

GIH BULLETIN

Helping grantmakers

improve the health of all people

GRANT
MAKERS
IN
HEALTH

MAY 5, 2008

NEW GRANTS & PROGRAMS

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■ **Harvard Pilgrim Health Care** (Wellesley, MA) awarded more than \$1.2 million in grants to 16 physician groups throughout Massachusetts, New Hampshire, and Maine. Funding, which is part of the organization's **Quality Grants Program**, will focus on improving clinical quality and patient safety. The funded organizations will use their grants to support initiatives that work toward reducing disparities in patient care, managing chronic diseases, and using health information technology to improve the quality of health care. Among the grantees are: **Acton Medical Associates, PC** (MA); **Caritas Christi Network Services** (Boston, MA); **Central Mass Independent Physicians Association** (Worcester, MA); **Commonwealth Hematology-Oncology, PC** (Quincy, MA); **Fallon Clinic** (Worcester, MA); **HealthAlliance with Physicians, Inc.** (Leominster, MA); **Heywood Physician Hospital Organization** (Gardner, MA); **Highland Healthcare Associates Independent Physicians Association** (Woburn, MA); **Lawrence General Independent Physicians Association** (MA); **Lower Merrimac Valley Physician Hospital Organization** (Newburyport, MA); **Medical Network, Inc.** (Portland, ME); **Maine Medical Center Physician Hospital Organization** (Portland); **Physicians' Association of Rochester** (NH); **SHS Ventures** (Plainville, MA); **Sturdy Memorial Associates** (Attleboro, MA); and **Valley Medical Group, Inc.** (Greenfield, MA). Contact: Joanne Kaplan, 617.509.2843.

- **Methodist Healthcare Ministries of South Texas, Inc.** (San Antonio) awarded \$8 million in grants to 54 organizations in South Texas to improve health care to underserved residents. Among the grantees are: **CommuniCare Health Centers** (San Antonio) – \$1.3 million to support the provision of medical and dental services; **Gateway Community Health Center** (Laredo) – \$424,557 to support dental salary supplements, diabetic management and prevention, and eye care; **San Antonio Food Bank** – \$330,000 to promote Children's Health Insurance Program and Medicaid enrollment; **Mercy Ministries** (Laredo) – \$231,420 to support dental and obstetrical cancer screening services; and **Hope Family Center** (McAllen) – \$221,550 for mental health services. Contact: Sonya Lane, 210.253.3209, sonya.lane@mhm.org.
- **MetLife Foundation** (New York, NY) announced its intent to renew funding to support the **Community College Caregiver Training Initiative**. The **Caregiving Project for Older Americans**, a project housed within the **International Longevity Center-USA** (New York, NY), has released a request for proposals for the initiative and will award up to 12, \$25,000 grants to community colleges to establish new caregiver training programs or to build upon existing programs. This year the initiative seeks to encourage the development of new programs to train both family and professional in-home caregivers, promote skill development, advance the quality of care, and provide opportunities for career development. Program requirements include preparing students to provide care for older people and to provide

GIHNEWS

GIH TO OFFER CHILDREN'S HEALTH ISSUE DIALOGUE JUNE 12

GIH will host *Connecting the Dots: Developing a Holistic Picture of Children's Health*, an Issue Dialogue that will explore the numerous community- and government-based resources that influence child health and development. Participants will discuss promising approaches to integrating services for children and explore how these efforts contribute to children's health improvements and serve as the foundation for broader health system reform. Particular attention will be given to innovative models for encouraging cross-sectoral collaboration.

The meeting will take place on Thursday, June 12 in Washington, DC, at the Barbara Jordan Conference Center at The Henry J. Kaiser Family Foundation. There is no fee to attend, but space for this program is limited to grantmakers only. Preference will be given to GIH Funding Partners. Register by May 30.

For more details, visit www.gih.org.

care in a home or institutional setting. Programs must also include a component that addresses family caregivers. For more information, visit www.ilcusa.org/caregiving/colleges.htm.

Metro Health Foundation (Detroit, MI) awarded more than \$100,000 to support a variety of Michigan-based health programs. **Optometric Institute and Clinic of Detroit** will use a \$20,000 grant to pay for retinal surgery for low-income, uninsured clients who are unable to pay for the procedure. The foundation awarded \$12,000 to **Central United Methodist Church** (Detroit) to expand parish nursing services in order to improve the health of homeless persons who attend the church's free lunch program. **Crossroads of Michigan, Inc.** (Detroit) received \$12,000 toward the purchase of emergency prescriptions and other medical supplies. **Beaumont Cancer Institute** (Royal Oak) received \$10,000 for cancer screenings related to an outreach initiative focusing on culturally tailored education and screening for minority populations in southeastern Michigan, including African-American, Arab-American/Chaldean, Hispanic/Latino, Native American, and Asian individuals. **Freedom House, Inc.** (Detroit) will apply foundation funding of \$10,000 to support the physical health team as it coordinates free or low-cost physical and mental health care via volunteer health care professionals. Contact: Theresa Sondys, 313.965.4220, theresasondys@aol.com.

- **Northern Virginia Health Foundation** (Alexandria) awarded approximately \$1.1 million to six Virginia-based nonprofit organizations addressing health and health care needs. Among the grantees are: **Arlington Free Clinic** – \$200,000 to support and expand the clinic's specialty medicine program that serves low-income, uninsured Arlington County residents; **Alexandria Neighborhood Health Services** – \$191,524 to expand the capacity of and access to the **Adult Medicine Program** for special populations including older adults, homeless persons, parolees, and persons with mental illness; **Greater Prince William Community Health Center** (Manassas)

– \$150,000 to provide primary health care services to uninsured and underinsured county residents; **Ethiopian Community Development Council** (Arlington) – \$98,500 to support **Project Aware**, a breast cancer awareness and screening program for African refugees and immigrant women; and **Jeanie Schmidt Free Clinic** (Herndon) – \$46,625 to establish a patient care program to assist patients who need referrals to other health services. Contact: Patricia Mathews, 703.486.5691.

- **Sisters of Charity Foundation of Cleveland** (OH) provided \$20,000 in funding to continue the **We Are the Uninsured** project of **Neighborhood Family Practice** (Cleveland), a health center serving Cleveland's west side. The project promotes efforts that empower uninsured and underinsured community members to advocate collectively and individually for improved health access. Contact: Karen Malone Wright, 216.241.9300.
- **Sisters of St. Joseph Charitable Fund** (Parkersburg, WV) awarded \$272,388 to 20 nonprofit organizations to support programs and services designed to improve the wellness of residents of southeastern Ohio and northwestern West Virginia. Among the grantees are: **Ritchie County Parks & Recreation** (Harrisville, WV) – \$25,000 toward the construction of the first countywide recreational facility, providing a central location for youth sports and recreational programs; **Wheeling Health Right, Inc.** (WV) – \$25,000 to expand its health care services to underserved residents of Tyler County; **P.S. Project** (Parkersburg, WV) – \$15,000 to fund staffing and other areas of program support for this program addressing chronic mental health issues; **Kids on Campus** (Athens, OH) – \$14,000 to incorporate the **CircusFit Project**, a physical fitness curriculum, into a summer camp program and to support the program's nurse's station and other staff; **Adventure Pursuit** (Parkersburg, WV) – \$7,000 for the **Community Fitness Pilot Program**, which focuses on promoting increased physical activity and developing methods of connecting interested residents with appropriate

fitness activities; and **Children's Home Society** (Parkersburg, WV) – a \$6,683 planning grant for an in-home education program to increase services for pregnant women and young children to improve oral health. Contact: Sister Jane Harrington, 304.424.6080, jharrington@ssjcharitablefund.org.

The Harry and Jeanette Weinberg Foundation (Owings Mills, MD) announced intended funding of up to \$9 million over three years to help community partnerships develop innovative ways to support caregivers. Through its **Family and Informal Caregiver Support Program**, the foundation expects to fund as many as 20 community-based projects with grants ranging from \$100,000 to \$300,000 per year. The foundation encourages participation from nonprofit, 501(c)(3) organizations, including aging and human service agencies, faith-based and other community-based organizations, tribal organizations, and units of local government. For more information, visit www.hjweinbergfoundation.org.

SURVEYS, STUDIES & PUBLICATIONS

- **United Hospital Fund** (New York, NY) released *New York's Eligible but Not Insured*, which provides information on New York residents under age 65 who are eligible for public health insurance but remain uninsured. The report estimates that 250,000 children and 650,000 adults make up this population, which accounts for 40 percent of persons under age 65 who are eligible for public health insurance. The report presents detailed statistical information, including age, family financial and work status, race and ethnicity, and health status. The report also details policy implications that can be drawn from analysis of these data and lessons from other states' experiences. Another report *Offer, Eligibility, and Take-Up Rates of Employer-Sponsored Coverage in New York, 2005* examines workers and their dependents who account for nearly 80 percent of the uninsured in New York State. Data explore the rates at

which employers offer health insurance coverage, employees are eligible for this coverage, and employees take up the coverage offered. For more information on either report, visit www.uhfny.org and select the publications tab.

MEETINGS

Grantmakers for Effective Organizations (Washington, DC) and the **Council on Foundations** (Arlington, VA) are sponsoring *Engage for Results: Involving Grantees in your Grantmaking Strategies*, scheduled for June 12-13, 2008, in Washington, DC. This two-day, skill-building event is designed specifically for grantmakers to learn how to increase stakeholder involvement in their grantmaking strategies. For cost, registration information, and other details, visit www.geofunders.org/engageforresults.aspx.

OTHER NEWS

- **The Commonwealth Fund** (New York, NY) is accepting applications for the **Australian Department of Health and Ageing's Packer Policy Fellowships Program**. The fellowships provide an opportunity for U.S. health policy researchers and practitioners to spend up to 10 months in Australia conducting original research and working with leading Australian health policy experts on issues relevant to both countries. The fellowships provide up to \$60,000 (Australian dollars) for terms of 6 to 10 months, with a minimum stay of six months in Australia required. Focused on issues of common concern to Australian and U.S. policymakers, the fellowships are structured around areas of mutual policy interest such as health care quality and safety, the private/public mix of insurance and providers, the fiscal sustainability of health systems, the health care workforce, management of health care delivery, and investment in preventive care strategies. For more information, visit www.commonwealthfund.org/fellowships.

PEOPLE

- **The Colorado Health Foundation** (Denver) welcomed two new members to its board of directors. **Jack Westfall, M.D.**, director of Colorado Area Health Education Centers and founder and research director of the High Plains Research Network, specializes in improving care in rural communities. He is affiliated with a number of professional health care organizations, including the Colorado Rural Health Center and National Rural Health Association. **Sally Schaefer** is president and CEO of Hilltop Community Resources, Inc., a nonprofit organization dedicated to providing leadership for community services that foster self-sufficiency and enrich quality of life. Ms. Schaefer also sits on the governor-appointed State Medical Services Board. Contact: Sara O'Keefe, 303.953.3655.
- **The Flinn Foundation** (Phoenix, AZ) has elected **Shaun Kirkpatrick** to its governing board. Mr. Kirkpatrick is president and CEO of Research Corporation Technologies (RCT). He oversees RCT's BioVentures investments, technology development programs, and special licensing programs in North America, Europe, and Australia. He is also the first alumnus of the **Flinn Scholars Program** to serve on the board. Mr. Kirkpatrick serves on the board of several companies in RCT's BioVentures investment portfolio and is a board member of the Critical Path Institute. Contact: Brad Halvorsen, 602.744.6803, bhalvorsen@flinn.org.
- **Welborn Baptist Foundation** (Evansville, IN) announced that **Marjorie Soyugenc**, the foundation's first executive director and CEO, will retire at the end of 2008, completing a 43-year career in health care. Ms. Soyugenc has served as Welborn's chief executive since the Evansville-based foundation was formed in 1999. She was the president and CEO of the Welborn Baptist Hospital from 1986 until its sale in 1999 and had served the hospital in other administrative positions since 1970. Ms. Soyugenc has been a civic leader in many community, regional,

and national organizations. She currently serves on the board of directors for Old National Bancorp, the Mayor's Evansville Education Roundtable, University of Evansville, and Mulberry Center and is chairwoman of the Early Childhood Coalition. She served as a director of the Federal Reserve Bank of St. Louis from 2000-2005 and is a lifetime director of the Southwestern Indiana Mental Health Center. Contact: Marjorie Soyugenc, 812.437.8260.

POSITIONS AVAILABLE

The following organizations are seeking qualified applicants for the positions listed:

Campaign for Tobacco Free Kids (Washington, DC)

- **Program Officer, International Grants Unit** – The program officer is primarily responsible for managing a large portfolio of grants to nongovernmental organizations, civil society groups, and governmental agencies worldwide. This position requires constant communication with grantees, coordination of grantee activities, and identification of technical assistance needs of grantees. The program officer is responsible for reviewing grant applications, providing feedback to grantees, coordinating the grant negotiation process, negotiating grants on behalf of the organization, and monitoring grantee performance upon the awarding of the grant. The program officer position requires regular international travel to meetings with partner organizations, tobacco control conferences, and site visits of grantee organizations. Requisite skills include the ability to perform under pressure and work in a fast-paced environment, excellent oral and written communication skills, and proficiency in Microsoft Office applications. Knowledge of database management or grants software (i.e., GIFTS) is desired. Applicants must have a minimum of three years of experience working in an international grantmaking organization or working on public

interest advocacy campaigns. Interest in progressive issues and commitment to public interest work is required. International work experience is also required; experience in Latin America, Africa, Southeast Asia, or Indian sub-continent is a plus. A bachelor's degree is required. An advanced degree in public health or health policy is preferred, as is experience in public policy, administration, or tobacco control. To apply for this position, please send a cover letter, including salary history, and attach your résumé to: jobs@tobaccofreekids.org. Please reference the position code IGP-PO in the subject line of your e-mail message.

■ New York State Health Foundation (New York)

- **Program Officer** – The program officer's responsibilities include contributing to the design and implementation of annual program goals and strategies; working with senior staff in developing strategic grantmaking opportunities for the health insurance coverage and costs portfolio; and attending meetings, conducting site visits, reviewing grantee submissions, tracking grantee performance, and working with grantees to identify potential enhancements to project development and to ensure that con-

tractual objectives are met. The selected applicant will also respond to public inquiries about program directions and the application process; represent the foundation publicly regarding program funding and grant-making results; and develop and maintain working relationships with stakeholders, policy decisionmakers, community members, researchers, and others to support program development and implementation. Requisite experience includes a graduate degree in health, public health, public policy, education, nonprofit management, or a relevant discipline and five or more years of experience developing and managing programs to improve health or health care. Qualifications include strong knowledge of health insurance coverage and cost issues and policies, including familiarity with commercial insurance markets and statewide public programs such as Medicaid, Child Health Plus, Family Health Plus, and Healthy NY. A deep understanding of health financing, access, and policy, as well as superb project management, written and oral communication, and organizational skills are also required. Travel is necessary to conduct site visits and to represent the foundation at outside meetings. Interested candidates must send a résumé, salary history and expectations, and a statement of interest to programofficer@nyshealth.org.

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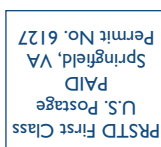
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The GIH Bulletin is published 22 times a year as an educational and information service for health grantmakers. Letters to the editor, press releases, notices of new program initiatives, personnel updates, and other materials should be sent to the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

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Health Information Technology:

Increasing Quality and Access within Safety Net Providers

Health foundations are uniquely positioned to help safety net providers reach their full health information technology (HIT) potential. Some foundations have focused on providing funds for capital investment, technical support, and ongoing HIT maintenance. Others have brought safety net providers, local or state health department representatives, and even vendors together to plan for and adopt HIT, helping lay the groundwork for interoperable information exchange across clinical sites. By providing meeting space, technical assistance, seed money, and visibility to community-wide planning efforts, foundations can help to bridge the competitive tensions that often derail cooperation. This article examines the work of two very different foundations and their approaches to supporting HIT in their communities.

THE PROMISE OF HIT

HIT is a promising tool for safety net providers seeking to improve the quality and efficiency of health care services. Administrative and clinical applications have the potential to both strengthen the organizational capacity of community clinics, federally qualified health centers (FQHCs), public hospitals, and others serving the uninsured and underinsured and improve patient outcomes. HIT can also help safety net providers develop a better understanding of the population health needs of their communities – to identify those most at risk and to track health improvement efforts (California Health Funders Strategy Project 2006).

The level of HIT penetration within the health care sector is modest but increasing as technology matures (Gaylin 2008). Relatively few community clinics or health centers have integrated HIT into their day-to-day clinical operations. For example, only 8 percent of health centers used electronic medical records (EMRs) in the 2001-2003 period (National Association of Community Health Centers, Inc. 2006). Other HIT systems, such as disease registries, which contain specific information on selected patients with chronic conditions, are more commonly used by safety net providers.

Safety net providers often lack the financial and organizational resources to adequately plan for and adopt HIT. Common challenges include the high cost of hardware and software, as well as the need to customize off-the-shelf software products to reflect the health center's patient population. Restricted budgets and the siloed nature of funding streams can make the financing of HIT particularly difficult. Although

some federal funds have been available to support HIT pilots, these resources are very limited.

Similarly, the Health Resources and Services Administration within the U.S. Department of Health and Human Services has provided technical assistance to safety net providers but does not provide the full range of technical expertise needed to mount an HIT development effort. Negotiating and working with vendors to select appropriate hardware and software can be difficult for staff with limited HIT knowledge (Cassnoff 2008). Safety net providers often do not have the funds to hire consultants to advise them in these initial investment decisions and may struggle to hire a staff person dedicated to implementing and maintaining the software system (Moiduddin and Gaylin 2007).

BUILDING THE BASE

The Colorado Health Foundation serves the state and has assets of approximately \$890 million. Its HIT work has focused on preparing health centers caring for low-income, uninsured patients to successfully adopt technology. The foundation's work began in 2005 with interviews and surveys of providers to learn more about their current use of technology and the potential for HIT as a tool to improve access to quality care. The results indicated tremendous potential for HIT to help make providers more efficient, improve coordination of care, monitor chronic disease, and increase their ability to understand and address health issues across communities and populations. The study also revealed that purchasing, implementing, and using HIT to its fullest capacity is not easy for safety net providers that are often run on tight margins.

These results provided the basis of the foundation's Healthy Connections: Strengthening Care through Health Information Technology initiative, which is intended to ease the financial and technical burden of providers delivering care to the state's underserved as they work to establish or expand their HIT capacity. The initiative provides grant funds, technical support, and peer and learning opportunities and disseminates new HIT information to the field.

In 2007 The Colorado Health Foundation awarded \$2.5 million to 21 grantees ranging from a single-location, independent clinic serving fewer than 2,000 patients annually to a 14-site rural FQHC system serving more than 55,000 patients each year. Grantee HIT work spans a continuum from those just beginning to consider how technology can support their missions to those further along the implementation path. The

grants awarded fall into several categories. Capacity building grants support organizations that are developing their long-term vision for HIT and assessing how to move forward. The Healthy Connections grants help strengthen comprehensive assessments and support planning processes addressing the unique needs of each organization. Innovation grants are given to organizations already implementing HIT plans and provide support for critical aspects of implementation. Partnership grants place a priority on collaborative efforts designed to increase the efficiency of HIT and improve the quality and integration of care. These grants are made to organizations that applied on behalf of a collaborative effort or collaboratives that have a 501(c)(3) status.

RAISING THE TENT

St. Joseph Community Health Foundation is a small foundation serving Allen County, Indiana. It has assets of approximately \$32 million. The foundation has supported the adoption and implementation of HIT in safety net providers through its Healthcare Access Program (HAP). Begun in 2000, HAP convenes low- and no-cost primary health care providers, such as the county's free clinic and FQHCs, to organize and administer projects that increase quality and efficiency and that reduce the cost of health care for the poor and uninsured. The foundation acts as a neutral convener and fiscal agent for HAP.

As part of their collaborative work, HAP partners identified a need for HIT systems among the county's safety net providers. In 2002 the foundation and HAP partners (including the Fort Wayne-Allen County Department of Health, St. Joseph Hospital Emergency Department, and Parkview Hospital) began working with Fort Wayne-based HIT vendor Medical Informatics Engineering (MIE) to implement an EMR system in the county's free clinic. The foundation worked closely with MIE, which had provided many of the area's medical group practices with HIT systems, in adapting an off-the-shelf system for the free clinic. The vendor viewed this work as an opportunity to provide pro bono services and build goodwill in the community. St. Joseph Community Health Foundation also provided grants for the purchase of hardware – computers, servers, and other equipment. Next, the county's two FQHCs and clinics administered by the county health department adopted the EMR system. While each organization used the same software, the package was modified to reflect individual organizational process flow.

With the EMRs established in local clinics, HAP partners began discussing the potential of a shared system that would capture the county's uninsured, Medicaid, and State Children's Health Insurance Program patients. The goal of this shared system was to improve care for patients receiving services at more than one safety net location – including the emergency department. St. Joseph Community Health Foundation again engaged the original vendor to electronically link the providers. MIE provided its services at a reduced rate to the HAP

collaborative. In addition, HAP partners chose which clinical information would be shared through an electronic health record. For example, the health center run by the county health department elected not to share patient information on sexually transmitted diseases.

Today the shared clinical data are used by Allen County's safety net providers in caring for patients with chronic medical conditions. The shared system enables providers to access selected information on patients' past and present diagnoses and treatment. It also gives providers the ability to become paperless offices. St. Joseph Community Health Foundation has provided more than \$500,000 in grants for HIT over the last several years. This investment has been matched almost dollar for dollar through in-kind contributions and other donor investments. One of the most important roles played by the foundation, however, was that of neutral convener, bringing stakeholders together on a regular basis to ensure an interoperable approach to HIT development.

Health centers and other safety net providers are an important target for HIT adoption. They often have limited resources, however, to plan for, purchase, and implement HIT. This requires creative solutions and leveraging of funds to maximize value and impact (California Health Funders Strategy Project 2006). Foundations can assist safety net providers in moving forward with caution – to carefully assess technology needs and set goals, to identify new resources and engage physician leadership, and to smooth the implementation process by supporting staff training and improving organizational capacity. Foundation support for HIT at a variety of levels – from planning to adoption – can directly impact the effectiveness and reach of the health care safety net.

SOURCES

California Health Funders Strategy Project, *A Strategic Framework: Technology-Enabled Quality Improvement for California's Community Clinics* (San Francisco, CA: ObjectHealth, June 27, 2006).

Casnoff, Cheryl Austein, remarks at Grantmakers In Health 2008 Annual Meeting Preconference Session, *Health Information Technology: A Tool for Transforming Health Care Delivery*, February 27, 2008.

Gaylin, Daniel, remarks at Grantmakers In Health 2008 Annual Meeting Preconference Session, *Health Information Technology: A Tool for Transforming Health Care Delivery*, February 27, 2008.

Moiduddin, Adil, and Daniel Gaylin, *Health Information Technology Adoption Among Health Centers: A Digital Divide in the Making?* (Washington, DC: National Health Policy Forum, June 23, 2007).

National Association of Community Health Centers, Inc., *Electronic Health Information among Community Health Centers: Adoption and Barriers* (Bethesda, MD: May 2006).