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

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

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

Much of the change has been driven by technology and the sheer quantity of information within easy reach. As Jack Welch, the former chairman of General Electric, once said, “The Internet is the single most important event in the U.S. economy since the Industrial Revolution.”

The Internet makes it possible to find ideas from just about anywhere without lifting a finger (except to type on a keyboard) and vaults networking into a privileged position. In his book Where Good Ideas Come From, Steven Johnson finds that “every important innovation is fundamentally a network affair.”

Ideas, he writes, begin as “slow hunches” and become fully formed through networks, largely technological ones that connect those hunches with those of others working in related areas.

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

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

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

--- Finding Ideas 1: At the Beginning

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

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

Funding familiar activities and people and taking already existing programs from other foundations were two approaches that the Foundation used at the time. “We decided there were some safe areas that would not require a lot of supervision,” said Rogers in a 1991 interview for the Foundation’s oral history, looking back on the early days. Since Rogers was a physician and had been dean of a medical school prior to coming to the Robert Wood Johnson Foundation, providing scholarships to medical students was a familiar way to make the required payout. The first grant from the new foundation was to the Association of American Medical Colleges to manage a medical school scholarship program for women, minorities, and people from rural areas.
It was later expanded to include dental students. While the evaluation of the medical and dental student scholarship program questioned whether scholarships were the best way to target the money, it clearly was a safe bet for the new foundation. Once the Foundation developed a pipeline of projects, the funding of scholarships became far more targeted and took up a smaller piece of the pie.

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

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

Another early mechanism the Foundation used to meet the payout requirement was to take over a program that had been started by others. This is how the Foundation came to sponsor the Clinical Scholars Program, which the Carnegie Corporation of New York and the Commonwealth Fund had established a few years previously. When David Rogers hired Margaret Mahoney away from Carnegie, he promised that she could bring the Clinical Scholars Program with her. About the same time, the Foundation hired Keenan from the Commonwealth Fund, the other funder of the Clinical Scholars Program. Leighton Cluff, the second president of the Foundation, explained in an interview for the Foundation’s oral history in 1991, “Adoption of the Clinical Scholars Program was largely because the Foundation at that time was looking for programs to launch. It was just getting started,
it had money to give away, and here was an already-established program that looked like it might have merit."

Finding Ideas 2: The Traditional Robert Wood Johnson Foundation Approach

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

Generally speaking, the Board of Trustees, which makes the final decisions, sets out broad outlines for programmatic approaches based on the president’s recommendations (which are, of course, informed by the staff). In the 1990s, for example, when Steven Schroeder assumed the Foundation’s presidency, the Board decided to concentrate on three priorities: reducing the harm caused by substance abuse; increasing access to health care; and improving the way services are provided to people with chronic health conditions. In 2003, when Risa Lavizzo-Mourey became the president and chief executive officer, the Board approved an Impact Framework that established new program priorities that guided the Foundation until 2014.

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

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

**Copying or Expanding a Model**

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

An early example is emergency medical services. In the 1970s, there was no 911 to call in a medical emergency. Individual cities and counties had their own emergency numbers, or a person in need simply dialed an operator, who would dispatch an ambulance. Terry Keenan and other members of the early Foundation staff knew about the emergency medical system in Connecticut—the nation’s first. In fact, The Commonwealth Fund, Keenan’s previous employer, had given a grant to Jack Cole, the chairman of surgery at the Yale School of Medicine, to improve trauma care in Connecticut. Keenan also knew Blair Sadler, who had helped launch the New Haven emergency medical services program. The Foundation then funded an expansion of the Connecticut program in a number of regions and recruited Sadler as a vice president to run it. “What the Robert Wood Johnson Foundation did was to take that concept
and multiply it nationwide in about fifty-four regions,” Keenan recalled in a 1997 interview for the Foundation’s oral history.

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

“Obviously, the conditions in San Francisco were unusual in that you had a politically effective gay community; you had a surplus in the public health budget; and you had some very good leadership in the health department,” Jellinek recalls. “But could the San Francisco approach work in a place like Miami or New Orleans or Atlanta or Jersey City—or wherever?” Foundation President Rogers invited Lee and Mervyn Silverman, the San Francisco public health director, to Princeton to talk with the Foundation’s staff and Board about its community-based approach to preventing AIDS and caring for HIV-positive people. They were so persuasive that the Foundation funded replications of the San Francisco model in eleven communities. Congress adopted the approach when it passed the Ryan White Act in 1990.

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

**Open Calls for Proposals**

Although most of the Foundation’s calls for proposals are targeted attempts to replicate what already seems to be a good idea, some calls for proposals are open and have relatively loose criteria; they identify a problem and ask applicants to come up with solutions. The AIDS Prevention and Services Program, the second of the Foundation’s AIDS programs, is an example of this approach. “I remember sitting in the cafeteria at lunch,” Jellinek recalls, “and I said to Lee Cluff, who was the Foundation’s president at the time, ‘Lee, what if we were to just put a different kind of call for proposals together… We just say, Send us your best ideas for AIDS prevention.’” Cluff liked the idea, and the Foundation sent out an open call for proposals along the lines Jellinek had suggested. The response was huge. More than one thousand organizations submitted applications, and the applications were diverse in approach, location, and population served.

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

**Investigator-Initiated Ideas**

In the late 1970s, David Olds, a newly minted PhD, had a big idea. He believed that if public health nurses were able to advise young, low-income, first-time pregnant women during the last part of their pregnancies and through their babies’ infancy, it would improve the ability of the mothers to raise their children and, ultimately, improve the children’s health. He brought to the Robert Wood Johnson Foundation his idea of a trial program in Elmira, New York, located in a rural county of about one hundred thousand people. Program officers remember being impressed with both the experiment’s scientific design and the fact that it had sound theoretical underpinnings, and the Foundation agreed to fund it. An evaluation deemed it to be successful.

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

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

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

Although this policy was meant to be an open-sourcing mechanism for getting ideas from a wide range of people, it was largely abandoned as the Foundation became more intentionally strategic in the early 2000s. From 2008 on, with the exception of the pioneer portfolio, the Foundation considered only proposals that came to it in response to a specific solicitation. By contrast, the pioneer portfolio found accepting unsolicited proposals valuable. “The yield is very small; we fund only two or three projects per year from the hundreds that come across the transom,” says Brian Quinn, a former leader of the pioneer team. “But it’s an important way to find new ideas.”

Building on Foundation Programs as a Model for Similar Ones

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

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

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

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

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

Finding Ideas 3: The Pioneer Way

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

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

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

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

New Networks

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

In this way, Lynn Etheredge, a leading thinker on rapid learning and a Foundation grantee, led pioneer team members to David Eddy, who had an idea for a project called the Archimedes Health-care Simulator (ARCHeS) that used data to simulate the impact of various changes on health care. Impressed by Eddy’s idea, the Foundation funded the Archimedes Simulator.
To gain access to networks of innovators, the pioneer team funded meetings where innovators gathered. Initially, pioneer funded TED and then TEDMED meetings to explore innovative ideas.* It was at TEDMED that Tarini met Jamie Heywood of PatientsLikeMe, which the Foundation later funded. A TED conference became the place where the Foundation discovered Thomas Goetz, the founder of Iodine, a San Francisco-based health technology company. Goetz, who became the entrepreneur-in-residence at the Foundation during 2013 and 2014, helped develop Flip the Clinic, a clearinghouse for what works and what doesn’t in the doctor-patient encounter.

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

To develop other networks, the Foundation, upon the pioneer team’s recommendation, funded O’Reilly Media to develop the 2011 Health Foo (Friends of O’Reilly) Camp. Health Foo Camp allowed for unstructured, free-ranging discussions of potential solutions to problems in health and health care. It also offered opportunities to network. Those networking opportunities led the Foundation to make grants to the Data & Society Research Institute to hold a conference on Big Data and to Creative Commons to collect and use real-time data from people to improve health.

*TED (Technology, Education, Design) is a global set of conferences to foster the spread of great ideas. Owned by The Sapling Foundation, TED aims to provide a platform for the world’s smartest thinkers, greatest visionaries, and most-inspiring teachers, so that millions of people can gain a better understanding of the biggest issues faced by the world, and feed a desire to help create a better future. TEDMED focuses on health and medicine.
Prize Philanthropy

Prizes have long been a way to spur innovation. Back in 1795, Napoleon Bonaparte offered 12,000 francs to anyone who invented a food-preservation technique that would help feed his troops. One Nicolas Appert, a French confectioner, invented SPAM—the food, not the Internet annoyance—and walked off with the prize. In the twentieth century, one of the best-known prizes was the $25,000 Orteig Prize, offered by New York hotel owner Raymond Orteig to the first person to fly nonstop between New York and Paris. Charles Lindbergh took the prize money in 1927. More recently, to encourage commercial space flight, the XPrize (now the Ansari XPrize) offered $10 million to the first nongovernmental organization to launch a reusable manned spacecraft into space twice within two weeks. The prize was won in 2004 by Scaled Composites, a company financed by Microsoft cofounder Paul Allen, which built and launched SpaceShipOne.

The America COMPETES Reauthorization ACT of 2010 allows federal agencies to use prizes to spur innovation. The pioneer team worked with the XPRIZE Foundation to design projects that would spur smoking cessation and end obesity. It decided, however, not to go forward with either XPrize. “We didn’t think the systems were in place to support a prize,” says Chinwe Onyekere, who at the time was the Foundation’s program officer for the XPrize. “The problem was verifying whether participants actually did what they said they did, such as to quit smoking and stay off cigarettes for two years. It would take many layers of auditing to determine if the prize had been won.”

Although the XPrize didn’t receive funding, the Foundation did support two other types of prize philanthropy. One was Ashoka Changemakers’ Disruptive Innovations in Health and Health Care competition. Through the six competitions it supported, the Foundation discovered three projects that it agreed to fund: Project ECHO, in which specialists share information with primary care providers in underserved areas (this program
was the subject of an *Anthology* chapter in volume XIV); Family Coaching Clinics, which were mental health clinics modeled after pharmacy mini-clinics; and Asociação Saude Crianca, a Brazilian organization that addresses health through antipoverty programs.

In the other prize competition, the pioneer team funded HopeLab to hold the *Ruckus Nation* prize for the best idea to encourage physical activity among middle school students. The competition received 429 entries. In 2008, Stacy Cho, a middle school teacher from Seattle, won the $50,000 grand prize with *Dancing Craze*, an interactive game with wearable motion sensors.

**Pitch Day**

In 2013, as another way to stimulate new approaches to improve health and health care, the pioneer team organized Pitch Day. The team sent out a call for proposals with the potential to transform health and health care, and a panel of judges selected eight of the 521 proposals. The eight finalists then went to New York City in October 2013 and pitched their ideas to the judges, the purpose being not only to seek Foundation funding, but also to interest other investors in these ideas. Pioneer team members expect the Foundation to fund several of them.

**Innovations Adopted from Other Fields**

The pioneer team has also been interested in taking successful innovations in one field and applying them to another. For example, Lori Melichar, director of pioneer team, wrote that the team “engaged in a five-year behavioral economics initiative because applying an emerging—or even a well-established—perspective from another field has the potential to uncover game-changing insights that can generate traction in health and health care.”

Behavioral economics uses psychology to understand and change economic behavior by “nudging” people. The Foundation
TO IMPROVE HEALTH AND HEALTH CARE, VOLUME XVI

has funded studies examining incentives to increase the use of advance directives, immunizations, and physical activity among older adults. It also funded research to test colored labels indicating the healthiness of food choices in cafeterias—green for healthy foods, yellow for less healthy foods, and red for unhealthy foods. This traffic-light labeling helped consumers make healthier food choices. Another behavioral economics study found that the best way to increase flu vaccination rates among college students is with small financial incentives. Studies under way in 2014 are focused on reducing the use of low-value tests and procedures by providers.

In another adoption of an idea, “prediction markets,” which aggregate traders’ purchases into a crowdsourced prediction of an event, has been broadened from politics and business to health. The Iowa Electronic Markets (IEM), for example, conducts futures trading to predict presidential and other elections. Since prediction markets are good predictors of elections, why couldn’t they be used to predict infectious disease trends? Under a grant recommended by the pioneer team, IEM conducted markets on predicting both seasonal flu and swine flu. Markets for seasonal flu and swine flu accurately forecast the spread of those diseases.

Finding Ideas 4: The Present and Near Future

In retrospect, the greatest contribution of the pioneer portfolio has been that it opened the Foundation to ideas and networks beyond the health world.† Although the pioneer team did not consider itself limited to technology, many ideas discovered by the team

† It should be noted that the pioneer team does not have a monopoly on seeking ideas from innovators. The vulnerable populations team, for example, funded the Green House program, a smaller and gentler kind of nursing home, based on the staff’s meeting its founder, Bill Thomas, a geriatrician who had previously tried to change the culture of nursing homes with the Eden Alternative.
involved technologies such as video games and electronic medical records.

That thinking—exploring beyond the walls of the Foundation and of health—permeated the strategic planning process the Foundation carried out in 2013. The group charged with developing a strategic plan consciously explored what was happening in areas such as behavioral health and statistical analysis (Big Data) that could be used to improve health and health care. To be sure that it understood plausible scenarios for the future, the Foundation invited leading thinkers to explore trends in their fields.

Now that the Foundation has adopted a new vision—advancing a culture of health—and is developing implementation plans, how is it going about getting ideas and developing new programs? By and large, it is through the traditional use of the expertise of the staff and the outside experts the staff consults. In developing new strategic directions and implementation plans, the staff relies on its own knowledge and experience, even as it consults with leading experts. Indeed, there is no substitute for the curiosity, experience, and judgment found in the best Foundation program officers—who have always relied on their own sources and networks for ideas.

There has been one major change, however. The Foundation is now reaching out to people beyond its own fields in search of new ideas. It has invited historians, economists, and social scientists to tell the staff about the latest developments in their fields. Thus, the approach adopted by the pioneer team has, to an extent, permeated the way the Foundation as a whole does business; it is more open to ideas from the outside than it had been in the past. Moreover, the Foundation is exploring what other foundations and businesses are doing so that it neither acts in isolation nor duplicates activities that others are carrying out.

With all the changes, is there a role left for the individual prospectors for ideas—the Terry Keenans of the world? Or are they like the small corner bookstore—something that existed in the past but no longer has a place in the world of Amazon?
Just as there still seems to be a place for a Strand bookstore in New York City or a Powell’s bookstore in Portland, Oregon, there should be a place for the Terry Keenans. Such seekers will not replace the Internet or the networks of big thinkers, but they can be invaluable in finding new and creative ideas. After all, good ideas can come from anywhere, and it is a foundation’s role to develop all of its capacities to recognize and exploit them.

Notes