

# GIH

## IMPROVING HEALTH CARE ACCESS:

*Grantmakers Share  
Their Experiences*

2006

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## EXECUTIVE SUMMARY

# IMPROVING HEALTH CARE ACCESS:

## *Grantmakers Share Their Experiences*

*Improving access to care is a dominant theme in the work of health grantmakers. Foundations have addressed access issues with the broad array of tools available to them. Some foundation initiatives have focused on broadening insurance coverage; others have focused on overcoming noninsurance barriers and redesigning the delivery system.*

Philanthropy has had some real successes: increasing enrollment in Medicaid and SCHIP, building networks of community clinics, investing in school health centers, supporting key research studies, stimulating state experimentation, producing replicable models, and keeping attention focused on access issues. The challenges persist, however.

A number of promising approaches emerge from discussions with grantmakers about their priorities, funding strategies, accomplishments, and challenges.

### **Supporting health reform efforts in a few key states**

- Blue Cross Blue Shield of Massachusetts Foundation played an important role in efforts that led to passage of the state's sweeping health reform law, and plans to assume a major role in supporting the law's implementation and analyzing its impact.

- Maine Health Access Foundation has been a strong supporter of the state's Dirigo Health Reform Act – which aims to make quality, affordable health care available to every Maine resident by 2009 – and has awarded several strategic grants to make sure that it is implemented as intended.

### **Combining policy analysis with aggressive information dissemination**

- The Henry J. Kaiser Family Foundation's Kaiser Commission on Medicaid and the Uninsured, various topic-specific research and analytic projects, and media initiatives are vehicles to educate policymakers, stakeholders, journalists, researchers, and the public about important health care issues and trends.
- Rose Community Foundation partnered with other funders to create the Colorado Health Institute, which is viewed by state legislators as

a neutral and trusted source of information, briefings, and meeting facilitation.

### Building public support for change

- Robert Wood Johnson Foundation has invested heavily in Cover the Uninsured Week, a national awareness campaign intended to jump start a national debate on the access issue and encourage business, labor, health, and consumer representatives to join together and find a consensus solution.
- Universal Health Foundation of Connecticut is currently devoting all its resources to partnering with business and mobilizing consumers statewide to help shape a concrete proposal for universal coverage to be delivered to the governor and legislature by 2007.

### Taking on issues related to underinsurance and medical debt

- Quantum Foundation is beginning an initiative to make hospital payments more manageable for people without insurance and with large medical debt, along with helping eligible individuals apply for charity care.

### Making children's coverage a priority

- In its ambitious effort to enable health coverage for all California's children, The California Endowment launched a \$45 million, 5-year initiative focused on uninsured children, regardless of immigration status, in families with incomes below 300 percent of the federal poverty guideline.
- The Rhode Island Foundation began its access work by concentrating on children, and participating in such programs as Covering Kids & Families, Rhode Island Kid Count, and the Rhode Island Oral Health Access Initiative.

### Supporting the adoption of health information technology

- The California Endowment has joined with two other funders, each investing \$1.5 million, in a three-year, \$4.5 million program to speed adoption of electronic health records by safety net providers. Under this program, the funders will develop at least three support hubs that will offer technology, technical support, assistance with vendors, and other services generally outside the financial reach of community clinics and health centers.
- The Health Foundation of Greater Cincinnati successfully orchestrated a capacity-building project that helped 15 area community health centers develop and maintain a shared information network. Community health center staff now process and manage billing and other accounting functions through a centralized network, freeing health center personnel to devote their attention to other vital business functions. The network also may enable the centers to maximize third-party payment.
- Maine Health Access Foundation is helping to create a statewide on-line health information system that, by 2010, will give Maine providers timely patient health information, even for those who are uninsured. Such a system will help physicians and others provide better care, while guaranteeing patient privacy and confidentiality of records.
- Quantum Foundation is supporting the establishment of a countywide electronic health records system. Eventually, providers will be able to use the online system to schedule appointments with volunteer doctors and clinics and locate translators to accompany patients to medical appointments.

## Focusing on care coordination

- Blue Cross Blue Shield of Massachusetts Foundation's Connecting Consumers with Care grant program supports community-based organizations, community clinics, and some hospital programs as they assist low-income residents to obtain public coverage; navigate the health care system; and maintain stable, ongoing relations with health care providers. The program provides support for case managers, care coordinators, and other community-based efforts to ensure that low-income residents enrolled in state-funded health insurance programs have a medical home.
- Quantum Foundation was a major force in establishing the Palm Beach County Community Health Alliance, which comprises 37 health and human services funders and providers. Modeled after a successful program in Austin, Texas, the organization is working to coordinate care better among community health centers, free clinics, the health department, and hospitals and to expand capacity among safety net providers.

## Partnering with media

- The goal of Blue Cross Blue Shield Foundation's Health Coverage Fellowship Program is to affect policy by helping journalists understand the complexity of health care.
- The Henry J. Kaiser Family Foundation's media fellowships and news and media entertainment partnerships reflect the foundation's deep appreciation for the contribution that media make in informing the public and the impact they have in the world in which we operate.

## Supporting school-based health care

- The Health Foundation of Greater Cincinnati invests in 15 area school-based health centers as a way to provide comprehensive primary care and mental health services for children who face barriers in receiving these services in the community. Research funded by

the foundation on the effectiveness of these centers has shown that, when they had access to school-based services, children's assessment of their own health status improved dramatically, Medicaid costs did not increase, and children used more preventive services.

- W.K. Kellogg Foundation has awarded grants to the National Assembly on School-Based Health Care (NASBHC) and nine of its state affiliates. The grantees work with numerous local school-based health centers primarily through local, state, and national policy changes to implement a broad array of strategies aimed at increasing the sustainability of school-based health centers.

## Addressing the unique problems of vulnerable populations

- The Health Foundation of Greater Cincinnati has worked to reduce barriers to care for a number of vulnerable populations: Hispanics, West Africans, other immigrants, and the homeless. It has increased the number of providers willing to serve these groups, helped health centers expand services for immigrants—especially chronic disease and health management services—and works with the Center for Closing the Health Gap on ways to address problems of obesity and diabetes.
- W.K. Kellogg Foundation's Community Voices project in Baltimore is working to improve access to health care for poor and minority men at risk for preventable diseases and poor health outcomes. Its Men's Health Center is the only clinic in the nation that provides round-the-clock, full-service primary care to uninsured men, ages 19 to 64.

Health philanthropy's main challenges in the coming years will be determining how to do thoughtful state and local work on a national problem, how the myriad incremental solutions that funders have supported over the years can be knitted together, and how to build the public and political will necessary to address these issues on a broader scale.



## FOREWORD

*As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, Grantmakers In Health (GIH) has assembled this collection of profiles to tell the stories of health funders across the country working to expand access to health care.*

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With these profiles, we have attempted to capture the priorities, funding strategies, accomplishments, and challenges of a cross section of grantmakers, highlighting the similarities and differences in their work. It is our hope that this publication will help readers to understand the wide range of approaches foundations have taken to improving access to health care and give readers a place to look for insights that they can adapt to their own circumstances.

The eleven profiled funders were carefully selected to be representative of the field. Four were established before 1950, one was established in the 1970s, and six were established in or after 1995. Three have assets under \$150 million, three have assets between \$150 million and \$350 million, two have assets between \$350 million and \$750 million, and three have assets over \$2 billion. Three are local foundations, five are statewide foundations, and three are national foundations. Six are independent foundations, two are 509(a)(3) organizations, one is a 501(c)(4), one is an operating foundation, and one is a community foundation.

Special thanks are due to those who agreed to be interviewed for the profiles: Phillip Gonzalez, director of health access programs at Blue Cross Blue Shield of Massachusetts Foundation; Laura Hogan, program director of the access to health program at The California Endowment; Judith Warren, program officer of community primary care at The Health Foundation of Greater Cincinnati; Pamela Dickson, deputy director of the health care group at Robert Wood Johnson Foundation; Drew Altman, president and chief executive officer, and Matt James, senior vice president for media and public education, at The Henry J. Kaiser Family Foundation; Sterling Speirn, president and chief executive officer, and Jacquelynne Borden-Conyers, communication manager, at W.K. Kellogg Foundation; Wendy Wolf, president and chief executive officer at Maine Health Access Foundation; Tim Henderson, vice president for programs, and Trudy McConnell, vice president for community relations, at Quantum Foundation; Karen Voci, senior vice president for programs at The Rhode Island

Foundation; Barbara Yondorf, senior program officer at Rose Community Foundation; and Juan A. Figueroa, president of Universal Health Care Foundation of Connecticut.

Thanks also to several people outside of philanthropy who lent their insight: Robert J. Blendon, professor of health policy and management at the Harvard School of Public Health; Catherine Dunham, president of The Access Project; Wendy Lazarus, codirector of The Children's Partnership; John McDonough, executive director of Health Care for All; Susan Sherry, deputy director of Community Catalyst; and Alan Weil, executive director of National Academy for State Health Policy.

Janet Firshein and Linda Loranger of Burness Communications and Victoria Weisfeld of NEW Associates, LLC conducted the interviews and authored the first draft. Osula Evadne Rushing, senior program associate at GIH, supervised the work and contributed to the final version. Anne Schwartz, vice president of GIH, and Todd Kutyla, communications manager at GIH, also contributed to the final report.

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## INTRODUCTION

*Improving access to care is a dominant theme in the work of health grantmakers. The philanthropic community has examined access from many angles, seeking ways to break down barriers created by costs, culture, miscommunication, system structure, and differing notions about who and what should be covered by both public and private insurance.*

Foundations have addressed access issues with the broad array of tools available to them: supporting direct services, helping individuals navigate the health system, establishing model programs of service delivery and outreach, training health professionals, monitoring the impact of public and private sector reforms, analyzing the effects of state and federal policy initiatives, building coalitions, supporting advocacy, and documenting and publicizing access problems.

They have also worked on two parallel tracks. Some foundation initiatives have focused on broadening insurance coverage by attempting to:

- expand employer coverage (especially among small businesses),
- make individual coverage more affordable,
- increase enrollment of eligible populations into government-funded insurance programs,
- expand government-funded programs, and
- develop new insurance products.

Other foundation initiatives have focused on overcoming noninsurance barriers and redesigning the delivery system by attempting to:

- strengthen the public health system in order to address current threats to the nation's health;
- provide regular access to quality primary and preventive health care;
- make special efforts to assist vulnerable populations;
- build linkages between primary care sites and diagnostic centers, specialty physicians, and hospitals;
- improve financial viability of safety net providers; and
- reduce risk factors related with social determinants of health (Meyer and Silow-Carroll 2000).

Philanthropy has had some real successes in these areas: increasing enrollment in Medicaid and SCHIP, building networks of community clinics, investing in school health centers, supporting key research studies, stimulating state experimentation, producing replicable models, and keeping attention focused on access issues.

*Philanthropy has had some real successes: increasing enrollment in Medicaid and SCHIP, building networks of community clinics, investing in school health centers, supporting key research studies, stimulating state experimentation, producing replicable models, and keeping attention focused on access issues.*

The challenges persist, however. The number of uninsured continues to grow, hitting nearly 46 million, with another 16 million reported to be underinsured. Hurricanes Katrina and Rita drew attention to holes in the nation's health care safety net. Health care costs continue to rise, putting increased pressure on consumers, particularly the growing number citing trouble paying off medical debt, and on employers and public payers. Growing Medicaid costs have become a focal point for state and federal officials looking to close their budget gaps (The Commonwealth Fund 2006).

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*Health philanthropy's main challenges in the coming years will be determining how to do thoughtful state and local work on a national problem, how the myriad incremental solutions that funders have supported over the years can be knitted together, and how to build the public and political will necessary to address these issues on a broader scale.*

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In many ways, the successes and failures of health philanthropy in expanding access demonstrate the strengths and limitations of philanthropy in bringing about social change. The debates about how to pay for access to care for more people is made more difficult by the inexorable rise in health care costs. Health funders have not found a wholly satisfactory way to test new ideas now that government is less likely than in the past to pick up successful models. Local access initiatives have proven difficult to replicate and sustain. Reform strategies that work at the state level may not work nationally. There are huge differences of opinion about how to address access problems. Efforts to affect policy have sometimes floundered in the messiness of partisan politics. Health funders have not always been as comfortable as those in community development funding community organizing and advocacy (Issacs and Knickman 2002).

Even so, promising approaches have emerged. In the profiles that follow, grantmakers identify a number of new (and a few familiar) directions for their work. Many are supporting health reform efforts in a few key states – such as California, Illinois, Maine, Maryland, and Massachusetts – where there are interesting ideas moving access initiatives forward. Some are combining policy analysis with aggressive information dissemination, researching proposed reforms, and working to educate stakeholders. A number are building public support for change, by raising awareness, supporting consumer advocacy, and attempting to identify issues that resonate with voters. Several are taking on issues related to underinsurance and medical debt. Quite a few are making children's coverage a priority. There also seems to be consensus around using the safety net as a laboratory and testing improvements – such as care coordination and information technology – that will both expand access now and provide lessons for broader system reform later.

Health philanthropy's main challenges in the coming years will be determining how to do thoughtful state and local work on a national problem, how the myriad incremental solutions that funders have supported over the years can be knitted together, and how to build the public and political will necessary to address these issues on a broader scale.

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION

*In April 2006, Massachusetts enacted a law that is expected to result in coverage for most of the Commonwealth's 550,000 uninsured residents by 2010. The bipartisan legislation combines an individual mandate on the purchase of health insurance with government subsidies to ensure affordability. The law was a victory for many health access organizations in the state, including the Blue Cross Blue Shield of Massachusetts Foundation, an independent entity created in 2001 as an expression of its parent organization's longstanding commitment to addressing access to care problems.*

### Strategy

An \$87 million endowment makes the foundation one of the largest health philanthropies in the Bay State. The foundation invests in three key areas: policy, capacity building, and advocacy, and it strives to link them whenever possible, according to Phillip Gonzalez, director of health access programs. Since its inception, the foundation has provided more than \$19 million in grants to:

- increase awareness and understanding of health care issues,
- support community-based advocacy and policy development,
- identify and support successful models for serving uninsured and low-income residents, and
- encourage innovative programs to serve uninsured and low-income consumers and eliminate barriers to care.

### State Policy Development

The foundation played an important role in efforts that led to passage of the state's sweeping health reform law. In 2002, the foundation's then-president Andrew Dreyfus wrote a strong editorial, published in the *Boston Business Journal*, arguing for a renewed debate on health care and the problems of the uninsured. In it, he asserted that "Every person in Massachusetts deserves the security of health insurance." In 2003, the foundation convened a summit meeting on the uninsured that drew 350 leaders from politics, health care, business, labor, and consumer advocacy. That meeting is credited with changing the debate on the uninsured, creating the momentum that prodded state leaders to take action, and building public support for reform.

After the meeting, the foundation funded a series of policy studies on specific aspects of reform, under its Roadmap to Coverage initiative. The studies, which began in 2004 and

### AT-A-GLANCE

Established: 2001

Assets: \$87 million

Geographic Focus: Massachusetts

Foundation Type: Independent

Web Address: [www.bcbsmafoundation.org](http://www.bcbsmafoundation.org)

### ACCESS STRATEGY

- Increase awareness and understanding of health care access issues
- Support community-based advocacy and policy development
- Identify and support successful models for serving uninsured and low-income residents
- Encourage innovative new program development

were carried out by researchers at the Urban Institute, fully analyzed what it cost to care for the uninsured in Massachusetts, who paid for it, and what full coverage would add to medical spending. The study also presented options for expansion.

While the Roadmap initiative's leaders, including researchers from the Urban Institute and the foundation's board and staff, had an ambitious goal, they also produced a practical guide for getting there. They organized an educational effort around the state that gave an opportunity for many stakeholders to understand the options, the costs of the current system, and the implications of reform. The quality of the research and thoroughness of the educational effort short-circuited the intense political maneuvering that has thwarted many past health reform efforts in the state. For example, the research indicated that much of the approximately \$1 billion a year Massachusetts currently spends to provide health care for the uninsured could be redirected to finance expanded health insurance coverage. It then projected that this change could result in more than \$1.5 billion in economic and social benefits. The researchers also concluded that it would be impossible to achieve universal coverage in Massachusetts without the individual mandate.

Gonzalez says the Roadmap research initiative demonstrates the foundation's growing willingness to push for public policy solutions. "The Roadmap was a big step forward for us in research. The

scholarly analysis of policy opportunities can make a real contribution in putting new ideas on the table and creating room for debate." The biggest challenge ahead, he says, is supporting policy work that will have similar impact. "The challenge is, if you create more reports, what will keep them from just sitting on the shelf?" At present, the foundation plans to assume a major role in supporting the implementation of the recent health reform law and analyzing its impact.

## Media Partnerships

Another way that the foundation hopes to affect policy is by helping journalists understand the complexities of health care. Under the foundation's Health Coverage Fellowship Program, which also receives support from several other New England-based health foundations, reporters from Massachusetts and each of the five other New England states spend nine intensive days honing their skills through highly participatory training sessions and meetings with public officials, leading hospital and managed care executives, medical researchers, health economists, and other critical players; working with top-notch reporters from around the country to envision new ways to cover the health care story; and field trips. They learn to ask effective questions and where to go for answers. There are now 50 alumni of the program, who report that they have written and reported hundreds of stories that would not have been produced without their fellowship experience.

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*The foundation played an important role in efforts that led to passage of the state's sweeping health reform law, and plans to assume a major role in supporting the law's implementation and analyzing its impact.*

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## Innovation and Care Coordination

The foundation's efforts center on capacity building and increasingly emphasize advocacy, rather than solely project grants. The foundation's Innovation Fund for the Uninsured grant program helps community health centers, hospitals, and key nonprofits serving vulnerable populations, such as the homeless and immigrants, create better models of care. The Connecting Consumers with Care grant program supports community-based organizations, community clinics, and some hospital programs as they assist low-income residents to obtain public coverage; navigate the health care system; and maintain stable, ongoing relations with health care providers. The program provides support for case managers, care coordinators, and other community-based efforts to ensure that low-income residents enrolled in state-funded health insurance programs have a medical home.

One of the most successful projects supported by the foundation has been volunteer physician programs, which will undoubtedly evolve as the new state reforms play out. This program model involves creation of regional networks of primary care and specialist physicians who agree to treat uninsured patients for free or for a sliding-scale fee based on income. This model has been particularly effective in engaging large numbers of uninsured people who earn too much to be eligible for Medicaid, yet not enough to afford private insurance.

A key component of the recent health reform, however, expanded Medicaid eligibility and created a new program called Commonwealth Care that will cover families with incomes up to 300 percent of the federal poverty level. The existing volunteer programs will face new challenges, including whether and how to educate and assist clients eligible for health insurance benefits under these public programs.

## Advocacy

The foundation's Strengthening the Voice for Access grant program provides general operating support to bolster community-based health advocacy and consumer participation in public policy decisions about coverage. This support allows more than a dozen health advocacy organizations, including Health Care for All, the Massachusetts Immigrant and Refugee Advocacy Coalition, and the Massachusetts Law Reform Institute, to advocate for health reform with the legislature, speak out for health coverage for legal immigrants, and restore health benefits for low-income populations.

"We say that if you are a mission-driven, health access-focused advocacy organization with statewide influence and you submit a strategic proposal, we will provide you with operating support," Gonzalez says. These grants enable organizations to focus on areas of public policy that "may not have strong cachet" among other funders, according to Gonzalez, but are critically important to serving the needs of low-income and uninsured populations.

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## THE CALIFORNIA ENDOWMENT

*Almost 1 million California children are uninsured, and about 750,000 are eligible but not enrolled in existing state health insurance programs. These numbers do not include children in low-income families who do not qualify for coverage because of their immigration status or family income. But, little by little, these large numbers are being whittled down, as foundations, state officials, and child health advocates work county by county, school by school, to find California's uninsured children and help them get access to the care they need.*

### AT-A-GLANCE

Established: 1996

Assets: \$3.7 billion

Geographic focus: California

Foundation Type: Independent

Web Address:  
[www.calendow.org](http://www.calendow.org)

### ACCESS STRATEGY

- Policy change
- Leadership development
- Strengthen the safety net of health and health care services
- Expand health insurance coverage

The California Endowment is one of the foundations working to solve this problem. As a result of the concerted efforts of various groups, communities across the state are exploring, developing, and implementing options to expand health care coverage and care for low-income children, putting California on a path to provide health insurance coverage for every child under 300 percent of federal poverty guidelines.

### Strategy

According to Laura Hogan, program director for the endowment's access program, all of the endowment's strategies are long-term and policy-oriented. "We're interested in systems change," says Hogan. As part of its overarching goal to improve health in the state, the endowment seeks policy changes at all levels: local, state, and regional.

Since the endowment came into being in 1996, its work has borne two distinctive hallmarks: a commitment to a multicultural approach and a dedication to promoting health at the community level.

"Access is an important part of the equation, but it's not the only part," says Hogan. "If we had very open access, or even universal coverage, people would still need cultural competency and a supportive community in order to be truly healthy." This philosophy is evident in the endowment's three main goals: access to health, culturally competent health systems, and community health and the elimination of health disparities. Projects may be designed, for example, to expand health coverage, to simplify enrollment in health programs, or to improve the capacity and effectiveness of health systems, and may include leadership building and policy development as vital components.

### Safety Net

California's community clinics are an essential part of the health care safety net. Since 1999, the endowment has worked with the Tides Foundation to shore up this system, which is burdened by increasing needs for service among uninsured and underinsured Californians. By 2004, the

Community Clinics Initiative (CCI) had reached more than 90 percent of the state's community clinics. To date, the endowment has invested more than \$100 million in the safety net clinic system, making it the largest grantmaking program of its kind in the United States.

The initiative supports development of the policy and advocacy capacity of regional and statewide clinic networks, increases leadership capacity in these organizations, and provides resources to help clinics complete construction and renovation projects. This work is making a real difference in the health of the people who use the clinics. For example, the clinics that received grants to upgrade computer systems have been able to increase immunization rates, improve follow-up for patients with chronic diseases, and reduce wait times, as well as increase reimbursements for services rendered.

## Information Technology

More and more, health information technology is being seen as a way to improve health care delivery. Health information technology has the potential to provide better clinical information about patients and their care, prevent medical errors, and help manage chronic disease and improve preventive care. There is a concern, however, that some of the current health information technology initiatives will fail to meet the needs of the majority of safety net providers and other small physician practices that

deliver care to underserved, minority, and poor communities (Community Clinics Initiative 2005).

The endowment has also joined with two other funders, investing \$1.5 million each, in a three-year, \$4.5 million program to speed adoption of electronic health records by safety net providers. Under this program, the funders will develop at least three support hubs that will offer technology, technical support, assistance with vendors, and other services generally outside the financial reach of community clinics and health centers.

## Children's Coverage

In its ambitious effort to enable health coverage for all California's children, the endowment has proposed five policy goals:

- broader eligibility and greater affordability of health benefits and services;
- comprehensive benefits, including medical, dental, and vision services;
- simple pathways to enrollment;
- greater retention of children in programs through better coordination among existing insurance programs and improved design of payment strategies; and
- improved utilization and quality of care.

In order to achieve these ambitious goals, the endowment, in October of 2003, launched a \$45 million,

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five-year initiative focused on uninsured children, regardless of immigration status, in families with incomes below 300 percent of the federal poverty guideline. Its many collaborators include the state and local First 5 Commissions, The David and Lucile Packard Foundation, Blue Shield of California Foundation, and California HealthCare Foundation.

The two principal strategies these organizations are employing are policy reform and support of local coalitions. As an example of the former, they are supporting innovative programs aimed at simplifying enrollment in the state's Medicaid and SCHIP programs (Medi-Cal and Healthy Families). The public programs' patchwork of eligibility guidelines creates a redundant, costly, and frustrating situation for families and government alike. Families with mixed immigration statuses are reluctant to register their children and need reassurance that they are entitled to the help and face no legal risks. Through a grant to the Children's Partnership, the endowment supports a pilot program in four school districts that uses the school lunch program as a vehicle to enroll children in Medi-Cal or Healthy Families. When parents sign up their children for lunches, they have the option of allowing that registration information to expedite enrollment in the health insurance programs.

The other principal strategy—engaging with broad-based coalitions—has enabled pilot projects aimed at boosting insurance enrollment in 30 of the state's 57 counties.

The 30 contain approximately 78 percent of the state's uninsured children. Enrollment has begun in 10 of these counties and early results are encouraging. After just one year, at-risk children newly enrolled in Healthy Families have significantly improved in physical and mental health status, school attendance and performance, and socialization skills. The endowment also has joined with United Ways across the state to engage business leaders and employers in a dialogue about their shared responsibility in assuring health care for all California's children.

## Leadership Development

In Los Angeles County, the endowment works with LA Health Action to build a cadre of leaders who can identify and help eliminate barriers to enrolling in public health insurance programs through a variety of strategies. They initiate local policy and advocacy efforts to expand access and preserve Los Angeles County's safety net, they work with small businesses and industry trade organizations to assess employer-based coverage strategies, and they educate individuals and families about the importance and availability of health coverage, in order to reduce the stigma and fear associated with participation in public programs. To date, the endowment has awarded \$5.7 million in grants through LA Health Action to support projects in the regions of Los Angeles County with the highest numbers of uninsured residents.

## Challenges

While the endowment has seen a lot of progress in the past several years, daunting barriers still exist. According to Hogan, it takes time to identify the right policy interventions to solve a problem. Consistent data and tracking systems are needed to guide those decisions, but good information can be hard to come by when resources are limited and efforts across groups are uncoordinated. Further, strategies developed for one type of community cannot simply be transferred to another. She offered the example of an adult day care project intended for a rural area. The concept was good and the service greatly needed, but the program model did not take into consideration several features of rural life, such as the great distances involved, how weather can make travel difficult, or economies of scale. “It would have been a successful program in an urban area, but it required a different strategy to get it to work in a rural one,” Hogan recalled.

## Insights

With the experience of multiple years of targeted grantmaking, one of the most important lessons the endowment has learned, according to Hogan, is to link what is happening in individual communities to lasting improvements at the state and national levels. Without policy changes all the way up the line, it is difficult to sustain advances over the long-term.

Another lesson, she says, is to use the power of grassroots organizations in advocating change in state or national policy. “Direct service organizations have a lot to offer to the advocacy agenda and are extremely important,” says Hogan. “That’s why we offer these organizations training, encouragement, and outright assistance to make lasting improvements in their communities.” For example, the endowment funds two policy centers that work with all nine of the state’s consumer health centers. Consumer health centers are assistance programs operated by community-based legal services organizations with the common mission of helping low-income people obtain essential health care. They use the same monitoring systems in each community, enabling them to flag significant policy issues quickly, and then develop a strategy for addressing them.

In addition, Hogan offered several operational lessons: remain flexible, be open to mid-course changes, and remember that improving health means much more than providing access and an insurance card. “In order for us to achieve health, we need a strong and vibrant system of health care services, coupled with a community approach and culturally competent providers,” she says.

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## THE HEALTH FOUNDATION OF GREATER CINCINNATI

*The Health Foundation of Greater Cincinnati serves a geographic area where the uninsured are 20 percent of the population. In some neighborhoods, health clinics report as many as 40 percent of new patients are without health insurance. Since starting grantmaking in 1997, the foundation has invested more than \$76 million in the three-state, 20-county greater Cincinnati area, with \$21 million of those funds targeted to improving access to primary care.*

### AT-A-GLANCE

Established: 1978

Assets: \$248 million

Geographic Focus:  
Cincinnati, Ohio and  
20 surrounding counties in Ohio,  
Kentucky, and Indiana

Foundation Type: 501(c)(4)  
social welfare organization

Web Address:  
[www.healthfoundation.org](http://www.healthfoundation.org)

### ACCESS STRATEGY

- Regional system change
- Capacity building
- Advocacy
- Support for vulnerable groups

### Strategy

In 2005-2006, the foundation shifted course from trying to help individual organizations develop primary care resources to leading a regional initiative to restructure and develop resources to achieve 100 percent access to primary care for the area's uninsured, underinsured, and low-income residents. Why the change in strategy? According to Judith Warren, program officer for the foundation's community primary care initiatives, foundation leaders have come to believe that improvement will require revamping the region's current health care system. "If we want to talk about promoting people's health, we can talk about everyone having insurance," says Warren, "but if the providers aren't there and the systems aren't there, then what?" She cited the region's difficulties in providing care to children who qualify for SCHIP: "You can make children eligible, but the other half of the solution is having services available," so that children have a medical home.

### Regional Policy Development

Because certain population groups have particular difficulty obtaining primary care, the foundation's Regional Primary Care Initiative will assess current health service resources, the level of health care coverage, and the number of people who are uninsured and underinsured in order to specify where gaps exist. "We want to understand the capacity of our region's resources to serve more people, more effectively" Warren says.

A second part of the initiative supports pilot projects to help close service gaps by, for example, restructuring emergency rooms or creating multishare health care access plans. Multishare plans target uninsured, employed people. Typically, their coverage is paid approximately one-third by their employers, one-third by employees themselves, and one-third by the community, although sometimes additional payers are involved. The multishare model

originated in Muskegon, Michigan, and was developed with the support of the W.K. Kellogg Foundation. In Michigan, state law enables the community component to be funded with Medicaid disproportionate-share hospital funds.<sup>1</sup> In Cincinnati, projects will explore several possible funding sources for the community piece, such as hospital resources, corporate donations, or other private contributions.

In Butler County, located just north of Cincinnati, a community health partnership initiated planning and development work for a multishare plan with the foundation's assistance. The foundation supported a market analysis and creation of a business plan for the partnership, which would enable it to offer a specified menu of primary care services. Also, it has supported development of shared service arrangements for billing and administrative staffing for the county's two federally qualified health centers, creating significant savings for these practice sites.

In addition to its regional approach to system change, the foundation is continuing to implement a combination of traditional capacity building and advocacy initiatives, as well as

supporting direct services for particularly vulnerable groups.

## Safety Net

Foundation staff believe that strengthening the primary care provider community is a key to improving health care access. Strengthening providers—by helping them remain competitive and encouraging collaboration and resource sharing—is an indirect approach to improving the health of the community and reducing the number of work and school days missed due to illness.

“If providers to the poor have the opportunity to develop resources that will keep them competitive, not only do they increase their sustainability, the community also benefits,” says Warren.

This is especially crucial given the current environment in which many nonprofit providers are financially less able to offer completely free care at the same time that greater numbers of the poor are seeking their services. In the greater Cincinnati area, as elsewhere, providers serving low-income, uninsured, and underserved residents struggle to deliver basic health care with inadequate staffing and few resources.

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<sup>1</sup> Congress established the Medicaid disproportionate share hospital (DSH) program in 1981 to help ensure that states provide adequate financial support to hospitals that serve a significant number of low-income patients with special needs. Recognizing that safety net hospitals typically incur higher uncompensated care costs than other hospitals and rely heavily on Medicaid, which historically has low reimbursement rates, Congress authorized DSH payments to assist states in financing the programs. DSH programs have become a major source of funding for the nation's safety net hospitals. Medicaid DSH became mired in controversy, however, as states discovered unforeseen opportunities to maximize federal funds and reduce state matching contributions, and the Congress and several administrations have taken steps to control the growth of state DSH programs and curtail inappropriate financing schemes (Mechanic 2004).

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*The foundation invests in 15 area school-based health centers as a way to provide comprehensive primary care and mental health services for children who face barriers in receiving these services in the community.*

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## Capacity Building and Information Technology

The foundation's staff believes in building infrastructure and systems for primary care providers that can help them overcome geographic and cultural barriers, as well as staff shortages. For example, it funds technology development and supports replacement or expansion of dental operators in sites that may provide the only dental care in a county or underserved neighborhood.

Recently, the foundation successfully orchestrated a capacity-building project that helped 15 area community health centers develop and maintain a shared information network. Community health center staff now process and manage billing and other accounting functions through a centralized network, freeing health center personnel to devote their attention to other vital business functions. The network also may enable the centers to maximize third-party payment. According to Warren, none of these providers previously had information technology support in-house, nor had they worked together on such a significant joint venture.

Although the health centers involved were excited about the possibility of creating this multiuser resource, it was not easy and took about a year to accomplish. "People in finance like their own accounting systems and their own ways of dealing with numbers, so sharing was hard," recalled Warren. In addition, the health centers, which had annual

budgets ranging from \$2 million to \$8 million, found it difficult to share data and information systems traditionally held as proprietary. "We had to work on trust and getting governance established," says Warren. Another big issue was determining which health center should take the lead, while plans were under way to create a separate nonprofit information network organization.

The new network, Ohio Shared Information Services, is now up and running and has a strong business plan. In fact, it has been so successful that it has taken on customers outside of the region. It provides bill processing, accounting services, software training, and help desk support for all user sites, and tailored assistance on request. One of the network's biggest accomplishments is providing support for the centers as they negotiate with telecommunications and software vendors, which has helped reduce prices for these services. It was one of 10 networks to receive a grant from the federal Health Resources and Services Administration to create the capacity to share electronic medical records.

## School-Based Health Care

The foundation invests in 15 area school-based health centers as a way to provide comprehensive primary care and mental health services for children who face barriers in receiving these services in the community. Because services are on-site, delays in arranging an appointment with

a provider and getting the child to the appointment and to follow-up care are significantly reduced, as are the problems in obtaining care for children who do not have insurance. Research funded by the foundation on the effectiveness of these centers has shown that, when they had access to school-based services:

- children’s assessment of their own health status improved dramatically;
- Medicaid costs did not increase;
- the mix of services changed, with children using more preventive services, more oral health services, more mental health counseling, and fewer prescription drugs; and
- African-American students’ service use rose, approximating the use of white students.

## Services for Vulnerable Populations

The foundation has worked to reduce barriers to care for a number of vulnerable populations: Hispanics, West Africans, other immigrants, and the homeless. It has increased the number of providers willing to serve these groups, helped health centers expand services for immigrants—especially chronic disease and health management services—and works with the Center for Closing the Health Gap on ways to address problems of obesity and diabetes. “Our service system needs to support disadvantaged groups and non-English-speaking people,” says

Warren. “In many cases, there are no medical interpreters, no multilingual signage, in fact, no one present who can speak the patient’s language. How can we reduce the disparities between racial and ethnic groups in seeking and using care? How can we meet the primary care needs of people who are severely mentally ill or abusing substances? How can we improve patients’ health literacy? How much do clinicians know and understand about the populations they treat? Answering these questions will help providers offer better, more effective services to all area residents.”

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## ROBERT WOOD JOHNSON FOUNDATION

*Thirty-four years ago, encouraged by then-bright prospects for national health insurance, Robert Wood Johnson Foundation's (RWJF) first president David Rogers wanted to devote the philanthropy's initial years to improving access to health care to all who needed it. RWJF became a national philanthropy in 1972, and more than three decades later, the nation is still struggling with the access problem. It has been "our biggest and most consistent funding area since the beginning," says Pamela Dickson, deputy director of the Health Care Group. Promoting access, affordability and stability of health care coverage for tens of millions of Americans "is the fundamental platform that underlies our effort to improve health and health care."*

### AT-A-GLANCE

Established: 1972

Assets: \$9.4 billion

Geographic Focus: National

Foundation Type: Independent

Web Address: [www.rwjf.org](http://www.rwjf.org)

### ACCESS STRATEGY

- Improving the knowledge base
- Demonstrations with hospitals, health plans, and others
- Communicating results and promoting action and change
- Building opinion leader support for expanded coverage
- Increasing enrollment in public programs
- Supporting state coverage efforts

### Strategy

As the largest health philanthropy in the United States, RWJF has spent about \$1 billion on access issues, pursuing multiple strategies, and adjusting its focus in response to the ebb and flow of national events. Its current overarching goal in the access area is to achieve affordable, sustainable health insurance coverage for all Americans. Over the years it has supported a variety of initiatives, including:

- research and analysis to gain a better understanding of the problem, its ramifications for health status, the economy, and society, and the strengths and weaknesses of various policy options proposed to improve coverage;
- training leaders who can advocate for change;
- training health professionals who will care for underserved populations;

- assistance for organizations or government programs trying to expand coverage or provide services to the uninsured;
- communications to increase public awareness and knowledge about the problem;
- tests of innovative models and programs that can be replicated nationally; and
- convening leaders to explore reform strategies.

In the mid-1990s, when the Clinton Administration's national health reform effort failed, foundation staff members recognized that neither the public nor policymakers had an appetite for pursuing universal coverage in the near term and shifted their strategy from building infrastructure to expanding access for specific population groups. "We began to lose faith that there would be national action [on universal health care] any time soon, so we explored a

more incremental approach to finding solutions,” says Dickson. The foundation refocused its strategy towards the actions of states, which were beginning to expand Medicaid coverage through federal waivers and other means, as the best opportunity to increase access.

## Children’s Coverage

RWJF’s major new initiatives started with children. Dickson says the foundation was struck by research it had commissioned that revealed that three-quarters of the nation’s 11 million uninsured children were eligible for Medicaid coverage, but not enrolled in the program. In 1997, RWJF launched an initiative—Covering Kids—intended to enroll every eligible child. This effort was bolstered by congressional action to expand coverage with the creation of SCHIP. Covering Kids worked with states to reduce barriers to Medicaid enrollment by simplifying application processes and eliminating restrictive policies, such as asset tests and in-person interviews, by conducting outreach, and by working to destigmatize public assistance programs.

Today, millions of American children have Medicaid and SCHIP coverage that otherwise would not have if it were not for Covering Kids. In 2001, the foundation expanded the program, now called Covering Kids & Families, in an attempt to increase enrollment of working parents of SCHIP children in public insurance programs. This effort has been inhibited, however. External

factors, such as many states’ budgetary woes, have prevented expansion of eligibility to parents, and funding for the program will end in 2007.

## State and Local Initiatives

RWJF has worked on expanding coverage and making it more affordable through a variety of other programs, too, including encouraging community coalitions to advocate for broader coverage and funding innovative pilot strategies for making health insurance more affordable for small businesses. Working with states, particularly through the State Coverage Initiatives program, which aims to improve the availability and affordability of private and public coverage for low-income residents, has proved most effective. Trying to forge community coalitions and help small businesses buy health coverage for employees has been more difficult. “For the most part these local efforts have not been successful, because they didn’t have a national or state support framework,” says Dickson.

Although states have been the locus of most recent coverage innovations, foundation staff members recognize the problems in sustaining state and local initiatives. They therefore are again setting their sights on a national solution. “Some states have made great strides, but over time, these efforts—as beautiful and glorious as they were—have been eroded by tight state budgets, underwriting cycles, and shifting political climates,” Dickson says. “We came to the conclusion that,

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*In the current environment, philanthropy has a major role to play. Foundations can stick with an issue across a long period of time without being swayed by political events or changes.*

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in order to lick this problem, we really need change at the national level, and we need to enlist public support.”

## Public Awareness

Since 2000, RWJF has invested heavily in a national awareness campaign to inform the public and national leaders about the need to expand health care coverage. The multimillion dollar Cover the Uninsured Week campaign is an attempt to jump start a national debate on the access issue and encourage business, labor, health, and consumer representatives to join together to find a consensus solution. Through various national and local campaigns that occur at the same time each year, the Cover the Uninsured initiative has used survey data and other research to raise public awareness about gaps in coverage and help people understand that most of the nation’s uninsured are working Americans who cannot afford coverage.

“The campaign was a pretty dramatic change for us,” says Dickson. The foundation had supported advocacy campaigns before, like the successful anti-tobacco effort conducted by the Campaign for Tobacco-Free Kids. “But coverage was a different story,” she says. “It was a much more politically sensitive topic than tobacco and much more likely to have different policy approaches identified with different partisan interests. It was tougher to find a place for us to stand that was more specific than simply ‘being for coverage.’”

With the Cover the Uninsured Week campaign in its fifth year, RWJF acknowledges that advocates are growing impatient for the campaign to focus less on the problem and more on solutions. “In 2006 we moved toward suggesting action steps,” says Dickson. RWJF leaders are unlikely to back a specific solution, but can use the foundation’s convening power to push stakeholders to consider viable options.

## Innovation, Replication, and State Policy Development

In the meantime, the foundation staff is closely watching promising efforts that could be replicated. For example, RWJF has funded a West Virginia demonstration allowing small employers to participate in the same health benefits plan offered to public employees. It continues to fund Covering Kids & Families, enabling some more eligible adults and children to obtain coverage, and to provide technical assistance to states implementing expanded coverage plans. It also made a substantial grant to help Maine implement its universal health program, Dirigo Health Care.

In the current environment, Dickson says, philanthropy has a major role to play. “Foundations can stick with an issue across a long period of time without being swayed by political events or changes. We can drumbeat and provide information, and we can help the public understand the critical nature of the issue.”

## THE HENRY J. KAISER FAMILY FOUNDATION

*In 1991, the 43-year-old California-based Henry J. Kaiser Family Foundation headed in a new direction, eventually becoming an operating foundation focused on informing state and federal health policy decisions that affect care for disadvantaged populations. The move was a major break with the traditional approaches taken by other health care funders. In just about a year, the foundation had almost 100 percent turnover in its professional staff and a new mission, and began to develop the twin capacities for which it is known today: policy analysis and communications.*

### Strategy

Today, the Kaiser Family Foundation makes a unique contribution to informing the public, policymakers, and the media about issues related to health coverage and care for vulnerable populations. In the process, the foundation is helping to shape public policy affecting Medicare, Medicaid, public health, global health, and national health reform. “Our role is to be an independent source of analysis and explanation of the big health issues before the nation,” says Drew Altman, the foundation’s president and chief executive officer. “Our agenda is the nation’s agenda—the issues that are before Congress and the White House and the public.”

In 1991, a major health reform debate was rapidly brewing. Altman and his board, which included national leaders such as former Undersecretary of Health, Education, and Welfare Hale Champion and former congresswoman Barbara Jordan, recognized that simply making grants to other

organizations would not give a modestly sized foundation such as Kaiser the unique national role they aspired to. The transition the organization made at that time has stuck. Says Altman, “We are an operating foundation with a very clear sense of what we do, who we are, what our institutional objectives are, and how we can have an impact.” Altman is quite aware of the limitations of a foundation whose main product is information, but in its access work, Kaiser has shown that a highly focused effort can make a significant difference in raising awareness about the importance of health insurance and public programs, as well as the medical, financial, and societal consequences of being uninsured.

### Information Dissemination

The foundation’s Kaiser Commission on Medicaid and the Uninsured, various topic-specific research and analytic projects, and media initiatives are vehicles to educate policymakers,

### AT-A-GLANCE

Established: 1948  
 Assets: \$556 million  
 Geographic Focus: National, International  
 Foundation Type: Operating  
 Web Address: [www.kff.org](http://www.kff.org)

### ACCESS STRATEGY

- Providing timely policy analysis and research
- Developing a cadre of journalists well informed about health care issues
- Aggressive information dissemination

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*The foundation provides a neutral counterweight in a sea of information flowing from organizations with vested economic and ideological interests in health care.*

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stakeholders, journalists, researchers, and the public about important health care issues and trends. The foundation addresses the uninsured problem broadly through the commission, hands-on education of journalists through fellowships and partnerships with media outlets, public opinion polls, and its Web sites.

The foundation uses a variety of mechanisms to put its information into the hands of the right people, but its chief vehicle is its Web site, [www.kff.org](http://www.kff.org), and its daily information service newsletter, [kaisernetwork.org](http://kaisernetwork.org). These Web sites are filled with foundation-produced news summary reports and Webcasts, originally produced interviews, studies, and fact sheets on a wide range of issues related to health coverage, the uninsured, health care costs, health insurance, and safety net programs. Other services, such as [statehealthfacts.org](http://statehealthfacts.org), provide relevant data to more specialized audiences. At the same time, it has created a bipartisan approach and studiously avoids both advocacy and lobbying.

“Kaiser’s approach is to bring the best available information and data to the debate and shine a light on what the public thinks about possible solutions and problems,” says Matt James, senior vice president for media and public education. “Because we are not seen as advocates, I think we are more trusted by the news media and policymakers.”

Given the wealth of information and resources pouring out of the foundation today, it is hard to appreciate how rarely foundations produced these kinds and amounts of data before 1991. The foundation clearly filled a void, and it provides what Altman and James describe as a neutral counterweight in a sea of information flowing from organizations with vested economic and ideological interests in health care.

## **Policy Analysis and Research**

The foundation’s role as a credible information broker is exemplified by one of its largest programs, the Kaiser Commission on Medicaid and the Uninsured, created in 1991 under the leadership of Diane Rowland, executive vice president of the foundation and a respected expert on both issues. “Everything we do that’s related to access and the uninsured drives off the commission’s work,” says James. Based out of the foundation’s Washington, DC, office, the commission provides information and analysis produced by foundation staff and consultants and is guided by a bipartisan group of experts. It has garnered respect and attention as offering the best, most timely, and most relevant data on the areas it covers. Rowland is regularly asked to appear on Capitol Hill, the panel’s work is trusted by the news media, and its reports and findings are routinely cited by state and federal policymakers.

## Media Partnerships

The commission and the well regarded health care journalism fellowship program, begun in 1993 and led by Penny Duckham, reflect the foundation's "twin commitments to producing the very best policy information and working with journalists to inform policymakers and educate the public," says Altman. Intensive media work is one reason the foundation is such a visible organization. "We have a deep appreciation for the contribution that media make in informing the public and the impact they have in the world in which we operate. Since the beginning, we have made a huge commitment to try and work with journalists and help them do what they do better."

## Challenges

Since Altman arrived 15 years ago, the staff has grown from 33 to about 110, drawn primarily from the fields of government, policy, and communications. Both board and staff are constantly assessing whether the foundation's strategy is the right one, whether it should conduct more studies and surveys, and how information is getting into the hands of policymakers and the public. "It's a constant assessment, but the goal hasn't changed," says James.

Foundation staff and trustees also recognize that their commitment to

providing information that is "timely, credible, and relevant" creates a pressure cooker. Whether it is a debate on Medicaid, consumer-driven care, access to Medicare prescription drugs, or the high cost of health insurance, the foundation wants to be equipped with the needed data and analysis for policymakers, the media, and others. Altman worries about the lack of time to provide more in-depth analysis and the need to jump from one issue to the next. "We get so caught up in the weeds. It's hard to keep your head above water and work on issues that truly have lasting meaning."

## Insights

So after 15 years, what has the foundation learned?

*Information without context doesn't work.* The foundation's leaders know that, to accompany their data, they could do a better job of telling a story, which they believe is a more compelling way to inform their audiences. They also believe they could be more balanced in the mix of short- and long-term issues they take on and somewhat more "big think" in some of their work. "There will never be a 'Kaiser plan' for anything, because we can never afford to be dismissed as a combatant in the fray," says Altman, "but we can do more to contribute options and analyze a broad range of policy choices, and we can be more discriminating about what is important."

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*Foundation staff have a deep appreciation for the contribution that media make in informing the public and have made a commitment to help them do what they do better.*

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*Be judicious in how much information is released.* For the foundation, this is a consummate struggle—how to avoid inundating people with too much information yet deliver needed

information into the right hands. “Everything we do has an audience, but not everybody wants it. We definitely need to do a better job of targeting our resources,” says Altman.

## W.K. KELLOGG FOUNDATION

*Seizing on a promising idea to improve the health and social conditions of a community, then testing it where members of that community live, work, and seek care is a recipe that has worked effectively in W.K. Kellogg Foundation's efforts to address gaps in access to care. The Battle Creek, Michigan-based foundation takes pride in its unique style, carved out over 76 years of operation.*

### Strategy

Since the foundation's inception in 1930 by cereal pioneer W.K. Kellogg, the foundation has focused on building the capacity of people, communities, and institutions to solve their own problems. Its approach has resulted in models that, for example, use community outreach workers to make sure homeless people receive critical services, deliver oral health services to children for the first time, improve access to care for poor and minority men, and deliver health services to adults and children who do not qualify for public assistance.

"Every foundation has a niche. We've been very focused on the concept of people helping themselves or moving community voice into implementation," says Kellogg's new chief executive, Sterling Speirn. Under the Kellogg model, a community identifies a complex health or social problem and then works in partnership with the foundation to implement a solution.

### Community-Based Initiatives

The foundation's most visible access to care effort is the Community Voices project, a series of so-called learning laboratories in eight U.S. communities that are testing strategies for protecting the health care safety net and increasing access to health care for uninsured, underserved, and vulnerable people. Launched in 1998, Community Voices is emblematic of Kellogg's approach to solving pressing health care problems. The foundation's goal is to figure out what works and what does not in different local settings, in order to guide future public and private policy decisions.

**Community Outreach**—Community Voices' outreach workers connect people in Denver's underserved neighborhoods with health care and other needed services. They have helped low-income pregnant women receive prenatal care and establish Medicaid eligibility. They have also combed the city at night to ensure

### AT-A-GLANCE

Established: 1930

Assets: \$7.3 billion

Geographic Focus: National, with special interest in Battle Creek, Michigan; Latin America and the Caribbean; and Southern Africa

Foundation Type: Independent

Web Address: [www.wkkf.org](http://www.wkkf.org)

### ACCESS STRATEGY

- Support for community-based approaches
- Promote effective leadership
- Include evaluation and communication in programming
- Assure that public policy is informed by community knowledge and experience

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*Denver Community Voices has gone from being a local experiment to a national investment. The National Cancer Institute's Patient Navigator Program invested \$3.1 million in the project over five years, beginning in late 2005. Patient navigators help cancer patients and their families manage their treatment and overcome common barriers to obtaining timely and appropriate care.*

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that homeless people, many of whom were members of minority groups, receive health care. “This program is a beautiful metaphor for our work,” says Jacquelynne Borden-Conyers, Kellogg’s communication manager.

**Health Care for Men of Color—**Baltimore’s Community Voices project is working to improve access to health care for poor and minority men at risk for preventable diseases and poor health outcomes. Its Men’s Health Center is the only clinic in the nation that provides round-the-clock, full-service primary care to uninsured men, ages 19 to 64. Many of the men who go to the center haven’t visited a doctor in years; others are so sick when they arrive that they are sent directly to the hospital. The project encourages Baltimore’s 55,000 uninsured men to take charge of their health and seek treatment promptly.

**Improving Access to Oral Health—**Thanks to New Mexico’s Community Voices project, the state has gone from having virtually no dental care for low-income residents to a small and growing network of oral health care providers. With no dental school and only two dental hygiene programs, the state had one of the severest shortages of dentists in the nation. Working with the University of New Mexico School of Medicine, Community Voices helped develop a program to increase the availability of dental care and recruit more dentists to work in the state. As a result, the number of dentists serving underserved people rose from one in 1999 to eight in

2001. Kellogg’s program is considered the catalyst for a new effort to create a school of dentistry in the state and a university program to train primary care and emergency care physicians to treat oral infections and trauma. “This all came out of the community, with the Community Voices grantee as a partner. That has a tremendous ripple effect,” says Borden-Conyers.

Initially, there were 13 learning laboratories, and in 2003 eight of them—Albuquerque, Baltimore, Denver, Ingham County (Mich.), Northern Manhattan (Harlem), Miami, Oakland, and three counties in North Carolina—received additional funding. Even without additional Kellogg Foundation funding, the Community Voices investment appears to still pay dividends. The West Virginia, Washington, DC, and Detroit, Michigan Community Voices projects all received funding from other sources and are pursuing expanded access to health care.

Denver Community Voices has gone from being a local experiment to a national investment. The National Cancer Institute’s Patient Navigator Program invested \$3.1 million in the Denver Community Voices project over five years, beginning in late 2005. Patient navigators help cancer patients and their families manage their treatment and overcome common barriers to obtaining timely and appropriate care—scheduling appointments, providing translation, transportation, or child care, and providing support and guidance.

The impact of Community Voices and its knowledgeable community leadership is seen in increased health insurance enrollment, fewer emergency room visits, and strategic public and private investments in programs and services. It also is reflected in greater community participation and more diverse voices in health access discussions, more writing and story presentation that convey the impact of various policy options on individuals and communities, and strengthened public will to address the health care needs of the most vulnerable.

Community Voices is now managed under a program office at the National Center for Primary Care, and its future plans include assessing the role of technology in promoting health in poor communities, expanding access to oral health providers, improving the health of ex-offenders returning to the community, and developing new models of prison health care.

## School-Based Health Care

Some 2 million American children receive health services in schools. In 2004, the foundation launched the School-Based Health Care Policy Program, a five-year effort to make school-based health care “financially stable, available, and accessible to children and families” across the United States and supported as a “consumer-centered model of quality care.”

Under the initiative, the foundation has awarded grants to the National Assembly on School-Based Health

Care (NASBHC) and nine of its state affiliates. The grantees work with numerous local school-based health centers primarily through local, state, and national policy changes to implement a broad array of strategies aimed at increasing the sustainability of school-based health centers. Their strategies include grassroots advocacy, community organizing, technical assistance, and data collection. Over the five years, the grantees also will attempt to increase their visibility and capacity to represent and advocate for school-based health care centers in their states.

## Insights

What is happening in the community and the environment heavily influences foundation strategy. Kellogg’s leaders like to be opportunistic and often support a project because they believe in the grantee—a practice they admit brings mixed results. For example, Kellogg funded a grantee’s effort to expand employer coverage in Denver, which turned out to be too expensive and was not continued. Other such experiences have been more positive, however. A former school-based health grantee in Maine is now assessing the cost-effectiveness of a health insurance product, and a past California Community Voices grantee is developing an HMO exclusively for Native Americans—a prime example of a community-driven effort.

Throughout its years of working with communities, Kellogg’s staff has learned that health care problems

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*In 2004, the foundation launched the School-Based Health Care Policy Program, a five-year effort to make school-based health care financially stable, available, and accessible to children and families across the United States.*

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*Kellogg's board and staff have learned the value of patience. Many foundation projects last six or seven years. A major project to improve health and economic conditions in the Mississippi Delta, for example, already has lasted a decade, and the Kellogg Foundation is now making a second 10-year commitment there.*

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cannot be viewed in isolation, and solutions need to be broadly crafted. A Boston program to reduce conditions that cause asthma among public housing residents demonstrates that philosophy. "When we're dealing with asthma, we need to consider where you live, where you get your food, and where you get your health care," Borden-Conyers says. By involving public housing residents in identifying factors that affect the health of their community, the project also garnered support to address safety issues and job training.

Kellogg's board and staff have learned the value of patience. Many

foundation projects last six or seven years. "When we go somewhere, we go there for a long time. We don't expect instant success," says Speirn. A major project to improve health and economic conditions in the Mississippi Delta, for example, already has lasted a decade, and the Kellogg Foundation is now making a second 10-year commitment there.

They've also learned that leadership and collaboration are keys to sustainability and success. Many Kellogg grantees are also grantees of other foundations; a situation the foundation staff believes offers opportunities for collaboration and richer results.

## MAINE HEALTH ACCESS FOUNDATION

*Maine has been at the forefront of advancing strategies to attain universal coverage for its residents—a remarkable achievement, given the large number of states moving in the opposite direction. The challenge of expanding access is particularly complex in Maine because the majority of its residents are self-employed or work for small businesses; the state has a large land area and a scarcity of health professionals; and its population is disproportionately old, low-income and rural. Nonetheless, Maine has implemented policies to expand access through strategies that blend and extend both public and private programs.*

While the Maine Health Access Foundation (MeHAF) is the largest health care philanthropy in the state, its resources are inadequate to support the myriad projects or approaches that could address the health care needs of Maine residents. Since awarding its first grants in 2002, MeHAF's grant awards have grown from \$3 million to \$5 million a year; an impressive figure for a rural, poor state, but a drop in the bucket compared to the \$7 billion spent annually for health care in Maine. Given this backdrop, MeHAF's six-member staff recognizes that leverage and collaboration are key to transforming the state's health system.

MeHAF's staff prides itself on having the agility to seize strategic opportunities, which is reflected in the foundation tagline, "Strategic solutions for Maine's health care needs." The tactic has served the foundation well in its quest to expand access to care for Maine's most vulnerable people. Since 2002, MeHAF has taken a leadership role through convening, targeted advocacy work, and policy development, as well as grantmaking. The foundation staff is

not shy about providing leadership where necessary, and in fact, takes a hands-on approach to much of its program work.

"At the current time, access to health care is mostly dictated by economics, income, and geography, resulting in a health care system that is morally and ethically unacceptable," says Wendy Wolf, MeHAF's president and chief executive officer. "Given the inequities in our system, MeHAF must keep pushing access initiatives as opposed to supporting generic quality or patient safety initiatives. Advancing quality is important, but if an applicant can't really demonstrate it will effectively improve care for the uninsured and medically underserved, then that project won't cut it for us."

### Strategy

In 2005, the MeHAF board outlined short- and long-term priorities and goals to transform Maine's health system and move to universal access. This disciplined focus also better positions MeHAF to respond effectively to key projects or opportunities that arise through external factors. The

### AT-A-GLANCE

Established: 2001

Assets \$105 million

Geographic Focus: Maine

Foundation Type: Independent

Web Address: [www.mehaf.org](http://www.mehaf.org)

### ACCESS STRATEGY

- Promote system change through:
  - strengthening the safety net,
  - improving public programs,
  - promoting patient-centered care, and
  - engaging public conversation about strategic use of finite health resources.
- Remain strategically opportunistic
- Provide leadership

short-term (2006-2010) priorities are to expand the health care safety net and systems that predominantly care for the uninsured and underserved and strengthen public programs serving that population. The long-term (2006-2015) priorities are to promote patient-centered care and advance a public conversation about the strategic use of Maine's health care resources.

These long-term efforts will require a fundamental change in thinking about the state's health care system and its capacities: "We need to both raise awareness and engage policy leaders and the public in thinking about health care as a finite resource where choices have to be made regarding how to provide care," says Wolf. "Some people think that there is enough money for everything, but that's unrealistic."

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## State Policy Development

In 2003, with bipartisan support, the Maine legislature enacted the ambitious Dirigo Health Reform Act, which aims—simultaneously and with equal vigor—to expand access, contain costs, and improve quality. The purpose of the act, commonly referred to as "Dirigo" (Latin for "I lead," Maine's state motto), is to make quality, affordable health care available to every Maine citizen by 2009. It also initiates processes for cost containment and quality improvement.

Dirigo exemplifies how a foundation can capitalize on an opportunity to advance state health care reform.

When Governor Baldacci was elected in November 2002, in part on a platform of comprehensive health care reform, he moved swiftly to advance this goal. MeHAF staff considered this "a generational opportunity" and immediately:

- met with the governor's staff to discuss mutual goals and what resources would be needed to move comprehensive health care reform forward;
- provided a grant to the nonpartisan National Academy for State Health Policy for research and technical support; and
- supported consultants, staff, and technical assistance for the state's health action team, which was made up of key stakeholders and health care policy experts and was charged with helping the governor's Office of Health Policy and Finance develop the comprehensive reform plan.

After the act was approved by the state legislature, MeHAF awarded several targeted strategic advocacy grants to ensure that the Dirigo Health Plan would be implemented as intended. For example, grant support to the National Alliance for the Mentally Ill of Maine helped that organization advocate for mental health parity in the plan.

Maine has a long way to go to reach its goal of insuring 110,000 currently uninsured Maine residents by 2009. MeHAF plans to continue supporting innovative programs to expand health care access in the state.

## Information Technology

MeHAF is helping to create a statewide online health information system that, by 2010, will give Maine providers timely patient health information, even for those who are uninsured. Such a system will help physicians and others provide better care, while guaranteeing patient privacy and confidentiality of records. “Until we have a health care system that ensures universal access,” Wolf explains, “having a ‘virtual’ system of care can significantly improve care for people who are uninsured. No matter what provider a person sees, information is readily available to facilitate coordination of care and patient safety, and—we hope—attenuate costs.”

According to Wolf, the project is moving forward because it has spontaneously brought together dozens of partners from across the state to focus on a shared vision. All are donating their time, and some are contributing funds—\$1 million so far. Participants include hospital information technology directors, physicians in private practice, consumer advocates, government officials, and public health experts.

## Safety Net

Key to advancing MeHAF’s mission is a focus on strengthening and expanding the state’s health care safety net for uninsured, underserved, and low-income residents. A program known as CarePartners is among the most ambitious and comprehensive

initiatives that tackles this persistent problem. Building on a program originally funded by Robert Wood Johnson Foundation, MeHAF worked with a network of volunteer physicians, hospitals, and health systems to enable uninsured and low-income residents to receive comprehensive, carefully managed, high-quality health services at low to no cost.

Since CarePartners began in 2001, more than 3,800 people have enrolled, and 960 health professionals have provided primary and specialty care to members for just \$10 per visit. The incentive for doctors is that the program coordinates care—a big time-saver—and provides members with free or low-cost pharmaceuticals. The value of the donated services in just three years is \$15 million.

## Insights

In the short time that MeHAF has worked to improve health care access for all Mainers, this new foundation has identified several key ingredients for success:

- Provide strong leadership at both the staff and board levels to build credibility and acceptance in the community.
- Continually assess how the foundation and its programs are doing. Wolf suggested careful listening to grantees and to people in the community. “Constantly ask, are we making a difference? How can we do better?”

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*Until we have a health care system that ensures universal access, having a virtual system of care can significantly improve care for people who are uninsured. No matter what provider a person sees, information is readily available to facilitate coordination of care and patient safety, and to attenuate costs.*

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- Be opportunistic and wade into a political environment when necessary.
- Take risks where government entities and public programs cannot, but do not commit to supplanting government functions.
- Leverage resources wisely, and look for potential liaisons and partners that bring new people into the conversation.
- Shine a light on key issues, stick with them, and resist the urge to jump as the sexy issue shifts every few years. Big change takes big commitments and long time horizons.
- Celebrate successes, and admit to and learn from failures. Foundations should not be afraid to adjust mid-course, or to ask grantees to do so.

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*Foundations are uniquely poised to take advantage of strategic opportunities when politics and public will converge. But foundation staff must recognize that working in the public arena is not necessarily easy. It is hard to be a supporter and a thoughtful critic at the same time.*

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“Foundations are uniquely poised to take advantage of strategic opportunities when politics and public will converge,” Wolf says. She added that, while they “should not be afraid to jump in,” foundation staff must recognize that working in the public arena is not necessarily easy: “It’s hard to be a supporter and a thoughtful critic at the same time.”

Without federal backing for universal access, advancing broad scale health reform at the state level is even more difficult. “In the absence of national leadership on cost, quality and access to health care, it’s our job to work with local leaders and trusted entities to balance these three important elements,” says Wolf. “When you team up with state leaders, it’s very difficult to preserve the perception of your independence and define a path that promotes the foundation’s goals. But it’s often a risk worth taking.”

## QUANTUM FOUNDATION

*Tim Henderson appreciates working for a foundation with deep community roots. When the Quantum Foundation vice president for programs is grocery shopping, he is occasionally approached by a local resident questioning a foundation decision to reject a particular project proposal. Another person may spot him at a community event and make a point of thanking him for the foundation's support for nurses in the schools, which allows her asthmatic child to receive needed medical care.*

Henderson, who leads Quantum's grantmaking efforts, says these encounters are routine when working for a foundation that serves the people of a single, defined community—in this case, Palm Beach County, Florida. "It's a big advantage to be local; we know the people. Because we're in one county, 90 percent of the time we know what is going on and what the needs are. We live here, too, and want to make a difference."

Created in 1995 with proceeds from the sale of the nonprofit JFK Medical Center in Atlantis, Florida, Quantum has been making grants to improve access to health care since June 1997. Over the past nine years, the West Palm Beach-based foundation has made more than \$60 million in grants and, working with local and national partners, raised another \$60 million in matching funds. While most of the \$120 million total has been directed at projects to boost access to health care, 10 percent is earmarked for education, and about 20 percent goes to community betterment projects.

Most people think of Palm Beach as a haven for the rich and famous, where mansions owned by wealthy northerners crowd the Intracoastal Waterway and chic boutiques line palm-shaded Worth Avenue. Indeed, the county's median income is the second-highest among the nation's metropolitan statistical areas. But Palm Beach County has two faces. The largest county east of the Mississippi River, it encompasses extremes of income and health care access. Countywide, almost 11 percent of residents live in poverty and, in some communities, more than 20 percent have no health insurance—higher than the national average. Forty-five miles from the Gold Coast, on the county's far western edge, is Belle Glade, home to many Haitians, Hispanic immigrants, and African Americans who work in Florida's booming agriculture fields. There, the average annual income is \$8,000 to \$9,000 and 19 percent of residents live in poverty. Belle Glade was an early epicenter of the AIDS epidemic, and the county still has one of the highest HIV/AIDS rates in the nation.

### AT-A-GLANCE

Established: 1995

Assets: \$160 million

Geographic Focus:  
Palm Beach County, Florida

Foundation Type: Independent

Web Address:  
[www.quantumfnd.org](http://www.quantumfnd.org)

### ACCESS STRATEGY

- Capacity building, including health information technology
- Direct services
- Provide leadership

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*A 2002 community health assessment commissioned by Quantum spotlighted serious gaps in county health services for the poor and uninsured. That report spurred Quantum to expand its vision of what it could do for its community.*

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## Strategy

Because its focus is on meeting the needs of county residents, Quantum has historically directed its investments toward building capacity and providing direct services to people without health insurance. The foundation initially focused on school health, through a plan that called for nurses and social workers to give 170,000 uninsured children access to health and wellness care in school. The foundation eventually added an oral health program, providing preventive dental care to young children, many of whom had never before had a dental visit. The effort proved successful but, in retrospect, did not go far enough.

## Care Coordination

A 2002 community health assessment commissioned by Quantum spotlighted serious gaps in county health services for the poor and uninsured. That report spurred Quantum to expand its vision of what it could do for its community. The assessment called for the creation of a body to coordinate and improve services for residents in need, and Quantum became a major force in establishing the Palm Beach County Community Health Alliance. This organization comprises 37 health and human services funders and providers. Modeled after a successful program in Austin, Texas, the organization is working to coordinate care better among community health centers, free clinics, the health department,

and hospitals and to expand capacity among safety net providers.

“Our goal now is to build up the infrastructure so we can provide more and better services,” says Henderson. “We try to identify where gaps exist and then try to fill them.” This includes supporting a new specialist or nurse for a clinic in need, setting up a medical translator program to help non-English speakers, enrolling people in social and economic programs, supporting and upgrading health information systems to make care more efficient in free clinics, and obtaining more specialty care for uninsured patients.

## Information Technology

Under the alliance’s umbrella, a number of initiatives have proved very successful. One of the more innovative will establish an electronic health records system—particularly important in states that, like Florida, are vulnerable to natural disasters that can destroy paper records. This system also should improve the continuity of care, while reducing costs. People without health insurance frequently obtain their health care services from a variety of hospital emergency rooms and free clinics, which makes it difficult to track their history of illnesses, treatments, and diagnostic tests. Lack of a record means that tests may be repeated unnecessarily or that contraindicated medications may be prescribed.

The county health care district received a \$250,000 state grant—\$1 for every uninsured county resident—to establish an electronic system that will enable providers to instantly retrieve a patient’s medical records. The state project builds on a Quantum grant supporting establishment of a countywide system. Eventually, providers will be able to use the online system to schedule appointments with volunteer doctors and clinics and locate translators to accompany patients to medical appointments—benefits insured residents do not necessarily enjoy.

Quantum has also supported development of a new network of volunteer physician specialists, modeled after projects in Asheville, North Carolina; Boston, Massachusetts; and elsewhere. So far, 130 doctors have signed up and have agreed to treat uninsured patients for free. Called Project Access, the network solves the persistent problem faced by primary care clinics when patients need specialist care.

## Medical Translation

Community needs sparked another innovative project: a medical translation program. More than 52,000 county residents—many of whom immigrated from the Caribbean and Latin America—do not speak English well or at all. Almost 20 percent of county residents are Hispanic. Quantum supports an initiative to provide free or inexpensive medical translators for patients as well as

providers, so they need not depend on family members to relay information accurately—information that may be not only complex, but also emotionally difficult. The project will translate written materials into the various languages used by county residents, too.

## Medical Debt

The foundation is partnering with The Access Project, located in Boston, on an initiative to help patients manage their medical debt and avoid bankruptcy. (Medical debt causes half of all bankruptcies in the United States and creates substantial housing problems, because debtors have difficulty paying rent or obtaining a mortgage.) Under the project, which will start later in 2006, Quantum will establish a system to make hospital payments more manageable for people without insurance and with large medical debt, along with helping eligible individuals apply for charity care.

## Insights

Quantum staff says that over the past nine years they have learned what they consider some basic lessons about community service:

- Make sure partnerships receive support and recognition.
- Make sure everyone feels engaged, including foundation trustees.
- Stay focused on the concerns of the people who live in your service area.

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*The foundation is beginning an initiative to help patients manage their medical debt and avoid bankruptcy. Under the project, Quantum will establish a system to make hospital payments more manageable for people without insurance and with large medical debt, along with helping eligible individuals apply for charity care.*

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- Be patient, because community initiatives need time to show real impact.

Adhering to these lessons has led to strong partnerships and “terrific support for the staff from the board of trustees,” says Trudy McConnell, vice president for community relations. She believes the best strategy

for staying plugged into the community is to visit health care sites and grantees to see where gaps exist and to “be vigilant about the needs of the residents, as they change frequently, due to employment issues and emergency situations such as hurricanes, lately a too-frequent visitor to South Florida.”

## THE RHODE ISLAND FOUNDATION

*For a small state with limited resources, Rhode Island has made enormous strides in providing access to care for children, expanding dental services for children and the elderly alike, and supporting a nonprofit HMO dedicated to making certain that residents dependent on Medicaid do not lose their medical home. All of these accomplishments can be linked to the efforts of The Rhode Island Foundation, a community foundation that started with a modest endowment in 1916, and which now leverages its nearly \$450 million in assets to improve the quality of life for all state residents.*

Since the early 1990s The Rhode Island Foundation's strategic grant-making has included a focus on projects serving children and families, including improving access to health care. The foundation began its access work by concentrating on children, and participating in such programs as Covering Kids & Families, Rhode Island Kids Count, and the Rhode Island Oral Health Access Initiative. The foundation is now expanding its work with efforts to raise access levels for adults as well. "It's hard to keep kids healthy if you don't cover the parents," says Karen Voci, senior vice president for programs.

### Strategy

Regardless of whether The Rhode Island Foundation focuses on children or adults, the staff uses consistent strategies, emphasizing capacity building, creating partnerships, and exploiting partnerships' inherent leverage. The foundation has partnered with national foundations, local advocacy groups, research

organizations, the local health care community, schools, nursing homes, and state working groups. According to Voci, without these partnerships, the Rhode Island Foundation could not have come as far as it has in expanding access to care.

### Children's Coverage

This program has been integrally involved in helping establish Rhode Island's leadership in providing health care coverage to children. The project is part of a national health care access initiative sponsored by Robert Wood Johnson Foundation, which The Rhode Island Foundation was able to bring to the state. The initiative is working to reduce the number of uninsured children and parents by enrolling and retaining eligible children and adults in RIte Care—the state's Medicaid Managed Care program—or RIte Share, a health insurance premium assistance program. The project has simplified enrollment for these state programs and coordinated health coverage.

### AT-A-GLANCE

Established: 1916

Assets: \$469 million

Geographic Focus: Rhode Island

Foundation Type: Community

Web Address: [rifoundation.org](http://rifoundation.org)

### ACCESS STRATEGY

- Capacity building
- Creating and leveraging important partnerships

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*The Rhode Island Foundation is the only foundation in the nation to buy shares in a health maintenance organization, to sustain access to care for the state's Medicaid population.*

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## Oral Health

As part of this initiative, the foundation uses partnerships to help improve access to oral health services for both children and adults. The program began in the early 1990s as part of an RWJF Local Initiative Funding Partners grant to bring affordable dental equipment to Providence.

“Prior to that there wasn’t a lot of capacity at health centers to do dental care, and most dentists were not interested in Medicaid patients,” says Voci. “So we decided to build the capacity while at the same time trying to make people aware of the importance of dental care. We made grants to community health centers and to two hospital-based clinics to hire dentists and get equipment. At the same time, we recruited an important political champion to convene a commission on dental health care: the Rhode Island Senate Oral Health Commission.”

With additional funding from RWJF, The Rhode Island Foundation has dramatically expanded oral health services in schools and now plans to expand them for nursing homes, by regularly sending a dentist and equipped van to nursing facilities. In addition, the foundation has worked with a local hospital to implement a dentistry residency program in partnership with a dental school and hospital in Brooklyn, NY.

## Community-Based Health Plan

The Rhode Island Foundation is the only foundation in the nation to buy shares in a health maintenance organization, the Neighborhood Health Plan of Rhode Island (NHPRI). NHPRI was founded as a for-profit organization in 1993, with assistance from Neighborhood Health Plan of Massachusetts, in response to the initiation of Rhode Island’s Medicaid managed care program, RIte Care.

In December 2000, the foundation provided NHPRI with a \$2 million, long-term note to purchase its for-profit shares back from the Massachusetts plan and convert to nonprofit status. With this transaction, NHPRI became Rhode Island’s community-based health plan, entirely focused on improving access and health care in the state. The change came at a critical time: two health care insurers had withdrawn from the state, and expanded eligibility had created an influx of new RIte Care enrollees.

NHPRI and community leaders saw the stock purchase as a clear demonstration of the foundation’s commitment to sustain access to care for the state’s Medicaid population. “We didn’t want the plan to be bought out by a group that would push out the Medicaid population,” says Voci. NHPRI currently enrolls more than 75,000 individuals, representing 58 percent of all RIte Care participants.

## Challenges

According to Voci, there are barriers every step of the way: the difficulty of making changes locally without state and federal support, limits in people's perceptions of what can be accomplished, and the inadequacy of resources available to foster change. For example, Rhode Island does not have a fund, such as Massachusetts' uncompensated care pool, with which to experiment and jump start a program for the uninsured.

When it comes to expanding access, a state can go only so far without national leadership. "I don't think that Rhode Island can do much more than it has already done, given the current environment," Voci says. "Even if the governor were to take strong action on premium rates, or use the state's purchasing power for leverage, we are quickly going to get to the point where we need national assistance."

The sheer scope of the problems can be a barrier. Voci recalled that a decade ago the general perception, even among foundation staff, was that "there's really not much we can do in health care, it's just too big." But as the foundation began to fund programs that yielded tangible results, that barrier began to erode.

## Insights

Over the years, Voci says, foundation staff have learned that several critical ingredients make a real difference in the amount of impact a foundation or its programs can have:

- collaboration with a variety of partners, especially if your resources are small;
- gleaning ideas from other foundations and advocacy organizations;
- seeking input from the community where programs are implemented;
- investing in research that can build a basis for policy development; and
- making it real. "At the end of the day, someone has to see the benefits on the ground," Voci says. "Building political will and many other things are important, but success has to be tied to something real that people can see, smell, and taste."

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## ROSE COMMUNITY FOUNDATION

*Most people’s vision of Colorado encompasses mountain hikes, vigorous winter sports, and a population that is fitter and healthier than the rest of America. And, in fact, Colorado is one of the healthiest states in the country, but it, too, has a burgeoning health care access problem, exacerbated by growing numbers of uninsured and underinsured residents, serious geographical access challenges, and strict state rules on Medicaid eligibility.*

### AT-A-GLANCE

Established: 1995

Assets: \$267 million

Geographic Focus:  
Seven counties of greater  
Denver, Colorado

Foundation Type: 509(a)(3)  
supporting organization

Web Address:  
[www.rcfdenver.org](http://www.rcfdenver.org)

### ACCESS STRATEGY

- Public policy
- Capacity building
- Research
- Advocacy
- Limited direct service

“Rose Community Foundation is concerned about the health of Coloradans, and we know that access is an important part of the equation,” says Barbara Yondorf, a senior program officer. “What we’re seeing in Colorado is a growing number of people who just don’t have access for a variety of reasons.”

Until 2006, Colorado had some of the strictest Medicaid eligibility criteria in the nation. Effective July 1, 2006, Colorado raised the income eligibility level for parents of dependent children from 39 percent to 60 percent of the federal poverty guideline. The state also will drop the asset test for Medicaid, which used to apply both to adults and children. Colorado does not have a medically needy program.<sup>2</sup>

Rose Community Foundation, formed in 1995 as the result of the sale and conversion of a nonprofit hospital to a for-profit entity, is devoted to helping make the greater Denver area a vibrant and healthy place to live. In its health work,

the foundation targets three areas: primary prevention, access to care, and health policy and public health leadership.

### Strategy

The foundation has a number of strategies, including support for capacity building, research, and direct service provision. But in the eyes of foundation staff, two elements in particular are crucial to solving the access problem: “We need informed public policy and a strong consumer advocacy voice,” says Yondorf. “By supporting advocacy efforts and leveraging our dollars on behalf of thoughtful analysis, policy development, and public education, we can foster the political will to create change.”

While the foundation works toward the long-term goal of policy change, it still works on strengthening the safety net and the local health system infrastructure. But Yondorf questions

<sup>2</sup> Most states have special programs designed to meet the specific medical needs of certain groups of people who would not otherwise qualify for Medicaid. No federal funds are provided for these state-only programs.

how many resources should be put into the current health care system. “We are mired in an outdated system that people increasingly recognize doesn’t work. The challenge is figuring out how much effort should go toward putting our finger in the dike,” she says. “At what point do we say the dike needs to be replaced?”

Rose Community Foundation staff believe that systemic change should be directed toward creating a patient-centered health care system. To move in that direction, the foundation is increasingly turning to policy initiatives and to research that informs policy. It is also emphasizing development of well informed, visionary leaders. Specifically, the foundation was instrumental in getting Colorado’s SCHIP off the ground several years ago and has been involved since in several other policy initiatives, as well as helping to create groups that can inform the policymaking process.

## Policy Analysis and Research

In 2002, the foundation partnered with Caring for Colorado Foundation and The Colorado Trust to create the Colorado Health Institute, a nonprofit organization that provides objective health information for Colorado decisionmakers. The impetus was clear: According to Yondorf, Colorado has one of the most understaffed legislatures in the country, and legislators do not have any paid personal staff. “To make good public policy,

our legislators have to be able to turn someplace that is neutral and trusted.” Because of the anticipated size of the institute, partners were brought into the creation process. This took more time and involved careful negotiations every step of the way, but the end result was a better one, she says.

The institute has analyzed the state’s uninsured population, conducted an oral health environmental scan, and monitored the capacity of the state’s health care safety net to provide care for uninsured and underinsured Coloradans. Legislators regularly turn to it for information, briefings, and meeting facilitation.

## Advocacy

In 2000, the foundation convened a group of Colorado consumer health advocates to talk informally about the work of coalitions formed by consumer organizations in other states. A core group from this meeting decided to create such a coalition and incorporated a new nonprofit, the Colorado Consumer Health Initiative. The mission of the initiative is “to ensure barrier-free access to quality health care for all Coloradans.” Rose Community Foundation provided the seed funding.

A few years later, in a significant test of the group’s potential, it joined a number of other organizations supporting Amendment 35, which would raise Colorado’s cigarette tax—at the time the nation’s second-lowest. Rose Community Foundation

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*While policy development and advocacy support are major strategies, the foundation also relies on capacity building to ensure the long-term health of its core health organizations.*

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provided a convener and facilitator to help these groups reach consensus despite their diverse interests, and the Colorado Consumer Health Initiative played a vital role in the amendment's ultimate passage.

With strong leadership by the executive director and the board, the Colorado Consumer Health Initiative has proved its worth. Its membership now includes more than 200 consumer advocacy organizations and individuals, and it is a major resource for the legislature on health issues—an honest broker of useful information.

### Capacity Building

While policy development and advocacy support are major strategies, the foundation also relies on capacity building to ensure the long-term health of its core health organizations. In 2005, it created an initiative called BOOST (Building Organizational Operating Strength Together), which provides capacity-building funds to foundation grantees experiencing significant growth. The premise is that financial health and good business planning are key to a nonprofit organization's performance, effectiveness, and durability. The initiative

provides training, consulting, and strategic grant investments to support organizations as they work toward those goals.

### Insights

In its 10 years of working to improve access to health care, the foundation has learned it needs a mix of strategies to achieve its objectives. Even if long-term policy changes the ultimate aim, work needs to be done in the interim to ensure that people obtain care. In order to make the greatest strides, Yondorf cited these lessons:

- Improving access requires well informed, visionary leaders.
- A steady supply of solid, neutral data is important to move the policy process.
- A foundation should be prepared to act quickly to take advantage of unexpected opportunities.
- Innovative approaches and systemic change require risk-taking.
- Strong consumer advocacy organizations need to be nurtured.

## UNIVERSAL HEALTH CARE FOUNDATION OF CONNECTICUT

*Serving a state that has the same health cost, quality, and access challenges that all states struggle with, Universal Health Care Foundation of Connecticut stands out as a small philanthropy with a unique and visionary mission. Born out of a 1997 lawsuit brought by labor and community activists against a health plan merger, this nine-year-old conversion foundation is actively promoting efforts to develop and build support for a plan to achieve universal health care coverage in Connecticut by 2007.*

Most health foundations fund efforts to expand safety net capacity, conduct research, or educate the public about gaps in access to care. Since 2002, the foundation has concentrated a major portion of its \$5.7 million in grants on mobilizing a statewide universal health care campaign—a daunting task in a state dominated by the insurance industry and other large corporations, and where residents, on average, have the highest per capita income in the nation. The foundation hopes to shape a health system for Connecticut that not only offers universal access but also promotes economic and social justice. As president Juan A. Figueroa says, “The health care system needs a lot of work, and the access problem is a central issue for the foundation that ought to be something we can fix.”

The foundation’s orientation toward social change undoubtedly stems from its leadership. The foundation was created by labor organizers and consumer activists, many of whom sit on its board of directors. Figueroa, a longtime civil rights advocate and

former state legislator, spent 10 years as president and general counsel of the Puerto Rican Legal Defense and Education Fund. “Everything we do is built around a strategy to change public policy and make health care a fundamental right,” he says. “Our key strategy is giving voice, engaging people, and not being afraid to rock the boat to get things done. I think our approach is somewhat unique because of that.”

An estimated 356,000 Connecticut residents—one in 10—lack health coverage. As elsewhere, most are in low-wage jobs that do not provide health benefits. Hispanics and African Americans are a disproportionate share of the uninsured population, at 40 percent and 16 percent, respectively. Although Connecticut’s uninsured rate is lower than the national average and comparable with the rates of its New England neighbors, Figueroa pointed out that, as elsewhere, the number of uninsured people is steadily growing due to rising health care costs and decreasing employer coverage. “The environment

### AT-A-GLANCE

Established: 2000

Assets: \$51 million

Geographic Focus: Connecticut

Foundation Type: 509(a)(3) supporting organization

Web Address: [universalhealthct.org](http://universalhealthct.org)

### ACCESS STRATEGY

- Public policy and research
- Organizing: mobilizing and giving residents a voice
- Strategic communications: raising awareness and promoting universal coverage

now is such that many people are a paycheck away from losing their coverage,” he says.

## Strategy

Since the beginning, Universal’s grantmaking has focused on laying the groundwork for a health system that would provide universal access to care for Connecticut residents. The foundation is currently devoting all its resources to partnering with business and mobilizing consumers statewide to help shape a concrete proposal for universal coverage to be delivered to the governor and legislature by 2007. While the foundation’s 10-year goal is to work on broader issues related to quality and health care disparities, its immediate concerns are health care advocacy, removing barriers to care for low-income people, and shaping policy and practice.

A February 2006 report, *Mapping Health Spending and Insurance Coverage in Connecticut*, based in part on research commissioned by the foundation, maintained that an additional \$343 million would be needed to cover the state’s uninsured residents—less than the \$572 million now being spent in direct costs of their care, most of which is paid by residents themselves, by providers (as uncompensated care), and by a variety of uncoordinated state and federal programs. The report, which outlined various problems in the current system, maintained that uninsurance costs the state economy an additional \$652 million to \$1.3 billion a year in

indirect costs, including lost work time, lower productivity, and so on. Prepared by leading researchers from the Urban Institute, the Economic and Social Research Institute, and the Massachusetts Institute of Technology, the report was released in time to become part of the state’s 2006 gubernatorial campaign. Opinion page editors of the *Hartford Courant* called it an important springboard for discussion about the uninsured problem.

A June 2006 report, *Sounding the Alarm*, presented the impact of three policy options on both the health sector and the overall economic health of the state and identified prospective ways to finance the expansion of coverage. The Foundation staff is not planning to endorse one of the models; instead, they are using the report to further the discussion by demonstrating that universal coverage is possible. They are using the models as an organizing tool, engaging diverse groups in the discussion of which elements must be included in a universal health care program.

The foundation’s goal is to insert the issue of universal health care into the Connecticut gubernatorial race and election and to transform the discussion in the legislature from “Should we have universal health care?” to “What kind of universal health care will we adopt?” They made considerable progress in the first half of 2006. Both Democratic candidates for governor, John DeStefano and Dan Malloy, released their own plans for universal health care. Don Williams,

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*The foundation is currently devoting all its resources to partnering with business and mobilizing consumers statewide to help shape a concrete proposal for universal coverage to be delivered to the governor and legislature by 2007.*

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the president of the Senate, released a framework for universal health care, stating that it would be his top priority in the 2007 legislative session. Jim Amann, the speaker of the House, promised to transform a task force on children's access to health care into a blue-ribbon commission on gaining universal health care. And the Republican governor, M. Jodi Rell, was being called upon to release a plan of her own.

## Small Business Engagement

The Small Business Health Care Network is an attempt by Universal to help small business leaders voice their concerns about the health insurance problem and spark ideas for potential solutions. Because of the make-up of Connecticut's uninsured population, the foundation first began working with small business associations serving minorities and women, groups that had "the fewest venues to talk about this issue," says Figueroa. The foundation recently expanded its outreach to a number of chambers of commerce throughout the state and helped large employers produce a health scorecard that enables consumers and health care purchasers to make better health care decisions.

## Community Organizing

"We really need to get the public a lot more engaged on this issue," says Figueroa, and Universal has

stepped up its efforts to mobilize consumers, involve communities in developing solutions to access problems, train persuasive and informed advocates, and convene public forums—in short, to build a network for comprehensive reform. Since its inception, the foundation has made a series of organizing grants to advocacy, faith, and community-based groups, such as the Bridgeport Child Advocacy Coalition, United Action Connecticut, Connecticut Parent Power, and Citizens for Economic Opportunity. In 2006, Universal put an extra \$1 million into this effort.

Working with its organizing grantees, the foundation is planning a series of convenings and rallies to engage the public on this issue. In addition, a Web site has been established, [www.healthcare4every1.org](http://www.healthcare4every1.org), where people can tell their stories and join the campaign for universal health care. The site is promoted by paid television advertising as well as print materials.

It is still too early to know how successful these efforts will be, but the foundation has clearly raised awareness about the problems of health care affecting Connecticut's insured, underinsured, and uninsured residents—an important if not crucial step to achieving change. "Plenty of economic interests can easily get their message out. But if you are a typical working class family, what avenues do you have to voice your anxiety about the security of your health care?" asks Figueroa.

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*The Small Business Health Care Network is an attempt by Universal to help small business leaders voice their concerns about the health insurance problem and spark ideas for potential solutions.*

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## Communications

Figuroa says the foundation “integrates community organizing, advocacy, and solid, credible research with an aggressive communications campaign.” The foundation hired a campaign manager to help its communication staff implement an integrated communications strategy, including statewide television and Internet advertising, public relations, and public forums to educate consumers about the issues and the solutions and to equip them to advocate for universal health care.

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# ABOUT GIH

With a mission to help grantmakers improve the health of all people, Grantmakers In Health (GIH) seeks to build the knowledge and skills of health funders, strengthen organizational effectiveness, and connect grantmakers with peers and potential partners. We help funders learn about contemporary health issues, the implications of changes in the health sector and health policy, and how grantmakers can make a difference. We generate and disseminate information through meetings, publications, and on-line; provide training and technical assistance; offer strategic advice on programmatic and operational issues; and conduct studies of the field. As the professional home for health grantmakers, GIH looks at health issues through a philanthropic lens and takes on operational issues in ways that are meaningful to those in the health field.

## Expertise on Health Issues

GIH's Resource Center on Health Philanthropy maintains descriptive data about foundations and corporate giving programs that fund in health and information on their grants and initiatives. Drawing on their expertise

in health and philanthropy, GIH staff advise grantmakers on key health issues and synthesizes lessons learned from their work. The Resource Center database, which contains information on thousands of grants and initiatives, is available on-line on a password-protected basis to GIH Funding Partners (health grantmaking organizations that provide annual financial support to the organization).

## Advice on Foundation Operations

GIH focuses on operational issues confronting both new and established foundations through the work of its Support Center for Health Foundations. The Support Center offers an annual two-day meeting, The Art & Science of Health Grantmaking, with introductory and advanced courses on board development, grantmaking, evaluation, communications, and finance and investments. It also provides sessions focusing on operational issues at the GIH annual meeting, individualized technical assistance, and a frequently asked questions (FAQ) feature on the GIH Web site.

## Connecting Health Funders

GIH creates opportunities to connect colleagues, experts, and practitioners to one another through its Annual Meeting on Health Philanthropy, the Fall Forum (which focuses on policy issues), and day-long Issue Dialogues, as well as several audioconference series for grantmakers working on issues such as access to care, obesity, public policy, racial and ethnic health disparities, and health care quality.

## Fostering Partnerships

Grantmakers recognize both the value of collaboration and the challenges of working effectively with colleagues. Although successful collaborations cannot be forced, GIH works to facilitate those relationships where we see mutual interest. We bring together national funders with those working at the state and local levels, link with other affinity groups within philanthropy, and connect grantmakers to organizations that can help further their goals.

To bridge the worlds of health philanthropy and health policy, we help grantmakers understand the

importance of public policy to their work and the roles they can play in informing and shaping policy. We also work to help policymakers become more aware of the contributions made by health philanthropy. When there is synergy, we work to strengthen collaborative relationships between philanthropy and government.

## Educating and Informing the Field

GIH publications inform funders through both in-depth reports and quick reads. Issue Briefs delve into a single health topic, providing the most recent data and sketching out roles funders can and do play. The GIH Bulletin, published 22 times each year, keeps funders up to date on new grants, studies, and people. GIH's Web site, [www.gih.org](http://www.gih.org), is a one-stop information resource for health grantmakers and those interested in the field. The site includes all of GIH's publications, the Resource Center database (available only to GIH Funding Partners), and the Support Center's FAQs. Key health issue pages provide grantmakers with quick access to new studies, GIH publications, information on audioconferences, and the work of their peers.

## 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 organizations (foundations and giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking).







1100 CONNECTICUT AVENUE, NW  
SUITE 1200  
WASHINGTON, DC 20036  
TEL 202 452 8331 FAX 202 452 8340  
[www.gih.org](http://www.gih.org)