

Helping grantmakers

improve the nation's health

GIH
BULLETIN

NOVEMBER 7, 2005

NEW GRANTS &
PROGRAMS

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- **The Baxter International Foundation (Deerfield, IL)** made grants to 24 organizations in nine countries totaling nearly \$1.3 million to support initiatives that improve global access to quality and cost-effective health care. Among the domestic awards are: **Tri-City Health Center (Alameda County, CA)** – \$82,000 to conduct outreach and develop a dental treatment program for elementary schools in low-income Alameda County communities; and **Camden Eye Center (NJ)** – \$25,000 to support *Project H.O.P.E. (Homeless Outreach Program Enrichment)*, which deploys a mobile vision clinic, staffed with a doctor, clerk, and driver, to the *Project H.O.P.E.* clinic four times per month, enabling patients to receive comprehensive eye and follow-up exams and corrective glasses as needed. Contact: Amy Cynkar, 847.940.5166.
 - **Blue Shield of California Foundation (San Francisco)** awarded more than \$16 million in grants to 301 nonprofit organizations throughout California. Among the grantees are: **Children's Health Initiative of Greater Los Angeles** – \$5 million toward its goal of providing free or low-cost medical, dental, and vision care to more than 80,000 low-income children in Los Angeles County over the next three years; **Health Technology Center (San Francisco)** – \$1 million to support a statewide initiative to improve the quality and efficiency of health care through information technology; **Public Health**

Institute (Oakland) – \$115,000 to improve access and enrollment in a range of health and social service programs and to help community-based organizations increase their technology capacity; and **Latino Coalition for a Healthy California (Sacramento)** – \$100,000 to bring together community service organizations and civic groups to increase their knowledge, skills, and participation in the health policymaking arena. Contact: Patrice Smith, 415.229.6366.

- **California HealthCare Foundation (Oakland)** announced intended funding to help develop concrete approaches that improve the affordability of health care. Through Phase I of its *In Search of Affordability* initiative, the foundation will award up to 10 one-year grants, ranging from \$25,000 to \$75,000, for planning and development of initiatives that reduce rising health care costs in the short term. The goal of these projects will be to achieve net cost savings for the overall health system, as opposed to shifting costs from one part of the health care sector to another. The foundation anticipates offering further support for implementation of selected projects within California in a subsequent phase of this initiative. For additional information, visit www.chcf.org.
- **The Colorado Trust (Denver)** funded 14 nonprofit organizations and educational institutions across the state who will work toward ushering in improvements in one or more of the following areas: equality in treatment in medical services, equal access to care, equal environmental conditions, and healthy behaviors among racial and

GIHNEWS

► TWO NEW ISSUE BRIEFS

Two new reports from GIH look at issues affecting children exposed to trauma and challenges of serving the nation's burgeoning population of immigrants.

In Harm's Way: Aiding Children Exposed to Trauma focuses on the needs of children exposed to trauma, strategies for early identification and intervention, and ensuring the provision of timely and appropriate services to them and their care-givers.

For the Benefit of All: Ensuring Immigrant Health and Well-Being explores the unique health, social, and policy issues that affect immigrant populations. It looks at attitudes toward immigration and how these influence support for social programs and the provision of public benefits; it highlights philanthropic activities to improve health care access and coverage for immigrants and their families; and discusses how grantmakers are working to ensure the health and well-being of immigrants in their communities.

ethnic minorities. Awards were made under the trust's *Equality in Health Initiative*, a \$13 million grantmaking initiative that seeks to reduce racial and ethnic health disparities in Colorado. All grantees will receive funding averaging \$60,000 annually for five years. Among the grantees are: **Children's Hospital and Piton Foundation (Denver)**, which will provide a cultural competency training program for pediatricians throughout Colorado who are expanding their practices to include services for Medicaid and CHP+ patients; **Clayton Family Futures (Denver)**, which will hire a family liaison specialist to develop and coordinate the delivery of culturally relevant mental health services for children and families served by Clayton *Early Head Start* and *Head Start* programs; and **Summit County Care Clinic**, which aims to increase accessibility to health care services to the growing immigrant community in Summit County. Contact: Christie McElhinney, 303.539.3147, christie@coloradotrust.org.

- **The Health Care Foundation of Greater Kansas City (MO)** awarded approximately \$2.4 million to promote healthy lifestyles of children and youth through grants to 32 organizations. Grantee programs will benefit children and youth living in Cass, Jackson, and Lafayette counties, as well as Kansas City in Missouri; and Johnson and Wyandotte counties in Kansas. Among the grantees are: **The Missouri Coalition for Primary Health Care** and the **Kansas City Chronic Disease Coalition** – \$160,700 to provide support for curricula and training to three urban school districts to replicate the *Pick 6* community wellness model and to help establish wellness policies in each school district; **American Academy of Family Physicians Foundation** – \$118,800 to implement an expanded *Tar Wars* project that is directed at increasing the number of minority presenters who will talk about the dangers of tobacco to an estimated 1,000 classrooms with students from diverse backgrounds; **Cornerstones of Care** – \$74,150 to develop a curriculum for severely emotionally disturbed/behavior disordered youth of different ethnic

groups on how to incorporate healthy eating and physical activity into their everyday routines; and **Healthy Families Counseling & Support** – \$36,000 to provide intensive home-visiting services designed to increase access to preventive health care, increase healthy child development, and improve family functioning of first-time, low-income parents of children from birth to age three. Contact: Steve Roling, 816.241.7006, sroling@healthcare4kc.org.

- **Healthcare Georgia Foundation (Atlanta)** has announced intended funding through its *Childhood Physical Activity and Nutrition Grant Program*. The purpose of the program is to address childhood overweight and physical inactivity by supporting school and community-based programs seeking to increase physical activity and improve nutrition among Georgia's school-aged children. The program's primary objectives are: to promote the development of effective intervention strategies that increase physical activity and improve nutrition among school-aged children and youth; to support programs addressing childhood physical activity and nutrition among population groups effected by health disparities; and to support new or existing community coalitions and partnerships that bolster and sustain comprehensive, integrated, and communitywide strategies. For more information on this program, visit www.healthcaregeorgia.org/RFP_CPA-NGP.doc.
- **Osteopathic Heritage Foundations (Columbus, OH)** announced funding of up to \$1.2 million to the **Columbus Public Schools (CPS)** to begin developing and implementing *Healthy & Fit in School and Beyond*. This initiative is a communitywide effort spearheaded by the foundation to address the findings from its 2002 *Franklin County Health Assessment*, which indicate that 30 percent of Columbus children are overweight. This initial one-year funding partnership is designed to improve nutrition and physical activity and provide targeted health services for students, their families, and school staff. Its longer-term plans include improving the nutritional quality of foods and

beverages available in schools and at school-related activities; increasing opportunities for frequent and more intense physical activity during and after school; and establishing pilot programs for staffing and teaching about wellness, healthful eating, and physical activity. The foundation will engage **Ohio University's Institute for Local Government and Rural Development (Athens)** to provide an external evaluation of the program's effectiveness. Contact: Rick Vincent, 614.737.4370.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (Rockville, MD) has awarded 25 cooperative agreements totaling \$184.5 million over six years to provide comprehensive community mental health services for children and youth with serious emotional disturbances and their families. The grants will be used to establish a full array of mental health and support services organized into a coordinated network in order to meet the unique clinical and functional needs of each child and family. The awards are for up to \$1 million in the first year and are renewable for up to six years. The total funding for 2005 is \$23.5 million. Among the grantees are: **State of Arkansas** – \$1 million for the first year for its *ACTION for Kids* project to develop an integrated, community-based system of care to provide comprehensive services for children with serious emotional disorders who live in some of the state's poorest Mississippi River Delta counties; **Child and Adolescent Mental Health Division (Honolulu, HI)** – \$954,568 for the first year to support *Project Ho'omohala* (meaning evolving toward maturity) in the development of a system of care to meet transitional needs of youth 18 to 21 with emotional and behavioral challenges in the Kalihi-Palama community; and **Blackfeet Tribe (Browning, MT)** – \$1 million for the first year to support the *Po'ka Project's Blackfeet Children System of Care* in its efforts to develop a reservationwide children's mental health system with the objectives of implementing the system of care philosophy at the local tribal level and to identify, plan for, and facilitate a process for enabling

GRANT MAKER FOCUS

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HEALTH

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VHA Health Foundation Inc.

220 East Las Colinas Boulevard, Irving, TX 75039
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E-mail: ldewolf@vha.com Web site: www.vhahf.org

In 1998, VHA, Inc., a national health care provider alliance of more than 2,200 nonprofit health care organizations, established the VHA Health Foundation. This public charity was created to promote leadership and support innovations that demonstrate new and better approaches to solving problems and addressing health and health care needs. The foundation is committed to improving the health of individuals and communities nationally by addressing key health and health care issues through the promotion and diffusion of new and effective models for service delivery.

Program Information: Recognizing that those closest to the problems often have the best solutions, the VHA Health Foundation challenges health care providers across the country to submit innovative programs for funding consideration. The foundation targets funding and support to programs that focus on new approaches with the potential to create broad impact and systemic change. The foundation also generates synergies that bring added value and enhanced outcomes, as well as projects that diffuse knowledge and best practices. Eligible programs must be ready to launch, refine, or expand. The foundation brings grantees and other innovators together using a variety of tools to foster learning. In addition, the VHA Health Foundation makes the most of its extensive local and national relationships to diffuse its findings nationwide.

► Financial Information:

Total Assets: \$5.85 million (FY 2004)
Amount Dedicated to Health Grants: \$1.2 million (FY 2004)

► Representative Health Grants:

- **Innovation Learning Network** – Through this grant to Kaiser Foundation Hospitals, Inc., the foundation supports Kaiser Permanente's testing of integration strategies for new technologies and their impact on workflow. The grant will be used to create a national learning network of health care organizations currently engaged in innovation to identify successful strategies and explore ways to most effectively diffuse innovation (\$250,000 for 15 months).
- **Midland Memorial Hospital (TX) for Private Sector Deployment of OpenVist A** – A foundation grant awarded to the Midland Memorial Hospital in Texas supports the implementation of a fully integrated electronic health record using the Freedom of Information Act release of the Veterans Administration's VistA information system, known as OpenVistA. This project will evaluate the effects on patient

safety, quality of care, organizational efficiency, and return on investment as a result of the Open VistA implementation (\$250,000 for 15 months).

- **The Center for Medical Education - Innovation (CME+I™)** – This grant funds an outcomes measurement initiative. The **OhioHealth Foundation/Riverside Methodist Hospital (Columbus, OH)** will use funding to measure the impact of hospital simulation on clinical knowledge, skill development, and professional development for CME+I™ – trained physicians, nurses, and health care professionals (\$250,000 for 15 months).
- **University of Chicago Hospitals (IL) for the Medical Accident Data Collection and Analysis Service** – The foundation is providing support for the hospitals' Cognitive Technologies Laboratory's Medical Accident Data Collection and Analysis Service (MEDCAS) Center to implement a national pilot program to validate methods and procedures used to investigate, analyze, and report adverse health care events. MEDCAS will also provide a best practice model for creating a safe reporting environment (\$250,000 for 15 months).

Most Pressing Health Issue: *"Innovation is increasingly recognized as a core competency across all business sectors. Health care is no exception. Uncovering innovative solutions to serious issues, such as patient safety, is critical. An integral role of health care philanthropy, now and in the future, is to support and diffuse innovations that can lead to better health and health care. The Institute of Medicine reports that it takes an average of 17 years for an innovation to take hold in the health care industry. We can't afford to wait that long! As grantmakers, we must be willing to experiment, take risks, and provide much needed support to those pioneering the way. Our individual and collective healthy futures depend upon our vision and action."*

LINDA DEWOLF
President



children with serious emotional disturbance and their families to access services that meet their needs. Contact: 240.276.2130.

- **United Methodist Health Ministry Fund (Hutchinson, KS)** awarded grants totaling more than \$860,000 for projects to improve the health of Kansans. Among the grantees are: **Salina Family Health Care Center** – \$51,765 to assist in the startup of its new dental clinic, which will provide dental services to *Heartland Programs*, the local *Head Start* program; **Kansas Association for the Medically Underserved (Topeka)** – \$163,248 to augment a new state program intended to expand access to low-cost pharmaceuticals at primary care safety net clinics; and **Center for Health & Wellness (Wichita)** – \$30,000 to continue its *Prescription for Prevention* program, which provides health education and exercise classes to patients as part of a prescription from health care providers at the clinic. Contact: Virginia Elliott, 620.662.8586.

SURVEYS, STUDIES & PUBLICATIONS

The **Casey Family Foundation (Seattle, WA)** has released a report that outlines the probable effects of proposed changes to Medicaid on the health and well-being of the nation's 800,000 children and youth who are part of the foster care system each year. *Protecting Children in Foster Care* reviews various proposals, including those from the Bush Administration, the **Medicaid Commission (Washington, DC)**, the **National Governors Association (Washington DC)**, and the **National Conference of State Legislatures (Washington, DC)**. The report indicates that some of these proposals have the potential for serious consequences, including service reductions, limitations in the availability of extended coverage to youth who are departing foster care, loss of service integration, and greater cost shifting to states. The report also provides recommendations for Congress concerning Medicaid reform, such as

building on current legislation to guarantee continued Medicaid coverage for adolescents leaving foster care in order to ensure access to continuing and comprehensive treatment and protect the shared mission of Medicaid and child welfare services by adequately funding case management and rehabilitative services. The report also suggests reforms aimed at raising the quality of care received by children in foster care by clarifying the full range of allowable collaborative activities between Medicaid and child welfare agencies. In addition to the report, the foundation has developed two related documents: a fact sheet that summarizes the report's key observations and recommendations to Congress and a publication with profiles of young adults formerly in foster care that provides stories of four youth who accessed Medicaid while they were in care. The full report is available at the foundation's Web site, www.casey.org. Contact: Megan Barrett, 206.216.4183, media@casey.org.

- **The Commonwealth Fund (New York, NY)** released an issue brief that summarizes *Limited Take-Up of Health Coverage Tax Credits and the Design of Future Tax Credits for the Uninsured*, a research report, funded by The Commonwealth Fund, that looks at the use of the Trade Act of 2002's federal tax credits that subsidize health coverage for certain early retirees and workers displaced by international trade. According to the report, which was compiled by the **Economic and Social Research Institute (Washington, DC)**, approximately 22 percent of eligible individuals received credits during September 2004, the most recent month for which there are data about all forms of Trade Act credits. The authors find that health insurance tax credits are more likely to reach their target populations if such credits: limit premium costs for the low-income uninsured and do not require full premium payments while applications are pending; provide access to coverage that beneficiaries value, including care for preexisting conditions; are combined with outreach that uses easily understandable, multilingual materials and proactive enrollment efforts; and feature a simple application process

involving one form filed with one agency. The complete report includes full sources, in-depth analysis, and appendices that explain key details of program operation and is available on-line at www.esresearch.org/documents_1-05/HCTC_TakeUp.pdf. Contact: Mary Mahon, 212.606.3853, mm@cmwf.org.

- **Aetna (Hartford, CT)**, the **Financial Planning Association (Denver, CO)**, and **Women's Policy, Inc. (Washington, DC)** funded a survey concerning planning for retirement benefits. Findings indicate that most Americans are underestimating health care expenditures and do not plan adequately for their retirement years, giving more attention to their financial situation than to health benefits. According to the results, 52 percent of respondents anticipated spending less than \$300 per month on health-related expenses. However, the report states that retirees, on average, spend more than twice that amount, about \$640 per month. The survey also measured respondents' attitudes about preplanning for retirement health benefits and found that more than one-third (36 percent) claim to have spent more time on home improvements than on retirement planning in the last year. The survey polled more than 1,000 adults, between the ages of 45 and 75. For more information, visit www.planforyourhealth.com. Contact: Fred Laberge, 860.273.3655.

AWARDS

The **Institute of Medicine (Washington, DC)** presented its *Gustav O. Lienhard Award* to **Robert H. Brook, M.D.**, vice president, corporate fellow, and director of the health program at **RAND Corp.** Dr. Brook is also professor of medicine and public health at the **Center for the Health Sciences at the University of California, Los Angeles** and director of the university's *Robert Wood Johnson Clinical Scholars Program*. The award honors Dr. Brook for his dedication and commitment to improving the effectiveness of health care services and shaping

Addressing Health Disparities by Engaging Institutions

MARGUERITE M. JOHNSON

Vice President for Programs, W.K. Kellogg Foundation

Few issues cry out for remediation louder than the issue of racial and ethnic disparities in health. The magnitude of these disparities is so great that it has been called the “civil rights issue of the day” – an issue that public health has an obligation to address and remedy (Roach 2003). Schools and programs of public health can and should be a centerpiece in efforts to mobilize communities that can effectively combat racial and ethnic health disparities. When fully engaged, academic public health institutions are primed to provide the leadership necessary to make a difference.

Health is comprised of such a complex set of variables that it is impossible for any one institution alone to adequately address the needs of the public. Therefore, in order to address these disparities, the W.K. Kellogg Foundation is encouraging and supporting schools of public health to take on the armor of true engagement and forge partnerships within their communities in the hopes of understanding and addressing racial and ethnic health disparities’ root causes.

In February 2005, the foundation launched a major effort to engage schools of public health on this critical issue, bringing together grantmakers, community leaders, and faculty and recent graduates of schools and programs of public health to begin an open and honest dialogue on how to engage institutions in the work of closing the very real gaps embodied in health disparities. The forum, *Racial and Ethnic Health Disparities: Schools of Public Health Respond as Engaged Institutions* – one of six seminars the foundation sponsored to celebrate its 75th anniversary, drew 163 participants.

THE ENGAGED INSTITUTION

The Kellogg Foundation has long championed the concept of “engaged institutions.” Engaged institutions are those (such as universities and hospitals) that invest in lasting relationships with communities and are viewed by those communities as key partners in building a healthy environment. Relationships between these institutions and their communities create the opportunity to influence, shape, and promote the success of both partners. They are characterized by the sharing of wisdom, power, and accountability, and the investment of each

Engaged Institutions invest in lasting relationships with communities. These relationships influence, shape, and promote the success of both the institution and the community.

stakeholder in the other’s welfare. Engaged institutions reflect these commitments in all aspects of their operations from training to research to service to mission.

The idea of engagement is not a new one. Over its history, the foundation’s work has shown that engaged institutions can be successful in creating sustainable change in the populations that they serve. Through scores of funding initiatives and the development of the model of an engaged institution, the foundation has continually demonstrated its commitment to involving all stakeholders in a community in creating change and promoting social justice.

CHARACTERISTICS OF EFFECTIVE ENGAGEMENT

Engagement is a give and take process. Two-way exchanges of information between all community stakeholders are necessary to the achievement of even modest gains in health status. All partners and stakeholders must work together to reach cooperative goals and outcomes, and provide insight and understanding that might not be available in a top-down or authoritarian relationship. Everyone must have a shared sense of urgency for action, and a shared vision of what is possible. Full and true engagement in an issue as deep-seeded as racial and ethnic disparities in health does not happen overnight. It must be nurtured and sustained.

Together with communities, engaged institutions must:

- See their present and future well-being as inextricably linked, with their engagement based on mutual interest and mutual gain.

- Collaboratively plan and design mutually beneficial programs and outcomes, engaging in an intentional process to build a shared vision, design a plan for implementation, hold each other accountable, and determine ways in which all will benefit.
- Engage in reciprocal learning where the community and institution exchange knowledge and wisdom.
- Respect the history, culture, knowledge, and wisdom of the other, recognizing that both are rich repositories of wisdom and experiences, and working together to develop opportunities to gain mutual understanding and trust.
- Create structures that promote open communication and equity with one another, developing mechanisms for effective listening and learning, and allowing both to pay attention to the impact each has on the other's ability to thrive.
- Have high expectations for their performance and involvement with each other. The higher education institution must consider promoting the vitality of its neighborhood and community an essential part of its mission. Community organizations and residents must believe that they have a responsibility to engage with the institution in pursuit of a strong community.
- Value and promote diversity and its role in enhancing learning experiences and social interactions.
- Regularly conduct a joint assessment of their partnership and report results, opening themselves to a shared, formal examination of their progress, and demonstrating a willingness to deal with contentious issues.

ELIMINATING RACIAL AND ETHNIC HEALTH DISPARITIES THROUGH ENGAGEMENT

The W.K. Kellogg Foundation is looking to the nation's schools and programs of public health to impart the mission of engagement through training, practice, and research, in order to enable students to merge the concern about physical health status with social justice.

The foundation's seminar provided an opportunity to create a shared vision and offered these characteristics of engagement as a roadmap for changes in practice at schools and programs of public health, outlining the conditions of partnership with other community stakeholders and enabling them to employ strategies that recognize the importance of multiple determinants of health in addressing public health issues. The curriculum and expectations for students can be integrated with the mission of engagement, including for those studying health policy and management, international health, epidemiology, child and family health, and environmental health. Adopting these characteristics should create the institutional capacity to engage communities, a process from which the foundation hopes all stakeholders emerge stronger and with a shared vision. In this process, schools and programs of public health may have to make major changes in their own ideas and practices in order to empower communities to help solve problems, create an infrastructure for organized responses, and increase resiliency in the face of future challenges.

The seminar put a spotlight on the process by which community members will become empowered and engaged to tell the public health community what their priority health concerns are, the leverage points for addressing them, and the impacts that they feel most affect their health. Stakeholders, including community members, in an engaged community would have a responsibility to use this information to design interventions and obtain funding directed toward the community-identified issues.

GRANTS THAT SUPPORT ENGAGED INSTITUTIONS

The foundation is also expressing its commitment to addressing disparities through its grantmaking. The foundation has made two major grants to support academic public health efforts to join with communities towards eliminating racial and ethnic health disparities, and to continue the momentum begun at the seminar.

- **Association of Schools of Public Health** – Funding supports the organization's activities geared toward eliminating racial and ethnic disparities by engaging academic leadership (deans and directors) in public health in continued dialogue and action. Leaders are encouraged and equipped to achieve specific goals and benchmarks to reduce these disparities (\$199,999 over 2 years).
- **Community Campus Partnerships for Health** – This technical assistance grant focuses on activities that build the capacity of schools and programs in public health, as well as community partners, to engage in authentic partnerships with the ultimate goal of eliminating racial and ethnic health disparities (\$199,998 over 2 years).

Since the foundation began this specific work in engaged institutions, much has been accomplished. The W.K. Kellogg Foundation will continue to encourage and support engaged institutions on the issues of health and social justice. The foundation also encourages its colleagues – other grantmakers in health – to continue to create a community of engaged institutions and communities, partnered together to make a difference for the people we all hope to serve.

SOURCES

Roach, Ronald, "History's Burden: After decades of neglect, an academic research agenda is being built around health disparities," *Black Issues in Higher Education*, May 8, 2003.

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 Anne Schwartz, GIH's vice president, at 202.452.8331 or aschwartz@gih.org.

the discourse on health care policy. Dr. Brook is credited with being the foremost contributor in developing the science of measuring the quality of medical care. He established the scientific basis for determining whether medical and surgical procedures are being used appropriately and has led teams that have developed quality measures used today by government agencies, physicians, and others to determine the benefits of new health care technologies and the effectiveness of changes in health policy. His work has significantly contributed to focusing U.S. policymakers' attention on quality-of-care issues and their implications for the nation's health. The award includes a medal and a \$25,000 cash prize. Contact: Michelle Strikowsky, 202.334.2138; news@nas.edu.

ON-LINE

The Association of State and Territorial Health Officers

(ASTHO) (Washington, DC) has added a new segment to its Web site that features initiatives and research focused on increasing the evidence base supporting public health interventions. The section is entitled *Evidence-Based Public Health* and contains fact sheets summarizing recommendations of the **Task Force on Community Preventive Services**. This portion of the Web site includes an array of topics, such as diabetes, oral health, physical activity, social environment, and violence. ASTHO will continue to add evidence-based public health resources as information and resources become available. The Web site section is intended to assist policymakers in utilizing current best evidence to make informed decisions about public health programs and interventions that promote health and prevent disease, injury, and disability. To visit this section of the site, go to www.astho.org/?template=evidence_based_ph_practice.html. Contact: Paula Steib, 202.371.9090, ext. 1638, psteib@astho.org.

■ The Centers for Disease Control and Prevention's National Center

for Health Statistics (NCHS) (Atlanta, GA) recently launched *Health Data for All Ages*, which is a composite of several other NCHS Web sites with interactive, on-line data tables covering a variety of issues. Among the topics included on the new site are: pregnancy and birth, health care access and use, health conditions and risk factors, and selected *Healthy People 2010* objectives. The site provides data on people of all ages, and will include all of the data tables previously available through NCHS' *Healthy Women Web* site, which has been deactivated. In addition, new tables have been added to this site that present national and regional data; many of these also are relevant to women's health. For more information, visit the site at www.cdc.gov/nchs/health_data_for_all_ages.htm. Contact: Kate Brett, PhD, 301.458.4113, KBrett@cdc.gov.

OTHER NEWS

■ **The Community Health Foundation of Western and Central New York (Buffalo)** has selected 19 organizations to form nine local teams that will participate in the foundation's *Quality Improvement Collaborative (QIC)*. The collaborative's goal is to achieve measurable improvements in health outcomes for frail elders. The initiative brings together local care providers from across western and central New York to work on specific quality improvement projects that will have an immediate effect on the care of frail elders. At the end of the program, findings will be shared with all members of the QIC to maximize information exchange and learning about best practices. Joanne Lynn, M.D., director of the Palliative Care Policy Center, will lead the effort. The year-long program will offer three learning sessions that will provide teams with the opportunity to study and assess national best practices, review case studies, and share what they have learned. Between the learning sessions, participants will implement the strategies they learned and measure results. Contact: Julie Marranca,

716.856.2932, ext. 238,
julie.marranca@crowley.webb.com.

MEETINGS

■ **Nemours Health & Prevention Services (Wilmington, DE)** is sponsoring *Planting Seeds for Better Health: The First Annual Nemours Conference on Child Health Promotion* to be held December 8-9, 2005, in Wilmington, Delaware. The conference targets professionals in all facets of the health and health care arenas and will provide presentations by leaders in public health, as well as program and policy matters who will discuss the latest promising practices, programs, and science in the field. Among the plenary speakers are **J. Michael McGinnis, M.D.**, assistant surgeon general and deputy assistant secretary for health throughout the Carter, Reagan, Bush and Clinton administrations; as well as **Craig Ramey, Ph.D.**, and **Sharon Ramey, Ph.D.**, directors of the **Center for Health and Education at Georgetown University**. Breakout sessions will present a variety of topics, including *Community-wide Approaches to Promote Healthy Eating and Physical Activity*, *Child Health Disparities*, and *Social Determinants of Child Health*. For more information and to register for the conference, visit www.nemours.org/nhpsconf. Contact: Linda Gardner, 302.444.9100, lgardner@nemours.org.

POSITION AVAILABLE

The following organization is seeking applicants for the position listed:

■ The Robert Wood Johnson Foundation (Princeton, NJ)

• **Program Officer for the Nursing Team** – Will take responsibility for developing, implementing, and managing foundation initiatives to improve the health of all Americans. Primary responsibilities will include

working with team members to design and implement new initiatives, evaluate proposals, and monitor programs and grants. Specific duties include: working with other program professionals, administrative staff, the senior vice president, grantees, consultants, evaluators, and other funders to plan, develop, and respond to requests for funding; attend meetings, conduct site visits, and review grantee submissions as part of overall responsibility for developing and managing existing grants; and contribute to and participate in the internal committees of the foundation and carry out other responsibilities assigned by the nursing team leader and executive staff. Qualifications include completion of an advanced degree, such as M.S.N., M.P.H., or M.B.A. and three to five years of relevant experience.

Candidates must also have experience in nursing, quality improvement, policy, and workforce development; registered nurses are preferred. Strong written and verbal communication skills are essential to success in this position, as is the ability to synthesize material and focus quickly on the essence of an issue and see the big picture. Candidates must be able to travel for site visits and to represent the foundation at outside meetings. Interested applicants should send a resume including salary history/expectations, and interest letter via e-mail to the contact listed. Please indicate that you are applying for the Nursing Team Program Officer position.

Contact: Human Resources Center
E-mail: ResumePO@rwjf.org

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