

THE J.W. MCCONNELL FAMILY FOUNDATION

Remarks to the Leadership Conference and Annual Meeting of the Kidney Foundation

Address by

Tim Brodhead

President and CEO of The J.W. McConnell Family Foundation

Halifax, Nova Scotia

June 8, 2007

Whenever I find myself in a gathering such as this I often ask, “Why are we all here?” No doubt we each have an answer, each a little different, but underneath them is a common theme: we are here to find community, to build community – to get strength, to share experience, to find hope. We are here because we have some common concerns, some common values, because we care. For those of us here our involvement in the Kidney Foundation of Canada is not the whole story of who we are of course, but it is an important way that we find support, and give support – in other words, it’s a community.

This is what I want to talk about today. What is a community, why does it matter to us, how are our communities changing, and what are the implications for us, and for the Kidney Foundation of Canada?

What is a community? My simple and succinct answer is *a community is where “we” become “us”*. In other words, a bond is created which draws a boundary between those who are part of it, and those who are not. In pre-modern societies, that bond most often was family; then it expanded as societies became more complex and inter-connected, and as nation-states based on ethnicity came into being. The challenge of the modern world is to expand our concept of community beyond distinctions based on ethnicity, religion or nation states – in other words to recognize what we all have in common as human beings sharing a fragile planet.

Why does community matter? The poet John Donne summed it up almost four hundred years ago: “no man is an island”. We need the sense of identity and belonging that comes from being part of something larger than our individual selves. Belonging means contributing: being part of a community means that we share some core values and beliefs, we draw meaning from them that gives our lives significance, and we contribute what we can to the larger good.

Being part of the Canadian community, for most of us, has meant membership in a privileged elite of the world’s most prosperous and blessed people. It is no surprise that for many years Canada has ranked at or near the top of the U.N.’s most developed and desirable places to live. Most Canadians are blissfully unaware of this fact, but anyone who has traveled widely, and many new citizens who have chosen to come here, can attest to its validity.

That is the upside. The downside is that fifty years of prosperity and peace have bred in many Canadians a sense of entitlement, even complacency. That does not equip us for the challenges ahead.

We are moving out of an age of Western supremacy, when the industrialized world's economic might was unchallenged and our values and beliefs could be presented as "universal". This shift is going to require some adjustment, and on the evidence so far it will not be easy. For Canada in particular, it means unprecedented competition as globalization shrinks our relative economic power, opens up our borders, challenges our values. And let us not forget the as yet unpredictable impact of environmental changes! We are witnessing the effects of these global influences on our communities already but the greatest change is still somewhat below the radar: Canada's population is changing: it is increasingly multi-cultural and multi-ethnic; it is increasingly urban; and it is increasingly older. More precisely, there is a growing gap between our diverse, youthful and growing major cities, and our declining, graying, rural areas.

One of five Canadians now was born outside the country; in twenty-five years the phrase "visible minority" will be a misnomer: in many of our cities a majority will be non-white. This will undoubtedly affect many of our institutions, including charities, which will become more diverse or risk disappearing. Eighty percent of Canadians already live in urban areas; in twenty-five years the shift to the cities will make our rural areas relatively unpopulated and unable to support services like schools and hospitals. The latest projections indicate that the only regions of the country that are likely to grow in population are the Lower Mainland of B.C., the Calgary-Edmonton corridor, the "Golden Horseshoe" around Lake Ontario and Montreal-Laval.

Canada's birthrate is below replacement levels now, and our population is only growing through immigration. Twenty five years from now, the ratio of people in the workforce to dependents will have shifted decisively. In 2005 there were 44 children and seniors for every 100 Canadians of working age; by 2030 that will have grown to 61 children and seniors – in other words fewer workers (and tax-payers) will be supporting more dependents.

Given these incontrovertible facts, we can begin to discern the new Canadian reality. Large parts of rural Canada will experience depopulation, and the lack of amenities will only accelerate this phenomenon. Governments will lack the tax base to pay for the level of services that we presently enjoy. Our society, and our institutions and assumptions, will be more diverse than is the case today.

What does this scenario I have sketched portend for voluntary organizations like the Kidney Foundation? We can wring our hands - or we can look for the opportunities this new situation opens up, opportunities to re-think how we work, to re-imagine our role, to re-engage with our community. This need not be a story of decline. It can be a story of

new possibilities. But to make the most of them we are going to have to be more resourceful, more innovative, more creative.

Demographic realities will force us to become more resourceful. At present, we tolerate a relatively high level of “wastage” in our society – a loss of talent through unemployment (including highly skilled immigrant professionals), denial of the opportunity to contribute because of physical or mental disability, lack of skills due to leaving school early or insufficient chances for upgrading later in life, addiction, etc. As a prosperous society we accept this as a necessary cost of a modern state and we pay taxes to ensure that minimum needs of such people, representing some thirty percent of our population, are met.

What would happen if instead of viewing Canada as a rich country that can afford to support thirty percent of its people who could be – and want to be – productive and contributing members of society, we turned this around and asked, what must we do as a society to ensure that everyone has the opportunity to contribute whatever they can, especially those we have labeled marginal, or disabled or unemployable?

Instead of tolerating this wastage of human potential, we would systematically remove obstacles to participation: the high school drop-out would be supported to return to school to complete his or her education, regardless of age; the person suffering from mental illness would be helped to find suitable work, with support for the times when he or she couldn't function fully; addiction would be treated as a health rather than a criminal concern. In short, our operating assumption would be that citizenship confers the right and obligation to contribute, that this is what creates dynamic and resilient communities, and that human potential and creativity are irreplaceable assets. The only way to maintain our standard of living and quality of life is by everyone participating to the best of their ability.

John McKnight from Northwestern University has been trying to change our mindset around community development for some time. His argument is very simple: nothing develops by focusing on weakness and deficiencies. If we want to see positive change, it must develop from within, and it must be based on positive attributes, the skills, capacities and assets that people possess. By focusing on individual and community assets, not needs, you build from strength. He urges us to always view the glass as half full!

It sounds simple, but it requires a whole different mindset: typically when we want to do community development we start with a needs analysis, a “problem statement” – in other words, we identify what is lacking and go from there to create a program response by which we will meet the need. An asset-based approach, on the other hand, would start by asking, what are the possibilities here, what resources exist that can be strengthened and mobilized. Ah, you may say, but poor communities are poor precisely because they lack resources. No, says John McKnight, and he has years of experience to back him up, every community has assets – even if they are unrecognized. They may not be in the

form of material things, but so-called poor communities often have strong networks and attachments, a rich history and culture that engender pride, and formal and informal institutions and organizational capacities that bind the community together. By focusing only on material needs we devalue these other resources and emphasize the one external input that we control, money. Too often we also undermine or destroy the less tangible assets that already exist by allowing our money and expertise to displace local effort and commitment.

What might this look like in practice?

I want to illustrate what I am talking about by giving an example from the experience of another agency the Foundation has been supporting, PLAN Institute for Caring Citizenship in Vancouver. Several years ago we learned of an innovative program developed by PLAN to address the problem of aging parents with children, now adults, who have severe disabilities. Not so long ago such children would have had a limited lifespan, probably dying before their caregivers. With medical advances, however, they often now outlast their parents, creating a dilemma: how can their parents ensure that they continue to receive the same quality of care and support after the parents' death? PLAN's simple but ingenious answer was to devise a contractual agreement that took account of the family's assets – real estate, insurance, but also the human relationships of family, friends and neighbours – the networks of people who care, in other words – to ensure that the quality of care and the network of support would remain intact after the parents' death. Over several years PLAN was able, with financial support from the Foundation and others, to help spread this idea to other centres across Canada.

This is, I think it fair to say, so far a classic voluntary sector approach: define the need (to allay parental anxiety and ensure quality of care), devise a solution in the form of a program that meets the need, test its effectiveness, and then disseminate the model more widely. PLAN's response was creative, but the approach – to work at a local level and in a service mode – is standard practice for the voluntary sector.

The innovation for PLAN came when they stepped back to ask, given our limitations as a smallish charity with very limited resources based in Vancouver, how can we address the root causes of this situation? Their response was to re-frame the problem, from “How can we provide peace of mind (for the parents)?” to “What is a good life (for the dependents)?”. The answer, of course, is that the elements of “a good life” for people with a disability are the same as for the rest of us – reasonable comfort and security, fulfilling personal relationships based on affection and caring, being part of a community – being a citizen in the fullest sense. And citizenship, they quickly recognized, is defined by belonging and contributing. Re-conceptualizing the problem in this way meant that the people concerned were no longer viewed as clients or consumers of services, but as citizens with the same rights and responsibilities as the rest of us. The challenge was not so much to support their needs by providing them with help, as to ensure that obstacles to their participation were removed. This has led in turn to a much broader set of responses by PLAN, including the No One Alone Campaign, which takes the issue of

inclusion and broadens it to include the many other groups in our society that are marginalized: school drop-outs, people with mental illness, single mothers, the elderly.

Just to continue for a moment, you may recall that the last federal budget created the Registered Disability Savings Plan to enable money to be put aside in a tax sheltered investment vehicle – a direct result of PLAN's lobbying that will result in an estimated \$40 billion in assets being mobilized to help people with disabilities to live in dignity. The glass most assuredly is half-full, not half-empty!

This is what I am referring to when I talk about innovation in mobilizing a community's assets, human and financial, to not just meet a specific need but to create a new reality. Instead of treating people with a disability as a vulnerable group dependent on our generosity, the issue has become how to use the market clout of some \$40 billion in assets.

I have dwelt quite a lot on the PLAN example because it illustrates well the asset-based approach. It also exemplifies what we mean when we talk about the need for innovation in the social sector, and about how the market can be a positive force to leverage large-scale change, and finally why it is necessary to step back from our immediate concerns to explore the need for system change if we want to attain durable solutions.

Let us turn now to ask what this might mean for the Kidney Foundation of Canada.

The Foundation has substantial assets: it is a dynamic national network with strong local involvement; it benefits from a learning culture and an emphasis on leadership development at all levels; it has a strong volunteer base; it raises a lot of money; and it promotes and funds cutting-edge research. Perhaps I am glossing over a few weaknesses, but you can take satisfaction that KFC's external image is of a dynamic organization that is well respected for the work it does.

Looking forward, how do we see these assets faring? No doubt the leadership and learning focus will continue to be nurtured. The volunteer base however will be affected by the trends I mentioned earlier. Already the data in the 2004 National Survey of Giving and Volunteering indicate that 67 percent of volunteer work is done by just 5 percent of the population, and the number of volunteers is projected to decline by 2 percent a year for the next decade. This is due to the aging of the existing volunteer workforce, the "time deficit" many Canadians experience, the declining influence of religious affiliation, and other factors. The approaching retirement "spike" may offer some remedy, but surveys reveal that 75 percent of baby-boomers say they are not interested in volunteering. What has been called our "civic core" – the people who volunteer as fire-fighters, team coaches, political campaign staffers, the people who make our communities work – is shrinking.

What about the financial assets? It doesn't require a futurist to predict that the competition for donations is going to be fierce. Fewer people working, less government

services, increased competition among charities, fewer volunteers to spread the word – all of these will test KFC’s ability to meet the ambitious revenue goals you have set for yourselves.

This in turn directly affects the research the Foundation will be able to sponsor, at a time when the competition for the best brains and the newest technology will result in ever-rising costs.

In painting this scenario I may sound like Cassandra. My point though is to highlight how important it is now, and will be in the future, to identify and use every asset you have. Some of those assets may be unexpected, and some may require investment and development that will only pay off in the future, which is why a strong vision and sound leadership is so important to voluntary organizations now.

Some of the pointers to where we are going are to be found not in the world of charities but in the world of commerce. Changes tend to be visible there more quickly because of how the market drives adaptation and innovation. In recent years there has been a transformation wrought by technology. The mass market, whether in retailing or services or media has been replaced by customization; the client or customer is now the user or active agent; in many cases the intermediary or broker has been replaced by direct interaction between buyer and seller. “Open source” technology and access to information is leading to free exchange, user control, greater individual responsibility. How might this affect the voluntary sector? The old notion of some people *volunteering* to help the less fortunate is transformed; we all must become more resourceful in meeting our own needs as well as those of others in order to create the kinds of community we want to live in.

Charities’ model of service-based, one-size-fits-all programming, stand-alone agencies addressing one set of needs in competition with other agencies, will have to evolve. This may lead to new forms of collaboration, or mergers with other health charities to create more holistic approaches to health issues. Our constituents, people suffering from kidney disease or engaged with those who are, will determine their own needs and customize the support they get with the help of KFC. Can we envisage many health-related causes combining back office functions and collaborating on research funding, awareness campaigns and organ donation efforts or will scarce resources lead to a “my cause is more important than yours” contest? Will we be best served by separate agencies for every organ and disease or by collaborative campaigns that focus on the conditions of good health (it is a challenge that your sister-organizations in the environmental field are already facing)?

As far as financial resources go, there will be more competition and therefore more demand for tangible results, less willingness to go out year after year appealing for increased donations with no solutions in sight. It may be that the priority will radically shift in the direction of prevention of kidney disease, behavioral changes, or dramatically

increasing the level of organ donations. Already we have direct appeals over the Internet for needed organs by people desperate to short-circuit the normal channels; in the future this form of direct person-to-person interaction may be the way that Canadians are made aware of the scale of the need and of their ability to help to answer it.

I would suggest that human resources will be even more important in the future than they are now. It may not be extreme to say that charities will shift from seeing volunteers as the way they raise money, to seeing money as the way to engage volunteers. I don't mean that volunteers will be paid, of course, but more money will be invested in engaging, training, managing and supporting the networks of people who allow KFC to carry out its mission. It is safe to say that many charities now treat volunteers as an adjunct to their paid staff, often doing low skill or boring tasks that it makes no sense for paid staff to do. In the future this will be reversed, as it is already in some organizations: low-skill jobs will be automated or abolished, and the role of paid staff will be to do the work that volunteers cannot or do not want to do.

Let me conclude by summarizing my message to you: KFC is a strong, dynamic and forward-looking organization, but like other charities it faces considerable challenges in the context of our changing society. Its effectiveness will depend to a large extent on its adaptability, its innovativeness, and its resourceful use of all the community's assets to advance its mission. The greatest danger, especially for successful organizations, is to fall into the trap of thinking that what will work in the future is more of what we are doing now.

Being innovative does not mean stopping what works now, it means making space to explore new ideas, to raise new questions, to seek out and be stimulated by new partnerships. Much of this will require listening carefully to your constituents' needs and remembering that most innovation – new thinking and new practice – comes from the margins, not the mainstream, from the person with kidney disease in the Northwest Territories, not the research lab or National Office.

The Kidney Foundation now funds excellent research; it has an active network and highly skilled staff. By using all its assets – knowledge, people, collaborations, influence – it will engage Canadians, citizens and policy-makers alike, to reach its goal of good health for all.