GIH BULLETIN

Helping grantmakers improve the health of all people

APRIL 27, 2009

NEW GRANTS & PROGRAMS

- **The Centene Foundation for Quality Healthcare** (St. Louis, MO) awarded a $25,000 grant to **Madison County Community Health Centers, Inc.** (Alexandria, IN) to support the **School Based Health Clinic**, a program designed to address the effects of inaccessible primary health care for school-aged children. The program focuses on conducting health assessments on all elementary, intermediate, and high school students at participating schools in the Alexandria area. In addition to ensuring that all students have current immunizations, the assessments provide opportunities to affect health issues that contribute to absenteeism, participation in drug and alcohol use, and school dropout rates. The program's ongoing health and behavior education component also increases health awareness among students, parents, and school administration. Contact: Mary Deverman, 314.725.4477.

- **Endowment for Health** (Concord, NH) awarded more than $217,000 in grants to support resources that will augment health-related projects in New Hampshire. Among the grantees are: **Health Strategies of New Hampshire** (New Market) – $50,000 to support a pilot training program that will focus on sustainability planning for nonprofit organizations that address health issues; **Riverbend Community Mental Health** (Concord, NH) – $49,307 to support the activities of a community collaboration among schools, mental health providers, and child-serving agencies; **Lamprey Health Care** (New Market, NH) – $35,850 for efforts to improve cultural effectiveness and increase diversity of New Hampshire's health care workforce; **University of Massachusetts Medical School** (Worcester) – $20,000 to conduct an analysis of state and federal health care mechanisms; **Center for Law and Social Policy** (Washington, DC) – $15,000 to examine linkages between economic equity and health; and **A Safe Place - Seacoast Task Force on Family Violence, Inc.** (Portsmouth, NH) – $10,000 to support the **Coalition for Domestic Abuse Recovery's** efforts that focus on improving service to children who have been traumatized by domestic violence. Contact: Karen Ager, 603.228.2448, ext. 31, kager@endowmentforhealth.org.

Susan G. Komen for the Cure (Dallas, TX) awarded $60 million in research grants that will support scientists at 54 universities and hospitals in 26 states and one foreign country. This year's allocation includes $25.7 million earmarked for Komen for the Cure's **Promise Grants**, which support investigators from various disciplines and different institutions working as one team to solve difficult challenges in breast cancer. The four Promise Grant recipients will receive cofunding from **Triple Negative Breast Cancer Foundation** (Norwood, NJ) to explore triple-negative breast cancer, an aggressive form of the disease. Promise Grant recipients are: **M.D. Anderson Cancer Center** (Houston, TX) and **Duke University** (Durham, NC) – $6.8 million to study early detection and prevention strategies for an aggressive

■ *GIH Funding Partner*

GIH NEWS

GIH ISSUE DIALOGUE ON CHILDREN'S HEALTH MAY 27

GIH's upcoming Issue Dialogue *Reaching Kids: Partnering with Schools to Improve Children's Health*, in Washington, DC, will bring together grantmakers, public health leaders, and experts to explore how the U.S. education system intersects and influences children's health and development outcomes. Participants will discuss promising approaches to "reach children where they are" through school-based and school-linked services, and explore how these efforts contribute to children's health and developmental improvements and serve as the foundation for broader educational system reform. Register by May 15. For more information, visit www.gih.org.

REGISTER BY MAY 19 FOR *THE ART & SCIENCE OF HEALTH GRANTMAKING*

The Art & Science of Health Grantmaking, a great professional development opportunity, will feature basic and advanced sessions on the latest operational issues affecting health grantmakers in governance, finance and investments, grantmaking, evaluation, and communications. A site visit will also be offered. The meeting takes place June 10-11 in Baltimore, Maryland. For more information, visit www.gih.org.

form of breast cancer known as estrogen receptor-negative; **Thomas Jefferson University** (Philadelphia, PA) – $6.7 million to identify biomarkers to predict treatment response and to match patients to the best treatment for them; **University of Alabama at Birmingham** – $6.4 million to investigate ways to add a new drug, along with chemotherapy, to fight triple negative breast cancer; and **Indiana University, Indianapolis** – $5.8 million for efforts to establish biomarkers that doctors can use to better predict which breast cancer patients will benefit from the drug Avastin and which patients will suffer significant side effects from its use. For more information, visit www.komen.org/09grantawards.

- **The Kresge Foundation** (Detroit, MI) awarded nearly $73 million in grants during the first quarter of 2009. The foundation awarded two, $1-million grants to **The Salvation Army USA's Central Territory** (Des Plaines, IL) and **Southern Territory** (Atlanta, GA) to support the construction of a facility in each area that will augment the provision of food, shelter, clothing, utility assistance, afterschool programs, and other neighborhood-related needs. **University of Southern California** (Los Angeles) received $950,000 to support its **Trade, Health and Environment Impact Project**. **Open Arms of Minnesota** (Minneapolis) received an $800,000 grant to support efforts to prepare and deliver free meals to low-income individuals living with chronic and progressive diseases, including HIV/AIDS, breast cancer, multiple sclerosis, and other conditions. A $450,000 grant to the Oakland, California-based **Rose Foundation for Communities and the Environment** will support its **Bay Area Environmental Health Collaborative**. Contact: Cynthia Shaw, 248.643.9630.

- **Maine Health Access Foundation** (MeHAF) (Augusta) awarded eight state-based organizations a total of $678,000 to improve cost containment policies that capture true savings rather than shifting costs. Examples of funded projects include building better transparency so consumers can make more informed choices about coverage that fits individual and family needs; developing new value-based payment models for care that will drive higher quality, produce accountability, and enhance the role of primary care in day-to-day patient care; and promoting evidence-based prescribing practices by helping doctors, nurses, mental health providers, and others get unbiased education and information from nonindustry sources. Organizations receiving grants are: **Consumers for Affordable Health Care Foundation** (Augusta), **Maine Center for Economic Policy** (Augusta), **Maine Equal Justice Partners** (Augusta), **Maine Health Management Coalition Foundation** (Portland), **Maine Primary Care Association** (Augusta), **Medical Care Development** (Augusta), **National Alliance on Mental Illness-Maine** (Augusta), **Prescription Policy Choices** (Hallowell), and the **Maine Department of Health and Human Services** (DHHS) (Augusta). MeHAF also awarded nine Maine grantees up to $20,000 each to participate in a nine-month planning collaborative to improve the value and impact of **MaineCare**, Maine's Medicaid program. In partnership with Maine's DHHS, MeHAF has convened the collaborative to examine the types of health and social supports that exist for low-income Maine residents with MaineCare, determine where the gaps are, and recommend strategy improvement that would support improvements in members' health. Contact: Catharine Hartnett, 207.775.2673, hartnett@maine.rr.com.

- **New York State Health Foundation** (New York) launched a $2-million **Economic Recovery Fund** to help non-profit health care organizations respond to the current economic crisis. Funding is intended to alleviate some of the stress many health and human service providers face due to the increasing demand for services and a decrease in resources. With these economic recovery grants, the foundation will focus on projects that merge and consolidate organizations to create lasting and significant improvements in achieving their missions. It will also consider proposals from organizations seeking to significantly restructure their operations and programs. For more information, visit www.nyshealthfoundation.org. Contact: Margaret Figley, 212.584.7685.

- **Saint Luke's Foundation of Cleveland, Ohio** awarded 12 grants for more than $900,000 to community organizations that address the needs of local residents. A $150,000 operating support grant was awarded to **The Free Clinic of Greater Cleveland** (OH) to support the provision of medical and dental services, including integral HIV/AIDS treatment and prevention, for thousands of adults and teen patients. **West Side Catholic Center** (Cleveland, OH) received $86,000 to provide basic needs such as food, clothing, survival services, advocacy, and housing. The foundation also awarded $75,000 in operating support to the **Center for Families and Children** (Cleveland, OH), which provides early learning, youth development, and behavioral health services to Cleveland families. In addition, the foundation awarded $75,000 to **Neighborhood Family Practice** (Cleveland, OH), which serves as a medical home for underserved populations. A grant of $45,000 to the **Community Advocacy Program of The Legal Aid Society of Cleveland** (OH) supports this medical-legal partnership that provides legal support to those whose access to health services is affected by a legal problem. Contact: Kimberly St. John-Stevenson, 216.431.8010, kstjohn@saintlukesfoundation.org.

SURVEYS, STUDIES & PUBLICATIONS

- **California HealthCare Foundation** (Oakland)) in collaboration with **Manatt Health Solutions** (San Francisco, CA) released ***What California Stands to Gain: The Impact of the Stimulus Package on Health Care***, which addresses the recently passed **American Recovery and Reinvestment Act of 2009** (ARRA) and its implications for California's health care system. The issue brief examines specific health care programs and issues addressed by ARRA, including increases in Disproportionate Share Hospital

funding; a moratorium on federal Medicaid policy changes that would have affected provider reimbursement; expansion of the federal Health Care Tax Credit; grant opportunities and enhanced reimbursement for community health centers; and support for public health activities, health and science research and facility modernization, and health information technology. The brief is available on the foundation's Web site, www.chcf.org, under the publications section.

Child Health and Development Institute (Farmington) has completed ***A Framework for Child Health Services: Supporting the Healthy Development and School Readiness of Connecticut's Children***. The document identifies the critical elements of a child health system that is effectively integrated with early childhood education and family support services. Based on analyses of Connecticut's child health assets and challenges, the report offers cost-effective recommendations for maximizing the value of child health services within a comprehensive early childhood system. The blueprint presented is informative for local communities and other states that are committed to improving their child health services. Funders of the development of this publication include: **Children's Fund of Connecticut** (Farmington), **The Commonwealth Fund** (New York, NY), **William Caspar Graustein Memorial Fund** (Hamden, CT), **Hartford Foundation for Public Giving** (CT), and **Connecticut Early Childhood Education Cabinet** (Hartford). Contact: Lisa Honigfeld, 860.679.1523.

Foundation Center (New York, NY) has launched **After the Grant: The Nonprofit's Guide to Good Stewardship**, a new project that will ultimately result in a guidebook aimed at first-time grant recipients. This project intends to make a significant contribution to improving relations between funders and grantees. The center is seeking members of the grantmaking community to participate in this project. Grantmakers can help by agreeing to be interviewed by the center's representative; recommending exemplary grant projects to be featured in the guide; or submitting examples of grant award letters, reporting forms, grant reports, press releases, correspondence, and other relevant documentation tools. Contact: Elan DiMaio, 212.807.2516, ekd@foundationcenter.org.

- **United Hospital Fund's Medicaid Institute** (New York, NY) released ***Rethinking Service Delivery for High-Cost Medicaid Patients***, which outlines challenges to improving care for certain high-cost Medicaid beneficiaries, focusing on those with multiple and substantial needs who rely disproportionately on costly hospital inpatient services. The report also considers policy affecting health care finances and reimbursement, noting that changes would be needed to pursue Medicaid savings. It also provides an overview of the fund's **Medicaid High-Cost Care Initiative**, which was launched in 2005 to stimulate new practices and policies to improve care for and reduce Medicaid spending on high-cost Medicaid beneficiaries. The initiative involved analytic work (identifying patients, assessing patterns of service use, developing strategic options), program collaboration (awarding targeted grants to health care providers, which then conducted surveys and developed pilot interventions), and policy work (examining Medicaid reimbursement, considering what policy changes are needed). A notable feature of the initiative was its willingness to address social barriers to care. For example, stable supportive housing situations were identified as a potential way to reduce frequent hospitalizations. Snapshot profiles of five representative high-cost patients are also provided, illustrating the depth and complexity, as well as the diversity, of health challenges. The full report is available on the publications section of the fund's Web site, www.uhfnyc.org. Contact: Bob deLuna, 212.494.0733, rdeluna@uhfnyc.org.

OTHER NEWS

- **K21 Health Foundation** (Warsaw, IN) announced the completion of the **K21 Health Services Pavilion** project. The pavilion, which opened on March 30, is the result of a $5-million investment by the foundation and will be a long-term home for five nonprofit health service organizations offering 10 different programs to the community under one roof. Among the pavilion's offerings are daycare and preschool, dental health services, pregnancy and prenatal care, hospice services, well child care, and financial assistance for cancer patients. The center plans to add other health services that would be a good fit for the facility. The K21 Health Foundation will be applying this commitment to its grantmaking over several years but includes start-up capital, new furnishings, and rent subsidies in the early years of the tenants' leases. It is anticipated that centralized services will result in improvements to collaborative services; new service offerings; and a reduction in transportation time, costs, and other challenges for the clientele. Contact: Rich Haddad, 574.269.5188, rhaddad@k21foundation.org.

PEOPLE

- **The California Endowment** (Los Angeles) announced the appointment of **Barbara Raymond** as program director in the area of policy, communications, and strategy. A social policy expert with experience in research, program design, and evaluation, Ms. Raymond will work closely with the senior vice president to develop strategies that will result in improved health for California's poorest communities. Prior to her appointment she was a consultant for a number of international, national, state, and local social purpose organizations, including Ashoka where she developed assessments of health and human services in African countries. In addition, she served as a consultant for the Local Initiative Support Corporation where she trained sites across the country on neighborhood revitalization, as well as serving as a consultant for California's Administrative Office of the Courts for which she developed a strategic plan for a statewide taskforce on mentally ill offenders. Previous experience includes working as a social research analyst for RAND Corporation and program director for the

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VIEWS FROM THE FIELD

APRIL 27, 2009

GRANT MAKERS IN HEALTH

A National Foundation Undertakes a Regional Strategy in the South

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The Health Reform Program of the Public Welfare Foundation supports advocacy so that the voices of the people served by the health care system can be informed and effective. Poverty, health disparities, and underfunded advocacy capacity describe the South. Community Catalyst's 2006 *Consumer Health Advocacy: A View from 16 States* profiled, among others, states that have a challenging environment where advocates have to focus on defending public programs. All the states in the South fit that description. In 2007, two other national foundations began supporting state-based advocacy organizations, including two in the southern states. Meanwhile, the Health Reform Program focused much of its support on developing consumer advocacy in 11 southern states: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The foundation made $5.3 million in two-year grants to 28 advocacy organizations and $2.2 million to seven national organizations assisting them. The following reflections are based on the work performed in the first year of the two-year grants made in February 2008.

The Public Welfare Foundation supports strategically aligned organizations at the state level, called "systems of advocacy," to work together for health reform. In the South, each system has a flagship organization as the coordinator. The other organizations include legal advocates, fiscal policy groups, and organizers. The foundation convened grantees twice in the first year, and they dubbed themselves the Southern Health Partners.

The goal is to create a sustained, organized voice of consumers throughout the South so that no challenge to equity in the health system goes unanswered on the state level and so that southern consumers have a voice in the federal health reform debate.

RAMPING UP THE CAPACITIES OF SOUTHERN ADVOCATES

Funding from the Public Welfare Foundation has enabled the Southern Health Partners to increase their capacity by hiring staff who focus on fiscal analysis, communications, organizing, and health policy. For example, Virginia's Commonwealth Institute analyzed possible sources of state revenue for the expansion of public health programs, including a tobacco tax increase, a refundable Earned Income Tax Credit, and changes to corporate taxes.

Increased capacity in communications allowed the Virginia Interfaith Center on Public Policy to issue *The State of Working Virginia*, featured on the front page of *The Washington Post.* This report revealed that workers in Virginia pay the highest share of employer-based health insurance premiums in the nation. The North Carolina Justice Center used billboards, blogs, and Web videos to comment on health policies.

Both interfaith and small business organizing are crucial capacities. The South Carolina Appleseed Legal Justice Center and Fair Share joined the Small Business Chamber of Commerce to support expanded children's coverage and insurance reform. The Virginia Interfaith Center is organizing members of the faith community not only as moral voices, but also as administrative entities that see high costs affecting them and their employees.

At the start of the Southern Health Partners, two states had no health advocacy groups – Georgia and Louisiana. In Georgia, advocates and stakeholders wanted to form a statewide health advocacy organization. With the assistance of planning and general support grants, Georgians for a Healthy Future is underway. In Louisiana, stakeholders and advocates have started the Louisiana Consumer Healthcare Coalition. Both new organizations will focus on "measurable improvements in access and quality."

ADVANCING HEALTH POLICY

Medicaid defense has been a key task for advocates. Florida CHAIN tracked changes to Florida's 2005 Medicaid reform program and helped prevent its expansion. The reform based Medicaid services on the concepts of consumer choice and competition among health plans. However, consumers, stakeholders, and researchers at the Georgetown Health Policy

Institute (supported by the Jesse Ball duPont Fund) reported patients' problems with accessing services, very little consumer choice, and major providers exiting the program.

Texas' Center for Public Policy Priorities (CPPP) convened stakeholders to have input into the state's development of a Medicaid waiver, preventing an erosion of Medicaid benefits. CPPP (2009) stated, "Even with limited staff resources, we can make an impact simply by taking the leadership to convene and sustain collaborations and coalitions using meetings, e-mail, conference calls, and the Web." CPPP also formed another coalition to address insurance reform. Similarly, a coalition led by the South Carolina Appleseed Legal Justice Center successfully blocked an attempt by the Department of Insurance to offer uninsured people insurance that did not include mandates required by state law.

The North Carolina Justice Center published *Guaranteed Affordable Choice: A plan to provide quality health coverage to all North Carolinians*, which provides a foundation for organizing for health reform. Similarly, both Tennessee and Virginia conducted statewide listening tours to gather recommendations of the public for health reform.

Kentucky Voices for Health's coalition played a role in the governor's decision in November 2008 to eliminate the required face-to-face encounter for eligibility in the Children's Health Insurance Program (CHIP) and to expand outreach for it. In February 2009 the Mississippi Health Advocacy Program and the Mississippi Justice Center proposed to eliminate face-to-face eligibility testing for Medicaid, which was supported by the House and added by the Senate to the state's Medicaid bill.

A GAIN AT THE FEDERAL LEVEL

CHIP reauthorization occasioned work for all the southern advocates in the run-up to the recent passage of the bill signed by President Obama. When former President Bush vetoed the bill twice, advocates used these acts to broaden the public's knowledge and support of the program. For example, North Carolina advocates extensively educated voters statewide, and Tennessee advocates conducted a thorough grassroots campaign on the importance of children's coverage. In fact, one U.S. Representative from North Carolina voted to override President Bush's second veto, and both of Tennessee's U.S. Senators voted for the 2009 CHIP reauthorization bill.

NATIONAL TECHNICAL ASSISTANCE

The foundation's lead national grantee is Boston-based Community Catalyst whose staff assists state advocates to develop five core capacities: organizing, coalition building, advocacy and policy work, legal analysis and advocacy, and fiscal analysis. In addition to individual technical assistance, Community Catalyst holds conference calls and Webinars, produces issue briefs and publications, develops policy and organizing tools and resources, and directs advocate meetings held centrally in Atlanta. Community Catalyst is also the national program office of the Robert Wood Johnson Foundation's Consumer Voices for Coverage program. The continuity provided by national technical assistance among all state advocacy grantees has led to more collaboration among foundations and has enabled learning communities among advocates nationwide.

The Center on Budget and Policy Priorities also assists advocates through its work on Medicaid and its State Fiscal Analysis Initiative whose affiliates are active in 9 of the 11 southern states. Other national organizations include the Small Business Majority, National Women's Law Center, National Health Law Program, the faith-based PICO National Network, and Herndon Alliance on communications and messaging.

PARTNER FOUNDATIONS

More state foundations are beginning to support advocacy. The Healthcare Georgia Foundation took the lead in starting Georgians for a Healthy Future. The Foundation for a Healthy Kentucky assumed the role of convener of the state health reform coalition and makes its own grants in support of advocacy groups. The John Rex Endowment has supported the North Carolina Justice Center's Health Access Coalition. The Community Foundation of Birmingham supports Alabama ARISE. In addition, The Nathan Cummings Foundation helped start a consumer advocacy organization in Louisiana. A second round of Consumer Voices for Coverage funding from the Robert Wood Johnson Foundation has lent support to Texas, Tennessee, North Carolina, and South Carolina to increase their efforts on federal reform. Finally, in 2008 the W.K. Kellogg Foundation focused one of three projects on health reform and civic engagement in Mississippi.

PIVOTING BETWEEN STATE AND FEDERAL REFORMS

As the new Administration builds momentum with the voice of fiscal and moral necessity to catalyze major health reform, the South continues to manifest both the need for major reform and the obstacles to it. Changing demographics and a diverse political landscape are contributing to the acceptance and growth of advocacy in the South.

A recent daylong, statewide health reform conference in Birmingham held by Alabama ARISE and a stakeholder meeting in Montgomery both demonstrated an increasingly higher level of knowledge among advocates and consumers about health reform at both the federal and state levels. Increased understanding of the health system and awareness of the political hurdles bode well for the success of federal reform and successful implementation at the state level.

SOURCES

Center for Public Policy Priorities, "Interim Progress Report," report to the Public Welfare Foundation, February 10, 2009.

VIEWS FROM THE FIELD *is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or fmitchell@gih.org.*

School-Based Health Centers

Enabling Health Care Access for Children and Youth "Where They Are"

A pressing need exists to improve the health of children in the U.S. school system as a disturbingly large number of school-aged children continue to lack essential health care and access to adequate health education. As a result, these children may likely suffer from poorer academic performance and long-term school achievement outcomes.

More than 50 million young people between the ages of 5 and 17 attend U.S. public schools (GIH 2008). Over 1,700 school-based health centers (SBHCs) serve nearly 2 million of these young people every year (NASBHC 2009). Almost half of these students have no other medical home. School-based health services merge partnerships between schools and community health organizations to "bring the doctor's office to the school." This has the benefit of providing primary care where school aged-children and adolescents happen to be most of the time. This care model can also be beneficial in reducing health-related absences and supporting students in being healthy and ready to learn in the classroom.

STRUCTURE OF SBHCs

SBHCs first appeared during the late 1960s through the efforts of the American Academy of Pediatrics' Community Access to Child Health program (Gustafson 2005). These centers exist within all school system levels, from elementary to high school. SBHCs have proliferated widely around the country and are interwoven into health care systems serving children (Silberberg and Cantor 2008). Though SBHCs are geographically diverse and dispersed, many are still predominantly located in urban areas with largely low-income and medically underserved populations. Additionally, the majority of students served are from racial and ethnic minority groups that have historically experienced disparities in health care access (Silberberg and Cantor 2008).

Within school systems, SBHCs are managed by various community-based organizations, including local hospitals, health departments, or nonprofit agencies. SBHCs provide a broad array of prevention and health promotion services to complement primary care services students may be receiving already. Services may include on-site medical, mental health, and/or oral health services through a variety of models such as:

- a combination of primary care and mental health services (34 percent of SBHCs);
- only primary care services (31 percent);
- a combination of primary and mental health services with additional components such as oral health care, nutrition counseling, or care for infants of students (31 percent); and
- "other" models, which may provide off-site, school-linked health services that are broader in scope than traditional services (4 percent) (NASBHC 2009).

The interdisciplinary teams of providers that staff SBHCs generally operate on either a full- or part-time basis. Over 70 percent of SBHCs serve as training grounds for many health care professionals (Weinstein 2006).

BENEFITS OF SBHCs

Many local communities play an active role in efforts to develop the content, quality, delivery, and financing of health care within their communities. Parental involvement, use of community resources, and continuity of care are also hallmarks of school-based health services. Another benefit is that some SBHCs also serve a broader population and geographic area beyond their enrolled student populations, including family members of students, students from other schools, faculty and school personnel, out-of-school youth, and other community members (NASBHC 2007).

Some of the success of SBHCs has been attributed to the convenience of their physical location within schools, as well as their acceptance as familiar members of the school's culture and community (Weinstein 2006). Evaluations of SBHCs indicate that they appear to reach many needy and "high-risk" children, including those needing chronic care management or mental health services (Silberberg and Cantor 2008). Additional research findings on the performance and outcomes of SBHCs show encouraging evidence such as:

- increased use of health services such as vaccinations, chronic disease management, and dental care;
- decreased use of urgent and emergency care;
- reduction in Medicaid expenditures and costs of hospitalizations;
- increased ability to reach ethnically diverse populations, adolescent males, the uninsured, and those without regular sources of care; and
- greater ability to complement services individuals receive elsewhere, without duplication of efforts (NASBHC 2009; Silberberg and Cantor 2008).

SBHC FINANCING AND SUSTAINABILITY

Despite the utility of SBHCs, it can be an ongoing struggle to secure reliable funding for sustaining them. Most survive through a mix of federal, state, and local funds; private foundation grants; tobacco taxes and settlement dollars; third-party

payer billing; and in-kind contributions from school and community agency partners. A national survey of SBHCs found that the most common sources of grant funding are from state government (65 percent), private foundations (49 percent), county/city government (33 percent), corporate entities (29 percent), and the federal government (28 percent) (NASBHC 2009). Nearly all SBHCs (80 percent) also reported billing students' health insurance directly. Unfortunately, less than one-quarter of SBHCs report successfully collecting reimbursements for the services they have billed to these entities.

For many health funders, supporting SBHCs provides a logical approach to supporting and expanding children's access to health care services. For instance, the W.K. Kellogg Foundation began its School-Based Health Care Policy Program in 2004. This program is a $16.3-million, five-year national initiative to support broad-based advocacy that affects health and education policies for the quality and financing of school-based health care at national, state, and local levels (W.K. Kellogg Foundation 2008). Funding helps build state associations' infrastructure and support advocacy and technical assistance activities on behalf of and in partnership with local SBHC partners. The foundation is also funding the National Assembly on School-Based Health Care to provide direct technical assistance to grantees, as well as to coordinate national communications efforts and build widespread support for policies, programs, research, and funding that advance school-based health care.

The Colorado Trust began a partnership in 2008 with the state Department of Public Health and Environment to provide $1 million over two years to expand SBHCs across the state (The Colorado Trust 2007). The funding is being used to create new SBHCs or help existing ones provide services ranging from primary care and immunizations to outpatient mental health and substance abuse treatment. As well as supporting direct services provided by SBHCs, the trust has provided an additional $250,000 to help create the School Health Leadership Task Force's comprehensive plan to strengthen the system of integrated school health in the entire state.

To counter the fragmented nature of school-based health in many areas, The Health Foundation of Greater Indianapolis, Inc. brought together the United Way of Central Indiana, local hospitals, and several school districts to explore collaborative models for accelerating the expansion of school-based health services. Based on its research, the foundation awarded its largest grant ever of $1 million in 2000 to provide these services to school children throughout Marion County, Indiana. To date, the Learning Well initiative is operating in nearly 80 clinics in the county and providing health care at no cost to students, parents, and schools, many of whom would not have access to quality health care services otherwise (The Health Foundation of Greater Indianapolis, Inc. 2008).

CHALLENGES AND FUTURE CONSIDERATIONS

There is broad acceptance that school-based health services provide a vehicle for delivering health care to all children, especially disadvantaged groups with inadequate or no health insurance coverage. In the future, much of the SBHC movement's priorities may focus on identifying and promoting sustainable funding, reimbursement, and growth opportunities for this model of care. Additional efforts are needed around raising the profile of SBHCs, supporting alternate models as part of the health continuum, and increasing mental health services offered to individuals. In terms of supporting SBHC national policy and advocacy efforts, numerous opportunities may be available for health funders.

SBHCs still face a range of challenges such as continued limitations in access; a need for mental health services that currently exceeds capacity; and difficulties addressing the needs of special populations such as transient students. SBHCs, however, continue to be a focus of interest at the state and national level. Support from the broader community, including foundations, providers, governmental organizations, and families, remains critical for equipping children with the resources they need to become, and remain, healthy and ready to learn and grow.

SOURCES

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The Health Foundation of Greater Indianapolis, Inc., "Setting the Agenda for Improved Community Health," <http://www.thfgi.org/fundingPriorities.html>, 2008.

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National Assembly on School-Based Health Care (NASBHC), "School-Based Health Centers: National Census School Year 2004-2005," <http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/Census2005.pdf>, 2007.

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Weinstein, Jamie, "School-Based Health Centers and the Primary Care Physician: an Opportunity for Collaborative Care," *Primary Care: Clinics in Office Practice* 33:305-315, 2006.

Seattle Police Department. Contact: Jeff Okey, 213.928.8622, jokey@calendow.org.

- **Flinn Foundation's** (Phoenix, AZ) board of directors has elected **Jack B. Jewett** as its next president and CEO. Mr. Jewett is former president of the Arizona Board of Regents and five-term member of the Arizona House of Representatives. He is currently vice president for university advancement at California State University-Monterey Bay where he oversees fundraising, public and media relations, strategic communications, alumni and government relations, and special events. Mr. Jewett has served on several boards, councils, advisory groups, and committees. He will succeed retiring president and CEO **John W. Murphy** who has led the foundation since 1981. Mr. Jewett will assume the position in June. Contact: Brad Halvorsen, 602.744.6803, bhalvorsen@flinn.org.

- **Robert Wood Johnson Foundation's** (Princeton, NJ) **Reclaiming Futures** (Portland, OR) program has hired **Mark Fulop** to serve as partnership and development director, which will involve helping the program expand its national support and funding base. Mr. Fulop brings a wealth of experience in public health education, training and technical assistance, youth development, and mentoring to Reclaiming Futures. His most recent position was director of education and outreach programs for Multnomah County Health Environmental Health Services. He has directed a number of National Training and Technical Assistance Centers, including the National Mentoring Center, The National Service Resource Center, and the Tobacco Education Clearinghouse of California, among others. Over the past 17 years, he has worked in a variety of settings ranging from county health departments, a university, nonprofit agencies, and a church. Contact: Mac Prichard, 503.517.2772, mac@prichardcommunications.com.

- **The Health Trust** (Campbell, CA) announced the addition of **Justine Choy** as the organization's new program officer. Ms. Choy will oversee the foundation's grantmaking activities. An experienced program officer, she spent the last three years working for **The California Endowment** (Los Angeles) as a program officer for its greater Bay Area region. Prior to that position she worked as a program officer for the **Peninsula Community Foundation** (San Mateo, CA) and the **Koret Foundation** (San Francisco, CA). Ms. Choy has significant experience in grantmaking, evaluation, management, facilitation, and strategic planning. Contact: Nicole Kohleriter, 408.879.4112.

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