Agents of Change:

HEALTH PHILANTHROPY'S ROLE IN TRANSFORMING SYSTEMS

The American health care delivery system is in need of fundamental change. Many patients, doctors, nurses, and health care leaders are concerned that the care delivered is not, essentially, the care we should receive. The frustration levels of both patients and clinicians have probably never been higher. Yet the problems remain. Health care today harms too frequently and routinely fails to deliver its potential benefits.

Crossing the Quality Chasm (Institute of Medicine 2001)

With these opening lines, the Institute of Medicine's Committee on the Quality of Health Care in America called for a transformation of the nation's health care system in its seminal report, *Crossing the Quality Chasm*. Although American ingenuity has profoundly improved both the quality and length of life for millions worldwide through such innovations as the polio vaccine, antibiotics, and open-heart surgery, the system is still lacking. We want a health system that is effective, empowering, equitable, efficient, people centered, and that ensures high-quality care. We observe, however, that costs are high, access is not universal, thousands die annually due to medical errors, and troubling disparities persist. The system as a whole falls short of our expectations of what it should be and how we want to be treated when we are sick and vulnerable.

Although the *Quality Chasm* report spoke primarily about issues related to the medical care system, many of the same issues affect public health. In fact, the two systems often intersect and influence the demands on one another. The balance in roles is often out of kilter, however. The goal should be to create a seamless system to protect and promote health.

This portfolio is designed to help health funders understand both the need for health system transformation and the role of grantmakers, both organizations and individuals, to act as agents of change in making that transformation happen. This framing essay and a series of accompanying articles on specific strategies make the case for what needs to be changed and the various ways foundations and corporate giving programs can both facilitate and champion those changes. A resources document provides a guide to publications and organizations that may be helpful as organizations contemplate how to engage as change agents.

Philanthropic resources are clearly dwarfed by other financing sources for health care. In 2002, when foundations gave $2.9 billion to health projects, national health expenditures totaled $1.5 trillion (Foundation Center 2004; NCHS 2004). Yet health grantmakers can make a difference through the development of a clear mission and a theory of change (a notion of how the actions they take will bring about the goals they seek), and by making investments that foster system change. They must challenge the conventional wisdom and stick with organizations and issues over the long haul. No one philanthropy will change the entire U.S. health system, but collectively, by supporting system changes within institutions, communities, and fields, health funders can contribute to long-lasting changes in the way care is designed, sought, and delivered with attendant changes in health outcomes. Large or small, focused on single issues or health broadly, committed to serving specific communities or the nation, grantmaking organizations can act as agents of change for system transformation.

Addressing systemic problems requires understanding the interactions among health professionals, between providers and patients and their families, between human beings and technology, as well as the complex organizations in which health services are delivered. It demands immersing oneself in the incentives and disincentives associated with existing institutional practices, community norms, public policies, and revenue streams.

GOALS FOR SYSTEM TRANSFORMATION

There are six overarching goals for system transformation: affording access to all, promoting higher quality care, improving efficiency, empowering individuals and communities, designing services to reflect patient values and needs, and addressing the root causes of morbidity and mortality.

- ***Afford Access to All*** – Access refers to the ability of people to obtain care when they need it. Insurance coverage is the most important determinant of access – nearly 60 percent of the uninsured have no regular source of care. The uninsured – now totaling 45 million people – often do not receive regular preventive and primary care. Smaller proportions of the uninsured are screened for chronic diseases, and mortality rates for cancer, heart disease, and many other conditions are highest among the uninsured. The uninsured who do get care generally rely on a handful of institutions and individual providers who are willing to provide care without compensation. These safety net providers, however, typically are not organized to promote prevention, coordinate services, or spread the financial burden. Rather, systems are often

fragmented, providing uncoordinated care to the most vulnerable. In addition, safety net providers are pressured by a combination of market forces that affect their long-term viability; those who depend on public subsidies are facing great uncertainty regarding the future levels of public funding. Public health agencies are often called upon to fill in gaps in routine services at a time when they are under significant pressure to meet traditional public health needs and strengthen their ability to respond to emergencies.

Other factors also compromise the ability to obtain needed care. Over 35 million Americans – some of them insured – live in communities where there is an acute shortage of primary care providers (NACHC 2004). Many poor and rural communities lack service capacity in areas such as specialty care, mental health services, and dental care. Other structural barriers to access include lack of transportation, insufficient evening and weekend hours at many facilities, high premiums and deductibles, and institutional policies requiring payment prior to treatment. Personal barriers may include the role of culture, language and ethnicity; provider attitudes; and lack of social support, knowledge, and awareness.

Affording access to all also demands coordination among different levels of care. The health system currently functions as a set of silos with little support or communication among institutions, professionals, and levels of care. Too little attention is paid to transitions between hospital and home or to other settings such as rehabilitation hospitals and nursing homes. Patients may see several specialists, none of whom ever seem to communicate with each other. And rarely is there sufficient coordination between medical care and social services, or between health care and other systems, including child welfare and criminal justice.

- ***Promote Higher Quality of Care*** – Much of the national health policy debate has focused on the merits of expanding insurance coverage. While this is an important goal, an equally important goal is improving the quality of care available to both those now covered and those who would gain access to the system under federal or state policy changes.

  In the Health Confidence Survey conducted annually by the Employee Benefits Research Institute (EBRI), over half of those surveyed consistently report being extremely or very satisfied with medical care received. Another one-third typically say they are somewhat satisfied (EBRI 2004). But is such confidence warranted? Between 44,000 and 98,000 Americans die annually from medical errors, surpassing the number of deaths related to car accidents, breast cancer, or AIDS. Medical errors are not simply mistakes but rather the "failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim" (IOM 2000).

  What causes medical errors and, more importantly, what can be done to prevent them? As the IOM's report stresses, there is no single solution. Medical errors occur in all sectors of health care and in the provision of all types of care. They are rarely the result of individual misconduct; rather, they are caused by system failures. The solutions can be as simple as relabeling similarly named medications or including pharmacists on hospital rounds, or as expensive and complex as purchasing and implementing new technologies in institutional settings.

  Whatever the nature of the error, the solution depends upon having a systems orientation and a commitment to creating a culture of safety. Health care is a complex industry in which many players must communicate and cooperate. The culture should identify safety as a priority and align organizational objectives and rewards. Creating such a culture also requires establishing a nonpunitive environment in which professionals can report and learn from adverse events and near misses. Institutional leaders, such as trustees and executives, need to make safety a key priority, placing it on the same level as market share and financial performance.

  Improving patient safety is only one aspect of quality improvement. A system committed to health care quality also fosters practice based on evidence and ensures that the evidence is disseminated to practitioners and patients. It takes full advantage of information technology to ensure that people with chronic conditions get recommended followup, give health professionals decision support tools to help inform complex diagnostic and treatment decisions, and connect the dots among the myriad actors involved in care processes (Davis 2005). It is staffed by health professionals who are trained to be systems thinkers and change agents. These individuals must be prepared to understand the health care system as a whole, gather and interpret data on outcomes, work effectively across interdisciplinary boundaries, test new approaches rather than cling to status quo, and be good listeners (Berwick 2004).

- ***Improve Efficiency*** – Health spending per capita is higher in the U.S. than in any other industrialized nation at $4,631 in 2000. The U.S. now spends 13 percent of its gross domestic product on health care compared to the median of 8.0 percent for other industrialized countries (Anderson et al. 2003). Administrative costs are far higher here in part because private insurers must build the costs of advertising, sales commissions, reserves, and profits into premiums. Churning within the system as individuals gain and lose insurance coverage from different sources also adds significant costs. And hospitals, physicians, and others bear high costs associated with the complex benefits and payment policies of multiple insurance products (Davis 2005).

  Inefficiency is also reflected in a system often characterized by excess. Many people receive services for which there is no known scientific benefit. Others remain in hospitals or nursing homes with high per diem costs when care in the home would be cheaper and more conducive to healing and satisfaction. We make heroic efforts to sustain care at the end of life but pay too little attention to pain management and other aspects of palliative care.

  Improving efficiency in the public health system will require a clearer definition of roles and responsibilities among agencies, coordination and partnership, and relieving

health departments from the task of filling in where the medical care system has failed. Better use of information technologies for surveillance and communication are also important strategies to improve efficiency.

➤ ***Empower Individuals and Communities*** – Health professionals alone do not hold the reins in a transformed health system. Instead patients and their families are true partners in care, making decisions about prevention, diagnosis, and treatment. Currently, lack of information and power keeps many people from being engaged in decisions about their health. A transformed system would give individuals access to their own medical information and the tools to make important choices about health behaviors, select health plans and providers, and have a say in decisions that ultimately affect their health, whether these relate to the location of a hazardous waste site or how and where they die.

An estimated 90 million Americans struggle with low health literacy: the ability to read, understand, and obtain health information to make appropriate health care decisions and follow instructions. Even patients with above-average reading skills and education report difficulty understanding insurance forms, interpreting test results, and understanding complex diagnostic and treatment options. The consequences of low health literacy are no joke; they include poor health outcomes, medication errors, preventable emergency room visits, and hospitalizations.

Empowering individuals to understand their medical conditions and facilitate their ability to make important decisions demands system-level responses. These include training physicians and other health professionals on communicating treatment details and risks to patients and their families, integrating communications techniques into health professions education, and providing incentives (or at least removing disincentives) for providers to spend time with patients. Changes are also needed to help patients communicate with providers to get answers to clinical questions, find accurate information on the Web, and better understand the content of direct-to-consumer advertising.

Patient centeredness is one of the six aims for health care quality improvement identified by the Institute of Medicine. According to the IOM, this approach provides care that is "respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions." Patient centeredness focuses on the patient's experience of illness, as well as the system that meets the patient's needs. In addition to coordination and integration, and information and communication discussed above, the key dimensions of patient-centered care include respect for patients' values, preferences, and expressed needs; physical comfort; emotional support; and involvement of family and friends in all aspects of the planning and delivery of health care (IOM 2001).

Empowering consumers means involving them in program and policy development, quality improvement initiatives, facility design planning, and program evaluation. Moreover, providers and health systems must learn to view health information from the patient's perspective and recognize that everyone's knowledge of the system is different. Empowering communities means involving residents, including those who have no formal voice, in identifying the health issues that are important to them and developing the solutions that best meet those needs given community norms and strengths.

➤ ***Design Services to Reflect Patient Values and Needs*** – Currently, the health care system takes a "one size fits all" approach. But the U.S. population is diverse in many ways. Customizing care to meet the unique needs of different population groups and individual patients is a critical element of a strategy to ensure both the delivery of high-quality care and equity of health outcomes, not just greater equity in the provision of services.

Racial and ethnic disparities in health care have been well-documented since the federal government first commited itself to their elimination in 1998. Many barriers are systemic. Hispanics and African Americans are the most likely to be uninsured. Those who do enter the health care system may have difficulty in receiving culturally competent services. In part, this reflects the low supply of minority health professionals. The lack of culturally competent services fuels the perceptions that many minorities have about discrimination in the system. These perceptions can exacerbate barriers by reducing individuals' willingness to access care that is available. Racial and ethnic minorities also face disproportionate levels of air and water pollution, a lack of green space and parks, decrepit housing and schools, and dumping of chemical waste close to their homes.

Nearly 47 million people in the U.S. speak a language other than English at home; over 21 million have limited proficiency in English. For these individuals, language and cultural barriers have real consequences including decreased access to health care, diminished patient comprehension, decreased patient satisfaction, compromised quality of care, and increased costs and inefficiency in the health care system. In its 2002 report, *Unequal Treatment*, the IOM stated that "language mismatches are a fertile soil for racial and ethnic disparities in care."

Other populations have also been overlooked. Only 70 percent of gay, lesbian, bisexual, and transgender adults have health insurance coverage (an important facilitator of health care access) compared to 86 percent of nongay adults. Lesbians may be less likely than the general population of women to get early intervention and preventive services such as regular Pap smears or breast examinations. Moreover, in a 2002 survey of gay, lesbian, bisexual, and transgender individuals, nearly half of those responding said they had not discussed their sexual orientation with their provider. Lack of disclosure can limit the receipt of services. For example, many providers underestimate the extent to which lesbians may be at risk for sexually transmitted diseases and other gynecological infections. It also limits providers' understand-

ing of all the factors affecting their patients' health (Harris Interactive and Witek-Combs Communications 2002; The Medical Foundation 1997).

The disabled are also often neglected by the health care system. People with disabilities frequently experience physical, financial, and attitudinal barriers to care. Insured people with disabilities are four times more likely than their nondisabled peers to need equipment and services not covered by their health insurance (National Organization on Disability 2004). They need health professionals who can understand the experience of disability in order to obtain the type of care that lets them live full and productive lives.

- ***Address the Root Causes of Illness*** – Finally, system transformation must involve a reorientation of resources towards prevention and the social determinants of health. The development and progression of many chronic diseases are linked to unhealthy behaviors, particularly cigarette smoking and use of other tobacco products, poor diet, and lack of regular exercise. Behavioral change models can be effective in addressing these risk factors if they help people develop new skills, provide comprehensive and sustained interventions, and ensure access to social and other supports that help people maintain behavioral changes. Similarly, changes in product design and public policy could prevent many injuries that now add substantially to the nation's health care bill as well as to human suffering.

  Developing strategies to address the root causes of illness is a complicated task. In addition to work to reduce unhealthy behaviors, it demands thoughtful attention to the other factors that affect health including: the condition of the environments where people live and work, including the quality of the air and exposure to other environmental hazards; and the condition of the social environment, including racism, poverty, economic opportunities, and the availability of safe and affordable housing. These are tough issues, requiring major commitment of resources, sustained attention, and partnerships with those outside of the health system. Work is also needed to strengthen the public health infrastructure, with attention to its organizational capacity, information and data collection systems, and workforce.

LOOKING AHEAD

The IOM's Committee on the Quality of Health Care in America was not sanguine on the prospects for revolutionary changes in the U.S. health system. But their words provide reassurance that the task is not only worth engaging but eminently do-able: "American health care is beset by serious problems, but they are not intractable. Perfect care may be a long way off, but much better care is within our grasp. The committee envisions a system that uses the best knowledge, that is focused intensely on patients, and that works across health care providers and settings...achieving such a system is both possible and necessary" (IOM 2001).

This article is part of GIH's portfolio, Agents of Change: Health Philanthropy's Role in Transforming Systems. Each article focuses on an approach grantmakers are using to promote systemic or social change. The entire portfolio is available on GIH's Web site www.gih.org.

SOURCES

Anderson, Gerard F., Uwe E Relnhardt, Peter S Hussey, and Varduhi Petrosyan "It's The Prices, Stupid: Why The United States Is So Different From Other Countries," *Health Affairs* 22 (3): 89-105, September 2003.

Berwick, Donald M., *Escape Fire: Designs for the Future of Health Care* (San Francisco, CA: Jossey-Bass, 2004).

Davis, Karen, "Transformational Change: A Ten-Point Strategy to Achieve Better Health Care for All," in *2004 Annual Report* (New York, NY: The Commonwealth Fund, 2005).

Employee Benefits Research Institute, "Health Confidence Survey. 2004 Results," <http://www.ebri.org/hcs/2004/index.htm> accessed on January 24, 2005.

Foundation Center, *Foundation Giving Trends: Update on Funding Priorities* (New York, NY: 2004).

Harris Interactive and Witek-Combs Communications, "Fewer Than Half of All Lesbian, Gay, Bisexual and Transgender Adults Surveyed Say They Have Disclosed Their Sexual Orientation to Their Health Care Provider," press release, December 17, 2002.

Institute of Medicine, *Crossing the Quality Chasm: A New Health Care System for the 21st Century* (Washington, DC: National Academy Press, 2001).

Institute of Medicine, *To Err is Human: Building a Safer Health System* (Washington, DC: National Academy Press, 2000).

Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities* (Washington, DC: National Academy Press, 2002).

National Association of Community Health Centers, *A Nation's Health at Risk: A National Report on America's 36 Million People Without a Regular Healthcare Provider* (Washington, DC: 2004).

National Center for Health Statistics, *Health, United States, 2004* (Washington, DC: U.S. Department of Health and Human Services, 2004).

National Organization on Disability "Access to Health Insurance," <http://www.nod.org/content.cfm?id=135>, accessed on January 5, 2005.

The Medical Foundation, *Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community*, 2nd edition (Boston, MA: June 1997).

CREATING CHANGE BY
Stimulating Innovation

There was a time when philanthropists believed that it was their role to supply early backing to social innovators, who would then take their promising new strategy or program to others in hopes of securing broader notice. Often the goal was for government to help disseminate the novel approach, using generous policies and the promise of funding to attract the other sources of sustainable support necessary to implement and duplicate it in additional sites (Racine 1998). Tight budgets and differing ideas about the role of government in disseminating social innovations, however, have made this mode of diffusion rare, and funders have learned that they have a role both in supporting good ideas and building the infrastructure for their adoption.

Foundation support has become a driving force behind the development, evaluation, and replication of new ways of approaching health problems and meeting health needs. Over time, grantmakers have used both top-down and bottom-up strategies to identify new ideas and replicate models that work. A number of funders have underwritten multisite grantmaking initiatives. The idea for such initiatives is often identified within the foundation or in consultation with external experts. Grantees tend to be chosen through a competitive process, and an intermediary organization may be employed to administer the project for the foundation and offer technical assistance to the sites. In-depth evaluation is usually a central part of the initiative (David 2000). Funders have also supported local-level experimentation and innovation, offering grantees funding for core support, professional development, and coalition building, as well as technical assistance and seed dollars to test new ideas. This approach nurtures diverse indigenous approaches, with the belief that different locally-grown processes may lead to similar overall results. For foundations interested in investing in new ways of doing business and disseminating those findings across a wide audience, both of these approaches allow grantmakers to test theories, stimulate innovation, and advance knowledge in their particular field of interest (David 2000).

Foundations and corporate programs are sometimes criticized for placing too much emphasis on innovation and viewing grantmaking for start-up ventures as more desirable than helping existing organizations maintain their current efforts, build capacity, or strengthen their infrastructure. Investing in innovation is certainly a vital function for foundations, but there is clearly a need to strike a balance between project support and grants that are responsive to the operating needs of nonprofit organizations (David 2001). It is also important to emphasize the essential role of evaluation in the journey from idea generation to replication, since by definition, model programs require evidence of effectiveness.

> *"It is this combination of values and knowledge – the pairing of human concern with the learned pursuit of the best, smartest, most effective methods and tools – that distinguishes philanthropy from either pure charity or pure science."*
>
> Gordan Conway, president, The Rockefeller Foundation

OPPORTUNITIES FOR GRANTMAKERS

The following examples highlight how funders can – and do – transform health systems by generating new ideas, financing demonstration projects, evaluating effectiveness, and replicating models that work.

- ***Seeking new ideas*** – In 2003, The Robert Wood Johnson Foundation reconceptualized its grantmaking into four measurable portfolios – targeted, human capital, vulnerable populations, and pioneer. The pioneer portfolio seeks innovative projects that can lead to fundamental breakthroughs in health and health care. Similar to research and development investments in the for-profit sector, projects in the pioneer portfolio are future-oriented and often look to nontraditional sources and fields to make significant improvements in health. While the foundation has always been interested in pursuing cutting-edge ideas to improve health and health care, establishing this pioneer portfolio in 2003 was the first time that a discrete pool of funding had been set aside specifically for the purpose of investing in high-return ideas that could have major impact. By remaining open to ideas across a wide range of topics within health and health care, the pioneer portfolio provides a distinct alternative to programming aimed at specific problems targeted by the foundation. The foundation anticipates that about 5 percent of its investments will eventually be devoted to the pioneer portfolio. The pioneer portfolio seeks to make investments that may significantly influence the health and health care of Americans in the future, even though the probability that portfolio projects will lead to such breakthroughs may be uncertain. To respond to this uncertainty and to be as open to the field for project ideas as possible, the portfolio funded

a diversified group of projects in the first year, many at an early stage of development. Funded projects are attempting to create a set of universal symbols to help patients – especially those with limited English proficiency – more easily navigate health care facilities; explore how the emerging discipline of complexity science can inform health care quality and chronic illness management strategies; design a more rational, alternative system of medical justice; and produce a roadmap for accelerating the development of a national health information network.

- ***Developing demonstration projects*** – Programs of All-inclusive Care for the Elderly (PACE) serve seniors with chronic care needs by providing access to the full continuum of preventive, primary, acute, and long term care services. PACE programs take many familiar elements of our traditional health care system and reorganize them in a way that makes sense to families, health care providers, and the government programs and others that pay for care. Foundation support was integral to the development of the PACE model. In 1987, The John A. Hartford Foundation, the Retirement Research Foundation, and The Robert Wood Johnson Foundation provided funding to the first replication sites to support their efforts, which led to the first PACE programs receiving Medicare and Medicaid waivers to operate in 1990, the formation of the National PACE Association in 1994, and the PACE model becoming a permanently recognized provider type under both the Medicare and Medicaid programs in 1997. In 2000, The John A. Hartford Foundation and The Robert Wood Johnson Foundation funded the *PACE Expansion Initiative* to assist the National PACE Association in expanding the benefits of the PACE model of care to more families in need.

- ***Evaluating effectiveness*** – The Commonwealth Fund is working in partnership with the New York-based Jacob and Valeria Langeloth Foundation and the Aetna health plan to incorporate the Advanced Practice Nurse (APN) Care Model into routine hospital care for older adults. The APN Care Model uses specially trained nurses to work with hospital staff and personal physicians to guide the care for high risk seniors, develop their discharge plans, and provide home visits after discharge. The model has been shown to reduce re-hospitalizations, but it has not been widely adopted by health insurers. The partnership among the foundations and Aetna has resulted in plans to test the model with 20 to 25 high risk elders insured by the company, hopefully as a first step toward its inclusion as a covered service.

- ***Replicating models at the state level*** – Health grantmakers were among the earliest supporters of mental health courts, which are designed to divert non-violent offenders with mental illness from the criminal justice system when appropriate. The John D. and Catherine T. MacArthur Foundation provided funding to evaluate the effectiveness of the first mental health court in the country, which began operating in 1997 in Broward County, Florida. Based in part on this evaluation, which found that individuals appearing before these courts were more likely to remain in treatment, the mental health court model has been replicated by communities across the country. The United Hospital Fund in New York and the Jewish Health Care Foundation in Pennsylvania are among the grantmakers supporting the development of mental health courts in their states.

- ***Replicating models at the local level*** – *Students Run LA* (SRLA) is an innovative after-school intervention program for at-risk middle and high school students in the Greater Los Angeles Area. The program, which teams students with teachers to train for the City of Los Angeles Marathon, has been highly successful, improving the health, self-esteem and school performance of the participating young people. On average, more than 97 percent of SRLA students complete the marathon each year and more than 90 percent of the seniors who complete the marathon graduate from high school – compared with a graduation rate of 65 percent in the Los Angeles Unified School District. A group of Pennsylvania funders – including The William Penn Foundation, Philadelphia Health Management Corporation, Campbell-Oxholm Foundation, Beck Institute for Cognitive Therapy and Research, Keystone Mercy Health Plan, Independence Foundation, Philadelphia Foundation, and Samuel S. Fels Fund – have joined together to support the first full-scale replication of SRLA: *Students Run Philly Style.* The project will begin under the aegis of two well-established nurse-managed health centers located in a low-income, largely African American area of West Philadelphia. By training youth to run local races and the Philadelphia Marathon, the program is expected to increase their fitness and sense of accomplishment and to decrease obesity and truancy. The project will benefit from SRLA brochures and training regimens, as well as a replication tool kit funded through The Robert Wood Johnson Foundation's Local Initiatives Funding Partners program.

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SOURCES

Conway, Gordon, *The Rockefeller Foundation: Implementing Our Mission* (New York, NY: The Rockefeller Foundation, 2003).

David, Thomas, "Reversing the Innovation Curse," *The Chronicle of Philanthropy* (June 28, 2001).

David, Thomas, *Reflections on Strategic Grantmaking* (Woodland Hills, CA: The California Wellness Foundation, 2000).

Racine, David, *Replicating Programs in Social Markets* (Replication and Program Strategies, Inc., August 10, 1998).

CREATING CHANGE BY Building THE Knowledge Base

Grantmakers have played a role in many of the discoveries that have transformed the health landscape. The first foundations, formed in the early part of the 20th century, catalyzed dramatic improvements in public health, medical education, and medical care. The Rockefeller Foundation, for example, was instrumental in efforts to eradicate malaria, yellow fever, and other infectious diseases in the U.S. and overseas through support for data collection, research, and public health measures. More recently, grantmakers have been instrumental in supporting groundbreaking research on chronic diseases and other conditions that claim hundreds of thousands of American lives each year and reduce the quality of life for countless others.

Building the knowledge base has the potential to revolutionize the way health services are designed and delivered. The ways that grantmakers can contribute are as varied as grantmakers themselves and include supporting data collection, funding research, and evaluating new approaches to program design and implementation. Achieving health improvements by building the knowledge base, however, can require patience and a willingness to make investments that may not pay off. Grantmakers interested in using this strategy to improve health should consider the following:

- ***Long-term versus short-term commitments*** – It is often impossible to know when an investment in research or other knowledge generation activities is going to bear fruit. One only need look at grantmaker support for new models for eliminating health disparities to understand that bringing the best minds to bear on a problem is no promise of a quick solution. A need to see progress quickly or an ability to make only short-term commitments may lead grantmakers to invest in activities such as data collection, evaluation, or exploratory research that builds a base for securing longer-term public funding.
- ***Tolerance for risk*** – Investment in knowledge generation is, in many ways, speculation. Some avenues of investigation will lead to advances and innovations, while others will lead nowhere. While knowing what doesn't work is often as valuable as knowing what does, the chance that grant funds may not result in health improvements may represent an unacceptable risk for some grantmakers.
- ***Potential partners*** – Partnerships can help grantmakers maximize the benefit of any investment in knowledge generation. In one recent example, The John A. Hartford Foundation teamed up with the California HealthCare Foundation, the Hogg Foundation for Mental Health, and The Robert Wood Johnson Foundation to test the effectiveness of a new model for identifying and treating late-life depression. These partnerships boosted the funding available for the evaluation and increased the number of test sites for the new model, increasing the reliability of the evaluation.
- ***Leveraging other resources*** – Federal agencies are significant funding sources for research. Applying for federal funding, however, typically requires infrastructure, a track record, time, and other resources. Even relatively modest grants can make a significant contribution to knowledge generation if they help researchers gain access to public funding. In one example, The *Freedom to Discover* grants awarded by the Bristol-Myers Squibb Foundation, Inc., provide critical early support to researchers exploring new hypotheses. The grants give researchers the time and money needed to identify promising avenues and assemble the preliminary data needed to apply for government funding.
- ***Disseminating findings*** – Discoveries are only useful if they are applied to everyday problems and routine practice. Communications planning should therefore be an integral part of any funding strategy to ensure that findings are disseminated to appropriate audiences in a timely fashion. The W.K. Kellogg Foundation includes a section on communicating findings and utilizing results in its evaluation handbook for grantees. The handbook discusses steps that should be taken early in the evaluation planning process, as well as follow-up steps to ensure that findings are disseminated in a way that is accessible and meaningful to key stakeholders.

OPPORTUNITIES FOR GRANTMAKERS

The following provides examples of possible approaches to building the knowledge base for health services and health care. It highlights just a few of the contributions that health grantmakers have made in the areas of data collection, basic and clinical research, health services research, and evaluation.

- ***Data Collection*** – Health grantmakers are supporting the collection of data to serve a variety of purposes: improving the quality of health care, documenting disparities in access, identifying pockets of unmet need, and providing early warning signals of future shortages of workers or service infrastructure. In one example, the Maine Health Access Foundation is supporting an effort by Maine's Department

of Human Services and a statewide child advocacy organization to develop a set of children's mental health indicators and begin the process of collecting data. The aim is to develop a clearer picture of the status of children's mental health that will be used to guide the development of a more responsive and accessible service system. In another example, The Aetna Foundation, the philanthropic arm of the Aetna health plan, is leading the insurance field in measuring and eliminating health disparities among minority children. The foundation has partnered with a national children's advocacy organization, the Children's Defense Fund (CDF), to collect and analyze data on health disparities between minority children and white children of similar incomes and insurance status. The foundation and the company will then work with CDF, health providers, and others to identify and implement promising approaches for closing the gap.

- ***Basic and Clinical Research*** – From basic research aimed at probing the workings of the human body and mind to applied research aimed at improving medical practices and treatments, health grantmakers are playing a key role in supporting scientific inquiry. The support provided by large international funders such as the Bill and Melinda Gates Foundation and the Wellcome Trust often receive the most attention from the public and press. But other types of grantmakers are important players as well. The Gerber Foundation, established as the corporate giving program of the Gerber Products Companies and now a private foundation, supports a wide range of research aimed at promoting health and preventing illness among infants and young children. Recent grants from the foundation are supporting, among other projects, a study of the risk factors for iron deficiency anemia in low birth weight babies and a study to determine the effects of choline, an essential nutrient, on brain development and function in infants.

- ***Health Services Research*** – Health services research supported by grantmakers is improving the way health and related services are delivered. The Robert Wood Johnson Foundation is a major funder of this type of research, through national programs such as:

  - *Changes in Health Care Financing and Organization*, which supports policy analysis, research, evaluation, and demonstration projects that provide policymakers with usable and timely information on health policy issues; and
  - *Health e-Technologies: Building the Science of eHealth*, which is supporting research on the effectiveness of interactive applications for health behavior change and chronic disease management.

  The Blue Cross Blue Shield of Michigan Foundation also funds health services research. The foundation's initiative, *Improving Men's Health Through Early Detection*, is supporting research, demonstration projects, and evaluation to identify effective strategies for increasing men's use of screening tests and boosting follow-up rates. The goal is to improve men's health by detecting diseases at early stages when treatment is most effective.

> Health services research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care… It aims to identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors; and improve patient safety.
>
> Source: Agency for Healthcare Research and Quality, *Fact Sheet. Helping the Nation with Health Services Research* (Rockville, MD: 2002).

- ***Evaluation*** – By identifying what works and what does not, evaluation can help funders focus on the most promising approaches, thereby increasing the efficiency and effectiveness of health care and health services. Many grantmakers support evaluation as a component of initiatives and grants; making this a routine requirement provides grantmakers and their grantees with valuable information about the degree to which the goals of a particular investment have been achieved. The Commonwealth Fund, which worked with over 100 other funders to support the *Healthy Steps* program to improve developmental services to young children and their families, made evaluation of the program a key component. A rigorous evaluation found significant improvements in the provision of anticipatory guidance by providers, receipt of timely well-child care and vaccinations by the children, use of more appropriate discipline techniques by parents, and disclosure of possible mental health problems by mothers. Because of the importance of sharing evaluation results, the foundation and its partners also invested in the production and dissemination of printed reports, as well as a Web site and other multimedia resources.

  Grantmakers are also helping others design and implement evaluations by developing and disseminating technical assistance documents. In addition to the W.K. Kellogg Foundation's evaluation handbook mentioned previously, grantmaker-supported evaluation manuals include the Hogg Foundation for Mental Health's *Evaluating Child Abuse Prevention Programs: A Resource Guidebook for Service Providers* and the James Irvine Foundation's *A Participatory Model for Evaluating Social Programs.*

This article is part of GIH's portfolio, Agents of Change: Health Philanthropy's Role in Transforming Systems. Each article focuses on an approach grantmakers are using to promote systemic or social change. The entire portfolio is available on GIH's Web site www.gih.org.

RESOURCES

W.K. Kellogg Foundation, W.K. Kellogg Evaluation Handbook (Battle Creek, MI: 1998), available on-line at www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf.

Hasenfeld, Yeheskel, A Participatory Model for Evaluating Social Programs (San Francisco, CA: James Irvine Foundation, 2002), available on-line at www.irvine.org/assets/pdf/pubs/evaluation/Eval_Social.pdf.

CREATING CHANGE BY Translating Research INTO Practice

Research findings that sit in dusty journals on a library shelf do little good. Similarly, advances in medical technology are of limited use unless new tools and techniques are readily available where and when they are needed. One area where foundations and corporate giving programs have made their marks as change agents has been in bridging this gap between science and practice.

Translating research into practice has tremendous potential in health care. Despite the considerable resources spent on biomedical research, relatively little attention has been paid to ensuring that research findings are applied at the bedside, in physicians' offices, or in community settings. And when the transfer does happen, the pace can be slow. According to one estimate, it takes about 17 years for new knowledge from a controlled clinical trial to be incorporated into the daily practice of clinical medicine (Burroughs Wellcome Fund 2004). Similarly, findings from health services research and program evaluation are only infrequently made available to policymakers and other decisionmakers in the design of health programs and policies.

EFFECTIVE STRATEGIES FOR TRANSLATING RESEARCH INTO PRACTICE INCLUDE:

- provider reminder systems,
- computer decision support systems,
- institutional commitment to evidence-based practice,
- financial incentives, and
- involvement of users in development of tools.

Source: AHRQ 2001.

A number of system-level barriers make it difficult to bridge the gap between the literature and the real world. Health professionals have limited time to stay up to date and face an overwhelming amount of new knowledge. Consider that more than 4,800 biomedical journals are indexed in MEDLINE and thousands of citations are added each week. Health professionals may also lack the skills to interpret research findings (particularly when findings of several studies conflict) that would enable them to make informed judgments about changes in their day-to-day practice. The structure and financing of clinical research also creates a barrier to translation. Pressure to obtain research grants and advance in one's career reinforce the imperative to develop new knowledge, rather than apply findings in real-world settings. Moreover, financial pressures on institutions are requiring a change in the balance of patient care and research duties for many physicians engaged in clinical research.

OPPORTUNITIES FOR GRANTMAKERS

Foundations are uniquely positioned to bridge the gap between research and practice, creating dialogue between the two communities and facilitating the adoption of evidence-based techniques. An historical anecdote illustrates the pivotal role that philanthropies can play. In 1923, Dr. George N. Papanicolaou first discovered that cervical cancer could be diagnosed before symptoms were present. His findings were dismissed by many in the pathology field who could not believe that cancer could be detected in individual cells. Years later, Papanicolaou wrote, "I found myself totally deprived of funds for continuation of my research…At a moment when every hope had almost vanished, The Commonwealth Fund…stepped in." The Commonwealth Fund's support for Dr. Papanicolaou's work proved crucial to the development and eventual acceptance of the Pap smear, now regarded as a routine diagnostic technique for detecting cervical cancer (Council on Foundations 2005).

There are several strategies for grantmakers to facilitate the translating of research into practice.

➤ ***Supporting health care professionals in the adoption of evidence-based practices*** – Health grantmakers can help fund development of tools and training opportunities that help busy clinicians learn about what works and how to apply new knowledge in daily practice.

The Colorado Clinical Guidelines Collaborative (CCGC) is a coalition of health plans, physicians, hospitals, employers, government agencies, quality improvement organizations, and other entities working together to implement systems and processes, using evidence-based clinical guidelines, to improve health care in Colorado. It was created by these stakeholders to eliminate the confusion and inefficiencies created by various health plans, medical societies, and government agencies having conflicting guidelines.

Two Colorado funders, the Caring for Colorado Foundation and The Colorado Trust, have provided significant support to CCGC. In 2004, Caring for Colorado Foundation funded the CCGC to train rural health care

providers on techniques to help adults quit using smokeless tobacco. Matching funds were also obtained from the American Legacy Foundation. The foundation also supported a project to implement the collaborative's depression guidelines in the Denver metro area and rural northeast Colorado. The Colorado Trust is funding promotion of evidence-based adult and pediatric flu immunization guidelines, and the development of evidence-based guidelines for cardiovascular disease and stroke.

Similarly, The Henry J. Kaiser Family Foundation (KFF) played a pivotal role in developing and making available guidelines for the use of antiretroviral therapies for adults and adolescents with HIV. KFF partnered with the federal government to convene the panel on Clinical Practices for the Treatment of HIV Infection. The guidelines were constructed as a living document so they can be updated by the panel as new data emerge (as often as every several weeks.) Initially the guidelines were available in hard copy and on the Internet. Now downloads are also available for personal digital assistants to allow ready reference by physicians in exam rooms.

The California HealthCare Foundation, with its emphasis on health information technology, has helped fund the development of several decision support tools for California physicians. The *Prescription Drug Information Project*, a collaborative effort with researchers at the University of California at Davis, aims to provide accurate, coherent information on effectiveness, side effects, and costs to help clinicians and patients select the best drug or treatment at the best price. University researchers conducted scientific reviews of the treatment options for six common health conditions: gastroesophageal reflux or GERD (heartburn), osteoarthritis, hypercholesterolemia, depression, asthma, and allergic rhinitis (hay fever). Summary conclusions were then vetted by a scientific review panel consisting of doctors and pharmacists from the University of California and by nationally recognized experts in the condition-specific areas. Information was then presented in a scientific reference guide meant to be used by busy professionals. The foundation is now exploring the feasibility of creating partnerships to develop consumer materials based on the scientific summaries for lower literacy and non-English speaking populations.

➤ ***Funding translational research*** – Among its various biomedical research initiatives, the Burroughs Wellcome Fund is focusing on the critical role that physician-scientists can play in fostering the development and sharing of new knowledge and techniques from the bench to bedside and back again. Translational research sits in the gap between basic biomedical research (funded by the National Institutes of Health and other private funders) and the commercialization of new drugs and devices, which is primarily financed by private industry. The fund's *Clinical Scientist Awards in Translational Research* are meant to foster the productivity of independent physician-scientists at the mid-career level who will be the champions for translational research in academic health centers, both by conducting their own research and by mentoring the next generation of physician-scientists. Awards are provided for studies focused on the etiology, pathogenesis, and mechanisms of disease (particularly those with direct application to disease prevention and treatment); clinical knowledge, improved diagnosis, and biomedical informatics; and disease management and limited small-scale clinical trials involving novel approaches or interventions that provide evidence for effectiveness of therapy.

Partnerships offer the opportunity for foundations with limited resources to make important commitments to translational research. Recently, the Cardinal Health Foundation announced a partnership with Abbot Laboratories to fund the *V Foundation-American Association for Cancer Research Grants in Translational Cancer Research*. These grants will support scientists at National Cancer Institute-designated cancer centers, universities, and freestanding research institutions for studies translating basic cancer findings into a new preventive strategy or therapeutic application for cancer, including improved survival or quality of life. Of the $2.4 million awarded, Cardinal Health contributed $150,000.

➤ ***Encouraging the use of evidence in community-based interventions*** – Evaluations of community-based interventions rarely reach the gold standard of evidence associated with controlled clinical trials. Still, there is merit in making sure that any health intervention be based on what is known, not just what it is intuited. The Robert Wood Johnson Foundation's *Active for Life* initiative is designed to adapt and translate evidence-based physical activity programs for individuals over the age of 50 into practice in community settings. The initiative is focusing on two previously tested program models for further examination. The first uses facilitated group-based problem solving methods to integrate physical activity into everyday living. The second emphasizes participation in individually selected activities that are facilitated with ongoing, brief telephone and mail follow-up delivered to the home. An interactive learning network is under development to help grantees as well as other health, research, wellness, and public health professionals address issues, contribute to the development of programs, and share information related to science-based information and initiatives on aging, physical activity, and nutrition.

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SOURCES

Agency for Health Care Research and Quality, *Translating Research into Practice (TRIP-II)*, fact sheet, Publication No. 01-P017 (Rockville, MD: March 2001).

Burroughs Wellcome Fund, "Seventy Funders of Health Research Convene to Tackle Issues in Clinical Research," *Focus* (Research Triangle Park, NC: Spring 2004).

Council on Foundations, *Great Grants*, accessed at www.cof.org, January 21, 2005.

CREATING CHANGE WHILE

Meeting Immediate Needs

Many health grantmakers consider meeting the immediate needs of unserved and underserved populations to be among their highest priorities. Of the 364 foundations and corporate giving programs tracked by Grantmakers In Health's (GIH) Resource Center on Health Philanthropy, one-third list improving access to health care and related services as one of their top health programming areas. Many more place a high priority on expanding services for specific populations at increased risk of being in poor health or having unmet health needs.

Health grantmakers also desire to be agents of lasting change in the communities they serve. As grantmakers strive to make a difference, they inevitably confront difficult choices between directing funding to research, policy analysis, advocacy, and other means of transforming systems or using their grant funds to respond to people's immediate needs for health care and other services. While the choices are not mutually exclusive, a grantmaker interested in being a catalyst for change may struggle to find a balance between funding direct services and funding work aimed at system transformation.

Devoting a substantial portion of grant funding to direct services is consistent with the mission of many foundations and giving programs. For others, including some foundations formed from health care conversions, focusing on direct services is required by their articles of incorporation or other documents governing the foundation's grantmaking. For still others, the magnitude of the needs they see around them suggests that no other choice is as important.

Regardless of the path taken to direct service funding, grantmakers can still be strategic about the grants they make and can use funding for direct services in ways that create lasting change. By looking for opportunities to align grants that meet immediate needs with broader system transformation goals, grantmakers can improve health while helping to create health care systems that work for everyone.

OPPORTUNITIES FOR GRANTMAKERS

There are many ways that grantmakers can respond to unmet needs in the communities they serve while also working to build better and more accessible systems that provide high quality care to all. Approaches include looking for untapped efficiencies in service systems, using grant funds to complement broader systems transformation efforts, serving as a test site for innovation, creating service infrastructure in unserved communities or for underserved populations, building the capacity of emerging organizations, increasing the cultural competency of service systems, and building integrated systems of care.

- ***Looking for untapped efficiencies in service systems*** – In an era of government budget deficits, many organizations are being asked to do more with less. Grantmakers can help organizations accomplish this by seeking out opportunities to make systems and services more efficient and cost-effective. Helping providers share scarce or expensive services is one way to achieve efficiencies. The Colorado Trust, as part of its work to eliminate language barriers to health care, funded the creation of an interpreter bank in the Denver area. Instead of requiring all health providers to recruit, train, and pay for an interpreter for each of the many languages spoken in Denver and surrounding communities, the interpreter bank allows providers to share the costs and have appropriate interpreters available when and where they are needed.

  Grantmakers can also help grantees take advantage of technology that improves the efficiency of their services. The Maine Health Access Foundation and the Blue Cross and Blue Shield of Minnesota Foundation both supported telehealth projects that enable mental health providers to serve more people, including those living in areas lacking appropriate providers. The Carlisle Area Health & Wellness Foundation in Pennsylvania helped a provider increase efficiency by funding the purchase of technology that allows diabetics to report vital information to a technician without leaving their homes. Clients can also receive instructions and reminders regarding medication, meals, and exercise using the same technology.

- ***Using grant funds to complement broader systems transformation efforts*** – Grantmakers can meet individual and community needs while contributing to systems change by funding projects that complement or support broader initiatives, such as efforts to improve patient safety, eliminate health disparities, increase access to health insurance, and provide children with a medical home. In recent years, grantmakers have been an important source of funds for ensuring the successful implementation of the State Children's Health Insurance Program (SCHIP). The Robert Wood Johnson Foundation and numerous state and local foundations were important supporters of outreach campaigns to bring eligible children into SCHIP and Medicaid. Similarly, health grantmakers are now stepping up to the plate to help ensure that

seniors understand how to use the new Medicare prescription drug benefit. The Retirement Research Foundation in Chicago, for example, is supporting a coalition of community-based organizations that is educating seniors about the new program and helping them make the best benefit choices. The Quantum Foundation, Inc., is using another approach: working with a local library to educate seniors about the Medicare changes and other issues of concern to older adults.

- ***Serving as a test site for innovations*** – Bringing proven innovations into a community can improve the health of individuals while transforming the way services are delivered. But early adopters of new technology or new approaches often need start-up funds to get things off the ground. The Paso del Norte Health Foundation provided this type of support to schools in Texas interested in implementing the CATCH (Comprehensive Approach to Child Health) program. CATCH was initially developed by university researchers looking for ways to reduce risks for cardiovascular disease among children. Funding from the foundation allowed 18 schools to implement the program in 1996. A foundation-funded evaluation in these and other pilot sites showed that the program was effective in increasing physical activity levels, making it a good tool for fighting the epidemic of childhood obesity. From a modest beginning, the program has grown to include over 1,200 schools statewide. In addition, CATCH has been designated by the state as an approved program that schools can use to meet statutory requirements for daily physical activity and a coordinated school health program.

- ***Creating service infrastructure*** – Sometimes the cause of unmet need is straightforward: an absence of the buildings, staff, and other resources necessary to provide services. Grantmakers can create lasting change by funding the infrastructure required to provide services in unserved communities or for underserved populations. The Riverside Community Health Foundation in California, for example, is building a new family health services center in a high-need neighborhood that is home to many immigrant families. Once completed, this center will provide needed health care to an underserved population for years to come, and may also serve as an engine of economic development by providing jobs for community residents. In another example, the FISA Foundation worked to ensure that women with disabilities did not encounter physical barriers to care by funding a new, fully accessible clinic at a local hospital that was designed with input from physically disabled women.

  Not all grantmakers are in a position to fund the capital costs of a new clinic, but they can still play a role in building infrastructure by funding the equipment needed to provide high-quality care to underserved populations. The Missouri Foundation for Health has taken on this role, supporting the purchase of an X-ray machine and ultrasound equipment for a clinic serving a low-income population in St. Louis, and pocket computers to help staff maintain accurate and timely information on adults and children with serious mental illness served by a network of clinics spread across several counties.

- ***Building the capacity of emerging organizations*** – Organizations started by and for members of high-need populations are often the most knowledgeable about people's needs, but sometimes lack the track record and infrastructure to obtain public funding to support their services. The Alliance Healthcare Foundation in California has provided several grants in recent years to build the capacity of organizations like this. In one example, the foundation provided support to a maternal and child health organization serving primarily Latina women so that it could expand, evaluate, and market its services and programs. The organization now has a contract with a county-based managed care organization to provide services to pregnant women enrolled in California's public coverage programs, providing the organization with ongoing funding for some of its services.

- ***Increasing the cultural competency of service systems*** – One reason for persistent health disparities is that providers are often ill-equipped to serve populations that differ from them in culture, attitudes, educational attainment, or socioeconomic background. In Massachusetts, Harvard Pilgrim Health Care Foundation's Institute for Linguistic and Cultural Skills is working to eliminate cultural barriers to care by providing training to nurses, behavior health providers, physicians, nurse practitioners, and physicians' assistants. The courses examine, among other things, the influence of culturally based beliefs, values, and attitudes on provider-patient interactions; use of a patient-centered approach to information gathering; and the integration of cultural information into treatment planning.

- ***Building integrated systems of care*** – Integrating service delivery, either by having multiple services available from one provider or by co-locating services and providers, can dramatically improve access to needed services. This is particularly true for populations that may have difficulty navigating fragmented or complex systems, such as people with mental illness, the homeless, and individuals with low English proficiency. Currently, many grantmakers, including The John D. and Catherine T. MacArthur Foundation and The John A. Hartford Foundation are supporting efforts to integrate treatment for depression into primary care. This not only facilitates the provision of care to people who might not seek it from specialty mental health providers, but also helps address the shortage of mental health providers in many areas of the country.

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CREATING CHANGE THROUGH Capacity Building

Although the concept of helping build nonprofit organizations' capacity was first used in the 1960s, it only became popular as a grantmaking strategy in the 1990s. Major advances in technology and the emergence of venture philanthropy greatly contributed to the notion of capacity building as a practice. At first, small grants were awarded to make technology upgrades and support training. Often, this led to the desire to improve other systems, such as intake processes or financial management, and culminated in looking at the organization's structure, strategic planning, and overall capacity. Phrases such as "management consultants," "executive coaches," "tech riders," "realigning," and "organizational assessment" entered the lexicon, and the capacity building movement took hold.

In response, funders began developing their own capacity building efforts focused on executive and board leadership, organizational planning and assessment, and financial management and planning. When grantees experienced significant organizational transitions with sudden growth or the loss of a leader, they would use these funds to help carry out ongoing projects.

Today, most health funders – whether or not they realize it – are helping to build the capacity of the nonprofit organizations they fund. Grantmakers recognize that their work and accomplishments are intrinsically tied to their grantees' ability to be effective and adaptive. Many health funders now have programs that include capacity building or organizational effectiveness with strategies that range from providing basic technical assistance and training to large, multiyear initiatives that create strategic partnerships in particular service communities.

In a 2002 report, The Colorado Trust reported that the technical assistance services or needs most frequently identified by the 23 grantee organizations in the trust's *Supporting Immigrant and Refugee Families Initiative* were organizational assessment (17), fundraising and sustainability (14), public outreach and awareness (13), board development (13), program evaluation (12), strategic planning (12), collaboration with other community organizations (10), and enhancing program quality (10). Other common capacity building activities include business planning, financial systems improvements, technology upgrades, and leadership development (The Colorado Trust 2002).

Interestingly, one of the key lessons the trust learned in doing this work was "the importance of using a tool, such as the organizational assessment process, that provides clarity early on as to the critical, overall needs of the grantee organizations." Other funders have had similar experiences – even if the grantee is only looking for help with board development, it is beneficial to first look at the overall organization before honing in on one aspect. Often, problems can be prevented by finding out early on about issues such as staff turnover, board conflict or discord between the board and staff, financial mismanagement, obstinate supervisors, inadequate systems, and misrepresentation.

Sometimes, even with a sound organizational assessment process in place, anticipated outcomes can elude funders. Between 1998 and 2000, the Northern California Grantmakers' AIDS Task Force launched a capacity building initiative "to support providers in exploring and developing strategic partnerships that could eliminate potential duplication, achieve administrative efficiencies and create more cost-effective services." By the end of the initiative, 14 potential partnerships were explored and supported, yet none resulted in any formal restructuring. Timing was everything – the anticipated decline in funding from area grantmakers did not materialize and "the urgency to take advantage of strategic restructuring services was not acute" (Compass Point Nonprofit Services 2001).

LESSONS FROM THE FIELD

- *Develop trust and clarify roles:* Develop relationships of trust and a sense of appropriate pace when providing technical assistance. Timing of interventions must be sensitive, and roles should be clarified, especially when using intermediaries or liaisons with grantee organizations.
- *Be flexible:* Grantees are different in terms of their needs, staff resources, sophistication, and readiness to utilize technical assistance. It is crucial that the approach be customized and flexible.
- *Maintain open and regular communication:* Regular progress reports from project consultants can significantly assist the initiative management process.

Source: The Colorado Trust 2002.

OPPORTUNITIES FOR GRANTMAKERS

Supporting capacity building efforts can be a crucial element in ensuring the continued growth and viability of nonprofit orga-

nizations. The following traits have been identified for effective capacity building work by foundations:

- Knowledge: capacity building means intervening in a complex system. Deep understanding of grantee organizations is essential.
- Flexibility: challenges often emerge suddenly and grantee needs may change midcourse.
- Commitment: funders must be committed to building the skills of their nonprofit partners since capacity building always takes more time than one thinks.
- Humility: the funder must also be open to feedback and aware of personal limitations (Grantmakers for Effective Organizations 2004).

➤ ***Building the capacity of the health care safety net*** – Health foundations are helping to build the capacity of community-based health care clinics and safety net providers at the state and local levels. In 2004, the Sunflower Foundation Health Care for Kansans awarded 24 grants in response to an RFP that included three separate funding components to help organizations build capacity: assessment, implementation, and creating linkages. The first component, funding for an assessment of capacity building needs, allowed nonprofits to look at their present capacities and identify what was working well and what aspects needed to be strengthened. Assessment strategies or activities could include conducting an evaluation of programs and services, purchasing needs assessment tools or receiving training, contracting with organizational assessment consultants, and engaging in strategic planning. The second component, funding for implementation, provided grants to upgrade tools for managing client services, extend service hours, improve financial management processes, develop new funding strategies, and provide board education and staff development. The final component, funding to create linkages that build capacity, focused on networking with peer organizations; standardizing data collection and management; evaluating, testing, or implementing community-based collaborations; and supporting efforts to build partnerships that develop integrated approaches to service or that leverage improved efficiencies through shared facilities, staff, service delivery, or purchasing agreements.

On a local level, the United Hospital Fund in New York funded the redesign of New York City's Human Resources Administration's HIV/AIDS Services Administration client service centers through the implementation of new work processes, new software applications, and re-engineered workspace. The project built on the success of the fund-supported *Medicaid Office Improvement Project* and will engage clients, advocates, and front-line staff.

➤ ***Responding to facility and training needs with foundation-grown solutions*** – Another development among health funders has been to help create new space for groups of community-based organizations. In the mid-1990s, the Foundation for Seacoast Health was deciding whether to buy or build a new home for a foundation-funded program that was in desperate need of a new facility. The foundation soon discovered that several other grantees were in a similar situation, including a community health center, a preschool program for learning delayed youngsters, and the community's Head Start program. "What was originally a crisis for space-hungry nonprofits turned into a unique opportunity for the foundation: how to address the inefficiency of providing health, educational, and social services to many of the same children and families at different sites," said Susan Bunting, president and CEO of the Foundation for Seacoast Health. The foundation decided to develop one large facility to house those agencies and others, with the caveat "that they work and plan together to reduce duplication of services, increase resource sharing, and maximize program effectiveness." (Bunting 2001). The Community Campus is now home to the foundation as well as health-related nonprofits and public programs, that use common intake and outcome assessment tools and personnel procedures. Similarly, the Sierra Health Foundation's *Conference and Convening Program* helps health and human service organizations by providing space for planning and training retreats, conferences, seminars and workshops. Preference for use of space is given to nonprofits whose programs or activities promote the development of sound health policy, positively impact the health of underserved populations, improve the delivery of health care services, or expand the use and availability of health care resources.

Funders are also collaborating with each other to pool resources for training and technical assistance to grantees. The *Partnership for Effective Nonprofits* is an initiative of the Foundation for Seacoast Health, Greater Piscataqua Community Foundation, and United Way of the Greater Seacoast. It awards grants of up to $5,000 to support the efforts of nonprofit organizations to improve their management, leadership, and governance; offers training and technical assistance programs; and has a Web site that includes links to funding and nonprofit management resources.

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SOURCES

Bunting, Susan, "Ad Venture Philanthropy – Creating The Community Campus: A Work in Progress" Views from the Field, *GIH Bulletin*, May 7, 2001.

The Colorado Trust, *Providing Technical Assistance to Build Organizational Capacity* (Denver, CO: 2002).

CompassPoint Nonprofit Services, *Strategic Partnerships in the AIDS Service Community* (San Francisco, CA: 2001).

Enright, Kathleen P., *Building Strong Nonprofits: Grantmakers for Effective Organizations Presentation* (Washington, DC: Grantmakers for Effective Organizations, 2004).

CREATING CHANGE BY
Strengthening Infrastructure

The effectiveness of the health system in meeting its fundamental goal of enhancing individual and population health depends upon having a strong infrastructure. Efforts to transform the medical care and public health system cannot succeed if information systems are antiquated, the workforce does not have the capabilities or competencies to deliver appropriate services, and the organizational capacity is insufficient to the task. Strengthening the system's core infrastructure is critical to enhancing the transfer of knowledge among providers, agencies, and community partners; responding effectively to identified and emerging health needs; and functioning efficiently.

IMPROVING INFORMATION AND DATA COLLECTION SYSTEMS

Information and data systems are important tools for monitoring community health and enhancing the delivery of services. Technology can also facilitate communication among health care professionals and institutions, providers and patients, communities and policymakers. For example, computerized medical records and scheduling and billing software can help hospitals and clinics function in a more timely and efficient manner. Pharmacy bar coding systems and computerized physician order entry systems can reduce medical errors and improve patient safety. State and local health departments need sophisticated tools for surveillance, rapid dissemination of health alerts, and analysis of patterns in morbidity and mortality.

Foundations are supporting the information and data systems needed to build a more effective health system. Building the technology capacity of community clinics and health centers throughout California is the goal of *The Community Clinics Initiative*, a joint project of the Tides Foundation and The California Endowment. Launched in 1999, the initiative is working to strengthen internal information systems by funding hardware, software, connectivity, and technology staffing. It also provides clinics and health centers with opportunities to find innovative solutions to challenges such as sharing medical information from site to site, improving the quality of software products available and appropriate for the field, and helping to develop statewide linkages for assessing health outcomes and health disparities. As a result of the program, almost 200 organizations have enhanced their capacity to use technology to make their economic operations more efficient and clinical operations more effective. Others are doing this work on a smaller scale. For example, the Quantum Foundation, Inc. and the Community Health Foundation of Western and Central New York have both funded community clinics to purchase health management information and electronic medical record systems that will make it easier to efficiently collect and share patient information and enhance the coordination of care and provision of services.

Information technology is also critical for public health agencies. The Kansas Health Foundation supported the development and installation of the Kansas Integrated Public Health System, a comprehensive system that assists state and local health departments in obtaining accurate data on health issues and integrating data from multiple sources. The system is connected to the Centers for Disease Control and Prevention's national surveillance system.

Technology can also be used to improve provider and patient communication and interaction. The *Health e-Technologies* Initiative, a $10.3 million national program of The Robert Wood Johnson Foundation, is funding research to advance knowledge of interactive applications for chronic disease management, such as the Internet, voice response systems, and personal digital assistants. The program's overarching goal is to find out if these technologies improve processes and outcomes of care and support provider adherence to evidence-based care. One grantee, the University of Colorado Health Sciences Center, is testing the use of D-STAR (Diabetes-System To Access Records), an on-line patient portal to improve and sustain diabetes self-care. Another is assessing patient and caregiver participation on a cancer-related listserv managed by the Association of Cancer Online Resources. Researchers at the University of North Carolina's Lineberger Comprehensive Cancer Center are evaluating the impact of the listserv on a range of participant outcomes and will disseminate findings to key audiences.

ENHANCING WORKFORCE CAPACITY

Workforce capacity and competency is another element of infrastructure. Transforming the nation's health system will require a workforce that can deliver care that is safe, efficient, evidence-based, and patient-centered.

Several changes are needed to strengthen workforce capacity. These include training health professionals to be responsive to the changing demographics of communities, breaking down barriers to effective communication and cooperation among various health professionals, and ensuring an adequate supply of workers. The Blue Cross and Blue Shield of Minnesota

Foundation has provided major support to the Health Education Industry Partnership, a project of Minnesota State Colleges and Universities, to develop an accredited community health worker (CHW) training program, including standardized curriculum, student recruitment, and links with the employment market. Promoting the use of CHWs who can help diverse populations overcome barriers that prevent them from accessing health services, is a strategy for improving cultural competence, reducing health disparities, and reducing the state's health work force shortage.

Other funders are working to support an interdisciplinary team approach to caring for patients. Elderly patients, for example, often have complex, chronic conditions requiring a team of health professionals to provide a wide range of medical as well as psychosocial support services. The John A. Hartford Foundation, Inc.'s *Geriatric Interdisciplinary Team Training* initiative has created training models for health professionals in the skills and resources needed for effective team care of older patients. The program initially involved advanced practice nurses, master's level social workers, and medical residents. Faculty and student trainees in 13 additional disciplines, such as physical therapy, dentistry, and pharmacy, were later added. Another team-based program supported by the foundation is the *Generalist Physician Initiative*, which is working to improve the treatment of elderly patients by integrating nurses, social workers, and other health care professionals into primary care medical practices.

Foundations are also helping to address the nursing shortage, a threat to the delivery of high-quality patient care. Some are focused on recruitment. The Helene Fuld Health Trust, for example, gave more than $2 million in 2001 to support 22 nursing programs for financial aid to economically disadvantaged students pursuing higher degrees in nursing. Others, such as the Gordon and Betty Moore Foundation, are focused on enhancing the role of nurses by improving the effectiveness of their clinical skills through training as well as development and implementation of evidence-based practices.

BUILDING ORGANIZATIONAL CAPACITY

Organizational capacity includes the physical facilities – clinics, laboratories, and up-to-date equipment, for example – needed to provide services. Support for organizational capacity is especially critical for safety net providers and others who treat vulnerable populations or function in medically underserved areas. Foundations are supporting organizational capacity in a number of ways, including support for bricks and mortar and up-to-date equipment. Recognizing the need for dental services in its state, the Missouri Foundation for Health, for example, provided start-up funding for a dental clinic at the Southern Missouri Community Health Center in 2004. The grant supported the purchase of equipment for six dental operatories, supplies for the dental clinic, and the salary for one dentist. In 2003, the foundation funded the People's Health Center, Inc. to enhance primary care services through increased availability of x-ray and ultrasound services for low-income residents. By upgrading its aging radiology equipment, the center is able to improve basic x-ray services for patients with respiratory and other chronic diseases, as well as provide enhanced prenatal care with new ultrasound equipment.

Foundations can help safeguard the health of their communities by supporting emergency preparedness activities. Up-to-date equipment and laboratories enable public health practitioners to monitor and detect disease, as well as respond to emergencies. The Palm Healthcare Foundation in Palm Beach, Florida provided funding for a bioterrorism preparedness project that has enhanced the capacity of 14 local hospitals to handle possible bioterrorism attacks by standardizing communication, response, and other systems. It also included funding for equipment, such as portable decontamination units and hazmat suits, and for training emergency room workers. The foundation's efforts have allowed Palm Beach area hospitals to work together to quickly design and implement an emergency response system.

MULTIFACETED APPROACHES FOR BUILDING INFRASTRUCTURE

Some funders are taking multifaceted approaches to building health system infrastructure. The Robert Wood Johnson Foundation's *Pursuing Perfection* initiative, for example, is supporting the transformation of patient care processes that involve shoring up organizational capacity, health professions training, and information technology. *Pursuing Perfection*, a three-year, $20.9 million program, selected 12 health care organizations to develop comprehensive plans for systematically improving health care quality. Seven of these received additional two-year grants of $1.9 million each to help put their plans into practice. One grantee, the Cambridge Health Alliance in Massachusetts, is implementing improved care systems for five priority diseases. In its asthma care initiative, for example, providers are using a computerized asthma registry to get a comprehensive picture of the health of pediatric patients. No matter where a patient enters the health care system – primary care appointment, school nurse's office, emergency department, or even another Boston-area hospital – providers will be able to access the health history, current medications, and other vital information. Partners in this effort include local agencies, schools, pharmacies, other health care institutions, and parents. A second *Pursuing Perfection* grantee, Tallahassee Memorial HealthCare in Florida, a nonprofit, integrated health care system, is conducting two pilot projects in collaboration with Capital Health Plan, a local HMO. The first pilot project completely redesigns the medication system, focusing on all phases of medication management, including computerized physician order entry, automated dispensing, an online medication administration record, barcoding, and a medication error and near-miss reporting system. The second pilot project is aimed at redesigning cardiovascular services to reduce mortality and costs of care.

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CREATING CHANGE BY

Cultivating Talented Leaders

Philanthropy has a long history of cultivating leaders who are able to guide complex change efforts in public health, health care, and health policy. The demand for gifted leaders is growing as health policies become more complicated, health politics become more contentious, vulnerable populations become more marginalized, the organizations designed to serve them increase in number and scale, existing leaders near retirement age, and established institutions work to diversify their boards and staff. Health leaders need to be adept at scanning for threats, opportunities, and synergies; ensuring that their organizations or initiatives are nimble and ready to move on promising ideas; pulling in allies and creating a movement around their missions; and sustaining the momentum and direction of their change efforts. Funders have responded by enhancing efforts to develop new leaders, finding ways to provide respite for experienced leaders, and helping organizations manage the transition from one leader to the next.

Foundations and corporate giving programs have designed, supported, and run leadership development programs for decades. They most often support these programs in order to discover and develop talented individuals; strengthen organizations; and advance social change efforts in a community, region, or field. The identification of new leaders can bring vigor and innovation to a field, and can increase the visibility and power of underrepresented groups, such as women, people of color, young people, or residents of rural areas. The components of leadership development programs vary, but typically include learning objectives and curriculum, financial support, learning from peers, mentoring and coaching, action projects, technology support, and networking opportunities (Meehan 2003).

While being a leader can be invigorating and fruitful, it can also be difficult and draining. Even leaders known for their energy and vision find themselves in need of respite and reflection after years of service. Funders have learned, through personal experience and from their grantees, that providing overextended, underappreciated leaders with recognition, financial support, and opportunities for renewal is essential if they are to continue the work of social change for the long term (AECF 2001).

Still, leadership transitions are inevitable, and becoming more frequent in the nonprofit sector. A 1999 study of over a hundred nonprofit executive directors in California – of whom two thirds were in their first executive director role – found that only 20 percent anticipated taking on another such job, reflecting the difficulty of the position and forecasting a major hiring challenge in the future. The sector is also challenged by a scarcity of middle managers and identifiable career ladders, mainly due to the relatively small size of so many nonprofit organizations. Increasingly, grantmakers are seeing leadership transitions as powerful and underestimated opportunities to strengthen the mission, direction, and vision of organizations (Adams 2004).

LEADERSHIP PROGRAMMING TIPS

Planning

- Be clear about the outcomes you want to accomplish.
- Consider funding an existing program.
- Be prepared to make a long-term investment.

Implementation

- Build internal support for your program.
- Pay attention to diversity.
- Invest in an alumni component.

Evaluation

- Align learning expectations with evaluation funding.
- Consider conducting longitudinal evaluations.
- Try to capture and document learning across programs.

Sources: Meehan 2003; Development Guild 2002

OPPORTUNITIES FOR GRANTMAKERS

Grantmakers are using a number of different strategies to develop and encourage new and seasoned leaders in health-related fields.

➤ ***Building the skills and networks of local activists*** – The Boston Foundation's *Boston Community Building Curriculum* offers grassroots leaders and resident activists training to strengthen their social networks and increase the impact of their community work. The curriculum includes a series of free workshops designed to introduce and strengthen specific skills, tools, and techniques that build the capacity of people who are working to create healthy, stable, and resilient communities. The foundation believes that most resident activists have already achieved a great deal through sheer will, self-taught skills, and hard-won wisdom, and the curriculum builds on their experiences. The curriculum is available in both English

and Spanish, through the Interaction Institute for Social Change, based in Cambridge, Massachusetts.

- ***Strengthening and sustaining leaders of community-based programs*** – *The Robert Wood Johnson Community Health Leadership Program* honors outstanding individuals who overcome daunting odds to expand access to health care and social services to underserved and isolated populations in communities across the United States. Each leader is awarded $120,000: $105,000 for program support and $15,000 as a personal stipend. Nominees must be mid-career (5 to 15 years in the field of community health) and working to improve effective community-based programs that are struggling to grow and respond to emerging challenges. Selected community health leaders receive support from Third Sector New England to develop their programs into national models of community-based health care solutions. For example, 2001 community health leader Gina Upchurch is the founder and director of Senior PHARMAssist (SPA), which has helped more than 2,600 individuals on limited incomes obtain necessary medications and has educated more than 800 older adults about proper medication use. SPA also works closely with doctors and other health care providers to ensure that the often-numerous medications taken by seniors are as safe and effective as possible. In a 2000 study conducted at the University of North Carolina-Chapel Hill and published in the North Carolina Medical Journal, Upchurch found that emergency room visits and hospital stays dropped by approximately one-third among seniors who were SPA clients for at least one year. The SPA model is now in use in several other parts of the state.

- ***Giving underrepresented groups access to power structures and decisionmaking tables*** – The Henry J. Kaiser Family Foundation established the *Barbara Jordan Health Policy Scholars Program* at Howard University to honor the legacy of former foundation trustee and Congresswoman Barbara Jordan and to expand the pool of students of color interested in the field of health policy. The program places talented Latino, African American, Asian and Pacific Islander, and American Indian and Alaska Native college seniors and recent graduates in congressional offices to learn about health policy. Through the nine-week program scholars gain knowledge about federal legislative procedure and health policy issues, while further developing their critical thinking and leadership skills. In addition to full-time work in a congressional office, scholars participate in seminars and site visits to augment their knowledge of health care issues. They also write and present a health policy research memo.

- ***Providing sabbaticals for nonprofit executives*** – *The California Wellness Foundation Sabbatical Program* is managed by CompassPoint Nonprofit Services and provides $30,000 grants to organizations to cover their leaders' salaries and expenses during sabbaticals, which last a minimum of three months. The program is funded by the foundation to support nonprofit leaders and seeks to improve the long-term effectiveness of nonprofit organizations by providing their executives with the rest they need. In addition to the $30,000 sabbatical grant, each organization receives up to $5,000 for the professional development of the managers who will take on extra responsibilities in the absence of the sabbatical recipient. Most sabbatical recipients have served in the nonprofit sector for more than 20 years and have worked in their current roles as lead executives of health service organizations for many years without a significant break.

- ***Helping organizations move successfully through executive leadership transition*** – A decade ago, the W.K. Kellogg Foundation funded the Neighborhood Reinvestment Corporation (NRC) to increase nonprofit executive director retention. Part of the NRC's successful strategy included providing executive transition management (ETM) consultation to boards during the hiring process and providing training to newly hired directors. Since that time, further investments by The David and Lucile Packard Foundation, The James Irvine Foundation, the Evelyn and Walter Haas, Jr. Fund, and others have allowed the development and testing of a promising range of ETM services, most notably in the San Francisco Bay area. This support has enabled two local management support organizations – CompassPoint Nonprofit Services and The Management Center – to serve more than 200 nonprofit organizations since 1997. In Baltimore, the Baltimore Community Foundation, The Annie E. Casey Foundation, and six other local foundations – Goldseker Foundation, Straus Foundation, Blaustein Foundation, Francis and Marian Knott Foundation, France-Merrick Foundation, and William Baker Memorial Fund – have pooled resources to support a replication of the NRC/CompassPoint service model through the Maryland Association of Nonprofits. In 2001, 15 nonprofit organizations received assistance. In 2002, demand for executive transition services in Baltimore doubled, so the Maryland Association of Nonprofits has adapted a variety of lower-cost variations on the CompassPoint approach to expand the number of organizations served.

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SOURCES

Adams, Tom, *Capturing the Power of Leadership Change: Using Executive Transition Management to Strengthen Organizational Capacity* (Baltimore, MD: The Annie E. Casey Foundation, 2004).

The Annie E. Casey Foundation, *Building Leaders for Change* (Baltimore, MD: 2001).

Development Guild/DDI, Inc., *Evaluating Outcomes and Impacts: A Scan of 55 Leadership Development Programs* (Battle Creek, MI: W.K. Kellogg Foundation, 2002).

Meehan, Deborah, *Leadership Development Programs: Investing in Individuals* (New York, NY: The Ford Foundation, 2003).

CREATING CHANGE BY
Mobilizing Communities

The voices and priorities of vulnerable populations are sometimes overlooked when making decisions and designing systems that influence a community's health. Key public health decisions range from determining the office hours at a local primary care clinic to broader, systemic policies such as how many parks and walking trails are present in a local neighborhood, the location of toxic dump sites, or who is eligible for public insurance programs. Without community input, these policies and structures may prevent individuals and communities from getting the care they need, and in some cases, endanger their health and contribute to negative health outcomes.

Community mobilization is a strategy for ensuring that residents' concerns are expressed in decisions that affect their health and that of their families. It involves training people to speak out on their own behalf and work for changes that lead to better health and prevent harmful policies and practices. Including these voices fosters the creation of more just, sustainable, and effective systems of health care delivery and health improvement.

Grantmakers can be catalysts in community mobilization efforts, but engaging in this work presents its share of challenges and raises some provocative questions. First, grantmakers walk a fine line between being catalytic and paternalistic. How do foundations mobilize communities without speaking for them? Second, unpleasant experiences with researchers, large institutions, and funders can sometimes create skepticism among affected communities about working with outside groups (The Women's Foundation of California 2003). How can grantmakers build the trust necessary to work effectively with communities? What is the foundation's commitment to investing in long-term community change? And finally, the community's needs are often at odds with the agendas of more powerful and influential stakeholders. What is the foundation's role in leveling the playing field and empowering communities? More importantly, what is the foundation's tolerance level for conflict that may arise from this duty (Brown et al. 2003)?

Despite these challenges and the issues they raise, many grantmakers recognize the importance of mobilizing communities as an ongoing strategy for improving health systems and are taking on the task of determining which approach is right for their organizations.

OPPORTUNITIES FOR GRANTMAKERS

Grantmakers are employing several strategies to get community residents involved in decisionmaking and activities that affect their health and that of their communities.

According to Diana Aviv, president and CEO of Independent Sector, "Every foundation and nonprofit organization has the potential to serve as an engagement vehicle for active citizenship, and many already do. Especially now, when resources are limited, there is great value to creating more connections among organizations working to mobilize individuals and communities on issues of concern."

Source: Community Foundation for the National Capital Region 2004.

- ***Working with communities to gather data*** – Lack of adequate data on the health needs of underserved populations (particularly racial and ethnic minorities, the elderly, and individuals with disabilities) makes program planning difficult and advocating for change almost impossible. Without information to illustrate gaps in the system, decisionmakers are less likely to listen to affected groups. In community-based participatory research (CBPR), researchers and community groups become partners in a collaborative effort to gather data. Unlike traditional research projects, in which community members are often the object of study, in CBPR they take an active role in determining the purpose and goals of research and fully participate in all of its phases, including research design, data collection and analysis, and dissemination of findings (Parker 2003).

  With funding from The Robert Wood Johnson Foundation and The Annie E. Casey Foundation, The Access Project in Boston, Massachusetts embarked on the *Community Access Monitoring Survey* initiative in 1999 to gather data from uninsured people on their experiences at local hospitals and clinics by partnering with 24 community organizations nationwide. The local partners selected the hospitals and clinics in their communities to include in the study based on local needs and problems. Through this initiative, the Tenants' and Workers' Support Committee (TWSC) surveyed 225 uninsured and low-income residents in northern Virginia who had received care at the local for-profit hospital.

  Survey findings revealed that a majority of respondents had incurred hospital medical debt and that this problem,

as well as access to linguistic services, were major barriers to follow-up and further care. A corresponding investigation of hospital practices revealed that the hospital failed to inform individuals inquiring about free care 67 percent of the time and lacked brochures containing information about public insurance programs, the hospital's free care policies, or the availability of linguistic services. Armed with this research, TWSC leaders brought 12 uninsured community members to tell their stories to top administrators at the hospital. The findings, coupled with the personal stories of hardship, provided the tools for some improvements to hospital policy, including the immediate freezing of 10 debtor accounts and a series of meetings among staff to address the issues of debt relief and cultural competence (Parker 2003).

Some health funders may be hesitant to fund research projects and are more interested in funding efforts to find effective and innovative solutions. But this type of research may be what is needed to develop and eventually make the case for those effective solutions. To educate its colleagues and other key stakeholders about the importance of funding CBPR, the Northwest Health Foundation collaborated with several partners to put on the first-ever conference on this subject, *Improving the Health of Our Communities Through Collaborative Research*. The conference drew about 220 participants from Oregon, Washington, Idaho, and California and focused on the basics of CBPR, with an overriding theme of addressing health disparities.

- ***Developing leaders from within communities*** – The Bayview Hunters Point neighborhood in southeast San Francisco is an area encompassing seven square miles. This small area contains 700 hazardous waste facilities, a sewage treatment plant that processes 80 percent of the city's waste, and countless other environmental hazards. The majority (62 percent) of Bayview Hunters Point residents are African American compared to just 8 percent citywide. Many researchers have studied the community and large environmental organizations have tried mobilizing residents. But these outsiders tend to move on when the grants end, leaving residents cynical and weary about outside help.

  The San Francisco Foundation has funded Greenaction, a group in San Francisco that mobilizes community power to fight for environmental health reform. The organization trains women in the neighborhood to serve as change agents in their community and has helped form the *Bayview Hunters Point Mothers' Environmental Health and Justice Project*. Mothers engage their fellow community members on a personal basis by meeting in each other's homes and discussing the neighborhood's environmental hazards. One mother will invite three or four of her friends, and while children color in the adjoining room, the mothers review maps of toxic hotspots and locate their homes with poster pins. They voice concerns and educate others about the dangers of babies eating lead paint on the ground, black mildew in their children's schools, and fire from the shipyard that burns across the street from their homes. Mothers are working with other environmental groups in the community to guarantee the permanent closure of a power plant (The Women's Foundation of California 2003).

- ***Building the capacity of community groups*** – In order to serve as constant agents of change, communities need the capacity to develop new ideas, strengthen current initiatives, and build the knowledge base around a particular community health issue. As a local foundation, the Rose Community Foundation (RCF) struggled with the most effective way to tackle the issue of racial and ethnic health disparities in its community. Wanting to address the issue without oversimplifying it, RCF found that its best strategy was to build the capacity of community groups to advocate for the change they needed and work toward effective solutions.

  With limited infrastructure to address minority health issues in the Denver area, the foundation worked to help local organizations eventually become a resource on racial and ethnic health disparities. For example, it awarded several capacity building grants to the Colorado Minority Health Forum, providing the necessary funding for a business plan, strategic planning, and grantwriting assistance. The forum works to research and distribute information and data concerning health care for communities of color; increase the cultural diversity of the public health workforce and the number of people of color in leadership positions; and increase the accessibility of language assistance and cultural competence programs for patients, providers, and organizations.

  The Rose Community Foundation also funded the Metro Denver Black Church Initiative (MDBCI), an organization that works from the premise that the black church is the preeminent institution in the African-American community for strengthening families and enabling self-sufficiency. In addition to programs for youth, MDBCI seeks to alleviate the health disparities that exist between the African-American community and other populations. More than 35 member churches and a host of community partners provide health education and health screenings to engage community members and promote active and healthy lifestyles.

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SOURCES

Brown, Prudence, Robert Chaskin, Ralph Hamilton, and Harold Richman, *Toward Greater Effectiveness in Community Change* (New York, NY: The Foundation Center, September 2003).

Community Foundation for the National Capital Region, *Spirit of Giving Guide 2004-2005* (Washington, DC: 2004).

Parker, Susan, *Data + Organization = Change: Community-Based Participatory Research As A Strategy for Changing Health Care Policy* (Boston, MA: The Access Project, 2003).

The Women's Foundation of California, *Using Our Power: Communities Confronting Toxins in the Bay Area* (San Francisco, CA: 2003).

CREATING CHANGE THROUGH Advocacy AND Policy Analysis

Many long-term sustainable solutions for reforming the health care system involve changing public policy. In health care, public policy decisions determine how much funding is available for public health programs and services, who is eligible for public insurance programs, which services are covered (such as immunizations, language services, and disease management), and other fundamental choices. Advocacy and policy analysis are two strategies for influencing system transformation.

THE LEGAL FRAMEWORK

Foundations often shy away from funding advocacy and policy activities for fear of breaking the federal tax law governing lobbying. But there is a great deal more leeway than funders may realize. Grantmakers should keep in mind the following:

- ***Advocacy is much broader than lobbying*** – While lobbying is often part of an advocacy strategy, advocacy does not always include lobbying. Foundations may legally engage in a variety of advocacy and policy activities. For example, foundations may convene legislators, executive officials, and their staffs to discuss broad health issues; conduct and disseminate nonpartisan analyses, studies, or research; and respond to written requests for technical advice or testify at legislative hearings.
- ***Foundations can give grants to nonprofit organizations that lobby*** – Certain conditions must be met. First, grants made to specific projects that have a lobbying component must be for an amount less than the budget for the non-lobbying activities. Second, grants of general operating support may not be earmarked for lobbying.
- ***Grants for core operating support provide more latitude than project-specific grants*** – General operating support grants not only provide the greatest flexibility for nonprofit organizations to engage in lobbying, but also protect a foundation from the limitations on funding lobbying activities (Asher 1995).

Grantmakers also have other concerns about supporting advocacy and policy analysis. First, foundations may be hesitant to assume the risks that come with engaging in policy work. Supporting the provision of health care insurance for children or other direct services is clear cut, whereas funding certain policy initiatives could put the foundation at the forefront of controversial policy debates. Second, a foundation's early success with policy change may create unrealistic expectations from board members for subsequent policy victories. Board members may only be willing to support policy initiatives with a high chance for success, shying away from activities that may require more resources, but that have the potential to create real social change. Lastly, an area of concern to grantmakers is the ability to evaluate grants made to support advocacy and public policy, both individually and collectively. As with any long-term strategy, measuring the final outcome of advocacy and policy work can be daunting and messy.

Despite these challenges, grantmakers who fund in policy analysis and advocacy have learned that funding these activities can complement the other aspects of their grantmaking portfolio, and have the potential to effect lasting change that benefits more people than grants for direct services alone.

OPPORTUNITIES FOR GRANTMAKERS

There are various ways for health funders to support advocacy and policy analysis to foster system transformation and promote better health outcomes.

- ***Promoting collaboration and coalition building among advocates*** – Foundations play an important role in promoting collaboration among advocacy communities and facilitating coalition building among advocates and stakeholders. Organizations can often do more together; collaboration provides an opportunity to share resources, learn from one another, and become energized about the work ahead. For example, the Maryland Citizens' Health Initiative (MCHI) established the *Maryland Health Care for All! Coalition* with the support of several state and local foundations. The coalition consists of a broad-based, statewide collaborative of over 1,100 state and local member organizations to promote health care reform in the state. It has developed what it believes is an economically feasible plan to extend health care coverage to all Marylanders, and has conducted grassroots organizing efforts. MCHI's goals are to continue educating and activating its powerful coalition to effect policy change in Maryland at the state and local levels. In 2003, the Consumer Health Foundation gave MCHI a modest grant of $10,000 to implement a campaign in two

suburban counties to address the issue of medical debt among indigent patients.

At the local level, The San Francisco Foundation funded the Bay Area Working Group for the Precautionary Principle, a coalition of 12 community and environmental health groups, focused on generating support for the infusion of the precautionary principle in public policy initiatives. The precautionary principle was developed with the idea that policymakers should use caution in making decisions about public health before exposure and potential harm occurs. For example, it states that "some credible evidence that illness may be caused by air pollution or synthetic chemical exposure (as opposed to conclusive proof of a direct link) should be sufficient to trigger protective and regulatory action by governments." In June 2003, a victory was achieved when the San Francisco board of supervisors adopted an environmental code that established the precautionary principle as its basis, the first municipality in the country to do so (The Women's Foundation of California 2003).

- ***Funding policy analysis and dissemination*** – Foundations can be influential in determining what information is available to policymakers, opinion leaders, and the public on key health issues. At the national level, both The Henry J. Kaiser Family Foundation (KFF) and The Commonwealth Fund serve as credible sources of information on the Medicare and Medicaid programs by analyzing program fundamentals, monitoring implementation issues, and weighing in on proposed reforms. For example, KFF has analyzed how the possible restructuring of Medicaid financing could affect states, providers, and beneficiaries, a useful tool for advocates and policymakers. Since 1995, The Commonwealth Fund's *Program on Medicare's Future* has focused on preserving Medicare in guaranteeing access to health services for elderly and disabled populations. Early analysis focused on Medicare's solvency and was useful in informing important policy choices. More recently, the program has turned its attention to issues affecting low-income Medicare beneficiaries, racial and ethnic disparities in access, and evidence of nonfinancial barriers to care.

- ***Providing a forum for discussion of health policy issues*** – Many health funders are in the advantageous position of having the ear of diverse members of the community, such as business leaders, policymakers, and grassroots activists. Exercising their role as convener, grantmakers are providing opportunities for the discussion of public policy issues to help inform the public debate on important health topics. For example, the Blue Cross Blue Shield of Massachusetts Foundation hosts a yearly summit on issues related to its mission of expanding access to health care. At its 2004 meeting, the foundation released findings from the first phase of a new initiative, *Roadmap to Coverage*, developed to inform the public debate about how to provide health coverage for the state's uninsured and generate a practical roadmap for achieving this goal. The project includes three parts: documentation of how much is being spent on the uninsured and who is paying for it, analysis of various policy options, and development of a detailed roadmap on how to achieve this long-term goal. The first phase of the initiative found that if the uninsured had health coverage, the share of the state's economy devoted to health care would increase by less than one-third of one percentage point. The researchers also noted that expanding coverage to the uninsured could result in as much as $1.2 to $1.7 billion in economic and social benefits from improved health. A final report will be completed in the spring of 2005.

- ***Identifying policy goals in direct service grants*** – Grantmakers are also looking for opportunities to learn from their grantmaking and identify policy reforms that focus on improving existing systems of care. In California, efforts are underway to find the most effective strategies for improving access and expanding coverage in the short term and, ultimately, how these actions can serve as the blueprint for future policy solutions. Funding from The California Endowment and other foundations has helped to expand health coverage to all children in the state, regardless of immigration status. Broad-based coalitions in counties across the state are exploring, developing, and implementing children's health insurance programs that are comprehensive and inclusive for all children, including low-income children that do not qualify for existing programs. These efforts have led to the development of policy goals that focus on changing the current system of how children obtain coverage and care, such as simple enrollment entities, use of technology to improve the efficiency and effectiveness of outreach workers, built-in safety net supports, coverage that is portable across providers, and standardized benefits for undocumented children. Subsequent efforts are focusing on ensuring consistency in the development and implementation of local models and on engaging state administrators on needed policy changes.

For more information on philanthropic support of advocacy and policy-related work, see the GIH Issue Brief, *Funding Health Advocacy*, available at www.gih.org.

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SOURCES

Asher, Thomas R., *Myth v. Fact: Foundation Support of Advocacy* (Washington, DC: Alliance for Justice, 1995).

The Women's Foundation of California, *Using Our Power: Communities Confronting Toxins in the Bay Area* (San Francisco, CA: 2003).

CREATING CHANGE BY
Fostering Public Awareness

True social change requires altering the way people view social problems and solutions (Bales & Gilliam 2004). For foundations and corporate giving programs with social change missions, informing and educating the public is essential. Grantmakers working to build public awareness and response face a number of strategic choices, including what type of social change they are attempting to make, who they are trying to reach, and which approach would be most effective.

Generally, a funder's public awareness goals can be divided into one of two categories: behavior change or policy change. A behavior change goal might involve motivating seniors to sign up for a card that provides discounts on prescription drugs, persuading African American women to be tested for HIV, or encouraging low-income parents not to smoke around their children. A policy change goal might involve revising the new Medicare law to allow the government to negotiate directly with pharmaceutical companies for discounts on prescription drug prices, authorizing more funding for sexual health education in a local school district, or banning tobacco advertising in urban neighborhoods. Both types of goals can be pursued as part of a campaign, but should involve separate plans since the decisionmakers, audiences, and messages for each type will be quite different (Spitfire Strategies 2004).

Public awareness efforts most often target policymakers and opinion leaders; the media; or segments of the public, such as people eligible for a particular program or at risk for a particular health condition. Communications experts agree that public education campaigns aimed at the general public rarely work well, because it is impossible to find generic messages that resonate with or compel everyone (Spitfire Strategies 2004). Successful communications endeavors look for leverage by targeting particular stakeholders, rather than attempting to educate everyone (FoundationWorks 2003). A campaign might have several intended audiences, but should have a different strategy for each one.

Public education campaigns do best when they are informed by professional market research, linked to specific policy goals, targeted to key legislative districts or specific media markets, linked to complementary efforts at the state and local levels, and provide a means for the public to get engaged (Holton 2002). Effective campaigns begin with good stories, with a clearly identifiable hero and objective, at least one memorable fact, and a role for the audience to play (Goodman 2003). And of course, the message of the campaign should be based on the value system of the audience, rather than the value system of the funder.

BUILDING A COMMUNICATION STRATEGY

- What are you trying to do?
- Which decisionmakers can make your goal a reality?
- How will you know that what you are doing is working?
- What are the assets and challenges of your organization that may impact this plan?
- What is already happening outside your organization that may impact this plan?
- Do you need a plan that will fortify and amplify, frame, or reframe the debate?
- Who must you reach to achieve your goal?
- What existing beliefs can you tap into to reach your audience?
- What is your overall strategy?
- What key points do you want to make to your target audience?
- Who has the best chance of resonating with your target audience?
- How are you going to get your message to your audience using your chosen approach?

Source: Spitfire Strategies 2004.

OPPORTUNITIES FOR GRANTMAKERS

Grantmakers are using public education campaigns in a number of different ways in social change efforts across the world.

➤ ***Increasing public awareness about community needs*** – In November 2002, nonprofit organizations in the Washington, DC region were facing a critical funding crisis: the downturn in the stock market had eroded foundation endowments, government cutbacks were looming, and lower earnings had flattened corporate giving. To combat this funding crisis, a broad coalition of funders, nonprofit

umbrella organizations, and media partners came together to encourage citizens of the region to become regular donors to the local nonprofit organizations providing critical services in the local community. The coalition developed a public awareness campaign to highlight the work of local nonprofits and give individual donors a safe and convenient way to donate funds on-line and find local volunteer opportunities in their neighborhood. The goals of the campaign are to raise awareness among key decisionmakers and the public of the region's nonprofit sector so that over time, giving is increased; to help the local nonprofit community increase its organizational capacity through the effective use of on-line philanthropy tools and resources; to improve the ability of residents of greater Washington to make informed giving decisions, by providing transparency to the region's nonprofit sector as a whole; to help connect people, as donors and as volunteers, to a wide range of nonprofit organizations through a safe, easy Web site; and to serve as the region's on-line gathering place to find emergency-related resources and donate money or time in support of local nonprofits in the event of a regional crisis.

- ***Educating the media in order to inform the public debate*** – Part of the California HealthCare Foundation's (CHCF) communications strategy is to be a source of reliable, objective information about California health care policy issues. In September 2004, the foundation and the Center for Governmental Studies (CGS) launched a campaign to provide the public and press with impartial information about the five health-related propositions on California's November ballot. The campaign included an easy-to-use Web site with unbiased, in-depth information on each initiative; promotion to media and opinion leaders via regular e-mails featuring news from the site; public affairs forums; and public opinion polling. The campaign garnered nearly 50 interviews with CGS and CHCF experts about the initiatives by major media in the state. An average of 175 reporters opened the weekly news e-mails, and follow-up on-line and phone surveys of media found that those who were aware of the site found it helpful in writing their stories. Foundation staff are confident that they met their objectives of helping to inform the coverage and discussion of the initiatives; providing an objective resource for the media and public; and enhancing the foundation's reputation as a reliable, objective resource that uses the Internet creatively to disseminate and market information.

- ***Mobilizing policymakers and opinion leaders around health crises*** – The Bill & Melinda Gates Foundation and The Henry J. Kaiser Family Foundation have entered into a three-year public education partnership to build a national climate in which social and political leaders in India have the technical knowledge to mobilize effective and sustainable HIV/AIDS initiatives. With $2.4 million from the Gates Foundation, $250,000 from the Kaiser Family Foundation, and an estimated $14 million in airtime from the media company Star India, the campaign will use public service announcements, on-line and print content, television and radio programming, and a series of educational events to raise awareness about the epidemic and impact public perceptions of the disease. In addition to the campaign, the project will convene a leadership council to unite prominent leaders in the areas of business, entertainment, government, media, nongovernmental organizations, and society to influence public opinion on HIV/AIDS in India. The public education campaign began in July 2004, with a television message featuring Indian cricket star Rahul Dravid.

- ***Educating patients about their health care options*** – The Retirement Research Foundation has made a two-year grant of over $200,000 to support the Public Action Foundation's *Medicare Prescription Drugs Advocacy and Education Campaign*. This statewide outreach effort will provide Illinois seniors with the knowledge needed to compare existing state health care programs with the new Medicare drug program; recruit senior volunteers as potential leaders and future advocates for changes in the law and regulations; educate state health care administrators on the concerns older adults have about the new law and the challenges they face; and educate the media, community organizations, service providers, and others reaching out to beneficiaries to inform them of how the state and federal prescription drug programs work.

This article is part of GIH's portfolio, Agents of Change: Health Philanthropy's Role in Transforming Systems. Each article focuses on an approach grantmakers are using to promote systemic or social change. The entire portfolio is available on GIH's Web site www.gih.org.

SOURCES

Bales, Susan Nall and Franklin D. Gilliam, Jr., *Communications for Social Good, Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, April 2004).

FoundationWorks, *Bridging the Gap: Connecting Strategic Communication and Program Goals* (Washington, DC: 2003).

Goodman, Andy, *Storytelling as Best Practice* (Los Angeles, CA: a goodman, October 2003).

Holton, Ruth, *Reflections on Public Policy Grantmaking* (Woodland Hills, CA: The California Wellness Foundation, May 2002).

Spitfire Strategies, *The Spitfire Strategies Smart Chart 2.0: A New and Improved Tool to Help Nonprofits Make Smart Communications Choices* (Washington, DC: 2004).

CREATING CHANGE THROUGH Partnerships

Transforming the health system is not a task for one institution or even one sector. Working towards a health system that is more equitable, efficient, effective, and that values the unique needs of all will require collaboration and partnership, between funders and grantees; health funders and philanthropies working in economic development, education, and civic engagement; as well as among health professionals, administrators, policymakers, and consumers.

Why collaborate? First and foremost, working with others often accomplishes more than going it alone. Partnerships can help grantmakers and those on the front lines increase or better use their resources. It enables funders to spread the risk associated with supporting controversial or cutting-edge programs. Collaboration can reinforce the commitment of different parties to remain involved over the long term, even when the going gets rough. And it can be a tangible expression of a foundation's mission and values.

Partnerships encompass many forms of collaboration that bring people and organizations together to improve health (Weiss et al. 2002). No single definition, however, can convey the range and texture of the relationships involved in partnerships. They fall along a continuum that encompasses the exchange of information for mutual benefit, sharing risks and responsibilities, and ultimately ceding individual control to achieve a common purpose – partnership in its most complete and fundamental sense (Isaacs and Rodgers 2001).

The particulars of any successful partnership differ, but there are some prerequisites. The most fundamental of these is trust, built upon mutual respect and honest communication. A successful partnership also requires shared vision, goals, and a commitment to make it work. While the structure and governance of the partnership needs to be clearly defined, the partners must also be open to new relationships and ideas. It is also essential to have clear processes to resolve conflicts. Additionally, collaborators must share risks, responsibilities, rewards, and resources – financial or otherwise.

OPPORTUNITIES FOR GRANTMAKERS

- ***Collaboration to Influence Policy and Inform Decisionmakers*** – System transformation demands work to understand how policies affect the financing and delivery of care and the distribution of resources, and to ensure that providers, advocates, regulators, and others understand them too. Through partnerships, foundations can support policy analysis, as well as educate policymakers on the effects of their decisions. In Colorado, the Rose Community Foundation, The Colorado Trust, and Caring for Colorado Foundation collaborated to plan and fund the Colorado Health Institute. Together, the foundations engaged in 19 months of planning after receiving the results of a feasibility study in 2000. They also provided core support for a start-up phase and have committed to supporting at least five years of operations. As a resource for policymakers, health providers, consumers, businesses, the media, and others, the institute seeks to advance the health of Coloradans by providing independent and impartial health-related information to policymakers and others involved in health care throughout the state. The institute has three core functions: to serve as a centralized source for national, state, and local data and related resources; to analyze health and health-related policy issues of importance to the state and local communities; and to communicate to key users the information synthesized and analyses conducted at the institute.

  Through a simpler form of partnership, the Washington Health Foundation annually convenes the Washington Health Leadership Summit. The summit brings together more than 350 public and private leaders, including elected officials, business owners, labor organizations, citizen action groups, state agencies, health plans, and concerned individuals. This venue provides stakeholders with an opportunity to share information, develop the knowledge base, and build the relationships needed to effectively tackle health system issues.

- ***Partnering to Improve Access to Needed Services*** – Partnerships can be used to improve access and expand enrollment in public insurance coverage. To get seniors immunized, the Health Foundation of South Florida engaged numerous collaborators including the Miami-Dade County Health Department, the City of Miami Fire Rescue, and other community-based organizations serving seniors. The foundation also engaged a for-profit company, Maxim Health System, a national provider of immunization services, to help identify locations where flu vaccine could be provided to groups of seniors, such as local pharmacies and senior centers. The foundation worked with local policymakers to allow emergency medical technicians and other first responders to administer immunizations. Previously, such medical personnel could not administer shots because of

liability concerns. The result? In 2003, 3,000 flu shots were provided. Given the vaccine shortage during the fall of 2004, the program focused its efforts on immunizing high-risk seniors and educating the public about other ways to prevent the spread of the flu virus.

- ***Partnering to Educate and Empower the Public –*** Building an efficient and effective health care system also means empowering and educating consumers to make informed decisions about their health. The Paso del Norte Health Foundation has included a wide array of partners in its *Walk Doña Ana*, *Walk El Paso*, and *Walk Otero* initiatives. These bilingual programs promote walking to improve the public's health by providing information, inspiration, and opportunities for people to adopt walking as a fun and safe form of exercise. Through collaborations with local media outlets, TV and radio campaigns inform the public of the importance of increasing physical activity and the effects on health. The campaigns invite area residents to call a hotline number to receive a free walking kit. The low-literacy, fully bilingual kit contains information on how to get started walking, considerations for special populations, walking group referrals, and the best walking areas. Other partners include community-based organizations such as the YMCA, businesses, civic groups, and locally organized walking groups.

  Involving the media in partnerships can convey health messages to a wide audience. Whether educating the public about disease prevention or informing them of what to do in the event of an emergency, television, radio, print, and Web-based messages can help assure the public's health and safety. The Henry J. Kaiser Family Foundation has a long-standing tradition of working collaboratively with media on health messages. In 1996, it established the Program for the Study of Entertainment Media & Health to work with writers, producers, and media executives to help them convey health messages to the public. Health messages crafted by the initiative have appeared in many prime-time shows including NBC's *ER* and UPN's *Girl Friends* addressing issues such as HIV/AIDS and sexually transmitted diseases (STDs). The foundation has also successfully collaborated with national television networks. Through a partnership with Black Entertainment Television, the foundation produced a sexual health public education campaign aimed at young people. The campaign consisted of full-length news specials on sexual health, public service announcements, a toll-free telephone number for viewers to call for additional information, and a free booklet on sexual health. A similar partnership with Univision Network, the nation's premier Spanish-language network, resulted in a campaign to raise awareness of sexual health issues, including HIV and other STDs.

- ***Partnering to Improve Community Health –*** Successful partnerships can generate lasting system change by strengthening community-based health care. The Horizon Foundation, for example, initiated a partnership to help implement the Howard County (MD) Comprehensive Health Improvement Plan. The plan identified health improvement priorities for the county: cancer, injury and violence prevention, mental health, older adult issues, substance abuse, and tobacco use and smoking. Working collaboratively, county residents, health institutions, nonprofit organizations, and others are supporting the county health department's efforts to conduct community health assessments, set health priorities, and determine effective action steps to meet identified needs. The partnerships also augment the ability of community groups and other partners to coordinate their work with the county health department. It includes a grant program jointly administered by The Horizon Foundation and the county to support community coalitions addressing the priority health issues. The foundation has committed $200,000 to the public health partnership.

  Improving the health of communities throughout California is the goal of *Partnership for the Public's Health*. The program, a major initiative of The California Endowment, is working to develop partnerships among the state's communities and their local health departments. Since 1999, the initiative has fostered partnerships between 14 county and city public health departments in 39 communities. In Stanislaus County, for example, the local health services agency has collaborated with community groups, including Airport Neighbors United, the West Modesto/King Kennedy Neighborhood Collaborative, and the Ceres Partnership for Healthy Children, to conduct a countywide health assessment. Volunteers from each of the groups involved surveyed more than 5,400 residents. Neighborhood-specific data on demographics, health conditions, perceptions of community conditions, and awareness of health resources were also collected. The results revealed that residents were concerned about asthma, STDs, mental health, and sanitation – not necessarily issues expected by some of the partnership's participants. The baseline provided by the community assessment has allowed the partners to evaluate their individual work and to collaboratively develop targeted health education programs.

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SOURCES

Isaacs, Stephen L., and John H. Rodgers, "Partnerships Among National Foundations Between Rhetoric and Reality," in Stephen L. Isaacs and James R. Knickman, eds., *To Improve Health and Health Care 2001: The Robert Wood Johnson Foundation Anthology* (San Francisco, CA: Jossey-Bass, 2001).

Weiss, Elisa S., Rebecca M. Anderson, and Roz D. Lasker, "Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning," *Health Education and Behavior,* 29(6): 683-698, December 2002.

GRANT MAKERS IN HEALTH

Resources

FOR AGENTS OF CHANGE

GENERAL RESOURCES

ORGANIZATIONS

Agency for Healthcare Research and Quality
Rockville, MD
301.594.1364
www.ahrq.gov

The Agency for Healthcare Research and Quality supports efforts to examine best practices in health care, translate research findings into clinical guidelines and other tools to improve patient care, and provide policymakers and health care leaders with information needed to make critical health care decisions. The agency's Web site provides access to clinical information on evidence-based practices and outcomes and effectiveness research.

Crossing the Quality Chasm **Initiative**
Institute of Medicine
Washington, DC
202.334.2165
www.iom.edu

The Institute of Medicine provides unbiased, evidence-based information and advice on health and science policy to policymakers, professionals, leaders, and the public. Its *Crossing the Quality Chasm* initiative focuses on assessing and improving the quality of American health care. The initiative has resulted in two major reports, *Crossing the Quality Chasm: A New Health System for the 21st Century* and *To Err is Human: Building a Safer Health System*, that document the current system's failings and outline needed reforms.

Institute for Healthcare Improvement
Cambridge, MA
617.301.4800
www.ihi.org

The Institute for Healthcare Improvement (IHI) works to increase the quality and value of health care by providing leadership, information, and tools to help hospitals and health care organizations improve their services and systems. IHI's Web site provides access to materials, measures, and tools to guide organizations in addressing issues related to safety, effectiveness, patient centeredness, timeliness of care, efficiency, and equity.

PUBLICATIONS

Berwick, Donald, *Escape Fire: Designs for the Future of Health Care* (San Francisco, CA: Jossey-Bass, 2003).

Davis, Karen, "Transformational Change: A Ten-Point Strategy to Achieve Better Health Care for All," *2004 Annual Report* (New York, NY: The Commonwealth Fund, 2005).

Frumkin, Peter, *Philanthropic Strategies and Tactics for Change: A Concise Framework* (Washington, DC: The Aspen Institute 2002).

Viederman, Stephen, "Don't Just Tweak the Corners," *Foundation News and Commentary*, February 2000.

Wachter, Robert M., "The End of the Beginning: Patient Safety Five Years After 'To Err is Human'," *Health Affairs* Web Exclusive, November 30, 2004.

Zald, Mayer N., "Making Change: Why Does the Social Sector Need Social Movements?" *Stanford Social Innovation Review*, 2(1):26-34, Summer 2004.

STIMULATING INNOVATION

ORGANIZATIONS

Center for Social Innovation
Stanford Graduate School of Business
Stanford University
Stanford, CA
650.725.5399
www.gsb.stanford.edu/csi

Through research, teaching, conferences, workshops, and volunteer consulting, the Center for Social Innovation (CSI) works with socially concerned leaders and their organizations to confront difficult challenges. The center's activities are designed to enhance the leadership, management, and organizational capacity of individuals and organizations who strive to create social and environmental value. Offerings include executive education courses customized for nonprofit, philanthropic, arts, and educational organizations, and the *Stanford Social Innovation Review*, a quarterly journal devoted to the exploration of philanthropy, corporate social responsibility, and strategy and leadership in nonprofit management.

Public/Private Ventures
Philadelphia, PA
215.557.4400
www.ppv.org

Public/Private Ventures (P/PV) is a national nonprofit organization whose mission is to improve the effectiveness of social policies, programs, and community initiatives, especially as they affect youth and young adults. In carrying out this mission, P/PV works with philanthropies, the public and business sectors, and nonprofit organizations. P/PV has a department dedicated to helping promising programs define their essential elements, plan for growth, and manage for quality. The Web site includes information on P/PV's major projects and publications.

PUBLICATIONS

Conway, Gordon, *The Rockefeller Foundation: Implementing Our Mission* (New York, NY: The Rockefeller Foundation, 2003).

David, Tom, *Reflections on Strategic Grantmaking* (Woodland Hills, CA: The California Wellness Foundation, 2000).

David, Tom, "Reversing the Innovation Curse," *The Chronicle of Philanthropy*, June 28, 2001.

Dees, Gregory, Beth Battle Anderson, and Jane Wei-Skillern, "Scaling Social Impact Strategies for Spreading Social Innovations," *Stanford Social Innovation Review*, 1(4):24-32, Spring 2004.

Frumkin, Peter and David Reingold, "Why Programs Get Replicated," *The Nonprofit Quarterly* (Fall 2004).

Greenhalgh, Trisha, Glenn Robert, Fraser MacFarlane, Paul Bate, et. al., "Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations," *The Milbank Quarterly* 82(4):581-630, 2004.

Racine, David, *Replicating Programs in Social Markets* (Philadelphia, PA: Replication and Program Strategies, Inc., 1998).

BUILDING THE KNOWLEDGE BASE

ORGANIZATIONS

AcademyHealth
Washington, DC
202.292.6700
www.academyhealth.org

AcademyHealth is a membership organization serving health services researchers, policymakers, policy analysts, and others interested in health research and policy. The academy supports health services research by expanding and improving the scientific basis of the field, increasing the capabilities and skills of researchers, promoting the development of the necessary data resources and financial and human infrastructure, and identifying areas in which additional research is needed to better inform decisions. Its Web site provides information about conferences and audioconferences, as well as access to publications on health services research and policy.

National Academy for Social Insurance
Washington, DC
202.452.8097
www.nasi.org

The National Academy of Social Insurance (NASI) is a nonprofit, nonpartisan organization made up of the nation's leading experts on social insurance. Its mission is to promote understanding and informed policymaking on social insurance and related programs through research, public education, training, and the open exchange of ideas. NASI convenes steering committees and study panels that are charged with conducting research, issuing findings, and, reaching recommendations based on their analysis. Profiles of current NASI projects and publications are available on the academy's Web site.

PUBLICATIONS

Brousseau, Ruth Tebbets, *Reflections on Evaluating Our Grants* (Woodland Hills, CA: The California Wellness Foundation, 2002).

Knickman, James R., "Research as a Foundation Strategy," in Stephen L. Isaacs and James R. Knickman, eds., *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology Vol.III* (Princeton, NJ: 2000).

World Health Organization, *World Report on Knowledge for Better Health: Strengthening Health Systems* (Geneva, Switzerland: 2004).

TRANSLATING RESEARCH INTO PRACTICE

ORGANIZATIONS

Center for the Advancement of Health
Washington, DC
202.387.2829
www.cfah.org

The Center for the Advancement of Health draws together the diverse interests of health research, medical practice, and health and social policy with the goal of accelerating the application of scientific advances for public benefit. The center is currently working to provide leadership and coordination that will help ensure that the full value of the nation's investment in health research is achieved by advocating for translation of health research into policy and practice; commissioning reports,

monitoring legislation, and testifying; brokering collaboration among researchers, policymakers, and practitioners; creating alliances between scientists and policymakers; convening conferences, symposia, and task forces; and communicating information relevant to the translation of research to policy and practice.

Centers for Disease Control and Prevention
Atlanta, GA
404.639.3311
www.cdc.gov

The Centers for Disease Control and Prevention (CDC) is the federal agency responsible for monitoring the health of the nation and promoting health and safety. It seeks to make people safer and healthier by charting courses of action, collecting information, and working with health and community organizations to put science into action to tackle important health issues. The CDC provides funding for research on a range of health risks and diseases, including birth defects, chronic diseases, environmental health, injury and violence control, and occupational health. The CDC Web site provides access to a wide range of information such as evidence based practices, data and statistics, publications, and disease specific information.

Community Guide for Preventive Services
Atlanta, GA
404.639.3311
www.thecommunityguide.org

The Community Guide for Preventive Services, an effort of the CDC, summarizes what is known about the effectiveness and cost-effectiveness of population-based interventions designed to promote health and prevent disease, injury, disability and premature death. Its Web site provides access to the results of comprehensive literature reviews on interventions and information about the most effective approaches.

National Institutes of Health
Bethesda, MD
301.496.4000
www.nih.gov

Comprising 27 institutes and centers addressing various health issues, the National Institutes of Health (NIH) funds scientific studies at universities and research institutions across the nation. Its goal is to acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability. This research will lead to new knowledge that can be used to improve the health of the nation. NIH's Web site provides access to information on health conditions for both consumers and researchers, as well as information about grant programs supporting biomedical and health systems research.

TRIP Database
Oxford, England
44.0.1865.513902
www.tripdatabase.com

The Turning Research Into Practice (TRIP) Database, created and maintained by Update Software Ltd., provides on-line access to evidence-based records, including articles in peer-reviewed journals; guidelines; medical images; electronic textbooks; and patient leaflets. Up to five searches per week are available free of charge, with a subscription available to more frequent users.

PUBLICATIONS

Bradley, Elizabeth H., Tashonna R. Webster, Dorothy Baker, et al., *Translating Research into Practice: Speeding the Adoption of Innovative Health Care Programs*, Issue Brief (New York, NY: The Commonwealth Fund, July 2004).

Putting Evidence Into Practice, *Health Affairs* 24 (1), January/February 2005.

This issue of *Health Affairs* is dedicated to the application of medical and health research work on the ground in health care practices, policymaking, and a variety of other settings. Articles include: Eddy, David, "Evidence-Based Medicine: A Unified Approach; " Steinberg, Earl, and Bryan Luce, "Evidence Based? Caveat Emptor!; " Shojania, Kaveh, and Jeremy Grimshaw, "Quality Improvement: State of the Science; " Clancy, Carolyn, and Kelly Cronin, "Evidence-Based Decision Making: Global Evidence, Local Decisions; " and Fox, Daniel, "Evidence of Evidence-Based Health Policy: The Politics of Systematic Reviews in Coverage Decisions."

Sung, Nancy S., William F. Crowley, Jr., Myron Genel, et al., "Central Challenges Facing the National Clinical Research Enterprise," *Journal of the American Medical Association* 289(10): 1278-1287, March 12, 2003.

MEETING IMMEDIATE NEEDS

ORGANIZATIONS

National Center for Health Statistics
Hyattsville, MD
301.458.4000
www.cdc.gov/nchs

The National Center for Health Statistics (NCHS) compiles statistics on the health status of the nation's population that can can be used to pinpoint immediate needs. While most data are available at the national and state levels, NCHS also gives users access to State and Local Area Integrated Telephone Survey (SLAITS) data. SLAITS provides a mechanism to collect data quickly on a broad range of topics at the national, state, and local levels on health topics including: health insurance coverage, access to care, perceived health status,

utilization of services, and measurement of child well-being. SLAITS also targets population subgroups such as persons with specific health conditions or from low-income households.

PUBLICATIONS

Gruman, Jessie C., "How Foundations Hurt Charities," *The Chronicle of Philanthropy*, August 19, 2005.

Salamon, Lester M., "Nonprofit World Faces Many Dangers," *The Chronicle of Philanthropy*, January 8, 2005.

Silverman, Les, "Building Better Foundations," *The McKinsey Quarterly*, (1) 2004.

Skloot, Edward, Surdna Foundation, keynote address at the Center for Effective Philanthropy Conference, October 10, 2003.

Yates, Gary, "Good to the Core," *Foundation News & Commentary*, July/August 2001.

CAPACITY BUILDING

PUBLICATIONS

Blumenthal, Barbara, *Investing in Capacity Building: A Guide to High-Impact Approaches* (New York, NY: The Foundation Center, November 2003).

Campobasso, Laura, and Dan Davis, *Reflections on Capacity Building* (Woodland Hills, CA: The California Wellness Foundation, 2001).

The Colorado Trust, *Providing Technical Assistance to Build Organizational Capacity* (Denver, CO: October 2002).

Connolly, Paul, *Strengthening Nonprofit Performance: A Funder's Guide to Capacity Building* (St. Paul, MN: Wilder Publishing, 2003).

The Conservation Company, *Building the Capacity of Capacity Builders* (Philadelphia, PA: September 2003).

The Conservation Company, *Building to Last: A Grantmaker's Guide to Strengthening Nonprofit Organizations* (Philadelphia, PA: March 2001).

Grantmakers for Effective Organizations, *Funding Effectiveness: Lessons in Building Nonprofit Capacity* (San Francisco, CA: Jossey-Bass, January 2004).

Kibbe, Barbara, *The Capacity Building Challenge: Part II: A Funder's Response* (New York, NY: Foundation Center, 2004).

Light, Paul C., *Sustaining Nonprofit Performance: The Case for Capacity Building and the Evidence to Support It* (Washington, DC: Brookings Institution Press, 2004).

Light, Paul and Elizabeth Hubbard, *The Capacity Building Challenge. Part I: A Research Perspective* (New York, NY: Foundation Center, 2004).

The Nonprofit Quarterly, Infrastructure 2004, "Special Issue on Funding Infrastructure: An Investment in the Nonprofit Sector's Future," 2004.

Wing, Kennard T., "Assessing the Effectiveness of Capacity Building Initiatives: Seven Issues for the Field," *Nonprofit and Voluntary Sector Quarterly* 33 (1), March 2004.

STRENGTHENING INFRASTRUCTURE

ORGANIZATIONS

National Association of County and City Health Officials
Washington, DC
202.783.5550
www.naccho.org

The National Association of County and City Health Officials (NACCHO) is the national nonprofit organization representing local public health agencies. It provides education, information, research, and technical assistance to local health departments and facilitates partnerships among local, state, and federal agencies to promote and strengthen public health. Activities in the area of public health infrastructure include programs to improve local health department capacity to carry out the core functions and essential services of public health. NACCHO is also involved in studying the public health infrastructure, in order to better understand the systems, competencies, relationships, and resources needed to practice public health at the local level. Publications and tools for practitioners are available on the NACCHO Web site.

PUBLICATIONS

Grantmakers In Health, *Examining E-Health*, Issue Brief No. 14 (Washington, DC: 2002).

Grantmakers In Health, *Strengthening the Public Health System for a Healthier Future*, Issue Brief No.17 (Washington, DC: 2003).

Grantmakers In Health, *Training the Health Workforce of Tomorrow*, Issue Brief No. 12 (Washington, DC: 2002)

Holton, Ruth, *Reflections on the Safety Net: A Case for Core Support* (Woodland Hills, CA: The California Wellness Foundation, 2003).

Institute of Medicine, *The Future of The Public's Health in the 21st Century* (Washington, DC: National Academy of Sciences, 2003).

Institute of Medicine, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce* (Washington, DC: National Academy of Sciences, 2004).

CULTIVATING TALENTED LEADERS

ORGANIZATIONS

CompassPoint
San Francisco, CA
415.541.9000
www.compasspoint.org

CompassPoint's Executive Leadership Services (ELS) consulting group provides of executive training, support, and transition services for nonprofit organizations. ELS offers executive networking and peer support, executive search and transition services, interim executive placement, and succession planning. CompassPoint also manages *The California Wellness Foundation Sabbatical Program.* The ELS Web site features tools, worksheets, case studies, research articles, and other publications.

Leader to Leader Institute (formerly the Drucker Foundation)
New York, NY
212.224.1174
www.leadertoleader.org

The Leader to Leader Institute is a nonprofit organization that supports social sector leaders through publications, training workshops, and conferences. Its mission is to strengthen the leadership of the social sector. The institute's Web site includes many articles, books, and resources on leadership, collaboration, and self-assessment.

Pew Partnership for Civic Change
Charlottesville, VA
434.971.2073
www.pew-partnership.org

The Pew Partnership is a civic research organization, funded by The Pew Charitable Trusts, and administered by the University of Richmond. Its *LeadershipPlenty* leadership training program was designed to prepare citizens to successfully address local problem-solving priorities and leadership challenges.

PUBLICATIONS

The Annie E. Casey Foundation, *Building Leaders for Change* (Baltimore, MD: 2001).

The Annie E. Casey Foundation, *Capturing the Power of Leadership Change: Using Executive Transition Management to Strengthen Organizational Capacity* (Baltimore, MD: 2004).

The California Endowment, *Briefing Paper: The Potential for Leadership Programming* (Woodland Hills, CA: 2001).

Grantcraft, *Leadership Development Programs: Investing in Individuals* (New York, NY: The Ford Foundation, 2003).

Heifetz, John, John Kania, and Mark Kramer, "Leading Boldly," *Stanford Social Innovation Review* 2(3), Winter 2004.

W.K. Kellogg Foundation, *Evaluating Outcomes and Impacts: A Scan of 55 Leadership Development Programs* (Battle Creek, MI: 2002).

Mantell, Paul, "The Robert Wood Johnson Community Health Leadership Program," in Stephen L. Isaacs and James R. Knickman, eds., *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology Vol. VI* (Princeton, NJ: 2003).

MOBILIZING COMMUNITIES

ORGANIZATIONS

Community Catalyst
Boston, MA
617.338.6035
www.communitycatalyst.org

Community Catalyst is a national advocacy organization that builds consumer and community participation in shaping the U.S. health care system to ensure quality, affordable health care for all. It provides legal, technical, and policy assistance to organizations that advocate on behalf of health care consumers. Community Catalyst's goals include: expanding health care access, preserving health care resources amid hospital and health plan restructuring, building a consumer health advocacy network, strengthening consumer health advocacy groups, and improving health care quality. It has developed a national network of state and local health consumer groups.

National Neighborhood Indicators Project
Urban Institute
Washington, DC
www.urban.org/nnip

The National Neighborhood Indicators Partnership (NNIP) is a collaborative effort by the Urban Institute and local partners to further the development and use of neighborhood-level information systems in local policymaking and community building. NNIP partners have built computer-based neighborhood indicators systems that are used in local planning and policy development. The NNIP Web site profiles participating communities and makes project publications available.

PUBLICATIONS

Brown, Prudence, Robert Chaskin, Ralph Hamilton, and Harold A. Richman, *Toward Greater Effectiveness in Community Change: Challenges and Responses for Philanthropy* (New York, NY: Foundation Center, 2004).

Grantmakers In Health, "Health Philanthropy and Communities: Grantmakers Share Their Views," *GIH Bulletin*, April 24, 2000.

Minkler, Meredith, and Nina Wallerstein, eds., *Community-Based Participatory Research for Health* (San Franciso, CA: Jossey-Bass, 2002).

Parachini, Larry, and Sally Covington, *Community Organizing Toolbox: A Funder's Guide to Community Organizing* (Washington, DC: Neighborhood Funders Group, 2001).

Parker, Susan, *Data + Organization = Change: Community-Based Participatory Research As A Strategy for Changing Health Care Policy* (Boston, MA: The Access Project, 2003).

Seifer, Sarena, and Rachel Vaughn, *Community-Campus Partnerships for Health: Making a Positive Impact* (Battle Creek, MI: W.K. Kellogg Foundation, 2004).

ADVOCACY AND POLICY ANALYSIS

ORGANIZATIONS

Alliance for Justice
Washington, DC
202.822.6070
www.afj.org

The Alliance for Justice is a national association of environmental, civil rights, mental health, women's, children's, and consumer advocacy organizations that works to strengthen the ability to influence public policy and foster the next generation of advocates. Under the *Foundation Advocacy Initiative*, the Alliance works with regional associations of grantmakers and affinity groups to increase foundation support to organizations that seek to influence policy and public opinion. The Alliance for Justice's Web site offers information on nonprofit lobbying and advocacy including publications and a technical assistance section specifically for foundations.

Charity Lobbying in the Public Interest
Washington, DC
202.387.8060
www.clpi.org

Charity Lobbying in the Public Interest (CLPI) is working to dispel the myths that lobbying by charities is unimportant, inappropriate, or illegal by providing information on the role of lobbying in achieving an organization's mission. The Web site offers resources on nonprofit lobbying, including a self-guided training session, publications on lobbying regulations for nonprofits, information on educating voters and candidates, and links to other resources and organizations. It also features "Ask Bob," a direct e-mail link to CLPI founder Bob Smucker, promising 48-hour turnaround on questions.

PolicyLink
Oakland, CA
510.663.2333
www.policylink.org

PolicyLink is a national nonprofit research, communications, capacity building, and advocacy organization whose mission is to advance a new generation of policies to achieve economic and social equity from the wisdom, voice, and experience of local constituencies. PolicyLink spotlights promising practices, supports advocacy, and helps bridge the divide between local communities and policymakers at the local, state, and national levels.

PUBLICATIONS

Alliance for Justice, *Investing in Change: A Funder's Guide to Supporting Advocacy* (Washington, DC: 2004).

Asher, Thomas R., *Myth v. Fact: Foundation Support of Advocacy* (Washington, DC: Alliance for Justice, 1995).

Grantmakers In Health, *Funding Health Advocacy,* Issue Brief No. 21 (Washington, DC: 2005).

Grantmakers In Health, *Strategies for Shaping Public Policy* (Washington, DC: 2000).

Holton, Ruth, *Reflections on Public Policy Grantmaking* (Woodland Hills, CA: The California Wellness Foundation, 2002).

Lawrence, Steven, *Update on Foundation Health Policy Grantmaking* (New York, NY: The Foundation Center, March 2004).

FOSTERING PUBLIC AWARENESS

ORGANIZATIONS

Communications Consortium Media Center
Washington, DC
202.326.8700
www.ccmc.org

The Communications Consortium Media Center helps nonprofit organizations use media and new telecommunications technologies as tools for public education and policy change. The center's Web site includes information on new training programs, best practices, research, articles, and resources.

FrameWorks Institute
Washington, DC
202.833.1600
www.frameworksinstitute.org

FrameWorks designs, commissions, manages, and publishes communications research to prepare nonprofit organizations to expand their constituency base, to build public will, and to further public understanding of specific social issues. In addition to working with social policy experts familiar with the specific issue, its work is informed by a team of communications scholars and practitioners who are convened to discuss the research problem, and to work together in outlining strategies for advancing remedial policies. The Web site contains a number of communications products and publications.

SPIN Project
San Francisco, CA
415.284.1420 ext. 309
www.spinproject.org

The SPIN Project (Strategic Press Information Network) provides media technical assistance to nonprofit public interest organizations across the nation that want to influence debate, shape public opinion, and garner positive media attention. The Web site offers training information, tutorials, and toolkits.

PUBLICATIONS

Bales, Susan Nall, and Franklin D. Gilliam, Jr., "Communications for Social Good," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, April 2004).

The California Wellness Foundation, *Reflections on Communications Strategies That Accent Grantees* (Woodland Hills, CA: 2003).

FoundationWorks, *Bridging the Gap: Connecting Strategic Communication and Program Goals* (Washington, DC: 2003).

Goodman, Andy, *Storytelling as Best Practice* (Los Angeles, CA: agoodmanonline, October 2003).

Spitfire Strategies, *The Spitfire Strategies Smart Chart 2.0: A New and Improved Tool to Help Nonprofits Make Smart Communications Choices* (Washington, DC: 2004).

PARTNERSHIPS

ORGANIZATIONS

New York Academy of Medicine
New York, NY
212.822.7200
www.nyam.org

The New York Academy of Medicine is dedicated to enhancing health through research, education, policy analysis, and advocacy, with a focus on disadvantaged urban populations. Its division of public health seeks to improve the functioning of the health systems. It also helps health care organizations, funders, and policymakers realize the potential of collaboration to solve problems related to health. The academy's Pathways to Collaboration workgroup, funded by the W. K. Kellogg Foundation, creates new knowledge and tools to help partnerships become more effective in engaging many different kinds of people and organizations in collaborative problem solving.

Partnership for the Public's Health
Oakland, CA
510.451.8600
www.partnershipph.org

The Partnership for the Public's Health (PPH) is working to bring about long-term, systemic changes in how community health issues are identified, addressed and evaluated in California. PPH supports partnerships that bring residents, community groups, and health departments together to improve community health. PPH is also committed to identifying and supporting policy and system changes that promote community-based public health within the communities served by its grantees.

PUBLICATIONS

Grantmakers In Health, "Collaboration: Building Relationships to Improve Health," *GIH Bulletin*, February 11, 2002.

Isaacs, Stephen L., and James R. Knickman, eds., "Partnership Among National Foundations: Between Rhetoric and Reality," *To Improve Health and Health Care 2001* (Princeton, NJ: The Robert Wood Johnson Foundation, 2001).

La Piana, David, *Real Collaboration: A Guide for Grantmakers* (San Francisco, CA: La Piana Associates, Inc., 2001).

The Lewin Group, *Communities Sustain Public Health Improvements Through Organized Partnership Structures* (Battle Creek, MI: W.K. Kellogg Foundation, 2003).

Reich, Michael R., ed., *Public-Private Partnerships for Public Health* (Cambridge, MA: Harvard Center for Population and Development Studies, 2002).

Socolar, Rebecca, "Collaboration: The End or the Means?" *Journal of Public Health Management and Practice* 8(1): 34-35, January 2002.

Weiss, Elisa S., Rebecca M. Anderson, and Roz D. Lasker, "Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning," *Health Education and Behavior* 29(6): 683-698, December 2002.

This article is part of GIH's portfolio, Agents of Change: Health Philanthropy's Role in Transforming Systems. Each article focuses on an approach grantmakers are using to promote systemic or social change. The entire portfolio is available on GIH's Web site www.gih.org.

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