

GIH BULLETIN

Helping grantmakers

improve the health of all people

GRANT
MAKERS
IN
HEALTH

MAY 25, 2009

NEW GRANTS & PROGRAMS

(Cortez). Contact: Sara O'Keefe, 303.953.3655.

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■ **The Colorado Health Foundation** (Denver) awarded \$2 million to support the use of health information technology. Funding was awarded statewide to a diverse range of nonprofit health care organizations, including Federally Qualified Health Centers, critical access hospitals, rural health clinics, community-based health information exchanges, an independent clinic, a community mental health center, and a statewide association of school-based health centers. These grants are a part of **Healthy Connections**, an \$11-million initiative aimed at increasing the use of information technology in safety net clinics and creating the infrastructure necessary for health care providers to share information electronically. Grantees include: **Chaffee People's Clinic** (Salida); **Clinica Family Health Services** (Lafayette); **Colorado Association for School-Based Health Care** (Denver); **Fort Collins Family Medicine Residency Program**; **Grand River Hospital District** (Rifle); **Mountain Family Health Centers** (Glenwood Springs); **Northwest Colorado Community Health Project** (Steamboat Springs/Craig); **St. Vincent General Hospital District – Buena Vista Family Practice Clinic** (Leadville/Buena Vista); **Salud Family Health Centers** (Fort Lupton); **CORHIO/San Luis Valley Health Information Exchange** (Denver/Alamosa); **Southwest Colorado Mental Health Center** (Durango); and **Southwest Memorial Hospital – Southwest Primary Care Clinic**

■ **Connecticut Health Foundation** (New Britain) announced intended funding to support efforts toward building public will to eliminate racial and ethnic health disparities. The foundation will fund one organization with demonstrated success in community development, content development, technical, and strategic savvy to engage on-line social networks. The selected organization will apply its past experience toward building public will on-line to catalyze awareness, discussion, and ultimately action to eliminate racial and ethnic health disparities in Connecticut. The foundation will award an initial grant of up to \$200,000 for one year, with the possibility of continued funding. Contact: Elizabeth Krause, 860.224.2200, elizabeth@cthealth.org.

■ **Healthcare Georgia Foundation** (Atlanta) awarded a total of \$690,000 to support the **Georgia Childhood Asthma Management Program**, which seeks to expand access to asthma education and care to children across Georgia. Among the grantees are: **Children's Healthcare of Atlanta, Inc.** – \$150,000 to create a comprehensive asthma management program that will provide an integrated approach to manage childhood asthma for children in metropolitan Atlanta; **Lowndes County Board of Health** (Valdosta) – \$150,000 to continue an existing childhood asthma program through Children's Medical Services and expand into three neighboring counties; and **St. Galilee Outreach Ministry, Inc.** (Sparta) – \$90,000 to implement the **Central Georgia Asthma**

GIHNEWS

GIH BULLETIN GOING MONTHLY!

Beginning in June, the *GIH Bulletin* will be distributed **monthly**.

Rest assured, each issue will contain the usual informative content: new grants and programs; surveys, studies, and publications; people; meetings; and other miscellaneous items of interest to the field. Job announcements will be accessible on GIH's on-line Job Board and can be submitted at www.gih.org.

Our hallmark features – Grantmaker Focus, Issue Focus, Views from the Field – will still be available as well. However, Issue Focus and Views from the Field articles will be distributed **exclusively on-line**, with their upcoming release dates announced in each newsletter.

ANNUAL MEETING CALL FOR SESSIONS AND TERRANCE KEENAN AWARD NOMINATIONS

Visit www.gih.org for the latest information on the call for sessions for the 2010 annual meeting *Taking Risks at a Critical Time* and Terrance Keenan Award nominations.

Education Initiative, a community health education program targeting six counties in the state's North Central Health District. Contact: Toni Almsy, 404.688.9005, toni@getavatar.com.

Healthy Eating, Active Living Convergence Partnership, under the direction of **PolicyLink** (Oakland, CA), announced intended funding targeted to local and regional grantmaking foundations to support new projects or new grantmaking initiatives aimed at enhancing the land use/built environment and/or expanding food access efforts. **The Land Use/Built Environment and Food Access Innovation Fund** will provide 50 percent matching dollars, up to \$100,000 per year, for a two-year period. The goal is to engage foundations in creating robust and sustainable support for multifield community partnerships prioritizing policy and environmental change efforts to improve health and promote equity. The partnership is a collaboration of several funders, including **The California Endowment** (Los Angeles), **Kaiser Permanente** (Oakland, CA), **The Kresge Foundation** (Troy, MI), **Nemours Health & Prevention Services** (Newark, DE), **Robert Wood Johnson Foundation** (Princeton, NJ), and **W.K. Kellogg Foundation** (Battle Creek, MI). For more information, visit the partnership's Web site at www.convergencepartnership.org. Contact: Shireen Malekafzali, shireen@policylink.org.

- **Hogg Foundation for Mental Health** (Austin, TX) plans to award up to \$3 million a year in grants over the next three years to expand and improve mental health services for children and families in Houston and Harris County, Texas. The grants will be funded by a special endowment that may only be used to pay for mental health prevention, early intervention, and treatment services for children, youth, and their families in Houston and Harris County. The foundation developed the request for grant proposals following an 18-month strategic planning process to improve children's mental health services in which stakeholders told planners that children and families need

better access to quality services that promote mental health and more quickly identify, intervene, and treat mental health needs. The community also recommended designing services for children and families that are child-focused and family-driven, community-based, and culturally competent. The foundation intends to award multiple grants for one-, two- and three-year proposals, with a focus on geographic areas of highest need. Contact: Merrell Foote, 512.471.9142, merrell.foote@austin.utexas.edu.

- **Kaiser Permanente** (Oakland, CA) awarded a \$2.5-million grant to **The Center for Health Care Strategies** (CHCS) (Hamilton, NJ) to support the **Rethinking Care Program**. Under the four-year program, CHCS is working with state-led pilots to test new care management approaches for highest-need, highest-cost beneficiaries. The goal is to promote strategies to better care for the top 5 percent of Medicaid beneficiaries who drive 50 percent of total program spending. Kaiser Permanente's grant will support a national learning network comprised of policymakers, health services researchers, clinicians, and financing experts. This national group will assess current practices, vet lessons from state pilot efforts, and establish a research agenda for building the evidence base of interventions on cost-effective solutions for serving people with multiple chronic conditions. Lorna Fernandes, 510.271.5624, lorna.d.fernandes@kp.org.
- **Mat-Su Health Foundation** (Wasilla, AK) announced that it has awarded 34 scholarships totaling \$87,500 to residents of the Mat-Su Borough who are pursuing health-related career. Funds were awarded based upon the merit of the applicants meeting the foundation's eligibility criteria, which included clarity of health care career goals and the value of those goals to the health care community; demonstrated interest in the health care field through job experience, volunteer efforts, internships, or related course offerings; and past academic performance. The foundation awarded 10 scholarships for \$5,000,

nine scholarships for \$2,500, and 15 scholarships for \$1,000. Contact: Elizabeth Ripley, 907.352.2863.

- **Phoenixville Community Health Foundation** (PA) awarded a total of \$154,724 to 12 local nonprofit organizations that provide health and human services to residents of greater Phoenixville. **Phoenixville Area Community Services** received the largest grant of \$50,000 to provide operating support and direct aid to those in need. Other grantees include: **Senior Adult Activity Center of Phoenixville** – for information and referral services to center participants, **Chester County Futures** – to support their academic and mentoring program, **Domestic Violence Center of Chester County** – to provide a part-time counselor to serve the needs of women within the Phoenixville area, and **Spring-Ford Youth Athletic League** – to purchase automatic electronic defibrillators. Contact: Louis Becarria, 610.917.9890, ljbecarria@pchfl.org.
- **The Regence Foundation** (Portland, OR) awarded \$390,000 to support health care safety net services in Idaho, Oregon, Utah, and Washington. Among the grantees are: **Asante Health Systems** (Medford, OR) – \$250,000 to launch **Navigating Troubled Waters**, a program dedicated to improving care for patients diagnosed with mental illness, emphasizing services to rural, low-income, and uninsured people in Jackson and Josephine counties; **Returning Veterans Project** (Portland, OR) – \$20,000 to help the project continue providing free and confidential mental health counseling to returning Oregon military veterans and their families; **Public Health Foundation of Columbia County** (St. Helens, OR) – \$20,000 to increase the number of school-based health clinics in the community; and **Cross Cultural Health Care Program** (Seattle, WA) – \$20,000 to help the organization take its training on-line so health care institutions anywhere in the state can communicate medical issues to patients in a culturally and linguistically appropriate way. Contact: Joanna Burke, 503.225.6860,

jcburke@regence.com.

■ **Sunflower Foundation: Healthcare for Kansans** (Topka, KS) announced intended funding through a statewide grant opportunity titled **Finding Solutions in Challenging Times**.

Grants will offer short-term support to help nonprofit health and human services organizations meet needs specifically related to the economic downturn. The foundation will target organizations with missions to provide services for low-income, uninsured populations and those with special needs. The foundation announced two other funding opportunities, one that will support projects that build the organizational capacity of health-related nonprofit organizations and another that focuses on establishing walking trails to promote increased community- and school-based physical activity. For more information, visit www.sunflowerfoundation.org. Contact: Larry Tobias, 785.232.3000, tobias@sunflowerfoundation.org.

■ **WellPoint Foundation**

(Denver, CO) awarded dual grants totalling \$1 million to the **American Cancer Society** (Atlanta, GA) to expand the reach of its **Hope Lodge Network** and **Patient Navigation Program**. The Hope Lodge grant awarded to the society in the amount of \$550,000 will support Hope Lodges in four states. These facilities provide cancer patients and their families free, temporary lodging in a supportive and nurturing environment when they are receiving treatment away from home. The society received \$450,000 for the **Patient Navigation Program**, which was developed to decrease the fragmentation of cancer treatment services and increase the access of cancer treatment among uninsured and underserved Americans. Through the program, the society places trained staff in hospitals across the country to assist newly diagnosed cancer patients as they begin treatment. Funding will support placing additional hospital-based staff in six key markets and working toward achieving the society's

goal of serving 50 percent of all newly diagnosed cancer patients within the next five years. Contact: Cheryl Uram Leamon, 317.488.6748.

SURVEYS, STUDIES & PUBLICATIONS

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■ **The Commonwealth Fund** (New York, NY) released *Women at Risk: Why Many Women Are Foregoing Needed Health Care*, which analyzes results of the fund's **2007 Biennial Health Insurance Survey**. Although findings revealed that women are not more likely than men to be uninsured, women choose to forgo needed health care and are more likely to incur medical debt and experience problems paying health care expenses. In 2007 more than half (52 percent) of women reported problems accessing needed care because of cost. Further, 45 percent of women, compared to 36 percent of men, responded that they were unable to pay medical bills, contacted by a collection agency regarding unpaid medical bills, paying off medical debt over time, or experiencing a change in lifestyle to pay medical bills. Rising health care costs coupled with eroding health care benefits are having a substantial effect on Americans' ability to get needed health care, with women particularly affected. Women experience cost-related access problems and medical bill problems more often than men. The issue brief notes that since women use more health care services than men, they are more exposed to the problems of the current health care system and thus are at greater risk of experiencing problems with medical costs. The issue brief is available in the publications section of the fund's Web site, www.commonwealthfund.org.

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■ **United Hospital Fund's** (New York, NY) Medicaid Institute released *An Overview of Medicaid Long-Term Care Programs in New York*, which aims to inform current policy discussions about how to address challenges associated with New York's Medicaid long-term care programs. The report

provides an overview of the current organization of long-term care services under New York's Medicaid program, a September 2007 snapshot of program enrollment and associated annual spending, and a summary of the rules that govern how each program operates. The report also identifies policy options for addressing the key challenges facing the state as it looks at options to better serve New York's frail seniors and adults with physical disabilities through its 12 long-term care programs. In addition to a chapter providing an overview of the entire system, other chapters offer data about the largest programs – nursing homes, personal care, long-term home health care, and managed long-term care – through which most New York beneficiaries receive their care and most dollars are spent. The report is available on the publications section of the fund's website at <http://www.uhfnyc.org>.

PEOPLE

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■ **The California Endowment**

(Los Angeles) announced the appointment of **Christine C. Tien, M.P.P., J.D.**, as a senior program officer to serve South Sacramento for the foundation's 10-year, multimillion dollar **Building Healthy Communities: California Living 2.0** initiative. Ms. Tien's most recent position was community relations officer for the City of Stockton prior to which she served as Stockton's deputy city manager. Her accomplishments include the establishment of the **Green Initiative** in Stockton. Prior to that, Ms. Tien served as the deputy city manager for Union City (CA), assistant to the city manager and senior management analyst. She has been published in *Health Affairs*, *Foundation News and Commentary*, *Modern Healthcare*, and *Public Management* and sits on several boards for social, civic, and community organizations. The endowment also announced the appointment **Susan Berresford** to its board of directors. Ms. Berresford currently works at the **New York Community Trust** (NY). She is the former president of the **Ford Foundation** (New York, NY).

She started her tenure at the Ford Foundation as a project assistant in 1970, subsequently advancing to several positions before she was elected president in 1996. She serves on various boards and councils and is the convener of the US-Vietnam Dialogue Group on Agent Orange/Dioxin. Contact: Jeff Okey, 213.928.8622, jokey@calndow.org.

- **Paso del Norte Health Foundation** (El Paso, TX) announced the election of **Bert Mijares** as its new 2009-2010 board chair. Mr. Mijares has served on the board since 2004 and is the president of Mijares Mora Architecture. **Cindy Lyons** was appointed vice chair and chair-elect. She has served on the board since 2005 and is the tax partner and CPA for Lauterbach, Borschow and Company. The foundation also added **Robert Ash** as a new member to the board of directors. Mr. Ash has served on the foundation's Investment Committee for four years. He is the pension administrator and legal advisor for the El Paso City Employees' Pension Fund. Contact: Ida Ortegon, 915.544.7636, ext. 1913, iortegon@pdnhf.org.

- **Rose Community Foundation** (Denver, CO) announced the hiring of **Lisa Robinson** as director of philanthropic services and the appointment of foundation trustee **Marjorie Gart** to chair its newly formed **Philanthropic Services Committee**. Both personnel moves are part of the foundation's expanded focus on donor development. Ms. Robinson served as director of community relations at the foundation during its startup from 1995 to 1999. Prior to that, she served as development director at **The Women's Foundation of Colorado** and as public relations director at The Children's Hospital. Ms. Gart headed Donor and Endowment Services at the foundation, where she also managed a three-year initiative to build \$19 million in new permanent endowment funds for 19 local Jewish organizations. Previously Ms. Gart served as a consultant for several nonprofit organizations, was marketing director at The Children's Museum of Denver, and held corporate finance and loan positions at financial institutions in New York City. Contact: Phil Nash, 303.398.7444, pnash@rcfdenver.org.

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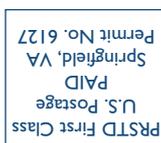
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The GIH Bulletin is published 22 times a year as an educational and information service for health grantmakers. Letters to the editor, press releases, notices of new program initiatives, personnel updates, and other materials should be sent to the GIH offices in Washington or faxed to: Editor, GIH Bulletin, 202.452.8340; E-mail: bulletin@gih.org.

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Collaboration Among Local Public Health Departments Preparing for Accreditation

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Consultant to the Kansas Health Foundation, Miyahara and Associates

Accreditation has been identified as a critical tool for strengthening the public health infrastructure. Yet meeting the Public Health Accreditation Board (PHAB) Voluntary National Accreditation Standards for state and local public health agencies will be a challenge for many local public health departments. This is particularly true for small or rural jurisdictions in which the local public health agency may not have the breadth of resources to meet the full range of public health activities required by these standards.

The Kansas Health Foundation believes that all residents of Kansas deserve equal levels of public health protection and access to services regardless of where they live in the state. In partnership with the Kansas Association of Local Health Departments (KALHD), the foundation has worked to explore how regional collaboration among local health departments might strengthen these departments and support their efforts to become accredited.

The state of Kansas has a population of about 2.7 million and is a home-rule state with 105 counties that range in population from 1,500 to 500,000 people. Public health services are provided by county health departments and the Kansas Department of Health and Environment (KDHE), the state public health agency.

The range of the population size of Kansas counties has been of interest to the foundation and others working with local community health improvement initiatives. Locally based efforts have been a priority; however, effectively providing grants and technical assistance would be greatly enhanced with a regional approach among smaller communities.

There are now 15 local health department regional efforts, and all but two of the regions represent populations more than 50,000. This population threshold has proved helpful in supporting effective population health data analyses in Kansas, and it serves to justify capacity needed for the community health assessment and monitoring requirements for accreditation.

In the mid-1990s, the foundation funded two pilot regionalization efforts among local health departments in the

north and south central regions of Kansas. The purpose of the two grants was to initiate dialogue among counties and health departments to explore how collaboration might improve access, services, and public health capacity in the region. These pilot projects formed the foundation for current strategies and efforts to regionalize local public health services, and the projects are being studied as a model for other county services in the state.

The early Kansas pilot projects informed the foundation of distinctions between structural and functional approaches to regionalization. One of the pilot projects chose to develop a new organization to act as a regional body. A director was hired to manage a separate organization that acted to consolidate services. Considerable effort was spent negotiating services among health departments participating in the regional entity, as well as identifying additional resources beyond and after the grant period to sustain the regional structure. Another pilot project employed a different model and contracted for facilitation and technical assistance. These efforts were focused on standardizing policies and procedures among health departments and identifying operational and service opportunities to increase regional capacity and efficiency. At the end of the grant period, the region that created the separate organization had to dissolve the regional organization, as it was unable to obtain county administrative funding to continue the effort. The region that sought to identify and standardize functions and services was able to continue the collaborative effort without additional funding.

Emphasizing the functions that health departments might share, as opposed to how the regions might be organized, has been a continuing theme of the Kansas regionalization projects. Avoiding structural issues at the outset avoids the intercounty political issues and reduces public health staff fears of job loss or loss of control. This “form-follows-function” approach has been an important guiding principle to keep health departments engaged in continuing efforts to regionalize.

In 2003 the foundation saw an opportunity to further

develop regional approaches to local public health department services in conjunction with the federal bioterrorism preparedness grant. In partnership with KALHD, whose members represent local health department administrators in the state, the foundation provided technical assistance and helped convene discussions to regionalize local activities associated with the grant. Many of the local health departments felt overwhelmed by the requirements and believed that a collaborative or regional approach would be worth pursuing. The foundation was viewed as an interested partner that could help facilitate discussions because of experience from prior regionalization projects. It was recognized that the expectations of the grant could not be met by every health department individually and that simply dividing up the grant into many small grants would not be an effective use of resources.

The foundation supported a facilitated discussion among local health departments convened by KALHD to examine the possibility of a bioterrorism preparedness grant with a regional component. It should be noted that it was extremely difficult for the state agency to initiate that sort of planning. In Kansas, the decentralized local public health structure introduces a level of tension between the state agency and local public health departments, especially when there is an element of competition over funding. Such historical competitive and contractual relationships distracted the state from being an effective convener of county regionalization efforts. State efforts are suspect and are conveniently interpreted to benefit the state's interests among those intending to resist the change. Foundations play an extremely helpful partner role in developing state and local public health systems.

The result of the bioterrorism grant discussion was a decision to segregate a portion of the local share of the funding (18 percent) to specifically organize and fund regional approaches around the grant requirements. A framework was developed by which counties would choose partners for the regional effort. The only caveat was that there must be at least three contiguous counties associated with the region. The foundation further facilitated development of a per-capita population formula heavily weighted to favor small-population counties. This regional funding could not be used directly by individual counties but would be their share to contribute to a regional effort. In essence, that made small counties very popular partners that could bring significant financial resources to the program. The regions created through this process form the current regional local public health system.

SUPPORTING ACCREDITATION AND REGIONS

The foundation, in partnership with KALHD and the Kansas Health Institute, has partnered in the Robert Wood Johnson Foundation-supported Multi-State Learning Collaboratives and the National Association of County and City Health Officials regionalization pilot projects in Kansas and

Massachusetts. The two projects in Kansas are organized to further regional approaches to quality improvement in preparation for accreditation.

To reinforce regional efforts to meet community assessment standard requirements, the foundation recently provided a grant to KDHE to increase the sample size in Kansas for the Behavioral Risk Factor Surveillance System (BRFSS). The enhancement will make it possible for the state to provide risk behavior data at a regional level, which will assist regions in meeting the community assessment accreditation standard. Current BRFSS funding and sampling provides information only at a state level and for a few large urban areas. The cost and effort associated with providing this information for all 105 Kansas counties would be very high, and the cost versus benefit would be questionable. Approaching the enhancement to support regions with populations of at least 50,000 was reasonable.

Regionalization of county services requires active support of elected county commissioners. In many instances, these commissioners are not fully aware of the breadth of public health responsibilities, as well as the move toward accreditation. Current Kansas public health regions were authorized with narrow and limited interjurisdictional agreements to support the bioterrorism preparedness grant activities. Expanding regional cooperation will require considerable local policy support.

In September 2008 the foundation funded an Accreditation and Regionalization Summit for local health departments and county commissioners. The summit was convened by the Kansas Association of Counties (KAC), an affiliate of the National Association of Counties. The summit was a success and served to educate commissioners about public health and accreditation requirements, as well as to discuss regional collaboration as an alternative to accredit their health departments. Experience gained from the various regionalization projects was a critical factor in the success of the summit, and KAC and KALHD are continuing discussions on regional opportunities identified at the summit.

The PHAB has not yet decided on if or how public health regions might be considered for accreditation. However, the smaller health departments in Kansas have realized they will not be able to individually consider accreditation without some form of regional collaboration and approach. For this reason, the Kansas Health Foundation has dedicated numerous resources to the concept of regionalization and looks forward to continuing its assistance in the accreditation of the local health departments in Kansas.

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.