

# GIH BULLETIN

Helping grantmakers

improve the health of all people

GRANT  
MAKERS  
IN  
HEALTH

APRIL 13, 2009

## NEW GRANTS & PROGRAMS

- **Austin-Bailey Health and Wellness Foundation** (Canton, OH) awarded grants totaling \$197,490 to 14 organizations that address the health and wellness of local residents. Among the grantees are: **Prescription Assistance Network** (Canton) – \$50,000 for prescription access and assistance for low-income individuals; **Tuscarawas Clinic for the Working Uninsured** (Dover) – \$20,000 in start-up costs for this health clinic for low-income uninsured persons; **Western Stark Free Clinic** (Massillon) – \$20,000 to provide health care for the homeless delivered via its 40-foot mobile Care-A-Van; **Habitat for Humanity** (Canton) – \$12,500 to offset livability costs associated with a home to enable a family with physical disabilities to live independently; **Community Services of Stark County** (Canton) – \$6,000 to provide a multidimensional program to integrate wellness education into all facets of the client experience; **Christian Children's Home of Ohio** (Wooster) – \$5,000 to make mental health services accessible to low-income uninsured individuals; and **American Red Cross** (Canton) – \$2,390 to purchase two automatic electronic defibrillators for its response trailers. For more information, visit <http://foundationcenter.org/grantmaker/austinbailey>.
- **The John A. Hartford Foundation, Inc.** (New York, NY) approved two grants totaling more than \$1 million for projects to improve the health of older

adults by addressing health care workforce issues. The foundation awarded a \$400,000 grant to **The Tides Center** (San Francisco, CA) to support the **Eldercare Workforce Alliance** (EWA), a coalition of 25 national organizations that are jointly addressing the immediate and future workforce crisis in caring for an aging America. EWA was created in response to the Institute of Medicine report *Retooling for an Aging America: Building the Health Care Workforce* and represents four main interests: consumers of care; paraprofessional direct care workers; health care professionals, both generalists and geriatric specialists; and the health care industry. **Community College of Philadelphia** (PA) and the **National League for Nursing** (New York, NY) received \$684,000 to build on a previous grant that identified faculty development in geriatrics for associate degree nursing program faculty as an important step in preparing nurses to care for older adults. The goal of the initiative is to develop minimum educational standards for care of older adults, provide training and technical assistance to more than 750 faculty for implementation of the minimum standards, and support widespread implementation by facilitating access to existing and new geriatric resources by 28,000 pre-licensure nursing faculty members. Contact: Christine Gherst, 484.410.9243.

- **The Health Trust** (Campbell, CA) announced intended funding for **Student Wellness Champion** scholarships. Scholarships are part of the trust's **Youth Engaged in Advancing Health Program**, which addresses the obesity

## GIHNEWS

### COMMUNITY ENGAGEMENT AND EFFECTIVE HEALTH GRANTMAKING MEETING MAY 18-19

The Maine Health Access Foundation and GIH will hold the 2009 *National Meeting on Community Engagement and Effective Health Grantmaking* in Portland, Maine.

Attendees will learn about how community efforts have influenced foundation programs and strategies foundations use to incorporate community voices into their work. The meeting will feature Alan Weil of the National Academy for State Health Policy and Katherine Villers of Community Catalyst.

Register by May 1. Visit [www.gih.org](http://www.gih.org) for more details.

### ART & SCIENCE OF HEALTH GRANTMAKING JUNE 10-11

*The Art & Science of Health Grantmaking* is back! This year's meeting, in Baltimore, Maryland, will feature sessions designed to improve your knowledge of foundation governance, finance and investments, grantmaking, evaluation, and communications. Basic and advanced tracks will be offered. A site visit highlighting an East Baltimore revitalization initiative will also be offered.

Register by May 19. For more information, visit [www.gih.org](http://www.gih.org).

epidemic through school-based and extracurricular activities that promote healthy behaviors, community service, and advocacy. Scholarships in the amount \$500 will be awarded to selected high school seniors in Santa Clara County or Northern San Benito County who have demonstrated outstanding leadership to promote and improve the health of their school, peers, or community. For more information, visit [www.healthtrust.org/YEAH](http://www.healthtrust.org/YEAH). Contact: Nicole Kohleriter, 408.879.4112.

- **Quantum Foundation** (West Palm Beach, FL) has released \$500,000 for its 2009 **Federally Qualified Health Center (FQHC) Fund**. The fund seeks to increase access to comprehensive quality health care for uninsured individuals. The funding will support the implementation of new FQHC sites or the expansion of services at existing sites in Palm Beach County. For more information, visit [www.quantumfdn.org](http://www.quantumfdn.org), click on “Grant Center,” and select “Special Funding Initiatives.”
- **Robert Wood Johnson Foundation** (Princeton, NJ) awarded nearly \$240,000 to **University of Texas Medical Branch** (Galveston) for an in-school telemedicine initiative that provides mental health care to underserved and vulnerable adolescents. Funding is in response to a surge in demand for adolescent mental health services following Hurricane Ike and builds on a \$500,000 matching grant from the foundation and \$500,000 from numerous local foundations that launched the program targeting high school and junior high school students in 2006. The program provides one-on-one care through telepsychiatry, a groundbreaking form of telemedicine in which doctors counsel patients and families via state-of-the-art video conferencing equipment. The program allows adolescents to be treated in a timely, appropriate manner and helps reduce the stigma sometimes associated with mental illness and treatment, in part because the school is a familiar and secure location and participating providers mirror the diverse local population. Contact: Laura Hamilton, 212.220.4444.

## SURVEYS, STUDIES & PUBLICATIONS

- **American Legacy Foundation** (Washington, DC) released the results of a survey that focused on the role of health care providers in helping smokers quit. *Smokers’ Perceptions of Healthcare Providers* revealed that approximately one in five smokers (21 percent) has never spoken with their health care provider (HCP) about smoking. Of the smokers surveyed who had talked to their HCP about smoking, just 20 percent were provided with self-help cessation materials, given information about classes and counseling programs, shown a video about quitting, or referred to a cessation specialist. Less than half (44 percent) received a recommendation for a smoking cessation medication such as over-the-counter nicotine replacement products or prescription drugs. Nevertheless, 79 percent of respondents said they were satisfied with the help they received from their HCP, even though so few were given resources to quit and all of them remained smokers. In addition, findings identified barriers to smokers’ ability to seek and receive support. Less than half of the respondents (45 percent) indicated that they were concerned or very concerned about their personal health. Further, 54 percent felt negative emotion, such as guilt, embarrassment, or annoyance, while just 28 percent had positive feelings such as motivation and confidence. The survey was commissioned with Pfizer Inc. Contact: Julia Cartwright, 202.454.5596, [jcartwright@americanlegacy.org](mailto:jcartwright@americanlegacy.org).

**Florida Health Policy Center** has released a policy brief that addresses steps Florida can take to provide low-cost health insurance coverage to low-income, uninsured children under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), which took effect April 1, 2009. CHIPRA provides matching money to cover currently enrolled children in Florida for the next four and a half years, as well as incentives to states that increase their enrollment. The brief notes that to qualify, the state must

streamline and simplify its **KidCare** program, which will require legislative measures. Center members include **Allegany Franciscan Ministries** (Palm Harbor, FL); the **Florida Philanthropic Network** (Winter Park); **Gulf Coast Community Foundation of Venice** (FL); **Health Foundation of South Florida** (Miami); **Jessie Ball duPont Fund** (Jacksonville, FL); **Palm Healthcare Foundation** (West Palm Beach, FL); **Quantum Foundation** (West Palm Beach, FL); and **Winter Park Health Foundation** (FL). Contact: Lisa Portelli, 407.644.2300, [lportelli@wphf.org](mailto:lportelli@wphf.org).

- **United Hospital Fund** (New York, NY) published the consumer guide *Hard Times and Health Insurance: Staying Covered When You Lose Your Job*, which provides practical advice on state and federal protections regarding health insurance coverage and how to exercise them. The guide serves as a comprehensive roadmap for New Yorkers to the new Consolidated Omnibus Budget Reconciliation Act (COBRA) rules, including newly enacted federal subsidies. Reflecting changes laid out in the federal stimulus law, the guide includes information on how to take advantage of new federal assistance that can pay 65 percent of a COBRA premium. Coverage options discussed include enrolling in other job-based coverage that may be available, continuing coverage under state and federal COBRA laws, and converting group coverage to a special individual policy. The guide also offers tips on finding coverage in the private market or through public programs, and other types of assistance. In addition, the guide offers practical tips intended to help all persons, regardless of their employment status. The guide is available via the fund’s Web site, [www.uhfnyc.org](http://www.uhfnyc.org). Contact: Bob DeLuna, 212.494.0733.

## MEETINGS

**Grantmakers for Children, Youth and Families** (Silver Spring, MD); **Institute for Mental Hygiene** (New Orleans, LA); and **The Race Equity in Philanthropy Group** (New York,

NY) will convene *Building Blocks of Change: Social Determinants in Youth Development*, May 13-14 in New Orleans, Louisiana. Among the summit's goals are to: expand foundations' understanding of racism from a structural and equity perspective; facilitate a discussion among philanthropic organizations on the importance of capacity building and forging partnerships in culturally diverse communities; identify the impact that disparities have on health care, education, and leadership development; and discuss the role of philanthropy in promoting equality and positive outcomes for vulnerable youth. The summit will begin with a networking dinner and discussion and will include expert presenters and panelists from various organizations, including **The Aspen Institute** (Washington, DC); **The Annie E. Casey Foundation** (Baltimore, MD); and **The Skillman Foundation** (Detroit, MI). For more information, visit [www.gcyf.org](http://www.gcyf.org).

## PEOPLE

■ **Blue Cross and Blue Shield of Minnesota Foundation** (Eagan) announced three appointments to its board of directors: **Colleen Connors**, **Lori Hough**, and **Jan Malcolm**. Ms. Connors joined Blue Cross and Blue Shield of Minnesota as senior vice president of human resources and facilities in November 2008. Prior experience includes working as senior vice president and global head of talent strategy at The Bank of New York Mellon, in addition to holding human resources leadership positions for Aetna Healthcare and Prudential Healthcare. Ms. Hough serves as vice president of consumer health for Blue Cross and Blue shield of Minnesota, overseeing health management operations for case and utilization management, contracts for disease management program providers, clinical design and performance, data analysis and reporting, and provider and account relations for health management. Previously she served as senior director of clinical operations and outcomes at Healthways and has held leadership positions at Fraser, UnitedHealth Group, and the Minneapolis Children's

Medical Center. Ms. Malcolm is CEO of Courage Center in Minneapolis. From 1999-2003 she served as commissioner of health for the state of Minnesota. She currently serves on the boards of the Hennepin County Medical Center and the **Bush Foundation** (St. Paul, MN) and has served on many other boards in the health and public health sectors. Contact: Julie Lee, 651.662.6574.

■ **The Duke Endowment** (Charlotte, NC) has promoted **Rhett Mabry** and **Mary Piepenbring** to vice presidents. Mr. Mabry joined the endowment in 1992 as associate director of health care and assumed the role of director of child care in 1998. He will continue to direct activities within the child care area and will expand his focus to encompass the endowment's four program areas. Ms. Piepenbring, director of health care, joined the endowment in 2000, after seven years at Carolinas HealthCare System as vice president in administration. She will continue her current role in directing health care activities and will also lead efforts involving research and evaluation. Contact: Charity Perkins, 704.969.2100, [cperkins@tde.org](mailto:cperkins@tde.org).

■ **HNHfoundation** (Concord, NH) announced the election of **Shannon Mills, D.D.S.** to its board of directors. Dr. Mills currently serves as the vice president of professional relations for Northeast Delta Dental where he manages dental professional services to ensure that standards for quality, service, and cost are met by participating providers. Previously he was an associate professor at the University of Nevada, School of Medicine, Dental General Practice Residency Program. In addition, Dr. Mills was a dentist in the United States Air Force where he served on both national and international assignments for more than 28 years. Contact: Sandi Van Scoyoc, 603.229.3260, [svs@hnhfoundation.org](mailto:svs@hnhfoundation.org).

■ **Wyandotte Health Foundation** (Kansas City, KS) appointed **Clarence L. Small** and **James M. White** as new members of its board of directors. Mr. Small is Head Start youth program specialist for the Region VII Office of the U.S. Department of Health and

Human Services' Administration for Children and Families. He previously worked with Kaw Valley Center as director of emergency services, director of community services, and director of training. In addition, Mr. Small is an executive member of the Kansas City, Kansas branch of the National Association for the Advancement of Colored People. Mr. White spent 35 years of his professional career as an educator and administrator with USD 500, the Kansas City, Kansas school district. He joined the district in 1970 as an elementary school teacher and advanced to positions of district coordinator; assistant principal; principal; and assistant superintendent for student, parent, and community services. He also served as part-time faculty for Baker University's Kansas City campus. Currently Mr. White works part-time for the McAnany, Van Cleave and Phillips law firm. In addition, he is involved in several civic and community organizations. Contact: Therese Horvat, 913.724.2110, [tmhorvat@aol.com](mailto:tmhorvat@aol.com).

## POSITIONS AVAILABLE

The following organization is seeking qualified applicants for the positions listed:

- **Blue Shield of California Foundation** (San Francisco) (two positions)
  - **Program Officer, Health Care and Coverage Program**- The foundation seeks a new team member to manage the grantmaking portfolio and programming efforts for its largest grantmaking program aimed at helping the foundation build momentum toward ensuring that every California resident has access to affordable, high-quality health care. Primary duties include managing health reform projects and funding activities; maintaining and developing relationships with policymakers, regulators, stakeholders, funders, and other key constituencies necessary to advance the vision and health policy goals of the program; being informed of relevant health reform issues; working

collaboratively and participating in crossdisciplinary teams with colleagues at the foundation; and maintaining an in-depth knowledge of the priorities, strategies, and selection criteria for the foundation's grantmaking programs. Requisite skills and background include: a master's degree or equivalent experience, with a preference for a degree in public health, public affairs, or public policy; a minimum of five years of program management experience with nonprofit organizations, community-based or philanthropic organizations, or public institutions; a strong base of knowledge about the health care system, insurance coverage, finance, and related policy issues; an understanding of the complex health care landscape including interrelationships between health plans, providers of medical services, employers, brokers, foundations, community clinics, other health care organizations, and the public sector.

- **Program Officer, Blue Shield Against Violence (BSAV)** – The selected applicant will manage the BSAV grantmaking portfolio and program efforts, which focus on ending domestic violence in California. Key responsibilities include: assisting the BSAV director in developing grantmaking strategies, identifying funding priorities, and developing evaluation

strategies for program areas; managing new and existing projects of the BSAV program; managing and maintaining accuracy of data and documents in the foundation's grantmaking database for BSAV grants; and keeping abreast of relevant domestic violence issues through current events, research, activities, trends, and the focus of other funders in the field. Qualifications include a sophisticated understanding of the complex domestic violence landscape, including interrelationships between providers of domestic violence services (including shelters), primary prevention organizations, employers, foundations, advocacy organizations, and the public sector; a minimum of five years of program management experience with nonprofit organizations, community-based or philanthropic organizations, or public institutions; and a master's degree or equivalent experience, with a preference for a degree in public health, public policy, business, or nonprofit administration.

Applicants who are interested in either position should send a cover letter, résumé, and salary information by e-mail only to the contact listed.

**Contact:** Martha Montag Brown & Associates, LLC

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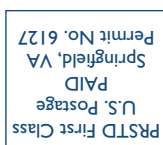
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# Behavioral Health & Public Policy: Meeting the Challenges Ahead

On October 3, 2008, behavioral health advocates ended a decade-long push for equity within private health insurance plans that cover mental health and addiction services. As part of the Emergency Economic Stabilization Act of 2008 (H.R. 1424), a separate piece of legislation known as the Mental Health Parity and Addiction Equity Act of 2008 was included as a way to “sweeten” the bill and help generate broader legislative support for the expansive bailout package.

According to the new law, group health insurance companies offering coverage for mental illness and substance use disorders must provide coverage on the same terms as physical illnesses, including deductibles, copayment rates, out-of-pocket expenses, and treatment limitations or service restrictions. Prior to its passage, employer-sponsored health insurers could promote mental health care and addiction coverage within their plans but institute arbitrary treatment restrictions or lower reimbursement rates.

Supporters have heralded parity as a critical step toward the fair and equitable treatment of all individuals with behavioral illnesses. They have also informed updated language and equity requirements within other health programs, including the Children’s Health Insurance Program (CHIP), which up until reauthorization in February 2009 allowed plans to provide mental health and addiction treatment coverage at only 75 percent of other physical health services. The reauthorization removes this discriminatory provision and requires equal coverage for all services provided by state plans (The National Council 2009).

## THE BIGGER PICTURE

Yet while these favorable advances in public policy may expand access and increase reimbursements for behavioral health services, their strength and jurisdiction still remain in question. Although group insurers must soon comply with federal parity laws, there are no legal requirements for insurers to provide these services in the first place. Similarly, CHIP plans are not mandated to offer any specified behavioral health benefits. With increasing health care costs and new coverage requirements, it is unclear whether or not states and private insurers will meet these requirements and restructure their plans accordingly.

Furthermore, establishing parity across insurance plans ignores more fundamental issues of a fractured and underfunded behavioral health care system. Persons with serious mental illness (SMI) have an estimated life expectancy 25 years

shorter than the general population (Parks et al. 2006). This staggering health disparity has been linked to treatable medical conditions caused by risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care. Given the current siloed structure of services, patients with SMI often miss critical opportunities to avoid preventable health conditions.

The current economic crisis only intensifies an already strained state-level health care system. In *Grading the States 2009*, a state-by-state assessment of services for adults living with SMI published by the National Alliance on Mental Illness (NAMI), the overall national grade was a “D.” Although 14 states have made improvements, nearly as many have fallen behind due to inadequate care, staffing shortages, and the broader fiscal challenges threatening state-sponsored care.

Despite the current economic climate, advocates still see opportunities for policymakers to improve the nation’s behavioral health care system. Beyond broader efforts toward comprehensive health care reform, there are a number of discrete federal- and state-level actions that would improve quality and increase access to behavioral health care. These include expanding funding commitments for state-level programs to integrate and coordinate behavioral health services and primary care within community health facilities and private care providers; establishing federally mandated data collection standards to help track and assess patient indicators and outcomes; and creating new incentives to attract and retain the next generation of behavioral health workers.

## OPPORTUNITIES FOR FUNDERS

Grantmakers are employing a variety of strategies in order to advance behavioral health objectives using both direct and indirect policy efforts. Through direct support for advocacy groups, policy research and analysis, and partnership strategies to influence policy, funders have the potential to inform and educate policymakers; build public demand for improved policies; and advocate for substantive behavioral health policy reform at the local, state, and federal levels.

### ► *Funding Direct Policy and Advocacy Projects* –

Meaningful policy change is often inspired by passionate and committed organizations. By supporting policy-minded grantees seeking to reverse or refine the current system, funders can give these organizations a more forceful voice to advocate for change.

In 2008 the Hogg Foundation for Mental Health awarded more than \$450,000 in single-year grants to policy and advocacy organizations across the state. Grant awardees included the Texas Association for Infant Mental Health to seek changes in state child care licensing standards; the Mental Health Policy Initiative for Texas Exonerees to study the mental health needs of people wrongfully convicted and imprisoned in Texas; and the Harris County Healthcare Alliance to map out, assess, and make policy recommendations to coordinate behavioral health services with physical health care services. The foundation plans to award new policy grants in 2009 and will increase its total award amount in the coming year (Hogg Foundation for Mental Health 2008).

- **Developing Policy Papers and Briefs** – In order to make sound behavioral health policy decisions, lawmakers must have reliable evidence and an appropriate contextual basis to inform their analysis. Many grantmakers have funded research reports and issue briefs focused on systems-level behavioral health challenges and opportunities for state and federal policymakers.

In October 2008 The Health Foundation of Greater Cincinnati released the first issue of the series *Location, Location, Location: Providing Physical Health Care in Other Settings to Increase Access*, designed to raise awareness about how health care access can be improved by changing the context and delivery of services. The first report *Reclaiming 25 Years of Life: Integrating Physical and Mental Health Care to Reduce Health Disparities for People with Severe Mental Illnesses* frames the issue within the context of the 25-year life expectancy differential for persons with SMI; examines strengths and drawbacks of multiple integrated care models; and offers concrete activities to improve care integration and reduce health disparities. Future issues will focus on topics such as school-based health centers and evidence-based recovery models for substance use disorders (The Health Foundation of Greater Cincinnati 2008).

- **Building Grassroots Demand for Change** – As part of its strategy to advocate for care integration and engage public sector stakeholders to advance policy change, the Missouri Foundation for Health began a three-year pilot program in 2007 to integrate primary care services provided by Federally Qualified Health Centers and behavioral health services provided by community mental health centers across the state. A technical assistance team assists local partners in addressing changes in organizational policies, procedures, and attitudes of care providers required to implement high-quality integrated care. In conjunction with the Missouri Department of Mental Health, the team also identifies state-level policy changes to enable proper provider reimbursement practices and ensure the long-term sustainability of the initiative. The foundation committed nearly \$500,000 over the past two years to support development,

training, and technical assistance. The Department of Mental Health has invested \$1.5 million dollars to aid program implementation as well (Missouri Foundation for Health 2009).

Funders can also connect with national behavioral health organizations that track the progress of specific legislation and broader policies shaping the current landscape of the behavioral health system. Organizations such as NAMI, National Council for Community Behavioral Healthcare, and Mental Health America produce materials devoted to policy and advocacy issues surrounding mental health and substance use disorders.

2009 is a critical year for the economy, health care reform, and the behavioral health community. The economic downturn will likely spur increased demand for mental health and addiction services – even as policymakers are forced to curtail publicly funded services. As demonstrated by the passage of the economic stimulus package earlier this year, the Administration must make difficult choices that will either strengthen or further cripple the ability to care for persons with mental illness or substance use disorders. Looking ahead, lawmakers and grantmakers must stay focused on substantive policies and programs that will enable and ensure a high-quality and sustainable behavioral health care system.

## SOURCES

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