

CREATING CHANGE WHILE Meeting Immediate Needs

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

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

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

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

OPPORTUNITIES FOR GRANTMAKERS

There are many ways that grantmakers can respond to unmet needs in the communities they serve while also working to build better and more accessible systems that provide high quality care to all. Approaches include looking for untapped efficiencies in service systems, using grant funds to complement broader systems transformation efforts, serving as a test site for innovation, creating service infrastructure in unserved commu-

nities or for underserved populations, building the capacity of emerging organizations, increasing the cultural competency of service systems, and building integrated systems of care.

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

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

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

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

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

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

Not all grantmakers are in a position to fund the capital costs of a new clinic, but they can still play a role in building infrastructure by funding the equipment needed to provide high-quality care to underserved populations. The Missouri Foundation for Health has taken on this role, supporting the purchase of an X-ray machine and ultrasound equipment for a clinic serving a low-income population in St. Louis, and

pocket computers to help staff maintain accurate and timely information on adults and children with serious mental illness served by a network of clinics spread across several counties.

- **Building the capacity of emerging organizations** – Organizations started by and for members of high-need populations are often the most knowledgeable about people's needs, but sometimes lack the track record and infrastructure to obtain public funding to support their services. The Alliance Healthcare Foundation in California has provided several grants in recent years to build the capacity of organizations like this. In one example, the foundation provided support to a maternal and child health organization serving primarily Latina women so that it could expand, evaluate, and market its services and programs. The organization now has a contract with a county-based managed care organization to provide services to pregnant women enrolled in California's public coverage programs, providing the organization with ongoing funding for some of its services.
- **Increasing the cultural competency of service systems** – One reason for persistent health disparities is that providers are often ill-equipped to serve populations that differ from them in culture, attitudes, educational attainment, or socioeconomic background. In Massachusetts, Harvard Pilgrim Health Care Foundation's Institute for Linguistic and Cultural Skills is working to eliminate cultural barriers to care by providing training to nurses, behavior health providers, physicians, nurse practitioners, and physicians' assistants. The courses examine, among other things, the influence of culturally based beliefs, values, and attitudes on provider-patient interactions; use of a patient-centered approach to information gathering; and the integration of cultural information into treatment planning.
- **Building integrated systems of care** – Integrating service delivery, either by having multiple services available from one provider or by co-locating services and providers, can dramatically improve access to needed services. This is particularly true for populations that may have difficulty navigating fragmented or complex systems, such as people with mental illness, the homeless, and individuals with low English proficiency. Currently, many grantmakers, including The John D. and Catherine T. MacArthur Foundation and The John A. Hartford Foundation are supporting efforts to integrate treatment for depression into primary care. This not only facilitates the provision of care to people who might not seek it from specialty mental health providers, but also helps address the shortage of mental health providers in many areas of the country.

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