



GRANT  
MAKERS  
IN  
HEALTH



# EMBRACING DIVERSITY

Diversity has become a fact of American life. The demographics of the nation are changing rapidly. Today, racial and ethnic minorities (African Americans, Hispanics, Asian and Pacific Islanders, and American Indians and Alaska Natives) make up nearly one-third of the U.S. population, with this number expected to increase to 40 percent by 2030. We see diversity in other personal attributes as well, including religion, age, socioeconomic status, sexual orientation, physical ability, and national origin.

The term diversity has become a kind of shorthand for ensuring representation of individuals with varying personal attributes in employment, education, and other human endeavors. These are important goals. But ensuring diversity is more than a counting exercise. We value diversity because we are richer as a people because of our differences. We gain strength when we are exposed to life experiences and points of view other than our own. We learn we can do more together when we respect and value the voice of each.

Diversity is a concept with many nuances. In the work of Grantmakers In Health (GIH), it has many layers. In this report, we show why diversity is such an important theme in our work and why embracing it is fundamental to our mission of improving the nation's health. Our work is defined by the diversity of the field we serve as well as by the diversity we observe across populations in health status and access to health services. And we have embraced diversity as a core organizational value, something fundamental to the way we go about our work.

## **DIVERSITY IN THE FIELD OF HEALTH PHILANTHROPY**

The field of health philanthropy is diverse in many respects. Looking across our 200 plus Funding Partners, we see differences in mission, assets, approaches to grantmaking, specific interests within the health sector, geographic focus, and populations of concern. Many of the funders we work with are just getting started; just as many have long histories of philanthropic success. This diversity is both a challenge and a strength for GIH. It is not always easy to offer programming that appeals to large and small funders; private foundations, public charities, and corporate giving programs; or those focused on communities and those focused on the nation. Yet exposure and engagement with such a diverse field allows GIH and the organizations it serves to be smarter about their work. It affords us many different perspectives, ultimately enhancing our knowledge base and ability to make a difference for funders.

## **DIVERSITY IN HEALTH STATUS, ACCESS TO HEALTH SERVICES**

Some aspects of diversity trouble us, in particular, the tremendous diversity in health status and access to health services among the nation's residents. GIH's efforts to begin addressing these disparities date back to 1998, when it cosponsored a national leadership conference with the U.S. Department of Health and Human Services that served as a call to action for all sectors to begin reducing racial and ethnic health disparities. GIH was there when then-President Bill Clinton set an ambitious goal for the nation: eliminate the long-

standing disparities in six areas of health status by the year 2010, while continuing the progress made in improving the overall health of the American people.

Since then, GIH has worked steadily to keep health disparities front and center on the philanthropic agenda, to strengthen the programming of those already committed to reducing disparities, and to introduce others to this area of work. In 2003, the Annual Meeting on Health Philanthropy, for example, included sessions on immigrant health, mental health grantmaking in a multicultural context, the mental health needs of children traumatized by war, environmental justice, and other topics. An Issue Dialogue focused on the role of language and culture in the provision of health services. The Fall Forum was devoted entirely to the issue of racial and ethnic disparities; as a companion to the meeting, GIH developed a portfolio of resources outlining the history of its work in racial and ethnic health disparities; determinants of disparities; specific health issues where disparities are particularly acute; and the implications of health disparities for particular subpopulations.

## DIVERSITY AS AN ORGANIZATIONAL VALUE

GIH is also committed to diversity as an organizational value as reflected in its programming, personnel and employment practices, and governance. We demonstrate this institutional commitment through the makeup of the staff and board of directors, in the funders serving on formal committees, and on panels at GIH meetings.

Discussions about the issue of diversity within the board led to the decision in 2003 that the organization should lead, rather than represent, the field in its approach to diversity and to the adoption of a formal diversity statement.

Embracing diversity does not happen by decision of the board, with the hiring of new staff, or by mounting a meeting or publishing a new piece of work. It is an ongoing process, something that must be acted upon and practiced on a daily basis. Its impact should be measured not by counting, but by considering how the practice of inclusivity is reflected in our thinking and actions. GIH will continue to stretch itself to embrace diversity in all aspects of its work and service to the field.

## Diversity Statement

*GIH is committed to promoting diversity and cultural competency in its programming, personnel and employment practices, and governance. It views diversity as a fundamental element of social justice and integral to its mission of helping grantmakers improve the nation's health. Diverse voices and viewpoints deepen our understanding of differences in health outcomes and health care delivery, and strengthen our ability to fashion just solutions. GIH uses the term, diversity, broadly to encompass differences in the attributes of both individuals (such as race, ethnicity, age, gender, sexual orientation, physical ability, religion, and socioeconomic status) and of organizations (foundations and giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking).*

## *Message from the Chair*

Our work, as grantmakers in health, has been committed to improving health, access, and opportunity for underrepresented minorities over many decades. At the same time, major social reforms, beginning in the 1960s with the Civil Rights Act, Medicaid, and Medicare, expressed the government's commitment to address long-standing disparities in health and health care. Throughout the 1980s, federal agencies reported on the large and persistent gaps in health status among Americans of different racial and ethnic groups; and new offices of minority health were established throughout the U.S. Department of Health and Human Services to focus attention and effort on reducing disparities. Yet, as recently as 1998, the Surgeon General of the United States continued to document the wide gaps in health status, outcomes, and care; and a new federal goal of eliminating racial and ethnic disparities in health by 2010 was established. We are challenged by this history to redouble our efforts to ensure that more is accomplished. Our population continues to grow more diverse every year, so embracing diversity must be the foundation for eliminating disparities and improving the health of our society.

As health funders, vigilance in addressing these issues is part of our philanthropic responsibility; but we too are very diverse in geography, size, and approaches to grantmaking. Given this diversity, finding our niche, collaborating, and sharing information become critical ingredients to our success. Developing strategies and finding partners to address these complicated issues is time consuming and challenging. Grantmakers In Health (GIH) provides the thread that brings us together to discuss these issues, network and share information, and meet the policymakers who give us a glimpse of the public climate. Ultimately, all these ingredients help shape our strategies.

Grantmakers In Health recognizes that diverse voices and viewpoints deepen our understanding of differences in health and strengthen our ability to fashion just solutions. We dedicated much of 2003 to understanding the challenges of our diverse society and how GIH could support grantmakers in their efforts to address them. We adopted a diversity statement that broadly defines diversity to include differences in the attributes of both individuals and the organizations that make up health philanthropy. We have devoted programming to issues such as border health, language and culture, environmental justice, race and aging, underserved men, palliative care in underserved communities, and diversity in philanthropy. GIH convened experts from philanthropy, research, policy, and practice to assist us in gaining a better understanding of the depth and breadth of these issues. Through such programs, as well as written products and technical assistance that highlight both the issues and roles for foundations, GIH helps bolster philanthropic efforts to address health disparities. Grantmakers face a daunting task in breaking the link between diversity and disparities; but, with the many avenues available to us, any philanthropy can make a difference. With GIH, we have the ability to share our work with our peers, and together our impact will be greater.

I applaud the work of our Funding Partners and others in philanthropy in improving the lives of our most vulnerable citizens. And I thank the GIH board and staff for their continued focus and dedication to helping grantmakers improve the nation's health.

**JEANNETTE CORBETT**

*President and Chief Executive Officer  
Quantum Foundation, Inc.*

## *Message from the President & CEO*

The year 2003 marked five years since Grantmakers In Health (GIH) made two watershed decisions that have shaped its work ever since. One was to partner with the U.S. Department of Health and Human Services in its campaign to eliminate racial and ethnic disparities in health. The other was adopting the goal of GIH becoming the nationally recognized resource on and for health philanthropy. Both of our aims were ambitious at the time, and our work to achieve them continues. Our experience over these years suggests that making progress requires persistence and maintaining it requires vigilance.

Our work on disparities and our efforts to both anticipate and respond to the needs of health grantmakers have helped us become more nuanced in our understanding of diversity, a word that has come into fashion in philanthropy in the past few years. A guiding principle for our programming over the past five years was to recognize and build on the diversity of our population, the issues people face, and the field of health philanthropy. Our 2003 annual meeting, for example, focused on the leading health indicators established as part of the nation's *Healthy People 2010* initiative. These indicators covered a range of issues that reflect both the diverse factors affecting health and the priorities of foundations and corporate giving programs—from obesity to mental health to environmental quality to health care access. Imbedded in each was the overarching goal of *Healthy People 2010* to eliminate health disparities that arise from personal and social characteristics such as race, gender, income, sexual orientation, or disability. Consistent with our ongoing work on racial and ethnic disparities during the past five years, GIH devoted its 2003 Fall Forum to erasing the color line, creating an oppor-

tunity for grantmakers to take stock of the growing work within philanthropy to address minority health issues and the unfinished work ahead.

Both health funders and GIH know that the organizations that make up the field of health philanthropy are diverse across multiple dimensions, including size, geographic focus, mission, priorities, and grantmaking styles. We have also become more direct in acknowledging the challenges accompanying the growing diversity of the U.S. population. There is a difference, however, in acknowledging this reality and being a champion for nondiscrimination and inclusiveness. The GIH board and staff chose to be a champion, recognizing that leadership begins at home with our policies and practices. We formalized the values implicitly guiding our programming, employment practices, and governance in a diversity statement, and we will judge our performance against it. We will work to make the rhetoric about diversity being a strength—to the field or to our nation—a reality while, at the same time, building on the collective interest we all share in improving health.

We appreciate the continued support from our Funding Partners as we work to improve our effectiveness and responsiveness, challenge them to be their best, and welcome them to join with us and their colleagues in health philanthropy to set an example for the field in the way we conduct our work. Together, if we embrace diversity to mean enriching our culture, strengthening our institutions, and eliminating disparities in both health and opportunity, the impact of our work will extend far beyond our health portfolios.

**LAUREN LEROY, PH.D.**

*President and CEO*

*Grantmakers In Health*

# EMBRACING DIVERSITY

GIH views diversity broadly to include not only personal attributes (such as race, ethnicity, gender, class, age, religion, sexual orientation, or physical ability), but also organizational attributes (such as mission, size, geographic location, or target service population). Our philosophy of diversity welcomes different viewpoints, skill sets, and approaches to achieving goals. This philosophy of inclusiveness is at the forefront of GIH's actions as we endeavor to provide diverse resources and engage diverse partners in efforts to make a difference in the lives of the most vulnerable among us.

Not surprisingly, differences exist in the needs and opinions of GIH's constituency. The organization is challenged to serve both local and regional grantmakers, as well as national grantmakers; foundations newly formed, as well as more established foundations; and foundations of varying assets and missions. GIH is challenged to both lead the field and be responsive in ways that will be relevant to specific needs of the entire continuum of health funders while, at the same time, being realistic about what it can offer and accomplish.

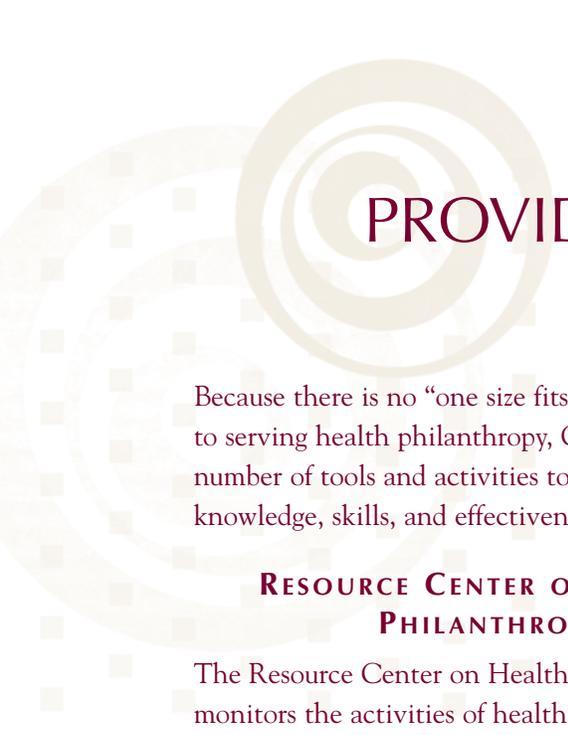
Despite such challenges, GIH embraces diversity as an organizational and programmatic strength. The continued growth in the number of foundations created from conversions of nonprofit hospitals and health plans remains an area where GIH provides expertise and support, both ensuring that these foundations are part of GIH and providing the resources necessary for these foundations to become high-functioning, effective organizations. GIH also creates opportunities for grantmakers, large and small, to partner with one another around issues of mutual interest.

Championing diversity is a priority for GIH. As the demographics of the nation as a whole, and the composition of health philanthropy in particular, continue to change, GIH will continue to anticipate grantmaker needs and respond effectively to the grantmaking community. GIH is an organization that understands and embraces diversity as part of its culture and is uniquely qualified to serve the ever-changing field of health philanthropy.

2003 Annual Meeting on Health Philanthropy

**Diversity is a consideration in all of GIH's programming, even when it is not the intended focal point. The 2003 Annual Meeting on Health Philanthropy was no exception. This meeting included sessions highlighting the U.S. Department of Health and Human Services' *Healthy People 2010* initiative, immigrant access, HIV/AIDS and border health, palliative care in underserved communities, environmental justice, and the mental health needs of children traumatized by war and violence. It also included sessions targeting smaller foundations and corporate giving programs, as well as philanthropic trustees.**

**In preparation for the annual meeting, GIH developed a portfolio of resources focusing on each of the leading health indicators. The portfolio, carrying the theme of the meeting, *The Nation's Leading Health Indicators: Measuring Progress, Taking Action*, includes data on each health indicator, including *Healthy People 2010* targets, trends, and implications for health, as well as opportunities for grantmakers to get involved.**



# PROVIDING DIVERSE RESOURCES

Because there is no “one size fits all” approach to serving health philanthropy, GIH employs a number of tools and activities to strengthen the knowledge, skills, and effectiveness of the field.

## RESOURCE CENTER ON HEALTH PHILANTHROPY

The Resource Center on Health Philanthropy monitors the activities of health grantmakers and synthesizes lessons learned from their work. Resource Center is an umbrella term used to refer to all of GIH’s activities that build knowledge about health grantmaking, as well as efforts to make connections among health grantmakers and with others. At its heart are staff with backgrounds in philanthropy and health whose expertise can help grantmakers get the information they need and an electronic database that assists them in this effort. This tool captures and categorizes the work of health philanthropy by foundation characteristics, health programming area, targeted population, and funding strategy, allowing users to access the information most meaningful to them.

The database is continuously updated, and by the end of 2003, the Resource Center database included more than 11,500 grants and initiatives from over 300 foundations and corporate giving programs. This on-line database is available to GIH Funding Partners on a password-protected basis.

## SUPPORT CENTER FOR HEALTH FOUNDATIONS

The Support Center for Health Foundations was initially established in 1997 to respond to the needs of the growing number of foundations formed from conversions of nonprofit hospitals and health plans. As our constituency continued to grow increasingly more diverse, however, GIH recognized the value the Support Center could provide to the entire field. The Support Center now provides hands-on support and training to all health foundations and corporate giving programs on governance, management, and foundation operations. The Support Center’s work includes:

- sessions focusing on operational issues at the Annual Meeting on Health Philanthropy;
- *The Art & Science of Health Grantmaking*, an annual two-day meeting offering introductory and advanced courses on board development, grantmaking and programs, evaluation, communications, and finance and investments;
- individualized technical assistance for health funders, including both start-up foundations and those seeking information at other stages in their organizational development; and
- a Frequently Asked Questions feature on the GIH Web site, with sections on governance, grantmaking, communications, evaluation, and finance (this portion of the Web site was enhanced in early 2004).

D I V E R S E

Addressing the needs of a diverse constituency can be challenging. Each grantmaker has a different perspective on the role of GIH in health philanthropy. Their needs and expectations differ from one another. They have varying views on the priorities upon which the organization should focus. These competing interests have led to innovation in GIH's thinking about how to address the diverse needs of health grantmakers. GIH understands the importance of engaging health grantmakers in ways that address their individual and collective concerns. As a result, GIH launched four new efforts aimed at furthering the varied interests of health funders.

In the spring of 2003, GIH launched an audioconference series on public policy issues. These one-hour, monthly audioconferences have focused on a range of health policy issues, including prescription access litigation, universal health coverage, state health policy institutes, and Medicaid defense work. A brief summary report is drafted for each audioconference to serve as a lasting resource for those participating on the call and others. These summaries are posted on the GIH Web site.

GIH also launched an audioconference series on patient safety issues as a way to

keep diverse health funders connected around this common interest and foster dialogue among these grantmakers. Two calls were held in 2003, and more are scheduled for 2004.

GIH has also formed a networking group of funders around issues of overweight and obesity. Through this group, GIH hopes to facilitate communication and information sharing among staff of foundations and corporate giving programs about the challenges, promising approaches, and new resources in the fight against this health epidemic. The first audioconference focused on data collection and analysis issues. Subsequent calls are scheduled bimonthly in 2004.

GIH efforts to engage philanthropic leadership and staff on how health philanthropy can most effectively improve access and expand insurance coverage also took shape in 2003. Early in 2003, GIH brought together a small group to discuss roles for health funders in addressing these issues. In the fall of 2003, we reconvened foundation leadership and senior staff to build on the discussion, focusing primarily on lessons learned and future efforts to increase public awareness and action on this issue. These meetings will continue in 2004.

Embracing diversity requires sensitivity to the needs of multicultural populations. In 2003, GIH convened a group of experts from philanthropy, research, health care practice, and policy to discuss linguistic and cultural barriers to receiving health care services and how grantmakers can be involved in efforts to ensure access for an increasingly diverse patient population. The Issue Dialogue, *In the Right Words: Addressing Language and Culture in Providing Health Care*, explored the growing need for medical interpretation services and potential roles for grantmakers in improving access to these needed services.

It also addressed the importance of going beyond literal translation and touched on issues related to cultural competence and cross-cultural understanding.

The Issue Brief, also titled *In the Right Words: Addressing Language and Culture in Providing Health Care*, describes the consequences of language barriers on health outcomes, provides an overview of relevant laws and policies, and highlights strategies for improving language access for the growing number of individuals who have limited English proficiency.

## GIH ON-LINE

GIH's Web site is designed as a one-stop information resource for health grantmakers and those interested in the field. The site includes all of GIH's publications, including the *GIH Bulletin*, Issue Briefs, and other reports; the password-protected Resource Center database; and responses to frequently asked questions on governance, grantmaking, communications, evaluation, and finance available through the Support Center. It also includes a calendar of GIH events to keep grantmakers apprised of programs relevant to their work.

In 2003, GIH evaluated the Web site's usefulness to the diverse, dynamic field of health philanthropy and decided it was time for a change. GIH initiated a redesign of the Web site, making it easier to navigate (including enhanced search capacity), and creating new pages devoted to key health issues (access, aging, children/youth, disparities,

health promotion, mental health, public health, and quality). The substantial redesign, completed in early 2004, is intended to make it easier for grantmakers to access information relevant to their work.

## EDUCATING AND INFORMING THE FIELD

GIH knows that grantmakers' thinking is stimulated in any number of ways. Some use the Internet to stay abreast of issues affecting the field. Others rely on meetings with colleagues to attain the necessary intelligence on the field. Still others rely on printed materials to increase their knowledge of relevant work. Understanding that there is no cookie cutter approach to communicating with grantmakers, GIH provides different vehicles to ensure that funders can access the information they need.

GIH meetings are among the most effective tools in its repertoire. These meetings, including the Annual Meeting on Health Philanthropy, Fall Forum, and Issue Dialogues, afford a mixture of grantmaking organizations and colleagues an opportunity to share in the collective wisdom of health philanthropy. GIH meetings give health funders an opportunity to engage community-based organizations, practitioners, academics, government officials, and policymakers in discussions aimed at devising solutions to some of the toughest challenges that lie ahead for health funders. The meetings draw on the strengths of a diverse population to advance efforts to improve the nation's health.

Meetings also provide an opportunity to develop products that serve as lasting resources long after the meetings have ended. In 2003, GIH developed several meeting-related products, as well as other reports and publications to increase the knowledge of the field. As is the case in the planning of GIH programs, diversity is an important consideration in the development of all GIH products. Publications are written in a way that acknowledges the problem-solving strategies of diverse foundations and corporate giving programs as they develop programs for various target populations.

The *GIH Bulletin*, our organizational newsletter, has proven particularly useful in educating the field. The *Bulletin*, published 22 times each year, is an ongoing source of news that promotes a sense of community among funders. It connects GIH to its constituency by providing organizational news items and connects grantmakers to one another by highlighting new grant programs and initiatives, publications, personnel, and other topical information. The *Bulletin* also offers grantmakers additional opportunities to share their knowledge and expertise through *Views from the Field* and *Grantmaker Focus* feature articles. *Views from the Field* articles provide a forum for grantmakers to give voice to their insights and opinions on health philanthropy. *Grantmaker Focus* articles profile a GIH Funding Partner and highlight that organization's work. Again, diversity is a consideration in the planning of these feature articles, and GIH is deliberate in ensuring that these articles highlight foundations and corporate giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking. *Issue Focus* articles, written by GIH staff, explore key health issues through a philanthropic lens.



*Healthy Behaviors: Addressing Chronic Disease at Its Roots*

**Healthy Behaviors: Addressing Chronic Disease at Its Roots**, an Issue Dialogue held in November 2003, focused on preventing chronic disease and disability by promoting healthy behaviors. The meeting brought together grantmakers, researchers, public health professionals, and others in the field for a discussion of the policy changes; environmental modifications; and individual, family, and community supports needed to help people adopt and sustain healthy

behaviors. The Issue Dialogue examined the latest research; outlined issues related to specific health risks, such as tobacco use, poor nutrition, and physical inactivity; and highlighted effective philanthropic strategies for encouraging and supporting the adoption of healthier behaviors across the lifespan. Some discussion focused on differences in health outcomes for minority populations as a result of disparities in health insurance coverage, access to medical care, and behavioral risk factors.

## 2003 Publications

### REPORTS

**Building Relationships in Health: How Philanthropy and Government Can Work Together** (January 2003)

**Turning the Tide: Preserving Community Mental Health Services** (February 2003)

**Strengthening the Public Health System for a Healthier Future** (February 2003)

**A Profile of New Health Foundations** (May 2003)

**In the Right Words: Addressing Language and Culture in Providing Health Care** (August 2003)

### ISSUE FOCUS

**Early Childhood Development: The First Five Years** (January 2003)

**Strengthening and Maintaining the Public Health Infrastructure** (February 2003)

**Children's Mental Health: Prevention, Early Intervention, and Treatment** (March 2003)

**Lost in the Translation: The Role of Language and Culture in the Health Care Setting** (May 2003)

**Congress Considering Legislation to Change Payout Calculations** (July 2003)

**Healthy Behaviors: Addressing Chronic Disease at Its Roots** (September 2003)

**Terrorism and Meeting the Needs of the Nation's Children** (October 2003)

**Shoring Up the Safety Net: Grantmakers Act to Strengthen Providers Serving the Underserved** (November 2003)

**Grantmakers Respond to Medication Errors** (December 2003)

# ENGAGING DIVERSE PARTNERS

Many years of service to the field of health philanthropy have taught GIH that grantmakers value and learn from the work of their grantmaking peers. Accordingly, GIH has created networking vehicles to bring together fellow funders, both established and emerging, while partnering with these organizations to better anticipate and meet their needs. The number of partners we call on to support programs addressing the breadth of health issues facing the field continues to grow in both quantity and diversity. In 2003, GIH received support from more than 200 funders, including corporate, independent, community, and family foundations, as well as public charities and government agencies.

When possible, GIH seizes opportunities to provide mechanisms for collaboration and networking for all funders. Some efforts have addressed collaboration between:

- small/local and national foundations;
- health grantmakers and other philanthropies (education, environmental, arts);

- foundations from the same geographic areas;
- foundations and local, state, and national governments; and
- foundations and the corporate sector.

GIH also endeavors to partner with other non-profit organizations serving health philanthropy. In the spring of 2003, GIH cosponsored a pre-conference session for the Council on Foundations Annual Meeting. GIH partnered with the Funders' Network for Smart Growth and Livable Communities for a session on *Livable Communities and Health: Making the Connection*. This session focused on helping grantmakers of multiple disciplines understand how they can collaborate to bring physical activity back into daily life and achieve healthier, more livable communities.

Collaborative efforts also extend to GIH's work with policymakers. As part of its core mission, GIH helps grantmakers understand the importance of policy to their work and the roles they can play in informing and shaping public policy. It works to enhance policymakers' understanding of

## VIEWS FROM THE FIELD

### **Giving Voice to the Voiceless: The Case for Advocacy Funding**

Ruth Holton, The California Wellness Foundation (April 2003)

### **Taking Action in Aging Issues: Creating an Agenda, Finding Common Ground**

Joseph Prevratil, Archstone Foundation (June 2003)

### **Skimming the Fat: The CATCH Initiative**

Juanita Galaviz, Paso del Norte Health Foundation (August 2003)

### **Using Strategic Philanthropy to Advance State Health Care Reform: Maine's New Dirigo Health Plan**

Wendy J. Wolf, M.D., M.P.H., Maine Health Access Foundation (September 2003)

## OTHER

### **The Nation's Leading Health Indicators: Measuring Progress, Taking Action**

Annual Meeting Resource Book (February 2003)

### **The Nation's Leading Health Indicators: Measuring Progress, Taking Action**

Portfolio of Resources (February 2003)

### **Giving Our Best**

Annual Report 2002 (April 2003)

### **The Art & Science of Health Grantmaking**

Compendium of Resources (June 2003)

### **GIH Funding Partner Directory** (July 2003)

### **Are Foundations Overlooking Mental Health?**

Donna Langjill, with Ruth Brousseau and Constance Pechura  
*Health Affairs* (September/October 2003)

### **Erasing the Color Line: Philanthropy's Role in Eliminating Health Disparities**

Portfolio of Resources (November 2003)

health philanthropy and identifies opportunities for collaboration between philanthropy and government. GIH's work in this area includes:

- the annual Fall Forum, which has a major focus on encouraging conversation and action among health funders, policymakers, community advocates, and topical experts around state and local policy issues, as well as how implementation of federal and state policies affects communities;
- a decade-long partnership with the Maternal and Child Health Bureau of the federal Health Resources and Services Administration to encourage greater communication and collaboration between public and private sector grantmakers around maternal and child health; and
- strong working relationships with several other federal health agencies and policy organizations, including the Office of the Surgeon General, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and the Institute of Medicine.

To further highlight the importance of partnerships between philanthropy and government, GIH published a monograph, *Building Relationships in Health: How Philanthropy and Government Can Work Together*, in January 2003. This monograph distills lessons learned from grantmakers and government representatives on how to build effective partnerships between these sectors.

Other GIH programs focusing on collaboration include work supported by the *Communities in Charge* (The Robert Wood Johnson Foundation) and the *Community Voices* (W.K. Kellogg Foundation) programs. The intent of this collaborative project is to identify and document common themes from these grant programs that are developing community-based models for expanding access to health services. The project focuses not only on the funders' two national programs, but also on the experiences of diverse state and local foundations that are doing similar work.

## 2003 Meetings

**Annual Meeting on Health Philanthropy, The Nation's Leading Health Indicators: Measuring Progress, Taking Action**  
February 19-21, 2003, Los Angeles, CA

**Grantmakers In Health Issue Dialogue, In the Right Words: Addressing Language and Culture in Providing Health Care**  
April 4, 2003, San Francisco, CA

**Grantmakers In Health at the Council on Foundations Annual Meeting, Livable Communities and Health: Making the Connection, cosponsored with the Funders Network for Smart Growth and Livable Communities**  
April 27, 2003, Dallas, TX

**The Art & Science of Health Grantmaking**  
June 5-6, 2003, Columbus, OH

**Grantmakers In Health Issue Dialogue, Healthy Behaviors: Addressing Chronic Disease at Its Roots**  
November 5, 2003, Washington, DC

**Fall Forum, Erasing the Color Line: Philanthropy's Role in Eliminating Health Disparities**  
November 6-7, 2003, Washington, DC



Health disparities exist for diverse populations—for example, rural communities, men, women, children, elderly, and immigrants. Such disparities are particularly acute, however, for racial and ethnic minorities. These disparities have gained increased attention as research continues to provide evidence of gaps in health status between whites and people of color. Responses from providers, health plans, community organizations, government, and philanthropy have focused on creating a diverse workforce; incorporating cultural competence; engaging disenfranchised communities; confronting racism; empowering patients; and eliminating provider bias, stereotyping, and prejudice. GIH's response focused on informing the grantmaking community and thinking through solutions.

The 2003 Fall Forum, *Erasing the Color Line: Philanthropy's Role in Eliminating Health Disparities*, explored how health funders could work with communities and policymakers to improve health outcomes for the nation's racial and ethnic minorities. The meeting offered plenary sessions and round-

table discussions, as well as opportunities for participants to share experiences, learn about the range of needs and opportunities, and take home practical ideas they could implement in their own organizations.

In preparation for the Fall Forum, GIH developed a portfolio of resources focusing on racial and ethnic health disparities. The portfolio, also titled *Erasing the Color Line: Philanthropy's Role in Eliminating Health Disparities*, includes analyses of three types: those focused on determinants of disparities (such as poverty and racism); those focused on specific health issues where disparities are particularly acute (for example, healthy behaviors and access to care); and those describing the implications for particular subpopulations (such as children and the elderly). Each document provides a brief description of the issue, including relevant data, and lays out how grantmaking organizations of differing missions, sizes, and approaches to their work are engaging to address the particular topic. The overview details the history of GIH's work in racial and ethnic health disparities, and a "Resources" document guides individuals to organizations and publications relevant to each topic area covered in the portfolio.

# *Independent Auditors' Report*

BOARD OF DIRECTORS  
GRANTMAKERS IN HEALTH  
WASHINGTON, DC

We have audited the accompanying statements of financial position of Grantmakers In Health as of December 31, 2003 and 2002, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Grantmakers In Health as of December 31, 2003 and 2002, and the results of its activities and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

JANUARY 13, 2004  
SARAFINO AND RHOADES, LLP



# Statements of Financial Position

<b>ASSETS</b>	<u>DECEMBER 31, 2003</u>	<u>DECEMBER 31, 2002</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents (Notes 1 and 7)	\$ 685,988	\$ 1,258,090
Pledges receivable, current portion (Note 2)	464,641	369,059
Prepaid expenses and other	8,146	16,397
TOTAL CURRENT ASSETS	<u>\$ 1,158,775</u>	<u>\$ 1,643,546</u>
<b>OTHER ASSETS</b>		
Pledges receivable (Note 2)	\$ 329,708	\$ —
Investments (Notes 1 and 3)	1,768,912	1,454,847
Deposit	15,155	15,155
TOTAL OTHER ASSETS	<u>\$ 2,113,775</u>	<u>\$ 1,470,002</u>
PROPERTY AND EQUIPMENT (Notes 1 and 4)	<u>\$ 164,397</u>	<u>\$ 122,502</u>
<b>TOTAL ASSETS</b>	<u>\$ 3,436,947</u>	<u>\$ 3,236,050</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 32,601	\$ 29,084
Deferred lease benefit (Note 5)	29,203	13,447
Deferred revenue	4,215	11,748
TOTAL CURRENT LIABILITIES	<u>\$ 66,019</u>	<u>\$ 54,279</u>
COMMITMENTS (Note 5)		
NET ASSETS (Notes 1 and 6)		
Unrestricted		
Undesignated	\$ 415,038	\$ 531,008
Board designated	1,752,740	1,434,037
Temporarily restricted	1,203,150	1,216,726
TOTAL NET ASSETS	<u>\$ 3,370,928</u>	<u>\$ 3,181,771</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 3,436,947</u>	<u>\$ 3,236,050</u>

# Statements of Activities

	FOR THE YEARS ENDED DECEMBER 31,					
	2003			2002		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>SUPPORT AND REVENUE</b>						
Grants and contributions (Notes 1 and 2)	\$1,002,708	\$1,042,500	\$2,045,208	\$1,147,889	\$ 772,055	\$ 1,919,944
Investment income	33,737	—	33,737	39,894	—	39,894
Realized and unrealized gain (loss) on investments	284,966	—	284,966	(290,529)	—	(290,529)
Registration fees	289,834	—	289,834	296,582	—	296,582
Net assets released from restrictions	1,056,076	(1,056,076)	—	1,314,707	(1,314,707)	—
<b>Total support and revenues</b>	<b>\$2,667,321</b>	<b>\$ (13,576)</b>	<b>\$2,653,745</b>	<b>\$2,508,543</b>	<b>\$ (542,652)</b>	<b>\$ 1,965,891</b>
<b>EXPENSES</b>						
Programs	\$1,951,292	\$ —	\$1,951,292	\$2,037,418	\$ —	\$ 2,037,418
General and administrative	393,442	—	393,442	468,530	—	468,530
Fundraising	119,854	—	119,854	117,539	—	117,539
<b>Total expenses</b>	<b>\$2,464,588</b>	<b>\$ —</b>	<b>\$2,464,588</b>	<b>\$2,623,487</b>	<b>\$ —</b>	<b>\$ 2,623,487</b>
<b>CHANGES IN NET ASSETS</b>	<b>\$ 202,733</b>	<b>\$ (13,576)</b>	<b>\$ 189,157</b>	<b>\$ (114,944)</b>	<b>\$ (542,652)</b>	<b>\$ (657,596)</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>1,965,045</b>	<b>1,216,726</b>	<b>3,181,771</b>	<b>2,079,989</b>	<b>1,759,378</b>	<b>3,839,367</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$2,167,778</b>	<b>\$1,203,150</b>	<b>\$3,370,928</b>	<b>\$1,965,045</b>	<b>\$ 1,216,726</b>	<b>\$ 3,181,771</b>



## Statements of Cash Flows

	FOR THE YEARS ENDED DECEMBER 31,	
	2003	2002
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from contributors and registrants	\$ 1,909,752	\$ 3,124,527
Cash paid to suppliers and employees	(2,403,617)	(2,571,473)
Interest and dividends received	33,737	39,894
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>\$ (460,128)</b>	<b>\$ 592,948</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of investments	\$ —	\$ 2,187,212
Payment of security deposit	—	(6,224)
Purchases of investments/dividends reinvestment	(29,099)	(2,327,002)
Purchases of property and equipment	(82,875)	(4,663)
<b>NET CASH USED IN INVESTING ACTIVITIES</b>	<b>\$ (111,974)</b>	<b>\$ (150,677)</b>
<b>NET INCREASE (DECREASE) IN CASH</b>	<b>\$ (572,102)</b>	<b>\$ 442,271</b>
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>1,258,090</b>	<b>815,819</b>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 685,988</b>	<b>\$ 1,258,090</b>
<b>RECONCILIATION OF INCREASE (DECREASE) IN NET ASSETS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES:</b>		
Increase (decrease) in net assets	\$ 189,157	\$ (657,596)
Reconciliation adjustments:		
Depreciation	40,980	38,590
Realized and unrealized (gain) loss on investments	(284,966)	290,529
Changes in assets and liabilities:		
Pledges receivable	(425,290)	911,927
Prepaid expenses and other	8,251	42,040
Accounts payable	3,517	(25,595)
Deferred lease benefit	15,756	(3,420)
Deferred revenue	(7,533)	(3,527)
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>\$ (460,128)</b>	<b>\$ 592,948</b>

# Notes to Financial Statements

DECEMBER 31, 2003 & 2002

## Note 1. Organization and Summary of Significant Accounting Policies

**Organization** – Grantmakers In Health (the Organization) is an educational organization serving trustees and staff of foundations and corporate giving programs. Its mission is to help grantmakers improve the nation's health by building philanthropic knowledge, skills, and effectiveness and by fostering communication and collaboration among grantmakers and with others. The Organization accomplishes its mission through a variety of activities, to include technical assistance and consultation, convening, publishing, education and training, conducting studies of the field, and brokering professional relationships.

**Basis of Presentation** – The financial statements of the Organization have been prepared on the accrual basis of accounting. Revenues and expenses are recognized and recorded when earned or incurred. The financial statements reflect unrestricted, temporarily restricted, and permanently restricted net assets and activities. Net assets of the two restricted classes are created only by donor-imposed restrictions on their use. All other net assets, including board-designated or appropriated amounts, are reported as part of the unrestricted class. As of December 31, 2003 and 2002, the Organization had no permanently restricted net assets.

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

**Use of Estimates** – Preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Investments** – Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair market value in the Statements of Financial Position. The realized and unrealized gains and losses on investments are reflected in the Statements of Activities.

**Cash and Cash Equivalents** – For purposes of the Statements of Cash Flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

**Property and Equipment** – Property and equipment is recorded at cost. Depreciation is provided over estimated useful lives between 5 and 10 years using the straight-line method.

The cost and accumulated depreciation of property sold or retired is removed from the related asset and accumulated depreciation accounts, and any resulting gain or loss is recorded in the Statements of Activities. Maintenance and repairs are included as expenses when incurred.

**Income Taxes** – The Organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization did not have any unrelated business income.

**Expense Allocation** – The costs of providing various programs have been summarized on a functional basis in the Statements of Activities. Accordingly, certain costs have been allocated among programs and supporting services.

Note 2. **Pledges Receivable** – Pledges receivable represent promises to give which have been made by donors but have not yet been received by the Organization. Pledges which will not be received in the subsequent year have been discounted using an estimated rate of return which could be earned if such contributions had been made in the current year. The Organization considers pledges receivable fully collectible; accordingly, no allowance for uncollectible pledges has been provided. Due to the nature of these pledges, significant increases and decreases in net assets may occur. These significant fluctuations can arise as contributions are recognized as support in the fiscal period in which they are pledged, but the expenses incurred with such contributions occur in a different fiscal period. During 2003, the Organization collected \$359,509 of pledges which had been recognized as support in previous years, as follows:

Recognized as revenue in				
2002	2001	2000	1999	Total
\$169,034	\$19,008	\$12,701	\$158,766	\$359,509

In addition, \$761,601 of pledges recognized as support in 2003 are expected to be collected in 2004 and beyond.

Total unconditional promises to give were as follows at December 31, 2003 and 2002:

	2003	2002
Receivable in less than one year	\$ 464,641	\$ 369,059
Receivable in one to five years		
Total	\$ 351,751	\$ —
Less, discount to net present value	22,043	—
Net long-term pledges receivable	\$ 329,708	\$ —
Total pledges receivable	\$ 794,349	\$ 369,059

In 1998, a five-year \$1,000,000 pledge was recognized from The Robert Wood Johnson Foundation. Through December 31, 2003, the pledge was fully collected.

In 2003, a three-year \$700,000 pledge was recognized from The Robert Wood Johnson Foundation. At December 31, 2003, \$116,667 of this pledge has been collected, and the present value of the remaining pledge outstanding was \$561,455.

Note 3. **Investments** – Investments consist of mutual funds. Cost and market values as of December 31, 2003 and 2002 are summarized as follows:

	2003	2002
Market value		
American Funds Growth Fund - Class A	\$ 480,174	\$ 361,310
American Funds Washington Mutual		
Investors Fund - Class A	467,958	371,910
Evergreen Core Bond Fund - Class A	299,800	289,502
American Funds Euro Pacific Growth Fund - Class A	196,068	147,520
Phoenix-Kayne Small Mid Cap Fund - Class X	179,774	141,880
T. Rowe Price Short Term Bond Fund	145,138	142,725
Total	\$ 1,768,912	\$ 1,454,847
Aggregate cost	\$ 1,544,971	\$ 1,515,872

Note 4. **Property and Equipment** – Components of property and equipment include the following as of December 31, 2003 and 2002:

	2003	2002
Furniture and equipment	\$ 305,309	\$ 222,434
Leasehold improvements	10,078	10,078
Total property and equipment	\$ 315,387	\$ 232,512
Less accumulated depreciation	150,990	110,010
Net property and equipment	\$ 164,397	\$ 122,502

Depreciation expense for the years ended December 31, 2003 and 2002 amounted to \$40,980 and \$38,590, respectively.

Note 5. **Commitments** – The Organization entered into a 10-year lease for office space in December 2002. Total rent expense under the office lease for the years ended December 31, 2003 and 2002 was \$197,579 and \$137,909, respectively. The defined future rental increases in the lease are amortized on a straight-line basis in accordance with U.S. generally accepted accounting principles. This gives rise to a deferred lease benefit, which is also amortized over the term of the lease.

The Organization also leases office equipment under operating leases. The future minimum payments are as follows:

Year ended	Office Lease	Equipment	Total
December 31, 2004	\$ 185,784	\$ 9,662	\$ 195,446
2005	189,500	8,876	198,376
2006	193,290	4,944	198,234
2007	197,156	412	197,568
Thereafter	1,043,208	—	1,043,208
Total	\$ 1,808,938	\$ 23,894	\$ 1,832,832

The Organization has also entered into certain agreements with hotels relating to the annual conferences in fiscal years 2004 and 2005. Such agreements generally contain provisions which obligate the Organization to book a minimum number of room nights and to spend certain minimums on food and beverages. Should these minimums not be achieved, then the agreements obligate the Organization to pay certain specified amounts.

Note 6. **Net Assets** – Temporarily restricted net assets were as follows at December 31, 2003 and 2002:

	2003	2002
Resource Center	\$ 583,333	\$ 200,000
RWJF/WKKF Access Collaborative	262,157	330,000
Pledges Receivable – Operations	87,669	89,050
Public Health Issue Dialogue	77,500	—
Healthy Behaviors Issue Dialogue	73,412	150,000
Annual Meetings	54,500	67,500
Patient Safety Activities	25,182	50,000
Public Policy Audioconference Series and Activities	23,917	—
GIH/MCHB Partnership	15,480	24,959
Support Center	—	193,750
Peer Assessment Project	—	79,917
Test NSPH Model	—	25,000
E-Health	—	6,550
Total	\$ 1,203,150	\$ 1,216,726

Board-designated funds consisted of the following at December 31, 2003 and 2002:

	2003	2002
General		
Balance, beginning of year	\$ 1,259,037	\$ 1,509,672
Net investment income (loss)	318,703	(250,635)
Balance, end of year	\$ 1,577,740	\$ 1,259,037
Future program development	175,000	175,000
Total	\$ 1,752,740	\$ 1,434,037

Note 7. **Concentration of Credit Risk** – Financial instruments which potentially subject the Organization to concentrations of credit risk include cash deposits with a commercial bank and a brokerage firm. The Organization's cash management policies limit some of its exposure to concentrations of credit risk by maintaining a primary cash account at a financial institution whose deposits are insured by the Federal Deposit Insurance Corporation (FDIC). However, cash in excess of \$100,000 per institution is generally not covered by the FDIC.

Note 8. **Retirement Plan** – The Organization maintains a non-contributory defined contribution pension plan, qualified under Internal Revenue Code 403(b), for the benefit of its eligible employees. Under the plan, a fifteen percent (15%) contribution is made to the account of each eligible employee based on annual compensation. Contributions to the plan for the years ended December 31, 2003 and 2002 were \$97,589 and \$85,323, respectively.

## *Funding Partners*

GIH relies on the support of Funding Partners—foundations and corporate giving programs that annually contribute to core and program support—to develop programs and activities that serve health philanthropy. Their support, supplemented by fees for meetings, publications, and special projects, is vital to our work in addressing the needs of grantmakers who turn to us for educational programming, information, and technical assistance throughout the year. We gratefully acknowledge our 2003 Funding Partners. Those marked with an asterisk (\*) were new GIH supporters in 2003.

Aetna Foundation, Inc.	Burroughs Wellcome Fund	Ira W. DeCamp Foundation
AHC Community Health Foundation*	The California Endowment	The Duke Endowment
The Ahmanson Foundation	California HealthCare Foundation	The Dyson Foundation
Allegany Franciscan Foundation	The California Wellness Foundation	Endowment for Health
Alliance Healthcare Foundation	Caring for Colorado Foundation	Richard M. Fairbanks Foundation, Inc.*
Altman Foundation	Carlisle Area Health & Wellness Foundation	FISA Foundation
AMA Foundation	The Stephen Case Foundation*	The Flinn Foundation
American Legacy Foundation	The Annie E. Casey Foundation	The Ford Foundation
The Anthem Foundation of Connecticut, Inc.	CDC Foundation	Foundation for a Healthy Community
Archstone Foundation	Central Susquehanna Community Foundation	Foundation for a Healthy Kentucky
The Assisi Foundation of Memphis, Inc.	The Chicago Community Trust*	Foundation for Child Development
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Birmingham Foundation	The Community Foundation for Greater New Haven	GlaxoSmithKline
Mary Black Foundation, Inc.	Community Health Foundation of Western New York and Central New York	William T. Grant Foundation
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Blue Cross Blue Shield of Michigan Foundation	Connecticut Health Foundation	The Irving Harris Foundation
The Blue Foundation for a Healthy Florida, Inc.*	Consumer Health Foundation	The John A. Hartford Foundation, Inc.
The Boston Foundation	The Wallace H. Coulter Foundation*	Harvard Pilgrim Health Care Foundation
The Bower Foundation*	Jessie B. Cox Charitable Trust	Hawai'i Community Foundation
Brandywine Health & Wellness Foundation	The Nathan Cummings Foundation	The Health Foundation of Central Massachusetts, Inc.
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*Left to right, beginning with top row:*

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Executive Assistant

**Gartrell Wright**  
Administrative & Office  
Technology Manager

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Program Associate

**Osula Rushing, M.S.**  
Senior Program Associate

**Rea Pañares, M.H.S.**  
Program Associate

**Ming Wong, M.L.I.S.**  
Resource Center Manager



**As the nation and the field of health philanthropy continue to grow in diversity, GIH, too, will evolve to provide relevant, timely, and strategic counsel to the grantmaking community. GIH is proud of its long-standing commitment to diversity and is positioned to grow stronger as the dynamics and demographics of the field continue to change. We recognize the benefits and value added by embracing diversity, and we will continue to incorporate a philosophy of diversity into our programming and practices. As we observe and listen to the field, GIH will continue to bring clarity to issues in meaningful ways that fully consider the diverse needs of health philanthropy and those being served. We will remain flexible in our responses to the changing conditions and needs of the field, and we will seize opportunities to improve our collective body of work. As a leader in the field, GIH stands ready to embrace and respond to diversity, whatever changes come our way.**

**GRANT  
MAKERS  
IN  
HEALTH**

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