

Memorial Health Foundation: Learning History

Einstein said that a substantially new manner of thinking is required for survival. For Memorial Health Foundation, thinking in new ways defines the organization. Though the Foundation began as any hospital foundation might, in the course of its existence its members came to recognize that just being a "regular" foundation wasn't enough and a goal that went well beyond survival was realistic. The organization had higher standards than merely a continued existence. By ongoing work to prioritize substantial and creative community involvement, the story of the Memorial Health Foundation's history is one of evolution.

From Primordial Beginnings to Progress

Memorial Health Foundation began in 1981. Reg Wagle, Memorial Health System Vice President, describes the mission of the Foundation in the 1980s as focused primarily around the tasks of fund development and fund management. During this time the emphasis of the healthcare industry generally was on corporatization, and Memorial Health Foundation was merely one discrete part of the Memorial Health System. It wasn't until the early '90s that the Foundation began a re-envisioning process that would ultimately broaden its mission and create new interest among its staff and board members, its donors, and the community. This reinvention began in the midst of many dialogues throughout Memorial Health System that focused on strategic planning, change, and evaluation. It was the start of a journey that would ultimately result in a new vision for Memorial Health System, that our community be the healthiest in the nation by 2010.

An atmosphere of institutional reflection and examination surfaced. An emerging broader purpose of the organization appeared to its leaders in improving the quality of life of its community. But what did that mean exactly? And more specifically, what did it mean to Memorial Health Foundation? Memorial Hospital and Health System President & CEO Phil Newbold and others began to talk about how this lofty goal might become more practical. "The Foundation board began to engage in that dialogue too," says Wagle, who took the position of Vice President of Memorial Health System in 1992, the same year the Foundation completed an analysis of its strengths, weaknesses, opportunities and threats. "We began to recognize some clarities that Phil helped bring us. One of the resources he brought to us to help us find that clarity was Leland Kaiser."

Leland Kaiser, a healthcare futurist, gave Memorial the challenge of recontextualizing its resources. He questioned the limits of the traditional hospital role. "We had this commitment to improving the quality of life in our community," says Wagle. "Once you assume that, then guess what? If all we're doing is fixing you up after your latest heart attack or latest car wreck and putting you back on the street, we're only improving the health status of the community in a very limited way...Leland's challenge was to go outside the walls of the hospital, to go out and swim upstream to address issues. If we did something about teen pregnancy, about early childhood development, poverty, habitat, domestic violence, access to education...then quality of life would improve more significantly." This approach recognizes that much of health is determined by choices, not simply having access to clinical medicine.

At a 1993 board retreat Kaiser encouraged Memorial Hospital and Health System of South Bend to tithe, or commit 10 percent of its budget surplus every year to community programs. The Memorial Health System board took on the tithing policy. Since that board retreat, Memorial has invested more than \$20 million in nearly 100 community programs. "It was a new way to think," says Wagle. "If you're a community-owned hospital or health system, all of your excess of revenues over expenses is reinvested in the health of the community...We buy a new CAT scanner, hire some new great sub-specialist...build a new pediatrics wing, whatever. Historically, that's the way every community-owned hospital has reinvested its excess revenue over expenses. What the board began to say is 'let's be smarter than that.'"

What came out of this ongoing discussion for Memorial Health Foundation was the recognition of a third role, adding to the traditional roles of fund development and fund management the a new commitment to community development. Carl Ellison, Memorial's Vice President of Community Affairs at the time, says that the Foundation's cultivation of this role was "a natural one, given the extensive involvement of Memorial Health Foundation trustee leaders in the establishment of the tithing policy, and securing healthy communities knowledge by attending Health Forum Summits and similar meetings as part of the Memorial team." The Foundation re-articulated its mission statement to read that it would support the Memorial mission of improving the quality of life of the community by "seeking innovative partnerships and creating new resources, with special emphasis on today's children...tomorrow's healthy, fulfilled citizens." A major architect in crafting this language was Mark Chambers, former Memorial Health Foundation Vice President. Chambers came to Memorial in 1986 as the Executive Director of the Center for Mother and Child, a position which oversaw the hospital's indigent care pediatric medical and dental clinic, the Healthy Babies infant mortality prevention program, and a variety of other outreach and grant activities. "Because I hoped the Foundation might begin to take on a stronger community development role, I asked that these programs stay under my direction as I moved to the Foundation," says Chambers about his appointment to Assistant Vice President of the Foundation. Coincidentally, the Foundation offices at that time were housed near Memorial's Community Affairs offices, a relationship that quickly became more than geographic as staff from both offices talked about the commonalities in the missions of both departments. "I dare say it was the first germ of an idea about how the Foundation might add a

community development element to its foundation principles," says Chambers, who adds that staff had even outlined the possibility of joining the functions of Memorial Health Foundation and Community Affairs. It was this background Chambers brought to the Foundation Board in its quest to define a burgeoning community role.

With the help of early leaders like Chambers and Ellison, and then new visionaries like Kaiser, the Foundation Board clearly identified its intent to address community issues beyond what happened in the hospital. "What that did was open a whole new array of opportunities for the Foundation," Wagle confirms. "When you think of that step in terms of an evolution of a new species—we had now crawled up on the land. We were a new kind of organism, and a new limitless universe of possibility lay before us."

Walking Upright: The Winning Factor of Community Involvement

It's this commitment to the larger community that the vast majority of Memorial Health Foundation Board members cite as the Foundation's greatest distinguishing characteristic. For many community leaders, and even some working within Memorial's walls, the Foundation's decision to focus on strengthening community initiatives was almost too good to be true. Lou Nanni, Vice President for University Relations at Notre Dame, recalls that his first experiences with Memorial Health Foundation came when he was the Executive Director of South Bend's Center for the Homeless. Memorial invited him to participate in the Healthcare Forum's Fellowship program, an appointment that provided him access to health and community-building conferences, as well as additional opportunities to support his education around ideas of community health. "I wondered to myself, 'Why? What's their ulterior motive? Why are they sponsoring me?'" says Nanni. "I quietly kept this in the back of my mind for that first year."

What Nanni ultimately concluded was that Memorial Health Foundation was genuinely working to succeed in improving the community's quality of life. "[The Healthcare Forum's Fellowship] was really consonant with their mission...to become the healthiest community by the year 2010." Nanni recognizes that a part of his surprise stemmed from the fact that the initiatives of Memorial seemed "out of character for what big organizations do...It was a fascinating experience." As Nanni continued his work at the Center for the Homeless, so did Memorial, partnering with the Center to offer expanded clinical services to residents. Memorial prototyped the PEDS Program, which works to identify and intervene in developmental delays in young children at the Center for the Homeless. Ongoing involvement created other significant connections between the two organizations. "From the perspective of a non-profit organization addressing the needs of the poorest, most broken members of our community," Nanni

said, "it was incredibly impressive to see the creativity, the passion, sincerity and conviction with which Memorial as an institution partnered with us to be inclusive and to bring about some very creative results."

Initially, Memorial Health Foundation did not naturally fit into a community-building role for some people, as Nanni points out from his experience. And this was something it had never tried to do to such an extent. Still, Memorial sponsored a number of initiatives that gave its local audience a reason to think twice about who the Foundation was. Through Community Plunges (www.qualityoflife.org/ich/plunge/plunge.htm), area tours and visits to non-profit agencies and other sites that emphasized important local issues such as violence and infant mortality, the Foundation worked to educate itself and a growing number of local leaders and residents. The Healthcare Forum Fellowships, like the one Nanni enjoyed, offered potential partners of Memorial a chance to learn about the complex challenges in creating community health. Newbold was the first Memorial staff member to participate in this experience. The second was Barbara Wheeler, former Memorial Hospital Planning Director, who pioneered the enduring relationship between the Fellowship program and Memorial staff.

Even so, Dr. Gary Fromm, who has worked with Memorial Health System for years and eventually served as the Foundation's Chair, admitted that there was a small part of him which harbored skepticism about Memorial's commitment. "There was a period of time when it was fairly clear to me that Memorial had some good interest, not just self-interest, in the community," Fromm said. "When Memorial started showing interest in the community rather than just interest in Memorial, I said 'they're taking an extra step, therefore I can take an extra step.' Nonetheless, Fromm had some reservations about serving on the Foundation Board. "I came in with a tiny chip on my shoulder, saying, 'I wonder if there still is a little too much self-interest here'...and I believe I was able to see that there was not." Fromm cites the heavy and visible involvement of Memorial leaders, such as the CEO and Vice Presidents at Community Plunges and other events as a factor that helped him determine the institution's high priority interest in creating a healthier community. Other Foundation Board members describe a similar process of buying in, a journey that ended with their own belief that the Foundation's actions seemed truly aligned with its stated mission, a purpose that they too took to heart as valuable to the improvement of their own communities. "It's the most atypical foundation I can think of, quite frankly," says Nanni.

The Tribe: Board Members, Staff and Other Partners

Only through tribal cooperation could early humans hold their predators at bay. Cooperation is surely the most advantageous of evolutionary steps. As Memorial Health Foundation made its way through a series of adaptations, many today note the diversity and cumulative skills and leadership of the

Foundation Board members and its partners. Nanni now serves on the Memorial Health Foundation Board, a group of people who have grown with their mission. Currently the Foundation Board has a membership of twenty-seven. Though Wagle admits to having doubts about the size of the Board in the beginning, he and others now name its size as a strength, citing the variety of individual voices and commitment of the group as indispensable assets.

With the Foundation Board's decision to become involved in broad community issues, individual Board members also became more invested. Throughout the 90s, as the Foundation Board "third role" developed, "there was a lot more passion in the board room," says Wagle. "We began to engage stronger and stronger leaders in the community, because they saw a lot more energy and something they could be passionate about." Wagle cites an increase in Foundation Board attendance and vocal participation as early results of this new community interest.

The Foundation Board, with the guidance of "potentiators" like Leland Kaiser and Jamie Orlikoff, began to look at how their meetings might make the best of the talents of its members-how such members might fully give in to rising enthusiasm about their growing mission. In this respect "typical" board meetings, often marked by a litany of reports that left little room for organic and unstructured discussion, became the antithesis of the foundation's own gatherings. "Why are we wasting their valuable time having them listen to reports that are all on paper?" Wagle said, describing the board's earlier, more traditional meetings. "All of those financials are already on paper, all those program reports...why have them sit there and go through stuff they could have read before they came or could read afterward? Why not engage them quickly and early in the meeting in dialogue about the most important things that they came for, which is, 'What about the future of Memorial, what about the future of the Foundation?' That's what we ought to be spending their hour and a half on."

In this spirit, board meetings became another area of the Foundation's innovation. Required by the by-laws to maintain at least three committees (Executive, Investment and Finance, Nominating), everything else became "playpen." Self-organized work groups formed, based on member interest and project opportunities, and then dissolved as their goals were met. Whereas strategic initiatives were typically reviewed every three years, the Board decided to look at them every six months, a timetable that better matched the natural flow and change of projects and ideas. The board meeting agenda "turned upside down." Committee reports were still listed, but instead of being at the top of the schedule, they were positioned last, and if there wasn't time to get to them that was okay. More and earlier meeting time was devoted to engaging board members in ongoing discussion about the Foundation's long-term goals and dreams, not merely the routine business required by the board in any given quarter. "The more active engagement there is by board members at a board meeting," says Wagle, "the more likely they will see their role at Memorial Health Foundation as being interesting, valuable, worthy of their time and energy, and one of the most important things they're doing in their life."

It's apparent that a large number of Board members deeply feel the importance of their leadership at the Foundation. Jerry Frieling, who recently finished a six-year term with the Foundation Board, two years of which he was Chairman of the Investment and Finance Committee, says, "I think what Memorial is doing is very worthwhile. From a personal standpoint, the last thing you want to do on a volunteer board is just put in your time listening to someone tell you what they did...I felt that in being on the Foundation Board I've been able to make a contribution that's produced beneficial results and been well-received. It's been time well-spent...That gives you a good feeling."

"My commitment and passion for Memorial Health Foundation comes from the energy and success that they breed through their cultivation of creative thinking and continuous implementation," says Jeanette Simon, who served as a board member and later as board chair. Her involvement was critical as the Foundation began to work toward the development of HealthWorks! Kids' Museum, an experiential learning environment and health programming center sponsored by the Foundation, by far the Foundation's largest community project to date. "Memorial Health Foundation is completely different from other foundations because of its internal challenge of constant evolution and innovation."

Newbold cites board development as one of the key strengths of the Memorial Health Foundation. Meetings take place not just in the board room, but at new locations within the community, so members see and learn about Memorial's more recent projects. Fromm, a board member currently involved in the planning of the South Bend Center for Medical Education, offered members a brief introduction to issues of medical ethics as a small part of the meetings. Through fellowships, Community Plunges and additional programs, board members have a wide opportunity to access knowledge and information about a vast spectrum of healthcare and community health challenges. "Memorial Health Foundation does a wonderful job of giving board members enriching educational opportunities," says Rose Meissner, a former board member and President of the Community Foundation of St. Joseph County. In this way as board members give, they also receive, a principle that echoes the Foundation's philosophy in its fundraising efforts as well.

Jane Warner, a donor to the Foundation who has just come back on the board for a third term, speaks to her reasons for being a substantial supporter of Memorial since the 50s. First, she talks of recently accompanying a friend to the emergency room at Memorial Hospital. "I was constantly amazed by the tender and thoughtful care he received," she says, going on to link the quality of Memorial's system-wide efforts to her dedication. She cites the leadership at Memorial as outstanding. "[Memorial leaders] are very visionary...but beyond building Memorial, they're thinking about making this a better community. They're not just building themselves a little empire." In her mind, the Foundation has been indispensable in pursuing Memorial's community development goals and without it many great

community accomplishments would never have happened. She mentions that the professionalism with which Foundation staff treats their donors makes it easier to commit to the organization. "They give a lot of personal attention, which, for a donor, is important...I'm just as enthusiastic about it today as I was 25-30 years ago." Bill Shields has also been a dedicated donor to the Foundation's growth and progress. "It's really a doer organization," Shields says, when describing why he was attracted to working with Memorial. Like Warner, Shields appreciates being involved as both a donor and a planner, and he has a long list of projects ranging from education to job training that he's funded and helped to organize over the years through Memorial. What makes the Memorial Health Foundation work in his opinion? "It's the people. Reg [Wagle] and Phil [Newbold] have done a phenomenal job of surrounding themselves with phenomenal people." Both Warner and Shields obviously place a premium on working with staff they trust, and who get things done. This is a quality Memorial as an institution works to foster by prioritizing talent and the things that attract talent-excellent facilities, educational opportunities, and an environment that cultivates new ideas.

In the mid-'90s the Foundation board amended its by-laws to include a statement that asked all members to contribute to the Foundation's Annual Community Appeal "in order to protect the credibility of Memorial's solicitation of continuing support from the community it serves." Board members are not the only donors among Memorial's immediate ranks, however. In the initial rounds of the Community Appeal, employees, physicians and medical staff also make significant contributions prior to fund-raising efforts in the community at large. The Reach Out Club, administered by Memorial Health Foundation, is an organization of Memorial employees who identify and finance projects of importance to staff members, patients and the community. Although it began in the '80s, the club didn't really take off until several years later, when employees rallied around the idea of an Interfaith Chapel at the hospital. The Chapel, provided mostly through gifts from the Reach Out Club, was dedicated in 1993. In the wake of the Chapel project, as well as a system-wide increasing awareness of opportunities for community involvement, Reach Out Club membership has grown substantially. Currently the club has over 800 members who contribute annually or through payroll deductions to a wide variety of programs such as the HealthWorks! Kids' Museum, the Ronald McDonald Family Room, the Pediatric Hematology Oncology Program, and many others. Additionally, the Reach Out Club places special emphasis on the needs of fellow employees by assisting those experiencing hardship and creating the Staff Education Fund, a primary source of support for staff to attend continuing education conferences and seminars.

Within the last several years, the Foundation Board's Investment and Finance Committee reported that the Board's support role had moved away from simply passively responding to requests, and has become active agents for change, or "first investors." While Frieling was on the Foundation board, the Investment and Finance Committee decided to recommend both a new investment consultant and new fund managers. These significant changes required that the committee do thorough and extensive reviews and then actively seek new people to work with. "I think that was a very responsible thing to do," he says, noting that it moved the committee's role from one of primarily oversight to a position

where they were a true catalyst for forward motion that will likely be greatly advantageous for the Foundation's endowment. Through these circumstances the committee redefined itself as more engaged and knowledgeable. Frieling says, "The emergence of the [Investment and Finance] committee in a more active role was a very positive step." He's grateful too for the level of "financial literacy" on the Board, citing again, the Board's size and diversity as a strong talent pool to draw from for a variety of work.

Recently, Board discussions about philanthropy have become broader, and Memorial's focus on innovation, demonstration and replication has paved the way for relationships with potential donors who might not have a specific interest in the local community, but find interesting potential nonetheless in the merit of an experimental idea whose success might be duplicated elsewhere. The Foundation continues to seek out partnerships based on a strong sense of cause and passion for specific projects. No longer will the Foundation think of itself as limited to area resources and contributors. Though they might be just one tribe in northern Indiana, Foundation staff and Board members see possibilities for collaboration the world over.

The Age of Reason: A Philosophy of Abundance

What distinguishes humanity from other animals is our notorious ability to think and make decisions based on our insights, even though such decisions might be contrary to physical impulses. What many of Memorial's community partners, advisors, consultants and staff have guided the Foundation into exploring is a mentality. Foundation Board members easily describe this mentality as a kind of universal principle that allows the best ideas to be realized and provides resources where talent and creativity are found. In this school of thought, a mindset of scarcity leads members of a community or tribe to competition rather than mutual benefit. The idea of scarcity implies a limit to resources, while abundance assumes that there is a funding match for every right idea.

With this rationale, the Foundation shares its fundraising expertise with local organizations. In addition to offering other Foundation resources, staff have worked on the capital campaigns of area agencies. "We've come to see ourselves as an instrument for change," Wagle says, rather than simply one more organization in the mix, scrambling to do its best. Through Learning Histories and other careful documentation, the public and other healthcare organizations can access stories and advice about past and current projects Memorial has undertaken. Simultaneous to the development of HealthWorks! Kids' Museum was the compilation of a Navigator's Guide, a huge binder assembled as a replication tool for groups that might be interested in establishing a similar audacious new resource in their community. In these ways, the Foundation strives to share expertise, resources and experiences, even ones that might

not be positive. Newbold states unequivocally that without consciously being a channel for information-sharing and connections, Memorial's success in fundraising and community development would be lessened. "[What we do] only works if you're willing to share and replicate. It doesn't work if you just do it one time, for one event, here in South Bend, for one neighborhood or one group...This only works if you're willing to put it on the Internet, speak about it-what went right, what didn't go right, lessons learned-and share it broadly. As long as you're sharing, everything that you're doing, then the spiritual principle behind all of this is that the world is always trying to give you everything you'll ever need. It's just that you have to be receptive and imaginative and creative in order to accept it and mold it into something interesting...and then give it back to the community and other communities as well...This is based on the spiritual principle that the more you give, the more you get."

Foundation board members and other Memorial partners point to this "spiritual principle" in different ways. Whether it's termed a moral obligation or ethical responsibility, or simply the values of Memorial Health System, anyone familiar with the Foundation eventually refers to the philosophical underpinning of abundance with an almost inconceivable faith. It's as if this group of people has been privy to the alignment of the stars-by giving more, by giving in new ways, how could they too, not receive immense fortune?

HealthWorks! Kids' Museum is a good example of the results of this philosophy, an achievement whose creation bolstered the confidence of the Foundation to think big (www.qualityoflife.org/ich/hw/hw.htm). In the late 1990s, the Foundation received the largest single gift in its history for the creation of the Memorial Leighton HealthPlex, which would house a state-of-the-art fitness center and outpatient therapy services. Within a week of securing that major gift, Memorial leaders began to discuss the idea of a place where children and families could come to learn about health through radical new interactive learning concepts. Ultimately, HealthWorks! became a part of the Memorial Leighton HealthPlex and the Foundation initially raised \$5 million for its establishment on the second floor of this new building. More significant than the Foundation's brainstorming or fundraising for this project, however, was its commitment to oversee a structure for the operation of the museum. A dramatic departure from past levels of investment and risk, this great leap into HealthWorks!' creation and operations took the Foundation to unprecedented levels of risk, and the thrill of discovering the hope and daring to be found in such work.

HealthWorks opened its doors in February of 2000, and the Foundation board continues to play a large role in its ongoing development. Ellison cites the creation of HealthWorks! as the foundation's largest challenge to date. "This farsighted model could not have been successfully completed by many hospitals," he says. Currently, the Foundation is at work on a project that

would expand the image and offerings of HealthWorks! by giving the museum's message of health education "a new set of 'H-1' wheels." A Hummer, outfitted with a large "brain" and "cool" sunglasses, will soon be driving out to schools and other youth settings, bringing health programming to early adolescents-an older group than HealthWorks!' initial target audience-and maybe even once or twice a NASCAR driver and Arnold Schwarzenegger, two celebrities who have expressed interest in the project. Money for this project came from the Foster G. McGaw Prize, an annual award sponsored by the American Hospital Association, Baxter International Foundation, and Cardinal Health Foundation and awarded to Memorial this year for excellence and innovation in the health industry. Deciding to use the prize money for more community programming was easy under Memorial's abundance philosophy, which begets an ongoing cycle of blessings and risks as the natural order of things. Another significant experiment innovated and demonstrated by Memorial Health Foundation, and now in the replication phase, is the D.O.V.E. Project (DOnestic Violence Ends), a new model for screening and intervening in the difficult issue of domestic violence (www.qualityoflife.org/ich/dove/dove.htm).

Reg Wagle describes the Foundation's third role, to create healthier communities, as instrumental in the past decade's fundraising increases: "Early in the emergence of this new role, we were not blind to the fact that among the other things that would happen, it would open up new prospective constituencies for us, because people who may not want to give to new hospital technology or new healthcare services might, however, want to make a difference in the world, addressing issues like domestic violence or teen pregnancy or tobacco use prevention. What we didn't recognize... when this was all beginning to occur, was how infinitely potent those new universes would be." In 1991, before conversations about community involvement began to take place, the Foundation brought in funds under \$400,000. Last year, the Foundation raised well over \$2.5 million.

Money itself is a "spiritual resource," according to Newbold. "It can either do good or not." By viewing money as one of the many conduits for turning strong ideas into reality, fundraising-undoubtedly critical to the Foundation's work-becomes a shadow to unique proposals. The Foundation operates on the assumption that the best ideas, by their very merit and appeal, will attract funding. "It's the vision of what the money is going to do, having the idea, and knowing that something is possible [that's most important]," said Debbie Remble, Administrative Secretary for the Foundation. "The money comes. First is the idea, and after that the money will come."

Newbold agrees. He cites the Foundation's fundraising success as a result of "good ideas and services that people are interested in supporting." He adds that Memorial works hard to realize their system-wide "four values": respect, integrity, excellence, and compassion. He talks eloquently about what he admits in the end, is simply having "a good product." It's this "product" that has given Memorial an opportunity to make their case with potential contributors. With a sound product and a continuous stream of fresh ideas, Memorial makes its way in a plentiful world.

"It seems that all of the great world religions and spiritualities teach that you can't find life unless you're willing to give your life away," says Nanni, when he talks about the philosophy behind the Foundation's work. "Memorial has found that by giving to the community in unorthodox ways, in giving in a manner that is pure and abundant-that it could not have possibly been better for business."

Outsmarting Predators: Challenges and Vulnerabilities

Despite the Foundation's success in fundraising and community development, no healthcare organization today is free of certain threats. Nanni cites the universal concerns of leadership succession and financial stability as considerations looming in the background of even the most stable institutions. "In the healthcare industry the numbers of people who come from a conventional background far outnumber the kind of progressive leaders that we have here in South Bend," says Nanni. "That's going to be a challenge." However, he points to the comprehensive Board development work of the Foundation as an early achievement in overcoming any future issues of leadership continuity. Industry-wide regulations are other factors that Memorial doesn't have control over. For the Foundation, these reasons make it all the more important to stay on the edge of philanthropic advancements and to constantly hone new relationships.

"If you look at the whole philanthropic pie," says Phil Newbold, "healthcare doesn't get very much. Certainly religion, education, others-do far better than we do. One of the reasons for that is that we don't bring enough interesting, innovative, creative approaches to many health problems. And so, if we're going to be successful we need to engage far more in innovation. If we do that we will find that there are lots and lots of resources out there that will be available to fund any number of different kinds of initiatives. The problem we've had is that we've brought boring, uninteresting, not very imaginative solutions, many times just asking for more money, more funds, without really having a good idea about where any of this might be going or trying anything different..." In the past decade, the Foundation has sponsored markedly original community programs and plans to reach even further in terms of innovation as time goes on, though Newbold admits that some of what's happening now at Memorial probably could have happened years earlier. Chambers makes the point that, "In the U.S. in particular, many hospitals have been very successful, so their more historical, traditional, image as compassionate, charitable, sacrificing stewards of the injured, infirmed and unfortunate has eroded." Pursuing programs that are distinctly creative is one way to shape a new identity that might appeal to potential donors, one in which hospitals are at the forefront of invention, rather than merely institutions that respond to external factors.

Understanding the philanthropic landscape will be critical to the Foundation's future. "Over the next ten to twelve years, there is going to be I don't know how many trillions of dollars changing hands from one generation to another," says Newbold. "This new wealth will be in the hands of people who will do things differently. If we're going to be really successful we've got to approach the new gift economy in a whole new way."

Some considerations of tapping into this changing wealth are "The Five I's," characteristics of what donors want out of their contributions:

" IMPACT: Like donors of old, they want what they do to make a significant difference to the world

" IDEAS: New, fresh, creative proposals are invaluable. Many in this younger generation of donors have made their own wealth on the basis of a sole good idea.

" INNOVATION: Implementing a good idea with an effective method or system is important.

" INVESTMENT: The new faces of philanthropy may consider their charitable investments on the same terms they consider their financial interests-they make their decisions based on a cost-benefit analysis of sorts, and expect a long-term return.

" INVOLVEMENT: These donors aren't "passive check writers," says Newbold. They want to be at the table, with a high degree of project ownership.

An additional challenge related to the Foundation's community relationships may lie in the history and culture of community giving. Most community groups are well-versed in the often highly structured requirements of grant givers. Yet the Foundation has never taken up the role of simply a "grant giver." Their associates in community betterment are partners, and most Foundation project ideas are generated by the Foundation board itself. Other Memorial departments, such as the Community Health Enhancement Office, work to offer resources to the community in slightly more conventional ways, but becoming a partner with the Foundation works outside a traditional structure of application procedures and approvals. For some, this model may be difficult to grasp. Nanni, who first worked with the Foundation as Director of the Center for the Homeless, describes his view of the pros and cons of Memorial's approach to relationship building with community groups:

"I'm convinced that one's greatest strength is also one's greatest weakness. It's always a sword that cuts both ways. [Memorial's] approach is so relationship based, which is their greatest virtue. I mean, there's almost no bureaucracy. It's amazing. Memorial [Health System] gave out more money based on their tithing policy-real money, cash contributions-than the United Way in this community. It's amazing

because there's almost no paperwork involved...It operates very differently from the way traditional foundations work. And it's so relationship based, and it continues-it's not just about the transaction of money, but partnership and sharing talent and so on and so forth. At times, and maybe this is more of the fault of the rest of us on the outside, but [community organizations] want more direction. Somebody who's looking to be a partner of Memorial...you're thinking How does this work? Can you define the process? What is this proposal going to be judged on? There's very little by way of guidelines and definitions. I think that can be a difficulty, that can be a challenge, but again, it's countercultural and it's probably a real asset in more ways than not."

Nonetheless, it's possible that some community organizations may feel frustration at what seems like the difficulty of figuring out what Memorial "wants," or how they might be "liked." As the Foundation grows, articulating its interests to the community may become more important. "Some people just want more structure," says Wagle. "And hopefully we haven't been arrogant about the fact that we are resisting too much structure. What you don't want to have done is to have eliminated a voice." Foundation board members and staff recognize that the search for the Foundation's own community identity continues. Nanni's comment about the duality of strengths and weaknesses is relevant in this regard as well. Memorial's incredible willingness to experiment and take risks in the effort of improving its community has brought about impressive local benefits. Yet can such experimentation sometimes be at odds with community expectation? Questions like these remain a part of the Foundation's evolution.

Certainly, moving boldly forward to test new lenses and outrageous approaches is the current path of the Foundation, and one that has served it well in the past. The challenge cited most often by its Board members and staff is to maintain a strong level of enthusiasm and creativity in order to continue work that's highly innovative. The Foundation board's R&D Committee began several years ago as a kind of study group to explore issues the Foundation could eventually address through programming. Wagle points to this group as "scouts and forerunners"-people feeling out the potential for other opportunities to innovate.

Ideas that haven't been implemented before come with a higher degree of risk than the tried and true, a challenge the Foundation takes up willingly. One way the Foundation reinvents the idea of risk is to recognize the learning inherent in any experience, regardless of whether that experience leads to success. "Failing is good," a Foundation leader quips in a set of presentation notes. "Failing fast is better." Above these lines is the phrase, "It's the learning, stupid." This acknowledgment of learning as an outcome of every experience guarantees that in each effort something is gained, and the Foundation board members and staff keep this principle on the table in all their discussions, conscious of what learning's to be had, and never shy in talking about how mistakes ultimately help future efforts to be better. In this way, there is a spirit of the classroom to the Foundation board meetings and its projects. Learning too is a resource of abundance-it's constantly happening, and there's always more of it. The

very process with which the Foundation undertakes its pursuits has become an area of deliberate exploration and study. This willingness for self-examination makes it easier for the Foundation to find its weaknesses, and even to hold them out to others without the shame or embarrassment sometimes associated with "failure." In a world where occasional failure is unavoidable, the Foundation's attitude of finding yet another opportunity where others might see none will undoubtedly help it weather the challenges ahead.

Although the Reach Out Club has grown recently, Foundation staff point out a need to increase their visibility among their own employees. "I don't think we take time to share with all the rest of the family," says Wagle. "By that I mean I don't think we've done an especially good job of sharing all we're learning on a regular basis with the other 3500 people who work here." He describes staff scholarships and education opportunities that aren't yet equipped with an infrastructure enabling these resources to be dispensed optimally. The Foundation is still exploring the equilibrium between going out to find new ideas, sharing with their partners and associates in the world beyond the hospital, and "nurturing the base" at home. A current goal is to make the Foundation and its workings more transparent to the employees of its own institution, an important part of maintaining internal relationships. After all, Wagle says, "We couldn't be doing any of this if we didn't have great people in this organization giving great care every day."

Off-handedly, and with some hesitation, Wagle mentions another challenge: the basic difficulty for a small staff to keep up with the large work of the Foundation, work that seems destined to expand. Both Remble and Sue Pusztai, Foundation Project Coordinator, make reference to this age-old puzzle as well. Like any busy organization, staff have to contemplate the tricky balance between work and other aspects of life. Certainly as the Foundation becomes more innovative in their ideas and projects, they may need to innovate their own concepts of work as well, which seems in keeping with the Foundation's mission. In working to improve the quality of life of communities around them, they cannot exclude themselves.

The Future: A Complex Civilization

No matter how developed a people, evolution always continues, even at high levels of success. For the Foundation change is a constant, recognized as necessary to process and goal achievement.

"While the traditional roles of supplying volunteers and raising funds for Hospital capital projects and programs remain vital, [hospital] foundations can and should also play a 'hands-on' leadership role to

forward community health," says Ellison. "Memorial Health Foundation provides a successful model." The Foundation takes its role as a model seriously, and offers its own experiences with the hope that more and more hospital foundations and other organizations will see the vast potential inherent in thoughtful community involvement. This potential is multi-faceted, offering the obvious benefit of building up a local area, but also providing new business opportunities, new ways of thinking, and ultimately the kind of partnerships that define community itself. As the Foundation continues to expand the tools it uses to engage itself in the community, broader definitions and understandings of health and quality of life also expand.

In 2002, the trustees and directors of Memorial Health System met at a special Board Forum to discuss the future of the Memorial Health System. Before this gathering Memorial Health System board voted to invest one percent of the system's net operating revenue in innovation Research & Development. This will include a focus on "intrapreneurship," which looks at what could be improved within the walls of the hospital. It will also explore opportunities to invest in business locally. The last emphasis takes into account Memorial's goal of creating healthier communities and how the new gift economy might best be developed toward that end. It's in this area that the Foundation will be most involved, drawing on recent history and experience. "The even brighter new future is found in a clarity of the value of innovation R&D-and where the Foundation can help Memorial to find what is trying to be discovered," says Wagle. This future brings together the New Gift Economy, the study of experimental community programming and involvement, and new horizons of possibility. According to Wagle, "This experience over ten years has built a strong base of confidence, experience, and changed mindsets in looking at the future. That, in turn, has allowed us to imagine something even beyond the scope of what we have now." What that something will be remains to be seen, but with the addition of Memorial's commitment to R&D, the Foundation seems poised to welcome new projects that will further broaden its efforts to effect "health" in its many definitions. By welcoming change, the Foundation continues to recognize that by seeking and focusing on new solutions, problems become less relevant. As healthcare evolves, Wagle says simple, "We'd rather lead that change than react to it."

The Wheel: Advice That's Kept Things Turning

Memorial Health Foundation is the history of its past members as well as current leaders and staff who continue to push new initiatives, ideas, and risks. Although some of them might claim they feel as if they reinvented the wheel and then some, most agree that reinvention itself can be a valuable learning experience. They offer their thoughts below.

" Jeanette Simon served on the Memorial Health Foundation for six years, taking the role of Chair from 1998-2000. Critical in putting the Foundation's "third role" of community involvement to work, Simon said that "answers are not only in the outcomes, but in the process." She believes an important part of the Foundation's work has been to nurture and feed leadership and community activism. By doing this "not only do you increase your access to the broader community, you create a network of Foundation advocates who feel empowered and included in the mission. They become a new source of funding (or new funding potential) and positive marketing."

" Phil Newbold, President and CEO, when asked what he would say to hospital systems or foundations still working to define their mission offers these suggestions:

1. Start a tithing policy. "If you can't tithe money, tithe time or find some other approach for giving." He emphasizes that finding some approach to begin your giving, regardless of whether it's financial or not, sets off the abundance mentality and often builds on itself.

2. Bring people together. The Foundation linked community residents, leaders, hospital staff and board members by its Community Plunges (www.qualityoflife.org/ich/plunge.htm). These area tours and visits to local organizations focused on specific issues such as violence in the community, poverty or teen pregnancy. The Plunges were a catalyst for new connections and discussions-some of which ultimately led to programming and community impact.

3. Adopt spiritual principles. "They've worked for thousands of years, for every culture over time." Newbold says that Memorial had a number of executives and advisers who helped the hospital and Foundation progress in attitude and to couch fundraising and giving as acts of spiritual development. Money reflects both spirit and values. Every organization has an opportunity to reflect their spirit and values uniquely and deliberately.

4. Foster continuity of leadership. Newbold says this isn't rocket science, but it's certainly allowed for Memorial to follow through in shaping the mentality of its approach as well as in the practicalities of long-term projects.

" Debbie Remble, Administrative Secretary for Memorial Health Foundation, emphasizes the importance of not getting overwhelmed by the details of the every day routine. "You really have to keep in mind the big picture. What are you really there for? What's going to happen a year, two years down the road,

even six months?" Remble's responsibilities for the logistical coordinating of the Foundation's efforts are substantial, but she says, "To me the most important thing is giving people the recognition that's due to them." She prioritizes an attitude of appreciation with donors, Foundation board members and partners.

" Sue Pusztai is the Foundation's Project Coordinator. She maintains a database of donors and keeps track of a calendar of tasks and mailings for the office. A part of her mission is to make sure that every Foundation donor hears a voice. She personally calls contributors and cites this as a favorite part of her job. "I think that's been really successful for us," Pusztai says. "People enjoy getting that call-they're a little surprised by it." The most critical part of her job, however, is tracking and meticulously recording donations.

" Reg Wagle, Vice President, says the Foundation's Nominating committee plays an important role of "recruiting toward our vision." While Foundation Board members on the Investment and Finance Committee typically have long terms for continuity, people rotate on and off the Nominating committee with intentional brevity, providing a wide variety of recommendations. Wagle names the most important things the Nominating committee looks for in its recruits: "We want them to be as linked as possible, to as many resources as possible...We want them to add to our diversity of 'people assets'...and they should always be leaders. We want every Board member to be heard."