

GIH BULLETIN

Helping grantmakers

improve the health of all people

GRANT
MAKERS
IN
HEALTH

MARCH 9, 2009

NEW GRANTS & PROGRAMS

- **Claude Worthington Benedum Foundation** (Pittsburgh, PA) made three grants totaling \$345,000 to organizations with health and human services programs that benefit residents of West Virginia and southwestern Pennsylvania. **Marshall University Foundation, Inc.** (Huntington, WV) received \$170,000 to promote health self-management through the West Virginia network of school-based health centers, with a focus on decreasing the number of overweight students. A grant for \$150,000 to **Camcare Health Education and Research Institute, Inc.** (Charleston, WV) will support the **Statewide West Virginia Perinatal Telehealth Project's** efforts to provide connectivity and training among three tertiary care centers and 20 rural health organizations in order to provide high-risk maternal-fetal consultations to improve birth outcomes. The foundation also awarded \$25,000 to **Kids in Distressed Situations, Inc.** (New York, NY) to work in collaboration with **Mountaineer Food Bank** (Gassaway, WV) to continue statewide distribution of new clothing, school supplies, and other items to needy children in West Virginia. For more information, visit www.benedum.org.
- **The Health Foundation of Central Massachusetts** (Worcester) awarded a grant for \$197,560 to the **Boys and Girls Club of Webster-Dudley** (MA). Funding will be used to implement **Choices**, a youth development program that promotes positive alternatives for at-risk youth. Choices offers a range of

programs, including athletics and assistance with homework. The program focuses on helping at-risk youth learn healthy life skills that will produce positive outcomes such as completing high school and averting the juvenile justice system. For more information, visit www.hfcm.org.

- **Independence Foundation** (Philadelphia, PA) awarded \$571,800 in grants to organizations that provide or support the provision of nurse-managed health care services to underserved, underinsured, and uninsured populations in the greater Philadelphia region. Among the grantees are: **Resources for Human Development** (Philadelphia) – \$125,000 for the **Family Practice and Counseling Network**, which provides primary health care along with behavioral health and dental services to clients in three locations in Philadelphia; **La Comunidad Hispania** (Kennett Square) – \$109,800 for **Project Salud**, which provides primary care and prenatal care to a predominantly Mexican population; **Community College of Philadelphia** – \$58,000 to support its **19130 Zipcode Project**, a nurse-managed health center without walls that provides health screenings, immunizations, and health education and health promotion programs throughout its target community in facilities such as senior housing complexes, Head Start programs, and schools; and **National Nursing Centers Consortium** (Philadelphia) – \$50,000 in support of its health law policy program and \$30,000 as a one-to-one challenge grant for its **Students Run Philly Style Program**, a mentored running program for inner-city high school students. Contact: Eunice King,

GIHNEWS

IN MEMORIAM: TERRANCE KEENAN

Terrance Keenan, a founder of Grantmakers In Health (GIH), passed away last month at the age of 85. Known for his leadership, innovation, and compassion, Mr. Keenan was a generous, consummate grantmaker whose career spanned more than 50 years in philanthropy, 46 of which were spent with the Robert Wood Johnson Foundation.

Under his vision, programs and organizations such as GIH, the Local Initiative Funding Partners program (now Local Funding Partnerships), and the Nurse-Family Partnership were created to fill voids and meet challenges. In his monograph *The Promise at Hand*, he defined great foundations as those that are “informed and animated by moral purpose” and resources for “discovery and change.”

In 1993 GIH established The Terrance Keenan Leadership Award in Health Philanthropy, paying tribute to his significant contributions to the field and inspiring other grantmakers to strive toward his standard of excellence and dedication.

215.985.4009, eking@independencefoundation.org.

- **The New York Community Trust** (NY) awarded more than \$1 million in grants to support health-related projects and initiatives throughout New York City that address health-related issues as well as the needs of the elderly. Among the grantees are: **Fund for Public Health in New York** – \$275,000 for a cancer, diabetes, and heart disease screening and treatment program for public housing residents; **Mount Sinai School of Medicine of New York University** – \$150,000 to expand the capacity of pediatricians to treat poor children with mental health problems through the use of an interactive Web-based diagnostic tool; **Visions/Services for the Blind and Visually Impaired** – \$150,000 to train interpreters to work with visually impaired, non-English-speaking New Yorkers; **Primary Care Development Corporation** – \$125,000 to help community health centers provide a range of health care services to people in a comfortable and patient-friendly environment; **God's Love We Deliver** – \$100,000 to provide individual nutrition counseling and prepare wholesome meals for cancer patients undergoing chemotherapy or radiation treatments; **Community Health Project** – \$75,000 to strengthen the electronic medical records system of the city's only gay and lesbian health center; and **Visiting Neighbors** – \$40,000 to expand popular programs and services that educate elders about managing their health and how to get medical care. For more information, visit www.nycommunitytrust.org.
- **Public Welfare Foundation** (Washington, DC) awarded 10 grants totaling \$900,000 under its **Health Reform** initiative. **Center for Rural Affairs** (Lyons, NE) received a one-year, \$100,000 grant to bring the voices of rural consumers and stakeholders to the process of federal health care reform, with special attention to the needs of impoverished rural people, particularly minorities. **Medicare Rights Center** (New York, NY) will use a \$100,000 grant toward efforts to increase the enrollment of low-income elderly and disabled people in Medicare programs. The foundation awarded \$60,000 to

Centro de Salud Familiar La Fe (El Paso, TX) to support a project that will monitor and review state and federal health policies in an effort to increase the number of Latinos in Texas who have health insurance and who receive appropriate health care. Contact: Diane Camper, 202.965.1800, ext. 242, dcamper@publicwelfare.org.

- **Rose Community Foundation** (Denver, CO) awarded 196 grants for more than \$5.4 million. Among the grantees are: **Colorado Consumer Health Initiative** (Denver) – \$200,000 for efforts to increase health care access and coverage; **Colorado Bright Beginnings** (Denver) – \$70,000 to educate parents about their children's development from birth to age three; **Colorado Children's Campaign** (Denver) – \$50,000 toward a \$150,000 grant for advocacy efforts to improve the health, early childhood experiences, and K-12 education of Colorado's children; **Kids in Need of Dentistry** (Denver, CO) – \$50,000 to provide preventive dental services for children; **Hmong American Association of Denver** (Westminster, CO) – \$15,000 to support the **Elderly Services Program**; **Colorado Gerontological Society** (Denver) – \$10,000 to support Medicare and Medicaid enrollment assistance; **Washington Street Community Center** (Denver, CO) – \$10,000 for the **Center's Senior Program**, which provides information, referral, and direct services to older adults who live independently in their homes; and **Woodward Respite Care Fund** (Denver, CO) – \$5,000 to support efforts to assist caregivers. Contact: Susan Knudten, 303.398.7450, sknudten@rcfdenver.org.
- **Sierra Health Foundation** (Sacramento, CA) awarded more than \$1 million to 42 nonprofit organizations and public agencies in northern California. Funding will support efforts to get food, clothing, shelter, and other emergency services. A \$25,000 grant to the **Amador-Tuolumne Community Action Agency** (Jackson) will allow the agency's Amador Shelter to remain open 365 days in 2009, providing 160 homeless adults and children with meals and shelter for 60-day stays in a safe, home-

like environment. The foundation awarded \$25,000 to **Campus Life Connection/Collings Teen Center** (Sacramento) to support its afterschool program, which offers a safe environment, connects teens with healthy adult role models, and provides them with skills and tools needed to attain a successful future. Funding will help the center sustain the meal program, actively promote the program to reach more students, purchase food, and improve the nutritional quality of meals. **San Joaquin AIDS Foundation** will use a \$25,000 grant to distribute food bags to 125 clients per month, provide utility assistance for 24 clients, and offer counseling and training on AIDS-related issues. **Womenspace Unlimited South Lake Tahoe Women's Center** received \$24,999 to hire a part-time advocate to help meet the increased crisis needs of an estimated 125 clients of this center that addresses the needs of domestic violence, sexual assault, and child abuse victims. A \$20,000 grant was awarded to **Enloe Hospital Foundation** (Chico) and **Enloe Children's Health Center** (Chico), a collaborative effort between the pediatricians in Chico, California, and Enloe Medical Center, to meet the health care needs of children – regardless of the parents' ability to pay – and provide basic needs that surround a medical emergency, such as transportation, overnight accommodations, food, phone cards, and vouchers for prescribed medications, for families with children who need specialty care outside the Chico area. Contact: Katy Pasini, 916.922.4755 x3304, kpasini@sierrahealth.org.

- **Wyandotte Health Foundation** (Kansas City, KS) awarded grants totaling \$1.7 million to 22 nonprofit organizations that serve the health care needs of Wyandotte County residents, particularly persons who are indigent. Among the grantees are: **Public Health Department of Unified Government of Wyandotte County/Kansas City Kansas** – \$240,497 to support a sonogram/radiology collaborative for safety net clinics; **Duchesne Clinic** (Kansas City) – \$174,084 to provide primary health care for low-income uninsured residents; **Kansas Catholic Charities of Northeast Kansas**

(Overland Park) - \$117,507 to support a health intervention program; **Bethel Neighborhood Center** (Kansas City) - \$34,817 for a program that promotes healthy lifestyle choices for adults and youth; **Black Health Care Coalition, Inc.** (Kansas City) - \$34,817 for a diabetes management program; and **Communities in Schools of Kansas City, Kansas/Wyandotte County** - \$26,113 to provide emergency dental services for children. Contact: William Epperheimer, 913.371.4031, wme@wyhealthfdn.org.

SURVEYS, STUDIES & PUBLICATIONS

- **California HealthCare Foundation** (Oakland) released an issue brief that addresses the federal stimulus bill signed by President Barack Obama and its implications for advancing health information technology (HIT). According to *An Unprecedented Opportunity: Using Federal Stimulus Funds to Advance Health IT in California*, the bill affords great opportunities for California's health care providers to adopt HIT and to facilitate the secure exchange of patient health information. The brief outlines specific steps to take advantage of these provisions and makes specific recommendations to Governor Schwarzenegger and the California Legislature to ensure that California successfully competes for funding. Key recommendations include: appointing a deputy secretary of health information technology within the Health and Human Services Agency to coordinate and drive HIT and health information exchange planning and implementation; establishing policies, procedures, and information systems required to support Medi-Cal incentive payments for adoption of electronic health records by physicians, hospitals, community health centers, and others; and taking steps to educate patients, consumers, and the public on existing health privacy safeguards and new protections intended to ensure the confidentiality and security of personal health information. Contact: Marcy Kates, 510.587.3162, mkates@chcf.org.

OTHER

- **BlueCross and BlueShield of North Carolina Foundation** (Durham) has joined a statewide group of nonprofit, government, and foundation organizations in support of the **Nurse-Family Partnership (NFP)**, a nationally recognized, evidence-based nurse home visitation program that helps transform the lives of low-income, first-time parents and their children. Under the program, first-time mothers meet with a registered nurse early in pregnancy and nurse home visits continue through the child's second birthday. Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits continue after birth and are gradually phased out by the time the child reaches two years of age. Other organizations providing financial support to NFP include **The Duke Endowment** (Charlotte), **The Kate B. Reynolds Charitable Trust** (Winston-Salem), the North Carolina Department of Health and Human Services Division of Public Health (Raleigh), The North Carolina Partnership for Children, Inc., and Prevent Child Abuse North Carolina. Contact: Amon Marsteller, 919.765.2095.
- **Robert Wood Johnson Foundation** (Princeton, NJ) announced the launch of the **National Collaborative on Childhood Obesity Research (NCCOR)**, which seeks to accelerate progress on reversing the epidemic of overweight and obesity among the nation's youth. The initiative brings together the expertise and resources of the Centers for Disease Control and Prevention, National Institutes of Health, and the foundation. Through the collective efforts of these organizations, NCCOR will aim to improve the efficiency and effectiveness of research on childhood obesity. It will evaluate new and existing prevention approaches, assess promising policy changes, and expedite the application of interventions that work. NCCOR will focus on efforts that have great potential to benefit children, teens and their families, and the communities in which they live. It will place an emphasis on the populations in which obesity rates are highest, including African-American, Hispanic, Native American, and Asian/Pacific Islander children and children living in low-income communities. For more information, visit www.rwjf.org, click on "Program Areas," and select "Childhood Obesity."
- **The Merck Company Foundation** (Whitehouse Station, NJ) announced the launch of **The Alliance to Reduce Disparities in Diabetes**, a community-driven initiative to close gaps in diabetes health care. The initiative intends to help mobilize community-based partners and enhance the delivery of proven, collaborative approaches that can bridge gaps in diabetes care. The foundation formerly announced the initiative last month at a luncheon, in collaboration with the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services' Office of Minority Health, which discussed methods by which culturally based outreach and community-driven programs can improve patient care and help those most at-risk for diabetes take the necessary action to manage their health. Contact: Amy Rose, 908.423-6537.
- **Universal Health Care Foundation of Connecticut** (New Haven) spearheaded the development of a proposal designed to control health care costs, save Connecticut's families and businesses money, and make coverage available to everyone who needs it in the state. The plan, which is outlined in the report *SustiNet: Health Care We Can Count On*, would create a new public-private insurance pool that would be opened to individuals, small businesses, nonprofits, and municipalities. Foundation officials assert that if implemented over its five-year timeline, the proposal would save households and businesses a combined total of \$1.75 billion in 2014. The proposal calls for stronger coordination of patient care, more competitive reimbursement rates for physicians, and widespread use of electronic medical records. The foundation developed the plan in conjunction with a team of national experts led by the Urban Institute and with input from a diverse range of residents and groups, including business, labor, health care, and clergy. Contact: Janet Davenport: 203.639.0550.

PEOPLE

Center for Health Care Strategies, Inc. (Hamilton, NJ) announced the appointments of **Dan L. Crippen** and **John Iglehart** to its board of trustees. Dr. Crippen served as a health care policy advisor for Senator John McCain during the 2008 Presidential campaign. In addition, he served as director of the Congressional Budget Office from 1999 to 2003, an advisor to former President Ronald Reagan, and chief counsel and economic policy advisor to the Senate Majority Leader from 1981 to 1985. Mr. Iglehart founded *Health Affairs* in 1981 and served as its editor-in-chief for 26 years. Since 1981 Mr. Iglehart has also served as a national correspondent of *The New England Journal of Medicine*, for which he has written more than 100 essays and perspectives. Mr. Iglehart is a member of the Institute of Medicine and the National Academy of Social Insurance. In addition, he has served on the boards of the American Board of Medical Specialties, the Educational Commission for Foreign Medical Graduates, and AcademyHealth. Contact: Lorie Martin, 609.528.8400, lmartin@chcs.org.

■ **The Health Foundation of Greater Indianapolis, Inc.** (IN) elected three new members to its board of trustees. **John Hall** is field office director for the

Indianapolis Office of the U.S. Department of Housing and Urban Development. **Monica Medina** is clinical lecturer with a focus on school reform, multicultural education, action research, and integration of diversity at the Indiana University School of Education in Indianapolis. **David Suess** is a partner in the Tax and Business Services Groups of Bose McKinney & Evans LLP. Each will serve a three-year term. Contact: Lisa Sirkin, 317.979.4424, lisas@graciecomm.com.

■ **The Kate B. Reynolds Charitable Trust** (Winston-Salem, NC) hired **Pamela G. Wyatt** as director of the trust's Poor and Needy Division. Ms. Wyatt will have responsibility for the division's grant program, which annually invests approximately \$6 million in local nonprofit agencies to address human services issues affecting financially needy residents of Forsyth County. She has 15 years of experience in nonprofit leadership in Forsyth as well as other North Carolina counties. Most recently Ms. Wyatt was president and chief professional officer of the Cape Fear Area United Way in Wilmington. Previously she served as executive director of Smart Start of Forsyth County, vice president of the Community Impact Division of United Way of Forsyth County, and president and CEO of Consumer Credit Counseling Service of Winston-Salem. Contact: Karen McNeil-Miller, 336.397.5501.

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GRANT
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Collaborating Where Health Happens

BY JANE ISAACS LOWE, PH.D.

Team Director and Senior Program Officer, Vulnerable Populations Portfolio, Robert Wood Johnson Foundation

At the Robert Wood Johnson Foundation (RWJF), our mission is to improve health and health care for all Americans. But improving health for the most vulnerable requires acknowledging that factors such as poverty, violence, inadequate housing, and education contribute to poor health. No one knows this better than the grantmakers and nonprofit organizations working within the heart of their own communities. The field of philanthropy has embarked on many local collaborative efforts surrounding these issues.

Following is the story of Local Funding Partnerships (LFP), a national program of RWJF. For two decades, most of that under the inspired leadership of Pauline Seitz, LFP has achieved collaboration among multiple funders to support ambitious community-driven initiatives. These projects address some of our most daunting health problems by providing matching grants to local nonprofits so that innovative solutions can take root in communities across America.

Twenty years of being part of community collaborations has helped us reinforce our strategy to reach out and address the barriers that stand in the way of good health, and open up new pathways for improving the health of America's most vulnerable.

This article will describe how the original concept of partnerships between local funders and a national foundation has evolved in a way that continues to support local innovation and advance strategy.

BUILDING COLLABORATION AND PARTNERSHIPS

In 1987 former RWJF staff member and trailblazer Terry Keenan recognized the need for a model of grantmaking that originated with local funders invested in their own communities. His field experience helped shape a responsive program built on the understanding that change to improve health at the local level must be led by funders and organizations within the community for it to be both pertinent and lasting. He developed LFP as a way to identify innovative local programs and provide technical guidance, training, and metrics to root these programs in their communities with the goal of develop-

ing sustainable projects. Keenan's model was built on the importance of partnerships, learning, and continuous feedback from the communities in which the program worked.

The field of philanthropy – particularly at the local level – has changed dramatically since the inception of this program, both in terms of its structures and its interests. While the initial funding partners were mostly established independent and family foundations, the openness of LFP's funding partnership model readily accommodated the growth of conversion foundations, community foundations, and donor advised funds, and accommodated an increasing trend away from direct charity and toward lasting solutions.

EVOLVING WITH CHANGING COMMUNITY NEEDS

The constancy of LFP comes not only from evolving to accommodate new kinds of funders, but also from drawing funding priorities from the issues brought forth by local funders and organizations. The program areas funded by LFP have changed on an ongoing basis for 20 years. Each annual application cycle is a microcosm of how community interests and needs influence the priorities of local grantmakers. For 20 years, LFP has isolated and identified trends within the sector, working hand-in-hand with communities to advance efforts that address the most pressing issues of the day and help them fund the innovative solutions they identify. While the grantee mix is different every year, it is always creative, cross sector, and system changing with strong partner engagement.

In the program's early years, local funders and LFP supported grants that manifested the program's commitment to innovative thinking, supporting AIDS programming, efforts focused on addressing the needs of high-risk youth, and

Change to improve health at the local level must be led by funders and organizations within the community for it to be both pertinent and lasting.

bolstering safety net programs in community health centers. Examples of early awards include the Village Nursing Home, the first full-service case management and daycare program for people with AIDS in New York City. This project

was funded in 1988 in partnership with The New York Community Trust and the United Hospital Fund and is now a well-accepted best practice. Another example is Voices of Love and Freedom, a K-12 multicultural literature curriculum that addressed drug use, violence, diversity, and character development. This was funded in 1994 with matching grants from The Boston Foundation, The Bank of Boston, and the Hyams Foundation. Over time this program grew from a single neighborhood to national replication in 14 states. By the end of the 1990s, clusters of LFP grants emerged that integrated mental health and primary care, found new and

To date, LFP has awarded \$116 million in matching grants and funded 312 projects in partnership with more than 1,200 community foundations, corporate grantmakers, and local funding partners.

effective ways to expand access to oral health, and established communitywide models to promote healthy behaviors. For example, the Bridge program in New York's Chinatown, nominated by the Pfizer Foundation, colocated a bilingual mental health team in a primary care clinic to provide vulnerable Asian Americans with counseling for depression, and behavioral health training for primary care providers.

By 2001 violence emerged as a crosscutting issue in funders' LFP nominations. CeaseFire, nominated by The John D. and Catherine T. MacArthur Foundation and joined by funding partners, including the Michael Reese Health Trust, The Chicago Community Trust, The Field Foundation of Illinois, and the Smart Family Foundation, began as a strategic effort to reduce gun violence in Chicago. Today, CeaseFire is a nationally replicated program that is successfully reducing street violence.

To date, LFP has awarded \$116 million in matching grants and funded 312 projects in partnership with more than 1,200 community foundations, corporate grantmakers, and local funding partners. These vital collaborations – both complex and practical – are changing the way we think about health.

LFP TODAY

LFP is currently housed within the RWJF Vulnerable Populations portfolio, which discovers new pathways to health by recognizing the critical relationship between our health and where we live, work, learn, and play. LFP brings this philosophy to the community level, leveraging the power of partnerships to address local health needs by confronting the obvious connection between social factors and health outcomes.

While LFP grantees differ in their pathways to improving health, we have come to realize that all of the projects have historically shared three distinctive characteristics: they go to where health happens in **Common Places** across America's small towns and big cities; on street corners and town squares; in homes, schools, and prisons. In these common

places, LFP recognizes that social factors have an enormous impact on health, and LFP connects tailored solutions to each community's health challenges. LFP funding partners rally around **Common Causes**, leveraging local resources to find common solutions. They are distinguished by forging **Uncommon Connections** across multiple sectors to connect those who have complementary interests in education, employment, and housing with broader community health issues.

LFP has recently been reauthorized for \$27 million over the next three years. With foundation endowments and giving to nonprofits shrinking during these economic times and the burden on service providers increasing exponentially, LFP, and partnerships in general, can be a source of matching funds to drive new solutions. LFP's annual grantmaking program is administered by a yearly call for

proposals that is open to innovative new projects regarding a wide range of community concerns. This program forges relationships between RWJF and local grantmakers to fund promising, original projects that can significantly improve the health of vulnerable people in their communities. This program awards matching grants of \$200,000 to \$500,000.

As LFP continues to change with the needs brought forth by local funders, we have a new opportunity to partner with community-based diversity-focused funds that are specifically defined by race, ethnicity, tribe, gender, sexual identity, or frontier location. In response, RWJF has developed a new LFP special solicitation that will provide matching grants of \$50,000 to \$200,000 to accommodate smaller scale projects in these communities and in partnership with these funds. The first of these special solicitations will focus on promoting safe community environments and reducing exposure to community violence and will be awarded in 2009.

As the momentum of the program advances in the 21st century, we will continue to forge uncommon connections and evolve to develop new models of philanthropy to address the changing shape and scope of the sector. LFP will always be a work in progress, with an ear to the ground for new pathways to address community health needs, optimizing existing programs to best tackle the changing landscape that relies on local funders as our guides. Because as much as the program evolves, the bedrock principle that innovation comes from the funders who work at community level has not and will never change.

To learn more about LFP, visit the program's Web site at www.localfundingpartnerships.org.

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.