Framing "Impact:"
Strategic Philanthropy, Evidence-based Policy, and the Growth of Human Service RCTs[1]

Jennifer E. Mosley (mosley@uchicago.edu)
Nicole P. Marwell (nmarwell@uchicago.edu)
Marci Ybarra (mybarra@uchicago.edu)
Emily J. Claypool (eclaypool@uchicago.edu)

University of Chicago
School of Social Service Administration

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As a field, strategic philanthropy has positioned itself as a leader in helping develop knowledge that can lead to and sustain social innovation. Defined as philanthropy where 1) goals are clearly defined, 2) evidence based strategies are pursued to achieve those goals, and 3) outcomes are assessed (Brest 2015), the principles of strategic philanthropy have become widely embedded in the standard practices of major foundations while at the same time being critiqued for minimizing the complexity of social problems and promoting formulaic responses (Walker 2014).

Both the trend and the critique are highly visible in the domain of social welfare, where there is currently a strong movement to advance evaluation practices in pursuit of evidence-based policy and practice. Increasingly, the drive to evaluate social service programming includes the promotion of the "gold standard"—randomized clinical trials (RCTs). Primarily known in the field of medicine, RCTs are experiments where individuals are randomly assigned into treatment groups (e.g., those receiving an intervention) and control groups (e.g., monitored but not receiving the intervention) and then statistically compared in regards to selected outcomes. Due to random assignment, any change in outcome in the treatment group can be assumed to be the result of receiving the intervention. Given the modest rates of effectiveness and cyclical legitimacy crises faced by many human service programs and policies (Hasenfeld 2009), the evidentiary rigor of RCTs has made this form of evaluation particularly appealing to both policymakers and funders.

To be clear, philanthropists have always cared about the effectiveness of their funding – for example, to feed as many children as possible without waste or to facilitate the adoption of effective sanitation methods—but the need to demonstrate effectiveness through the use of randomized controlled trials is quite new in the social service sector. In this paper we first explore the adoption of this very specific model of demonstrating effectiveness and why RCTs are attractive to many foundations. Second, we argue for greater attention to three consequences of this particular tool, specifically the implications of growth of RCTs for vulnerable communities, for social welfare service providers, and for knowledge development in the human services.

*First, we argue that RCTs have allowed foundations to sidestep ideological and political transparency by focusing on the more 'neutral' topic of evidence.*The RCT model has been framed as something that is merely a scientific technique, one that allows philanthropy to be neutral and objective in regards to its spending, as opposed to ideological or moral (Buck and McGee 2015). What is only sometimes recognized is the fact that the evidence-based movement is an ideology all its own, one that aligns with a more "professionalized" model of philanthropy and insulates them from criticism about wielding ideological battles. The

epistemology that undergirds RCTs aligns with the larger turn by foundations away from a "charitable" philanthropic orientation towards one of "social innovation" (Hammack and Anheier 2010). Foundations have recently been somewhat under attack for their oligarchic nature (Reich 2018), lack of connection to and colonialist attitude towards communities of color (Villanueva 2018), and even seen as a tool used by the wealthy to deflect attention away from the way their wealth often leads to and even depends upon the poverty of others (Giridharadas 2018). RCT evidence is a powerful way of legitimating action in the face of these critiques.

Second, we argue that RCT knowledge has changed the human services landscape by "crowding out" programs that have not been evaluated with an RCT, for lack of funding or because the number of participants made them an inappropriate candidate for this methodology. For example, programs that serve a smaller number of clients, or are still refining their intervention model, will find it hard to produce clear treatment effects. This means that good programs serving unique communities could be deemed "failures" or unworthy of philanthropic support simply because they were not RCT-compatible. This has seriously changed the human services landscape. If only certain programs—already evaluated with RCT evidence—count as "innovations," then ground level knowledge and insight can be suppressed. This may mean human service providers are pushed to adopt programs that were tested in community contexts quite different from theirs, paradoxically suppressing innovation and potentially leading to declines in effectiveness.

Third, we argue RCTs primarily advance outcomes that are easily measured, potentially leading to incomplete knowledge and nonprofits over-focusing on 'passing the test'. There are strong reasons to believe that under conditions of power imbalance and high-stakes evaluation, human service nonprofits may be engaging in RCTs more to comply with expectations and garner legitimacy rather than to gain understanding of how their programming can be improved. After all, RCTs generally are not designed to reveal insight into *why* a program works, or how it can be made more effective, but rather simply to assess the degree to which the program improves performance on a quantifiable outcome indicator (e.g., stable housing, improved grades, increased earnings, etc). Human service nonprofits, ideally, play roles in communities that go beyond transactional delivery of services, such as building cohesion, developing leadership, and advocating for unmet needs. Human service workers also do things that aren't measureable, such as building trust, confidence and rapport (Benjamin & Campbell, 2015). Those things are essential to the success of many interventions, but if an organization's "impact" is only what is externally recognized and evaluated, it may lead to to reduced "impact" in other areas.

In this paper we outline each of these concerns and provide initial thoughts for how they can be addressed by the philanthropic community. Government also funds RCTs in the human services, but foundations' promotion of RCTs in this domain predates governmental adoption of the practice. This is consistent with the way government practices often follow those of foundations, given philanthropic interest and leadership in social innovation (Wheatley, 1988). It also should be noted that because of the costs and complexities of implementing RCTs, support for this practice generally has been taken up by institutional philanthropies, not individual philanthropists. Thus, we focus in this paper on activities of major philanthropic foundations, not individual donors, small family foundations, or government.

Strategic Philanthropy, the Quest for Effectiveness, and Adoption of the RCT

Strategic philanthropy has long been consumed with generating evidence, impact, and strategic investment to promote effectiveness. Scientific philanthropy emerged in the early 19th century as a way of distinguishing itself from the "impulsive charity of the past" (Wheatley, 1988 p. 19). According to Theodore Porter (1996), it is often the case that statistics and effect sizes become salient in spaces that otherwise lack authority and public trust. In the case of foundations, we can see the increasing use of evaluation as a way of evading or quelling public scrutiny in the face of considerable freedom foundations enjoy to spend tax-deductible money how they like. Introducing metrics and evaluation has been an explicit tool of foundations aware of the political nature of socially risky investments:

> The humanities and especially the social sciences attracted far more controversy than science, and the new foundations understood that support for social science would evoke criticism. Because social science deals with questions of economic organization, inequality, race, crime, family relations, child development, and gender, it cannot avoid questions at the center of religious and political conflict. (Hammack & Anheier 2013: 44)

This controversy has "led foundations to move cautiously in these areas and to focus much of their support on careful empirical studies, rather than on theory or on questions of values and ethics" (Hammack & Anheier 2013: 44). The idea that evaluation is value-neutral exists to this day. In his recent book, Paul Brest claims strategic philanthropy as " essentially value neutral as a car repair manual" (2018: 2).

The present-day "what works" movement also can be traced back to the early 19th century. Abraham Flexner received philanthropic support to mount his fatal "diagnosis" of the medical (and social work) curricula, which led to an overhaul of American medical education and the promotion of medical standards based on scientific (rather than clinical) evidence. Prior to the

1920s, hospitals were largely charitable organizations that served the urban poor. By the 1930s we see the emergence of fee-for-service hospitals, which were largely reliant on income from patients, and therefore felt greater pressure to be "effective" so as to appease a new middle class clientele (Rosenberg, 1987).

The term "randomized controlled trial" was coined (by Archie Cochrane) in the 1970s, though the methodology dates back to the 1940s when it was used to test streptomycin in pulmonary tuberculosis (Bulpitt, 1996). In 1972, Cochrane published *Effectiveness and Efficiency,* where he called for the use of randomized controlled trials and systematic reviews out of concern for the wide use of medical interventions that were too expensive, not effective, or even harmful (Timmermans & Berg, 2003). We can see this as the beginning of the evidence-based medicine movement, which was then adopted in the United States human services context around the 1990s under similar imperatives of cost control, financial transparency, and the enhancement of accountability. The new question being posed was "What Works?", which culminated in its own movement centered around a suitable methodology: the RCT.

Within the foundation discourse we often see promotion of RCT, and concerns around effectiveness inextricably tied to concerns about cost. The Gates Foundation, in their 2013 annual letter titled "Why Does Measurement Matter?" wrote the following: "Given how tight budgets are around the world, governments are rightfully demanding effectiveness in the programs they pay for. To address these demands, we need better measurement tools to determine which approaches work and which do not" (p. 4). Within this framing of cost-effectiveness and top-down government oversight, foundations tend to focus not on how or why interventions work, but simply *if* they work.

Foundations have taken on the role of self-identified experts in adjudicating and disseminating guidelines for identifying "What Works." Thought-leaders in the philanthropic space have long called for foundations to play a more activist role in forcing nonprofits to be more outcomes-driven. For example, Porter and Kramer (1999) wrote in the Harvard Business Review that "[i]f foundations serve only as passive middlemen, as mere conduits for giving, then they fall far short of their potential and of society's high expectations" (p. 121). They further argued that "foundations [compared to individual donors and the government] have the scale, the time horizon, and the professional management to create benefits for society more effectively" (Porter & Kramer 1999: 121).

The drive to provide an evidence base for social programming as well as policymaking can be seen in the funding priorities and mission statements of major foundations nationwide. Talk of "evidence" can often be taken as rhetorical, a strive toward legitimacy by promoting the

foundation's investment in the backing of interventions that 'work.' Some examples include The Laura and John Arnold Foundation, The Annie E. Casey Foundation, The W.T. Grant Foundation, and The MacArthur Foundation.

For example, the Annie E Casey Foundation, in partnership with the Social Development Research Group, funds the Evidence2Success program, which according to the website "provides cities and states with a road map for involving communities in making smart investments in evidence-based programs." Within this framework, the AECF supports the collection of survey data on "youth well-being," including risk and protective factors, while also "empowering" communities to use evidence-based interventions that generally target individual-level behaviors. By both collecting data (which informs the use of pre-established, "evidence-based" interventions), they have created their very own economy. One is reminded of a recent quote: "This utopian proposition to redress the problems of resource distribution by building better metrics unites policymakers on both sides of the political divide. Metrics are assumed to be value-neutral and politically unbiased, and to converge solutions around scientific evidence rather than around political positions" (Brives, Marcis & Sanabria p. 371). In other words, this new economy helps to collect data on individual-level "problems" and provide solutions that are amenable to the RCT.

Consequence #1: RCTs allow foundations to sidestep responsibility for their funding choices

A long line of research argues that social problems should be understood as socially constructed (e.g., Blumer 1978, Spector & Kitsuse 1977). That is, social conditions are framed and explained as problems only when interested actors -- such as politicians, businesses, citizen groups, nonprofit organizations, or philanthropies -- engage in collective processes that re-interpret certain conditions as problematic. For example, the social problem of "child abuse" emerged only when late 19th century child advocates started to define as a problem what had previously been seen as a typical form of discipline, required in the name of society to transform "savage" and "uncivilized" children into upstanding citizens. Only when child advocates were able to publicize the tragic case of "Mary Ann," who had been so brutally beaten by her father that she died, did a collective re-definition begin to emerge where child-beating was seen as abusive (Nelson, 1986).

Once a condition is established as a social problem, the possibility for intervention presents itself. Interested actors begin to ask: what is the cause of this social problem? This triggers the emergence of what Stone (1989) refers to as "causal stories." Like social problems, causal stories are socially constructed. Causal stories help audiences understand the harm caused by the problem; to attribute responsibility for the problem to certain individuals, groups, organizations, or processes; and thereby to claim that action or intervention is needed to stop

the harm that is being caused. Returning to the child abuse example, Progressive-era reformers told a causal story that attributed the blame for children's suffering to incompetent or uncaring parents, and argued for the importance of removing innocent children from such families in order to save them. While this causal story of "bad parenting" may well have been true for some number of children of the time, in many families parents were loving but simply did not have enough money to care for their children--which may have led to a different policy response. Furthermore, the child savers' causal story ultimately served to disproportionately penalize poor, often immigrant families whose lack of material resources was recast as bad parenting.

This example of how the development of a causal story helped shape a particular social intervention occurred long before RCTs were part of the policy lexicon. It is illustrative, however, of a related challenge in the RCT era. As present-day social advocates -- including strategic philanthropists -- construct social problems and develop their own causal stories, the RCT can be deployed to provide evidence that a particular intervention suggested by the causal story is effective. This process begins to crowd out alternative causal stories for particular sets of social conditions, especially when those alternative stories have not had equal opportunity to pursue an RCT, or perhaps do not suggest a type of intervention that is amenable to the RCT methodology. This brings us to a second way in which RCTs privilege certain kinds of interventions.

Social problems are generally of a complex nature and not due to one single cause. Thus, there are many interventions that might move the needle on a particular problem. However, only some of these possible interventions are selected to be rigorously evaluated with RCTs—and those are most likely the ones that align with dominant understandings of the nature of poverty (Fraser and Gordon 1994). Beliefs about why people are poor are typically trace back either to individualistic reasons (e.g., laziness, lack of intelligence) or structural reasons (e.g., discrimination, lack of opportunity). In the U.S., white people (who also control the vast majority of philanthropic foundations) are more likely than people of color to believe that poverty is something one can escape through hard work, grit, and individual effort (Hunt 1996; Reynolds & Xian 2014). Furthermore, acceptance of the causal story that poverty is an individual problem, something that someone can be "saved" from, or "overcome" with hard work, leads to many more interventions focused on individuals (e.g., mentoring, job training, etc.) as opposed to attempts to address structural causes, which would require changes to take place at the policy level (e.g. investments in affordable housing, wealth redistribution, etc).

Another example illustrates the point. In the area of education, multiple causal stories are told about how to improve outcomes, all of which would lead us to focus on a different

intervention: smaller class sizes, changes to school funding regulations, reduced neighborhood violence, increased parent involvement, longer school day, specialized mentoring, and more. Furthermore, all of these interventions have some backing in social science research and would likely have "results" if rigorously tested. But not all of these are as amenable to such testing as others—in particular, evidence is much easier to develop on interventions that focus on changing people rather than changing structures or society. Thus, in a world where "evidence" is the coin of the realm, interventions that have the imprimatur of evidence—often those that place the onus of change on vulnerable individuals themselves rather than on structural inequalities—rise to the top more often than others. Research has clearly shown that in education, foundations often decide what types of interventions get brought to scale so that they even can be evaluated, as well as what kinds of efforts get evaluation support (Reckhow 2012).

There are opportunity costs to this in terms of whose knowledge gets promoted (Villanueva 2018), what ideas are taken up and allowed to become 'evidentiary' and what is lost when we get distracted following 'what works' when many things *could* work. Because philanthropy gets to control the discourse, and to choose what types of social welfare programming even have the opportunity to build an evidence base, it is exercising ideological power—even as that power is obscured behind the 'neutral' standpoint of evidence (Tompkins-Stange 2016).

Consequence #2: RCT-evaluated programming is crowding out community based knowledge

A primary goal of the evidence-based policy movement is to ensure that the most effective programs are what gets taken up by government and codified into policy. This movement has seen considerable success, with federal agencies now moving to only funding programs with a "certified" evidence base. A recent example is the Family First Prevention Services Act of 2018 that authorizes new federal funding for services aimed at families involved in the child welfare system, but only for programs that are registered and approved by the California Evidence Based Clearinghouse for Child Welfare. Another example is the Center for Disease Control's Diffusion of Effective Behavioral Interventions (DEBI) project, which prioritizes specific interventions that have been rigorously evaluated in the treatment and prevention of HIV/AIDS, for example. This approach has major on-the-ground consequences—for all nonprofits, not just those that have engaged with foundations around RCTs—in that nonprofits are forced then to use these models, even if they think that they are not the best match for their client population or particular set of conditions. Indeed, to refuse these certified approaches usually means that service providers must forgo essential government funding for their work.

This trajectory towards more standardized social policy using only "evidence-based" models that have been evaluated using RCTs directly contradicts a longstanding preference -- especially in the U.S. context -- for drawing on the diversity of civil society to help meet the country's wide range of social needs (e.g., Salamon 1987; Smith & Lipsky 1993). According to this view, the large size and diverse population of the United States diminishes the utility of a highly centralized policy environment driven by federally-controlled mandates. Insted, smaller units of administration -- such as states, counties, or cities -- are said to be better informed about the needs of their populations, closer to the people, and therefore better able to target policy approaches that will be effective across different places, conditions, and groups. This argument also underlies the U.S. preference for delivering many social programs not directly via government agencies, but rather through nonprofit organizations, whose smaller size and commitment to specific communities are thought to offer additional capacity to meet diverse community needs.

The movement for evidence-based policy has barely grappled with these issues. The primary point of intersection occurs in the area of implementation science, where organizations confront tensions between the demand to deliver an evidence-based model with "fidelity," and the on-the-ground reality that aspects of the program model may be inappropriate for the particular population or set of conditions facing the service provider. At present, however, implementation science offers no clear strategy for adapting evidence-based models, or for addressing the question of whether such adaptations will result in the model delivering its demonstrated effect. Social service providers thus face a Hobson's choice: deliver the model with "fidelity" even if such an approach lacks face validity; or make adaptations to the model and risk seeing it "not work." Either way, organizations that have taken up the use of evidence-based models to demonstrate improved outcomes may find themselves unable to show such improvements. Furthermore, if these organizations cannot find support to implement their own program models, which they may gauge as effective even though they have not been evaluated with an RCT, then the evidence-based policy movement has reduced programmatic diversity and potentially service providers' ability to meet the diverse range of client needs they face. Boumgarden and Branch (2013) have raised a similar critique of the recent emphasis on "Collective Impact" approaches to social problems in specific communities; they argue that CI can lead to "coordinated blindness" to innovative approaches.

Consequence #3: RCT's force both nonprofits and philanthropists to focus narrowly on one set of measurable outcomes, potentially disrupting other important work and relationships

There is ample evidence that in society at large, not just within foundations, there is a historical mistrust of nonprofits to be able to manage themselves properly. As Porter and Kramer argue

in the Harvard Business Review, in a paper cited by Brest (2015) as foundational to the strategic philanthropy movement: “Nonprofits operate without the discipline of the bottom line in the delivery of services, though they do compete for contributions. As a result, they lack strong incentives to measure and manage their performance. Foundations can not only encourage them to do so but also bring to bear their objectivity as well as their own and outside expertise to help grantees identify and address weaknesses.” (1999, p. 124).

By focusing on “performance,” this view also assumes that nonprofits have a singular or dominant purpose, i.e., to change people in some specific way. In fact, as organizations, nonprofits have multiple goals and demands on them. They are expected to be advocates for communities, create a space of safety and transformation, and serve as sites of social capital development, among other tasks (Eikenberry & Kluver 2004). Many nonprofit service providers see themselves as much more than an objective “provider of service” --they see themselves as community anchors, resource developers, and advocates as well. If they are made to focus exclusively on individual attainment outcomes, what civil society outcomes are lost?

There are two issues at hand here: 1) what nonprofits that are under evaluation may be disincentivized to focus on, and 2) the delegitimizing of the expertise housed in nonprofits who are coercively pressured to adopt evidence-based programming that may or may not be appropriate for the community they are serving.

On the first point, nonprofits have reason to believe that, even if they are chosen to have their program evaluated--which, although there are significant staff and resource demands, may be an exciting proposition for reasons of future growth and legitimacy--they had better not “fail.” There is an implicit understanding in this field that evaluations are not done to see where nonprofits could learn, grow, and do better, but rather to confirm or disconfirm that they are reaching clearly defined performance goals. Evaluations are not done to uncover how foundations can better help nonprofits reach those performance goals; they are done to uncover whether the program deserves further support and investment. This is extremely high stakes for any organization. For example, the Arnold Foundation in an RFP associated with criminal-legal research wrote:

> Thus, for the most part, policymakers are operating in a vacuum of knowledge about which criminal justice strategies can truly make a difference. And, unfortunately, predominant unproven strategies are too often found not to work when rigorously evaluated–including many that are acclaimed by experts or backed by less-rigorous studies. Research holds a key to identifying important ways of improving criminal justice outcomes. That is why it is important for criminal justice reform not only to expand the few strategies with credible evidence that currently exist, but also to use rigorous

> evaluations to build additional knowledge about what works–and what does not work–to improve the system." (p. 1)

Not only can those high stakes lead to perverse incentives to get results by any means necessary (creaming, etc) but it may also compromise the organization's' willingness (or ability) to participate in other important tasks: volunteer development, community outreach, advocacy, etc. (Spitzmueller 2016). Many of these tasks are contributions that have traditionally been assigned to the nonprofit sector and get symbolically upheld as to why they deserve foundation and government support in the first place.

On the second point, perhaps unintentionally, the evidence-based policy movement treats human service nonprofits primarily as tools to deliver services that have been been pre-approved in a top-down manner. There is a latent assumption that programs that have not been tested are not as "good" as those that have, which ignores what we know about which programs are chosen for evaluation. This delegitimation compromises the ability of those nonprofits to grow on their own terms, apply their expertise to local problems, and contribute to building a robust civil society with ground-level insight.

Ultimately, the loss of non-RCT evaluated programming equals reduced diversity in programming and a violation of the whole reason we have privatization in the first place, e.g, nonprofits have strong community connections and will meet niche and specialized needs. Major questions exist, then, about who gets to have an RCT done, how that knowledge is used after it is collected, and what other kinds of evidence might count, instead.

There are serious structural inequities that exist with the whole infrastructure of RCTs, regarding who has the connections, power, and resources to procure RCT related grants. What nonprofits are considered to have the "capacity" to engage in research and procure grant dollars? There is a lot of social capital involved in being able to write those grants and being "chosen" by a foundation with limited dollars. Foundations even recognize this, as seen in the Arnold Foundation publications on how to choose 'the best' evaluation partner.

Discussion

Given this push for RCTs, and the relative shortage of voices calling for a shift in priorities, we point to several implications for practice in the field of philanthropy.

First, strategic philanthropists should consider more carefully how the evidence-based policy movement that they are spearheading, and their promotion of RCTs as the "gold standard" of

evidence in particular, leads to the privileging of certain kinds of interventions, organizations, and capacities. This is not to say that RCTs cannot be a useful policy tool, but rather that that there is a wider political economy surrounding what is often presented as neutral science, and which philanthropists should acknowledge and engage. Philanthropists should be careful to notice when building evidence about a particular intervention may be shutting down another, competing intervention; whether "bottom-up" solutions have as much chance to demonstrate their efficacy as "top-down" solutions popular with policy elites; and how the RCT model of intervention, replication with fidelity, and scaling might be systematically under-serving certain places, populations, and organizations.

Second, foundations that are investing in human service RCTS are only now beginning to think more deeply about how those evaluations can be carried out in ways that address community concerns about access and equity. Meanwhile, governmental funding streams are going in the other direction, prioritizing organizations that carry out pre-selected programming rather than investing in community capacity and knowledge. Much more work needs to be done here, including assessing and promoting alternative evaluation models, and revealing the ways in which selectively advantaging organizations with the capacity and desire to deliver only evidence-based programming can, perhaps inadvertently, marginalize the most marginalized. Finding promising solutions that are underrecognized and helping build capacity so that growth can be achieved is an important role for foundations. Nimbleness and community connections are potential areas of strength for foundations, at least when compared to government.

Furthermore, if human service nonprofits are going to be incentivized or mandated to adopt programs "proven" through an RCT, funding should be directed towards advancing our knowledge of the theory of change used in those programs, and shift from an exclusive focus on "impact." This would better allow for the adaptation of the knowledge generated to new and different population. Much of the rhetoric around RCTs is about finding out "what works." But knowing "what" works loses meaning if we don't know "why," because of the loss of knowledge about when and where to generalize. Who else might be helped? Who might need a different sort of intervention? If foundations really want to facilitate learning they need to invest in that, specifically, not in high-stakes experiments.

Finally, more attention needs to be given to how RCTs can be used to promote learning instead of a focus on "passing the test." Foundations are well aware of their outsized influence and the ways in which grantees are sometimes focused on simply telling them what they want to hear. That same self-protective impulse plays out in how organizations respond to evaluation, deploy their staff, and place valuable resources. When high-stakes evaluations are carried out without attention given to the whole organization, as though achieving one set of predetermined

performance goals should be the only thing that counts, civil society contributions can be lost. Contributing to a view where nonprofits are seen as one-dimensional providers of generically reproducible services may affect the quality of the relationship between nonprofits and foundations, not to mention between nonprofits and the communities they serve.

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