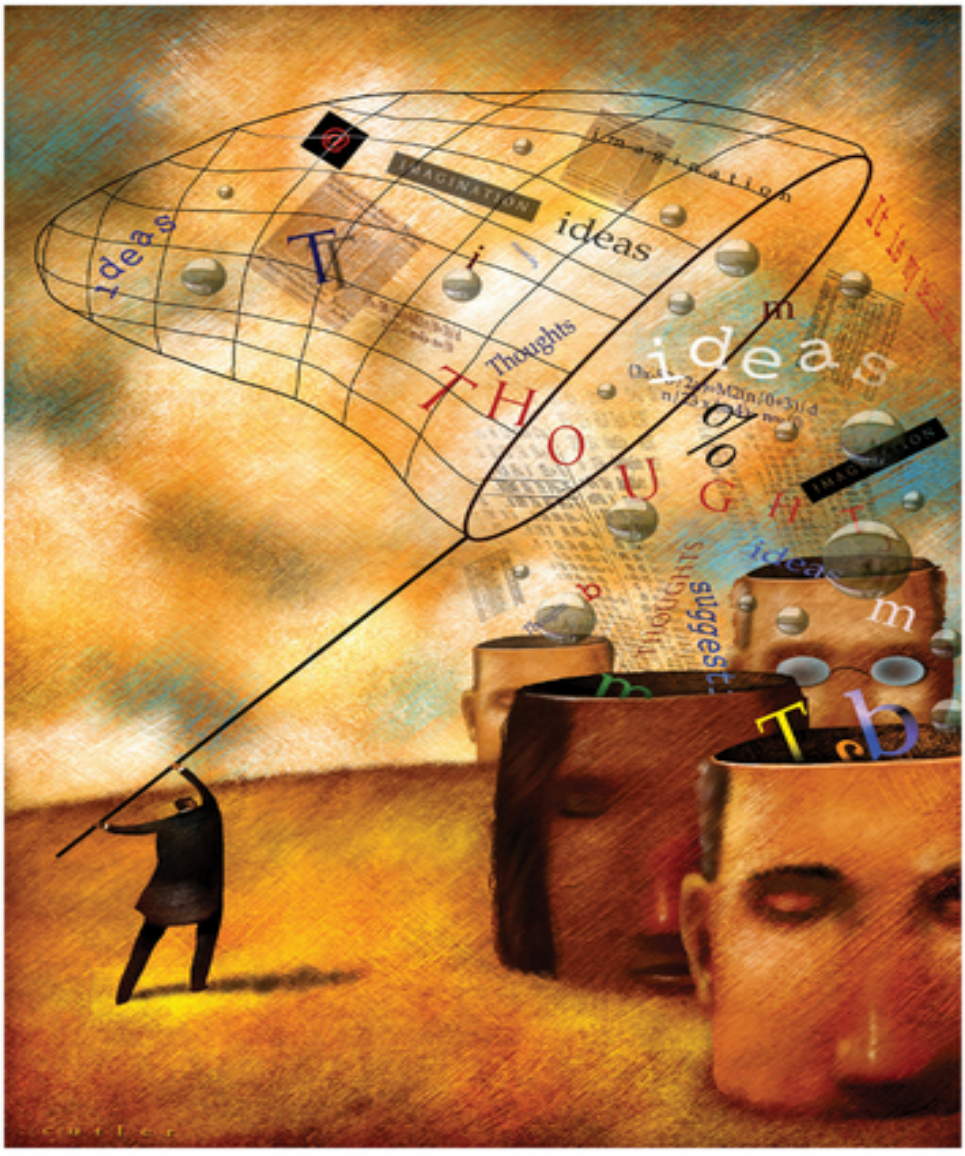
THE ROBERT WOOD JOHNSON FOUNDATION ANTHOLOGY

TO IMPROVE Health AND Health Care

VOLUME XVI



Stephen L. Isaacs AND David C. Colby EDITORS
Foreword by Risa Lavizzo-Mourey

JOSSEY-BASS™
A Wiley Brand

Table of Contents

Stephen L. Isaacs and
David C. Colby
Foreword by Risa Lavizzo-Mourey

To Improve Health and Health Care

Volume XVI

The Robert Wood Johnson Foundation Anthology

JOSSEY-BASS™
A Wiley Brand

Cover design by Wiley

Cover image : © Dave Cutler Studios

Published by Jossey-Bass

A Wiley Brand

One Montgomery Street, Suite 1200, San Francisco, CA 94104-4594-
www.josseybass.com

Jossey-Bass books and products are available through most bookstores. To contact Jossey-Bass directly call our Customer Care Department within the U.S. at 800-956-7739, outside the U.S. at 317-572-3986, or fax 317-572-4002.

Wiley publishes in a variety of print and electronic formats and by print-on-demand. Some material included with standard print versions of this book may not be included in e-books or in print-on-demand. If this book refers to media such as a CD or DVD that is not included in the version you purchased, you may download this material at http://booksupport.wiley.com. For more information about Wiley products, visit www.wiley.com.

Digital versions of past and subsequent editions are available at
www.rwjf.org/anthology

ISSN: 1547-3570

ISBN: 978-111-9-00078-5

Foreword: Crafting a New Vision for the Robert Wood Johnson Foundation

Risa Lavizzo-Mourey

The theme of this year's *Anthology* is discovery—discovery of new ideas and innovations; discovery of approaches to solve seemingly intractable social problems; discovery of ways to transform a routine city hotline into one serving a new group of needy individuals.

The volume begins with a chapter that explains how the Foundation finds ideas. That is followed by three chapters on the pioneer portfolio. One describes the pioneer team's approach to seeking out innovators, and the other two highlight new ways to solve problems that the pioneer team discovered and the Foundation funded—sharing physicians' notes with patients through the Open Notes program, and using video games to promote health.

The next five chapters examine how the Foundation has been addressing one of the nation's most important health issues, the epidemic of childhood obesity. These chapters present the Foundation's approach to reducing childhood obesity, look at the policy research generated by Foundation grantees, describe Foundation-funded efforts to enhance the built environment, and examine programs to improve nutrition in the nation's schools (the Healthy Schools program) and to combat childhood obesity at the community level (the Healthy Kids, Healthy Communities program).

The volume concludes with a chapter on how committed individuals found a way to use Los Angeles County's 211 social services hotline to identify children with

developmental disabilities and refer them to the services they need.

A book about discovery resonated with me, for, beginning in mid-2012, the Foundation went through its own process of discovery as we crafted a strategic plan whose centerpiece was an entirely new vision. We were looking to build upon the Foundation's work over its forty-year history to find bold ways to help make the United States a healthier nation. The process took more than a year, involved the entire staff, and was overseen by the Board of Trustees.[1] From the very beginning, the Board instructed us to cast a wide net and avoid simply making incremental changes that would look to the past but not the future. It admonished us not to repeat the mistakes of the eighteenth-century British, who wasted their time building speedier sailing ships just as steam-powered ships were rendering them obsolete.

Our discovery process began with a concerted effort to learn everything we could about what health and health care were likely to look like in the future. We sought the counsel of experts. We compiled, read, and discussed the most thoughtful analyses of where health and health care were heading. And we examined the issues in staff meetings and retreats, including an all-staff “learning session,” in which participants were asked to consider how health and health care were likely to change over the next twenty years, what the Foundation's blind spots were, and how the Foundation could improve its work.

To provide a context for the learning session, the Foundation commissioned the Institute for Alternative Futures to explore four scenarios for health and health care between 2013 and 2032. The first was slow reform accompanied by improved health (largely through prevention); the second was a worsening of the current

system, with a consequent deterioration of health; the third was using Big Data to generate major health gains; and the fourth was creation of a culture of health.

As a result of these various efforts, we were able to identify trends that should inform the Foundation's work in the future, among them:

- The population will become simultaneously older and more diverse, with the highest concentration of diversity among the youngest segments.
- Tension will increase between investing in an increasingly aging population and investing in younger people.
- Education and income disparities will increase.
- Nonmedical determinants of health, such as education, income, employment, and environmental factors, will become increasingly associated with health outcomes.
- Overall spending on health care will continue to pose a significant challenge for individuals and society.
- Media and communication tools will continue to change how we collect, aggregate, and share health and health care information.
- Breakthroughs in fields such as genomics and neuroscience, along with powerful new data analysis tools, will continue to inform our knowledge about what influences health, strategies to prevent and treat disease, and the root causes of poor health.
- Financial incentives will shift toward rewarding effective treatment and improved health outcomes.
- The locus of care will shift from the doctor's office to the community.

The next step in our process of discovery was trying to understand how the Foundation could have more influence in bringing about the kinds of changes that would lead to a healthier America. For answers to this, we reached beyond health and health care and sought the guidance of experts in other fields. We asked five luminaries to prepare analyses based on their expertise and to lead a discussion at a second all-staff learning session. The experts were Sinan Aral, an MIT professor and leading expert on social media and networks; Dan Ariely, a highly regarded behavioral economist and author of *Predictably Irrational*; Sara Horowitz, the creator of the Freelancers Union and winner of a MacArthur Foundation Genius Award; Michelle McMurry-Heath, a physician and biochemist who is currently a high-ranking official at the US Food and Drug Administration; and Dan Wagner, a data analysis expert widely credited for the voter microtargeting that helped swing the 2012 presidential election.

Among the insights to emerge were the following:

- Human irrationality is a powerful force.
- Old beliefs often persist in the face of overwhelming evidence.
- The tiniest units of human behavior can be microtargeted.
- Being influential in the age of networks requires mastering an emerging body of science focused on things like diffusion models and causality mapping.
- Technology and data are not the answer. As important as these are, change happens when people are moved.
- Environments and processes that are engineered to make it easier to do the right thing can have great impact on healthy decision making.

- In a networked world of decentralized power and suspicion of experts—one where innovation often comes from crosscutting teams working together toward a goal—successful leaders will need new skills and sensibilities.
- Tomorrow's America will be both better connected and more siloed along the lines of affinity groups, sectors, disciplines, industries, geographies, and the like. That apparent tension must be reconciled.

Proceeding along a parallel track, the Foundation's teams were reviewing their own successes and failures and were consulting their grantees, colleagues, and consultants for ideas about how their work, and that of the Foundation, could be improved. The teams presented their ideas and plans to the senior staff, which guided the strategic planning process. In addition, recognizing that its work did not exist in a vacuum, the Foundation commissioned analyses of what other foundations in health and related fields were doing.

This process of discovery culminated in the decision to adopt a new vision—one that would commit the Foundation to advancing “a culture of health.” This new vision is not simply tinkering; it is new and aspirational, and gives the Foundation the opportunity to stimulate a nationwide conversation about what it means to be healthy and how the *nation* can become healthier. This vision reaches the very essence of society—its values.

In a way, the new vision completes a transition. Between 1972 and 1990, the Foundation focused almost exclusively on improving health care; from 1991 through 2013, it was devoted to improving both health care and health. With its new vision, the Foundation can concentrate on the nation's health. This does not signify that we are abandoning or

minimizing our commitment to improving access to affordable and high-quality health care. Rather, we view health care as one important contributor to health, along with behavior, genetics, and the socioeconomic environment in which people live. We are aware of the many challenges the new vision will entail, but we are prepared to meet them. And we are in it for the long haul.

Note

[1] Monitor/Deloitte and Health Policy Associates provided guidance during the strategic planning process.

Acknowledgments

We are grateful to all those whose efforts made this volume of *To Improve Health and Health Care XVI: The Robert Wood Johnson Foundation Anthology* possible. Within the Foundation itself, Risa Lavizzo-Mourey has given the *Anthology* her full support at all times; Fred Mann has provided wise counsel; Mimi Turi, Megha Sanghavi, Marianne Brandmaier, and Carol Owle handled financial management adeptly; Hope Woodhead supervised the design and distribution of the book, aided by Joan Barlow; Mayra Saenz also helped with the book's distribution; Patti Higgins did internal fact checking and copy editing, giving us the assurance that dates and monetary amounts are accurate; Rose Littman, Tina Hines, and Joan McKay were invaluable in arranging meetings between the San Francisco–based editor and the staff at the Robert Wood Johnson Foundation; Carole Harris served as a link between the Princeton/Washington-based editor and the San Francisco-based editor; Mary Beth Kren was invaluable in locating hard-to-find documents and reports; Andrew Harrison provided materials from the Foundation's archives, including the oral history; Deb Malloy, who has been of immense help in a variety of ways since the *Anthology* series began, assisted this year in reviewing chapters prior to their being posted on the Foundation's Web site; and Alexa Juarez provided research assistance in gathering materials for authors.

We wish to thank those who read chapters in draft form and who offered helpful comments on all or some of them—Risa Lavizzo-Mourey, Fred Mann, Dwayne Proctor, Paul Tarini, and Brian Quinn.

Special thanks are due to four Foundation staff members. Molly McKaughan, who has collaborated with the *Anthology* editors for many years, suggested topics, recommended authors, and cast a keen editorial eye on every chapter. Amy Woodrum, an extraordinarily talented research assistant, carried out the task of gathering information for the authors with alacrity and good cheer and, in addition, conducted research, did fact checking, and helped with the editing. She was a partner in all aspects of this publication. Penny Bolla was the model of efficiency and commitment in seeing that chapters were posted to the Web in a timely and accurate fashion. Sherry DeMarchi did what can only be termed an amazing job handling the distribution of the book and in bringing the mailing list up to date.

Beyond the Foundation's staff, we are indebted to Susan Dentzer and Jim Knickman for serving as the outside reviewers for the *Anthology*. Their analysis of the draft chapters strengthened the volume immeasurably. Jim Morgan, our copyeditor, once again added grace to the prose in every chapter. Carolyn Shea continues to be without peer as a fact checker. Ilan Isaacs proofread the galleys and caught errors that had escaped other readers.

At Jossey-Bass, we thank Seth Schwartz, Justin Frahm, Melinda Noack, and Donna Jane Askay.

Finally, we are saddened by the death of Andy Pasternack in 2013. Andy, who as the health series editor at Jossey-Bass, was a partner in the *Anthology* series from its birth. He was a tireless supporter, an able problem-solver, and, most important, an extraordinarily decent human being.

SLI/DCC

Section one

The Pioneer Portfolio

Chapter 1
Where Do Ideas Come From? The Robert Wood Johnson Foundation Experience

David C. Colby, Stephen L. Isaacs and Amy Woodrum

Terry Keenan was a slight man whose courtly manner and gentle nature belied his background as a prizefighter and a Navy aviator. Considered *the* legendary Robert Wood Johnson Foundation grantmaker, Keenan was renowned for tramping through the Alaskan tundra and walking inner-city ghettoes in the dead of night in search of creative people and innovative ideas. He believed that philanthropy was the venture capital arm of society and that, as one of its representatives, he was obligated to unearth new and exciting approaches and to bring them to the attention of the Foundation.

Keenan would probably be considered an anachronism today, a charming relic of a time rendered obsolete by technology and the Internet. Nowadays, the search for ideas is less the province of hearty individuals personally interviewing health aides in Alaska or gang leaders in Chicago and more the province of people exchanging ideas on their computers or sitting around conference tables in foundation offices or hotel meeting rooms.

Much of the change has been driven by technology and the sheer quantity of information within easy reach. As Jack Welch, the former chairman of General Electric, once said, “The Internet is the single most important event in the U.S. economy since the Industrial Revolution.”[1] The Internet makes it possible to find ideas from just about anywhere without lifting a finger (except to type on a keyboard) and

vaults networking into a privileged position. In his book *Where Good Ideas Come From*, Steven Johnson finds that "every important innovation is fundamentally a network affair."[2] Ideas, he writes, begin as "slow hunches" and become fully formed through networks, largely technological ones that connect those hunches with those of others working in related areas.

The technological revolution has also upended the importance of expertise, replacing it with "crowdsourcing" and similar ways of generating ideas from a wide variety of people. *New Yorker* writer James Surowiecki argues that the best ideas come from the consensus of a great many people. "Heretical or not," he writes in *The Wisdom of Crowds,* "it's the truth; the value of expertise is, in many contexts, overrated… If you can assemble a diverse group of people who possess varying degrees of knowledge and insight, you're better off entrusting it with major decisions than leaving it in the hands of one or two people."[3]

The pioneer portfolio, which is one of the two focal areas of this volume of *The Robert Wood Johnson Foundation Anthology*, has employed many of the latest approaches and technologies to seek out fresh ideas and new faces. It employs crowdsourcing, for example, and actively solicits ideas from outsiders through such vehicles as "Pitch Day," where entrepreneurs pitch Foundation officials on the "new new thing" in health.

As we thought about Tony Proscio's chapter on the pioneer portfolio,[4] it made us wonder how the Foundation got its ideas for programs in the past and just how significant the change from past to present (and future) really are. How, in short, has and does the Foundation find fresh program ideas and stay ahead of the curve?

Finding Ideas 1: At the Beginning

When the Foundation was established in 1972, there was little time to develop programs because it faced a requirement of spending about $60 million quickly and doing it in a responsible manner. Foundation staff members could not devote a great deal of time to developing ideas and did not have the leisure to implement pilot projects to test ideas. Instead, they turned to ideas that could be funded rapidly—and were noncontroversial and safe to boot. Early grants could not entail reputational risks and, at their best, should enhance the Foundation's reputation.

In those early days, the Foundation relied on the expertise of its staff to find ideas and people. That staff, however, was extremely well connected, and it sought the counsel of former colleagues and other knowledgeable people in the health care field. One of the first things David Rogers, the Foundation's first president, did was to embark on a “listening tour,” getting advice on directions the Foundation might take from health care experts and executives of other foundations.

Funding familiar activities and people and taking already existing programs from other foundations were two approaches that the Foundation used at the time. “We decided there were some safe areas that would not require a lot of supervision,” said Rogers in a 1991 interview for the Foundation's oral history, looking back on the early days. Since Rogers was a physician and had been dean of a medical school prior to coming to the Robert Wood Johnson Foundation, providing scholarships to medical students was a familiar way to make the required payout. The first grant from the new foundation was to the Association of American Medical Colleges to manage a medical school scholarship program for women, minorities, and people from rural areas. It was later expanded to include dental

students. While the evaluation of the medical and dental student scholarship program questioned whether scholarships were the best way to target the money, it clearly was a safe bet for the new foundation. Once the Foundation developed a pipeline of projects, the funding of scholarships became far more targeted and took up a smaller piece of the pie.

In 1973, the Foundation started what was later internally referred to as “the Great Men” awards. These constituted grants to leading researchers who were well known to the Foundation's staff: Victor Fuchs, a health economist; David Mechanic, a medical sociologist; Eli Ginzberg, another health economist; and William Schwartz, a physician researcher. There was no request for proposals. These grant applications had neither methodological discussions nor tight foci; they were meant to support these scholars in the broad areas of their work.

Supporting these highly successful scholars was a safe bet that enhanced the reputation of the new foundation by its association with respected researchers. Allowing them freedom to pursue interesting topics was meant to encourage creativity. In many ways, it was a forerunner of pioneer portfolio's approach.

Another early mechanism the Foundation used to meet the payout requirement was to take over a program that had been started by others. This is how the Foundation came to sponsor the Clinical Scholars Program, which the Carnegie Corporation of New York and the Commonwealth Fund had established a few years previously. When David Rogers hired Margaret Mahoney away from Carnegie, he promised that she could bring the Clinical Scholars Program with her. About the same time, the Foundation hired Keenan from the Commonwealth Fund, the other funder of the Clinical Scholars Program. Leighton Cluff, the second

president of the Foundation, explained in an interview for the Foundation's oral history in 1991, “Adoption of the Clinical Scholars Program was largely because the Foundation at that time was looking for programs to launch. It was just getting started, it had money to give away, and here was an already-established program that looked like it might have merit.”

Finding Ideas 2: The Traditional Robert Wood Johnson Foundation Approach

Once the Foundation had become better established, it developed a grantmaking model that has served it throughout most of its existence. The model relies on the knowledge and judgment of the Foundation's senior staff and program officers to determine overall priorities and to develop programs to address the problems in the priority areas. The staff almost always consults knowledgeable people in the field—either formally or informally—as it does its research and makes these determinations.

Generally speaking, the Board of Trustees, which makes the final decisions, sets out broad outlines for programmatic approaches based on the president's recommendations (which are, of course, informed by the staff). In the 1990s, for example, when Steven Schroeder assumed the Foundation's presidency, the Board decided to concentrate on three priorities: reducing the harm caused by substance abuse; increasing access to health care; and improving the way services are provided to people with chronic health conditions. In 2003, when Risa Lavizzo-Mourey became the president and chief executive officer, the Board approved an Impact Framework that established

new program priorities that guided the Foundation until 2014.

Once the Board sets the general direction, the Foundation staff, working in teams and seeking the advice of outside experts, hones the priorities into manageable program areas. To implement the programs, the Foundation usually issues calls for proposals that define what the Foundation wants to achieve and how it expects to get the results it hopes for. This often leads to the Foundation establishing a national program office, which oversees implementation and recommends grants to carry out the program at specific sites. The Foundation names a national advisory committee to advise the national program office. Thus, in both seeking ideas and implementing programs, although the Foundation makes the final decisions, those decisions are arrived at in a collaborative manner within the Foundation after seeking guidance from outside experts.

Within this overall framework, the Foundation has taken a variety of approaches in seeking ideas for priorities and programs. Here are some examples of how the traditional approach has worked in practice.

Copying or Expanding a Model

Over the Foundation's history, searching for programs that are successfully addressing a problem has been a dominant source of ideas for programs. Usually, these are programs already under way somewhere at the city or state level. Through this mechanism, the Foundation can then fund an expansion to see if the program will be effective in other geographical areas or if variations of the program will affect its impact.

An early example is emergency medical services. In the 1970s, there was no 911 to call in a medical emergency. Individual cities and counties had their own emergency

numbers, or a person in need simply dialed an operator, who would dispatch an ambulance. Terry Keenan and other members of the early Foundation staff knew about the emergency medical system in Connecticut—the nation's first. In fact, The Commonwealth Fund, Keenan's previous employer, had given a grant to Jack Cole, the chairman of surgery at the Yale School of Medicine, to improve trauma care in Connecticut. Keenan also knew Blair Sadler, who had helped launch the New Haven emergency medical services program. The Foundation then funded an expansion of the Connecticut program in a number of regions and recruited Sadler as a vice president to run it. “What the Robert Wood Johnson Foundation did was to take that concept and multiply it nationwide in about fifty-four regions,” Keenan recalled in a 1997 interview for the Foundation's oral history.

AIDS provides another example of the Foundation staff seeking and acting upon the advice of others as it used its own expertise to develop a program. As the AIDS epidemic spread across the country in the 1980s, with no treatment in sight, the Foundation began thinking about what it could do to prevent HIV and care for people with AIDS. Drew Altman, at the time a Foundation vice president, read a magazine story about what San Francisco was doing to treat AIDS patients. Altman called Phil Lee, who was president of the San Francisco Health Commission, and asked him to set up a visit for him and Paul Jellinek, who was a senior program officer at the Foundation at that time and who later became a vice president. Altman and Jellinek flew to San Francisco to see the program firsthand.

“Obviously, the conditions in San Francisco were unusual in that you had a politically effective gay community; you had a surplus in the public health budget; and you had some very good leadership in the health department,” Jellinek recalls. “But could the San Francisco approach work in a

place like Miami or New Orleans or Atlanta or Jersey City—or wherever?" Foundation President Rogers invited Lee and Mervyn Silverman, the San Francisco public health director, to Princeton to talk with the Foundation's staff and Board about its community-based approach to preventing AIDS and caring for HIV-positive people. They were so persuasive that the Foundation funded replications of the San Francisco model in eleven communities. Congress adopted the approach when it passed the Ryan White Act in 1990.

A third example is the Community Programs for Affordable Health Care. In the early 1980s, a widely publicized program in Rochester, New York, came to the attention of the Foundation's program staff. To save health care costs, leading Rochester businesses—Eastman Kodak and Xerox among them—formed an alliance to provide more efficient care to their employees by establishing a multifaceted approach including health planning, expansions of health maintenance organizations, and hospital revenue caps. To see if the model would be effective in other places, the Foundation, having consulted with business leaders in Rochester, funded an expansion of the concept in eleven additional locations. An evaluation concluded that the program did not work, largely because the levers to lower health care costs existed at the federal and state levels, rather than the local level.

Open Calls for Proposals

Although most of the Foundation's calls for proposals are targeted attempts to replicate what already seems to be a good idea, some calls for proposals are open and have relatively loose criteria; they identify a problem and ask applicants to come up with solutions.

The AIDS Prevention and Services Program, the second of the Foundation's AIDS programs, is an example of this approach. “I remember sitting in the cafeteria at lunch,” Jellinek recalls, “and I said to Lee Cluff, who was the Foundation's president at the time, ‘Lee, what if we were to just put a different kind of call for proposals together…We just say, Send us your best ideas for AIDS prevention.’” Cluff liked the idea, and the Foundation sent out an open call for proposals along the lines Jellinek had suggested. The response was huge. More than one thousand organizations submitted applications, and the applications were diverse in approach, location, and population served.

A variation of this approach is the Robert Wood Johnson Foundation Local Funding Partnerships Program, which was previously called the Local Initiative Funding Partners Program. The brainchild of Terry Keenan, who in his travels had observed the many good ideas that germinated in local communities, the program offered state and community foundations the opportunity to submit interesting proposals to the Robert Wood Johnson Foundation. Both the sponsoring local foundations and the Robert Wood Johnson Foundation would then fund successful applicants. At first, the Foundation was very prescriptive, setting out rigorous guidelines and limits that the local foundations had to follow. Gradually, however, the Foundation staff learned that they would get more creative proposals by reducing restrictions and opening up the process.

Investigator-Initiated Ideas

In the late 1970s, David Olds, a newly minted PhD, had a big idea. He believed that if public health nurses were able to advise young, low-income, first-time pregnant women during the last part of their pregnancies and through their babies' infancy, it would improve the ability of the mothers to raise their children and, ultimately, improve the

children's health. He brought to the Robert Wood Johnson Foundation his idea of a trial program in Elmira, New York, located in a rural county of about one hundred thousand people. Program officers remember being impressed with both the experiment's scientific design and the fact that it had sound theoretical underpinnings, and the Foundation agreed to fund it. An evaluation deemed it to be successful.

The Foundation next funded a second trial in Memphis to see whether the approach would work in an urban environment. Subsequently, the Nurse-Family Partnership program took off—to such an extent that funding for nurse home visitation programs, such as the Nurse-Family Partnership, was included in the Affordable Care Act.

That was an example of a program's having been brought to the Foundation's attention by a potential grantee by way of an over-the-transom request. Another such program was the National Center on Addiction and Substance Abuse at Columbia University, which Joseph Califano, the former Secretary of Health, Education, and Welfare, suggested to Steven Schroeder not long after Schroeder became the Foundation's president.

From 1972 until 2003, the Foundation had a policy to accept and review all proposals that met minimal criteria standards submitted to it. “We used to spend a lot of time reviewing unsolicited proposals,” recalls Jellinek. “In fact, though national programs rarely came from these, we awarded many grants to individuals on the basis of their over-the-transom solicitations.”

Although this policy was meant to be an open-sourcing mechanism for getting ideas from a wide range of people, it was largely abandoned as the Foundation became more intentionally strategic in the early 2000s. From 2008 on, with the exception of the pioneer portfolio, the Foundation considered only proposals that came to it in response to a

specific solicitation. By contrast, the pioneer portfolio found accepting unsolicited proposals valuable. “The yield is very small; we fund only two or three projects per year from the hundreds that come across the transom,” says Brian Quinn, a former leader of the pioneer team. “But it's an important way to find new ideas.”

Building on Foundation Programs as a Model for Similar Ones

It is not uncommon for staff members to seek program ideas from within the Foundation itself; that is, to take the core of an existing program and develop a similar one in a new or related field.

The Tobacco Policy Research and Evaluation Program offers a good example. Research from this program demonstrated that raising tobacco taxes and enacting clean indoor air laws decreased smoking by young people. Recognizing the effectiveness of policy research, the Foundation expanded its scope from tobacco to alcohol and drug abuse by developing the Substance Abuse Policy Research Program. After the Foundation designated reducing childhood obesity as a priority, it developed research programs to examine the policy and environmental factors that would increase healthy eating and physical activity.

On an even broader level, the Foundation's approach to reducing childhood obesity was patterned substantially on its experience in reducing smoking. The Foundation's tobacco-control programming combined policy research, advocacy, demonstration programs, and communications campaigns, and the programming to reduce childhood obesity took a similar approach.

Another model was the Clinical Scholars Program, which trained physicians in social science research and

leadership skills. Later it spawned programs to train professors to teach and research health finance; nurses to do clinical research; dentists to do health services research; economists, sociologists, and political scientists to do research on health issues; and scholars to turn their attention to population health. This model dominated the Foundation's work in developing human capital for its first forty years.

In summary, the traditional way in which the Foundation found ideas and developed programs depended largely on the experience and expertise of the staff, which developed priorities and program directions in consultation with knowledgeable people in the field.

Finding Ideas 3: The Pioneer Way

The pioneer portfolio represents an attempt to open the Foundation to new ideas and innovative thinkers. It was established to operate like a venture capital fund—one that was expected to find and invest in bold, transformative ideas, most of which would fail in practice but some of which would succeed wildly. As the staff told the Board, the purpose of the pioneer portfolio was to “promote a culture that values experimentation and unconventional approaches.”

And how would the pioneer portfolio do that? In an early meeting of the pioneer team, Lewis Sandy, the Foundation's executive vice president at the time, asked the members what they wanted to do with this opportunity. He listened to the responses for nearly the entire meeting, concluding that they wanted to swing for the fences and not be bound by convention.

Probably the most important step in creating a new culture, according to Steve Downs, who became a leader of the

pioneer team and is now the Foundation's chief technology and information officer, was deciding not to make any grants in the first year. Instead, the time was used to discuss potential projects and explain why they would be pioneering. In addition, the pioneer team wanted to learn from similar philanthropic efforts, such as The Pew Charitable Trusts' Venture Fund and the James Irvine Foundation's Arts Innovation Fund, both of which had been judged unsuccessful by their own foundations. After interviewing people involved in those efforts, Downs and Chinwe Onyekere, a program associate at the time, concluded that the pioneer team had to be knowledgeable, fast, and nimble—but also rigorous.

“Pioneer,” said Downs in 2004, “is about creating the environment for ideas, bringing fresh minds to problems—even looking outside health and health care—and being able to recognize potential. These kinds of changes will involve a lot of trial and error, and we are comfortable with that. But it is a change of mindset for us to be able to look at work that has a reasonably high chance of failure and say ‘Let's go for it.’”[5]

New Networks

Pioneer's main way of finding new ideas has been by tapping into networks of innovators and entrepreneurs. “The bulk of our work is through our networks,” says Paul Tarini, a former leader of the pioneer team, “through the people we know and the people they know.” This means that the pioneer team members must constantly build, strengthen, and foster their networks. “If networks are not sufficiently big or diverse,” says Brian Quinn, “we start running into groupthink and don't generate new ideas.”

In this way, Lynn Etheredge, a leading thinker on rapid learning and a Foundation grantee, led pioneer team

members to David Eddy, who had an idea for a project called the Archimedes Healthcare Simulator (ARCHeS) that used data to simulate the impact of various changes on health care. Impressed by Eddy's idea, the Foundation funded the Archimedes Simulator.

To gain access to networks of innovators, the pioneer team funded meetings where innovators gathered. Initially, pioneer funded TED and then TEDMED meetings to explore innovative ideas.[a] It was at TEDMED that Tarini met Jamie Heywood of *PatientsLikeMe*, which the Foundation later funded. A TED conference became the place where the Foundation discovered Thomas Goetz, the founder of Iodine, a San Francisco-based health technology company. Goetz, who became the entrepreneur-in-residence at the Foundation during 2013 and 2014, helped develop Flip the Clinic, a clearinghouse for what works and what doesn't in the doctor-patient encounter.

Michael Painter, a senior program officer, heard Salman Khan, the founder of Khan Academy, speak about its approach to education at TED. After the talk, Painter discussed potential collaboration with Shantanu Sinha, the president and chief operating officer of Khan Academy. The effort is leading to Khan Academy's creation of video content to help students prepare for the Medical College Admission Test.

To develop other networks, the Foundation, upon the pioneer team's recommendation, funded O'Reilly Media to develop the 2011 Health Foo (Friends of O'Reilly) Camp. Health Foo Camp allowed for unstructured, free-ranging discussions of potential solutions to problems in health and health care. It also offered opportunities to network. Those networking opportunities led the Foundation to make grants to the Data & Society Research Institute to hold a