INTRODUCTION

Prior to the formation of the Foundation, Group Health Cooperative asked The Giving Practice to contact similar foundations to learn about how those entities were created. While there are publications about the launch and structure of health equity foundations, there is less to be found that addresses the process of building the culture, values, and norms of a new foundation. Group Health Foundation articulated an early commitment to learning and reflection. In that spirit, The Giving Practice was retained to help identify and document key moments and lessons learned as Group Health Foundation was established.

LESSONS LEARNED

Legacy matters

When Kaiser Permanente acquired Group Health Cooperative, Group Health Foundation was created from the proceeds of that transaction to carry on Group Health Cooperative’s legacy of social impact. Group Health Cooperative’s history was formative in setting the expectation that community would be a central tenant of the Foundation as would addressing health inequities.

Group Health Cooperative outlined several principles for the Foundation, which were eventually transformed into Group Health Foundation’s core values.

**Group Health Cooperative Principles for the Emerging Foundation (endorsed July 2015)**

- The Foundation will work with people in our communities and across disciplines to create better health and wellness.
- The Foundation will be dedicated to enriching people’s lives by improving all aspects of health, including expanding access to care, improving delivery models, addressing social determinants and reducing inequities in health, and supporting research that addresses behavioral health and science.
- We will build on a base of expertise in health care and health system transformation, but know that healthy positive outcomes are about more than health care.
- We will cooperate, convene, and collaborate with others who are striving to improve health and well-being. We will learn from others and share what we know.
- We are primarily committed to Washington but will leverage our knowledge and experience to transform health around the country and even the world.
- We are willing to try new things and work as a member of our communities to co-create “people centered” solutions.
- We commit to continually evaluating the impact of our strategies and to iterating based on what we learn.
- One measure of our success will be our ability to serve the most at-risk and in-need across our communities and beyond. Our mission is open to all, and we value inclusion across the spectrum of gender, society, race, politics, and religion.
- The Foundation is willing to tackle the difficult issues that will require innovation and long-term commitments. While welcoming radical ideas for a better way, we will make decisions with an eye toward the sustainability and effectiveness of our efforts and concern for community.

[The current Group Health Foundation mission, vision, values, and equity agreements can be found on the Foundation’s website.]

**Taking the time to get it right (board search process and criteria for selection)**

The founding board (which, by design, was short-term in nature) considered over 200 people for what was originally intended to be a 12- to 14-person board. In addition to hiring a search firm to help identify candidates, they took an unusual but significant step by inviting a broad range of stakeholders from around the state to both nominate others and self-nominate. This action signaled the board’s commitment to designing a foundation that would be committed to partnering with its stakeholders.

Diversity of board members (racial, gender, LGBTQ, age, political) was important from the start. Additionally, qualities such as a background in social justice and work with communities were included in the list of more “conventional” selection criteria. The founding board got to a core group of board prospects that was highly skilled and diverse in many ways, yet also realized that they were mostly people that were “known” to current founding board members and also mostly in “grasstips” roles (though many had deep experience with grassroots organizations). The founding board extended the time to reach out to other skilled leaders who were engaged with their communities.

At the first meeting of the new Group Health Foundation board of directors, the four “legacy” board members communicated to the new board members that they were open to whatever decisions the full group would make about the future of the Foundation. The “new” board members have appreciated the gracious, non-directive, and open spirit of the four members who carried over from Group Health Cooperative.

**Build relationships, trust, and understanding before setting strategy**

Advice from early interviews of health legacy foundations from around the country was to take things slowly and thoughtfully, even when there was pressure to move more quickly. Most of these foundations shared mistakes they made by moving too quickly, due to their own volition, pressure from constituents and communities, or payout requirements. They shared that every early decision sets expectations and it was challenging to recover from early efforts that did not go well.

The majority of the new board’s first meeting emphasized formation, collective learning, and values discernment. There was concern among those tasked with planning that meeting about the balance of content and process. Ultimately, the board chair concluded that it was critical to prioritize time to learn about each other and develop norms and practices of how the board would work together going forward. It was established from the start that building relationships, and therefore trust, would be critical to both board cohesion and the ability to work through challenges and disagreements in the future. There was some healthy tension in the first couple of board meetings about the balance of taking the time to understand each other and the urgency many felt about addressing health equity issues through funding and advocacy. Ultimately, the board agreed to invest the time to deepen their relationships while moving ahead, slowly, with the CEO search and long-term strategy development process.
A strategy task force was created to develop high-level agreements about the Foundation’s potential goals and direction. However, the process of articulating those pillars revealed different working assumptions and varied levels of knowledge among board members. The task force paused, reflected, and realized that the prudent course forward at this juncture was to focus on building a learning agenda for the organization.

Creating a learning culture

Learning together was identified by the board as a key way of gaining knowledge and getting to know each other. All board meetings have included outside speakers and, from the board’s third meeting onward, a Director’s Insights section was added to highlight board member’s expertise as well. By learning from others, a spirit of openness and curiosity was seeded in the board culture.

Additionally, as noted above, the strategy task force pivoted from high-level strategy to the creation of a learning agenda for the organization highlighting five areas of inquiry: identifying methods to incorporate equity into all aspects of the Foundation’s work, understanding health inequities across the state, exploring best practices for engaging authentically with communities, exploring potential partners, and learning about emerging, innovative, and promising practices.

Living the values, norms, and practices

The board adopted a practice of asking for volunteers to look for certain values and practices during the board meetings. Those who are assigned are then asked, at the end of each day, to share examples of where they saw the value, norm, or practice present and places where the board might have done better. Reflections from a recent board self-evaluation survey highlighted the commitment to living the Foundation’s norms, values, and practices:

“I think the work we have done in refining our values and norms is some of the most important work we have done.”

“I think we have continued to develop an understanding of one another and about ‘us’ as a group through the development and tracking of the values and norms. I hope we continue to track our progress and learning about equity as a result of this exercise.”

“I really appreciate the collective commitment to board norms and think this practice will help us move forward as a group when there are challenging decisions to make. I’m grateful that we are having conversations about equity at every board meeting.”

“The fact that humor and joy are so present in our meetings is a marker of the trust we have developed.”

Committing to equity as a primary value

Equity was included as a value from the start, and over the first few meetings, the board began to explore what it would mean for equity to be a primary value (or “lens”) moving forward. This prompted many conversations in which the board engaged over the next year, including:

- Creating a working definition of equity, which then resulted in a set of evolving agreements
- Asking guest speakers to share their own journey and how equity has framed their work
- Sharing board members’ experience with inclusion and exclusion
- Interviewing board members regularly to assess their evolving thoughts about equity
- Discussing case studies from other foundations
- Highlighting the expertise of board members who have had a commitment to community engagement
- Reading several articles about equity in general and health equity more specifically
- Taking time to incorporate equity and resisting the urgency to act without it
One board member reflected in a board survey: “I continue to learn a LOT about equity and what it means for our work, and appreciate how we are undertaking this work. I value my colleagues around the table and love that we are learning from each other. This is difficult stuff.”

Sandra Hernandez, a guest speaker who shared thoughts and advice from her time as CEO of the California Health Care Foundation shared, “There’s tension between urgency – there’s a lot happening in the world right now and we need do something – versus the long game. Equity is the long game. Have patience and persistence, but don’t get caught in the very slow-motion movement of philanthropy. The board, as a governing body, must be mindful of the right pace. Have a portfolio that’s actionable now and has a long-term component. Find something between an ‘entrepreneurial fail fast’ mentality that responds to urgency but often does harm, and ‘perpetuity above all’ mentality, which means save it for ... What? When?”

**Being thoughtful (and patient) with the CEO search**

The values and culture of the organization were also instilled in the CEO search process. Early meetings of the task force modeled a commitment to making diversity, equity, and inclusion essential to the process. The values were prominent in the job announcement. As they did in the search for new board members, the Foundation invited stakeholders (a list of over 500 people who requested communications from Group Health Foundation) from around the state to suggest candidates, as well as areas of inquiry for CEO interviews. As the task force met potential candidates, they weighted alignment with values equally with other candidate criteria, such as skills and experience.

At the end of the process, one task force member noted, “My hope was that the process of the CEO search would serve as way of deepening our work together through applying norms and values, and I believe it has. As is true with any deep practice, the more one does it, the more effortless and less deliberate it is because it becomes natural and the norm.”

**Building and scaling the critical operations**

As the board accomplished everything above, board members were also willing to make critical investments in capacity and infrastructure, and willing to do so with values at the forefront. The board hired a full-time acting CEO, even when the work was unknown. The acting CEO has been able to translate the board’s conversations, values, and aspirations into the Foundation’s core operations and external communications. Investments were made to create IT and accounting systems that will accommodate the full growth of the Foundation. Resources were allocated to create human resources policies and benefit plans that reflect the Foundation’s values. As consultants and new staff were recruited and hired, the deep commitment to diversity was demonstrated (i.e., five of the seven permanent hires are people of color.)

**Prioritizing good governance practices**

Implicit in many of the areas above has been the effectiveness of a board that is committed to modeling characteristics of good governance. The strong working relationship between the board chair and the acting CEO – marked by deep trust and frequent communication – has been essential to a smooth and successful launch. The board chair has created an environment that allows for generative conversation and plays an active role making sure all board members are engaged and heard. There is room for disagreement and recognition that even one voice of dissent is welcome. Different board members are invited to facilitate critical discussions, building the leadership capacity of directors. The board has developed policies and practices that reflect the Foundation’s values, such as the process used to hire auditors and other contractors and staff. There are regular surveys and opportunities for board members to engage in self-assessment. The learning culture has instilled an openness to acknowledging areas where board members need to learn more. The trust and connection created among board members has created a sense of transparency that is key to making good decisions.
What’s next

As the new CEO, Nichole Maher, starts in October, a new chapter for the Foundation begins. The board will continue to pay attention to lessons learned both for their own growth and reflection and also in the spirit that this transparency will be valuable to the Foundation’s stakeholders and useful to others in the field.