smartphones. Obviously many respondents were using more than one device; nevertheless, fewer than might be expected (only 84%) reported having visited CalWellness.org during 2013.

Last visit and frequency of website visits. (Question 11a and 11b). In 2014, the overall proportions for when respondents last visited and the frequency of their visits were either relatively unchanged or only slightly changed from 2010. The same pattern has held throughout the last 12 years: almost one-half of respondents visited within the last three to six months, and about one-quarter visited within the last month. As for frequency of visits, about two-thirds reported they visit at least once every three to six months. Slightly more than one-sixth reported under “Other,” for which the typical explanation was “[I visit] whenever I need to.” The third largest group, slightly less than one-sixth, reported visiting “at least once a month.” Tables presenting these data appear below.

<u>Last Visited Cal Wellness' Website</u>				
	2014 Survey	2010 Survey	2006 Survey	2003 Survey
Within the last week	11%	11%	6%	9%
Within the last month	20%	24%	24%	19%
Within the last 3 to 6 months	48%	47%	47%	55%
More than 6 months ago	22%	18%	23%	17%

<u>Frequency of Cal Wellness Website Visits</u>				
	2014 Survey	2010 Survey	2006 Survey	2003 Survey
At least once a week	1%	2%	1%	2%
At least once a month	14%	16%	12%	13%
At least once every 3 to 6 months	70%	67%	68%	66%
Other	15%	15%	20%	14%

What respondents thought of the website. (Questions 11c and 11d). In the 2014 survey, a slightly smaller proportion of respondents who reported they had visited Cal Wellness' website (85% in 2014 versus 90% in 2010) answered an open-ended question asking for their assessment. Of those, 65% praised the website, a much smaller proportion than in 2010 (90%). Part of this decrease was almost certainly due to about one-quarter of respondents (23%) misinterpreting the question. Instead of responding to "What is your overall assessment of CalWellness.org?" they answered as if the question was much larger, asking about the Foundation itself.

Respondents' praise for CalWellness.org centered on the amount and accessibility of information, the ease of navigation and what a "fabulous resource" it is. Respondents described CalWellness.org as "very informative and very accessible," as well as "[a]esthetic and thorough." Others explained that "it's an easy-to-navigate website with solid content and helpful tools and resources." Several liked "having [publications] in PDF format" and described the site as a "tremendous resource for those interested in health and health care." One respondent summarized these views, reporting that CalWellness.org is "well designed, visually appealing [and] easy to navigate, [has a] useful search feature [and] fresh content and [is] informative."

Part of this question also asked how CalWellness.org could be improved. In the 2010 survey, 43% of respondents who reported having been to the website gave suggestions for improving it; in the 2014 survey this proportion increased to 62%. However, the largest proportion of respondents (38%) reported that no changes were necessary. Their comments were typically "None," "none at this time" or "I can't think of any." Others offered more information, for example, "they are doing

great ... I will say just enhance as necessary” and “there’s so much information on there — but it is well-organized and easy to navigate. I’m not sure how I would improve it.”

Potentially useful suggestions are provided in Appendix C and can be summarized into four groups as follows:

- requests for information that includes more frequent updates, more and clearer explanations of the Foundation’s decisions and actions, and more stories about grantees and the people served;
- structural improvements that focus on improving site navigation, adding some sections and making the website generally more usable;
- design suggestions that tended to emphasize making information on the site less wordy and changing some colors and fonts; and
- other suggestions that varied considerably, with increased interactivity being the most frequent.

6. Respondents’ understanding of Cal Wellness’ Responsive Grantmaking Program. (Questions 12 through 14). These questions, which have remained unchanged since the 2006 survey, asked respondents how well they understood Cal Wellness’ funding priority areas and core operating support and how well Cal Wellness’ various informational materials helped in understanding them.

Understanding funding priorities. (Questions 12 and 13). Since 2003, the proportion of respondents reporting they well understood Cal Wellness’ funding priorities has fluctuated $\pm 7\%$. In 2003, 85% so reported, and in 2014, 81%. Most responses about materials’ usefulness have changed only slightly. Since 2003, the top three most useful (very useful and moderately useful) communications channels have been CalWellness.org, interaction with Cal Wellness’ staff and the *How to Apply* brochure. Compared to 2010, the 2014 proportions of respondents describing CalWellness.org as the most useful remained relatively unchanged (84% in 2010 and 79% in 2014). The same comparison for interaction with staff showed a slight decrease, from 74% in 2010 to 64% in 2014, with the latter proportion being the lowest ever.

Grantee magazine was the only communication channel whose score on usefulness consistently increased, rising from 31% in 2003 to 44% in 2014. Data regarding the usefulness of various materials and interaction with staff in understanding Cal Wellness’ funding priorities for the last four surveys are presented below.

Usefulness in Understanding Cal Wellness’ Priority Areas						
	Very useful	Mod. useful	A little useful	Not useful	N/A	No data
CalWellness.org						
<i>2014 Survey</i>	49%	30%	6%	1%	13%	0%
<i>2010 Survey</i>	61%	23%	6%	0%	10%	0%
<i>2006 Survey</i>	60%	23%	4%	0%	10%	2%
<i>2003 Survey</i>	49%	28%	5%	1%	6%	17%

<i>How to Apply</i> brochure						
2014 Survey	38%	22%	6%	2%	32%	
2010 Survey	40%	20%	6%	1%	33%	0%
2006 Survey	34%	18%	4%	2%	40%	2%
2003 Survey	28%	22%	4%	1%	25%	20%
<i>Annual Report</i>						
2014 Survey	29%	27%	13%	4%	28%	0%
2010 Survey	31%	26%	11%	3%	28%	0%
2006 Survey	28%	24%	13%	2%	31%	2%
2003 Survey	25%	28%	12%	2%	16%	17%
<i>Grantee magazine</i>						
2014 Survey	20%	24%	12%	3%	40%	0%
2010 Survey	16%	20%	10%	2%	52%	0%
2006 Survey*	11%	21%	10%	3%	52%	2%
2003 Survey*	9%	22%	9%	3%	32%	24%
<i>Reflections</i>						
2014 Survey	7%	12%	12%	4%	66%	0%
2010 Survey	7%	13%	11%	3%	65%	0%
2006 Survey	7%	16%	11%	3%	62%	2%
2003 Survey	6%	14%	9%	3%	41%	28%
<i>HealthJobsStartHere.org</i>						
2014 Survey	2%	7%	8%	5%	78%	0%
2010 Survey	6%	8%	8%	4%	74%	0%
<i>Interaction with Cal Wellness' staff</i>						
2014 Survey	52%	12%	7%	4%	25%	0%
2010 Survey	63%	11%	5%	2%	19%	0%
2006 Survey	59%	14%	5%	3%	14%	6%
2003 Survey	59%	11%	3%	4%	9%	4%

*Cal Wellness' *Portfolio* newsletter was replaced by *Grantee* magazine in 2009.

Understanding core operating support. (Question 14). As with the previous question, responses about core operating support showed the same three communications channels—CalWellness.org, interactions with staff and the *How to Apply* brochure—as the most useful (combining very useful and moderately useful). Between 2003 and 2010, the proportions so reporting had steadily increased, but in 2014 the proportions remained relatively unchanged or decreased slightly for all three. For the *How To Apply* brochure, the proportion remained relatively unchanged, from 55% in 2010 to 53% in 2014; for interaction with Cal Wellness' staff, it decreased slightly, from 69% in 2010 to 62% in 2014; and for CalWellness.org, it also decreased slightly, from 77% in 2010 to 68% in 2014.

Grantee magazine was the only communications vehicle that did not decrease between 2010 and 2014; it showed a slow increase over the last eleven years, from 21% in 2003 to 32% in 2014. Data regarding the usefulness of various materials and interactions with Cal Wellness' staff in understanding the Foundation's core operating support since 2003 are presented below:

Usefulness in Understanding Cal Wellness' Core Operating Support

	Very useful	Mod. useful	A little useful	Not useful	N/A	No data
CalWellness.org						
<i>2014 Survey</i>	39%	29%	10%	3%	19%	0%
<i>2010 Survey</i>	52%	25%	7%	2%	15%	0%
<i>2006 Survey</i>	45%	24%	7%	2%	18%	4%
<i>2003 Survey</i>	30%	25%	11%	4%	9%	20%
<i>How to Apply brochure</i>						
<i>2014 Survey</i>	30%	23%	8%	2%	36%	0%
<i>2010 Survey</i>	33%	22%	7%	2%	36%	0%
<i>2006 Survey</i>	24%	20%	8%	1%	44%	3%
<i>2003 Survey</i>	17%	18%	10%	4%	25%	28%
<i>Annual Report</i>						
<i>2014 Survey</i>	19%	24%	15%	5%	37%	0%
<i>2010 Survey</i>	23%	24%	10%	5%	38%	0%
<i>2006 Survey</i>	18%	20%	13%	3%	42%	3%
<i>2003 Survey</i>	14%	20%	14%	4%	20%	28%
<i>Grantee magazine</i>						
<i>2014 Survey</i>	14%	18%	13%	5%	50%	0%
<i>2010 Survey</i>	11%	16%	10%	5%	58%	0%
<i>2006 Survey</i>	6%	16%	12%	4%	59%	3%
<i>2003 Survey</i>	7%	14%	11%	5%	32%	32%

Usefulness in Understanding Cal Wellness' Core Operating Support (continued)

	Very useful	Mod. useful	A little useful	Not useful	N/A	No data
<i>Reflections</i>						
<i>2014 Survey</i>	6%	9%	10%	5%	70%	0%
<i>2010 Survey</i>	6%	11%	9%	5%	69%	0%
<i>2006 Survey</i>	5%	13%	10%	4%	65%	3%
<i>2003 Survey</i>	6%	9%	9%	5%	39%	33%
<i>Interaction with Cal Wellness' staff</i>						
<i>2014 Survey</i>	50%	12%	6%	4%	28%	0%
<i>2010 Survey</i>	58%	11%	2%	3%	25%	0%
<i>2006 Survey</i>	52%	10%	5%	3%	22%	7%
<i>2003 Survey</i>	46%	12%	4%	4%	13%	21%

7. Interaction with Cal Wellness' staff. (Questions 15 through 17). These questions centered on the frequency of Cal Wellness-respondent interaction, with whom respondents most interacted and how they were treated. Interactions included mail, email, telephone and face-to-face. The historical data are from the 2006 and 2010 surveys.

In 2014, two-fifths (40%) of respondents reported zero to two contacts, a slight increase from 2010 (34%) but unchanged from 2006. More than a third of respondents (37%) reported three to five contacts; this was also unchanged from 2006. About one-fifth (17%) reported six to 10 contacts, again unchanged from 2006. Fewer than one in ten (6%) reported more than 10 contacts, similar to the 7% reported in 2006. Contact frequencies for all respondents are included in the table below.

<u>Number of Contacts with Cal Wellness</u>			
	2014 Survey	2010 Survey	2006 Survey
0 to 2	40%	34%	40%
3 to 5	37%	37%	36%
6 to 10	17%	21%	17%
More than 10	6%	9%	7%

Of those who had contact with Cal Wellness, the patterns of their interactions with the Foundation's departments remained relatively unchanged, except with Grants Management. As would be expected, the largest proportion of respondents interacted most with grants program staff (56% in 2014 and 2010, and 60% in 2006). The second largest proportion interacted most with grants management staff, but this proportion decreased slightly in 2014 (30% in 2006, 34% in 2010 and 27% in 2014). This decrease is probably accounted for by the fact that, for the first time, the 2014 survey respondents could report if they had only mail contact. Eight percent reported doing so. Details of the Cal Wellness staff with whom respondents most interacted are presented in the table below.

<u>Cal Wellness Staff Interacted with Most</u>			
	2014 Survey	2010 Survey	2006 Survey
Communications	3%	2%	3%
Executive	2%	3%	3%
Finance	0%	0%	0%
Grants Management	27%	34%	30%
Grants Program	56%	56%	60%
Reception/Administration	4%	5%	5%
Only mail contact	8%	Unknown	Unknown

Since 2003, respondents have been asked how they were treated by staff with whom they interacted, and in every survey a majority reported that Cal Wellness' staff was "courteous,"

“knowledgeable,” “responsive,” “helpful” and “accessible.” However, in the 2014 survey, the proportions of respondents agreeing and strongly agreeing with these descriptors were the lowest ever.

All of the 2010 to 2014 decreases were moderate with the smallest (12%) being for “courteous,” which had dropped from 99% in 2010 to 87% in 2014. Although still a moderate decrease, the largest (16%) was for “helpful” (from 96% in 2010 to 80% in 2014) and “accessible” (from 94% in 2010 to 78% in 2014). A summary of the 2014 data is presented in the table below.

<u>Interaction with Cal Wellness’ Staff</u>					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Data/Don’t Remember/ Doesn’t Apply
Courteous					
<i>2014 Survey</i>	63%	24%	2%	1%	10%
<i>2010 Survey</i>	82%	17%	0%	0%	0%
<i>2006 Survey</i>	73%	25%	1%	1%	1%
<i>2003 Survey</i>	70%	20%	0%	0%	10%
Knowledgeable					
<i>2014 Survey</i>	60%	24%	2%	1%	13%
<i>2010 Survey</i>	79%	19%	1%	0%	0%
<i>2006 Survey</i>	70%	27%	2%	1%	1%
<i>2003 Survey</i>	67%	21%	2%	0%	10%
Responsive					
<i>2014 Survey</i>	57%	25%	4%	3%	11%
<i>2010 Survey</i>	79%	18%	3%	0%	0%
<i>2006 Survey</i>	67%	28%	4%	1%	0%
<i>2003 Survey</i>	66%	20%	4%	1%	9%

<u>Interaction with Cal Wellness’ Staff (continued)</u>					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Data/Don’t Remember/ Doesn’t Apply
Helpful					
<i>2014 Survey</i>	57%	23%	6%	2%	12%
<i>2010 Survey</i>	78%	18%	4%	1%	0%
<i>2006 Survey</i>	68%	26%	4%	1%	1%
<i>2003 Survey</i>	66%	18%	4%	1%	10%
Accessible					
<i>2014 Survey</i>	49%	29%	6%	4%	12%
<i>2010 Survey</i>	71%	23%	4%	1%	0%
<i>2006 Survey</i>	60%	31%	7%	2%	2%
<i>2003 Survey</i>	56%	25%	6%	2%	11%

Fewer respondents in 2014 (16%) provided additional comments on their interactions with staff than in 2010 (25%), but just over half of them (52%) were positive. They reported that “TCWF has some phenomenal staff” whom they saw as “excellent and professional” and “very interested in what we do and how we do it.” One respondent claimed Cal Wellness’ staff was “the best team i (sic) ever worked with.”

But more than one-third of those who provided additional comments in 2014 commented negatively on their interactions with staff. The overall sense was that these respondents were confused and felt the staff was, too. Respondents’ confusion was apparent in comments such as, “honestly didn’t know they were approachable or how to approach them,” “when we call the SF office, we often get Southern CA and [we’re] unsure if messages make it through,” “did not really have a contact, [and] did not feel it was welcomed to contact anyone” and “we haven’t been able to receive a response from our current program manager for several weeks, if not more than 2 months.” Even respondents who acknowledged that staff was helpful commented that they “did not know what the Board was up to on [the] planning process.”

A few respondents were nostalgic and based their comments on earlier experiences with Cal Wellness’ staff. For example, they reported staff was “not as responsive as in previous year; not sure what that [was] about; new leadership? (sic)” and that “when we approached a different program manager for a different funding priority, she was dismissive. This is new behavior that we hadn’t experienced before in our long history of working with Cal Wellness, and it’s baffling.” One respondent expressed a more sinister aspect of the uncertainty many respondents were feeling: “I’m concerned that TCWF have (sic) had access to previous focus group data, [w]hich has impacted their interaction with certain grantees for voicing their opinion[;] this can become a challenge in being honest in surveys.”

8. Cal Wellness’ grantmaking process. (Questions 18 through 21). These questions asked respondents to rate the ease/difficulty of participating in the two major phases of Cal Wellness’ grantmaking process (prefunding application and post-approval), how these processes could be improved and if respondents preferred to retrieve required reporting forms online.

Ease/difficulty of prefunding application process. (Question 18). Components of this question included preparing an LOI, preparing a grant proposal and participating in a site visit. The proportions of responses describing both the ease and the difficulty of these three components were lower in 2014 than in 2010, probably due to a new option (“Did not submit in 2013”) that was added to the 2014 survey. The smallest decrease (7%) was seen in those reporting that preparing an LOI was either easy or very easy; this slight decrease was from 85% in 2010 to 78% in 2014. A considerable decrease was seen for the ease of preparing a grant proposal (from 75% in 2010 to 56% in 2014), and the proportion reporting that participating in a site visit was easy decreased considerably from 83% in 2010 to 40% in 2014. These data are presented in the table below. Although respondents were given the opportunity to provide additional comments, fewer than 55 (8%) did. Of these responses, 22 (43%) were essentially “no” or “none,” leaving insufficient data to support qualitative analyses.

<u>Prefunding Application Process</u>						
	Very Difficult	Difficult	Easy	Very Easy	Don't Know	No Data/ Did Not Submit in 2013
Letter of Interest						
<i>2014 Survey</i>	1%	5%	48%	30%	2%	13%
<i>2010 Survey</i>	1%	13%	61%	24%	2%	0%
<i>2006 Survey</i>	2%	10%	64%	16%	7%	1%
Grant Proposal						
<i>2014 Survey</i>	1%	10%	38%	18%	4%	29%
<i>2010 Survey</i>	0%	21%	55%	20%	3%	0%
<i>2006 Survey</i>	2%	20%	48%	6%	20%	4%
Participating in Site Visit						
<i>2014 Survey</i>	1%	3%	24%	16%	19%	37%
<i>2010 Survey</i>	0%	7%	55%	28%	10%	0%

Ease/difficulty of post-approval process. (Question 19). This question asked about the ease or difficulty of completing the post-approval progress narrative(s), the final narrative and the financial reports. In the 2014 survey, the proportions of respondents reporting that completing the post-approval reports was easy or very easy all decreased considerably to the lowest proportions ever. Again, this could have been due to the new option (“Does not apply”), which about one-third of respondents checked for each report. However, in 2014, 59% described preparing progress narrative reports as easy or very easy, compared to 83% in 2010; 54% so described preparing final narrative reports, compared to 80% in 2010. The same is true for the financial reports with 56% in 2014 versus 82% in 2010 reporting them as easy or very easy. As with the previous question, fewer than 10% offered additional comments, leaving insufficient qualitative data to confidently analyze.

<u>Post-Approval Process</u>						
	Very Difficult	Difficult	Easy	Very Easy	Don't Know	No Data/ Does Not Apply
Progress Narrative Report						
<i>2014 Survey</i>	0%	3%	39%	20%	6%	33%
<i>2010 Survey</i>	0%	9%	66%	17%	8%	0%
<i>2006 Survey</i>	0%	12%	67%	11%	10%	1%
Final Narrative Report						
<i>2014 Survey</i>	0%	3%	36%	18%	7%	35%
<i>2010 Survey</i>	0%	9%	64%	16%	10%	1%
<i>2006 Survey</i>	0%	12%	58%	9%	18%	2%
Financial Narrative Report						
<i>2014 Survey</i>	1%	4%	38%	18%	7%	32%
<i>2010 Survey</i>	1%	10%	64%	18%	8%	0%
<i>2006 Survey</i>	1%	10%	66%	10%	11%	3%

Suggestions for improving the grantmaking process. (Questions 20 and 21). In the 2014 survey, in answering the question about how, if they received funding, they would prefer to retrieve the required report forms, just over one-half (53%) of respondents reported wanting to retrieve the forms via CalWellness.org. This was a reduction of 14% from the 2010 Survey (67%). Also, in 2010, one-quarter (25%) had no preference about how they received required report forms; in the 2014 survey this proportion showed a moderate increase to 42%.

Almost half of all survey participants responded to the question about how to improve Cal Wellness' grantmaking process. The largest group, more than one-quarter, reported that suggestions were unnecessary. Their responses tended to be single words, such as "no" and "none." A few were effusive: "No improvement [is] needed that I can think of," "You have a great process already. Don't change a thing!" and "No suggestions. Your grantmaking processes are outstanding." The remaining almost three-quarters of respondents provided suggestions that were more diverse, verbose and emotional. They can be loosely grouped into five categories: a) staff accessibility, b) information clarification, c) application process modifications, d) online support, and e) funding and reporting. These responses, edited to remove repetition, are provided below:

Staff accessibility. A quarter of respondents wanted staff to be "[m]ore communicative and accessible" and they wanted "to have more interaction with them." While for most this meant accepting telephone calls and making site visits, other suggestions include the comments below.

"Have a person who is part of the grantmaking process be readily available by phone for questions."

"Provide verbal feedback on proposals."

"Stay in touch when grants are ending and help us understand when we can re-apply."

"[Hold] Meet the Grantmaker meetings out in the community."

“Host regional conferences (somewhat like a webinar) where prospective applicants can meet face-to-face with grant program managers.”

“Convene grantees to discuss emerging strategies and new opportunities to build on the success.”

“Please keep doing amazing conferences.”

“A seminar to help small grassroots organizations ... understand how to increase funding from TCWF.”

Information clarification. Respondents requested more clear information in “forms,” “timelines,” “funding guidelines,” “grant review criteria” and about “[w]hat you don’t fund” and “[w]ho can apply.” But most requests concerned “more clarity on current priorities.” A lack of information has led to considerable confusion among respondents. These feelings are evident in the statements below.

“The two past years [we] were told that guidelines are changing.”

“Settle on grantmaking priorities that have been under review now in multiple waves using multiple consultants over the last 2-3 years.”

“As an on-going (sic) grantee [I] was not kept informed of the new priorities and whether we are even being considered as a priority. [I] [f]eel left out of the process and abandoned by the foundation.”

“You’re doing great. Just clarify that priorities thing if you go back to it. So, if I want to apply for core operating support, does my organization have to fit into one of the funding priorities? And if it doesn’t how should I frame my request? And if I’m rejected, can there [be] a response that is less canned? Thanks.”

Application process modification. Almost one-fifth of respondents provided suggestions for improving the application process. These suggestions could be grouped into three categories, two of which focused on the front and back ends of the LOI/proposal processes, and the third on instituting a faster review process. Of the two groups, the largest wanted, as one respondent put it, Cal Wellness to reinstitute “unsolicited applications,” and another asked Cal Wellness to “start them up again :).” Respondents were “very disappointed we cannot submit LOIs,” because “we’re really struggling to find funding to continue the project started with grant funds from TCWF.”

Those respondents focusing on the back end of the process wanted to better understand why their LOI was rejected, and a smaller number, why their proposal was rejected. One respondent captures the frustration expressed by many: “[w]e were turned down after [the] LOI process. We understand this happens. But the reasons for being turned down were so vague and general and, frankly, cowardly. How would we know how to submit a more improved/aligned application without any honest feedback[?] The form letter rejection approach has got to be rethought if you are to improve your grant making process.” Another respondent commented: “[t]he declination letter was a basic form letter without any explanation about what kind of programs did get funded (i.e., what you ultimately decided qualified as ‘innovative’).” Yet another proposed that Cal Wellness should “provide scoring or reasoning for acceptance/denial of proposal to grantee and help them understand decision making of foundation.”

Finally, as in the 2010 survey, another group wanted the grantmaking process to be “more timely” with a “sooner response time.” Several respondents combined ideas suggesting that Cal Wellness

“provide timely response to LOIs and if not invited to submit a full proposal, provide feedback on why.” One respondent requested that Cal Wellness “close the circle to potential grantees rather than indicate ‘if we do not contact you within 90 days we are not interested.’” Another complained: “I’d like to know whether or not I received the grant a bit earlier. Right now the leadtime (sic) before learning I got the grant is very short, which doesn’t allow me much time to prepare to hit the ground running.”

Online support. Suggestions falling into this category involved “placing report forms online,” providing “more online portal resources” and allowing “electronic submission and reporting,” with some wanting to “make all reporting electronic.” Others suggested developing the “capacity for online interaction/LOI submission,” and another wondered about “perhaps mak[ing] it possible to send [l]etter[s] of [i]nterest on-line (sic).” Some simply wanted “more tech[nical] support,” but others were concerned because they thought “access to forms online would be helpful but not submitting reports online.” Another commented: “I like the electronic application and submission of the proposals and connect[ions] with technical staff if needed,” but yet another was concerned about the need for staff support. S/he explained: “[w]hen retrieving reports, we don’t mind going to the website but we concern ourselves with making sure we are thorough and accurate. There’s bound to be interaction with staff when reports/proposals/etc. are in progress.”

Still other respondents suggested how electronic communications could be used to help grantees or potential grantees. Several thought a “reminder email when final reports are due and the requirements, [m]aybe even via text message” would be useful, while others want a “one month reminder before reports are due.”

Funding suggestions. The final group coalesced around funding issues and their responses were divided into three groups: the impact of no longer accepting unsolicited LOIs, the funding process and financial reports, and special attention to funding small organizations and rural areas. Once again, in this section of the survey, concern about, and the uncertainty stemming from, the decision to no longer accept unsolicited LOIs were apparent. Being asked how to improve the grantmaking process annoyed some respondents: “[this is a] moot question as you no longer accept unsolicited apps. (sic)” Many others were unclear and worried about how Cal Wellness’ grantmaking will move forward; one respondent wrote: “[l]ast year was a bit murky as to how the [funding] process went[;] we are looking forward to a transparent and straightforward understanding of the grant making process.” Yet another needed to chastise the Foundation:

“I understand that TCWF needs to review its grantmaking but 2014 was a really inopportune time to pull all your new funding from the community. This is the year that the entire health system in California is changing rapidly (growing) with the advent of Medi-Cal expansion and Covered California. To be out of the funding environment this year is really not strategic. Frankly it makes one question the overall leadership of TCWF.”

Other respondents focused more directly on the funding processes and financial reporting, and, as in 2010, several pleaded for special attention to small organizations and to a rural program. These suggestions are summarized below.

- “[Provide] [m]ore transparent information from program officers about available funding cycles.”
- “[Give] [m]ore notice if grants may not be renewed.”
- “Create a stream-lined (sic) or fast-track application process for past/current grantees whose work TCWF knows and has already funded.”
- “Allow grants that are <\$50,000 to recur for three years if reports and documentation are timely and accurate.”
- “Divide the financial report form into those whose budget is under \$500K and over \$500K; being a small non-profit (sic) it is an exceedingly laborious process to fill out some of these financial reports.”
- “Extend the financial reporting deadline to allow for more time to compile the most comprehensive draft. Instead of ending on the last day of the month, [c]ould there be a 1-month window to allow for monthly reports to be compiled?”
- “Create a separate funding category for rural programs only... [R]ural counties lack access to the numerous foundation and corporate support cities receive due to our geography ... [R]ural non-profits (sic) have a greater demand on services with fewer resources.”
- “Be more open and responsive to new partners.”
- “Support smaller nonprofits and train staff.”
- “Break up grants so small non-profits (sic) and CBO’s [community-based organizations] have an opportunity to compete successfully. Currently grants are out of reach to the smaller organizations.”

9. Denied applicants. (Questions 22 through 26). This section of the survey was intended for the 56% reporting that, after submitting LOIs, they were not encouraged to submit proposals. Of them, more than half (54%) reported receiving a denial letter in a timely fashion. This represents a moderate increase over the proportion in 2010 (40%) but not a return to the levels of 2006 and 2003 (60% and 61% respectively).

The proportions of respondents reporting that they asked for feedback on their denials and those reporting that they were able to get it both decreased considerably between 2010 and 2014. Those asking for feedback decreased 22% (from 52% to 30%), and those reporting they got the feedback they asked for decreased 25% (from 87% to 62%). Almost three-quarters (72%) of those who received feedback reported it was useful.

<u>Denied Applicants' Experiences</u>				
	2014 Survey	2010 Survey	2006 Survey	2003 Survey
Received denial letter in timely fashion	54%	40%	60%	61%
Asked for feedback	30%	52%	49%	43%
Able to get feedback	62%	87%	78%	80%
Found feedback useful	72%	78%	50%	50%

10. Additional questions. (Questions 27 through 32). The six questions in this section primarily focused on respondents' views of their working relationships with Cal Wellness and other funders. Four questions asked about the benefits of, and difficulties with, their relationships with Cal Wellness; for characterizations of the relationships, and how these relationships compared to those with other foundations. The last two questions asked how respondents assessed Cal Wellness' implementation of the change in the Responsive Grantmaking Program and for their comments about how Cal Wellness could improve in areas not covered by the survey.

Benefits of working with Cal Wellness. (Question 27). In the 2014 survey, almost half (45%) reported that Cal Wellness or its staff added value to their work above and beyond the grant dollars they received. About one-fifth (19%) said it had not, and about one-third (35%) felt that this question did not apply to them. Of those saying they had benefited beyond the grant dollars they received, almost all (85%) provided examples of how this was done. These examples coalesced around three different topics: a) education and networking opportunities, b) staff's help and strategic guidance, and c) fund raising.

Education and networking opportunities. These opportunities came from all the "great materials" Cal Wellness provides and through respondents' participation in its conferences, convenings, workshops, trainings, retreats and meetings. Participants were both presenters of their projects' data and attendees. As one respondent reported: "[w]e were invited to present at a conference. Being a grantee is a validation of our work and organizational capacity." An attendee commented: "[c]onvenings organized by TCWF are excellent skill-building and networking opportunities. These meetings provide a forum to hear about each other's work, to interact with foundation staff, and to learn from experts in the non-profit (sic) field. They build capacity and connections that augment the actual grant dollars received." Consequently, respondents want Cal Wellness to "continue your conference series with both grantees and other outside experts to share best practices and other successful strategies that align with your grant areas" and to "support various workshops, trainings, and other learning collaboratives." Respondents also wanted to point out that "the retreats have also helped to cultivate relationships that have turned into strong collaboratives [that are] doing work jointly and pursuing additional funding together" and that "TCWF staff made several very useful introductions at those meetings," which are typically "places to network and strategize with statewide colleagues."

Staff's help and strategic guidance. Respondents reported that the added value they gained also came from the help and strategic guidance staff provided. This was primarily through staff "encouragement," "advice" and "suggestions." Others expanded these ideas, reporting that staff "helped every step of the way." They provided "ideas, connections and overall enthusiasm—over and above what most program officers in other foundations have offered," and their support "validates the work everyone does." Staff also provided "content expertise"; helped respondents to "think through our work," "clarify project deliverables" and "flesh ideas into proposals"; and helped with "framing our project and keeping outcomes achievable." Through staff's strategic guidance, respondents reported that they "improved [our] program," "sharpen[ed our] program focus," were introduced to "best practices," were shown how "to focus [their] health mission" and began "thinking about hiring a development person."

Fund raising. Finally, the smallest proportion reported that they benefitted from Cal Wellness by receiving “funding.” This seemed to have different meanings for different respondents. Some simply meant they benefitted from the money they got through the grant and that, through the process, Cal Wellness’ staff “helped clarify what we wanted from the funding,” thus improving their projects. Others explained that receiving money from Cal Wellness helped them raise other funds. For example, simply reporting they had received Cal Wellness’ funds was a “good reference to use when seeking other support,” because “other foundations are impressed,” and funded respondents have “the status of being an approved TCWF grantee.” Foundation staff also helped respondents “leverage funds from other funders,” and it “coordinates grant funding better with other funders.” In addition, there were a few examples of how Cal Wellness had modified its own funding to help them. For different programs and organizations, Cal Wellness had “revised its funding,” given a “special grant to improve our organizational efficiency and effectiveness” and “augmented funding” when necessary.

Difficulties of working with Cal Wellness. (Question 28). Respondents were also asked whether Cal Wellness had been difficult to work with. One-fifth (21%) reported difficulties (a slight increase from 2010 when the figure was 12%). For this survey, almost all respondents (98%) described why. These reasons fell into one of two groups. Most respondents focused on the uncertainty that Cal Wellness’ recent actions had generated for them. The second group complained about the inaccessibility of staff.

Uncertainty. Personnel changes at the staff, management and CEO levels were “disconcerting” for many reasons but mainly because “it has been challenging to develop a relationship with a primary contact or project officer, and sometimes the primary contact has changed mid-stream ... and it has been hard to understand who ‘our person’ is going forward.” Other reasons for their consternation were “a difficult situation with the new [m]anagement last year” and “grant delays and shifting priorities during recent CEO changes.”

Respondents’ comments show how many factors have interacted to complicate the lives of the nonprofit organizations that are funded, or eligible to be funded, by Cal Wellness. For example, the decision to temporarily stop accepting unsolicited LOIs led to a “long lapse in being able to submit proposals [that] has created uncertainty and instability.” “The ongoing strategic planning has put funding on hold and made funding priorities confusing” and “the current reevaluation (sic) of priorities and sense that everything is up for grabs ... [means] ... we don’t know what to expect.” These problems have been compounded by poor communication. Respondents report they were “not told if we would be a priority with new planning,” were given “contradicting information” and fault Cal Wellness for “not just spelling out what they will or will not fund in a detailed and clear manner on its website.” In sum, staff and management changes, the strategic planning process and poor communication created uncertainty and planning difficulties for the nonprofit organizations Cal Wellness serves.

Staff inaccessibility. It is also clear from their comments that the uncertainty respondents experienced was exacerbated by staff’s perceived inaccessibility. Staff was described as being “unresponsive,” “unavailable,” “uncommunicative,” “elusive” and “distant.” According to respondents, “staff don’t return calls or emails,” are “not available to talk/meet” and “would not meet or speak until the [Cal Wellness] planning process is complete.” If staff did answer calls or

meet, they were “not communicative.” As a consequence, respondents felt “that the program officer relationship was not as strong as we would have hoped it could be. We perceived an unexpected degree of mistrust on the part of the program officer that we didn’t understand” and, as another commented, “[The] [l]ast request was confusing–[I] felt like I was led on a bit after talking with [the] program officer. [I] [w]ouldn’t have bothered to take valuable time to write [the] LOI if [the] person had been more straightforward.” One respondent wrote what many seemed to be thinking: “[in] recent months more frequent communication would have been helpful—a comment that applies to the future as well.”

Overall working relationship with Cal Wellness, and this relationship compared with other foundations. (Questions 29 and 30). These questions centered on how respondents characterized their working relationships with Cal Wellness and other foundations. More than two-thirds (67%) described their relationships with Cal Wellness as “excellent” (37%) or “good” (30%); only 3% described them as “somewhat difficult” or “very difficult.” Fourteen percent reported that their relationships were “okay,” and the same proportion (15%) reported “no working relationship.”

In previous years, respondents to the question about how their relationships with Cal Wellness compared to their relationships with other foundations, more than half had reported that their relationships with Cal Wellness were better. In 2014, only 42% of respondents so reported, a moderate decrease since 2010 (59%). This decrease may be accounted for by a 5% increase in those reporting their relationships with Cal Wellness were worse than with other foundations (from 7% in 2010 to 12% in 2014) and by 12% reporting that this question did not apply to them, the first time this option was available. From 2006 to the present, about one-third have consistently reported that their relationships are about the same as those with other foundations (34% in 2014). Of the 75 respondents who felt working with Cal Wellness was worse than with other foundations, 48 (64%) were unfunded applicants. This was a moderate decrease from the equivalent figure in 2006 (78%) and a slight decrease from the 2010 figure (74%). Below is a table showing responses from all respondents.

<u>Relationships with Cal Wellness Compared to Other Funders</u>				
	2014 Survey	2010 Survey	2006 Survey	2003 Survey
Better relationships	42%	59%	55%	58%
Worse relationships	12%	7%	10%	2%
Relationships about the same	34%	33%	35%	No data
Does not apply	12%	No data	No data	No data

About one-quarter (24%) of those comparing their relationships with Cal Wellness to those with other funders provided written examples of how they were better or worse. There were four positive examples for every negative one. Although many of these responses repeated attitudes

and opinions that have already been reported, far fewer were single words. Most were phrases or sentences (sometimes several). On the positive side, respondents reported that Cal Wellness is “more responsive once you are a grantee” and “far more accessible, professional and candid” than other foundations. Cal Wellness’ “multi-year grants allow for more predictability and planning ahead,” and its “reporting requirements [are] more reasonable than most ... Access to program staff is exceptional—and they are well informed, to boot!” Other respondents found that Cal Wellness has an “easy process, easy application, easy reporting, [are] hands-off, [and] let you do your work. [Cal Wellness is] [r]easonable.” In praise of staff, one commented that staff’s “patience, assistance, and follow up were far superior than other foundations.”

Still other responses seem to reinforce or expand upon previous comments. The importance of Cal Wellness’ educational activities is reinforced in the following: “[t]he array of other resources available to grantees is awesome—conferences, summits, previous [f]ellowships, working the with Non-Profit Finance Fund. TCWF really wants us to succeed!” The Foundation’s reputation for supporting communities and being collaborative was shown by comments such as, “TCWF of all funders has the deepest understanding of the dynamics of running a non profit (sic) organization. It is a respectful, supportive relationship” and “[i]t feels like a partnership with good ideas and clarifications coming from TCWF[‘s] program officer.” Finally, another comment summarized how respondents valued Cal Wellness’ willingness to provide core operating support: “[t]he core operating support strategy is excellent as it provides the flexibility to deepen the existing work of the organization and not always have to build new programs, which may lead to mission creep.”

One respondent summarized in a list what many others had said in praise of Cal Wellness: “[t]he willingness to be responsive to what’s happening in the real world (instead of coming into a conversation with many preconceived ideas); the willingness to provide core support; the willingness to provide multi-year grants; the willingness to really learn from local partners and not pretend to know everything; straightforward conversations about priorities, budgets and what is and is not fundable (instead of vague conversations and lots of guessing games).”

As would be expected, criticisms also centered on issues reported throughout the survey and included “not friendly” and “no timely response.” Other applicants frustrated by their attempts to reach Cal Wellness explained that “there are some foundations that are more responsive to inquiries,” that it was “time consuming, [we received] no answers, [and were] then denied” and that it was “not clear how to make personal contact unless I ‘know’ someone.” Finally, some long-term grantees were unhappy with how the change to the Responsive Grantmaking Program was carried out. As one respondent commented:

“Most foundations will indicate a full grant year ahead of time if funding at the same level is unlikely in the following fiscal year. This would have been very helpful in our financial planning and would have made the final decision unfortunate but not unexpected. The lack of notice felt like a funder who had been a long-term partner did not value our work and the relationship in the same way we did which was surprising and is disappointing to us.”

Assessments of Cal Wellness' implementation of changes to its Responsive Grantmaking Program. (Question 31). Almost two-fifths (37%) of respondents to this question reported that they did not remember these changes or that the question did not apply to them. One-fifth (22%) reported that the implementation of these changes was poorly or very poorly done, and two-fifths (41%) reported that it was well done or very well done. Almost one-third (29%) of all these respondents provided written comments about the change and their responses showed they were troubled, confused, frustrated by and impatient with Cal Wellness' actions. One respondent commented that “[t]his was a troubling experience with a funder we had long considered to be a model of responsiveness and care for grantees.” Other comments can be loosely grouped around three issues: a) poor communication, b) information wanted, and c) concerns about the decision to temporarily stop accepting LOIs.

Poor communication. This was the biggest complaint about how the Responsive Grantmaking Program changes had been implemented. Many respondents reported that they had not received official notice about the change to accepting LOIs, having learned about it from another grantee, through a denial letter or from the website. Respondents were confused because, although “responsive grantmaking will continue,” they did not know “whether the Foundation is providing funding now or not.” Even a few who received the initial information were unhappy because “while the implementation was well done, we would like to have had a contact reach out to us and let us know our standing as a funded program so that we could know what to expect regarding the opportunity to apply for additional funding.” And one who had been invited to apply described the process as “mysterious” because s/he did not understand “how we got invited.”

Respondents were frustrated because Cal Wellness “did not communicate new directions and new process or timeframe for new directions” and because an “abrupt and opaque single communication was inadequate.” The process itself frustrated many respondents. One said that “[t]here was no warning—along with being defunded. We inquired numerous times and didn’t hear back. We were also told different things—which added to the confusion and anxiety[,] re: funding. We had counted on funding [and weren’t] sure what was going to happen. Then we got a letter saying we were defunded and [Cal Wellness] was no longer taking grant applications. That feels like an end to a relationship.” Another stated that “[t]he change itself was not the issue, but rather not knowing what to expect in the next few years as far as the process. We didn’t really know for sure if this was a permanent change (not accepting unsolicited LOIs) or only for the near future. Maybe being more specific when communicating these changes [was needed] ... for example, ‘As of November 1, 2013 we will not accept unsolicited proposals and ‘X’ date we will finalize the new process’.”

Respondents were also impatient with how long the uncertainty has been going on. They report they are “still waiting to understand the direction” and that “it’s still unclear what TCWF funding priorities are and how to apply for them.” They want action: “[t]oo much time has elapsed since the announcement (November 2013)[,] and ... the new priorities ... still are not announced. That’s 6 months. Either continue funding or terminate one method with the quick announcement of the new strategies.”

Information wanted. It is no surprise that with all the uncertainty, respondents wanted information of all kinds. They reported that it would be “helpful if you would let us know when you will

accept letters again” and that they “need more updates on the status and stage of the strategic plan,” “would like to know criteria for being invited again to apply” and wanted “more clarity of how ... [invited] programs are chosen and how to stay on your radar.” They complained that there is “no timeline or estimate for when the next strategic plan would be done, and the next LOI opportunity would begin” and that there was “no opportunity to provide input into the strategic plan.” As one respondent explained: “I think everyone understood the change originally, but then when the timeline wasn’t met, it was disappointing, and there was not a lot of communication to explain it and clarify the timeline.”

Concerns about the decision to temporarily stop accepting LOIs. Many “disagreed” with, “disliked” and were “saddened,” “dismayed” and “disappointed by the change.” They “didn’t understand it” and “don’t agree with it.” They thought the decision was “unfair” and that the LOI process “should be open to everyone that wants to apply,” and they “hope you will return to accepting unsolicited LOIs in the future.”

Some respondents felt that this decision was not well thought through, and the decision-makers had not appreciated the impact on both communities and the Foundation itself. Respondents reported that the decision was made with “what felt like a lack of understanding about how these changes impact grassroots nonprofits so strongly,” especially as there was “no time to plan for this. [There was] [t]oo limited [a] time frame.” In other respondents’ opinions, “the change left a number of organizations in a funding crisis,” and it was “challenging to understand an influential foundation going on pause. The community suffers.” One respondent spoke directly to the problems this decision created for many organizations and suggested that “[p]erhaps the foundation could have continued core support funding during the transition.”

Finally, a more philosophical respondent summed up the meaning of this decision in the larger world of philanthropy.

“This is a trend in philanthropy. However, it limits the ability of foundations to continually interact with the full gamut of nonprofits engaged in critical health issues. It communicates quite clearly that the Foundation is not open to new organizations and new strategies, and indicates that it does not want to be responsive. This stance seems contradictory to the Foundation’s consistent commitment to flexible and responsive support ... This is a sad turn in the Foundation’s role in philanthropy.”

Areas of potential improvement. (Question 32). In 2014, the proportion of respondents completing this question (32%) was at the midpoint between the lowest ever response (17% in 2003) and the highest ever (49% in 2000). However, of the 2014 respondents, almost half (46%) reported that they could not think of areas to improve that had not already been covered by the survey. Their responses included “no,” “none” and “[n]o, but thanks for asking.” Of the remainder, many commented on issues already covered in this report, others made self-serving funding recommendations, and a few were nostalgic for the “old TCWF.” Fewer than 20% of respondents provided comments that were directly relevant to the question and could be used for the analysis. These suggestions (edited for repetition), and a few questions addressed to Cal wellness, are presented below.

Improvements Suggestions and Questions*

Funding

1. Seek respondents' input on the needs of their clients and ways to expand the support offered by [Cal Wellness].
2. Help small grantees with 5 to 10k grant opportunities.
3. Structure a way to support smaller organizations ... maybe like the Annenberg Foundation [by] invit[ing] small nonprofits to a course to learn how and what they need to get support. Support for small organizations should be done so under a difference (sic) matrix than that of a large organization.
4. Make the new grants program ... more innovative and entrepreneurial in its approach, e.g., build on the increasing evidence for the health benefits of non-medical interventions (such as arts participation).
5. Better align [Cal Wellness'] funding with critical health issues that CA residents face.

*All suggestions are quoted directly from written responses.

Improvements Suggestions and Questions (continued)*

Funding (continued)

6. Explain the process TCWF takes to select who it invites to apply for funding.
7. Create public raffles in groups of funding, such as: \$12,000, \$25,000, \$75,000, etc.
8. Address the issue of community[-]based agencies not having the resources to hire grants writers.
9. Help consumers and providers as the trend to fund advocacy and education of a problem has grown but funding of implementation or direct services has declined.
10. Consider seed money for new organizations, or coalitions, that have been working without funding to support [them] with grants that range from[,] e.g., 25-50K.
11. How do you plan to solicit LOI's (sic) if organizations that you haven't worked with are not on your list?
12. Now that TCWF is no longer accepting unsolicited LOIs, how can potential applicants who might qualify make the foundation aware of [their] work—maybe a simplified one page outline paragraph with a few survey-type multiple choice questions just to get potential applicants on your radar?

Staff-Grantee/Applicant Interaction

13. Have bi-yearly (sic) community meetings, an open house or some other event or program where non-profits (sic) can learn more about [Cal Wellness], and you can learn more about them.
14. Allow more formal/informal[,] in-person (or phone) progress reporting or discussion about emerging trends.
15. How do we interact with you? How will we ever be considered in the future?

Education

16. Train viable orgs (sic) to work closely w/TCWF to ensure mutually beneficial goals are met and community is served.
17. [Provide] [m]ore information about the various sources of information.

18. [Provide] [c]ulturally appropriate information.
19. Facilitate collaboration among grantees ... [and] provide the opportunity to network among those organizations with common mission and purpose to discover ways to leverage the TCWF investments, particularly among grantees within our community where there may be synergy.

Policy

20. How [does] the foundation world determines (sic) its priorities particularly when it comes to public policy? This comment does not only apply to TCWF. It's not simply an issue of transparency but a broader issue of who is consulted early on and how much they are invited to be fully part of the priority-setting dialogue.

*All suggestions are quoted directly from written responses

CONCLUSIONS

The findings from the 2014 survey are unusual compared to those from previous ones. Since the 2003 survey, data analyses showed the findings have become increasingly complimentary with, in 2010, only a few small areas where improvements could be made. Not so for the findings from the present survey. This year, respondents complimented Cal Wellness less and criticized it more; many hope the new leadership will return it to the earlier ways of doing things. The 2014 survey responses clearly show that administrative and grantmaking policy changes since the 2010 survey are responsible for this change, with Cal Wellness' decision to temporarily stop accepting unsolicited letters of interest (LOIs) and the long strategic planning process being the most troublesome.

To help preserve the validity of the historical data gathered since 1997, only one question about the decision to temporarily stop accepting unsolicited LOIs could be added to the 2014 survey. This question came toward the end of the survey, but responses to earlier questions showed that many issues surrounding the decision and its implementation were central to respondents' thoughts about and opinions of Cal Wellness.

To understand the impact of the decision and its related actions on the 2014 survey findings, it is important to begin by briefly describing how the responses to the 2014 survey differed from those to previous surveys, and what this meant for data analyses. This information will be put in context by a review of the changes in tone across the findings from all six Grants Program Surveys. Then, this historical perspective will be supplemented by an examination of the interplay between the qualitative and quantitative findings from the 2014 survey. Next, a summary of respondents' comments about the implementation of the pause in accepting unsolicited LOIs will be presented. Finally, what action respondents want Cal Wellness to take, and hope it will take, will be examined.

In reviewing the printed Survey Monkey reports, it became clear that most responses to the 2014 survey were different from those to previous surveys. This difference is hard to describe but became obvious in the responses to the first question and held throughout almost all the answers to the open-ended questions. Many of these write-in responses were single words or short, three- or four-word phrases. In previous surveys, responses were longer—with fewer phrases, more

sentences and sometimes several sentences.* That is not to say there were no sentences or longer responses in the present survey, but there were fewer of them, and they covered such disparate issues and concerns that grouping them (and thus developing themes) was challenging. The meaning of the single-word responses was often opaque (e.g., how to interpret “committed”? To whom? To what?), and longer responses often gave conditional and idiosyncratic opinions. Before delving into specific findings from the survey, it is important to review the general changes in survey findings since 1997.

Over the course of the six, cross-sectional Grants Program Surveys since 1997, respondents’ feelings about the Foundation have moved from initial anger and annoyance, through great excitement and delight, to today’s bewilderment and irritation. Respondents to the 1997 and 2000 surveys were annoyed with the Foundation because they did not like the composition of its Board (too few community members), and they felt it was not doing what it should be doing. Cal Wellness instituted many changes in response to these findings and, by the 2003 survey, respondents’ opinions had definitely changed—they were more positive about the Foundation and what it was doing. The 2006 survey findings showed an improvement over those from 2003, such that it appeared impossible for positive and complimentary response rates to go higher, but in 2010 some of them did. In 2014, this ever-improving trend ended. Respondents still admire and respect Cal Wellness, but not nearly so much.

In addition to responding to the 2014 survey differently, and clearly having different attitudes towards Cal Wellness, the quantitative data provided by respondents revealed that several previously high favorability ratings had decreased. Qualitative data, on the other hand, highlighted several areas where the Foundation was appreciated and valued: its commitment to community health, its funding policies, its myriad, high-quality communications materials and its educational forums. But they also provided opportunities for respondents to more fully express their confusion, frustration and impatience. More detailed reviews of these data follow.

Quantitative data paint a complex and confusing picture of respondents’ perceptions of, and experiences with, Cal Wellness. Some of the largest changes are seen in respondents’ use of Cal Wellness’ various communications materials and channels, and in their attitudes toward interacting with staff and comparing their relationships with Cal Wellness to those with other funders. Of Cal Wellness’ communications channels, CalWellness.org has, since 2003, been the most popular. However, compared to 2010, fewer respondents reported accessing it, or receiving its e-alerts and postcards in 2014. At the same time, more respondents reported reading the *Annual Report*, the *How to Apply* brochure and *Grantee* magazine. Also in 2014, the proportions of respondents reporting that Cal Wellness’ staff were “courteous,” “knowledgeable,” “responsive,” “helpful” and “accessible” were the lowest ever. The 2014 proportions were still high enough (low-70% to mid-80%) to gratify some funders, but showed a marked decrease from Cal Wellness’ 2010 findings, where all were $\geq 94\%$. Finally, in the present survey, fewer respondents than in the past described their relationships with Cal Wellness as being “better,” and more described them as being “worse,” than their relationships with other funders.

* This might be due to the fact that it was an online survey. However, the same phenomena were not noticeable among web-based survey responses in the 2006 and 2010 surveys, suggesting any technological causes could be part of changes in the larger social environment.

In the 2014 survey, the qualitative data also showed lower positive-to-negative ratios than in the past. But most respondents were positive, perceiving Cal Wellness to be concerned “for community well being (sic),” interested in promoting “community-based health solutions” and “an organization paving the road for community transformation.” But they also found it “not helpful to small nonprofits” and “out of touch.” One respondent seemed to express the general increase in cynicism with this terse comment: “[c]ommunity-minded?” Similarly, Cal Wellness’ funding approach was valued because it was a “multi-year (sic) funder,” “support[s] internal operations [that] help maintain sustainability” and was “a foundation that is wise enough to know that operating support is the most critical grantmaking item.” On the other hand, many respondents felt that Cal Wellness’ funding was “too political” and “closed to new organizations.” They thought Cal Wellness “funds [the] same groups” and was a “difficult organization to receive funding from.”

Finally, sprinkled throughout the survey responses, both directly and indirectly, are references to the fact that Cal Wellness was “in transition” and undergoing “change.” Such comments were obviously prompted by the recent pause in accepting LOIs, the strategic planning process and staff changes. When asked about the decision to temporarily stop accepting LOIs, respondents commented that they were “uncertain of direction,” and many suggested, with a hint of vexation, that it would be “helpful to know whether these directions will be maintained over time.” They were irritated by not knowing what to do; “[we’re] not sure if ‘responsive grantsmanship’ means we wait until we are contacted by the Foundation vs. calling program officer[s] and exploring the fit between our ideas and the Foundation’s.” Many expressed their impatience with the process: “[t]oo much time has elapsed since the announcement[,] and ... the new priorities ... still are not announced.” Other respondents expressed exasperation in comments such as, “the staff are all perfectly nice[,] but they have been distracted and distant while the transition is occurring. Mostly I would imagine [it is] because they have no information or not good news.” Still others looked to the future, urging Cal Wellness to “identify comprehensive needs for improving the management and governance of the organization” and believing “TCWF is already on the right track to [improving processes], [and] selecting an experienced leader whose leadership will stabilize and inspire her staff.”

Because the implementation of the changes to the Responsive Grantmaking Program was addressed by only one survey question, many issues cannot be expanded upon nor possible connections identified. However, both the quantitative and qualitative data suggested that, as I am sure was expected, the changes were huge for those depending upon, or hoping to depend on, Cal Wellness’ support. Also, respondents perceived the process of disseminating information as flawed and, most important, the communications were not clear, which is surprising when you realize how much everyone values Cal Wellness’ communications materials. Given the communications problems, the ramifications of the decision to temporarily stop accepting LOIs for many nonprofit organizations, the high expectations of the community for the Foundation and all its actions, the shortfall in staff preparedness for dealing with this issue, and all of the staff and management changes, it is hardly surprising respondents expressed confusion, frustration and impatience toward the Foundation.

Despite the problems of recent years, respondents appreciated and were grateful for all of the educational materials and opportunities Cal Wellness provided. Many particularly liked Cal

Wellness' publications and communications materials because they provided "useful information," were "inspiring" and kept them up-to-date with events within the Foundation and in the broader health and wellness field. Respondents asked Cal Wellness to continue its conferences, workshops, trainings, retreats and meetings, as well as its efforts to promote collaboration among grantees throughout California. They found such events "very helpful," "invaluable" and "always beneficial" educationally because they provide "first-rate networking opportunities."

Although respondents were confused and frustrated by Cal Wellness' recent actions, they still have a great deal of good will toward, and respect for, the Foundation. Respondents reported that Cal Wellness is the "best health-related grantmaker in CA" and is "doing a great job." Also, they "had ... good experience[s] with your process," and—a point made throughout—"funding of core expenses is GREAT." Many respondents expect a better future for the Foundation because "the new leadership team will hopefully have a positive impact," and "TCWF will regain its footing[,] and the work it does is wonderful ... [W]e look forward to the 'new day' at TCWF." Respondents know Cal Wellness had done some amazing things, and they are confident it will do them again. One respondent summed up the feelings of most: "[p]lease continue existing Responsive Grantmaking Program[,] and don't change ANYTHING!!! TCWF has been the BEST Foundation to work with for many years."