



*Helping grantmakers*

*improve the nation's health*



Dear Colleague:

Each year at this time, the board and staff of Grantmakers In Health (GIH) pause to reflect on our activities and accomplishments of the past year. In 2006, we continued to expand options for funders to learn about critical health issues and the work of their colleagues through both written products and open conversation. In meetings and audioconferences throughout the year, grantmakers took on issues such as improving access to care, strengthening public health systems, reversing the obesity epidemic, implementation of the Medicare prescription drug benefit, and fostering health care quality improvement. They also discussed strategic issues related to communications and public policy, foundation operations and governance, and the challenges of improving community health and inspiring community action.

This annual report looks back on 2006, briefly summarizing the highlights of the year and key facts about the organization's operations and governance. All products mentioned are available on the GIH Web site ([www.gih.org](http://www.gih.org)). Our ability to support grantmakers in their work depends on the ongoing commitment of our Funding Partners and the participation of foundation staff and trustees from around the country. Working together, we have created a resource for the field, and we hope you will take full advantage of what we have to offer.

Sincerely,

Lauren LeRoy, Ph.D.  
President and CEO

## 2006

## ACTIVITIES AND PUBLICATIONS

## MEETINGS AND EVENTS

Each year GIH brings foundation staff and trustees from across the nation together at our three major national meetings and several smaller, more focused events. These meetings serve important educational objectives and give grantmakers the opportunity to connect with colleagues.

***From the Ground Up: Improving Community Health, Inspiring Community Action. Annual Meeting on Health Philanthropy. February 22-24, 2006. Phoenix, Arizona.***

Health outcomes are influenced by many factors including genetics, behavior, use of health care services, and the circumstances under which we live and work. While the pathways by which these factors exert their influence on health status are complex, they are all linked to the fabric of community. The 2006 Annual Meeting on Health Philanthropy focused on the critical role that grantmakers play in creating and sustaining the conditions for health improvement from the ground up. Keynote speakers included Paul Farmer, founder of Partners In Health; Ralph Smith, vice president of The Annie E. Casey Foundation; Gary Yates, president and CEO of The California Wellness Foundation; and former secretary of the U.S. Department of Health and Human Services, Louis Sullivan.

***Assessment to Action: A Community Needs Assessment Preconference. Preconference session to the Annual Meeting on Health Philanthropy. February 22, 2006. Phoenix, Arizona.***

This session provided participants with an overview of the state of the art in foundation approaches to assessing community health needs. The session featured the tools, resources, and lessons learned to assess community needs and inform more effective grantmaking. It featured a range of techniques, including use of existing data; conducting surveys; and holding key informant interviews, focus groups, and community meetings. By

participating in a combination of group discussions and smaller roundtables focused on attendees' specific needs, grantmakers were able to take home ideas and tools to help inform the planning and programs their foundations undertake to serve their respective communities.

***Investing in Leadership: Strategies for Strengthening Foundations and Grantees. Preconference session to the Annual Meeting on Health Philanthropy. February 22, 2006. Phoenix, Arizona.***

The importance of leadership in affecting change cannot be overlooked. But what is the state of leadership in our foundations and among our grantees? Where should we be investing our time and resources to support leadership development? This preconference session examined these issues and concentrated on succession planning and leadership transitions, the role of the nominating committee in setting a direction for a health foundation, and building the capacity of grantee organizations by investing in individuals. Small breakout discussions, including one especially for health foundation trustees, were used.

***Striking Up Public Conversation: Innovative Strategies for Community Engagement. Preconference session to the Annual Meeting on Health Philanthropy. February 22, 2006. Phoenix, Arizona.***

Health funders' role as catalysts for dialogue, conveners of discussion, and creators of consensus on health issues is becoming ever more important. Foundations and corporate giving programs have unparalleled opportunities to facilitate public dialogue and engagement to address complex issues. Funders can solicit fresh approaches and new ideas by bringing a wide range of community voices together in facilitated conversation. A range of techniques can be used to engage communities in outlining goals and values for our health care system and in developing solutions and policy recommendations. This preconference session presented innovative approaches to community engagement, giving participants a practical understanding of several techniques, helping participants understand

how to select the right method to engage their communities and plan discrete steps to lead participants to action and ongoing involvement, and described strategies funders are using to engage, educate, and empower communities.

***Building Organizational Strength by Improving Business Capacity.* Special preconference workshop at the Annual Meeting on Health Philanthropy. February 22, 2006. Phoenix, Arizona.**

While helping build the capacity of grantees has taken hold as a grantmaking strategy in health philanthropy, some efforts are falling short of expectations. As grantmakers work to increase technical and management capacities at nonprofit organizations, many grantees are still unable to develop alternative income sources or diversify their revenue streams. This workshop focused on how the Comprehensive Health Education Foundation, with funding from Robert Wood Johnson Foundation, is working with 10 grantees to increase their ability to reach mission and financial bottom lines by developing strong business plans and thinking through new opportunities to diversify their revenue base. In a highly interactive format, participants had opportunities to think critically and strategically about whether encouraging social entrepreneurship could improve the long-term sustainability of health organizations and, if so, what would be the best way to encourage these efforts.

***Building a State-of-the-Art Health Care System for Vulnerable Populations.* Preconference session to the Council on Foundations Annual Meeting. May 6, 2006. Pittsburgh, Pennsylvania.**

Health care providers are under increasing pressure to improve the clinical, administrative and financial outcomes of community-based primary care services. The Pittsburgh area is an incubator for cutting-edge support networks and business models developed with and by collaborations of public and private funders to improve the delivery of primary care services. This session explored how funders working together can help existing safety net providers strengthen their capacity to serve vulnerable populations, even in the face of resource constraints.

***On the Front Lines of Public Health.* A special GIH meeting at the Centers for Disease Control and Prevention. May 18-19, 2006. Atlanta, Georgia.**

This meeting convened grantmakers and public health leaders for in-depth discussions of the public health issues facing the nation today, as well as an exploration of how

the Center for Disease Control and Prevention (CDC) can be a resource for health grantmakers as they seek to improve the public's health. The two-day meeting was held at the CDC's new Global Communications Center in Atlanta, Georgia. Participants heard from leading CDC and other public health experts on key public health issues and learned how to use the CDC as a resource. There were also opportunities to tour the CDC's state-of-the-art facilities and laboratories to see how the agency is addressing the most pressing public health threats facing the nation and the world. The program included a special site visit to the National Center for Environmental Health, which strives to promote health and quality of life by preventing or controlling those diseases or deaths that result from interactions between people and their environment.

***The Art & Science of Health Grantmaking.* A special program of the GIH Support Center for Health Foundations. October 2-3, 2006. Los Angeles, California.**

This annual two-day, two-track program focused on key operational issues affecting health grantmakers and provided hands-on training for both staff and trustees who are new to philanthropy and for more experienced grantmakers. *Art & Science* offered basic and advanced sessions on governance, finance and investments, grantmaking, communications, and evaluation. The basic track was a primer on health grantmaking, focusing on fundamental principles and practices of foundation operations in an interactive presentation format. The advanced track featured in-depth discussions on the strategic and philosophical issues facing more mature foundations and seasoned professionals.

***The Intersection of Health Policy and Philanthropy.* Fall Forum. November 2-3, 2006. Washington, DC.**

This annual program focuses on the intersection of health policy and health philanthropy and digs into issues in depth, while still preserving opportunities to learn from and network with other funders, federal agency representatives, and the broader health policy community. The program was structured to offer two day-long Issue Dialogues (described below), bridged by a plenary session with the Washington DC health policy community and breakfast roundtables with federal agencies.

***Communicating for Health Policy Change.* A GIH Issue Dialogue. November 2, 2006. Washington, DC.** Winning hearts and minds is critical to getting any sort

of policy change. But what does it take to develop a message, share it with key audiences, and move the debate forward? This program brought together health grantmakers interested in health policy work with some of the nation's top communications experts for a full day of discussion on effective strategies and techniques. This was an opportunity to get insight on how to structure future work and to get feedback from peers and experts on work already in progress. Topics covered in small group discussions included:

- message development, specifically connecting messages to messengers, and fine-tuning messages for different audiences;
- developing an organizational strategy for policy communications that is integrated with other grantmaking;
- mounting a communications campaign on a small budget;
- building grantee capacity in policy communications, including assessment of readiness, audits, and training; and
- evaluating communications work related to public policy.

***Reversing the Obesity Epidemic: Policy Strategies for Health Funders. A GIH Issue Dialogue. November 3, 2006. Washington, DC.***

This program brought together funders, policymakers, and advocates to discuss promising efforts being made across the country to implement policies that promote healthy eating and active living. The discussion considered tactics to support successful policy advocacy and implementation; how barriers to change are identified and overcome; what obesity prevention policies are considered highest priority; and how funders can evaluate the impact of such policy changes. Also considered were policy areas in need of further development, and how funders are forging multisectoral coalitions to promote comprehensive approaches.

## AUDIOCONFERENCES

Periodic audioconferences give health foundation staff the opportunity to come together frequently throughout the year to address timely health topics and funding strategies. These series were officially launched in 2003, with a separate series on public policy, patient safety and quality, and overweight and obesity. In 2004, two more series were added: one on access and one on health

disparities. Since then, audioconferences have become a major instrument for bringing pertinent information to grantmakers on an ongoing basis. Scheduled calls allow them to brainstorm and learn about issues of mutual interest. Calls are open to GIH Funding Partners and generally include presentations by experts and leaders in health philanthropy, followed by in-depth discussion among the 10 to 60 participants. Summaries of the discussions are posted on the GIH Web site. Audioconferences held during 2006 include:

### ACCESS

***Improving Access Statewide: Lessons from Maryland. April 4, 2006.***

In January 2006, the Maryland General Assembly made history by passing the Fair Share Act, which will require employers with more than 10,000 workers in the state to spend at least 8 percent of their payroll on employee health care or to pay into a fund for the uninsured. The Maryland Citizens' Health Initiative played a major role in the genesis, development, and passage of the Fair Share Act, and continues to pursue the broader goal of guaranteeing the people of Maryland access to quality, affordable health care. During this audioconference, Vincent DeMarco of the Maryland Citizens' Health Initiative discussed the health reform movement underway in Maryland, giving an overview of the initiative's work and his reflections on how this work can be replicated in other states and how it fits into the national debate on health care.

***Massachusetts Health Care Reform: Lessons for Funders. May 30, 2006.***

A new law in Massachusetts aims to expand health care coverage to nearly all of the state's uninsured residents. This audioconference focused on the legislation, the story behind its development, the challenges and opportunities that now face the state and lessons for funders supporting similar reform efforts across the country.

***New Requirements for Citizenship Documentation in Medicaid. July 18, 2006.***

As of July 1, 2006, U.S. residents applying for or renewing their Medicaid coverage are required to provide documentation of their citizenship and identity. On this audioconference, Julia Paradise of The Henry J. Kaiser Family Foundation and Rachel Klein of Families USA discussed this new federal requirement and its implications for Medicaid beneficiaries and the states.

***Correctional Health Care and the Challenges of Prisoner Reentry.* November 17, 2006.**

The delivery of health care to inmates and ex-offenders presents a unique opportunity to reach an at-risk, medically needy population. On this audioconference, funders discussed how health services provided in local jails and correctional centers can be connected to the community health care system, and the role of supportive housing in improving ex-offenders' access to health care and reintegrating them into communities.

***Community Health Worker Programs.* December 5, 2006. Joint call with Disparities series.**

Community health worker (CHW) programs provide a critical link between underserved communities and the health care and social service systems that are intended to serve them. On this audioconference, funders discussed elements of successful CHW programs and challenges facing the field, including the lack of stable funding, opportunities for training and certification, and the need to institutionalize and integrate CHW programs into existing health systems.

## AGING

***New Challenges and Opportunities in Medicare.* June 21, 2006.**

GIH collaborated with the National Council on Aging and Grantmakers In Aging on a one-hour Webinar for grantmakers on the new Medicare drug benefit. The Webinar featured discussions on the challenges of implementing the drug benefit, as well as the latest developments on the policies and regulations governing the program. Participants had the opportunity to ask questions and exchange ideas and information on strategies to help beneficiaries receive the coverage they need.

## DISPARITIES

***AHRQ Reports on Health Care Disparities and Quality.* February 15, 2006.**

During this audioconference, Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality, discussed the agency's annual reports on health care quality and disparities. The *2005 National Healthcare Quality Report* and *2005 National Healthcare Disparities Report* indicate that there are pervasive disparities related to race, ethnicity, and socioeconomic status in the American health care system, but that improvement is possible.

***Ensuring Immigrant Health.* May 16, 2006.**

Nearly 35 million immigrants live in the United States, contributing to both the economy and the diversity of the nation. They face several barriers to their health and well-being, including lack of health insurance, cultural adjustment and changing family dynamics, and cultural and linguistic barriers to health care. This audioconference highlighted three philanthropic efforts to address immigrant health.

***Community Health Worker Programs.* December 5, 2006. Joint call with Access series. (See above.)**

## OVERWEIGHT AND OBESITY

***Food Marketing for Children: Threat or Opportunity? A Briefing on the IOM Report.* February 9, 2006.**

A recent Institute of Medicine (IOM) report highlights the strong evidence that marketing of foods and beverages to children influences their preferences, requests, purchases, and diets. Health funders face the challenge of counteracting the deluge of advertisements directed to children. This audioconference provided an opportunity to learn about the main findings and recommendations of the IOM report, Dr. Michael McGinnis, chairman of the committee that produced the report, was the featured speaker.

***Pathways to Community Health.* August 9, 2006.**

Several health funders are investing in the creation and maintenance of walking and biking trails as a strategy to improve the health of communities through increased physical activity. These efforts address the underlying causes of inactivity and create more opportunities for activity. This call featured efforts that funders are supporting to create programs and environments that facilitate and encourage active living. It also highlighted the key findings and lessons learned from a Grants Results Special Report that examined 25 projects funded by Robert Wood Johnson Foundation.

***Briefing on the Alliance for a Healthier Generation.* June 9, 2006.**

Faced with the critical issue of childhood obesity, the American Heart Association and the William J. Clinton Foundation formed the Alliance for a Healthier Generation. The Alliance has set ambitious goals: to stop the increasing prevalence of childhood obesity in the United States by 2010 and reduce the prevalence of childhood obesity by 10 percent by 2015. This call offered an opportunity to hear about the Alliance's four-pillar approach to reaching this goal.

## PUBLIC POLICY

### ***Making Investment in Early Care and Education a Public Policy Priority. January 25, 2006.***

The George Gund Foundation is funding the Center for Community Solutions to develop and advance a state budget agenda focused on care and education of Ohio's youngest children. The goal of this ambitious and creative campaign is to make increased state investments in early care and education a priority in the 2006 gubernatorial campaign and in the state 2008-2009 biennial budget and beyond. During this audioconference, Marcia Egbert from The George Gund Foundation and Lori McClung from the Center for Community Solutions described the research and advocacy activities already underway.

### ***Community Organizing to Serve Universal Health Care. March 30, 2006.***

This audioconference featured the work of the Universal Health Care Foundation of Connecticut, which has launched a major community organizing initiative as part of its efforts to secure passage of a concrete proposal for universal health care in the state.

### ***Renewal for Health Advocates: A Role for Health Funders. June 26, 2006.***

This audioconference keyed off a recent article in the journal *Health Affairs* in which staff from The California Wellness Foundation (TCWF) shared evaluation findings of grants to support an annual two-day retreat for California health advocates. Staff from Missouri Foundation for Health presented how they had adapted this model to their state.

### ***Consumers Health Advocacy: A View from the States. October 17, 2006.***

How active are consumers in the health policy process? What factors contribute to the success of consumer advocates in some states? What will it take to overcome barriers to development of consumer advocacy in others? This audioconference focused on a new study of consumer advocacy in 16 states conducted by Community Catalyst with funding from W.K. Kellogg Foundation.

## PUBLICATIONS

GIH publications are intended to keep health grantmakers up to date on current issues and the state of the field, including both quick reads for busy professionals and in-

depth reports. These are distributed to GIH Funding Partners and thought leaders in health policy and practice, and made available to others on our Web site.

## GIH BULLETIN

Each year, GIH publishes 22 issues of the *Bulletin*, distributing them to GIH Funding Partners and others with an interest in health philanthropy, such as leaders in health policy, research, and service delivery. Each issue gives readers up-to-date information on new grants, publications and studies, job opportunities, and people in the field of health philanthropy. In addition, each issue contains one or more of the following articles:

### ► Views from the Field

These commentaries provide a forum for health grantmakers to share their perspectives and relate their experiences from working on a variety of health issues. Some report on successful models, while others raise strategic questions or offer new ways of thinking about complex issues:

- Rachel Pohl, Jane's Trust and Jessie B. Cox Charitable Trust. *Northern New England LEADS Institute: A Regional Strategy to Ensure Quality Care and Quality Jobs.* April 17, 2006.
- Mary Shannon-Ryan, Funders Concerned About AIDS. *The Fight Against AIDS: Concrete Action Steps for Health Funders.* July 24, 2006.

### ► Issue Focus

These shorter pieces give readers concise overviews of current health issues of special importance to funders. They focus on strategies and opportunities available to grantmakers to help address pressing health needs. Issues addressed this past year were:

- *Foundations and the Media: Working Together to Get Out Health Messages.* January 9, 2006.
- *Innovation in the Prevention and Treatment of Diabetes.* February 6, 2006.
- *Confronting Chronic Homelessness: Health Funders Consider New Solutions.* March 6, 2006.
- *Implementing the Medicare Prescription Drug Benefit.* April 3, 2006.
- *On the Front Lines of Public Health.* May 1, 2006.
- *Supporting Local Efforts to Improve Health Care Access.* June 5, 2006.

- *Behind the Smile: How Funders Can Improve Oral Health.* August 14, 2006.
- *Adolescence to Adulthood: Crossing the Threshold.* November 6, 2006.
- *Pathways to Community Health: Funders Supporting Biking and Walking Trails to Promote Physical Activity.* November 27, 2006.

### ► Grantmaker Focus

Throughout the year, GIH helps grantmakers showcase their work through snapshots of their organizations. The following organizations were featured in 2006:

- *Blue Shield of California Foundation.* March 20, 2006.
- *Metro Health Foundation.* May 15, 2006.
- *The Colorado Health Foundation.* June 19, 2006.
- *Foundation for a Healthy Kentucky.* July 10, 2006.
- *Virginia Health Care Foundation.* September 4, 2006.
- *United Methodist Health Ministry Fund.* September 18, 2006.
- *Washington Dental Service Foundation.* October 16, 2006.
- *Saint Luke's Foundation of Cleveland, Ohio.* December 18, 2006.

### ISSUE BRIEFS

Weaving together background research with practical insights, Issue Briefs examine health issues of interest to grantmakers and share advice from experts and colleagues on how to address them. Each Issue Brief is based on a GIH Issue Dialogue and combines the essence of the meeting's presentations and discussion with GIH's research and analysis on the topic.

***More Coverage, Better Care: Improving Children's Access to Health Services.* Issue Brief No. 25. February 2006.**

Children's access to health care has been a longstanding policy issue, with strong bipartisan support for expanding insurance coverage and redesigning the health care delivery system in ways that benefit young people. Despite enormous progress made over the past two

decades, however, millions of children remain unable to obtain needed health services. This Issue Brief covers how the current health care system succeeds and fails for children, emerging policy developments, what grantmakers are currently doing to promote children's access to health services, and lessons learned to help guide future work.

***The Path to Policy Change: Practical Steps and Lessons for Health Funders.* Issue Brief No. 26. February 2006.**

As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, on November 3, 2005, GIH convened nearly 80 grantmakers and a diverse group of individuals with expertise in different types of public policy work to discuss the challenges and opportunities for health funders interested in fostering systemic change. This Issue Brief offers lessons learned about how to approach public policy work generally as well as those related to advocacy, communications, community organizing, data development and analysis, and evaluation.

### PUBLICATIONS FROM GIH MEETINGS

For each meeting GIH holds, we strive to create lasting resources that provide valuable information and analysis, and address important issues. All of the materials GIH produces for its meetings are also made accessible to the public via our Web site.

- ***From the Ground Up: Improving Community Health, Inspiring Community Action, Annual Meeting Portfolio.* February 2006.**
- ***From the Ground Up: Improving Community Health, Inspiring Community Action, Annual Meeting Speeches Report.* June 2006.**
- ***On the Front Lines of Public Health. Resource Book.* May 2006.**
- ***The Art & Science of Health Grantmaking. Resource Book.* September 2006.**

### INSIDE STORIES

In 2006, GIH launched a new publication series, *Inside Stories*, which uses narrative to create conversation around difficult issues facing the field and to build an honest learning community to help each of us improve our work. This quarterly series presents the back story of cross-cutting issues affecting health philanthropy and of projects that are challenging, innovative, and

adaptable to other environments.

***What to Expect When You're Expecting to Improve Community Health. Summer 2006.***

This issue recounts what the Sierra Health Foundation and its partners learned about measuring health outcomes in communities over a ten-year period.

***Counting in Connecticut: Arming Advocates to Protect Health. Fall 2006.***

This issue of *Inside Stories* shows how the Connecticut Health Foundation provided a Medicaid coalition with the hard numbers that helped sway a statehouse.

**OTHER PUBLICATIONS**

LeRoy, Lauren, Margaret Heldring, and Elise Desjardins, "Foundations' Roles In Transforming The Mental Health Care System," *Health Affairs* 25 (4): 1168-1171, July/August 2006.

***GIH Funding Partner Directory. September 2006.***

The directory is a comprehensive list of all of GIH's Funding Partners. It includes contact information for each Funding Partner as well as a list of key staff contacts and information on assets, tax status, geographic focus, and health priorities.

***Improving Health Care Access. Grantmakers Share Their Experiences. October 2006.***

This report is a collection of profiles that tells the stories of how health funders across the country are working to improve access to health care. These profiles capture the priorities, funding strategies, accomplishments, and challenges of a cross section of grantmakers, giving readers a place to look for insights that they can adapt to their own circumstances.



# 2006

## INDEPENDENT AUDITOR'S REPORT

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### INDEPENDENT AUDITORS' REPORT

Board of Directors  
Grantmakers In Health  
Washington, D.C.

We have audited the accompanying statements of financial position of Grantmakers In Health as of December 31, 2006 and 2005, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Grantmakers In Health as of December 31, 2006 and 2005, and the results of its activities and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Sarfino and Rhoades LLP*

February 2, 2007

# STATEMENTS OF FINANCIAL POSITION

	<u>DECEMBER 31, 2006</u>	<u>DECEMBER 31, 2005</u>
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash and cash equivalents (Notes 1 and 7)	\$ 435,421	\$ 1,022,061
Pledges receivable, current portion (Note 2)	401,467	404,004
Prepaid expenses and other	6,197	5,940
<u>TOTAL CURRENT ASSETS</u>	<u>\$ 843,085</u>	<u>\$ 1,432,005</u>
OTHER ASSETS:		
Investments (Notes 1 and 3)	\$ 2,305,741	\$ 2,094,559
Deposit	15,155	15,155
Pledges receivable (Note 2)	533,420	-
<u>TOTAL OTHER ASSETS</u>	<u>\$ 2,854,316</u>	<u>\$ 2,109,714</u>
<u>PROPERTY AND EQUIPMENT (Notes 1 and 4)</u>	<u>\$ 93,028</u>	<u>\$ 95,206</u>
<b><u>TOTAL ASSETS</u></b>	<b><u>\$ 3,790,429</u></b>	<b><u>\$ 3,636,925</u></b>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 77,596	\$ 45,588
Deferred lease obligation (Note 5)	54,320	49,713
Deferred revenue - annual meeting (Note 1)	117,136	60,150
<u>TOTAL CURRENT LIABILITIES</u>	<u>\$ 249,052</u>	<u>\$ 155,451</u>
COMMITMENTS (Note 5)		
NET ASSETS (Notes 1 and 6):		
Unrestricted:		
Undesignated	\$ (581)	\$ 356,732
Board designated	2,412,689	2,116,113
<u>Subtotal</u>	<u>\$ 2,412,108</u>	<u>\$ 2,472,845</u>
Temporarily restricted	1,129,269	1,008,629
<u>TOTAL NET ASSETS</u>	<u>\$ 3,541,377</u>	<u>\$ 3,481,474</u>
<b><u>TOTAL LIABILITIES AND NET ASSETS</u></b>	<b><u>\$ 3,790,429</u></b>	<b><u>\$ 3,636,925</u></b>

*The accompany notes are an integral part of these financial statements.*

# STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED DECEMBER 31,

	2006			2005		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>SUPPORT AND REVENUE:</b>						
Grants and contributions (Notes 1, 2 and 9)	\$ 1,130,303	\$ 1,371,192	\$ 2,501,495	\$ 1,121,435	\$ 502,250	\$ 1,623,685
Investment income	119,780	---	119,780	103,068	---	103,068
Net realized and unrealized gain on investments	176,796	---	176,796	94,324	---	94,324
Registration fees and other	513,301	---	513,301	377,335	---	377,335
Net assets released from restrictions	1,250,552	(1,250,552)	---	1,302,348	(1,302,348)	---
<b>TOTAL SUPPORT AND REVENUES</b>	<b>\$ 3,190,732</b>	<b>\$ 120,640</b>	<b>\$ 3,311,372</b>	<b>\$ 2,998,510</b>	<b>\$ (800,098)</b>	<b>\$ 2,198,412</b>
<b>EXPENSES:</b>						
Programs	\$ 2,687,332	\$ ---	\$ 2,687,332	\$ 2,295,322	\$ ---	\$ 2,295,322
General and administrative	443,042	---	443,042	399,355	---	399,355
Fund raising	121,095	---	121,095	108,451	---	108,451
<b>TOTAL EXPENSES</b>	<b>\$ 3,251,469</b>	<b>\$ ---</b>	<b>\$ 3,251,469</b>	<b>\$ 2,803,128</b>	<b>\$ ---</b>	<b>\$ 2,803,128</b>
<b>CHANGES IN NET ASSETS</b>	<b>\$ (60,737)</b>	<b>\$ 120,640</b>	<b>\$ 59,903</b>	<b>\$ 195,382</b>	<b>\$ (800,098)</b>	<b>\$ (604,716)</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>2,472,845</b>	<b>1,008,629</b>	<b>3,481,474</b>	<b>2,277,463</b>	<b>1,808,727</b>	<b>4,086,190</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$2,412,108</b>	<b>\$1,129,269</b>	<b>\$3,541,377</b>	<b>\$2,472,845</b>	<b>\$1,008,629</b>	<b>\$3,481,474</b>

The accompany notes are an integral part of these financial statements.

# STATEMENTS OF CASH FLOWS

	FOR THE YEARS ENDED DECEMBER 31,	
	2006	2005
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Cash received from contributors and registrants	\$ 2,540,899	\$ 2,829,562
Cash paid to suppliers and employees	(3,168,238)	(2,713,576)
Interest and dividends received	119,780	103,068
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>\$ (507,559)</b>	<b>\$ 219,054</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Proceeds from sale of investments	\$ 2,175,111	\$ 480,741
Purchases of investments	(2,209,497)	(555,127)
Purchases of property and equipment	(44,695)	(14,698)
<b>NET CASH USED IN INVESTING ACTIVITIES</b>	<b>\$ (79,081)</b>	<b>\$ (89,084)</b>
<b>NET CHANGE IN CASH</b>	<b>\$ (586,640)</b>	<b>\$ 129,970</b>
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>1,022,061</b>	<b>892,091</b>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 435,421</b>	<b>\$ 1,022,061</b>
<b>RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 59,903	\$ (604,716)
Reconciliation adjustments:		
Depreciation and amortization	46,873	49,192
Net realized and unrealized gains on investments	(176,796)	(94,324)
Changes in assets and liabilities:		
Pledges receivable	(530,883)	828,542
Prepaid expenses and other	(257)	4,486
Accounts payable and accrued expenses	32,008	9,084
Deferred lease obligation	4,607	8,397
Deferred revenue – annual meeting	56,986	18,393
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>\$ (507,559)</b>	<b>\$ 219,054</b>

The accompany notes are an integral part of these financial statements.

# NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2006 and 2005

## Note 1. Organization and Summary of Significant Accounting Policies

**Organization** – Grantmakers In Health (the Organization) is an educational organization serving trustees and staff of foundations and corporate giving programs. Its mission is to help grantmakers improve the nation's health by building philanthropic knowledge, skills, and effectiveness and by fostering communication and collaboration among grantmakers and with others. The Organization accomplishes its mission through a variety of activities, to include technical assistance and consultation, convening, publishing, education and training, conducting studies of the field, and brokering professional relationships.

**Basis of Presentation** – The financial statements of the Organization have been prepared on the accrual basis of accounting. Revenues and expenses are recognized and recorded when earned or incurred. The financial statements reflect unrestricted, temporarily restricted, and permanently restricted net assets and activities. Net assets of the two restricted classes are created only by donor-imposed restrictions on their use. All other net assets, including board-designated or appropriated amounts, are reported as part of the unrestricted class. As of December 31, 2006 and 2005, the Organization had no permanently restricted net assets.

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

**Use of Estimates** – Preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Investments** – Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair market value in the statements of financial position. The investment in GAM

Avalon Fund Lancelot, LLC (GAM), which was owned by GIH's former investment advisor, UBS Financial Services, Inc., was valued by the management of GAM based on the underlying assets held by GAM. In 2006 the GAM fund was sold.

The net realized and unrealized gains and losses on investments are reflected in the statements of activities.

**Cash and Cash Equivalents** – For purposes of the statements of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents..

**Property and Equipment** – Property and equipment are recorded at cost. Depreciation and amortization are provided over estimated useful lives between 3 and 10 years using the straight-line method.

The cost and accumulated depreciation of property sold or retired is removed from the related asset and accumulated depreciation accounts, and any resulting gain or loss is recorded in the statements of activities. Maintenance and repairs are included as expenses when incurred.

**Deferred Revenue** – Revenue received but not earned is classified as deferred revenue on the statements of financial position.

**Income Taxes** – The Organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization did not have any unrelated business income for December 31, 2006 and 2005.

**Expense Allocation** – The costs of providing various programs have been summarized on a functional basis in the Statements of Activities. Accordingly, certain costs have been allocated among programs and supporting services.

**Note 2. Pledges Receivable** – Pledges receivable represent promises to give which have been made by donors but have not yet been received by the Organization. Pledges which will not be received in the subsequent year have been discounted using an estimated rate of return which could be earned if such contributions had been made in the current year. The Organization considers pledges receivable fully collectible; accordingly, no allowance for uncollectible pledges has been provided.

Due to the nature of these pledges, significant increases and decreases in net assets may occur. These significant fluctuations can arise as contributions are recognized as support in the fiscal period in which they are pledged, but the expenses incurred with such contributions occur in a different fiscal period. During 2006, the Organization collected \$368,384 of pledges which had been recognized as support in 2005.

In addition, \$912,887 of pledges recognized as support in 2006 are expected to be collected in 2007 and beyond.

Total unconditional promises to give were as follows at December 31, 2006 and 2005:

	2006	2005
Receivable in less than one year	\$ 401,467	\$ 404,004
Receivable in one to five years:		
Total long-term pledges receivable	\$ 600,000	\$ --
Less, discount to net present value	66,580	--
Net long-term pledges receivable	\$ 533,420	\$ --
<b>Total pledges receivable</b>	<b>\$ 934,887</b>	<b>\$ 404,004</b>

**Note 3. Investments** – Investments consist of mutual funds. Aggregate cost and values of investments as of December 31, 2006 and 2005 are summarized as follows:

	2006	2005
<b>MARKET VALUE:</b>		
Brandywine Fund	\$ 268,863	\$ --
Nuveen NWQ Multi-Cap Value Fund - Class A	267,247	--
Allianz NFJ Dividend Value Fund - Class A	250,058	--
Hartford Capital Appreciation Fund - Class A	248,568	--
American Funds Growth Fund - Class F	241,987	--
Loomis Sayles Bond Fund Instl Class	186,572	--
Metropolitan West Total Return Bond Fund	184,959	--
Pimco All Asset Fund - Class A	174,944	--
Federated Market Opportunity Fund - Class A	174,618	--

Alliance Bernstein International Value Fund - Class A	\$ 170,522	\$ --
American Funds Euro Pacific Growth Fund - Class A	137,403	248,599
American Funds Growth Fund - Class A	--	559,591
MFS Value Fund	--	513,126
Touchstone Emerging Growth Fund - Class A	--	207,740
Gateway Fund	--	147,156
GAM Avalon Funds Lancelot, LLC	--	143,335
Evergreen Core Bond Fund - Class A	--	141,972
T. Rowe Price Short Term Bond Fund	--	133,040
<b>Total</b>	<b>\$ 2,305,741</b>	<b>\$ 2,094,559</b>
<b>Aggregate cost</b>	<b>\$ 2,186,723</b>	<b>\$ 1,742,697</b>

**Note 4. Property and Equipment** – Components of property and equipment include the following as of December 31, 2006 and 2005:

	2006	2005
Furniture, equipment and capitalized software costs	\$ 338,936	\$ 322,639
Leasehold improvements	19,173	19,173
Total property and equipment	\$ 358,109	\$ 341,812
Less, accumulated depreciation and amortization	265,081	246,606
<b>Net property and equipment</b>	<b>\$ 93,028</b>	<b>\$ 95,206</b>

Depreciation and amortization expense for the years ended December 31, 2006 and 2005 amounted to \$46,873 and \$49,192, respectively.

**Note 5. Commitments** – The Organization entered into a ten-year lease for office space in December 2002. Total rent expense under the office lease for the years ended December 31, 2006 and 2005 was \$209,725 and \$206,818, respectively. The defined future rental increases in the lease are amortized on a straight-line basis in accordance with U.S. generally accepted accounting principles. This gives rise to a deferred lease obligation, which is also amortized over the term of the lease.

The Organization leases office equipment under

operating leases. The future minimum payments are as follows:

Year ended December 31,	Office		Total
	Office Lease	Equipment Leases	
2007	\$ 201,499	\$ 29,508	\$ 231,007
2008	205,529	29,508	235,037
2009	209,640	29,508	239,148
2010	213,833	23,754	237,587
2011	218,109	12,937	231,046
Thereafter	203,593	--	203,593
<b>Total</b>	<b>\$1,252,203</b>	<b>\$ 125,215</b>	<b>\$1,377,418</b>

The Organization has entered into certain agreements with hotels relating to the annual conferences in fiscal years 2007 and 2008. Such agreements generally contain provisions which obligate the Organization to book a minimum number of room nights and to spend certain minimums on food and beverages. Should these minimums not be achieved, the agreements obligate the Organization to pay certain specified amounts.

**Note 6. Net Assets** – Temporarily restricted net assets were as follows at December 31, 2006 and 2005:

	2006	2005
Resource Center	\$ 704,717	\$ 233,334
Endowment Access Project	272,251	--
Future Issue Dialogues/Meetings	80,334	73,880
Pledges Receivable – Operations	33,500	185,180
Intersection between Grantmakers and Policymakers	30,000	30,000
Annual Meeting	5,000	12,500
GIH/MCHB Partnership	3,467	6,240
Support Center	--	218,750
RWJF/WKKF Access Collaborative	--	160,535
Health Grantmakers Access Project	--	88,210
<b>Total</b>	<b>\$ 1,129,269</b>	<b>\$ 1,008,629</b>

Board designated funds consisted of the following at December 31, 2006 and 2005:

	2006	2005
General:		
Balance, beginning of year	\$ 1,941,113	\$ 1,743,721
Net investment income	296,576	197,392
Balance, end of year	\$ 2,237,689	\$ 1,941,113
Future Program Development	175,000	175,000
<b>Total</b>	<b>\$2,412,689</b>	<b>\$2,116,113</b>

**Note 7. Concentration of Credit Risk** – Financial instruments which potentially subject the Organization to concentrations of credit risk include cash deposits with a commercial bank and a brokerage firm. The Organization's cash management policies limit its exposure to concentrations of credit risk by maintaining a primary cash account at a financial institution whose deposits are insured by the Federal Deposit Insurance Corporation (FDIC). However, cash in excess of \$100,000 per institution is generally not covered by the FDIC.

**Note 8. Retirement Plan** – The Organization maintains a non-contributory defined contribution pension plan, qualified under Internal Revenue Code 403(b), for the benefit of its eligible employees. Under the plan, each eligible employee receives a contribution to their account in the amount of fifteen percent (15%) of compensation. Contributions to the plan for the years ended December 31, 2006 and 2005 were \$118,924 and \$94,748, respectively.

**Note 9. Government Grants** – The Organization was awarded a grant by the Department of Health and Human Services to be used for various health related programs. The grant totals \$200,000 for the respective periods May 1, 2006 through April 30, 2007 and May 1, 2005 through April 30, 2006. Revenue is recognized when the funds are spent. Revenue recognized from the grant for the years ended December 31, 2006 and 2005 was \$162,542 and \$159,075 respectively.



2006

## FUNDING PARTNERS

GIH relies on the support of Funding Partners – foundations and corporate giving programs that annually contribute to core and program support – to develop programs and activities that serve health philanthropy. Their support, supplemented by fees for meetings, publications, and special projects, is vital to our work in addressing the needs of grantmakers who turn to us for educational programming, information, and technical assistance throughout the year.

Aetna Foundation, Inc.	Blue Cross and Blue Shield of Minnesota Foundation
AHC Community Health Foundation	Blue Cross Blue Shield of Massachusetts Foundation
The Ahmanson Foundation	Blue Cross Blue Shield of Michigan Foundation
Alegent Health Community Benefit Trust	Blue Cross Blue Shield of North Carolina Foundation
Alliance Healthcare Foundation	The Blue Foundation for a Healthy Florida, Inc.
Altman Foundation	Blue Shield of California Foundation
American Legacy Foundation	The Boston Foundation
Amgen Foundation	The Bower Foundation
Anthem Blue Cross and Blue Shield Foundation	Brandywine Health & Wellness Foundation
Archstone Foundation	The Brentwood Foundation
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The Atlantic Philanthropies, Inc.	Burroughs Wellcome Fund
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Baptist Community Ministries	The California Endowment
The Baxter International Foundation	California HealthCare Foundation
Claude Worthington Benedum Foundation	The California Wellness Foundation
The Russell Berrie Foundation	Campbell Hoffman Foundation
BHHS Legacy Foundation	Cape Fear Memorial Foundation
The Bingham Program	Cardinal Health Foundation
Birmingham Foundation	CareFirst BlueCross BlueShield
Mary Black Foundation	Caring for Colorado Foundation
The Jacob and Hilda Blaustein Foundation	Carlisle Area Health & Wellness Foundation
The Blowitz-Ridgeway Foundation	The Annie E. Casey Foundation
Blue Cross & Blue Shield of Rhode Island	CDC Foundation

The Centene Foundation for Quality Healthcare  
 Centra Health Foundation  
 CESC Kids Foundation  
 Chestnut Hill Health Care Foundation  
 The Chicago Community Trust  
 Children's Fund of Connecticut  
 CIGNA Foundation  
 The Cleveland Foundation  
 The Colorado Health Foundation  
 The Colorado Trust  
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 The Commonwealth Fund  
 Community Foundation for Southeastern Michigan  
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 The Dorothy Rider Pool Health Care Trust  
 Portsmouth General Hospital Foundation  
 Pottstown Area Health & Wellness Foundation  
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 The REACH Healthcare Foundation  
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## 2006

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