The Art of Seeing the Small Picture

Through its Local Initiative Funding Partners program, The Robert Wood Johnson Foundation is finding and supporting innovative healthcare projects that most foundations its size would never even notice.

By Andy Goodman

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“If you’ve ever had a toothache,” said Dr. James Lalumandier, “you know it’s pretty hard to concentrate, on schoolwork or anything else for that matter.” Dr. Lalumandier speaks with the experience of a dentist who has seen more than his share of distracted students. Since 1996, he has helped provide free dental care to thousands of underserved children in the Cleveland area, but the scope and effectiveness of his work recently took a quantum leap forward.

When Dr. Lalumandier began providing free dental examinations seven years ago, inner-city children were bused to his office at Case Western Reserve University’s School of Dentistry. “The problem was that we weren’t seeing many children,” Lalumandier explained. “They would send us 25 to 30 children who could fit on the bus, and they’d be at the clinic the whole afternoon, meaning they were also losing a whole afternoon of schooling.” Lalumandier could see that his office setting made the kids—50 percent being first-time visitors to a dentist of any sort—very apprehensive. “The whole program was pretty insufficient,” he recalled.

With funding from St. Luke’s Foundation, Lalumandier launched a pilot program in 1999 that would bring his service to the children starting in six Cleveland area elementary schools. “I thought it would be more efficient and less traumatic,” said Lalumandier, and his assumption was on the mark. “Now the kids actually raise their hands to be next,” he said, chuckling. After just 18 months, the program’s success was so apparent that St. Luke’s committed additional funding to expand it citywide, encompassing 101 elementary and middle schools and reaching 15,000 children by 2004. Still, Lalumandier felt there was a void in the program as obvious as missing front teeth in a gap-toothed smile.

“We could do the service piece every year and get nowhere,” said Lalumandier, referring to the free examinations that identified cavities and other problems requiring treatment. “Educating the children, teachers, and the parents was the only way to curb the number of problems we’d see.” St. Luke’s remained wholeheartedly committed to the program (now dubbed “Healthy Smiles—Bright Futures”), but the foundation simply wasn’t prepared to fund an entire education component (with an estimated price tag of $100,000 per year) as well.

Fortunately for Lalumandier and his young patients, Leah S. Gary at St. Luke’s knew of another alternative to leverage additional dollars: Local Initiative Funding Partners (LIFP), a unique program of The Robert Wood Johnson Foundation. With St. Luke’s leading the way, Lalumandier applied for and won a matching grant for nearly $500,000 over four years. Now his program employs a full-time health educator, distributes a monthly newsletter,
and has begun producing videos—all part of a comprehensive effort to educate families and reduce the number of children who will need Lalumandier’s help in the years to come.

Thanks to Local Initiative Funding Partners, The Robert Wood Johnson Foundation, with over $8 billion in assets, is identifying and supporting literally hundreds of innovative projects that would normally fly well below the radar of an institution its size. “Healthy Smiles—Bright Futures” now has a brighter future of its own, and while that bodes well for thousands of families in Cleveland, this story of a small community project successfully connecting with a large national foundation deserves both a wider audience and a closer look.

**Good Intentions Meet Bad Receptions**

The story behind LIFP properly begins with Terry Keenan. When The Robert Wood Johnson Foundation (RWJF) was launched in 1972, David Rogers, its first president, hired Keenan to set up the basic infrastructure for grant management. Keenan quickly put the necessary systems in place, but it wasn’t in his nature to sit around the home office in Princeton, New Jersey, hoping his foundation’s grants would transform healthcare in America. In relatively short order, he was on the road, looking for worthy projects around the country and encouraging other foundations to back them.

Keenan wasn’t exactly on the road to hell, but his good intentions paved the way to similarly inhospitable locales. “When I was in the field,” he recalled, “I found it was difficult to bring together other funders unless I was able to bring money to the table. Other foundations would come, but they wouldn’t know if RWJF would provide any money until I went back.” Some foundation officers were incensed that Keenan had come to their hometowns to “tell them how to spend their money,” and the fact that he wasn’t guaranteeing any support of his own was even more galling. “This one fellow in Texas verbally abused me,” Keenan said while describing a particularly unpleasant trip, but in his typically good-natured manner he declines to provide an exact quote.

So Keenan returned to Princeton and asked for help. The result was the Community Funding Partners Program, an initiative launched in 1981 to support school-based and community health centers, but, more to the point, that now allowed Keenan to bring matching funds when approaching local funders. Not surprisingly, this proved to be a more attractive proposition, and in 1987 the program was expanded to address additional issues such as substance abuse and access to care and was officially renamed Local Initiative Funding Partners. As Keenan turned his attention to other foundation matters, RWJF assigned program officer Pauline (better known as Polly) Seitz to oversee the program. Keenan’s original vision of helping a thousand flowers bloom was alive and well—for precisely two years.

“In 1988, our grant-making was considered to be too broad by foundation staff,” recalled Seitz. “They didn’t think it was consistent with RWJF’s interests at the time.” Seitz conceded that the program had begun to meander somewhat in its choice of grants. As examples, she mentioned a grant to a center for sexually abused children in Kalamazoo and another given to combat a rising tide of teenage pregnancies among the Laotian community in St. Paul. There were also problems at the community end. “Local funders had to secure their match before RWJF made its final decision,” Seitz explained, “and we could literally walk away and leave them hanging.” Needless to say, when the Foundation exercised such an option, it created a fair amount of ill will.

LIFP’s operations were suspended in 1989, but the stoppage would be only a temporary—and useful—breather. When Steven Schroeder became RWJF’s president in 1990, the transition provided an oppor-
tunity to reexamine LIFP and consider course corrections that would point it in a more focused direction. What Schroeder and his colleagues saw was that some of LIFP’s earliest grants were, in fact, strengthening the targeted projects and setting them on a sustainable path. The program was retooled to include a different internal review process (keeping grants more in line with RWJF’s priorities), and the ill-conceived local-funders-match-first requirement was dropped. In 1991 LIFP was reborn as a national program office functioning entirely outside the Foundation’s own walls. Ruth Hanft, an early consultant to the program, became the first national program director and was succeeded four years later by Polly Seitz.

**How LIFP Works**

Each March, LIFP sends out its annual call for proposals. By placing ads in *The Chronicle of Philanthropy*, direct mailing to 3,000 nonprofits and foundations, and tapping into the networks of the United Way, the Council on Foundations, and similar umbrella organizations, LIFP ensures that the opportunity is publicized far and wide in the public interest side of America’s healthcare community. Brief proposals outlining an innovative health intervention are invited from nonprofits, but each paper must be accompanied by a letter of nomination from local foundations that, individually or in partnership, will commit to matching an LIFP grant. These awards range from $100,000 to $500,000 distributed over 3-4 years.

In 2003, LIFP’s call for proposals attracted 312 concept papers. Of these, 71 were selected for further development by a committee of six reviewers. To assist local foundations in preparing their fully articulated proposals, LIFP offers workshops and other forms of technical assistance. This helps create a more level playing field among applicants, instead of allowing the balance to shift unfairly in favor of the more process-savvy. A 15-member National Advisory Committee (comprised of local foundation representatives, academics, health professionals, and even a former grantee) reviewed all 71 proposals and culled this pool to 27 for site visits. In July 2004, fully one year after the initial concept papers were received, 19 applicants were selected to receive LIFP matching grants.

Since its earliest grant-making in 1988, the LIFP program has awarded over $79 million through partnerships with more than 1,200 local grantmakers. The diversity, ingenuity, and geographic scope of these projects is impressive:

- **Stone Soup**, a program in Alaska that helps the mothers of children with complex medical conditions more effectively coordinate the care their children receive from pediatricians, neurologists, orthopedists, and other specialists
- **Students Run LA**, which trains 2,000 middle- and high-school students each...
year to run (and complete) a marathon, yielding enormous health benefits while also building self-esteem for a highly diverse group of inner-city kids.

- **Cincinnati Respite Center for Homeless Individuals**, a 24-hour facility that offers basic short-term medical and nursing care, as well as social services for homeless people who are too ill to stay in a shelter but not sick enough to be admitted by a hospital.

- **Healthy Community Farmers Market**, which is lowering the incidence of diabetes among Hawaiians in the Oahu area by situating health screening and education programs at local farmer’s markets.

- **Projecto Goal Para La Mujer Latina**, an HIV/AIDS education program conducted at soccer fields on Sundays because that’s where the target audience—Latina immigrants (primarily from the Mexican community)—can easily and consistently be reached.

In early 2002, LIFP asked the policy research firm Mathematica to perform an evaluation to determine whether or not LIFP’s grants were contributing to the long-term sustainability of targeted projects. Mathematica looked at 120 projects receiving grants between 1986 and 2001. Given that most of these grantees were small, grassroots projects, and that many were experimenting with new ways of administering healthcare or promoting healthy behaviors, Mathematica’s evaluators anticipated that perhaps 40 to 50 percent would survive after LIFP’s support ended. According to Beth Stevens, the recently completed evaluation will show that approximately 75 percent have survived. “The survey results really came as a surprise to us,” said Stevens, the incredulity still fresh in her voice. “Just about anybody we talked to in philanthropy about this said, ‘You’re kidding!’”

More Than Money

Mathematica’s evaluation helps illustrate another important point about LIFP: while the program clearly brings much-needed funds to local projects that might otherwise fail to attract the attention of a large national funder, there is more to LIFP than just money. A grant from LIFP, says Stevens, “is like the Good Housekeeping seal. It says to other funders, ‘This project is the real deal. It’s worth pursuing.’”

Karen Voci, senior vice president for the Rhode Island Foundation, underscores Stevens’s point by recounting her own experience partnering with LIFP. In 1996, Voci was hoping to generate more support for “Providence Smiles,” a school-based dental program similar to Cleveland’s “Healthy Smiles—Bright Futures,” and also an LIFP grantee. Rhode Island Senator Jack Reed led a congressional delegation through one of the clinics participating in the program that year, and this ultimately led to another $300,000 in funding. “When you bring The Robert Wood Johnson Foundation into a place like Rhode Island,” said Voci, “people sit up and take notice. I don’t know if we could have gotten that congressional delegation through the clinic if it weren’t for them.”

Larry Clark, president and CEO of the Comprehensive Health Education Foundation in Seattle, has partnered with LIFP and currently sits on its National Advisory Council. He believes LIFP has positioned itself nicely to identify promising new ideas and, if the results warrant, take them to scale. “That’s part of the beauty of this program,” said Clark. “LIFP can incubate a project through three or four years of funding, and then local funders can make a decision whether or not they want to disseminate it.”

Jane Lowe, the senior program officer at The Robert Wood Johnson Foundation who currently oversees the program, is struck by the positive effect LIFP has
had on funder relations at the local level. “Normally, foundation deadlines are completely out of synch,” said Lowe. “You’ve got different board dates, different sets of priorities, different amounts you want to give, different ideas on how programs should be run or managed. That works against partnering in philanthropy in general.” With LIFP, however, it often takes multiple partners at the local level to match a single grant, and Lowe believes this necessity has been the mother of increased cooperation, which in turn “has stimulated partnering at the local level independent of LIFP.”

In the end, as in the beginning, LIFP remains dedicated to keeping the focus on innovation at the local level. “We want to help local funders realize their ideas and their aspirations and the needs for their communities,” said Terry Keenan, “and not have The Robert Wood Johnson Foundation mobilize funds for programs based exclusively on what was decided here as being important.” Polly Seitz, who succeeded Ruth Hanft as national program director in 1996, is quick to agree: a healthy dose of humility in Princeton has had a salutary effect on hundreds of health programs across the U.S. “Our success,” said Seitz, “has come from listening and responding to what is happening at the community level.”
About the Author

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Andy Goodman wrote four stories of philanthropic innovation showcased on the Future of Philanthropy website, and advised the initiative at several crucial stages. He brings experience in advertising, radio, and television (where he wrote for the broadcast network sitcoms “Dinosaurs” and “The Nanny”) to his work as a nonprofit communications consultant and trainer. Based in Los Angeles, he specializes in helping public interest groups and foundations reach more people more effectively through print, broadcast media, and the Internet. Current clients include the Edna McConnell Clark Foundation, Environmental Defense, Global Business Network, Campaign for America’s Future, and The Robert Wood Johnson Foundation. Andy publishes a monthly journal, “free-range thinking,” to share best practices in public interest communications, and is also author of the book, Why Bad Ads Happen to Good Causes. He can be reached at andy@agoodmanonline.com.

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