

# PREVENTION AND WOMEN'S HEALTH:

## Can Philanthropy Make A Difference?

Until recently, women's health was defined primarily in terms of reproductive and maternal health. But as women's social and economic roles have changed, so too have views on what women's health encompasses. Advocates and health professionals are now looking at women's health across the life span. This new paradigm considers the role of gender, as both a physiological and sociological construct, in how women interact with the health system, experience disease, and respond to treatment.

What roles can foundations and corporate giving programs play in promoting women's health? On May 10, 1999, Grantmakers In Health (GIH) convened a group of grantmakers and experts to discuss this question, focusing on opportunities related to prevention. This edition of *Issue Focus* makes the case for funding in prevention and women's health and describes approaches being taken by grantmakers. Strategies include both those targeted at reducing the risk of morbidity and those aimed at detecting disease at its early stages in order to implement treatment.

### THE CASE FOR PREVENTION

The impact of preventable disease on women's health and the benefits of prevention are clear. But there are challenges in reaching those at risk and ensuring that they practice healthy behaviors and have access to care. Some reasons to focus on prevention include:

- Some preventable diseases, such as breast cancer and osteoporosis, affect women almost exclusively. Others, such as arthritis and depression, have a disproportionate impact on women.
- Although we know a lot about the risk factors for conditions such as heart disease (the leading cause of death among women), hypertension, diabetes, and some cancers, many women have not adopted more healthy lifestyles.
- Many preventable diseases, such as heart disease and HIV/AIDS, have as profound an effect on women as on men but differ in expression and management.
- Women face significant barriers to preventive services.
- Because women tend to make health care decisions for their families, preventive strategies focusing on women may have spill-over effects to others.

### USE OF PREVENTIVE CARE BY WOMEN

- Receipt of mammography among women over 50 increased from 55 percent to 61 percent between 1993 and 1998.
- Increases were most dramatic for minority women, jumping from 37 percent to 66 percent for African American women and from 54 percent to 64 percent for Hispanic women.
- Only 25 percent of older women are screened for colon cancer annually.
- Use of preventive care is higher among women with higher incomes.
- Almost one in four women smoke, with no change in rates over the past five years.
- Familiarity with osteoporosis is markedly lower among minority women.

SOURCE: 1998 Commonwealth Fund Survey.

### GRANTMAKER ACTIVITIES

Relatively few health grantmakers focus their programs on women, although many support projects whose clientele is predominately female. Overall, private philanthropy spent about \$152 million on health programs for women and girls in 1997. This accounts for about 11 percent of philanthropic spending on health (unpublished data from the Foundation Center). Of this amount, about half (\$73.9 million) went to reproductive health care.

Women's health has long been a priority area for The Commonwealth Fund which has worked to increase public visibility of these issues through education, research, and public policy. In 1993, the Fund established the Commission on Women's Health to examine critical issues and recommend changes in public policy, professional training, and women's self-care. The Commission recently released its 1998 Survey of Women's Health focusing on access, preventive care and counseling, violence and abuse, family caregiving, mental health, and managed care. Other major projects include a series of papers and briefings by the Jacobs Institute on Women's Health (co-funded with the Kaiser Family Foundation) on issues raised by the growth of managed care, and identification of best practices for serving women in managed-care plans.

The James Irvine Foundation launched a \$5 million, five-year Women's Health Initiative in 1994 to improve access to culture and gender-appropriate health information and health services for women. The four goals are:

- to develop and promote adoption of policy recommendations addressing women's health needs;
- to provide leadership development for women who work at the grassroots level and within communities of color;
- to support community organizations to inform, educate and empower women on issues related to health and to address barriers to the utilization of health services; and
- to enlarge and strengthen the network of advocates for women's health.

Grants have been made in three categories: leadership development, public policy, and community grants.

Since 1993, the Bristol-Myers Squibb Foundation has committed more than \$4.3 million to programs that test novel outreach strategies; foster partnerships among community-based organizations, academic research centers, and health care institutions; and add new information to the existing body of knowledge about women's health. In 1997, the Foundation launched its Better Health for Women Program, focusing for its first two years on cardiovascular disease. It committed \$800,000 to fund efforts at four institutions — the Federal University of Rio Grande do Sul in Brazil, Harvard, the University of Washington, and Johns Hopkins — to examine new strategies for prevention, early intervention, and effective management of cardiovascular disease in women.

The Aetna Foundation has also launched a program to heighten women's awareness and education about the symptoms of cardiovascular disease, committing \$7 million to help fund the Take Wellness to Heart Campaign. This is a three-year initiative designed to educate women and their physicians and to encourage women to take a more active role in promoting their own health. Specific program elements and messages will be targeted to the African American and Hispanic communities.

Many grantmakers are funding the provision of screening services for conditions such as breast and cervical cancer, diabetes, and hypertension. For example, the Blue Cross and Blue Shield of Michigan Foundation has supported work to assess the frequency and timing of diabetes screening for pregnant African-American women. It has also funded an evaluation of HIV/AIDS intervention programs designed to reduce risk behaviors among the drug dependent. The San Francisco Foundation is supporting an effort to provide clinical breast exams, mammograms, and instruction in breast self-examination to disabled women. The program also offers education and outreach activities to women, their families, and health care professionals about the importance of screening for women with disabilities.

The Jewish Healthcare Foundation is supporting research on prevention and treatment and finding ways to encourage application of those findings to practice. It has

funded two major breast cancer studies, the first focusing on whether women with Stage One breast cancer were getting adequate information on the relative merits of lumpectomy versus mastectomy. The study determined that Pittsburgh-area women were relatively well-informed compared with women elsewhere, but that those who chose lumpectomies did not receive radiation followup as recommended. A second study was commissioned to find out why, discovering that physicians were not sufficiently stressing the need to have radiation after a lumpectomy

Several foundations have a policy focus in their grantmaking around women's health issues. The James Irvine Foundation, for example, funded the Jacobs Institute and the Pacific Institute for Women's Health to mount a leadership seminar series on the implications of managed care for the health of women. Seminars brought together providers, researchers, community leaders, and advocates to improve awareness and communication about the future of health services and the impact of delivery system changes.

#### OPPORTUNITIES FOR GRANTMAKERS

Given the relatively small number of funders focusing on women's health and the continuing health needs facing women, much remains to be done. Opportunities include:

- supporting development of provider and patient incentives to access services;
- creating programs to make health professionals more aware of the importance of prevention;
- recruiting women, particularly women of color, into the health professions;
- partnering with health plans and providers to adopt best practice models of prevention;
- developing and disseminating practice guidelines;
- supporting research on prevention and treatment for diseases affecting women;
- training community health workers to be advocates and educators; and
- working with policymakers and health plans to provide coverage for services proven to be effective in preventing disease and disability.

As part of its work on prevention and women's health, GIH will be issuing a paper on opportunities and challenges for grantmakers later this year. Watch GIH News in the *Bulletin* and our website for this publication.

#### RESOURCES

Aetna Foundation, Inc.  
Sharon Dalton  
860/273-8310

Blue Cross and Blue Shield of Michigan Foundation  
Nora Maloy  
313/224-8205

Bristol-Myers Squibb Foundation, Inc.  
Claire Payawal  
212/546-4566

The Commonwealth Fund  
Karen Scott Collins  
212/535-0400

The James Irvine Foundation  
Martha Campbell  
415/777-2244

Jewish Healthcare Foundation  
Nancy Zions  
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The San Francisco Foundation  
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