

Communications at the Robert Wood Johnson Foundation: Turning Up the Volume, Adjusting the Frequency



Robert Wood Johnson
Foundation

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Editors' Introduction

The Robert Wood Johnson Foundation's communications strategy has evolved dramatically over the past few years. From the very beginning, the Foundation has been strategic in its grantmaking, and its first staff members knew that reaching its strategic goals would require the adoption of an approach that Frank Karel, the Foundation's vice president for communications between 1974 and 1987 and again between 1993 and 2001, called "strategic communications."¹ These are, in Karel's words, "communications activities creating information and effecting the exchange of information tailored to foster relationships and actions crucial to advancing the Foundation's mission and goals."² Karel was the pioneer of strategic communications in foundations, and this approach has characterized the communications work of the Robert Wood Johnson Foundation ever since. As a core element of that approach, the Foundation downplayed its own role, choosing instead to speak through its grantees.

This strategy was appropriate in its day. Times have changed, however, and beginning in 2003, the Robert Wood Johnson Foundation began to articulate the idea that it was in the business of fostering social change and that this could be done most effectively by advancing public policies that better promote health and health care. Around the same time, communications technology began to explode as the Web took off, e-mail became the norm, and search engines such as Google cranked up their power. The changes in the Foundation's approach to policy and the arrival of new information technologies led it—perhaps even forced it—to reconsider its communications strategy and make adaptations that would make it appropriate for the times.

David Morse, the vice president for communications at the Robert Wood Johnson Foundation, and Fred Mann, the assistant vice president for communications, were the chief architects of the new communications strategy. In this chapter, they present an insiders' view of why it was necessary to develop a new strategy, how the strategy evolved, what its main elements are, and what challenges remain. It is one of those *Anthology* chapters that explore the inner workings of the Robert Wood Johnson Foundation and share them with a broader public. Since the Foundation is widely considered to be in the forefront of philanthropic communications, this chapter will be of particular interest to leaders and communications officials of foundations and other nonprofit organizations as well as to those charged with developing strategic communications policies and programs, wherever their place of employment.

1. Karel, F. "Getting the Word Out: A Foundation Memoir and Personal Journey." *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology, 2001*. San Francisco: Jossey-Bass, 2001.

2. Ibid.

It's not easy to build on the work of a master. Oh, sure, a lot of the heavy lifting has been done for you, and many of the pivotal early battles have been won. But trying to follow in the large footsteps of a well-known leader in any field is a difficult mission at best.

In our case, the field is foundation communications, and the leader whose vision we are attempting to keep current and adapt to changing times is Frank Karel, longtime vice president for communications at the Robert Wood Johnson Foundation and at the Rockefeller Foundation, former program officer at the Commonwealth Fund, former journalist, and, in the eyes of many, the man who almost single-handedly raised the stature and the strategic importance of communications throughout the foundation world.

Back in 2001, just before he retired (for the second time) from the Robert Wood Johnson Foundation, Karel wrote for this *Anthology* series about how our foundation's communications efforts had evolved over the years.¹ "Foundations have been slower to integrate communications into their institutional planning and work than any other class of organizations in our society," he wrote. Commenting on the congressional hearings leading up to passage of the Tax Reform Act of 1969—sweeping legislation that affected the operation of private foundations, many of which had taken a public beating, he noted: "The prevailing mood and mindset in the foundation world was to keep as quiet and as low a public profile as possible."

Karel set out to change that mindset. He brought a modern sense of communications to this foundation and others, and he helped put strategic communications planning and practice in the center ring of philanthropic work. "Communications has become an integral part of everything we do," he wrote in his 2001 *Anthology* chapter. "The aim is to share our vision of using communications strategically—that is to create and use information in ways that can help achieve key organizational and program objectives."

We have tried to build on Karel's firm footing and, as he did, align communications efforts with the Foundation's objectives. But as those objectives and strategies have evolved over the years, so, too, has our approach to communications. Today our programs focus largely on influencing and changing public policy and organizational practice to improve the health and health care of all Americans. The key tools we use for influence are advocacy, public education and communications. We advocate for change. We inform policy debates. We have more targeted and time-delineated goals focused on bringing about positive improvements in people's lives. Our big-issue approach to improve health care quality, to reverse the childhood obesity epidemic, to build and fortify public health systems, and to provide affordable and stable health insurance coverage for all has made influencing public policies and systems vital to us.

"It is through policy change that societies make and remake themselves," the Foundation's senior vice president for health, James Marks, and the journalist Joseph Alper wrote in their chapter "Shaping Public Policy as a Robert Wood Johnson Foundation Approach" in Volume XII of this series. "With limited philanthropic resources available, working to change policy offers foundations the possibility of improving the lives of many more people than they could through other forms of grantmaking, such as direct services grants. And the improvements are likely to be longer lasting since once enacted,

policy remains and becomes part of the societal landscape. For foundations, this represents social change and one of the most effective ways they can leverage their investments.”²

Today the Foundation has a voice in the policy arena. And we want that voice to be heard. Our megaphone is our new communications model—a direct descendant of Frank Karel’s “getting the word out” approach, but now a more strategic, centralized, policy reform-focused system that does more than just complement our programmatic objectives; it is essential to actually bringing about the lasting social change we seek.

Of course, as Frank Karel noted, cranking up the communications volume and effectiveness does not come naturally in the foundation world. Foundations can be quiet places. Ours certainly often seems to be.

Foundation staff members don’t sell product or maximize revenue. Instead, their fundamental purpose is to make a difference in people’s lives. As far as work with a purpose goes, this is at the top of the scale. You’d think the people who got to do this would be singing and dancing and throwing confetti on the way out the door each night. But that’s not foundation culture. People at most foundations do love their work and know that the impact they have to improve the lives of others can be huge. But the workplace is usually dignified, polite, scholarly, not showy or boisterous. When Rebecca Rimel, the president and CEO of the Pew Charitable Trusts, was once asked by a visitor why her foundation was so quiet, she replied, “Yes, we’re a bit like ducks you see gliding quietly and effortlessly across a pond, but if you look just below the surface, you see those webbed feet paddling furiously. So it’s quiet at the surface, but not so quiet below.”

Still, it seems pretty quiet in areas where communications officers congregate. Their counterparts in print, broadcast and online newsrooms may celebrate a great series with high fives and war whoops (and a truly notable achievement like a Pulitzer Prize with sprayed champagne), but foundations and their communications staffs are far more circumspect. As Joel Fleishman noted in his insightful 2007 book *The Foundation: A Great American Secret*, “Foundations have generally shared a ‘culture of diffidence’ that discourages openness about their activities and agendas.”³ This diffidence, he writes, stems in part “from a long-prevalent sense that it is unseemly for a charitable giver to ‘toot his own horn’ by publicizing his gifts. For many tradition-minded philanthropoids, even issuing press releases about their grants feels uncomfortably like bragging.”

So imagine the odd scene the morning of April 4, 2007, when the staff of the Robert Wood Johnson Foundation gathered around a large projected image of their president and CEO Risa Lavizzo-Mourey—and cheered her appearance on NBC’s *Today* show. She was there to promote the Foundation’s very public announcement that it would devote \$500 million over the next five years to reverse the nation’s dangerous childhood obesity epidemic.

The announcement went far beyond the comfy couches of *Today*. As envisioned in a plan drawn up by Adam Coyne, the Foundation’s director of public affairs, the *New York Times* carried a lengthy exclusive story about the Robert Wood Johnson Foundation’s ambitious childhood obesity pledge; the Associated Press wrote a story that ran in scores of papers around the country; Lavizzo-Mourey

and other Foundation representatives appeared on the nightly network news shows, PBS's *NewsHour with Jim Lehrer*, NPR (National Public Radio), and other key news outlets.⁴ The Foundation laid the groundwork by sending information on the Foundation's commitment to more than 800 reporters covering health, health care, and philanthropy; distributing a video package to more than 200 television and radio stations nationwide; updating the Foundation Web site; posting an electronic letter to more than 25,000 grantees and Web site content subscribers; and contacting every member of Congress, every governor and lieutenant governor, mayors in the 100 largest cities, members of state legislatures' health committees, and federal agencies and organizations.

The Way We Were and Why We've Changed

Given Frank Karel's strong guidance, the Robert Wood Johnson Foundation was never particularly shy when it came to communicating. Under Karel's leadership, the Foundation's communications department grew in both size and mission. Communications became integral to Foundation programs, and communications staff people were full members of Foundation program teams. Communications-related grants, largely for the Campaign for Tobacco-Free Kids to reduce smoking among teens and for ads produced for the Partnership for a Drug-Free America, grew significantly, and accounted for more than 20 percent of all funds awarded by the Foundation from 1997 to 2001.

But even as communications took a central role within the Foundation, the messages reaching the outside world could be somewhat scattered, and sometimes even contradictory. For most of the Foundation's history, our explicit approach to communicating about mission, goals, strategies, and objectives had been that "we speak through our grantees." That approach was expressed a decade ago by then-president Steven Schroeder in a statement of core values and commitments. But even as he affirmed this grantee-centered communications strategy, Schroeder noted drawbacks to the approach—that speaking indirectly through many grantees who themselves have different objectives made it more difficult for the Foundation to "influence the policy process" and that "we pay a price in the potential attenuation of policy leverage."

Our influence in shaping change in health and health care, therefore, has been derivative historically, since our grantees were our principal agents who executed Robert Wood Johnson Foundation strategies. Having multiple voices delivering multiple messages on different issues (or even the same issue) was harder for key audiences to process than sending consistent messages from consistent sources. Furthermore, when the Robert Wood Johnson Foundation spoke about an issue—like health insurance coverage, tobacco or end-of-life care—primarily through grantees, it was difficult for those receiving messages to know the overarching goals and objectives of the Foundation, the nature of its role and relationship to a grantee, and the salience of the issue to the Foundation, policy-makers, and the public.

Grantee-centered communications made perfect sense when the Foundation was initiating and funding national programs and projects that were loosely related to one another within broadly defined fields: access; quality; addiction prevention; healthy communities and lifestyles—its goal areas in the 1990s and early 2000s. But today our programming is more targeted, giving way to a drive for measurable social change in policy, in organizational practice, and in behavior. In 2003 Risa Lavizzo-Mourey assumed the presidency of the Foundation and developed an "Impact Framework,"

which continues to guide our programs to this day. This framework organized the Foundation's philanthropic investments through a set of diversified portfolios, much like those of mutual funds, to meet short-term, medium-term and long-term goals. This structure has brought a sharp focus to how we try to solve pressing health and health care problems, and has also given us the means to more effectively manage and measure the results of our work.

The Impact Framework also required a different approach to communications—one that emphasizes the Foundation's speaking collaboratively *with* our grantees and other colleagues in addressing the issues that are the pillars of the framework—like the need for health coverage for all Americans and rolling back the tide of childhood obesity. Rather than embedding communications resources directly in each major grant, with each grantee communicating independently, we have shifted our communications approach to intentionally speaking together and collaboratively *with* our grantees rather than *through* them—viewing grantees and the Foundation as an interdependent family of people and programs with common goals and common messages.

Communications dollars that used to be included in grants so that grantees could independently promote their work and publicize their findings and their accomplishments are now largely held back and are spent at the Foundation level. Instead of grantees issuing statements and releasing white papers that could step on the toes of other grantees working in the same field, messaging and timing of communications is now coordinated centrally by the Robert Wood Johnson communications staff. The result is greater efficiency and, we believe, greater impact.

As we took these steps—centralizing communications strategy and messaging, speaking collaboratively with grantees, tying communications objectives closely to our philanthropic program goals—we were doing something new and unlikely for us: putting ourselves in the spotlight along with our grantees. Not because we sought more ink but, rather, because we sought a paradigm shift in the conventional wisdom about philanthropy generally and the Robert Wood Johnson Foundation's philanthropy specifically: to accelerate and accentuate a shift in perception from simply being a *grantmaker*, or provider of funds for good works, to that of a catalyst, expert and leader in creating systemic change and improvement in health and health care.

In a 1998 *Health Affairs* article, Steven Schroeder not only restated his “we speak through our grantees” philosophy but also added, “(we) do not seek a high institutional profile. We have chosen to work primarily through our grantees, rather than establish ourselves as a primary source of information.” A decade later, we and our grantees firmly believe that we can have a greater collective impact if the Foundation speaks and stands *with* them rather than speaking *through* them.⁵

The strategy for maximizing our communications impact is fairly simple. First, create common, closely aligned communications on behalf of issues that we, grantees, and colleagues are addressing together—like rolling back childhood obesity, creating greater quality and equality in health care, and improving the health of vulnerable people by attacking the social factors that impede their health. Second, link these communications across programs and issues into a more comprehensive approach, one that we hope is a more robustly influential Robert Wood Johnson Foundation in which the whole is more than the sum of the parts.

Enhancing our influence as a health and health care leader and leveraging our impact fully requires us to speak more authoritatively as a foundation, to strengthen our credibility as a source of essential information about changing policy and practice, to attract significant and influential partners, to add value to our grantees' work and reputation, and to elevate our stature as a guiding force and catalyst for change in health and health care.

It Began with a Promise

Discovering the benefit of building our own image and speaking directly for causes we champion was not a quick or easy process. It started with the idea of identifying the Foundation's brand—what the Foundation was and why we were in the business we were in. As long ago as 2002, President Schroeder brought together twenty-five staff members from all levels of the organization, along with a few members of the Foundation's board of trustees, to ascertain the characteristics of our Foundation's brand. To even consider that a philanthropy had a brand was unprecedented: brands were seen as the province of the corporate world, and of large nonprofit organizations that provided direct benefits, like education, health care and social services. We had a mission statement, well-articulated goals, and a tag line (most often heard on NPR), but we didn't have, or didn't think we had, a brand.

At Schroeder's five-hour evening meeting, people sat at a large, open-square table, each with a laptop computer, for what Dave Richardson, president of Wirthlin Worldwide (now Harris Interactive), the lead facilitator of the session, called an Advanced Strategy Lab. Richardson started by describing what a brand and branding were: "management of actions and communications with constituents to move them from what they *currently* think of your organization to how *you want them* to think of the organization." In other words, according to Richardson, branding is about being known for attributes *we* (the organization) would like *you* (our audience or constituents) to know about. He then peppered the group with questions. Each person entered brief answers on a laptop, and then viewed their collective responses almost immediately on a large screen at the front of the room. His first question was simple: "What business are you in?" The dominant answer was simple, too: "We're in the grantmaking business." Richardson paused and asked the question again: "What business are you in?" Again the same answer. But he clearly expected a different response, so he asked a slightly different question: "Is grantmaking the *purpose* of your business or is it *what* you do?"

You could almost see the collective light bulbs going on in the heads around the room, and could see them literally on the screen at the front: "Aha, we're in the social change business—the business of improving health and health care for all Americans. Grantmaking is what we do—a means to our goals, not why we do it."

It was clear that the group, all insiders, considered the Robert Wood Johnson Foundation to be essentially a bank or a philanthropic ATM machine—you put your card in, in the form of a grant application and, after some due diligence, you got your money (or not, if your application was turned down). And that was conventional wisdom about foundations, from both inside and outside the philanthropic world—that we were essentially *transactional* organizations.

That was certainly the way the public—through the prism of the press—saw us. A recent survey by InfoTrend of 40,000 news stories mentioning foundations since 1990 showed that 99 percent of those stories were about transactions—grants made or paid—and not about foundations’ or even their grantees’ impact.⁶

Recognizing that the transactional brand we thought we had wasn’t the one we wanted to have was hard. In 2002 and 2003 we organized similar branding labs with grantees, representatives of media organizations, and policy leaders. Ironically, they understood that the Foundation’s mission was about catalyzing social change in health and health care better than the Foundation staff who participated in that first lab. They recognized that our greatest asset was our reputation for objective data, building evidence, and creating influence for change, not simply the dollars we provided.

And then we conducted the labs with the entire staff, and finally developed a set of characteristics that reflected, we think, both what the Foundation was and what we aspired to be. It reflected more about what others thought of us and what we should be than what we had thought of ourselves. But we still couldn’t call it our brand, since that would be too “commercial,” according to most of the staff. We called it the Robert Wood Johnson Foundation Promise.

Moving from a principal mindset of being basically a grantmaker to seeking impact and influence in health and health care hasn’t been without challenges, and it hasn’t happened overnight. It took two years before we could even consider moving from using the “Promise” euphemism (although it’s not a bad one) to using the “B” word. But there is increasing comfort, among both staff and grantees, with the concept of a Foundation brand and, more importantly, with its implementation. Results in 2008 from our annual “Scorecard” survey of health experts, business leaders and policy-makers suggest that these key Foundation constituencies resonate with core characteristics of the Robert Wood Johnson Promise. They believe that the Foundation addresses important, difficult issues in health and health care; that we stick with addressing long-standing problems; and that we’re objective and rigorous.⁷

The Robert Wood Johnson Foundation Promise

We care deeply about the pressing health and health care issues that this country faces. When issues of national magnitude—like covering the uninsured, improving the care of chronic illnesses, developing the next generation of leaders, improving the health of the most vulnerable among us, revamping our public health system—need leadership, the Robert Wood Johnson Foundation has traditionally stepped forward.

The reason isn't simply that significant issues need significant resources. For 35 years, we've brought not just our financial assets, but our deep experience, commitment and a rigorous, balanced approach to the problems that affect both the health care and the health of all those we serve.

We focus on issues that demand attention. We work with a diverse group of people whose dedication, expertise and perspective lead to sound, new solutions. We will not shy away from difficult or controversial questions. And we have the staying power to stick with problems until solutions become clear, momentum has been established, and progress has been made.

We believe in supporting programs that have measurable impact and that create meaningful and timely change—helping Americans lead healthier lives and get the care they need—because we expect to make a difference in your lifetime.

A Culture of Storytelling

We think, as did Frank Karel, that the best way of getting the word out about the Foundation, our grantees, and our collective impact is by telling stories about our work and about the people we are trying to serve. As our colleague Andy Goodman describes in *Storytelling as Best Practice*, while evidence—the “cold hard facts”—is critical to making one's case, it's the story, supported by evidence, that convinces and moves one to action. In his introduction to Goodman's monograph, Ira Glass, the founder and host of public radio's *This American Life*, a mecca for storytelling, notes “The most powerful thing you can hear, and the only thing that ever persuades any of us in our own lives, is [when] you meet somebody whose story contradicts the thing you think you know. At that point, it's possible to question what you know, because the authenticity of their experiences is real enough to do it.” Richard Wirthlin, the communications guru and adviser to Ronald Reagan, a consummate storyteller, put it more simply: that people are persuaded rationally but motivated emotionally.

Goodman, a Foundation grantee, thinks so: “To evaluate how well an organization communicates, I start by looking at how well it tells stories about its work. I don't care how big they are or how many resources they have at their disposal—if they can't tell a good story, then they haven't mastered the most fundamental form of human communication.” He notes that the Robert Wood Johnson Foundation is developing a culture of storytelling, and, even better, insisting that its grantees do so as well. “Now, this doesn't mean that Robert Wood Johnson doesn't rely on data to make its case; like most foundations, it is awash in numbers,” he says. “But its program officers and staff use stories as

the spear point to pierce the veil of apathy (or distraction, or the numbness of information saturation) and get their audience's full attention. And once they have that attention, then they present the data to show there is more than one story to be told."

Measuring Up

"The Robert Wood Johnson Foundation today understands that communications means more than just publishing a report. It is really about creating a simple, compelling message that can get people to change their behavior," says Bruce Siegel, a physician who is the director of the Center for Health Care Quality at the Department of Health Policy at George Washington University School of Public Health and Health Services. "Sometimes this means targeting patients, other times nurses or CEOs. But it is still about helping someone to understand that they need to do things differently."

Siegel, a former New Jersey commissioner of health, who has served as the director of several Robert Wood Johnson Foundation national programs, says that the Foundation's staff members "work hand in glove with their expert partners to understand a problem as well as its solutions. Then they seek to use the entire array of media to spread a consistent message that can move people to action. A big part of this process is absolute honesty: the goal here is to figure out what really works, not just what makes us feel good about ourselves."

But how do we know what really works? How will we know if we have really done our job well? How do we measure progress toward our goals? In certain instances, measuring the success of a communications effort is pretty easy. Take the childhood obesity announcement. We had newspaper clips to read and television news tapes to watch. We saw traffic on the Foundation's Web site spike to new levels, and we had phones ringing off the wall with calls from people eager to help us spend the \$500 million we had pledged. But without clear and precise strategic programming and communications plans to spend that huge sum of money wisely and effectively, a raised Foundation profile is just an easy target at which critics will shoot.

Our program team working on reversing the childhood obesity epidemic by the year 2015 has those strategic plans—and more. For example, it is actively pushing for policy changes on the national, state and local levels that will improve the nutritional quality of food served in schools, reinstate physical education, and improve the access to affordable fresh food and safe places for children to play in poor and vulnerable communities. They are funding studies, convening experts, and creating a new hub of knowledge and action for the field in the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity. With the new center, they are helping to create an online community that will serve as the go-to resource for our major community-based action and advocacy programs, *Healthy Kids*, *Healthy Communities*, and *Communities Creating Healthy Environments*, as well as our other grantees and the obesity-prevention field at large. There is substance backing up the \$500 million public pledge.

"The legitimacy and persuasiveness of a foundation's voice in its efforts to influence public policy depends entirely on the evidence-based knowledge and carefully-researched program demonstrations with which it can buttress its views," says Joel Fleishman, author of *The Foundation* and professor of Law and Public Policy at Duke University. "Unless backed up by evidence that persuades, a

foundation's voice is just another person's opinion. What infuses the Robert Wood Johnson Foundation's communications efforts with great credibility are the thirty-eight years of consistent devotion to finding out and documenting the extent to which its grantmaking initiatives have indeed been effective, and to sharing its findings with the professional community and the public. That honesty and that openness are what give great weight and influence to the Robert Wood Johnson Foundation's efforts to persuade the public, the policy-makers and the relevant professions."

Not all communications efforts, however, are as clear to measure—or so certain to have impact or be noticed as having impact—as pledging to give away \$500 million.

If you're in the business of being a philanthropic bank, measurement of success seems fairly simple: numbers of grants made, dollars out the door to meet annual required payout, geographic and demographic distribution of grant funds—all can be counted. But if you're in the business of measuring social change, outcome seems far more complex. What's the marginal contribution of a foundation, a grantee, or any other single organization to driving down smoking rates among America's youth, increasing enrollment of eligible kids in the State Children's Health Insurance Program, rolling back the national epidemic of childhood obesity, or improving the quality and equality of health care in, say, Cleveland or Memphis? And can we measure the contribution and the cost-effectiveness of our communications efforts toward those goals? Since we're a health foundation, we often think in the language of prevention and treatment—what's the right formulary and dose of communications to reach a particular goal?

One of our goals over the years has been to ensure that all Americans have affordable, stable health care coverage. There are more than 46 million uninsured people in the United States. With our Foundation's assets, we could probably buy an inexpensive, high-deductible health insurance policy for a few million uninsured Americans for a year. That's easily measurable—but we wouldn't have a foundation anymore. So we've focused on increasing the salience and the political and economic unacceptability of having 46 million uninsured in America. For several years, we have mounted a series of Cover the Uninsured campaigns, with partners like the American Hospital Association, the AFL-CIO, the United States Chamber of Commerce, America's Health Insurance Plans, and others⁸—all organizations that recognize that we can't sustain a society in which tens of millions have no access to high-quality affordable care, but all of which have very different perspectives on how to address the problem of uninsurance.

The campaigns are intended to help change the frame—the perceptive boundary—in which the public, opinion leaders, and policy-makers know and understand who the uninsured are. Understanding who they really are, we believe, can increase the propensity of policy-makers to act on their behalf. We've done market research, conducted polls and focus groups, tested and retested messages, done pre- and post-campaign analyses. Since these campaigns began, the dominant frame has changed. The research tells us that the public no longer sees the uninsured as simply the downtrodden looking for a handout, but, rather, as people like *you*—parents and kids in working families, your close relatives, your neighbors and friends—who aren't uninsured by choice but because they or their employer can't afford insurance. Americans now know that 80 percent of the uninsured are in working families.

Is that a communications success? While the fundamental goal of stable, affordable coverage for all Americans is still elusive, we seem to have achieved what we believe to be one of the building blocks toward reaching that goal. But what's our foundation's marginal contribution toward creating a new conventional wisdom about the uninsured? We've asked an outside evaluator—a political scientist at the University of Minnesota—to help us answer that question. He will report back to us in a few months.

Some communications professionals say it's okay to measure “contribution rather than attribution.” A former boss calls it “plausible connectivity”—a reasonable link between what we sought to do and the desired outcome, even if there's a lot of noise in the system that makes it difficult, if not impossible, to tease out the marginal contribution. Perhaps. But we are still searching for that magic measurement bullet.

By one measurement, it appears as if our new communications approach is reaping benefits. According to a content analysis of articles in the top twenty-five American newspapers, long-lead magazines (like *Time* and *Newsweek*), and health trade journals, of 1,400 articles reviewed between 2003 and 2008 that mention the Foundation, 26 percent (370) associated the Robert Wood Johnson Foundation with specific brand attributes—our leadership, strategies, partnerships with key players, policy aims and outcomes—rather than simply transactions. (It's a nice improvement over the InfoTrend study showing 99 percent of stories about all foundations being strictly about transactions.) This analysis, conducted by CARMA International, states that the brand attributes most associated with the Foundation were leadership, making a positive difference in people's lives, successful partnerships, policy influence, and taking a strategic approach to meeting its mission. These data reflect media coverage in only a few specific, albeit important, print media—not broadcast, cable, Web, and other electronic and social media that we know are increasingly where the general public and opinion leaders connect and get their information. But we view the print content analysis as a positive sign not just that our Foundation messaging is being heard but also that we seem to be growing our impact and influence.

Growing Electronically

Our main vehicle for sharing information about impact is our Web site and the electronic media strategy that undergirds it. Like many other foundations, we are aligning our communications model to take advantage of the new interactive features and functionalities that social media and Web 2.0 technologies provide. Foundations have never been early adopters, but they have been using Web sites to promote their grantees and their work for many years. Now, with the growth of social media, those sites have the capacity to be much more than promotional vehicles and online storage rooms for white papers and grantee reports. Today's technology is all about interactivity. The Web site is not just the Foundation's front door to the world; it is the home for debate, dialogue, creation, and connection for both the foundation and its audiences. And, happily, it is one form of communications outreach where participation (if not clear success) is measurable.

It's fair to say that back before we changed our communications model and started to see how a Web site could really build a connection with key audiences and give us a larger voice, our site wasn't as good as it should have been. *RWJF.org* was hard to navigate, and users found it hard to search for

information they wanted and knew was there. There was no clear indication of our priorities; the audiences we particularly wanted to reach—policy-makers, opinion leaders, the media, as well as our current and prospective grantees—would have a hard time figuring out what we, the Foundation, thought was most important. Our program teams were more focused on making and managing grants than on collecting and promoting the learning and knowledge gleaned from their work. The Web site was considered the exclusive province of the Foundation’s Communications and Research and Evaluation units.

Since the change to the team-oriented Impact Framework approach and the embracing of the Robert Wood Johnson Foundation brand, program staff members now understand that their role extends beyond just grantmaking. They have increasingly turned to using the Web site and related electronic media to drive toward meeting team objectives and promoting the learning derived from our philanthropic investments. But despite this important internal conversion—and some good trends that showed a steady growth of our online audience—we were still not doing enough with the Web. One of our program teams, the one working to improve both the quality and equality of health care, was eager to embrace the Web in order to build interest in its issues, share results, and interact with all sides of the health care quality debate. But given the technical and design constraints of *RWJF.org*, the team could not see the Web site filling its new needs.

So at the end of 2007 we embarked on a quick but thorough redesign of the Foundation’s Web site to enhance our impact, promote social change and showcase the knowledge and experience that are core elements of the Foundation’s brand. We also did it to take advantage of all of the benefits that the expanding interactive Web offers. In June 2008, in conjunction with the announcement of the Foundation’s \$300 million investment to improve quality in health care markets in specific regions across the country, and guided by a new cross-Foundation Editorial Policy Board that sets Web strategy and oversees the quality and focus of our electronic communications products, we re-launched *RWJF.org*. Its target audiences remained policy-makers, policy influencers, state officials, congressional staff, grant seekers, grantees, and the media. And what they found was a site that was more flexible—more able to spotlight goals and developments like the regional health care quality effort—and fresher and newsier, with content changing more frequently to drive repeat user traffic.

We improved the design of the Web site to better display both the programmatic work of our teams and, in keeping with our new higher profile approach, to show the Foundation’s commitment to social change. We improved the site’s search and navigation functions so that our large volume of reports, analyses and evaluations could be more easily found by our Web audience. On the new *RWJF.org*, visitors can more quickly and easily learn what the Foundation is about and what we deem important. They can continue to receive weekly “news digests” about issues and events in childhood obesity, nursing, health insurance coverage, and other key fields, and timely “content alerts” highlighting new developments in research and policy related to public health, vulnerable populations, and quality and equality of care.

In early 2009, with health reform becoming a major issue of interest in Washington, we launched a new Health Reform section of our Web site. The section continues to grow and serves as a home

for comprehensive, balanced, timely information on important reform issues with content being provided not only by Robert Wood Johnson but also by other responsible news sources and by active participants on our health reform blog.

Information across the site is now presented in forms that are easier for Google and other search engines to find and display. Our new internal analytics capacity helps us follow site usage patterns in detail. We can determine who is coming to *RWJF.org*, where they are coming from, how long they are staying, which reports and publications they are downloading, which program areas and subfields have the most loyal following, and how many visitors are signing up for our news digests and other electronic products.

Knowing how many policy-makers and other information seekers are coming to us and what they are interested in is an important measure of the effectiveness of our communications outreach and our programming work. Our Editorial Policy Board and Web team are tracking various metrics carefully to learn what types of content are most valued by our different audiences.

The new Web site also provides the social media functionality we knew we needed, which allows for greater information sharing and collaboration with grantees and users. We are currently hosting blogs, discussion boards, and interactive chats. We have established a Robert Wood Johnson Foundation presence on YouTube, Twitter, and soon Facebook—the most ubiquitous Web-based social-networking channels. We have syndication (RSS—Really Simple Syndication) feeds available on hundreds of topics and publication types so people can get automatic feeds delivered to them on topics of their choice. And we are integrating these feeds into grantee Web sites. We are crawling their sites for content we want to display on the Foundation’s site, and we are exporting our content to our grantees’ sites via “widgets” (pre-branded headline components that allow the Foundation to offer news digests, the latest research and publications, news releases, and other content, sorted by topic.) We have also built a “Slidebuilder” in order to easily present charts and PowerPoint presentations from grantees; congressional, state and local policy-makers now are able to download or print them easily and include this Foundation content in their presentations and reports. This has answered a clear need, particularly for our policy-maker audience and for others who wanted quick, digestible, graphical information.

We have created a central grantee product repository that allows us to collect publications from our grantees and display them both internally for our staff and externally on *RWJF.org*. In short, we are building a content distribution network that will turn the Foundation and our major grantee sites into one family with all our knowledge products given maximum distribution, all on behalf of the specific social changes in health and health care we and our grantees and philanthropic colleagues seek—rolling back childhood obesity, securing health care coverage for all Americans, transforming our outmoded public health systems, and improving the quality and equality of care. It’s less about tooting our own horn and more about influencing these transformative goals.

**Connecting with
Policy-makers**

One indication that policy-makers are starting to take more notice of your stature in the field is how often they ask not for your money but for your advice. The Robert Wood Johnson Foundation is unique among American foundations in having a formal program to link the Foundation and our grantees directly and strategically with policy-makers in Washington and increasingly in the states. It's called the Connect project, and through it the Foundation's leadership and our grantees have become sources of congressional testimony and expert advisers on health and health care matters.

Connect was founded back in 1998 by the ever-forward thinking Frank Karel and one of his communications officers, Joe Marx. It was designed to help our grantees establish and build relationships with their congressional delegations. Of course, the Foundation is prohibited from lobbying, and our grantees are prohibited from using our funds to lobby. But Connect is not about lobbying—it's about educating members of Congress and their staff about the critical health challenges and creative solutions being developed, tested and implemented in their states and districts. It's about engaging policy-makers to learn about and support these promising projects in non-legislative ways: through site visits, with letters of support, and by connecting grantees to key partners in the community.

Since its inception, Connect has scheduled meetings between hundreds of Robert Wood Johnson grantees and their members of Congress, and has organized dozens of Capitol Hill briefings for congressional staff members to highlight the work of our grantees. Over time, the program has also incorporated a robust training element to ensure that grantees are well-prepared with a clear message, a compelling story, and a specific, non-legislative "ask" in each of their meetings, and has provided technical assistance to grantees to ensure that they follow up on those asks effectively when they go back home.

Although a Robert Wood Johnson representative typically accompanies the grantees on their meetings with members of Congress and their staff, and usually leaves behind a list of Foundation-supported projects in the member's state or district, Connect has been solely focused on positioning the grantees—and not the Foundation itself—as resources on the Hill.

As the Foundation shifted its communications approach to speaking *with* our grantees, the Connect project expanded its focus. Although we continue to support our grantees through training, meetings and briefings on Capitol Hill, we also began, in 2006, to have a more explicit focus on positioning the Foundation itself as a resource to federal policy-makers and their staff. Several times each year, senior staff, including our president and CEO (and, occasionally, our board chair) meet with members of Congress both to share our lessons learned and to seek advice from the leaders in Congress on health and health care. These meetings allow us to put the work of our grantees in a broader context and to make connections across the Foundation's program areas.

Reaching out to members of Congress and developing relationships with them and their staff has led to additional opportunities for Robert Wood Johnson Foundation staff members to testify at congressional hearings, in some cases alongside our grantees. For example, in October 2007, Risa Lavizzo-Mourey testified at a House Energy and Commerce Health Subcommittee hearing on tobacco; a Foundation grantee, William Corr, then executive director of the Campaign for Tobacco-

Free Kids, was also a witness. In 2007 and 2008 Foundation staff members testified at congressional hearings on childhood obesity, quality and disparities in health care. Working with the Connect project, Foundation grantees have also testified at hearings on long-term care, school nutrition and childhood obesity.

Not all of our Connect work is done in Washington. For instance, in 2008, after Foundation communications and program officers provided information to a *Wall Street Journal* reporter about one of our projects—Green House, an innovative alternative to a traditional nursing facility—and a glowing page one article was published, Connect organized a site visit for congressional staff members to a Green House facility. A bipartisan group of House and Senate staff members, as well as staff members from the Congressional Research Service and the Centers for Medicare and Medicaid Services visited the Lebanon Valley Brethren Home in Palmyra, Pa. There they toured the traditional nursing home on campus, as well as one of the four Green House homes on site to see firsthand the difference in the two settings, and to hear from the home’s residents and staff, as well as the national program staff of the Green House initiative. Green Houses, they were told, provide an environment in which residents receive nursing support and clinical care without the care becoming the focus of their existence. By altering the facility size, interior design, staffing patterns, and methods of delivering services to residents, the Green House model provides residents with greater health and lifestyle benefits than do traditional nursing and assisted-living buildings. Early results show that Green House residents report higher satisfaction levels, less physical decline, and less depression.

The visitors heard from Robert Wood Johnson staff members about the Foundation’s support for the Green House, and also about our broader commitment to improving long-term care and community-based services for the nation’s aging population. Through visits such as this, people making public policy get the opportunity to see the work of Robert Wood Johnson and its grantees and come to understand the role the Foundation can play in helping Americans lead healthier lives and get the care they need.

Plans for the Future

Expanding Connect is but one way we hope to keep moving forward with communications efforts aimed at fostering policy change. Through greater content sharing with grantees on the Web and co-branding of grantee and Foundation products electronically and in print, we seek to broaden the distribution of our knowledge and spread awareness of how we can influence policy debates. Our goal is to continually make our communications collaborative, not derivative. Among our specific goals for the next few years are these:

Expand Our Outreach to News Organizations

Establishing a voice for the Foundation is one thing. Having that voice heard is quite another. Robert Wood Johnson was an early foundation supporter of NPR, starting back in 1985, and has continued its support for health reporting from 1986 through the present day. In addition, the Foundation has, since 2005, funded health reporting on PBS’ *The NewsHour with Jim Lehrer*, which has been ranked first among all television news programs as the most credible, objective and influential. The survey

further notes that *The NewsHour* is among the leading programs in reaching elite policy-makers who directly affect a broad range of health issues.⁹ By supporting strong journalism that increases the scope, the quality, and the depth of health and health care reporting, important policy issues are most effectively raised to a more engaged public and to policy-makers. For the past ten years, we have also been a major supporter of the Association of Health Care Journalists, feeling that members of this organization are also well-positioned to provide accurate, timely news and analysis on issues of importance to the Foundation and its target audiences. These connections help raise the Foundation's profile with journalists and, through them, with health and health care decision-makers.

In 2008 we took another large step in supporting quality journalistic coverage of issues important to us by giving a grant to Columbia University's Graduate School of Journalism to underwrite the health and science portion of its new one-year master of arts journalism degree program. To be called the Robert Wood Johnson Foundation Program in Health and Science Journalism, it will train young and midcareer journalists to bring depth to their coverage of health and science, and provide students with specialized knowledge and a sense of context and history. The public and policy-makers need reporters and editors who can effectively explain and compellingly present complex issues of health and health care.

The Foundation is coordinating with Columbia to ensure that curriculum development broadly reflects the goals and interests of the Foundation. We also will invite students to come to Princeton to meet with program and communications officers working in their fields of interest, and Robert Wood Johnson Foundation staff members will periodically travel to Columbia to speak and to provide guidance and expertise. Students in the program will become Robert Wood Johnson Foundation Fellows in Health and Science Journalism. As part of the Foundation's scholars and fellows programs, this cadre of journalists will enrich our alumni network and strengthen the Foundation's impact on the future of health and health care in this country. Not incidentally, we hope our grant also helps promote our influence with health and health care journalists.

Reach Outside Mainstream Media

Many of the key audiences and constituencies we serve—those most affected by childhood obesity and by inequities in quality of care, our most vulnerable populations, the nation's diverse group of health workers and professionals—go outside mainstream media channels for credible information. At the same time, many journalists working for media outlets serving specifically ethnic- or culturally-based audiences often say that health coverage is a major priority for the communities they serve. These newspaper, magazine, broadcast, and Web outlets are deeply interested in receiving culturally relevant health information from credible organizations. For many such publications and programs, their role goes beyond simply informing their audience; they also help empower people and are leading voices for change in their communities. African American and Hispanic journalists in particular often see themselves as activist participants in, rather than merely observers and reporters about, their communities. They've told us that they're interested in covering some of the Foundation's key areas of work, such as disparities, access to care, obesity and prevention. We believe we are well positioned to provide the pipeline of information that these journalists, producers and managers need and desire.

Serving various multicultural groups with quality health and health care information will not be an easy task. Aside from a few powerhouse entities like Univision and Spanish-language wire services, multicultural media outlets tend to be small-scale and fragmented across a wide array of ethnic subgroups and narrow geographic locations. Even so, we have supported them, both through our national program, Sound Partners for Community Health, and through a series of grants to Radio Bilingue in Fresno, California.¹⁰

Multicultural media journalists with whom we interact, especially at Spanish-language outlets, express a strong preference for diverse spokespeople, since the audiences for such media place greater value on hearing from experts from similar racial, ethnic and cultural backgrounds. We currently do not have a large pool of Foundation or even grantee spokespeople to draw upon for this purpose. And there is a growing interest in data and research that is specific to multicultural audiences and their needs. In other words, they are looking for targeted news they can use from people they know, can trust, and speak their language both literally and culturally.

By focusing staff attention and resources to serve ethnic and culturally based audiences with important health information, we will significantly increase the impact of Foundation programs among key populations while also infusing the Foundation's organizational culture with the appreciation that working with diverse audiences is a default tactic, not a special project.

The days of the low Foundation profile—of hiding our light under a bushel—are gone for us because they have to be gone. We can best aid in the accomplishment of our targeted, policy-change goals through speaking out directly and collaboratively, not staying in the background anymore. We are far from mastering this new on-stage role. Sometimes we are not aggressive enough in getting our messages out. Sometimes our internal processes slow us down and we miss opportunities to have an impact. Sometimes we still get tangled up with grantees who are not quite singing the same song we are. But in general we think our updating of the communications model takes us in the right direction—a direction of which Frank Karel would approve. It's a model that fits the needs and the goals of the modern Robert Wood Johnson Foundation—even if it doesn't always fit with quiet foundation culture and our inherent modesty and wonkiness.

Notes

- 1 Karel, F. "Getting the Word Out: A Foundation Memoir and Personal Journey." *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology*, 2001. San Francisco: Jossey-Bass, 2001.
- 2 Marks, J. S., and Alper, J. "Shaping Public Policy as a Robert Wood Johnson Foundation Approach." *To Improve Health and Health Care: The Robert Wood Foundation Anthology*, Vol. XII. San Francisco: Jossey-Bass, 2009.
- 3 Fleishman, J. L. *The Foundation: A Great American Secret*. New York: Public Affairs, 2007.
- 4 *The NewsHour* and National Public Radio are grantees of the Robert Wood Johnson Foundation.
- 5 The Robert Wood Johnson Foundation. *2008 Assessment Report: Tracking Organizational Performance*, December 2008. <http://www.rwjf.org/files/research/3632rwjf.publicscorecard081211.pdf>. Accessed on June 10, 2009.
- 6 Philanthropy Awareness Initiative. *The Challenge*. <http://www.philanthropyawareness.org/challenge.php>. Accessed on June 10, 2009.
- 7 The Robert Wood Johnson Foundation. *2008 Assessment Report: Tracking Organizational Performance*.
- 8 The following organizations have been partners in the Covering the Uninsured campaigns: the U.S. Chamber of Commerce, AFL-CIO, Healthcare Leadership Council, AARP, United Way of America, American Medical Association, National Medical Association, American Nurses Association, Families USA, Blue Cross and Blue Shield Association, America's Health Insurance Plans, American Hospital Association, Federation of American Hospitals, Catholic Health Association of the United States,

Service Employees International Union, National Alliance for Hispanic Health, the California Endowment, W. K. Kellogg Foundation, Giant Food LLC, the Kroger Co. Family of Pharmacies, Pfizer Inc., Stop & Shop, the Amateur Athletic Union, the National Association of Chain Drug Stores (NACDS).

9 Erdos & Morgan. *Opinion Leaders Study, 2008/2009, 2009*. <http://www.erdosmorgan.com/sr/ols.html>. Accessed on June 10, 2009.

10 Diehl, D. "Sound Partners in Community Health." *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology, 2001*. San Francisco: Jossey-Bass, 2001.