

2012 Terrance Keenan Leadership Award in Health Philanthropy

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The following remarks are excerpted from Margaret O'Bryon's acceptance speech upon receiving The Terrance Keenan Leadership Award in Health Philanthropy on March 8, 2012.

No one stands here alone. No one who receives this award could be here without the help and support of others. To my colleagues and community partners, our trustees, staff, family, and friends... you have been my teachers, my collaborators, and my conscience. You have brought me great joy. So many of you are in this room today. And there are many, many others living and working tirelessly 40 miles down the road in Maryland, the District, and Northern Virginia. Thank you, all.

Terry Keenan knew how to find the North Star and how to get there.

I love this quote by Polly Seitz referring to Terry Keenan's work in creating the Local Funding Partnerships program at the Robert Wood Johnson Foundation. This program has benefited so many of our institutions and our communities. I did not know Terry personally and wish I did. I do know about Terry...his work and the way he practiced philanthropy through his writings and through conversations over the years with mutual friends and colleagues – Andy Burness and the late Frank Karel. I also know that the way he practiced his craft at the Robert Wood Johnson

Foundation has inspired generations of health and other grantmakers ... and will continue to do so.

A friend shared the other day that Terry Keenan believed that we make grants to change people's lives, that foundations are the intermediaries between incredible resources and the tireless, selfless, and effective work on the ground. I believe this...and that in the end, as institutions, we are reflections of the people with whom we partner, the organizations we fund.

I was privileged last year to be a faculty member for the inaugural class of the Terrance Keenan Institute for Emerging Leaders in Health Philanthropy, led by Grantmakers In Health. After experiencing these young leaders...their vision, passion, their willingness to "speak truth to power"...and their keen observations about our field as it moves firmly into the 21st century – I think Terry would be very proud and very hopeful about the future of our amazing field. As I look across our field and at the challenges ahead, it becomes more and more clear how important it is to support these and other young leaders. They are the "new"...

I have learned that Terry Keenan was the best of the best, the "real deal"...the most genuine and spiritual champion of people in need. For all of the right reasons and in the very best sense, he has become an iconic figure in our field. A man whose work and way of being continue to drive us to be the very best we can.

Today, I want to make the case for foundations to be

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.

explicit, relentless champions for equity in health.

If I have learned ANYTHING over the past 14 years, it's that equity is one of THE defining principles. It speaks to class. It speaks to race and ethnicity. It speaks to life experience. And what I have to say today is how we are making this journey at the Consumer Health Foundation – imperfect still, but definitely marked by progress along the way.

All of us have a story – a narrative that defines so much of what we do. Who we are. There is a short piece of my story I would like to share and that has defined my work.

First, I am my father's daughter. My dad was an activist Lutheran minister on Capitol Hill. He worked on the Poor People's Campaign with Ralph Abernathy...who led the Southern Christian Leadership Conference following Dr. King's assassination. I remember Resurrection City. Later... during the huge anti-war protests, our church became a sanctuary for peace activists from all over the country. Its pews filled with back packs, guitars, and peace signs.

And I am a child of the 60s. An early memory from my teens was walking from the Capitol to the Washington Monument on an extremely cold fall day, amidst hundreds of thousands of people marching on Washington to protest an unjust war. The power of community I felt that day has stayed with me. And, while the 60s and early 70s in the nation's capital were tough, often ugly... and sometimes violent, they also were inspiring, motivating...and for me very disruptive, as issues of racism, classism, abject poverty, and a blatant imbalance of power became woven into my DNA.

And now a bit of the Consumer Health Foundation story – our lives are so entwined. I want to rewind the clock to

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1998...when, as a VERY young woman, I was given a cardboard banker's box full of papers and the amazing opportunity to help create the legacy of the Consumer Health Foundation. We started in borrowed office space with just two staff, a deeply committed board of trustees, monthly board meetings and a BIG vision ...for a very small organization. We had a lot of work to do. It was very daunting... but also exciting. I need to say that in those days – and throughout the past 14 years, we have relied heavily on the help, the resources, and wise counsel of Grantmakers In Health. Thank you, Lauren and everyone at GIH.

At the foundation, we continued honing our mission and

adjusting our practices to better serve our community, the Washington, DC metro area. We were always searching for ways to think and perceive differently so that we could do our work better. We took to heart the quote by Thoreau stenciled on the wall in our Ideas Lab: *It's not what you look at that matters, it's what you see.*

We expanded our approach to address both access to quality health care and the broader social determinants of health. Several years ago, we agreed that ALL of our work was aimed at addressing health justice, and that we would do this with a racial equity lens.

So, drawing on the focus of this meeting, today I want to share some thoughts about what I believe it means for us to work in the trenches to create equity in health.

AN EXPLICIT SET OF VALUES

First...lead with an explicit set of values. Values are a moral compass. They are a rallying point. They let the community know who we are and what we stand for. Justice has always been a core value of the Consumer Health Foundation, rooted in our predecessor organization, the HMO Group Health Association created in 1937. Group Health's vision – which they made a reality – was preventive, pre-paid, quality health care provided in a racially integrated environment.

A SYSTEMS APPROACH

A second observation... adopt a systems approach. We learned that if we were to understand and address the multiple social and economic forces that create and sustain good health, then we needed to take more of a systems approach to our work... and move away from focusing on a single initiative, project, or issue. Using this approach is often complicated, complex, and it's certainly not linear. It is also grounded in the way individuals, families, and communities – indeed, all of us – experience the world. The work is most often place-based.

To help us understand what this “looks like” on the ground, our board and staff went on a Learning Journey to a predominantly Latino and immigrant neighborhood in our region. This was a new way for us to engage with our community. The focus of the visit was on learning about the community as a microcosm of experiences, relationships, and interconnections. Our Learning Journey started in the late afternoon, walking and talking with residents. It continued through the evening. It was extraordinary. The conversation we had among 20 of us at dinner that

evening was unlike any I've experienced as a funder. It will stick with me for a very long time. It was intimate and touched upon both the personal and policy challenges in the community. It was open and candid. It elicited tears and laughter.

It was a conversation of stories. With the help of an interpreter, we listened to stories about tenuous relationships with law enforcement, and the entrepreneurial spirit of the community coupled with the lack of jobs. We heard disturbing stories about racial and ethnic profiling. We experienced deep, personal emotion and fear around immigration issues, including deportation and the heart-wrenching pain of families being separated. And, we also talked with young people about the Dream Act recently passed by Maryland legislature.

So what did we learn? For one, through those conversations and others, we learned that jobs, housing, and issues around immigration are most frequently the priority concerns for a community, and that addressing these issues can become the entry point for work around health and health care. In essence, we talked about the social and economic determinants of health.

We also came to realize that adopting this longer view requires supporting groups over time; providing general operating support; the ability to work at the intersections; relentless pursuit of partners; and an openness to supporting a variety of community capacities, including community organizing, communications, policy analysis, and engagement with the policy process.

ADDRESSING RACE AND RACISM

The third thing we learned is that equity in health – especially as it relates to the elimination of racial health disparities and inequities in communities of color – can NEVER be fully addressed without addressing head on the realities of race and racism.

Several years ago, the Philanthropic Initiative for Racial Equity did a racial justice assessment of our work. What we learned was not always easy to hear. It sparked tough and powerful conversations among our board and staff. And, ultimately it sparked a decision for us to be explicit about our racial equity frame and how that played out in our work.

For example, a personal hero – Camara Jones from the Centers for Disease Control – participated in one of our annual meetings and shared her brilliant, allegorical story, the Gardener's Tale. It enabled the group to begin creating a common understanding of the depth and complexity of issues around race and racism.

Using the arts in this work was very important. We enlisted the talents of performance artists Sara Jones and Anna Deveare Smith – to help us and our community make

the tie between the head and the heart around issues of exclusion, white privilege, and power.

The foundation began investing more heavily in advocacy. We supported racial equity training for our board, our staff, and our grantee partners where personal stories were shared that became a foundation for establishing common ground. Most importantly, we began speaking out more as an institution about the effects of race and racism on health outcomes.

This work also took on a very personal dimension as it challenged me to dig deeply into tough and difficult issues and the realities of white privilege, racism, and class as they relate to my life and work. We are at a moment in our society where equity is very much on the table...as the income inequality gap widens; as segregation deepens in many, many domains; as the 99 percent articulate the grim realities of an unjust economic and social system: crushing student loan debt, housing foreclosures, job loss, and lack of health care.

At the same time, I see this as a moment of extraordinary opportunity to advance a health equity agenda where we can draw upon new models for change. Angela Blackwell and PolicyLink's work on equity as a superior growth model is one example. Another exciting example is the Evergreen Cooperatives' community wealth – and health – building work going on in Cleveland and led by The Cleveland Foundation.

A quick story. Several months ago, a group of us from the DC area visited one of the Evergreen enterprises, the cooperative green laundry. We were blown away not only by the scale of the operation itself – it has a capacity of 10-12 million pounds of laundry a year [and that's a lot of laundry!] – but also by the worker/owners' stories of what ownership has meant to them and their families in every aspect of their lives.

Words like: *second chance*, *hope*, *confidence*, *connection*, *giving back to the community*, and *health care for my family*... kept coming up again and again. Many places around the country – including the DC metro area – are exploring similar models.

These kinds of inclusive community wealth – and health – building enterprises begin to create equity in health by creating jobs, income and health security, a sense of personal power, opportunity, and the ability to control one's future. This work also has the potential to create powerful funder alliances, including and beyond health – particularly at the local level. I see this as exciting terrain for us as health funders, and I believe we can be leaders in this charge.

My work that I love so much has been dedicated to the belief that philanthropy can be a transformational force for equity in health and in other domains. And that we can do this through the quality of our relationships.

We can do this by helping to make the connections that

otherwise would not be made; by taking the risks that otherwise would not be taken; by listening to people who otherwise would not be listened to; and supporting those who might otherwise not be supported. And, most importantly by accelerating the change needed for a transformation to occur because access to basic health needs in and out of the health care system is not an option.

As a community of health funders whose work crosses many disciplines, we are in a unique position to lead this transformation. And, while, we don't have all of the money needed to finance the change we all seek...we are stewards of enough money and other resources to substantially spark the conversation around change and to show – much like Terry Keenan did – how change can be done in keeping with our aspirations for a just society. What an amazing privilege.

I have chosen to close my remarks with the words of George Penick, founding president of the Foundation for the Mid South. These are his closing thoughts in an honest and provocative essay he wrote about the racial, social, and economic equality work of the foundation:

Freedom comes from letting go of control rather than holding onto it. Self-realization comes from both acknowledging and being open to exploring what you do not know. The mountaintop comes from sharing experience and purpose rather than from individual competence. And humility comes from realizing that you can only begin to uncover and understand the most difficult, painful, destructive, and self-defeating of human weaknesses – our failure to love others as we love ourselves.

Thank you again for this honor.

ABOUT MARGARET O'BRYON

In 1998 Margaret O'Bryon, president and CEO of the Consumer Health Foundation (CHF), was “handed a banker's box and charged with creating the Greater Washington, DC area's first private health foundation.” Ms. O'Bryon has overall responsibility for the strategic, programmatic, financial, and administrative operations of the foundation. Prior to joining CHF, Ms. O'Bryon worked for Prince Charitable Trusts and the Institute for Urban Development Research at The George Washington University. She serves in leadership capacities for the Robert Wood Johnson Foundation Community Health Leaders Program, Nonprofit Roundtable, and the Washington Regional Association of Grantmakers. She is a former board member and board chair of Grantmakers In Health.