

Terrance Keenan: An Appreciation

BY DIGBY DIEHL



Robert Wood Johnson
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Editors' Introduction

In our efforts to keep the *Anthology* objective and unbiased, we have always had a policy that authors not promote the Robert Wood Johnson Foundation or those who work for it. This chapter represents a departure from that policy. It is an unabashed tribute to the Foundation's most revered staff member. Terry Keenan joined the Robert Wood Johnson Foundation as one of its first employees, and for more than thirty years he has set the standard for creativity, caring, and vision.

Digby Diehl, a noted author and frequent contributor to the *Anthology* series, intertwines the story of Keenan's life with his philosophy of grantmaking and a description of the programs he developed and nurtured. As Diehl observes, Keenan has had an enormous influence on philanthropy both at the Robert Wood Johnson Foundation and nationally.

Although the chapter is focused on Keenan, there is much to be learned from it about the craft of grantmaking. Keenan embodies a human approach to philanthropy. He understands the importance of policy change—and, indeed, his grants contributed to significant policy change in a number of fields—but his insistence on keeping people at the center of grantmaking is what makes him unique. His approach to philanthropy—that the core of foundations' work is helping people in need—is what, in the end, has made Keenan such a beloved and influential figure in the field.

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If you visit Terry Keenan at his modest home in the small village of Newtown, Pennsylvania, you are struck by how much the man lives up to his legend. Throughout the world of philanthropy, and particularly in the realm of health care philanthropy, Keenan is respected as a pioneer of modern grantmaking and a model program officer. He is a man who helped change both the reality and perception of foundations by greatly influencing the development of contemporary grantmaking and foundation policy. As one of the original members of the Robert Wood Johnson Foundation staff in 1972, he played an important role in the institution for more than thirty years.

What is less known about Keenan is that he was the unlikely Indiana Jones of the Robert Wood Johnson Foundation. Keenan fearlessly ventured single-handed into urban jungles and traveled to remote rural outposts to bring health care to communities that were deeply in need. Like the movie character, he used his sharp intellect and academic training to analyze problems and find solutions. With no need of a whip or a gun, Keenan made his shy smile and friendly handshake the face of a giant foundation in small towns and struggling inner-city health projects throughout the country. He is revered as the man who took philanthropy out of the wood-paneled boardrooms and into the narrow alleys, the dirt roads, and the backwaters of America, where the most vulnerable populations needed help.

Keenan, who officially retired in December 2003, continues to be an influence at the Foundation as a special program consultant. At his home, he wears the same tan windbreaker for which he was well-known at the Foundation, with the slight modification of a plaid flannel shirt instead of a white shirt and tie. Keenan is slight of build, perhaps five feet two inches tall. Wisps of white hair grace his otherwise bald head. He wears rimless glasses tinted yellow. Even behind the tinted lenses, his eyes flash with energy and enthusiasm as he speaks, and throughout the conversation he maintains the sort of eye contact and intensity that make you feel that his mission is to persuade you personally. He is no orator, but his manner expresses integrity and thoughtfulness. He repeats many of his noted precepts of grantmaking with an enthusiasm that is fresh and contagious.

If there is a single key to Keenan's extraordinary career in philanthropy, it is a booklet he wrote in 1992, *The Promise at Hand*.¹ This booklet is based on a series of lectures he gave at the Foundation in 1990–1991 as part of its twentieth-anniversary celebration. As Steven Schroeder, who was then the president and chief executive officer of the Foundation, wrote in his introduction, *The Promise at Hand* is “a distillation of the insights developed in [Keenan's] long and fruitful career.”

What Makes a Foundation Great?

1. A great foundation is informed and animated by moral purpose.
2. A great foundation accepts responsibility and stewardship for pursuing these purposes.
3. A great foundation walks humbly with its grantees—it acknowledges that their success is the instrument of its own success.
4. A great foundation is deliberate. It is guided by judgment. It acts where there is a need to act. It takes necessary risks—and proceeds in the face of great odds.

5. A great foundation is a resource for both discovery and change. It invests not only in the identification of answers, but also in the pursuit of solutions.
6. A great foundation is accountable. It functions as a public trust—and places its learning and experience in the public domain.
7. A great foundation builds investment partnerships around its goals, creating coalitions of funders—public and private—to multiply its impact.
8. Conversely, a great foundation participates in funding coalitions being organized by other parties to lend its support to purposes requiring multiple funders.
9. Finally, a great foundation is self-renewing. It adheres to a constant process of self-reflection and self-assessment. It knows when it needs to change and to adopt measures to improve its performance.

—Terrance Keenan, *The Promise at Hand*

Because Keenan is, in Schroeder’s words, “a living embodiment of the best aspects of the Robert Wood Johnson Foundation,” his precepts for active philanthropy and foundation ethics in the booklet also reflect his personal standards.

Early Life

Keenan’s diversified early career prepared him surprisingly well for grantmaking. He grew up in the bustling artistic community of New Hope, Pennsylvania, the son of Peter Keenan, a Modernist artist of the New Hope School, and a mother who ran the local tearoom. “My father had studied at the Slade School of Fine Art in London, and to support his serious painting—and his five children—he became a sports illustrator for the *Philadelphia Bulletin*,” Keenan recalls. “He loved the surroundings of New Hope and the company of the other artists there. The American Impressionist painter John Fulton Folinsbee was one of our neighbors.”

He began to follow in his father’s artistic footsteps at age ten, when he was selected to exhibit his artwork at a local showing. World War II exposed him to the wider world; he spent the years 1944 to 1946 as a naval aviator, flying as a navigator throughout the South Pacific. When he returned to civilian life, he enrolled at Yale to study English literature. “Yale accepted almost three times as many students as usual in my class [of 1950] because of all the veterans,” Keenan notes. “We were doubled up in rooms and the classes were crowded, but I loved the rich learning experiences.” He graduated with Phi Beta Kappa honors and pursued each of his interests with such eclecticism that he qualified to teach English, Spanish, French, history, and art appreciation at the Thomas Jefferson prep school in St. Louis, Missouri, for the next five years. He even found time in his youth to become a Golden Gloves boxing contender. Laughing, Keenan insists modestly, “I wouldn’t make too much of that. In my weight class, at 145 pounds, you just had to be fast and light on your feet and strong. You really didn’t hurt anyone, and no one ever hurt me too badly.”

When Keenan moved to New York, in 1955, he worked for the investment firm Merrill Lynch, Pierce, Fenner & Beane, where he was charged with writing the biography of the company's founder, Charles E. Merrill. A year later, exactly ten years after separating from the Navy, he began his long career in philanthropy as a writer for the Ford Foundation, directing the foundation's Office of Reports, under J. Quigg Newton. He joined the Ford Foundation the year it made a groundbreaking blanket distribution of \$660 million to all colleges, universities, hospitals, and medical schools in the United States. As Paul Jellinek, a friend and former vice president at the Robert Wood Johnson Foundation, once joked, "For those of you who wonder where Terry got the idea of thinking about scale and thinking big, it started with \$660 million from the Ford Foundation."² Among his many contributions at Ford, he was chief staff assistant to a trustees committee that wrote a visionary program for the expansion of the foundation in the 1960s.

Health Care Philanthropy

Health care philanthropy first beckoned to Keenan in May 1965, when he became senior executive associate and board secretary of the Commonwealth Fund. As assistant to Quigg Newton, who had become the fund's president, he was involved with every phase of Commonwealth's activities. "Terry was Quigg's right-hand man, his scribe at the meetings and writer of everything for the foundation from the press releases to the annual reports," says Margaret Mahoney, a longtime friend and colleague of Keenan's. Mahoney is a former vice president of the Robert Wood Johnson Foundation, where she worked with Keenan, president emeritus of the Commonwealth Fund, and currently president of MEM Associates. "When we met, I had an executive associate position at the Carnegie Corporation similar to Terry's, and we became friends almost immediately," she recalls. "I was impressed that his grasp of the big health care issues was deepened by a genuine compassion for the recipients of health care. I think of him as a combination of the sharp-minded Jesuit and the caring parish priest."

What brought Mahoney from the Carnegie and Keenan from Commonwealth together was a conference at the Massachusetts Institute of Technology in the late 1960s on the problems of medical care for the indigent. "The Carnegie Corporation gave the president of MIT \$15 thousand to convene a conference on health care for the poor," Mahoney recalls. "Frankly, MIT did not have much interest in medical care or medicine at the time. All of the university medical centers were ignoring this huge problem, and our cities were burning. The report from that meeting more or less confirmed what we already knew. But it brought Carnegie and Commonwealth together to work on the problem. That's how I met Terry."

Frank Karel, former Robert Wood Johnson Foundation vice president for communications, recalls meeting Keenan for the first time in 1965, when he was head of public relations for Johns Hopkins Medical Institutions. "One day, the dean of the medical school, Tommy Turner, called to say that he had to meet with Quigg Newton from the Commonwealth Fund about a grant proposal, and Quigg was bringing some new staff member," Karel says. "The dean wanted me to get this new guy out of the room so that he could be alone with Quigg. That day, I took Terry on the \$50 tour of Johns Hopkins, which was a huge sprawling place that covered about five city blocks. We went from the top of every building down into the tunnels below, and Terry loved it. He never stopped asking

questions. Terry and I became friends, and the dean got his grant.” Two years later, Karel joined Keenan at the Commonwealth Fund as a program officer, and he recalls that they were both struck by how completely independent, arrogant, and disorganized foundations were at that time. “The foundation world was really in disarray,” Karel recalls. “They weren’t organized; they didn’t work together. Terry and I talked about the need for greater responsibility, accountability. This later led Terry to support the evaluation ethic that was championed at the Robert Wood Johnson Foundation from its earliest days. Of course, just a few years after we discussed the problem, Congress took an even dimmer view of foundations in the Tax Reform Act of 1969.”

In addition to his concern for the structure and administration of foundations, Keenan began to focus on programmatic areas that would be lifelong pursuits. At the Commonwealth Fund, he had worked on a *Clinical Scholars* program and academic community health plans and had directed the Commonwealth Fund–Harvard University Press Book Program. “Frank Karel and I were both recruited to work for Commonwealth and began work on the same day in 1968,” recalls Annie Lea Shuster, who began as Keenan’s assistant at Commonwealth and later became a program officer at the Robert Wood Johnson Foundation. “Much of the thinking for the early Robert Wood Johnson programs was done at Commonwealth. In fact, the three of us would sit around having lunch in New York, talking about health care ideas and about moving the foundation to Princeton. A few years later, we were all there together.”

Beginnings

In December 1971, the Robert Wood Johnson Foundation officially opened its doors in a modest Victorian house in New Brunswick, New Jersey, with \$1.2 billion in assets and the congressional requirement to spend \$45 million in grants by the end of 1972. Gustav Lienhard, who had resigned as president of Johnson & Johnson on April 1, 1971, to become president and treasurer of the new foundation, was a crusty, no-nonsense businessman who announced his belief in “productive philanthropy.”³ David Rogers, formerly dean of the Johns Hopkins University School of Medicine, was named president as of January 1, 1972, while Lienhard became its full-time board chairman. Neither had ever worked for a foundation, much less one of the largest philanthropic institutions in the United States—second only to the Ford Foundation. Together, however, they assembled a remarkable team of health care experts that immediately forged new directions in the foundation world.

Keenan joined the Robert Wood Johnson Foundation as a senior executive associate in March 1972 (he was promoted to vice president later that year), based on the strong recommendation of Margaret Mahoney, who had been hired at the same time from the Carnegie Corporation to be a vice president at Robert Wood Johnson. (“As I remember it, Margaret said that she wouldn’t come unless I went, and I wouldn’t go unless she went,” Keenan says. “So, happily, we went together.”) Mahoney and Keenan were joined by Robert Blendon, who had worked with Rogers at Johns Hopkins and who is currently a professor of health policy at Harvard’s School of Public Health, and Walsh McDermott, a physician and former chairman of the Department of Public Health at Cornell University Medical College. This quartet became Rogers’s programmatic advisory group.

Because the staff was small at the beginning (twenty-one people are listed in the 1972 *Annual Report*), ideas were shared freely, and Rogers's style of leadership was casual. "We moved to the Forrester campus at Princeton University soon after the Foundation was formed," recalls Ruby Hearn, who joined Robert Wood Johnson in 1976 as a program officer and retired in 2001 as senior vice president. "We were upstairs in the Forrester Center, the same building as a linear accelerator. Almost every day, the entire staff, including Dr. Rogers, would have lunch around a common table. In that atmosphere, Terry Keenan was most effective because he could share his ideas quietly. Because of Terry's gentle manner, he was at risk of being underestimated in a larger forum. In that small group, we listened and learned. A lot of the ideas that became very important to the Foundation were originally suggested and nurtured by Terry. He was sort of the progenitor of many of the most significant programs we have ever done."⁴

Terry was deliberately unimposing. He used to dress almost every day in a white shirt, tie, slacks, and a wonderful tan windbreaker jacket that he would hang on a coat rack. He rarely wore a formal sport coat or a suit. He'd be at his desk, which was always piled high with papers, and start each day with a fresh yellow-lined pad and a half dozen freshly sharpened number-two pencils. He looked like how you might imagine one of the editors at the *New York Times*. He was a wordsmith and always found the right phrase, whether he was writing a presentation to the board or a memo to a colleague. Perhaps the most significant memory of Terry I have is that no matter how busy he was, he always made time to talk with a colleague.

—Alfred Sadler, former Robert Wood Johnson Foundation assistant vice president

Although it would be unfair to attribute specific programs solely to any individual in a collective effort such as the Robert Wood Johnson Foundation in its early years, many of the fifty-seven grants listed in the 1972 *Annual Report* clearly reflect Keenan's career-long areas of passionate concern. For example, the largest grant authorization to a single institution in that first year, \$5 million, went to Meharry Medical College in Nashville, Tennessee, to enlarge its primary care teaching facilities. At that time, Meharry graduated half of the nation's practicing African American physicians and 80 percent of those practicing in the thirteen Southern states. Margaret Mahoney's Clinical Scholars Program to train young physicians for leadership roles, which she had brought to Robert Wood Johnson from the Carnegie and Commonwealth foundations, received a \$5.9 million grant. This is a program that Keenan had enthusiastically championed and worked on closely with Mahoney before they both joined the Robert Wood Johnson Foundation. A grant of \$4 million for dental student aid again reflected Keenan's career emphasis on the need for greater access to dental health care.

Several smaller grants suggest programmatic areas that would later flourish under Keenan's care: a program at the University of California, Davis, to train rural nurse practitioners; a health care system study in Montgomery, Alabama; a network of rural health clinics near Provo, Utah; a summer study program in Newark, New Jersey, to prepare minority students to enter the health professions; and a grant to the Foundation Center for data collection and analysis of foundations. All were from Keenan's first Robert Wood Johnson portfolio.

Moving Ideas into the Mainstream

On the north bank of the Yukon River, about 470 miles northwest of Anchorage, Alaska, there is a remote fishing settlement, an enclave accessible only by dogsled and snowmobile in the winter, bush plane and small boats after the thaw.

At the hub of this village, just below the Arctic Circle, is a very modest health center. It is staffed by nine Yupik Inuits, who have been trained as community health aides. They speak halting English as a second language, but beam with pride as they describe the eighteen-week training program that transformed their lives and brought medical care to their frontier town.

Terry Keenan funded that training program in 1975. When I visited Mountain Village, Alaska, last week, I found that the model had been replicated among the frontier settlements that dot the Alaskan tundra. Moving an idea from the margins to the mainstream... that's Terry's forte. Terry also heralded nurse home visiting long before it was common. And there is no more genteel but dogged champion of nursing, midlevel professionals, training around domestic violence, services for the disabled, mobilizing volunteers for service, dental scholars, health care in public housing, minority student enrichment, early childhood literacy, parenting, and—of course—family centers.

—Judith Stavisky, Robert Wood Johnson Foundation senior program officer

“Terry was originally brought into Robert Wood Johnson for internal management purposes rather than programmatic ideas,” recalls former Foundation vice president Robert Blendon.

After all, he and Margaret Mahoney were the only ones with much real foundation experience. However, it very quickly became apparent that he had lots of valuable ideas about the role of foundations in general and about particular programs in health care. He held the strong view that a large foundation like ours could help to develop a network of small or medium-size foundations to share information; this eventually led to the formation of Grantmakers in Health. He also saw that funding at the community level was more effective when shared with other partners, which led to our *Local Initiative Funding Partners Program*. He perceived very early that many of the problems of health care had to do with shortages of nurses, the quality of nurse training, and the lack of leadership in the field. He made a very strong case for the value of faith-based health care programs, and argued that the Foundation should not be exclusively secular in its funding. He brought our attention to programs for dental health care, school-based adolescent health care, and other areas. But if I had to name Terry's greatest contribution to Robert Wood Johnson, it would be his relentless insistence that we never forget those vulnerable populations—elderly, disabled, children, minorities—who need health care in the inner cities and, most especially, all those small towns across America.

An examination of the astonishing 942 grants championed and supervised by Keenan supports Blendon's judgment. The grants in this portfolio have been made to numerous small community organizations all over the United States. A few are for millions of dollars and a few are for less than \$10,000; most are for less than \$100,000—modest by Robert Wood Johnson Foundation standards. Although Keenan's emphasis upon community initiatives, interfaith caregiving, school-based clinics, nursing, primary care for vulnerable populations, dental training, and services for disabled and elderly are well-represented, his commitments range across virtually every aspect of health and health care.

**Local Initiative Funding
Partners Program**

From the beginning of Keenan’s foundation career, he focused on community health care programs—particularly in small communities—and he quickly saw the need for a major reorganization of community funding practices. At the Ford Foundation and the Commonwealth Fund, he observed that local programs often disappeared after an initial three-year grant period. The grantees rarely made provisions for continued financial support. “The issue isn’t what you can do about it, it’s what you *have* to do about it,” Keenan has observed. “You have to work on it and think about it and try to find ways to solve it. If you don’t solve the problem, you can at least move the capacity to solve the problem more precisely and more vigorously ahead.”⁵

Keenan set about finding a solution to the community health care problem through just the kind of inquiry he mentions. Rather than staying secure in the ivory tower of foundation offices, Keenan embarked on fact-finding missions in the field while simultaneously pursuing ways to partner with local philanthropic organizations. A trip to Texas in the late 1970s gave him a new insight into the problem. Journalist Irene Wielawski relates, “Keenan vividly remembers a trip to Texas, in which he called on foundations from one end of the state to the other trying to get them interested in financing a start-up health clinic in an abandoned church in San Antonio... Keenan essentially acted as their ambassador.”⁶

He failed in that effort. He was viewed as the voice of a big Yankee foundation that was not only meddling but also arrogant. Quite reasonably, local philanthropies wanted to know why, if the Robert Wood Johnson Foundation thought this health clinic was such a good idea, it didn’t provide some funding. Chastened by his experience in Texas, Keenan realized that “it would be easier to get a favorable reception if I had some money to put on the table.”

His earlier experimentation with funneling money into grassroots programs had resulted in the first community-based program of the Foundation, the *Community Care Funding Partners Program*, in the early 1980s. This program was characterized by its process: localized grant applications for school-based clinics and other primary care units had to satisfy a Foundation requirement for dollar-for-dollar matching funds from a local partnering funder. The idea was that the partnering institution would stay on and even help to gather additional funding after the Robert Wood Johnson Foundation’s initial support ended. Frank Karel, former vice president of communications at the Foundation, called Keenan’s idea “a stroke of genius,” and noted, “No big foundation had ever done anything like this.”

“I accompanied him on a site visit to Hazlehurst, Georgia, a small mill town in a rural community south of Macon,” Peter Goodwin, the Foundation’s vice president for national program affairs, recalls.

I can’t remember how long it took us to get there, but it seemed like forever. He had been there before, and they knew he was coming to discuss their plans for a community health center that he had funded through the Foundation. I thought we were meeting with two or three people. But when we rolled into town, you would have thought the president of the United States was arriving. I’d never in my life seen such a spectacle. The whole town of about 350 people rolled out the red carpet for us. They literally closed down the town and took us to their country club, where the sheriff, who was attending, looked the other way about the local blue laws and joined in the toast to Terry Keenan. We were both embarrassed by this display of appreciation, but it was the most tangible evidence I’ve ever had that we are doing the right thing at the Foundation.

The full-scale Local Initiative Funding Partners program did not emerge until 1987, with a mandate to expand the scope of the Community Care Funding Partners program beyond funding for local clinics. The new entity gave considerable power to local philanthropies in selecting projects that they believed were deserving of support. Not surprisingly, many of the program's first grants dealt with such pressing but controversial social problems as child sex abuse, drug abuse, teen pregnancy, and HIV infection. At the center of the new program lay Keenan's sense of social responsibility. Musing on a foundation's *raison d'être*, he later remarked, "I think that foundations working with other entities at the local, state, but also the national level can use their funds not only for convening but for looking at issues and understanding problems. If you go back to what foundation philanthropy represents in our society, it really is the principal source of private development capital investing in social purposes."⁷

Despite giving local voices a hearing, however, there were internal problems with the plan at the Foundation. According to Irene Wielawski, "It stood out as a radical departure from the status quo, and discomfort within the staff was palpable."⁸ In response to internal pressures as well as a curtailment of grantmaking in general, the program was shut down in 1989, at the end of its second round of funding.

But Keenan did not give up; he adopted a ruminative position instead. Pauline Seitz, current director of the Local Initiative Funding Partners program, recalls, "Terry never hesitated to just roll over, pretending he was dead... It was sort of a turtle technique that Terry had. He would just get bombarded and critiqued from all sides, and he'd sort of go into his shell... and when nobody was looking he'd just crawl out very slowly and proceed back on course, and he'd inevitably get across the finish line."

I had just concluded a wonderful job interview with Terry for a job as program officer for Local Initiative Funding Partners program in August of 1987 and we were waiting for my next interviewer to be available. He looked out of his office, across the atrium to the other offices in the building and seemed to be lost in thought for a moment. He turned to me and said, "You know, working here isn't for everybody. The Foundation is sort of like the Wizard of Oz, and you have to stay behind the curtain. You have to understand that the most significant work of the organization is done by the grantees. We are simply the agents of their success, and they deserve the credit. If you have a need for direct recognition, it can be a very frustrating environment, because everything that happens here takes place behind the mask of that Wizard called the Robert Wood Johnson Foundation."

—Pauline Seitz, director of the Local Initiative Funding Partners program

Steven Schroeder recalls that when he became president of the Robert Wood Johnson Foundation, in 1990, he felt an almost immediate kinship with Keenan. “One of the first things I did when I moved into the Foundation offices was to place on my desk a quotation sent to me by my friend, John Kenneth Galbraith,” Schroeder says. “It reads, ‘Nothing so gives the illusion of intelligence as a personal association with large sums of money.’ Terry liked that quote, and he helped me to guard against Foundation arrogance by his example and by the occasional quiet comment.”

Before his appointment, Schroeder candidly informed the board of the Robert Wood Johnson Foundation that he intended to lead the Foundation in a more active role to combat the social roots of health care problems in America. One of his first acts was to reinstate the Local Initiative Funding Partners program. “Terry’s program was central to how I thought the Foundation should operate,” Schroeder recalls. “It permitted us to have an ear to the ground all throughout the country; to work through others; to honor those others; to be a senior but equal partner; and to respect people. It is a great grassroots program.” As Schroeder recalls, there was still internal resistance when he revived the program, and Keenan was “not a glamorous salesman, but he was a tenacious salesman. Ultimately, I think all of our staff became very proud of that program.”⁹

In a memorandum of October 24, 1990, to Schroeder, Keenan suggested some new rules to address a problem that faced the Local Initiative program. The Foundation had been requiring its local foundation partners to guarantee that matching funds would be made available, even before the Foundation had itself agreed to fund a project. This created resentments since, as Irene Wielawski has written, “Qualifying for the Foundation match translated into months of effort, including personal and public advocacy ... The design flaw was potentially fatal to the Foundation’s goal of genuine partnership with communities.”¹⁰ Keenan recommended that the Foundation drop the controversial requirement that partner-funders guarantee matching funds *before* the Robert Wood Johnson Foundation made a commitment—a recommendation that was accepted. Today, local funders are simply asked for a statement of intention instead of a guarantee of matching funds.

“The Local Initiative Funding Partners Program was an outstanding contribution,” Schroeder points out. “Terry nurtured it at a time when it wasn’t that popular. Now it is part of the Foundation’s DNA.”

Interfaith Caregiving

Perhaps no other program exemplifies Terry Keenan’s strong sense of coalition building better than the Foundation’s interfaith partnership efforts. Keenan is a man of strong spiritual beliefs, and he keeps them private. From his earliest days at the Foundation, Keenan saw the value of partnering with hospitals, community medical centers, and local organizations that were faith-based. Understandably, there was considerable opposition within the Foundation to the appearance of financing religious institutions. After a decade of making small grants, the Foundation committed to a major initiative in 1983 with a \$2.3 million grant to the fledgling *Interfaith Volunteer Caregivers Program*. The funding would provide three-year grants of \$50,000 a year to fifteen churches, synagogues, and other houses of worship in fifteen communities around the country to set up coalitions where members of their different faith communities would provide care—such as transportation to doctors’ offices, shopping, and companionship—to chronically ill people.

The Interfaith Caregivers Program was clearly a test of Keenan's conviction that a health services foundation should help tackle day-to-day issues of chronic care along with more traditional health services—and could do so by fostering partnerships of religious organizations. He recognized that “It should be possible to foster common purpose among institutions with similar missions—service to youth, for example—without loss of individual identity.”¹¹ He identified this sense of common purpose in the general call to service that is part of the religious doctrine of many faiths. But he realized that within the well-intentioned efforts of most churches or synagogues lay the possibility of redundancy of effort. If the Foundation could foster interfaith programs sharing resources and person power, the crying need for volunteer caregiving could be harnessed and focused.

The initial announcement of the program was met by more than a thousand letters of intent from organizations all over the country. In response, the Foundation increased the number of sites from ten to twenty-five. Under the aegis of Kenneth Johnson, an internist at Kingston Hospital in Kingston, New York, and director of its health services research center, a demonstration program was launched with twenty-five interfaith coalitions. Johnson had worked closely with several previous Foundation programs. The money supported a paid director to coordinate and direct the volunteer efforts of these religious organizations. The rationale for paid directors stemmed from the idea that a paid staff person could better structure the enterprise, organize volunteers, and continually revise and adapt the plan for caregiving than a council of representatives, who might meet only sporadically. Many of the locations and other auxiliary supplies were provided by member denominations. Johnson observed, “Interfaith volunteer caregiver programs fill gaps in the long-term care system.”¹²

The fact that ten years later, twenty of the initial twenty-five interfaith groups were still in existence testified not only to the need but also to the viability of these groups working together. Such was the positive response that in 1993 the Foundation invited interfaith caregiving organizations to submit applications for a new program, called *Faith in Action*, that replicated and expanded the concept. The program's supporters envisioned making enough grants so that eventually an interfaith coalition could exist in almost every corner of the United States.¹³

Each location needed to exhibit certain features, including:

- An authentic interfaith or ecumenical governance, involving a broad spectrum of faiths and denominations working together.
- An average number of fifty volunteers serving fifty persons during the first twelve months of the program.
- Volunteer caregiving that was direct, person-to-person, and hands-on, and that provided multiple kinds of assistance rather than a single service.

Technical assistance was provided by twelve federation-sponsored regional facilitators, who were to help the coalitions make applications, build the coalitions, and secure matching funds and other administrative services.

Under the second round of funding for Faith in Action, 1,091 interfaith coalitions received Foundation support. In July 1998, when the last of the second-round grants had been awarded, nearly 60,000 people were volunteering their services under Faith in Action, or an average of fifty-seven volunteers per site.

In September 1999, the Foundation approved a third generation of the Faith in Action program. The retooled program, which sought to distribute \$100 million to two thousand new faith-based coalitions over a seven-year period, was intended to expand its reach by coordinating with heretofore untraditional organizations such as the National Council of La Raza and the Islamic Society of North America. Features included grants of \$35,000 per site, more technical support, and a new computer network that links coalitions and pools a variety of online resources.

In 2004, the Foundation decided to make final funding authorization to the program and to concentrate its resources on other initiatives. Nonetheless, Faith in Action is considered by many as a signature program of the Foundation. The credit, former Foundation vice president Paul Jellinek says, goes to Terry Keenan: “He was at the forefront of the interfaith caregiving movement, which started with a small demonstration program that Terry pushed through the Foundation back in 1983. The Robert Wood Johnson Foundation has now supported 1,100 of these coalitions around the country. It all goes back to Terry and his feelings about impact and scale.”

**Nurses’ Training;
Physician’s Assistants;
Emergency Medical
Services**

“Nurturing, caring, healing—that’s what drives nursing, that caring sense,” Keenan says. “It is really the ethos of the profession. I am very proud that the Foundation has taken a leadership role in the development of nursing, expanding the content of nursing, building up the education of nurses, and supporting the concept of the nurse practitioner. One of my first projects at the Foundation was to support nursing schools, particularly at the graduate level. To my amazement, a lot of people—including some of the deans of these schools—disagreed with that idea [graduate-level nurse practitioners].”

“It is strange to recall how controversial all the issues around nurses and nurse practitioners were at the beginning,” says Ruby Hearn, former Robert Wood Johnson Foundation senior vice president. “Doctors were upset about the financial aspects of their roles and what medical functions nurses might be authorized to perform. Terry was particularly supportive of clinics run by free-standing nurse practitioners, and that was extremely controversial. Of course, today, the expanded role of nurses and nurse practitioners is considered an absolutely necessary part of the medical establishment.”

As with so many of Keenan’s ideas, his concepts about nursing—including an expanded role for nurses, specialized medical training for nurses and physician’s assistants, restructuring of hospital nursing care, use of emergency registered nurses in remote rural areas, and clinics headed by nurse practitioners—were considered revolutionary in the 1970s.¹⁴ “My brother Blair and I first met Terry Keenan in the summer of 1970 at the Commonwealth Fund, in that beautiful old building of theirs on the corner of 75th Street and Central Park,” recalls Alfred Sadler, a former Robert Wood Johnson Foundation assistant vice president. “The Fund had just granted \$2 million for a very imaginative program in emergency medicine and trauma management under the direction of Jack Cole, who was

chairman of surgery at the Yale School of Medicine.”¹⁵ Blair and Alfred Sadler, identical twins, were hired to run this program, and they quickly convinced Cole that Yale should sponsor a program for physician’s assistants in emergency care that was similar to the pioneering Duke University Physician Assistant program in general medicine under Eugene Stead.

“During our three years at Yale, Fred and I stayed in close communication with Terry at Commonwealth and Maggie Mahoney at Carnegie,” says Blair Sadler, who is also a former Robert Wood Johnson Foundation assistant vice president. “In fact, they supported us and encouraged us to write *The Physician’s Assistant—Today and Tomorrow* (Yale University Press, 1972) with a colleague at Yale, Ann Bliss. This was a summary of the work we had done and of the developments in the field at that point. To give you an illustration of how closely we worked together, that book is dedicated to Terry and Maggie.”

In 1973, David Rogers, then the president of the Robert Wood Johnson Foundation, came to Yale to give a speech and met the Sadlers. After that meeting and some discussions with Keenan and Mahoney, who were already at the Robert Wood Johnson Foundation, Rogers invited the Sadlers to join the Foundation and to take their successful Yale Emergency Medical Services program nationwide. “We couldn’t believe the collegial atmosphere at the Foundation headquarters in Princeton,” Blair Sadler recalls. “The entire staff would sit around a lunch table and dream about how to solve the health care problems of the United States. Terry never dominated these casual meetings, but when he spoke everyone listened carefully, because he always had insights and ideas that were based on his experiences in the field. He was passionate about the need for training and utilizing physician assistants and nurse practitioners.”

“From those early days to the present, Terry Keenan’s achievements have been remarkable,” Alfred Sadler says. “But more than that, his influence, his personality, and his thinking about grantmaking have been hugely influential in the whole world of philanthropy, especially in medical and health care foundations. His humanistic approach, his willingness to take risks, or even fail, and his concern that foundations have to look to the future—Terry has changed foundation culture for the better by his example.”

Although Keenan has always credited many Robert Wood Johnson Foundation colleagues for their important contributions—including Margaret Mahoney, the Sadlers, Linda Aiken, Ruby Hearn, and Nancy Kaufman—there is no doubt that he took the initiative in advancing multiple changes in the world of nursing. “Terry was very committed to school-based clinics when I arrived at the Foundation in 1972,” recalls Edward Robbins, former director of the office of proposal management at the Foundation. “The area was controversial for many reasons. First, it was a new area for the Foundation, which had been accustomed to working with hospitals and universities. Second, religious and political organizations objected to nurses providing birth control information to adolescents. And, third, doctors were uncomfortable with the expanded diagnostic role nurses were playing in these schools. Quite frankly, in many cases, the nurses were taking more initiative about the children’s health care than the parents were.”

Some of the grants in Keenan's 1972 portfolio included funding for a nurse practitioner program for rural areas that was supervised by the new Department of Family Practice at the University of California, Davis, and training for nurse practitioners at the Utah Valley Hospital in Provo. Keenan championed grants to the Tuskegee Institute in Alabama in 1973 and 1974 to utilize teams of nurse practitioners working from a mobile van to make an initial assessment of the health needs of families in a three-county area of Alabama; in 1974, he convinced the Foundation to provide funding for Kentucky's Frontier Nursing Service to develop a curriculum for training of family nurse practitioners; and in that same year he recommended a grant to Adelphi University in Garden City, New York, to study the role of nurses in primary care. By 1978, the Foundation, based on Keenan's recommendations, had funded more than a dozen nurse and physician's assistant training programs around the country. These included the Program to Equip Emergency Nurses with Primary Care Skills to train emergency room nurses from small regional hospitals in six university-affiliated hospitals, and the School Health Services Program, which brought nurse practitioners to 150,000 children of low-income parents in thirty-six urban elementary schools, and which was the first of a number of Foundation-funded school-based health programs.

A lot of people at foundations are basically academics. They don't like to get their hands dirty or to come out of the ivory tower. Well, Terry was just the opposite. For example, in 1988, he heard about a program for poor children in Chicago called Project Beethoven. As always, he didn't just pick up the telephone. He got on the plane to Chicago. So here is Terry, by this time in his career an older gentleman and a little frail from just having had cardiac bypass surgery, going into the worst neighborhood in the South Side of Chicago. It was extremely rough at the time. Mothers were afraid to allow their children to play on the playgrounds. There was crack cocaine addiction and people shooting at each other every day. You could get killed just getting out of a taxicab in this neighborhood. Here comes gray-haired Terry, all by himself, walking down the block, trying to find the right address. People from the project looked out of a second-story window and saw him picking his way over piles of trash. They ran down the stairs to get him.

His hosts told me that they were horrified when he arrived alone. But he put them at ease. He sat down with them and listened to their problems. He went into the classrooms and met the children. Then he came back to the Foundation and wrote a million-dollar grant to build a health clinic and to develop a coordinated plan to link the public health nursing, social services, and educational services for the children. From there, Terry went on to create a whole child development initiative for the country. He brought in other foundations and showed them how to replicate this model of providing sanctuaries for children within very bad neighborhoods. He basically revolutionized the field, and today there are hundreds of child development centers all over the country based on the ideas he initiated at Beethoven.

—Nancy Kaufman, former vice president at the Robert Wood Johnson Foundation

The Foundation has continued to support the field of nursing, including the \$7 million *Teaching Nursing Home Program*, the \$11 million *Clinical Nurse Scholars Program*, the \$17 million program for *Strengthening Hospital Nursing*, the \$29.7 million *Executive Nurse Fellows Program*, and the \$1.8 million *Transforming Care at the Bedside Program*. Nurse practitioners and physician assistants have become a recognized part of America's health care system. The Foundation has given more than \$140 million to nursing programs, and continues its strong commitment to the field.¹⁶

Grantmakers in Health

Almost from the moment Terry Keenan arrived at the Foundation, he began networking with other foundations. He shared information about the activities of the Robert Wood Johnson Foundation and, in many cases, attempted to coordinate funding of programs. There were a limited number of philanthropies in the United States that were working on health issues, and Keenan was aware that they never sat down at a table together to discuss common problems or to learn from one another. For more than a decade, he acted as a one-man communications center among the health care foundations, until he was able to create a national organization called Grantmakers in Health in 1982.

Grantmakers in Health now brings together some 330 foundations and corporate grantmaking organizations in a regular series of meetings, workshops, issue-focused forums, and publications about health and health care issues. Since 1998, it also has operated the Resource Center on Health Philanthropy, which collects data from health philanthropies and identifies trends in the field. As a tribute to his importance in the field, the Terrance Keenan Leadership Award in Health Philanthropy is presented by Grantmakers in Health every year to an outstanding individual in the field. “We feel that this award recognizes Mr. Keenan’s importance in health philanthropy, and regularly reminds us of his values and spirit,” says Lauren LeRoy, president and chief executive officer of Grantmakers in Health.

An Appreciation

“Terry’s heartfelt compassion for the most vulnerable in our society came across in the way he approached philanthropy,” Risa Lavizzo-Mourey, president and CEO of the Foundation, said in a speech honoring Keenan last year. “When Terry joined the Robert Wood Johnson Foundation, foundations in general were not terribly active; they did not have a mission and a program for change. In fact, philanthropy was considered suspect by many people who believed wealthy individuals were establishing foundations to use as tax write-offs. Terry helped change both the reality and the perception of foundations.” In that same speech, she said, “Describing someone as a ‘legend’ may seem excessive. But in the case of Terrance Keenan, the term is entirely appropriate.”

Notes

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3. Pace University Web site. Gustav O. Lienhard biography. (<http://webpage.pace.edu/mweigold/lienhardbio.html>).
4. Interview with Ruby Hearn, November 20, 2004.
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6. Wielawski, I. M. "The Local Initiative Funding Partners Program." *To Improve Health and Health Care, 2000: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.
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8. Wielawski, p. 162.
9. Ibid.
10. Ibid.
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