

Philanthropy: Terrance Keenan Style

DAVID ADLER, M.P.A.

Program Officer, Robert Wood Johnson Foundation

SARAH SENSEMAN, M.P.H.

Manager of Community Initiatives, Center for Prevention, Blue Cross and Blue Shield of Minnesota

YANIQUE REDWOOD, PH.D., M.P.H.

President and CEO, Consumer Health Foundation

RACHAEL WATMAN, M.S.W.

Senior Program Officer, The John A. Hartford Foundation

The Terrance Keenan Institute for Emerging Leaders in Health Philanthropy launched in 2010 in honor of a giant in philanthropy, the late Terrance Keenan. It is, therefore, fitting that our fellowship experience began with a study of Keenan's writings, including *The Promise at Hand: Prospects for Foundation Leadership in the 1990s*. In it, Keenan names nine characteristics of great foundations, inviting foundations to deeper levels of self-reflection as they seek to be responsible stewards of the resources to which they have been entrusted. As an extension of the institute, we decided to turn this lens on ourselves and look at ways our foundations were putting these ideas into action.

BLUE CROSS AND BLUE SHIELD OF MINNESOTA

Terrance Keenan Principle: A great foundation builds investment partnerships around its goals, creating coalitions of funders—public and private—to multiply its impact.

In Minnesota, five of the six leading causes of death among American Indians are related to commercial tobacco use (Great Lakes Inter-Tribal Epidemiology Center 2011). To address the complex, culturally-specific challenges and opportunities related to tobacco, funders across the state have worked in close collaboration to leverage resources and broaden impact.

The Center for Prevention at Blue Cross and Blue Shield of Minnesota (Blue Cross) and ClearWay MinnesotaSM are the leading funders addressing tobacco inequities in the state. From the beginning, these partners developed a shared vision for addressing tobacco needs in culturally relevant ways and developed guidelines and approaches to maximize resources, avoid duplication, and improve coordination across funding agencies. This alignment resulted in a strategy of “lead” and “complementary” funder roles for specific culturally-based tobacco coalitions and transparency with respect to budgets, work plans, evaluation, and related information. This approach allowed Blue Cross the flexibility to fund the right work in a good way—matching the needs of each community

organization with funder priorities, requirements, expertise, and resources, and allowed the cultural expertise of our funding colleagues to help inform our work.

When the Minnesota Department of Health began funding tobacco policy work in American Indian communities, they joined this collaborative planning effort. Participating funders supported technical assistance, mentorship, and training opportunities—and shared information across organizations to facilitate movement building and a more coordinated statewide effort.

This collaborative funding approach relies on a high degree of comfort with shared outcomes and an acknowledgment that we all do better when our efforts align toward a collective goal. Equally important are trust among partners; clearly articulated goals, expectations, and deal breakers; and an openness to transparency.

THE JOHN A. HARTFORD FOUNDATION

Terrance Keenan Principle: A great foundation participates in funding coalitions being organized by other parties to lend its support to purposes requiring multiple funders.

Of the 40 million Americans ages 65 and over, about 7.5 million have a mental health disorder. This daunting reality requires The John A. Hartford Foundation and its partners to support opportunities that address the mental health needs of our aging society. In 1999 the foundation launched Project IMPACT: Improving Mood—Promoting Access to Collaborative Treatment for Late-Life Depression. The IMPACT team care approach more than doubles the effectiveness of the usual treatment for depression for older adults in primary care settings.

In an effort to further disseminate the IMPACT model and to creatively and collaboratively deploy resources, the foundation applied for and won a federal Social Innovation Fund (SIF) award, a public-private partnership administered by the Corporation for National and Community Service. Through the SIF award, selected federal intermediaries re-grant pooled private and federal money to replicate evidence-based models

that solve important social problems. SIF winners participate in a three-way award system in which private dollars are matched with federal dollars and awarded to subgrantees who must also match their awards. All told, Hartford's \$3 million investment over three years will yield \$6 million (with the federal match) and then almost \$11 million (with the subgrantee match). Hartford joins a cohort of four new intermediaries selected in 2012 to implement innovative models.

By taking a philanthropic risk, Hartford was able to utilize a pre-existing funding coalition to maximize resources and impact (or IMPACT) to raise awareness and to leverage funding to expand the reach of the IMPACT model.

ROBERT WOOD JOHNSON FOUNDATION

Terrance Keenan Principle: 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.

Once the Affordable Care Act (ACA) was signed into law, it was clear that the coverage landscape had changed profoundly. The key question that the Robert Wood Johnson Foundation (RWJF) faced was what the best use of limited resources would be as the nation turned to the monumental task of implementing the ACA and expanding coverage to millions of Americans.

After extensive interviews with the state leaders who would be on the frontlines of implementation, RWJF recognized that there was a need for highly technical and operational support. Consequently, RWJF built a virtual technical assistance center consisting of experts with deep experience working with state officials. Because this assistance could be provided on an in-kind basis to the state, it could happen much faster than if states had to contract for this work themselves. RWJF found that this kind of work—strategic communications, actuarial analysis, data analysis, and strategic planning—could complement the larger exchange and Medicaid dollars that states access from the federal government. While RWJF's investment was small in comparison to some of the federal dollars flowing to states, the ability to provide just the right resource at just the right time has helped facilitate and expedite the implementation process. This work demonstrates that finding the right point of intervention, even in a field of many players, can have a significant return on investment.

CONSUMER HEALTH FOUNDATION

Terrance Keenan Principle: 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.

Not content to assume that what it was doing was the best it could be doing, the Consumer Health Foundation (CHF) organized a series of Speakouts, which invited more than 600

people to share their ideas for how to solve problems with the health care system. The Speakouts represented a pivotal moment in CHF's history, revealing more concretely that health justice would require the foundation to expand its giving beyond access to health care to include advocacy related to healthy food and housing, high-quality education, transportation, and employment through partnerships with other foundations. The Speakouts also revealed the need for an explicit focus on racial equity. As a result, CHF participated in a process led by The Applied Research Center and the Philanthropic Initiative for Racial Equity to evaluate how well the foundation was achieving racial justice outcomes. While the assessment revealed CHF's strong commitment to racial justice, it also identified opportunities for improvement, including more consistent communication internally and externally about racial equity, and greater attention to grantees' staff and board demographics and their explicitness about working in communities of color.

As a result of these findings, CHF began hosting trainings on diversity and racial equity and is providing technical assistance to nonprofit organizations and government agencies to address these issues within their own institutions. CHF has also embarked on further self-reflection to create more consistency in how to communicate about and address racial equity and the social determinants of health.

IN CLOSING

The above examples are just a few of the ways we see Terrance Keenan's vision unfolding in philanthropy. Whether foundations are taking a hard look at their work to make ongoing improvements, joining other funders in new (and sometimes uncomfortable) ways, or finding the slice of a problem that is just right for them, funders are putting these principles into action. But it is not always easy. These principles require foundations to look honestly at their strengths and weaknesses, set aside egos, and, when necessary, let go of past practice to forge something new. We share these examples to stimulate further dialogue to advance philanthropy—Terrance Keenan style. As Keenan often noted, foundations have fewer outside checks on their performance than many other segments of society, so it is up to us to hold ourselves accountable to the highest standards possible.

SOURCES

Great Lakes Inter-Tribal Epidemiology Center, Great Lakes Inter-Tribal Council, Inc., *Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities, 2010* (Lac du Flambeau, WI: 2011).

VIEWS FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Osula Rushing at 202.452.8331 or orushing@gih.org.