

THE VOICE ON THE GROUND: The Program Officer of the 21st Century

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Program Officer Jehan Benton-Clark arrives in Halifax County, a rural, remote part of northeastern North Carolina, after driving from the Kate B. Reynolds Charitable Trust office in Winston-Salem. She stops at the Chamber of Commerce to say hello to the director, check her e-mail, and ask about the latest economic development meeting. She then heads to Ruby Tuesday—everyone's favorite place for a business lunch in Roanoke Rapids—to meet a substitute teacher with ideas about getting healthier food in the school cafeteria. Jehan listens. She puts the teacher in contact with a regional nonprofit already working on the issue. At a meeting with health care providers that afternoon, she politely discourages a development director who pitches her on funding medical equipment, asking how it ties into the community's larger health improvement goals.

Abena Asante, Trust program officer for western North Carolina, spends her morning in McDowell County meeting with local pastors. The picturesque mountain views from the county's twisting roads belie the entrenched poverty and chronic health problems affecting the people who live there. Later that day she meets with residents who have partnered with the Parks and Recreation Department to identify places where green space, parks, and walking trails are needed. For the newcomers, she answers questions about Healthy Places North Carolina, the Trust's long-term initiative to improve health and health care in rural counties. After her meeting, Abena drives by the new KaBOOM! playground, funded by the Trust. She sees children playing and stops to chat with their parents. She asks them about the playground, their neighborhood, and their opinions on health in McDowell County. She listens. She thanks them.

On the opposite side of the state, Program Officer J. Nelson-Weaver has dinner with the director of the Washington Housing Authority in Beaufort County, a coastal area that benefits from tourism but struggles with unemployment, high numbers of uninsured residents, and ailing schools. The housing authority has planted community gardens, and J. makes plans to visit one at the senior housing building in the morning. After dinner, she walks back to the bed and breakfast where she regularly stays and returns a call to an elderly resident who is hoping the new Family Medicine Telehealth project will bring behavioral health services to her small, rural town.

Jehan, Abena, and J.—these are the program officers of the 21st century. They are the voices of the Trust in the community, and their work in Healthy Places NC counties and beyond supports the Trust's larger strategy to work with communities to invest in impact that can be felt for years to come.

As one of North Carolina's largest private foundations with a nearly 70-year history of local grantmaking, the Kate B. Reynolds Charitable Trust is acutely aware of the power of our voice and the influence we enjoy because of our financial resources. But we also know how we use that voice cannot solely rest on the president or the board. Day to day, a grantmaker's voice is transmitted by the program officers on the ground.

The Trust is redefining the role of the program officer to support our mission—the improvement of health for the financially disadvantaged North Carolinians.

TRANSITIONING ROLE OF THE PROGRAM OFFICER

FROM	TO
Administration	→ Supporting long-term strategy
Monitoring	→ Learning
Reactive	→ Proactive
Following	→ Leading
Grant by grant	→ Think systematically
Usual suspects	→ Unlikely partners
Narrow parameters	→ Curious
Judger/Judgment	→ Convener/Questioning
Like being loved	→ Impact before popularity
Comfort	→ Discomfort
By the book	→ Structured autonomy
Rule focused/sure things	→ Risk and accountability
Desk bound	→ Mobile
Gut driven	→ Data influenced
Mysterious	→ Transparent
Solo	→ Collaboration
Closed	→ Approachable
Have the answer	→ Want to help find the answer
Defining the process	→ Stimulating/Supporting the process
Certainty	→ Ambiguity
Want results now	→ Incubate change
Stay the course	→ Adapt quickly

Like many funders, the Trust has been moving from grant-making to changemaking over nearly a decade—from charity-oriented work to results-oriented work. This work requires new ways of behaving and thinking and learning. It requires us to ask ourselves, “How do we make families successful?” rather than “How do we make programs successful?”

In support of the Trust’s new changemaking strategy, the Health Care Division embarked in 2012 on Healthy Places NC, an initiative that focuses on improving the long-term health of 10 to 15 historically poor, rural counties in North Carolina. We want to think big and bold, and we want our communities to lead the way. It is no surprise that we have to change the way we work in order to change the way communities work with us. And one of the most critical changes is changing the voice of the program officer.

Historically, the role of the program officer was to bring in fundable projects and support relationships with grantees where success was a combination of high-performing organizations and project completion. The demands of this new role—the Program Officer of the 21st Century—mean the program officers must use an entirely different voice, one that is carefully questioning the underpinnings of poor health while listening to those who have historically been outside our investing lens: educators, county officials, community activists, private employers. This switch is profound. Program officers are asked to change their voice from the person with the checkbook to the person who is personally and professionally dedicated to best using the voice and influence of the Trust for real demonstrable long-term change.

We knew we needed help to change behavior so we engaged the National Implementation Research Network (NIRN) to provide support for our program officers. This has started the deepest, most intensive learning effort in the history of the Trust. To help program officers find their voice, NIRN has organized monthly learning collaborative meetings, one-on-one calls, and lots of role playing. These activities help build the skills necessary to confidently and competently listen and speak for years going forward.

WHAT DOES THIS NEW PROGRAM OFFICER LOOK AND SOUND LIKE SO FAR?

It is someone who is becoming more comfortable with the idea that there is not always one answer; that it is not a waste of time to talk with people who may not be grantseekers; that getting it “right” the first time is not as important as learning along the way.

It is a professional who is comfortable remaining silent sometimes; who listens to other voices that are different and new but embrace the idea of better health for all; who works to stimulate the voices that are reflective of all the contribu-

tors to health—good and bad; and who knows that leading with our voice does not mean leading with money.

We have many challenges ahead to speak as one with our new voice. Internally, we have to continue to move away from the idea that the perfectly solicited and executed grant is the zenith of our work. And we have to erase the idea that we relax between grant cycles. Externally, we have to continue educating new and old grantees about the Trust’s strategic vision and how this changemaking lens affects the types of programs we are seeking and funding.

The old world of the Trust program officer was more focused on activities than outcomes. The new voice of the Trust is about living the mission by acting in ways that will be transformative for the health of a community—not just doing what is comfortable or simple.

Because we are working to change the story of the Trust and our work, the stories we hear from the field are now different, too. We hear about the hotel desk clerk who recognized the program officer from her picture in the local newspaper. We hear about the mayor who offered a program officer a ride when her car broke down and is now deeply engaged in our work. We hear about a pastor who invited the program officer into his home and diligently asked questions to determine the authenticity of the program officer’s—and the Trust’s—intent.

We believe the best way to use our influence and power is to change the conversation—those the program officer is having with hotel staff and community leaders and those the Trust is having with other funders and policymakers. This is challenging work—at times even daunting—but we remind ourselves that changing the work of the program officer is in service to long-term impact. And impact means healthier outcomes 10, 20, and 30 years from now for people who never thought they would be asked to have a voice in how they could make their communities a healthier place to live.

After a long day in Halifax County, Jehan Benton-Clark heads to an evening gathering with a community health coalition tackling childhood obesity. The group is excited and animated about the work that lies ahead. She smiles to herself because there are people working together who never would have collaborated when she started visiting Halifax County.

Jehan knows she is not the expert on the local community—she is simply a trusted outsider. She has given the community her time, her public health knowledge, and Trust resources. But the community members know the history of the region, the strengths of the residents, and the problems they face. With support from the Trust, the community has decided to improve health in Halifax County. They have found their voice, and they are calling for change.