

# GIH BULLETIN

Helping grantmakers

improve the health of all people



FEBRUARY 9, 2009

## 2009 GIH ANNUAL MEETING: LINKING NEW ORLEANS TO THE WORK OF HEALTH PHILANTHROPY

The 2009 GIH Annual Meeting on Health Philanthropy *Seeing the Future with 20/20 Vision* will take place in a fitting location: New Orleans, Louisiana. Famous for its distinctive culture, cuisine, and music, New Orleans is more synonymous now with Hurricane Katrina and the challenges the city and its resilient communities have faced in their recovery from the storm's devastation. The travails of the Crescent City, where the vast majority of residents still struggle for adequate health care and a healthy quality of life, are representative of the very issues we will focus on at the meeting.

*Seeing the Future with 20/20 Vision* will open with the plenary session "**Foundations and the Response after Katrina**," which will examine health challenges in New Orleans today and will provide lessons for the future. Community and foundation speakers will link the Gulf Coast experience to the meeting's larger theme of the broad social and economic challenges to health that lie ahead.

**Breakout sessions** and **site visits** will give attendees in-depth looks and firsthand experiences of the many different health, community, and environmental challenges facing local communities. Special attention will be paid to the role health grantmakers have played in the recovery and rebuilding efforts of the area.

Other New Orleans highlights include a **two-hour tour of New Orleans**, offered on Wednesday and Thursday, where participants will listen to a local's view of what happened when Hurricane Katrina hit and visit neighborhoods deep in recovery and those that are thriving. (Space is limited. Separate registration is required, and a registration fee will be applied for the tour. More details will be available after February 17.) The Thursday-evening host event will take place at the historic **Elms Mansion** in the famous Garden District neighborhood where participants will dine on local food specialties.

### VOLUNTEER OPPORTUNITIES IN NEW ORLEANS

Make the most out of your time in New Orleans by helping rebuild and restore communities that are still recovering from Hurricane Katrina's destruction. Volunteer opportunities abound, and Louisiana's Office of the Lieutenant Governor has partnered with the state's regional Volunteer Centers to compile a comprehensive list of opportunities in the area. Visit [www.volunteerlouisiana.gov](http://www.volunteerlouisiana.gov) or [www.neworleanscvb.com](http://www.neworleanscvb.com) for more information.

## GIHNEWS

### REGISTER FOR THE ANNUAL MEETING BY FEBRUARY 17 TO AVOID LATE FEES

A late fee of \$150.00 will be charged to meeting participants whose registration forms are received after Tuesday, February 17. Register online at [www.gih.org](http://www.gih.org) or by fax today!

### RESERVE A ROOM AT THE SHERATON NEW ORLEANS BY FEBRUARY 17

Hotel accommodations are available at the Sheraton New Orleans, which offers affordable room rates to GIH annual meeting participants.

Reserve on-line at [www.gih.org](http://www.gih.org) or by phone at 800.325.3535 by Tuesday, February 17 to take advantage of these special rates. If registering by phone, be sure to indicate that you are a meeting attendee to receive the discount.

### PARTICIPATE IN THE ANNUAL MEETING MARKETPLACE

Participate in the annual meeting Marketplace – a great opportunity to showcase your organization's work at the nation's largest gathering of health grantmakers. Groups attending the meeting are invited to display up to four items. Participation forms must be received by Tuesday, February 17. E-mail [gih09@vrsevents.com](mailto:gih09@vrsevents.com) for more information.

## NEW GRANTS & PROGRAMS

- **The Centene Foundation for Quality Healthcare** (St. Louis, MO) awarded a \$7,500 grant to **The Center for Black Women's Wellness, Inc.** (Atlanta, GA) to support **Journey to Wellness**, a program designed to address mental health disparities among black women. Through education and advocacy, the program uses nontraditional modes such as drama, movie nights with discussion sessions, and tea parties to provide culturally appropriate opportunities for women to address fears associated with accessing mental health services. Women who participate in the program receive support through existing health resources and referrals to community mental health services that are provided on-site by a professional licensed counselor. Contact: Mary Deverman, 314.725.4477.
- **Foundation for Community Health** (Sharon, CT) awarded nearly \$800,000 to local health organizations serving residents of northeastern Dutchess and southeastern Columbia counties in New York and northwestern Litchfield County in Connecticut. Among the grantees are: **Universal Health Care Foundation of Connecticut** (Meriden) – \$100,000 to support and optimize the activities of the **healthcare4every1 Campaign**; **Hudson River Healthcare** (Amenia, NY) – \$90,000 to support the provision of dental services through a mobile van; **Housatonic Youth Service Bureau** (Falls Village, CT) – \$30,000 to develop a prevention network and to implement a developmental asset survey for the Region One School District in northwest Connecticut; **Maria Seymour Brooker Memorial Foundation** (Torrington, CT) – \$29,171 to conduct a second year of school-based oral screenings, sealants, and education in six elementary schools in northwest Connecticut; **Friends of Seniors** (Poughkeepsie, NY) – \$25,000 to expand senior services to underserved areas of northeast Dutchess County; and **Geer Adult Day Care** (Canaan, CT) – \$20,000 to provide nonemergency medical transportation for seniors in northwest Connecticut. Contact: Gertrude O'Sullivan, 860.364.5157.
- **HNHfoundation** (Concord, NH) awarded nearly \$800,000 in grants to benefit various health-related initiatives and projects at 12 state-based nonprofit organizations and government agencies. **New Hampshire Department of Health and Human Services** (Concord) received \$250,000 to cover a portion of the costs of **State Children's Health Insurance Program** (CHIP) premiums for children whose family income is within 250 to 300 percent of the federal poverty level. The foundation awarded \$200,020 to **Healthy Eating Active Living** (Concord) to implement the **Healthy Eating Active Living Action Plan for New Hampshire**. A \$45,865 grant to **Keene State College** will support the **Early Sprouts Program: Garden and Nutritional Experiences for the Young Child**, an applied research project comprising an obesity prevention program aimed at increasing young children's food preferences for and consumption of fruits, vegetables, whole grains, and low-fat dairy products. **New Hampshire Public Health Association** (Concord) will use a \$25,000 grant to support a policy director position that will enable the organization to have an expanded role in defining and promoting the broad public health interests in the state. **New Hampshire Dental Society Foundation** (Concord) received \$19,509 to support the **New Hampshire Department of Health and Human Services Oral Health/Body Mass Index Assessment** for New Hampshire third graders. The statewide survey will provide data for ongoing surveillance of oral health indicators and baseline weight status data for third graders at the state and county levels. Contact: Sandi Van Scoyoc, 603.229.3260, svs@hnhfoundation.org.
- **Kaiser Permanente** (San Diego, CA) awarded a \$1-million grant to **La Maestra Community Health Center** (San Diego, CA). Funding will support the center's **Heart of the Community** capital campaign and the construction of a new 34,660 square foot state-of-the-art facility. La Maestra has evolved into a center for total health and well-being for the residents of City Heights, providing physical, mental, and dental care as well as new programs and services vitally needed by the community. One of the first green community health care centers to be built in an underserved community, the new facility will be able to accommodate an anticipated 180,000 patient and client visits per year, more than three times the number currently served. Contact: D. Casey Hart, 619.528.7483, d.casey.hart@kp.org.
- **Methodist Healthcare Ministries of South Texas, Inc.** (MHM) (San Antonio) announced intended funding of \$33 million to support health care services for low-income families and the uninsured throughout south Texas. The organization will invest in charitable clinics and programs it owns and operates. In addition to its programs and services, MHM will invest another \$9.2 million in health and human services-related programs serving low-income families and the uninsured in south Texas. MHM will fund organizations and programs that address a variety of health issues, including mental and behavioral health, access to health care, obesity and diabetes prevention, and oral health. Contact: Jessica Muñoz-Sherfey, 210.546.0992.
- **Mid-Iowa Health Foundation** (Des Moines) awarded grants totaling \$160,400 to 10 organizations to improve the health of vulnerable people in greater Des Moines, Iowa. Among the grantees are: **Child and Family Policy Center** (Des Moines) – \$35,000 to support policy development activities to improve children's healthy development, build and sustain effective coalitions for policy development and implementation capacity, and mobilize public energy and will to achieve policy advances; and **Primary Health Care, Inc.** (Des Moines) – \$25,000 for a system of obstetrical care that is culturally sensitive and user friendly for all involved, and improves coordination of prenatal care and delivery services for uninsured women by means of increased access, enhanced methodology of patient monitoring, and improved patient education and compliance through interim case management

and subsequent enrollment in existing maternal child health programs.  
Contact: Kathy Bradley, 515.277.6411, kbradley@midioawahealth.org.

- **Missouri Foundation for Health** (St. Louis) awarded 16 grants to non-profit organizations across Missouri, for a total of \$2.9 million. Among the grantees are: **The National Conference for Community and Justice of Metropolitan St. Louis** – \$300,000 to improve the capacity of health care professionals to help all patients understand basic health information and services; **Preferred Family Healthcare, Inc.** (St. Louis) – \$299,825 for an on-line program to help youth deal with substance abuse issues via computer classrooms and recreation areas; **Citizens Memorial Healthcare** (Springfield) – \$79,835 to help increase the availability of **Miles for Smiles**, a mobile dental unit serving children in southwest Missouri; and **Butler County Health Department** (Poplar Bluff) – \$74,245 to conduct research and focus groups to help increase healthy lifestyle awareness in low-income families living in the Bootheel area. Contact: Bev Pfeifer-Harms, 314.345.5505, bpfeiferharms@mffh.org.

## SURVEYS, STUDIES & PUBLICATIONS

- **American Legacy Foundation** (Washington, DC), **American Academy of Pediatrics Julius B. Richmond Center for Excellence** (Elk Grove Village, IL), and researchers from **Mississippi State University** (Starkville) have released the results of *The Social Climate Survey of Tobacco Control*, an annual poll of public attitudes toward tobacco policies. Results indicate that children continue to be exposed to secondhand smoke, with 42 percent of children having some exposure on a weekly basis. Further, among parents who smoke, only 53.5 percent prohibit smoking in the home and even fewer (22.5 percent) prohibit smoking in the family vehicle. In addition, more than one-quarter of smokers report that

their child had been exposed to secondhand smoke in their home. The release of the report coincides with the launch of *Parents Quit for Good*, a new partnership between *Parents* magazine and the American Legacy Foundation. The program provides a free smoking cessation plan for parents that is linked to the foundation's on-line cessation program **Become an EX**. This new collaborative will be featured in three issues of *Parents* and includes the Web site [www.parentsquitforgood.com](http://www.parentsquitforgood.com) where parents can receive step-by-step assistance in identifying their own smoking triggers, finding new ways to get through the day without cigarettes, and avoiding weight gain along the way. Contact: Debbie Linchesky, 847.434.7084.

## ON-LINE

- **Foundation for a Healthy Kentucky** (Louisville) has launched **Kentucky Health Facts** ([www.kentuckyhealthfacts.org](http://www.kentuckyhealthfacts.org)), a Web site designed to provide ready access to key health data for Kentucky counties and area development districts (ADDs). Users can generate a health summary for a specific Kentucky county or ADD, or they can research a specific health issue. The Web site houses data on community demographics, access to health, and health care status. Special sections are devoted to maternal and child health issues and senior health issues. The Kentucky Institute of Medicine, Kentucky Department for Public Health, Kentucky State Data Center, and other organizations have partnered with the foundation to provide data. Contact: Sarah Walsh, 502.852.7996, sarah.walsh@louisville.edu.

## MEETINGS

**The Women's Foundation of California** (Los Angeles) is holding **Sowing Change: A Funders' Tour to Cultivate a Healthier Central Valley**, scheduled for March 2– 3, 2009. Tour participants will visit California's Central

Valley and meet with grassroots community-based organizations that are leading efforts to create innovative policy and promote systemic changes around several health issues such as obesity, environmental health, and asthma, as well as related issues such as inequity in distributing public health dollars and substandard housing. The tour will also include an evening panel discussion and reception. Support for this event is being provided by several California-based organizations, including **The California Endowment** (Los Angeles) and **The California Wellness Foundation** (Woodland Hills). For more information or to register for the event, visit [www.womensfoundca.org/fundertour](http://www.womensfoundca.org/fundertour). Contact: Raissa Cuarto, 213.388.0485, ext. 101, raissac@womensfoundca.org.

## OTHER NEWS

- **Connecticut Health Foundation** (New Britain) is accepting applications for the 2010 **Health Leadership Fellows Program**, which fosters, supports, and promotes leadership and learning among leaders in the government, private, and nonprofit sectors. The program is a one-year knowledge and skill-building program designed to create leaders, particularly racial and ethnic community leaders, who will pursue careers in public policy, law, public health practice, business, community advocacy, academia, or other related fields. Fellows, who will be selected through a competitive process, must make a one-year commitment and will receive a stipend of \$1,000 to aid in their personal or professional development. In addition, those who are employed by a nonprofit organization will receive a \$250 gift for their employer. For additional information about the program, visit [www.cthealth.org/leadership](http://www.cthealth.org/leadership). Contact Nancy Nolan, 860.224.2200, nancy@cthealth.org.

## PEOPLE

- **Harvard Pilgrim Health Care Foundation** (Wellesley, MA)

announced that **Ruth Ellen Fitch** will join its board of directors. Since 2004 Ms. Fitch has served as president and CEO of The Dimock Center in Roxbury, formerly New England Hospital for Women and Children. The facility was the first hospital in New England opened and operated by women for women. Ms. Fitch holds a law degree from Harvard University. Contact: Sharon Torgerson, 617.509.7458.

## POSITION AVAILABLE

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

### ■ The Health Trust (Campbell, CA)

- **Program Officer** – The selected applicant will manage the organization's grantmaking program. This person will encourage grant proposals that advance organizational grantmaking goals and objectives, perform assessments of grant proposals, coordinate development of funding recommendations, develop program and policy recommendations, and monitor grants. The program officer will also provide technical assistance to grantees in proposal development, comprehensive proposal review and assessment,

grant monitoring, grant evaluations, and special projects; and work collaboratively with the initiative directors and grants committee. Requisite skills and experience include a minimum of five years of experience in grants or program management; foundation experience or management experience within a human service agency; and knowledge of health promotion, health policy, or health care delivery systems. The successful applicant will also have a background in business development and budget preparation; supervisory experience; and the ability to develop connections with local health and human service agencies, foundations, and nonprofits, as well as an ability to communicate effectively with diverse population groups. This position requires working occasional evenings to attend committee meetings and community events. A bachelor's degree in health science or related field is required; a master's degree is preferred. Interested applicants must send a résumé and cover letter to the contact listed. The complete job description is available at [www.healthtrust.org](http://www.healthtrust.org).

**Contact:** The Health Trust

**Address:** 2105 S. Bascom Avenue Suite 220  
Campbell, CA 95008

**Fax:** 408.559.9515

**E-mail:** [resume@healthtrust.org](mailto:resume@healthtrust.org)

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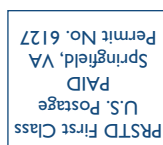
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*The GIH Bulletin is published 22 times a year as an educational and information service for health grantmakers. Letters to the editor, press releases, notices of new program initiatives, personnel updates, and other materials should be sent to the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

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## Ensuring the Health of America's Children: Progress and Opportunities

BY LIANE WONG, DR.P.H.

*Program Officer, The David and Lucile Packard Foundation*

**B**ehind the headlines of a weakened U.S. economy and rising unemployment are two related developments: the transformation of health care coverage into an issue of real salience to working families and the middle class, and the ways in which states have crafted, and will continue to craft, an effective response.

Over the past decade, the number of uninsured Americans has increased to 45 million, as rates of employer-based coverage have stalled or declined. Growth in both Medicaid and the State Children's Health Insurance Program (SCHIP) has helped mitigate this decline, and the rate of uninsurance among children has actually declined over the same period (Kaiser Commission on Medicaid and the Uninsured 2008).

In the face of deteriorating economic conditions, states have continued to move forward in efforts to expand and improve health coverage for children. Over the course of the last year, 19 states provided health coverage for additional uninsured children and families by expanding Medicaid and SCHIP and/or reducing administrative barriers to make enrollment and staying enrolled easier. Since 2005, two-thirds of states have made strong improvements in child or family health coverage programs (Center for Children and Families 2008). Data show that these improvements have resulted in a decline in the number of uninsured children nationally by 500,000.

Although children have generally fared better because the country has made a more significant commitment to cover them through public programs, this progress is at risk because of an overall tightening of resources and increasing demand. At least 44 states face fiscal deficits precisely at the time when resources are needed to support growing demand for Medicaid and SCHIP as states' unemployment rates increase (Center on Budget and Policy Priorities 2008). Declining revenue projections could also hinder the progress and timing of implementation of recent coverage and access policy gains in several states. A general consensus among policymakers, however, seems to be emerging whereby solutions to revitalize the economy and stimulate job creation are pursued in tandem with bolstering safety net programs, including provision of affordable coverage options for uninsured children and adults.

Providing fiscal relief to states in the form of additional

matching funds under Medicaid and reauthorizing SCHIP would enhance proven coverage sources for families and encourage continued progress on coverage expansion efforts. These changes have the potential to significantly bolster state-based activity to cover children and families. Regulatory and administrative barriers must also be closely examined, as well as the level of outreach and enrollment resources that could be made available to facilitate enrollment and retention in Medicaid and SCHIP. In a time of scarce resources, federal and state funding could leverage myriad state-based children's coverage and health reform efforts already underway. Since 2007 several national funders, including The David and Lucile Packard Foundation, the Robert Wood Johnson Foundation, and the Public Welfare Foundation, have expanded support of state-based children's health and consumer health advocacy networks to help foster model solutions and build momentum toward a national coverage program for children and adults. As of early 2009, at least 35 states have active coalitions seeking broader health care reform or health coverage for all children through policy and advocacy efforts, network building, and enhanced strategic communications.

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In February 2007 the Packard Foundation launched its Insuring America's Children strategy, a \$15-million, multiyear investment in grant support, cross-program learning, training, and technical assistance to advocacy organizations in 16 states poised to make strong advances in children's coverage. A key part of the grantmaking strategy is to provide policy and peer-to-peer technical assistance to state child health program administrators and policymakers in over 40 states and U.S. territories that are implementing new coverage initiatives for children. A comprehensive, multistate evaluation is also underway to monitor program progress, impacts, and implementation.

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### OPPORTUNITIES FOR HEALTH FUNDERS

With states setting forth with bold expansions and program streamlining, there are opportunities for grantmakers

to invest in capacity building, network effectiveness, message dissemination, research, and coordination.

- **Build and support strong statewide and regional capacity for advocacy.** With fiscal challenges projected to extend over multiple years, the need for experienced and effective advocacy organizations to monitor and protect proven coverage programs and their sources of financing must not be underestimated. Children's and health advocacy groups need to strengthen linkages to organizations with proven local presence and expertise, thereby bolstering capacity to engage in program and policy decisions. Leading advocacy organizations must also build structures and collaborative relationships that allow them to be nimble and responsive within a fluid policy environment.
- **Expand and assess network engagement and participation.** As statewide and regional coalitions assess what their strengths and gaps are, it is important for them to work through their boards and coalitions to identify key champions in the business, provider, education, and faith communities. A network effectiveness assessment may be very beneficial in identifying how to expand and harness the reach of these groups and others they have access to.
- **Bring and disseminate tailored messaging to policymakers and the media.** As children's coverage and access to care issues are raised on their own or in the context of broader policy reform, message coordination among key organizations within states and with national groups should be encouraged. Successful campaigns highlighting the doability of the policy change, progress on key indicators, and what it will take for meaningful policy solutions to be secured and implemented have taken place in numerous states.
- **Support proven outreach, enrollment, and retention strategies.** A significant range and depth of outreach, enrollment, and retention activity has been underway over the last 10 years. With the possibility of enhanced Medicaid matching rates, along with the broader expansion of public programs to cover more families, investments in reaching, enrolling, and retaining eligible children and families are likely to achieve a high return on investment.
- **Support research and policy analysis.** With more states considering bold expansions, strong academic and philanthropic partnerships are still needed to rigorously examine buy-in programs and coverage and access issues for hard-to-reach populations such as immigrant families and families in rural communities.

## **BROADER HEALTH CARE REFORM AND ENSURING THE HEALTH OF AMERICA'S CHILDREN**

With the prospects of broader health care reform once again burning brighter, the question of whether vulnerable

populations, such as the unemployed, children, or pregnant women, should receive high priority remains an open question. While some of the central issues on broader health care reform pertain to how to assure and pay for expanded coverage, of equal importance are issues of program design, including health benefits offered, mechanisms for paying for services, quality assurance, and the status of services for children with special health care needs.

It may turn out that economic and fiscal conditions ultimately drive a phased-in approach to health care reform. Under a phased-in scenario, covering children as a first step is an attractive option because of strong public sentiment for children, the relative ease in building from existing programmatic and financing mechanisms, and because children's health care is relatively inexpensive. Some of the mechanisms used to cover children could also be extended to reach adult family members, including parents.

It is also important to acknowledge that state efforts to expand coverage for children are not isolated experiments. What is learned from states' experience will be evaluated in the context of both broader health care reform deliberations and budgeting decisions for children's programs more generally. The issue is both what role children's health care should play in general health care reform and what place health care reform will have in a broader children's policy framework.

The time has arrived for all children to have comprehensive health coverage that improves their access to health care and is appropriate to their health and developmental needs, as one of the first steps along the road to broader health care reform. Health philanthropy has played and will continue to play a vital role in helping shape the framework for reform, mobilizing resources and expertise, engaging impacted communities in the formation of workable policy, and bringing new voices to deliberations that reshape the U.S. health care system.

## **SOURCES**

Center for Children and Families, Georgetown University, *Keeping the Promise to Children and Families in Tough Economic Times* (Washington, DC: November 2008).

Center on Budget and Policy Priorities, "States and the Weak Economy," <<http://www.cbpp.org/9-8-08sfp.htm>>, accessed December 28, 2008.

Kaiser Commission on Medicaid and the Uninsured, *The Fraying Link Between Work and Health Insurance: Trends in Employer-Sponsored Insurance for Employees, 2000-2007* (Washington, DC: November 2008).

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