

# THE POWER OF VOICE

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From time immemorial, people have relied on stories to move hearts and minds and stimulate action. In today's complex world, stories have lost none of their power. In fact, we now have the benefit of scientific evidence showing that our minds are wired for stories (Christopher 2013). But not every important story gets told—or the hearing it deserves. Too often, it is the stories of unserved and underserved families and communities that we do not hear. Too often, they are voiceless.

When I was a community health program officer at The San Francisco Foundation, I learned about pregnant teens living in a West Oakland housing project who did not receive the home visiting nursing services that the county provided because drug dealers controlled the building and would not let the nurses inside. In a city known for its unacceptably high infant mortality, these young women and their babies—and the nurses too—were essentially hostages of the drug trade. Who could tell their story? Who would listen and take action? Was there anything a funder could do?

In another Bay Area neighborhood that was also devastated by drugs, residents struggled to create an organization that could help them restore a sense of community. They had no working capital, no idea how to form a board, and no confidence that they would receive the support they needed from the police and local politicians. Who cared about *their* story? Who could help them take the first step?

People are voiceless when, among other things, they lack access to bloggers, journalists, and advocates who can support them and tell their story, and when there is insufficient leadership to represent them at the tables where decisions are being made. They are rendered mute by being isolated in multiple ways from the networks that could convey their stories to the people who can make a difference. Often, the only public face of the voiceless is as crime statistics and mug shots on the evening news, where the story told is not *theirs* but the one that someone else wants to tell.

Foundations are powerfully positioned to change this situation by giving voice to the voiceless and telling their story. Funders hear the stories of the unserved and underserved first-hand and have an unparalleled opportunity to

communicate them to decisionmakers. They can “give voice” through their grantmaking or they can use their own voices to speak for those in need. Jim Kimmey, the former president of the Missouri Foundation for Health, asserted in his 2013 Terrance Keenan Leadership Award in Health Philanthropy speech that a foundation's willingness to use

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– Jim Kimmey

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its voice on behalf of the unserved and underserved is one measure of its leadership abilities: “A great foundation recognizes the power of its voice in securing positive change and has no reservations about using it.”

## GIVING VOICE

Supporting advocacy and advocates is a primary way that foundations can “give voice” to those who are voiceless. In Oakland, for example, advocacy organizations of different kinds were able to improve the situations of both the pregnant teenagers and the neighborhood residents in my examples with assistance from foundations. Through the efforts of advocates and advocacy, community needs can potentially be communicated at the highest levels. As Ruth Holton of The California Wellness Foundation wrote in a 2003 Grantmakers In Health (GIH) Views from the Field:

Funding for advocacy at both the state and local levels can help ensure that policymakers are responsive to the health needs of underserved populations. One can't simply hope policymakers will do the right thing—public policy is complicated. Policymakers may not know there is a problem or what the solutions might be. Just as all other vested interests are making their case to policymakers and educating opinion leaders, so must those who represent the interests of the underserved. If their voice is missing, their needs are easily ignored. Grants to advocacy organizations provide resources to educate policymakers and the media; monitor the actions of administrative agencies; organize those who are affected and engage them in the policy process; and build coalitions needed to advance an issue.

The experiences of the Public Welfare Foundation and the Foundation for a Healthy Kentucky are two examples of how grants for advocacy and advocates give voice to community needs.

For several years, the Public Welfare Foundation's Health Reform Program supported consumer advocacy in 11 Southern states: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The foundation gave \$5.3 million in two-year grants to 28 advocacy organizations and \$2.2 million to seven national organizations assisting them, with the goals of creating a sustained, organized voice for consumers throughout the South and giving Southern consumers a voice in the federal health reform debate. The foundation's lead national grantee was Boston-based Community Catalyst, whose staff assisted state advocates in developing core capacities in organizing, coalition building, advocacy and policy work, legal analysis and advocacy, and fiscal analysis. Issues brought forward by the grants took a variety of forms, for example:

- Texas' Center for Public Policy Priorities (CPPP) convened stakeholders to have input into the state's development of a Medicaid waiver, preventing an erosion of Medicaid benefits. CPPP stated, "Even with limited staff resources, we can make an impact simply by taking the leadership to convene and sustain collaborations and coalitions using meetings, e-mail, conference calls, and the Web." CPPP also formed another coalition to address insurance reform. Similarly, a coalition led by the South Carolina Applesseed Legal Justice Center successfully blocked an attempt by the Department of Insurance to offer uninsured people insurance that did not include mandates required by state law.
- The North Carolina Justice Center published *Guaranteed Affordable Choice: A Plan to Provide Quality Health Coverage to all North Carolinians*, which provides a foundation for organizing for health reform. Similarly, both Tennessee and Virginia conducted statewide listening tours to gather recommendations of the public for health reform (Langston and Puggeda 2009).

Since their launch in 2008, consumer organizations in the 11 (now 12) Southern states initially supported by the Public Welfare Foundation have continued their work on behalf of underserved communities. They are now actively engaged in improving health care access, affordability, and quality; expanding access to Medicaid; strengthening charity care and community benefit; and addressing substance use

disorders and other local and state health policy issues (Community Catalyst 2013).

The Foundation for a Healthy Kentucky's 2007-2011 Local Data for Local Action (LDLA) Initiative used a different approach to give voice to and support local communities. The initiative was designed to give selected Kentucky communities ownership of both their health challenges and the solutions to those problems by:

- making local health data available at the county level,
- funding coalitions of key community stakeholders to identify and address a compelling community health issue, and
- providing training and technical assistance to funded communities and other interested groups.

The foundation funded seven communities as the first cohort of LDLA grantees. A second cohort was planned, but not funded, because of the 2007-2008 economic downturn. It also launched [www.kyhealthfacts.org](http://www.kyhealthfacts.org), which provided county-level data on health status and health service resources, and identified training and technical assistance providers to assist the funded communities. An outside evaluation concluded that the initiative was successful in accomplishing many of its goals (Foundation for a Healthy Kentucky 2012).

Supporting the development of community leaders is another way foundations can help build voice. These leaders—or leaders to-be—are likely to be sensitive to the complexity of the issues their communities face, the barriers families confront, and the assets that can be cultivated to move the community forward. Without outside support or encouragement, however, they can struggle to be heard. Foundation support can help them develop the skills needed to represent their communities effectively and can also open doors to key decisionmakers.

From 2005 to 2009, the Health Foundation for Western and Central New York developed and supported a cadre of 100 diverse, highly skilled, collaborative leaders from health care and safety net organizations through its Health Leadership Fellows Program. The program was designed to enable individual leadership development while giving participants the opportunity to apply the core competencies necessary to improve health outcomes for frail elders and children living in communities of poverty.

An evaluation of the program reported positive outcomes across several dimensions:

In particular, the evaluation found that all of the fellows experienced personal changes that included increased self-confidence and ability to delegate, improved listening skills, clearer identity as a leader, and an increased knowledge base. The fellows also reported potential long-term benefits such as more collaborative opportunities to work with new and different organizations, and increased influence in changing the health care system through the Fellows Action Network (HFWCNY 2013).

The W. K. Kellogg Foundation's recently launched Community Leadership Network is designed to develop the leadership skills of individuals who will be community-based social change agents working to help vulnerable

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children and their families achieve optimal health and well-being, better access to good food, and higher levels of academic achievement and financial security. The new fellowship program is a critical component of the foundation's longstanding commitment to community and civic engagement, which is grounded in the belief that people have the inherent capacity to solve their own problems, that social transformation is within the reach of all communities, and that leadership development is a tool for social change and community transformation.

Strengthening community voice is an explicit goal of the network:

Through the fellowship, the foundation hopes to support a network of emerging and established community leaders who are able to unify diverse communities into a cohesive unit, dedicated to the advancement of at-risk children and their families. To effectively address the issues contributing to childhood poverty, the cohort of fellows will contain an inclusive, intergenerational mix of voices from throughout the community—both visible and invisible leaders who embody a diversity of perspectives. Fellows will receive support to participate in individual and group learning activities that support ongoing connectedness beyond the three-year fellowship experience (WKKF 2013).

## USING THE FOUNDATION'S VOICE

Voice is one of the most important non-financial tools foundations can use to support change. A foundation can use its voice to advocate for specific issues—or to take a position that is unrelated to policy.

Foundations are sometimes anxious about legal restrictions on their ability to advocate. In fact, there is more latitude than many realize. For instance:

- Foundations can conduct examinations and discussions of broad social and economic problems—even if these involve communicating with legislators or their staff. The key is not to discuss specific legislation or include communication that contains a call to action. For example, foundations may convene interested parties, including legislators, executive officials, and their staffs, on issues of concern as long as the discussions focus on topics other than the merits of specific legislation.
- Foundations can conduct and release nonpartisan analyses, studies, or research. In communicating such research, the foundation or its grantee may even take a position on specific legislation as long as all of the facts related to the issue are presented fairly and it is possible for the reader to form an independent opinion or conclusion.
- Foundations can respond to written requests for technical advice or testify at legislative hearings. When testifying before legislative bodies, unlike presenting nonpartisan analysis, foundation representatives are permitted to support or oppose specific legislation.

Foundations may also engage in other policy-related activities that fall outside of the Internal Revenue Service definition of lobbying. For example:

- Most grassroots communications to the public about a general issue of concern are permitted as long as there is no reference to specific legislation, no position taken on the legislation, or no call to action and the communication does not take place within two weeks prior to a legislative vote. For example, conducting public education campaigns through radio or television advertisements, use of direct mail, and other forms of public communication about specific health policy issues are not considered lobbying when the objective is to educate the public rather

than influence legislation and a legislative vote on the topic is not imminent.

- Actions designed to address the implementation of existing laws by administrative bodies are also permissible. These encompass activities that range from foundation-initiated projects to formal collaboration with government to achieve shared goals (GIH 2013).

Outside the policy arena, foundations can also express their views constructively. By doing so, funders can help separate meaningful issues from the background noise. They can identify what the key issues are and clarify why they are important. They can bring objective facts and statistics to community discussions of controversial and muddy issues.

A foundation's voice can help people get past self-interest to thinking like a community. It can help them understand what brings them together, versus what divides them, and can help them turn their attention to what is most likely to benefit the community. A foundation's voice can bring together players who would not normally come together (for example, public health nurses and teachers, grocery store owners, and community organizations) to help them understand their shared interests, and it can negotiate among warring parties.

When a foundation speaks up about an issue, it multiplies the value of its grantmaking to support that issue. And, because it is a foundation speaking, there can be visibility that the issue would not otherwise have. When a foundation speaks with authority and credibility, it can raise the awareness of other people and organizations, help them understand the importance of an issue, and get them involved. In particular, foundations can attract people and organizations to the table that might not participate otherwise. For example, by speaking out in their networks, foundations can pull in bankers, government agencies, or investors who might be skeptical of community organizations or community leaders, or have no contact with them.

Kerry Diaz's 2013 GIH annual meeting guest commentary, *Deciding Not to Wait for the Blueprint*, describes how the Quantum Foundation used its voice to promote change in West Palm Beach, Florida, by asking challenging questions to drive action:

I asked why children were not getting the required

health check within 72 hours of being placed in [foster] care? Why weren't they getting the state-required full physical within 30 days? We called a meeting at the foundation of all of the safety net clinics (there are 12, half of which are operated by our local Department of Health), as well as the lead agency along with other interested parties. The conversation led to a clear understanding of what was actually required by the state, what the barriers were for medical consent and scheduling, and ultimately to a solution. We asked if the clinics would agree to make the foster children a priority for the 72-hour medical exam—and they ultimately all

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agreed to see these children within 48 hours. What makes this amazing is that each of these entities operates differently. There were volunteer “free” clinics, health department clinics, Federally Qualified Health Centers (FQHCs), and FQHC “look-alikes”—but they all agreed to a common solution simply because we asked. The local division of the state Department of Children and Families agreed to be clear about the requirements and paperwork for the exam, as well as to work with the foster parents' association (we have a strong one locally) to make sure these surrogate parents had the appropriate paperwork they needed to authorize the medical exams.

Another approach to expressing the foundation's voice was used by the Consumer Health Foundation. “Learning journeys” gave the foundation's board an opportunity to hear from, and interact with, local communities. Margaret O'Bryon and Rachel Wick's 2012 GIH annual meeting guest commentary, *Charting a Path toward Health Equity*, describes the process:

Our foundation's first learning journey was to Langley Park, a community that sits at the crossroads of Montgomery and Prince George's counties in Maryland and the District of Columbia. Much of Langley Park's richness is in its diversity: its residents represent more than 40 countries and speak dozens of languages. According to the census, nearly 80 percent of residents are Latino and about one in five residents live below the poverty level. CASA de Maryland, one of our grantee

partners, served as the host for our learning journey. CASA has a strong presence in Langley Park through its direct service programs, as well as its community organizing and public policy advocacy work in housing, employment, immigration rights, fair development, and access to health care.

CASA arranged for the foundation's board and staff to tour the community—both by van and on foot. We talked with residents and community leaders in their homes, places of business, in a parking lot, and on the street. We returned to CASA's Multicultural Center and, over dinner prepared by a local restaurant owner, had a moving conversation with residents of all ages about the opportunities and challenges affecting the Langley Park community. We listened to stories about the entrepreneurial spirit of the community, coupled by fears of displacement for many small business owners due to a proposed development for a new transit line in the area. We heard from a young woman who was active in advocating for the successful passage of the DREAM Act in Maryland, and what the opportunity to go to college meant to her. We heard stories about tenuous relationships with law enforcement, including racial and ethnic profiling, and felt the fear that permeated the community because of immigration issues, including deportation.

The learning journey provided us with a clear and strong sense of neighborhood, place, and of community. It also helped us see and experience the interconnected forces and conditions that affect community health.

## THE POWER OF VOICE

Through grantmaking to support the otherwise voiceless—and using their own voices—foundations exercise leadership that can:

- identify what is important about an issue;
- validate and lift up issues;
- attract partners, including new stakeholders;
- add passion and vigor to issues;
- create demand for policy action;
- reshape the debate; and
- promote social change.

Such moves are not without their risks. Decisions must be made by the foundation's leadership about its position on the issues in question and its willingness to be identified with this position. Yet, as Tom David (2010) has observed, “Given the privileged status foundations enjoy among non-profit organizations, one could argue that it is not only [their] prerogative, but also [their] obligation to take risks.” And who better to take risks *for* than the unserved and underserved?

The 2014 annual meeting will demonstrate the variety of ways in which foundations are giving voice and using voice to promote change, will give funders an opportunity to compare experiences, and will hopefully inspire new ways to help give voice to the voiceless.

## 2014 ANNUAL MEETING GUEST COMMENTARIES

It is tradition for GIH to ask grantmakers from across the country to share their thoughts on and experiences related to the annual meeting theme. We invite you to read these guest commentaries on how using voice influences their work and hope they provide you with some inspiration.

- “A Little Bit Louder Now: How The John A. Hartford Foundation Is Learning to Speak Up for (and with) Older Adults” by Marcus Escobedo, Program Officer, The John A. Hartford Foundation
- “Foundations Giving Voice to the Voiceless” by Kimberley Chin, Programme Executive, The Atlantic Philanthropies
- “Philanthropy's Declaration of Interdependence” by Charles Stokes, President and CEO, and Chloe Tonney, Senior Vice President for External Affairs, CDC Foundation
- “Reflections on the Power of Voice” by Frederick J. Ferrer, CEO, The Health Trust
- “Voice” by Heidi A. Schultz, Program Officer, Rural Healthcare Program, The Leona M. and Harry B. Helmsley Charitable Trust
- “The Voice on the Ground: The Program Officer of the 21<sup>st</sup> Century” by Karen McNeil-Miller, President, and Allen Smart, Vice President of Programs, Kate B. Reynolds Charitable Trust

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