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# STANFORD SOCIAL INNOVATION *review*

**15 minutes**

**John Seffrin**

**CEO of the American Cancer Society**

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## John Seffrin *CEO of the American Cancer Society*

**What is the nature of effective leadership in the nonprofit sector? How do you feel about your role as a leader and what makes you effective?**

Part of what makes me effective as a leader, if I am effective as a leader, is envisioning where we need to take the institution and then finding creative ways to articulate that vision to others. Once the vision has been clearly articulated, as a leader you have an obligation to be, with caution, bold. Leaders should not shoot from the hip, but one cannot be an effective leader without being willing to be a risk taker. You have to knowingly, with your eyes open, go where there will be a fair number of doubting Thomases.

In general, there is a tendency within the social sector for people to overemphasize the importance of unanimous consensus. That leads to lack of accountability. While everyone is waiting for a consensus to be reached nothing is being accomplished.

An example within the American Cancer Society (ACS) of bold risk taking was downsizing our board. Because everyone wanted to be represented, we found ourselves with a board so large that the whole was less than the sum of its parts. We downsized the board from over 200 people down to 43. This was a very bold and politically risky move for us because most board members had put a lot of time and energy into this organization. We risked losing their support, but in order for us to have a truly strategic national board, that downsizing was necessary, and we had to take that risk.

In this sector, you can only move an institution from point A to point B through leadership. In the public sector, you can pass a law and that's the end of the story. In the private sector, the CEO can set the course of the organization. They have powers that leaders in our field don't have. Because of the voluntary nature of this sector – and the American Cancer Society is volunteer-based and volunteer-governed – if people disagree, they can say, "I'm finished with this." I can make pronouncements and say "I'm John Seffrin, I'm the CEO," and people can yawn.

**ACS is involved in a range of activities – research, advocacy, education, and service. How do you decide how to allocate resources among these four?**

The issue of how best to divide our time and efforts is a very difficult problem. Because research, advocacy, education, and service are all needed to get us to our ultimate goal of a cancer-free world, the ACS is fully committed to all of these pri-

orities. As an organization, we have decided that if we are going to provide leadership in these areas, we need to be disciplined enough to effect "organized abandonment." In other words, we can't be all things to all people; we must limit our focus.

We do this by focusing on the larger, macroissues. The first macroissue is to continually redouble our research efforts. Now that the human genome is mapped, research has gone from being a good bet to a sure bet. If our research dollars are prudently invested, we will receive a good return on that investment.

The second macroissue is to promote prevention into public policy nationwide. This requires substantial social change and advocacy efforts. The advocacy budget in proportion to our research budget is small but growing. We now have a staff of over 50 people in our National Government Relations Office, and our volunteer officers and I personally spend a lot of time testifying in front of government committees. The ultimate control of cancer is as much a matter of public policy and advocacy as it is a scientific issue.

The third macroissue is to emphasize the importance of state-of-the-art cancer control and cancer care at the community level. It is at the local level that cancer control and cancer care are



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really going to make a difference. In our quest to target cancer nationally, we must not lose focus of the role that local communities play. We need to press forward on all of these fronts to be successful.

**There is a growing desire to understand and quantify the impact of nonprofit organizations. How does ACS measure/evaluate its progress in the fight against cancer?**

Every year we provide a public report on cancer incidence and mortality rates. For the past decade, we have reported a decrease in both. This downturn is due, to a large extent, to prevention efforts and improved therapy, both of which are actively supported by the society.

We can also do more concrete things like look at the mammography use in one state and compare it to that of another state. We can determine when differences between the two can be accounted for by cultural factors or because one of our divisions is doing a better job at reaching out to the local population than others.

We can also measure our performance based on volunteer participation. For instance, last year the society's signature activity, Relay For Life, involved more than 2 million volunteers giving their time, talent, and money. Our relay raised \$243 million through 3,300 events around the country.

**In general, is the increased interest in measurement and evaluation a good thing?**

Absolutely. You might make the argument that accountability has never been more important for our sector and our individual organizations. Measurement and evaluation are extremely important, although one

needs to be careful not to overdo a good thing. You shouldn't require precision beyond what can be reasonably measured. Otherwise you may spend so much time, energy, and money on measurement that there's nothing left for actual programs. There has to be a balance so that evaluating your progress doesn't exhaust your resources.

**What is the nature and division of responsibilities in the relationship**

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**between the national and the local chapters? What issues are the most difficult to manage and how do you deal with these?**

The key to making national and local chapters work is nationwide leadership. You have to step out of the territorial box of “that is your job, this is my job” and say we have a job together.

Here is a recent example of how our various entities successfully worked together in a concerted way. Six years ago, we had call centers in some states but not in others. We have since created a single nationwide call center to handle cancer questions 24 hours a day, seven days a week. Last year, our call center answered 1.2 million calls. These calls are consistently

monitored and data is submitted quarterly on customer satisfaction. How did we do this? Who had this vision? Who funded it? Who gets credit? It was no single individual or entity, but the organization that came together as a whole to pool our nationwide resources and make this happen.

Our number one issue as an organization with both national and local chapters is communication. I would say that 90 percent of our problems stem from communication challenges. We've built mechanisms that don't supplant, but instead, augment existing structures.

Like many other organizations, we're relatively hierarchical – we have a national assembly, national board, division boards, and local units in most places. In the past, the national board would meet and look at the big problems without sufficient consideration of how these decisions could impact the field. At the same time, our division boards felt empowered to determine their own destiny. A vertical up-and-down chain of communication would not work for our organization. Change takes a long time and can be stopped short anywhere along the way. So we instituted a mechanism for local and national members to participate in working teams. We developed a group comprised of CEOs and chairpersons from each of our divisions who meet with our national chairman and me. That group embraced the first nationwide goals, setting targets for 2015 and adopting a plan for reaching them.

Today, there is immense buy-in for the program because it wasn't national telling local divisions what to do. It has become “our” program and “our” team. If you drew a chart to reflect how decisions are made today, it might look rather Byzantine and compli-

cated. However, it works well because we maximize participation from all of our key stakeholders so that people don't feel they have been given a "take it or leave it" approach.

**Nonprofits are thinking about the notions of competition and cooperation. To what degree do you compete with other cancer organizations? Is competition in the nonprofit sector a good thing?**

Competition, on balance, is a good thing. There is a proliferation of not-for-profits, and I am not sure that forming a new cancer group is necessarily the best way to combat the problem. Nevertheless, competition forces people to be creative and innovative – each organization is trying to think of ways to come up with a better mouse-trap.

Also, if competition is done in a good-natured way, that competition brings more attention to a problem. For instance, we have found that if there is an American Cancer Society Making Strides Against Breast Cancer event in Texas that takes place two weeks after a Komen Race for the Cure, that doesn't mean that we get less money when we do our event. Both organizations often benefit from the increased publicity and subsequent public awareness about the issue of breast cancer.

**Do you think that, in general, other nonprofits that are currently service providers should think about playing an advocacy role?**

Absolutely. In my opinion, the future vitality and health of our communities rests more than ever on the independent sector playing its proper role. If we in the independent sector are to respond successfully to this challenge and the public's expectation, we must

embrace advocacy. Indeed, solving today's social ills and effectively filling unmet human needs rests as much on changing and shaping public policy as it does on providing services. To change "what is" into "what could be" in America's communities requires aggressive advocacy along with high-tech and high-touch services from nonprofits.

To be a responsible corporate citizen within our independent sector, each not-for-profit organization must

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**"The future vitality and health of our communities rests more than ever on the independent sector playing its role."**

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give and participate in the betterment of our sector. We must go beyond our specific organizational missions and work for the benefit of the sector as a whole. A very compelling example of this collaborative spirit is the National Dialogue on Cancer. It is an unprecedented undertaking bringing together more than 150 major collaborative partners from the public, private, and nonprofit sectors to identify, discuss, and develop opportunities to further reduce cancer incidence and mortality.

Together, we are advocating for critically important changes in cancer funding, public policy, and nationwide priority setting. Frankly, this is how things should have worked all along, but it took courage and leadership and a fair amount of humility to bring it into existence.

**Is there any reason why cancer is personally important to you? Did you know someone who had cancer? Is there a story behind why you decided to devote your life to this cause?**

Like almost everyone in this country, I have lost friends and family members to cancer, and their deaths have been hugely motivating to me in my work with the ACS. Each time I have been faced with the prospect of losing another loved one, it has confirmed that I was on the right career track. It is immensely gratifying to look back over the last 30 years and see the profound changes that have taken place as a result of our work and that of other organizations. There was a time in the not too distant past when a cancer diagnosis was a virtual death sentence to be proceeded only by a protracted period of pain and suffering. That time has passed. Cancer is today potentially the most controllable of the major life-threatening diseases. If we stay the course, we will have the knowledge and the know-how to completely control cancer in the not-too-distant future – perhaps within my lifetime. Frankly, I can think of no greater reward. □

*John Seffrin, Ph.D., is the CEO of the American Cancer Society, Inc. As a 20-year ACS volunteer, Dr. Seffrin served the organization at its local, state, and national levels before becoming its chief staff officer in 1992. He currently serves as president of the International Union Against Cancer and chairman of the board of Independent Sector. He also serves on the boards of the National Center for Tobacco-Free Kids, Research!America, the National Assembly, and Partnership for Prevention. Dr. Seffrin was previously professor of health education and chairman of the department of applied health science at Indiana University.*