

A Few Thoughts 15 Years Later

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As part of GIH's ongoing work to support new conversion foundations, we invited Frances Sheehan, founding President and CEO of Brandywine Health Foundation, to share insights and advice on starting a health foundation.

“UNITED WE STAND, DIVIDED WE FALL ...”

— Anne Murray

Almost 15 years ago, when the Brandywine Health Foundation was just a concept, I was hired as the founding CEO. My first step was to engage with philanthropic affinity groups working at the national and regional levels. Although I had been running nonprofits for 16 years, including 11 years at the helm of a Planned Parenthood affiliate, I knew I needed help and turned to Grantmakers In Health (GIH) from the very beginning. I started off by attending my first GIH Annual Conference *before* my first day of work.

You are not the first health conversion foundation. More than 300 have been created in the last several decades, and most belong to GIH. If you are reading this, then you probably already know that GIH is a tremendous resource and can connect you with foundation trustees and staff who are leading comparably sized entities in similar communities. GIH's annual conference, various local intensive learning sessions, and webinars are essential to helping our staff and trustees understand trends in the field and increase grantmaking impact.

My second step was to join our regional association of grantmakers, Philanthropy Network. There, I connected with other conversion foundations in the Philadelphia area to create a loose consortium that ultimately grew into the Pennsylvania Health Funders Collaborative (PHFC). Whether it is in your city, region, or state, foundation collaboratives can help you develop supportive peer relationships, expose you to broader issues affecting your grantees, and create opportunities for impactful partnerships.

If you are a local funder, statewide philanthropy networks can be particularly useful when advocacy and education of governors and state legislatures will affect your grantees. Involvement in PHFC enabled the Brandywine Health Foundation to have a significant impact on advocacy for oral

health services and health insurance reform. Our collaborative is viewed as a trusted source for neutral information by state legislators and has provided data-rich information to governors from both parties. For example, we have been able to reduce grant support to a local health center because we persuaded the state Medicaid office to increase the reimbursement rate.

“CULTURE DRIVES GREAT RESULTS.”

— Jack Welch

Be mindful that when starting a new foundation, you are establishing a culture from the beginning. So ask yourself early on: What do you want the culture of the new foundation to be—private, academic, thoughtful, compassionate, engaged, open, active, innovative? These words are not positive or negative in and of themselves, but they do represent approaches that can have varied outcomes. The organization's culture may inevitably develop because of who the board members are and the staff leader's personality. However, early reflection on the topic can help correct for existing tendencies based on individuals' proclivities, can guide you to diversify those tendencies, and can lead to a stronger foundation from the beginning.

Send a message that you exemplify good governance by insisting on term limits for board members from the beginning. You can ask other foundation leaders what their maximum years and term numbers are and arrive at what works for your community; the Brandywine Health Foundation allows a maximum of three 3-year terms. Term limits make it easier to say farewell to weak board members. They also encourage you to continually reach out for new expertise and connections by making board recruitment an ongoing priority. There are a variety of ways to keep a great board member engaged beyond serving on the board. And you can always bring a strong board member back on after a year if your community does not have a robust pool of potential board candidates.

Strive for a vibrant culture by having diversity in board membership, committee members, and staff from the beginning—ethnic, racial, and gender diversity; diverse backgrounds; diverse sets of expertise; diverse ways of looking at problems; and connections in diverse communities. All are

essential for a strong board. I encourage you to bring on a critical mass of people who do not look and think like you. Not only will you have a stronger, more effective team guiding the foundation, but you will be setting the standard for what you expect of your grantees, as well as actively reflecting the community you serve.

Look for personalities that can operate as part of a team. While a great deal of lip service is given to the idea that “one person can change the world” for the positive, the reality is that one negative person can drive the team downward much more than any one individual can be a positive force. So, regardless of how influential or wealthy or connected a potential board member is, think about how that person will affect your board as a whole. For example, how will that individual engage others in meetings and assist you in your staff role? Remember that once people are on the board, you may be stuck with them for several years, which could be tremendously distracting and destructive to your efficacy as the CEO and to the foundation’s impact.

“IT’S WHAT YOU LEARN AFTER YOU KNOW IT ALL THAT COUNTS.”

— John Wooden

Many people who are on hospital or foundation boards are experts, whether in business, philanthropy, or some other area of influence. The strongest foundations, though, establish themselves from the beginning as learning organizations. Foundations are the R&D of our society. They explore new solutions to entrenched societal problems and tackle critical issues as they emerge. We must constantly ask questions if we are to get to solutions that will really work.

So, while you and your board members may believe—and act—like the experts, your new community partners, volunteers, and staff have valuable information to share and a desire to help shape this new entity. If the new foundation is coming out of the sale of a hospital, chances are good that the local hospital was not necessarily as engaged in the community as the foundation needs to be, nor aware of the public health issues affecting marginalized communities. Running a hospital was their focus. The new foundation will be obligated to take on a variety of different public health issues, which means developing an understanding of those issues very early on. That is hard to do if your expertise closes your mind to exploring new needs and solutions.

Engage the community in your planning process and ask lots of questions. What are the health needs of your community? Who is already addressing those needs? Is your partnership needed—or not? Where are the opportunities to gain leverage and make a difference? In addition, consider using an outside entity to collect and manage data, and report the findings back to your board. This process can spur rich dialogue and lead to honest answers to tough questions.

In the case of the Brandywine Health Foundation, an initial community needs assessment was done by a public health agency (local universities can also play this role). Before arriving at recommendations for how the foundation should focus its grantmaking efforts, the researchers conducted key informant interviews and focus groups to elicit community members’ and potential grantees’ opinions and experiences. Since then, we have expanded opportunities for community input to include large meetings using the World Café open-source planning model, as well as online surveys we push out through social media.

Do not spend more than you need to on this exploration process, but don’t give it short shrift either. The findings from your needs assessment may guide the foundation’s work for years to come. For example, our initial study revealed that over 31,000 people in our community were without dental coverage. That finding has led us to make oral health and insurance enrollment major priorities for 15 years.

“DON’T GET TIED UP IN YOUR UNDERWEAR.”

— Unknown

One of the first pieces of advice I was given 15 years ago was to focus on areas where we could have the greatest impact. Without that focus, we would have little to show for our work all these years down the road. This was important to remember as we confronted great need in our community—which has some of the poorest municipalities in Pennsylvania—and as we struggled to resolve old hospital issues that provided endless distraction.

If this describes your current situation, seek advice from those of us who have trodden your path before, plan carefully, and focus efforts on opportunities where you can have the greatest impact. Also, let me reassure you, the hospital or organizational problems that seem overwhelming now will be a vague memory years from now. I promise.

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.