

2013 Terrance Keenan Leadership Award in Health Philanthropy

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The following is James Kimmey's acceptance speech upon receiving Grantmakers In Health's Terrance Keenan Leadership Award in Health Philanthropy on March 14, 2013.

There is no greater honor than to be recognized by one's colleagues for practicing that which you learned from them. And then to have the award named for an individual from whom we all learned, directly or indirectly. That is my situation today, and I can say, without reluctance that this is the most significant honor that I have received...ever...period.

A decade ago, I was offered the opportunity to become the first president and CEO (and only employee) of the Missouri Foundation for Health (MFH). The foundation, a result of the conversion of Blue Cross Blue Shield Missouri from nonprofit to for-profit status, had a billion dollars in assets, a broad charter to advance the health of Missourians, a dedicated board of community leaders...and no history in philanthropy. Furthermore, neither did I.

It wasn't that I didn't have a history, just none in philanthropy. The specifics of what I had done in the years before MFH are not important. (In fact, even now I look at the list of positions following medical school and conclude "I couldn't hold a job.") I considered the opportunity to activate MFH a "capstone" opportunity that could draw on the experiences I had in government and the nonprofit sector. But I didn't know much about philanthropy in general or

grantmaking foundations in particular. Since there were high expectations for the foundation across Missouri, I needed a crash course in the art and science of grantmaking.

I got it here...here being Grantmakers In Health (GIH). Shortly after being appointed, I attended my first GIH meeting in New York. I attended sessions and receptions and field trips, but more importantly I began to establish relationships, both with GIH staff and with a spectrum of grantmakers from all parts of the country and from all types of health foundations. I found them welcoming, open, and willing to share, and thus my learning began. And it continued across the decade. GIH has been a major influence on my work and that of the Missouri Foundation for Health, and for that I am eternally grateful.

I learned that many of those who were helpful and influential, as well as GIH itself as an organization, had a common element, a person who, though I never had a chance to meet, nevertheless I came to understand was one of the most influential figures in the evolution of health philanthropy, Terrance Keenan.

Terry Keenan's influence on my evolution as a grantmaker was both indirect and direct. Indirect through GIH, where he was instrumental in its founding and early development, and through my many colleagues who worked with him over his career and who brought his values to their work and to their advice.

Direct through a short paper he wrote in 1992 and which was brought to my attention early, titled *The Promise at*

ABOUT THE TERRANCE KEENAN LEADERSHIP AWARD IN HEALTH PHILANTHROPY

The Terrance Keenan Leadership Award honors outstanding individuals in the field of health philanthropy whose work is distinguished by leadership, innovation, and achievement. Grantmakers In Health established this annual award in 1993 in honor of Terrance Keenan who, by example and instruction during his more than 40 years of service and contributions to health philanthropy, charged grantmakers with exercising the freedom to invest in leadership and develop new institutions and systems to confront major needs. He encouraged those in the field to embrace both the freedom to fail and the freedom to persist. He also challenged grantmakers to make "their self-concept as public trusts...the overriding article of their faith and the guiding force of their behavior." The Terrance Keenan Leadership Award is intended to stimulate others to strive toward this same standard of excellence and acknowledge those whose work embodies his spirit.

Hand. In it, he defined nine characteristics that make a foundation great. Although many of you may be familiar with those characteristics, many of you are not, and that makes it worthwhile revisiting them briefly.

Keenan wrote:

- A great foundation is informed and animated by moral purpose.
- A great foundation accepts responsibility and stewardship for pursuing these purposes.
- A great foundation walks humbly with its grantees—it acknowledges that their success is the instrument of its own success.
- A great foundation is deliberate. It is guided by judgment. It acts where there is a need to act. It takes necessary risks—and proceeds in the face of great odds.
- A great foundation is a resource for both discovery and change. It invests not only in the identification of answers, but also in the pursuit of solutions.
- A great foundation is accountable. It functions as a public trust—and places its learning and experience in the public domain.
- A great foundation builds investment partnerships around its goals, creating coalitions of funders—public and private—to multiply its impact.
- Conversely, a great foundation participates in funding coalitions being organized by other parties to lend its support to purposes requiring multiple funders.
- Finally, a great foundation is self-renewing. It adheres to a constant process of self-reflection and self-assessment. It knows when it needs to change and to adopt measures to improve its performance.

Keenan articulated these values in a very different time. There were far fewer foundations, and particularly health foundations, than there are today. He worked with two of the most prominent—then and now—The Commonwealth Fund and the Robert Wood Johnson Foundation, and distilled many of his experiences into this list. But he did not simply observe what the standard practice was in 1992 and incorporate it into these statements. He pushed the boundaries of conventional foundation activities, including those he knew best, in directions that were new and not entirely comfortable—public accountability, coalition building, and joint funding. He envisioned a future different from the status quo at the time, one that in many respects has come to pass.

That vision resonates today in a very different social and political environment than existed in 1992. That is the environment in which I was privileged to lead a large health foundation, beginning 10 years after *The Promise at Hand* appeared and concluding a decade later. I strove to apply

Keenan's principles to the work of MFH as it evolved and matured, and they were of great value in that process.

I believe that all foundations aspire to be great—it would be an unusual board indeed that stated a firm desire to be mediocre! Certainly the directors who have served at MFH would reject mediocrity as would the staff and the stakeholders.

Terrence Keenan's nine principles were appropriate to the time at which they were articulated and remain significant today. They define how a great foundation should operate and therefore are largely process-oriented. In today's environment, foundations are requiring outcome measures for grantees and should do no less for their own performance. Having great processes is necessary but not sufficient in 2013. So, based on my experiences over a decade in the business, I am going to be bold enough to offer some additional thoughts on foundation greatness.

- ***In 2013 a great foundation embraces evidence-based planning and decisionmaking but recognizes that evidence is more than data. Rather, it is intimate knowledge of individuals and communities served, their needs and their desires.*** Terry Keenan practiced this approach, and was well-known for his forays into the field to try and gain better understanding of the problems of real people that underlie the statistics. His “shoe-leather philanthropy” is an approach that deserves to be more widely practiced in 2013. We have tons of data describing the health situation of the population of St. Louis or New York or El Paso but much less information concerning the situations on the ground that underlie the data—not only the common factors that impact the numbers across populations, but the uncommon factors that impact the numbers for a specific population in a specific place. And we find that many of those factors fall outside the conventional definition of health and the focus of health foundations, leading to another contemporary descriptor.
- ***In 2013 a great foundation recognizes that health conditions and problems are consequences of factors—social determinants—that are outside the health arena but require attention if health status is to improve, and does something about it.*** Health foundations are very aware of the impact of nonhealth factors on the health of a community or population but often at a loss as to their role in dealing with such factors. The result is that a preponderance of their support goes to dealing with the effects rather than the causes. This is understandable—most health foundations look at the determinants—poverty, environmental factors, educational deficits, lack of social structure, and racism—and say they are just too big and are outside our charter. They are both, but there are actions that health foundations can—should—be taking, and they stem from two of Terry Keenan's

principles—coalition building and cooperative funding. Achieving long-term improvement in health status of a population requires a multifaceted coordinated approach that deals with both causes and effects. Health foundations can—should—be taking leadership in their communities in bringing together funders focused in one or another of the social determinant areas, and government, to attack health problems and the determinants in an organized fashion. That’s the easier part. There should also be willingness to participate in funding coalitions where the participants give up a degree of control over their contribution in the interests of flexibility and effectiveness. A multipurpose coalition that must satisfy the individualized application and reporting requirements of multiple funders is handicapped from the beginning.

- ***In 2013 a great foundation pursues its moral purpose and goals using every means available and appropriate to that pursuit.*** From the beginning, we at MFH understood that the *supporter* role—provision of assistance through grants to organizations that provide services to communities and their residents—was the principal means of meeting our responsibilities. This evolved quickly, however, with diversification of roles in order to extend the foundation’s impact. We early adopted a *convener* role—it seems that when a foundation calls many answer and are willing to come together to consider issues and solutions. We began to function as a *producer and distributor* of information, particularly in the health policy arena, and adopted a broad distribution strategy using print, the Web, and social media. And finally, because we were supporting, convening, producing, and distributing, we found ourselves in an *advocate* role, an experience that leads to another contemporary characteristic.
- ***In 2013 a great foundation recognizes the power of its voice in securing positive change and has no reservations about using it.*** This particular characteristic is probably the most debatable of my conclusions concerning foundation roles in the current environment. Clearly, foundations, whether local, regional, or national in scope, command attention because of their resources, their flexibility, and their role in supporting innovation. They are influential. But they vary widely in their views of how to exercise that influence in achieving their objectives. I do not suggest that foundations support political campaigns or endorse candidates or hire lobbyists to support or oppose specific legislation. I do suggest that you consider a much more active role and invest resources in educating the public and its representatives concerning the health issues at your community or state level, and at the national level. This should of course be nonpartisan and balanced information that accurately describes a health situation of concern. But therein lays a problem. In today’s toxic political environment, the most carefully

developed and analyzed data and information, upon release, becomes partisan information. Publish a study that analyzes the number of persons that would be affected by Medicaid expansion in your state under the Affordable Care Act—immediately partisan! Suggest that public health departments in an area or state are underfunded compared to national norms—partisan! And on and on. Some are deterred by this situation and are willing to lay low and avoid the controversy that often attends taking public positions. Although it was certainly not the case with the MFH board, I have observed that it is often boards that are reluctant to become more active in promoting or investing in advocacy for the unserved and underserved, whether directly by a foundation or indirectly through support of health advocacy organizations. Personally, I think this is a mistake. The unserved and underserved have few ways to give voice to their needs—advocacy and advocates provide that voice, and should be supported.

There you have it—two commentators’ views on what makes a great foundation. If all these criteria were necessary preconditions to the title, I have never seen a great foundation. Nor would I expect to because the key is not to achieve greatness but to strive for greatness. There may be foundations in this audience who think—rubbish! We’re a great foundation. That is a dangerous assumption, because assumption of greatness breeds complacency. Complacency stunts creativity and results in lost opportunities. Lost opportunities diminish the effectiveness and stature of the foundation.

My last word—strive for greatness. Your communities, states, and nation will be the better for it.

ABOUT JAMES R. KIMMEY

In 2001 James Kimmey, M.D., M.P.H. began his tenure as the Missouri Foundation for Health’s first president and CEO, without an office, staff, or funding strategy. By the time he retired in 2011, the foundation was the largest health-focused grantmaker in Missouri. Seizing opportunity and innovative grantmaking were hallmarks of his leadership, from addressing health workforce shortages to establishing the foundation as the nonpartisan voice in Missouri on health issues. He was also instrumental in major programs and projects such as Missouri Capture and Cover Missouri. Dr. Kimmey is currently professor emeritus and executive-in-residence at the Saint Louis University College for Public Health and Social Justice.