



HEALTH  
+ EQUITY  
FOR ALL

GRANTMAKERS IN HEALTH ANNUAL MEETING ON HEALTH PHILANTHROPY  
MARCH 7-9, 2012 | BALTIMORE, MARYLAND

**Lauren LeRoy, *President and CEO***  
**Grantmakers In Health**  
**March 7, 2012**  
**Part 3 of 3**







# HEALTH + EQUITY FOR ALL

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# TAKING RISKS AT A CRITICAL TIME

GRANTMAKERS IN HEALTH  
Annual Meeting on Health Philanthropy  
Hyatt Regency Century Plaza | February 27-29, 2008 | Los Angeles, California



bridging, building, and beyond  
breaking down barriers to health improvement

GRANTMAKERS IN HEALTH ANNUAL MEETING ON HEALTH PHILANTHROPY

## FROM THE GROUND UP

IMPROVING COMMUNITY HEALTH | INSPIRING COMMUNITY ACTION

AGENDA BOOK FEBRUARY 22-24, 2008 PRICES \$HERATON WILL

GRANTMAKERS IN HEALTH

## SOCIAL INEQUALITIES IN HEALTH

Keynote Addresses from the Annual Meeting

GRANTMAKERS IN HEALTH

Annual Meeting on Health Philanthropy  
March 19-20, 2009  
Sheraton New Orleans - Old New Orleans, Louisiana

## SEEING THE FUTURE WITH 20/20 VISION

GRANTMAKERS IN HEALTH

Annual Meeting on Health Philanthropy  
InterContinental Miami | February 14-16, 2007 | Miami, Florida

## Knowledge to Action

applying what we've learned to improve health

IMPORTANT DATES

January 24th  
Last chance to reserve a hotel room at special rate.

February 2nd  
Last day to register without \$100 late fee.

## Agents of Change

HEALTH PHILANTHROPY'S SY

THE NATION'S LEADING HEALTH INDICATORS

Measuring Progress, Taking Action

- PHYSICAL ACTIVITY
- OVERWEIGHT AND OBESITY
- TOBACCO USE
- SUBSTANCE ABUSE
- RESPONSIBLE SEXUAL BEHAVIOR
- MENTAL HEALTH
- INJURY AND VIOLENCE
- ENVIRONMENTAL QUALITY
- IMMUNIZATION
- ACCESS TO HEALTH

Collaborating for Change

EXPLORING HEALTH PARTNERSHIPS THAT WORK

GRANTMAKERS IN HEALTH

Annual Meeting on Health Philanthropy  
FEBRUARY 28-MARCH 2, 2001  
CORONADO ISLAND MARIOTT RESORT  
SAN DIEGO, CALIFORNIA

GRANTMAKERS IN HEALTH ANNUAL MEETING ON HEALTH PHILANTHROPY

February 25-27, 2004  
Westin Diplomat Hotel  
Hollywood, Florida

## PUTTING PEOPLE FIRST

GRANTMAKERS IN HEALTH

Don't Delay... Register Today!  
[www.gih.org](http://www.gih.org)

CELEBRATING 20 YEARS

## ON SOLID FOUNDATIONS

STRENGTHENING THE FUTURE OF HEALTH AND PHILANTHROPY

ANNUAL MEETING ON HEALTH PHILANTHROPY  
February 27- March 1, 2002  
The Waldorf-Astoria  
New York, New York

DON'T DELAY • REGISTER TODAY • [WWW.GIH.ORG](http://WWW.GIH.ORG)

GRANTMAKERS IN HEALTH

## SPANNING GENERATIONS

ANNUAL MEETING ON HEALTH PHILANTHROPY

- MARCH 1-3, 2009
- HOTEL INTER-CONTINENTAL
- MIAMI, FLORIDA

## Creating a Healthier Future FOR OUR KIDS, FAMILIES, AND COMMUNITIES

## GRANTMAKERS IN HEALTH ANNUAL MEETING ON HEALTH PHILANTHROPY MARCH 2-4, 2011 \* LOS ANGELES



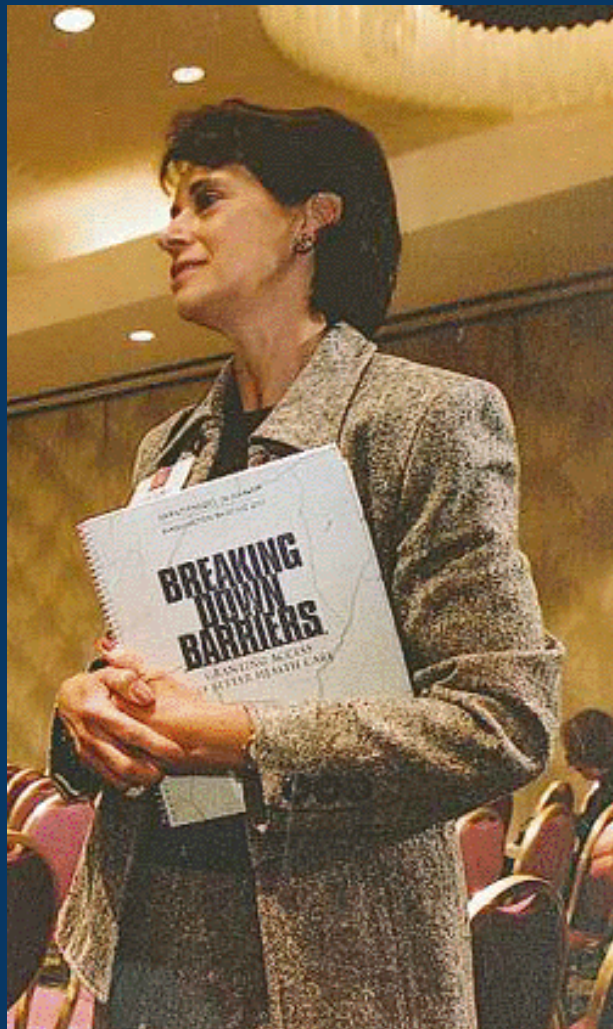




# SOCIAL INEQUALITIES IN HEALTH

Keynote Addresses from  
the Annual Meeting  
on Health Philanthropy

FEBRUARY  
1999



# HEALTH + EQUITY FOR ALL

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“I learned very early the difference between knowing the name of something and knowing something.”

*Richard Feynman*  
*Nobel Prize-winning Physicist*

- Inequalities – a generic term used to designate differences, variations, disparities
- Inequities – those inequalities that are unfair and unjust

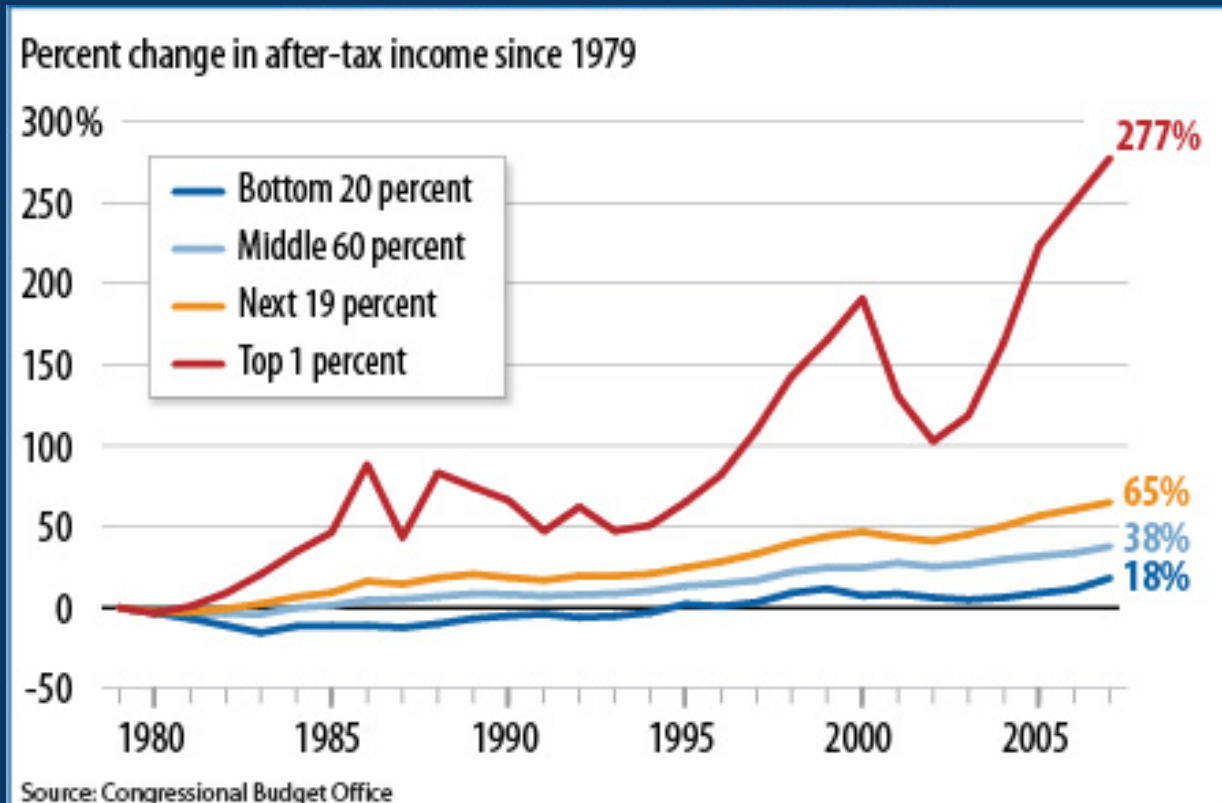
“...using the term equity captures the essence of unfairness, not just that there are disparities...but the unfair distribution of health. It is inequitable.”



*Michael Marmot*

*Chair, WHO Commission on Social Determinants of Health  
2009 GIH Annual Meeting Plenary Address*

# Income Gains Across Income Levels



Source: Center on Budget and Policy Priorities



“I don’t think any advanced democracy is as obsessed with equality of opportunity or as relatively unconcerned with equality of condition.”

*Jerome Karabel*

*University of California, Berkeley*

“We all know that where you stand in the income distribution curve is related to your life expectancy and your expectancy for a healthy life.”



*Robert Evans*

*Centre for Health Services and Policy Research  
1999 GIH Annual Meeting Plenary Address*

“Putting poverty back on the table forces us to ask ourselves, and each other, what we are about.”



*Ralph Smith*

*Annie E. Casey Foundation*

*2006 GIH Annual Meeting Plenary Address*



“Be honest about the social forces that leave some people vulnerable, marginalized, and impoverished, and leave others well protected from any of those slings and arrows.”

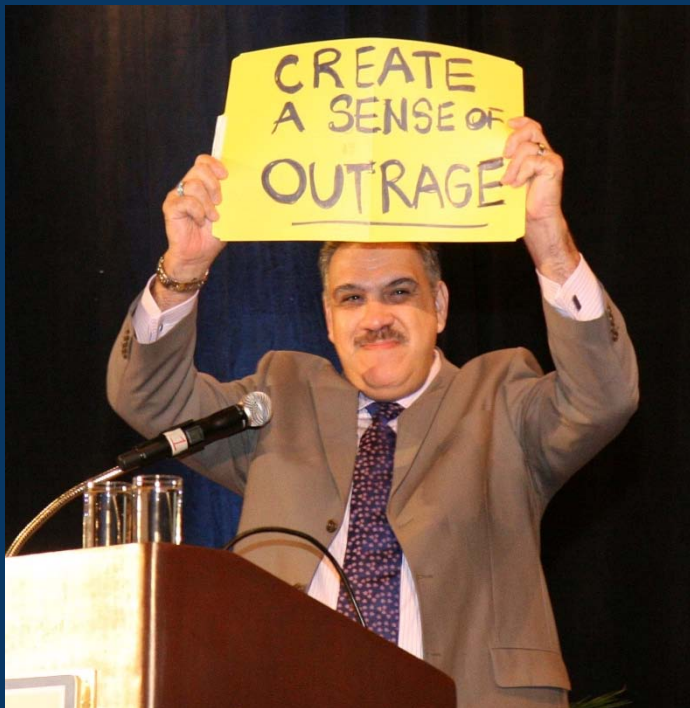


*Paul Farmer*

*Partners In Health*

*2006 GIH Annual Meeting Plenary Address*

“We must confront directly and forcefully this dual epidemic of poverty and structural racism.”



*Mario Gutierrez*

*2007 Terrance Keenan Leadership Award Winner*

“Social injustice is killing people  
on a grand scale.”



*Michael Marmot*

*Chair, WHO Commission on Social Determinants of Health  
2009 GIH Annual Meeting Plenary Address*

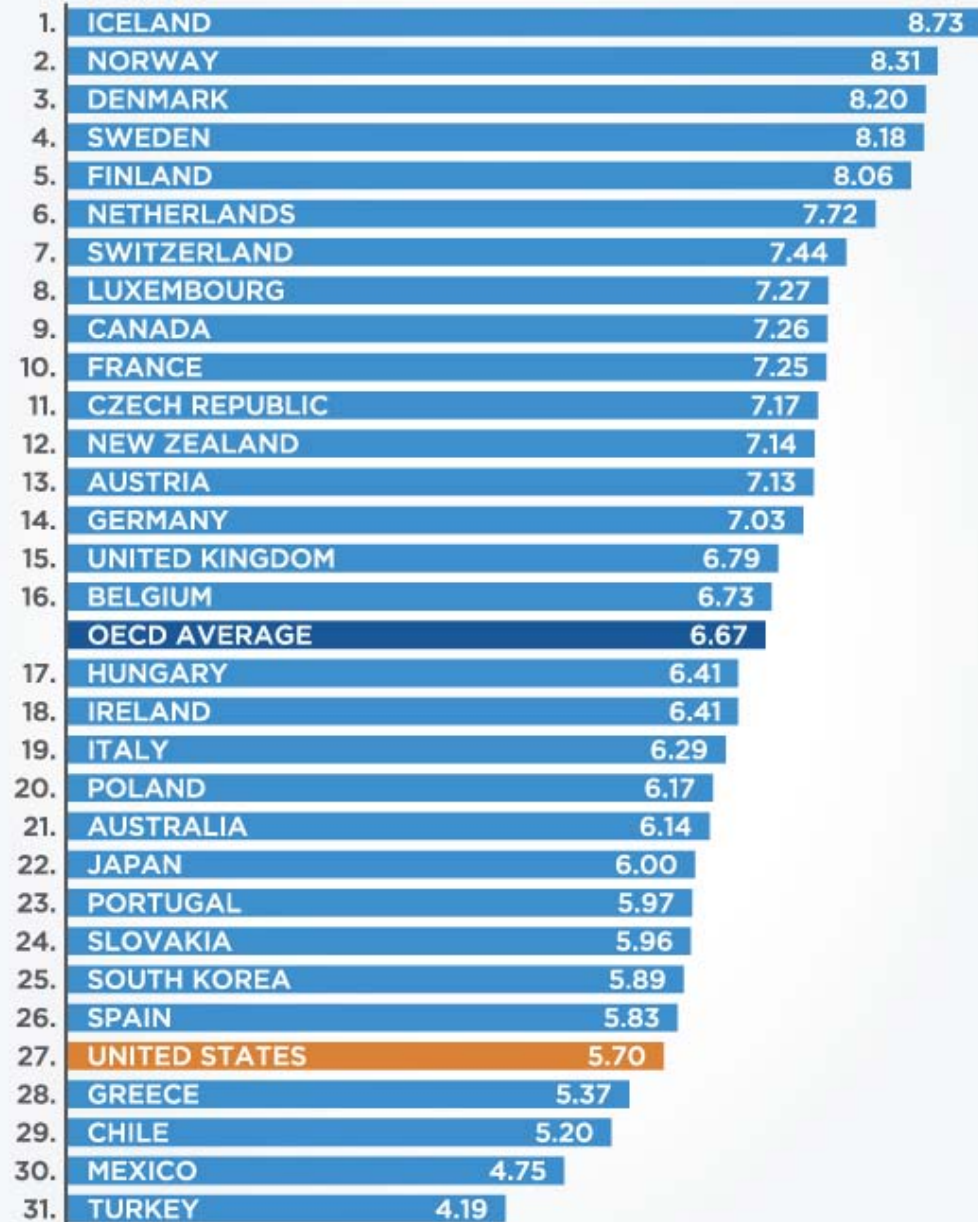


# Indicators for Success in Market Societies

- Poverty prevention
- Access to quality health care
- Intergenerational justice
- Access to good quality education
- Social cohesion
- Labor participation

Source: Bertelsmann Foundation

## Bertelsmann Social Index



Source: Bertelsmann  
Foundation

“The myth of a classless society  
has been exposed.”

*Paul Krugman*

*Princeton University and New York Times*





“...when the rungs of a ladder are far apart, it becomes more difficult to climb the ladder.”

*Isabel Sawhill*  
*Brookings Institution*

“Social and economic inequality...is the most significant underlying factor behind health status inequality.”

*Brian Smedley*

*All Things Being Equal*

“Of all forms of inequality, injustice in health is the most shocking and the most inhumane.”

*Martin Luther King, Jr.*



“...we can't accept two standards when it comes to measuring health in this country.”



*Nicole Lurie*

*HHS Principal Deputy Assistant Secretary for Health  
1999 GIH Annual Meeting Plenary Address*



## Overarching Goal

“Achieve health equity, eliminate disparities, and improve health of all groups.”

“...any health care funding plan that is just, equitable, civilized, and humane must, MUST, redistribute wealth from the richer among us to the poorer and less fortunate. Excellent health care is, by definition, re-distributional.”

*Donald Berwick*



“Foundations...can speed up the process, acting as ‘society’s passing gear’.”



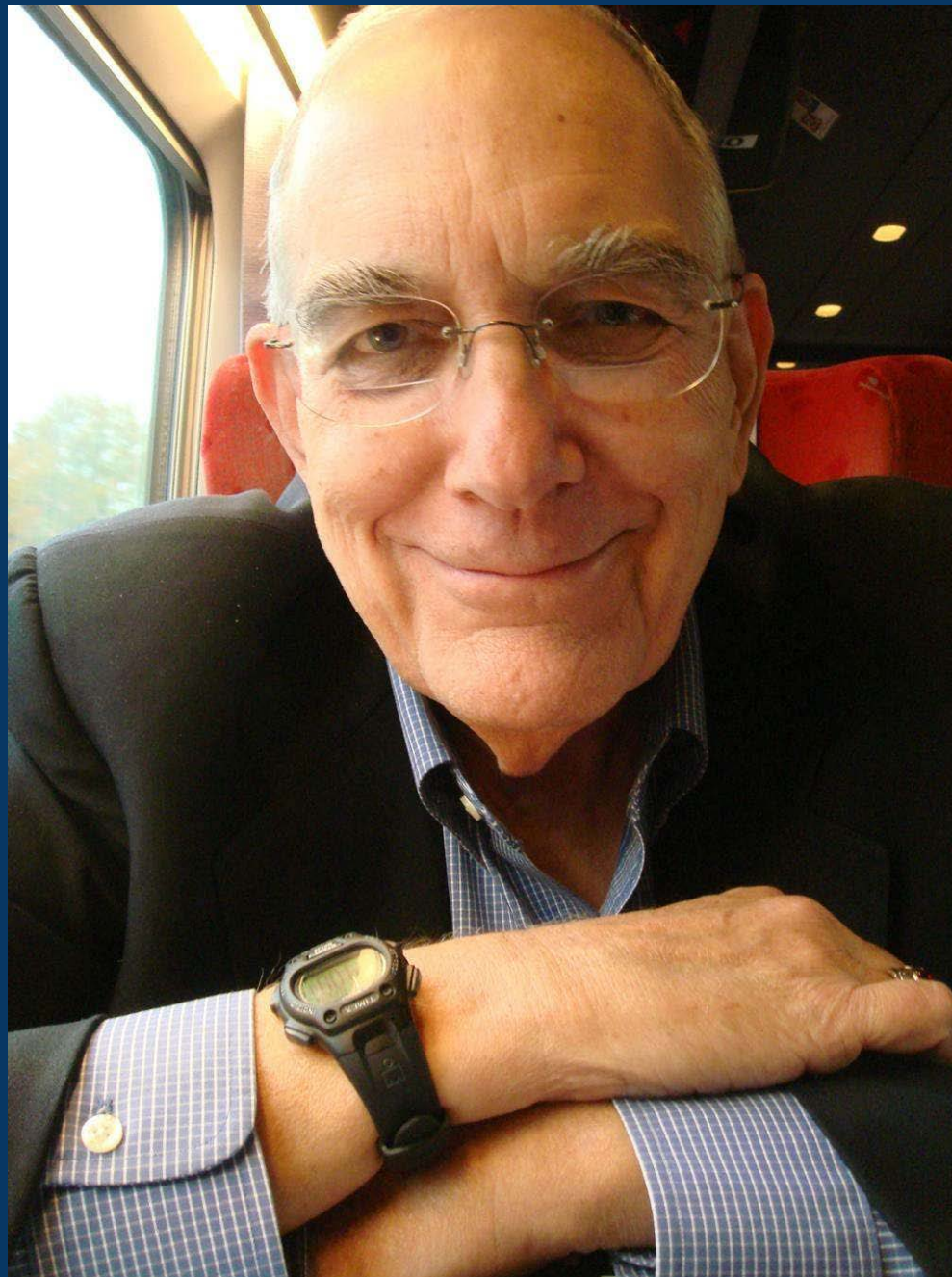
*Paul Ylvisaker  
formerly, Ford Foundation*







*“We’re ready to begin the next phase of keeping things exactly the way they are.”*



*Frank Karel*  
*Formerly, Robert*  
*Wood Johnson*  
*Foundation*

# Elephants in the Room

- Taking risk
- Flexible funding
- Core support
- Supporting policy and advocacy
- Multi-year funding
- Sticking with an issue for the long term
- Taking responsibility for sustainability
- Being realistic about what we can measure



# Elephants in the Room (continued)

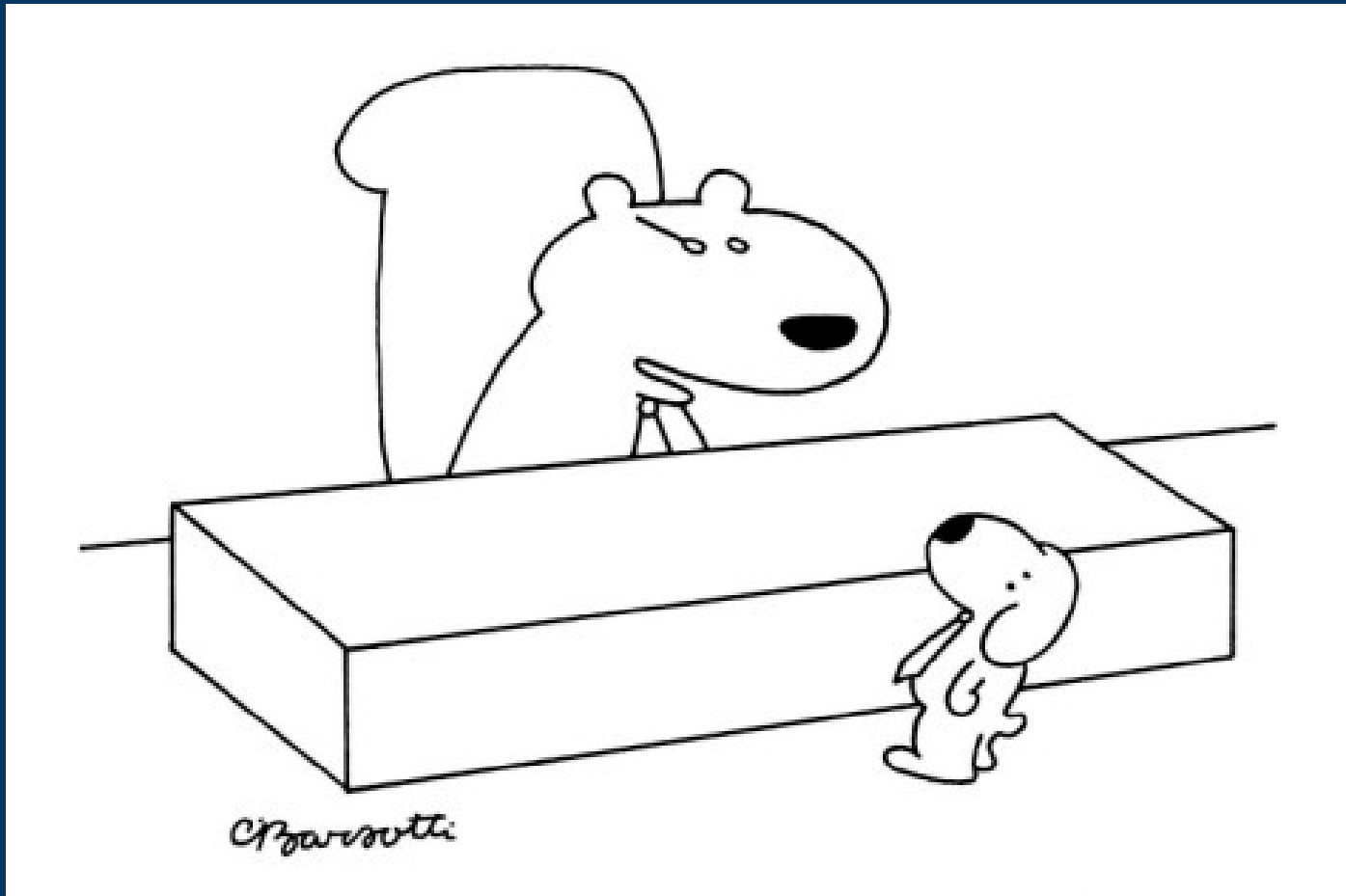
- Learning from your work and sharing it
- Promoting diversity
- Leadership development
- Succession planning
- Streamlining applications and reporting
- Treating grantees with respect



# Terrance Keenan Institute for Emerging Leaders in Health Philanthropy



TK Fellows, 2010



*“The old tricks, young fellow, have served me well.”*



# Terrance Keenan Fellows' Views from the Field

**GRANT MAKERS HEALTH**

## VIEWS FROM THE FIELD

FEBRUARY 20, 2012

### The One that Got Away: Emerging Leaders in Health Philanthropy On Moving Up and Moving On

**YEENU AULAKH**  
Associate Director, Community Clinics Initiative, Tides

**ELIZABETH KRAUSE**  
Senior Program Officer, Connecticut Health Foundation

**JASMINE HALL RATLIFF**  
Program Officer, Robert Wood Johnson Foundation

**BRENDA SOLORZANO**  
Chief Program Director, Blue Shield of California Foundation

Does philanthropy in the 21<sup>st</sup> century offer a viable career path for rising leaders with fresh visions and several decades of potential contributions before them, or is it a significant, yet temporary stop on what is sure to be a varied career journey? The inaugural class of Emerging Leaders in Health Philanthropy (TKI)<sup>1</sup> has been Grantmakers In Health's (GIH) Terrance Keenan Institute for Emerging Leaders in Health Philanthropy (TKI) has been actively pondering this question. It started as a theoretical question when we convened in person in September 2010. During the course of our time together as a cohort, the question about our ability to grow from emerging into full-fledged leaders went from theoretical to weighing heavily on our minds.

While opportunities for professional development, advancement, and promotion were at the time and continue to be central to the conversation, TKI Fellows view leadership in a holistic sense in the spirit of Terrance Keenan. Terrance Keenan, the TKI program's namesake, was a leader while at Keenan, the TKI program's namesake, and in the wider philanthropic sector. It is important to emphasize that Terrance Keenan never carried the title of CEO, but he was supported in practicing his philanthropic leadership over many decades. Our quest in continuing to grow as leaders is very much in line with this vision of leadership and continual growth. The question we are interested in exploring is how we achieve our recognized potential as emerging leaders in health philanthropy.

Over the course of the year following our initial gathering in 2010, the leadership question became more of a salient challenge as we watched 23 percent of our TKI colleagues leave health philanthropy to work in the nonprofit and consulting

The spectrum of stories behind these transitions is quite varied, from unease with new foundation leadership and direction, to a desire to work more directly on frontline programs, to wanting to explore opportunities to build new skills and expertise. The departures were first met by excitement and pride because we support each other's professional leaders in their new positions. Our positive feelings were tempered, however, by concerns for the future of health philanthropy with the loss of highly talented leaders and concern as the exodus reinforced our anxieties about opportunities for growth in relatively flat organizations that often search externally when hiring for leadership positions. We turned to the process what was happening and opportunities for formal leadership development and opportunities for emerging professionals. Historically, philanthropy has been considered a long-term career, but one that is appropriate for mid- to late-career professionals. There is a desire to identify opportunities for people enter philanthropy earlier in their leadership. So is health philanthropy value the young people yearning to be CEO? Should foundations create philanthropic leadership roles for staff to move one another?

There is of course, questions we pose, and questions as starting points.

<sup>1</sup> Seventeen TKI fellows were nominated by their CEOs and selected by GIH to participate in the program.

**GRANT MAKERS HEALTH**

## VIEWS FROM THE FIELD

MAY 23, 2011

### Cultivating the Next Generation of Philanthropic Leadership

**KIM VAN PELT**  
Associate Director, Arizona Health Futures, St. Luke's Health Initiatives

**RACHEL WICK**  
Director of Policy, Planning & Special Projects, Consumer Health Foundation

**MELINDA ABRAMS**  
Vice President, Patients-Centered Coordinated Care Program, The Commonwealth Fund

Last fall the Robert Wood Johnson Foundation and Grantmakers In Health (GIH) convened the inaugural Terrance Keenan Institute for Emerging Leaders in Health Philanthropy, a fellowship program designed to engage Gen X practitioners from foundations across the country toward cultivating the next generation of philanthropic leadership. The fellowship was conceived of as a way to honor Terrance Keenan, a career program officer at the Robert Wood Johnson Foundation, leader in health philanthropy, and one of the founding members of GIH. Keenan – who died in 2009 – was a mentor to many in the field and wrote extensively about the attributes of great philanthropic leaders and organizations.

Seventeen fellows came together in Washington, DC, last September for an intensive workshop. The diversity among us was striking. We were men and women; racially and ethnically diverse; married, single, gay, and straight. We had educational backgrounds in areas such as public policy, medicine, law, and engineering, and all of us were currently working as program officers at health foundations. We were joined by six **Great leaders are informed and animated by a sense of moral purpose. They are humble and willing to take risks.**

The meeting was centered on the teachings of Terrance Keenan. Fellows were asked to read excerpts from his monograph *The Promise at Hand: Prospects for Foundation Leadership in the 1990s*, as well as "Terrance Keenan: An Appreciation" by Digby Diehl. Keenan wrote about how great leaders are informed and animated by a sense of moral purpose. They are humble and willing to take risks. Great

philanthropic leaders believe deeply in the benefits of partnership and collaboration among foundations and between foundations and grantees. They engage in continuous improvement, reflecting on their past performance and engaging in self-renewal. They are deeply invested in supporting the success of their grantees. And they are committed to transparency, sharing their learning and experience in the public domain.

Keenan's vision for philanthropy was one that resonated deeply with our class of fellows, but the question that kept coming up was whether the field of health philanthropy (and philanthropy in general) has actually embraced it. We had a great deal of discussion about whether foundations actually supported more traditional or conventional forms of leadership, which prized institutions' autonomy and individual accomplishments while avoiding risk and transparency.

There were also big questions around whether the field was really committed to grooming its leadership from within. Increasingly, fellows saw foundations bringing in staff and executives from outside their organizations and from other sectors like business, government, and think tanks. Though we were there as emerging leaders, a path to further leadership development among their peers. One of the most that philanthropy had given so little thought to learn and growing its own talent, something successful corporations had been intentionally investing in for years.

At the start of the second day of our meeting, the group decided that we needed to shift our focus to the future. Together, we reached consensus that there were opportunities









“The context for our work has been neither  
so dire nor so promising  
in the lifetimes of our organizations.

The way we choose to act will define us  
for years to come.”



*Tom David*

*Tides*

*2002 Terrance Keenan Leadership Award winner*





“For our own sakes and for the nation’s health, it’s time to shift into overdrive.”