

Board Service: From in Perpetuity to Term Limits

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Twenty-five years ago in 1985, The Health Foundation of Greater Indianapolis was created with proceeds from the sale of MetroHealth, one of the first statewide, staff-model Health Maintenance Organizations (HMOs). As an independent, not-for-profit grantmaker, the foundation has been, and is still, dedicated to preserving and enhancing the physical, mental, and social health of the Greater Indianapolis community. Originally named the Metropolitan Health Council, our first mission statement laid out a commitment to community health that has not changed in 25 years:

The Health Council encourages certain health-related projects and programs which would promote effective, efficient and innovative service to the community, particularly to the medically disadvantaged.

In the early days, as one of the nation's first conversions from a staff-model HMO to a private foundation, we were in new territory. For example, it took the Internal Revenue Service (IRS) three years to approve our 501(c)(3) status. Another challenge was learning how to manage a foundation without the large professional staff, office space, and equipment that we had become accustomed to as the 600-employee MetroHealth Plan.

The challenges did not stop our charter board of directors from developing our organizational documents and identifying health funding priorities and an investment policy. We enjoyed the challenge of being responsible for making decisions and learning all aspects of running a successful small foundation office. We did not feel, however, that it was appropriate to add new board members during the transition process, so instead we voted to establish lifetime terms.

To ensure that we were serving our constituency best, we developed our first funding priorities of maternal and child health, adolescent health, and HIV/AIDS. The funding priori-

ties, however, have changed as health concerns evolved. Our current funding priorities are HIV/AIDS, school-based health, and childhood obesity.

Although other organizations may shy away from a board that is voted to lead in perpetuity, historian Beth Greene (1995) describes the foundation board as "members who represent a cross-section of the population, people with experience on the firing line in providing health services to the disadvantaged." Our charter board members gave the board more than just experience; we gave the board continuity and stability, first during the transition and IRS appeal process, and then in the face of a changing health environment in Indianapolis.

While our board members held their positions without challenge, they were anything but complacent. The foundation supported programs that would otherwise go unfunded, and it provided much more than just dollars. We shared expertise; built partnerships to address health issues and disparities; and encouraged innovative solutions that improve the health of people in Greater Indianapolis, especially the disadvantaged.

Some early examples include:

- In 1993 the foundation partnered with the Indianapolis Foundation, United Way of Central Indiana, CLASS, and Indianapolis Public Schools to fund Bridges to Success to provide health clinics in six city schools.

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- The next year, the foundation and the Indiana State Department of Health cofounded the Indiana AIDS Fund, which would go on to become the largest private funder of HIV/AIDS programs in Indiana. The original goal of the organization was to raise \$900,000 in five years. The

Indiana AIDS Fund has raised and granted over \$5.42 million in 15 years, far surpassing that original goal.

- In the late 1990s, recognizing the fragmented nature of school-based health, the foundation brought together the United Way of Central Indiana, local hospitals, and several school districts to explore collaborative models that would accelerate the expansion of school-based health services. After funding the initial research and planning, the foundation provided a grant in August 2000 to launch a program – Learning Well, Inc. – that now operates more than 80 clinics that provide health care at no cost to students, parents, or schools, many of whom otherwise would not have access to quality health care.

Our charter board members have a combined history with the foundation of more than 150 years. That experience has been crucial in determining how the foundation can protect our endowment and still serve the community through grantmaking. Through sound leadership and financial strategy, the foundation doubled the size of its original endowment to approximately \$25 million in five years.

While we often agreed to disagree, we also were able to form a consensus to fund these kinds of innovative partnerships in order to address health issues and disparities and improve the health of people in Greater Indianapolis, especially those who are disadvantaged. In total, the foundation contributed more than \$32.7 million to health-related projects that were not easily funded by other means. Along the way, we gained a reputation as the “little foundation that could.” With our focused funding, our board structure worked well for nearly 20 years. As the board aged, however, some decided to retire from the foundation and a few developed health issues of their own.

In 2002 the board amended the bylaws to eliminate the lifetime status and began the process of recruiting new board members to serve three-year terms. The 12 remaining original board members volunteered to serve a one-, two-, or three-year initial term before retiring from the board. This transition plan was developed to help the board maintain its connection to its own roots in community health while also building board leadership.

While new board members did not always have the direct health experience of the charter members, they brought new skill sets such as legal, accounting, medical, and education. They challenged us to explore new investment opportunities to maintain the gains of our early endowment. In 2005 the foundation purchased and renovated a historic building in downtown Indianapolis. Now known as the Academy, our building is not only home to the foundation, it houses other small businesses, professional services, and other nonprofits. These rent payments are another source of income that contributes to our ability to continue grantmaking.

New board members brought more than new skills to the foundation; they brought a vitality that is reminiscent of the

original board back in the 80s when we were established. The “new board” agreed to a new funding priority – childhood obesity – in 2005 after funding a community dialogue that involved more than 70 health care providers, fitness instructors, dietitians, and nutritionists. FitCity Indianapolis was launched in 2005 as a communitywide marketing organization that connects residents of Indianapolis with the resources and information they need to make healthier choices regarding food and exercise.

As part of our ongoing efforts to orient and train new board members, we recently went through a yearlong strategic planning process, evaluating our financial status and funding

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priorities and setting a vision for the next 25 years. Part of the strategic visioning was a result of the economic recession. Like other foundations, the foundation’s endowment lost ground and our ability to make grants at the level we had in the past was compromised.

Board members, new and charter, worked together to address the stereotypes and status quo of health grantmaking, even challenging ourselves to consider granting ourselves out of business. Ultimately, we decided to continue the original mission set forth 25 years ago – to serve the community’s most vulnerable citizens by funding health-related projects and organizations not easily supported by other means.

While we may no longer be a board in perpetuity, we continue to be a foundation that desires to serve a community for a lifetime. In one more year, all of the charter members of the foundation board will have fulfilled their term limits and will leave the active board. As an original board member, I am confident the new members will combine experience, intuition, community spirit, and cooperation in a manner that my fellow board members would find commendable.

SOURCES

Greene, Beth Van Vorst, *A Look Back: Examining the Past, and Celebrating the Present of The Health Foundation of Greater Indianapolis, Inc.* (Indianapolis, IN: The Health Foundation of Greater Indianapolis, Inc., 1995).

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