

# GRANTS

## Health Insurance

**Economic and Social Research Institute (ESRI), Washington, DC.** Under the Trade Act of 2002 certain uninsured Americans “qualify for fully refundable [federal income] tax credits that pay for 65 percent” of their health insurance premiums, the Commonwealth Fund said. Congress is considering making improvements to the tax credit program. ESRI researchers, directed by Stan Dorn, will assess the program’s second year by profiling states’ experiences and tracking “data on enrollment, accessibility, and affordability.” ESRI plans to write issue briefs and a report “focusing on policy options.”

*Up to \$99,846 over one year. Funded by the Commonwealth Fund.*

**Georgetown University, Washington, DC.** Directed by Karen Pollitz, researchers at Georgetown’s Health Policy Institute will study how sixteen states have been using \$30 million in federal matching grants to help fund state high-risk insurance pools for people with high health care expenses. The funds were made available to states under the Trade Act of 2002; legislation was introduced in both houses of Congress in 2004 to expand the program. In August 2004 Pollitz told *Health Affairs* that she thinks there is “a likelihood of reauthorization passing.” In this Commonwealth Fund-supported project, the researchers first are identifying how state risk pools used funds awarded in December 2003. They will find out, for example, if funding has been used “to reduce insurers’...contributions to the pool,” Commonwealth materials said. States could also be using the federal funds to reduce or subsidize “pool premiums for enrollees...or otherwise improve services” for them, Pollitz said. The project will also compare the adequacy, affordability, and accessibility of risk-pool coverage using a benchmark plan, Commonwealth said. The benchmark being used to assess quality is a popular plan offered by the Federal Employees Health Benefits Program

(FEHBP). To collect data, the grantee will interview directors and board members of state high-risk pools and look over related public documents. The researchers will write a report detailing their results that Commonwealth is expected to release in December 2004.

*Up to \$85,601 over six months. Funded by the Commonwealth Fund.*

**Health Law Advocates (HLA), Boston, MA.** This planning grant goes to HLA’s Divorce Judgment and Health Insurance Project, which aims “to identify and eliminate barriers to maintaining health insurance after separation and divorce,” according to its Web site. Barriers include “limitations in the reach of state laws, poorly drafted separation agreements and lack of affordable non-group insurance.” Loss of insurance is especially a problem for low-income people. A major goal of this unique project is to add to the knowledge base of “everyone involved in the divorce process—couples, lawyers, even judges.” In recent years the project’s focus has been on Massachusetts. HLA, the public interest law firm of Health Care for All, a consumer advocacy group, will use this grant for an “environmental scan” to see whether organizations in Maine, New Hampshire, and Vermont are interested in launching a campaign to reform state laws “to allow ‘continuation coverage’ after divorce,” according to HLA. (Community Catalyst and the Public Policy Institute are subcontractors on this component of the project.) Health plans covered under the Employee Retirement Income Security Act (ERISA) of 1974 do not “have to comply” with state health insurance laws, Laurie Martinelli, HLA executive director, noted to *Health Affairs*. Also, grant funds will be used to provide technical assistance to advocates in Connecticut “to help them enact a continuation coverage law” in that state, she said. A bill in the Connecticut legislature has stalled—primarily because of opposition from the small-business community, she added.

\$55,000 over six months. Funded by the Jessie B. Cox Charitable Trust.

**JSI Research and Training Institute, Boston, MA.** This nonprofit entity, affiliated with John Snow Inc., received this grant to examine “the extent to which the Fishing Partnership Health Plan (FPHP), a successful program of subsidized health insurance for people in the Massachusetts fishing industry, can be replicated in other industries [in that state] with large numbers of small firms and high rates of uninsurance,” according to Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation materials. In 2002, 59 percent of nonelderly adults working in small businesses in the state were uninsured, according to statistics cited by the funder. What is different about the FPHP is that it “offers subsidized coverage directly to workers, and, thus, does not require” that employers first agree to offer the plan “and pay part of the premium.” The state and federal governments subsidize the premiums. Project staff, directed by Steve Davidson, will locate and contact industry groups in the state with similar characteristics—that is, with a number of small firms and a high percentage of uninsured workers. The researchers will then interview industry leaders to explore the degree to which they consider uninsurance to be a major problem. They will also be asked whether “they have the capacity to build alliances and to obtain the support needed to create a successful health insurance program for their members.” The Robert Wood Johnson Foundation’s (RWJF’s) Changes in Health Care Financing and Organization (HCFO) initiative, based at AcademyHealth, funded Davidson’s previous evaluation of the FPHP through a grant to Boston University, where he is a professor. His study found that enrollees in the FPHP “were not more likely to use health care services, or incur greater costs, than people with similar insurance who did not fish for a living,” says a HCFO Findings Brief.

\$50,000 over one year. Funded by the Blue Cross Blue Shield of Massachusetts Foundation.

## Oral Health

### **Boston University (BU), Goldman School of Dental Medicine, Boston, MA.**

A BCBSMA Foundation press release noted that the U.S. Centers for Disease Control and Prevention (CDC) considers fluoridation “one of the ten greatest public health achievements of the 20th century.” Massachusetts, however, is ranked thirty-fifth in the United States on access to fluoridation. This grant for BU’s Northeast Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD) funds research to determine if children who are uninsured or enrolled in MassHealth (the state’s Medicaid program) “are disproportionately affected by dental decay in non-fluoridated communities” and to see if poorer communities in Massachusetts or those with higher percentages of racial and ethnic minorities “are more likely to be non-fluoridated,” according to foundation materials. The grant also is for development of “policy recommendations for implementing statewide community water fluoridation” with the objectives of expanding access to it and eliminating “oral health disparities.” Researchers will look at other states’ experiences for “best practices.” The project aims “to decrease dental decay for all Massachusetts residents,” especially those who are uninsured, low-income, or members of minority groups, the foundation said. Because poor residents face considerable impediments to getting oral health services, fluoridation could reduce tooth decay and other oral health problems and thus the demand for care. A \$10 million National Institutes of Health (NIH) grant established CREEDD in 2001; the center has five partners throughout the Northeast.

\$46,716 over one year. Funded by the Blue Cross Blue Shield of Massachusetts Foundation.

## State Health Costs And Universal Coverage

### **Emory University, Rollins School of Public Health, Atlanta, GA.**

This grant funds analyses of health spending in Georgia and of “three different universal health coverage options” for the state, according to Healthcare

Georgia Foundation materials. The two-part project is directed by Ken Thorpe. He and colleagues are developing estimates for health care spending in Georgia for calendar year 2004 (including estimates of spending by employers, households, Georgia state and local governments, and the federal government). The researchers will derive estimates from such sources as the Centers for Medicare and Medicaid Services (CMS), the Medical Expenditure Panel Survey (MEPS), and the part of the FEHBP relating to workers who reside in Georgia. Estimates of health services costs will be prepared separately from those for administrative costs. The grantee will compare Georgia's spending in each of several categories—such as prescription drugs—with national averages. In the project's other component, Thorpe will compare three plans for providing universal health care coverage for Georgia that reflect the principles in the Institute of Medicine's (IOM's) 2004 report, *Insuring America's Health*. He and staff will write a report discussing the plans; they will estimate how many people would be “newly insured” and how “spending among businesses, households and the state and federal governments” would change under each proposal.

*\$130,000 over eighteen months. Funded by the Healthcare Georgia Foundation.*

## Substance Abuse Prevention

**George Washington University, Washington, DC.** Working with decisionmakers, the ongoing Ensuring Solutions to Alcohol Problems project aims “to improve access to alcohol treatment services” by identifying the obstacles to treatment and trying to remove them, according to Pew Charitable Trusts materials. Pew's grant is renewal funding. Project plans include educating employers “about the impact of untreated alcohol problems” on their bottom lines; assessing how well firms' health benefits are meeting workers' treatment needs; and helping “create incentives for improved access” to treatment. Ensuring Solutions will also try to get policymakers and others to focus on alcohol abuse and dependence issues. Eric Goplerud, who directs the project,

told *Health Affairs* that the project “will continue to have a strong public policy [side], concentrating on state insurance laws, particularly those affecting hospital emergency departments and trauma centers,” laws requiring that coverage for alcohol treatment be equitable compared with that for other conditions, and “improving the connections between apprehension of people driving under the influence of alcohol and [getting them into] effective treatment.” The U.S. Postal Service and National Business Coalition on Health are funding specific aspects of the project.

*\$1,900,000 over two years. Funded by the Pew Charitable Trusts.*

**New Futures, Portsmouth, NH.** The grantee, a “nonpartisan” advocacy group, is using this grant for the Adolescent Treatment Initiative (ATI), which aims to start meeting New Hampshire's need for teen substance abuse treatment, according to a press release. Joe Diament, the ATI's director, explained that the goal is a statewide system of public-private nonresidential treatment programs. Lewis Feldstein, president of the New Hampshire Charitable Foundation (NHCF), said in the release that information about the state “is clear and it is bleak: Adolescent substance abuse is up, yet treatment is largely unavailable.” This initiative has two parts: One will provide the “capacity to implement a comprehensive...system of care for adolescents with alcohol and other drug problems.” The other will involve setting up demonstration projects that will deliver treatment in local areas. Former New Hampshire Speaker of the House Donna Sytek, an NHCF board member, commented in the release that this “private gift is not a substitute for public action.” She noted that “even when these new programs are up and running, New Hampshire teens seeking... treatment will still need support from public, private, and insurance sources.” The NHCF awards grants statewide.

*\$5 million over five years. Funded by the Concord-based New Hampshire Charitable Foundation, one of the nation's largest community foundations.*

## GRANT OUTCOMES

**The Genetics and Public Policy Center sponsored “Genetics Town Halls”** in six U.S. cities during the summer of 2004. The center is funded by the Pew Charitable Trusts. More than 500 people attended the events, Joan Scott, deputy director of the center, told *Health Affairs*. A diverse group was recruited for each location, including Kalamazoo, Michigan, where nearly 100 people attended. The purpose of the free town-hall meetings was to ensure that “public voices are heard alongside expert opinions during policy discussions about the safety and ethics of genetic testing,” according to the center’s Web site. At all of the venues, attendees using small wireless keypads “provided demographic information, responded to prepared polling questions, and voted on issues of concern...generated during small-group discussions,” Scott said. Opinions and voting results were displayed on a screen in each meeting room. In addition, Kathy Hudson, the center’s director, testified in July 2004 before a U.S. House subcommittee about “the promises and implications of genetic testing for both workers and employers,” the center’s August 2004 newsletter reported. Public policy must keep pace with genetic medicine, she testified. “The same genetic test [results] that can guide treatment decisions and improve human health can also be used” to discriminate against people, she said.

*For more information, visit [www.dnapolicy.org](http://www.dnapolicy.org).*

**Information on “new health” foundations (often called conversion foundations)** is now included in the Foundation Center’s FC Stats, the center announced. This “free online statistical resource” includes aggregate financial information on new health foundations and a listing of the largest private ones. The three largest private new health foundations, circa 2002, were all in one state—the California Endowment and the California Wellness and California HealthCare Foundations.

*To visit FC Stats, go to [www.fdcncenter.org/fc\\_stats](http://www.fdcncenter.org/fc_stats).*

**“The Purchase of Health Insurance by California’s Non-Poor Uninsured: How Can It Be Increased?”** provides background on this “heterogeneous” population. In this May 2004 NORC policy analysis brief funded by the California HealthCare Foundation (CHCF), Claudia Schur and fellow NORC researchers focus on uninsured people “toward the higher end of the income distribution who, therefore, may be more amenable to private coverage options.” The researchers note that these nonpoor people “have shorter periods without coverage” than poor people have. The brief includes discussion of targeted policy initiatives that could “increase coverage” of a particular segment of the diverse nonpoor uninsured, such as the “short-term uninsured” who need a “gap-filling policy.” The authors mention possible solutions for people with employers that “can’t be induced to offer coverage or for the self-employed or those not in the labor force.” NORC used California data from the federal Survey of Income and Program Participation (SIPP).

*For a copy of the brief, go to [www.chcf.org/topics/view.cfm?itemID=102514](http://www.chcf.org/topics/view.cfm?itemID=102514).*

**“Reversing a Supersized Epidemic: Policy Options for Dealing with Obesity,”** an Alliance for Health Reform briefing sponsored by the RWJF, was held on Capitol Hill in June 2004. The event aimed to look at what the government and the private sector are doing about obesity. Mike McGinnis of the RWJF, who moderated the event, commented that obesity prevention is the foundation’s “highest priority” for the next decade. Ed Howard, Alliance executive director, announced with a chuckle that “trans fat-loaded chocolate chip cookies”—frequently a part of Alliance lunches—had been replaced that day by “healthy Hershey bars with almonds.” One speaker, David Ludwig of Harvard Medical School, commented that “increasing stress on the family” was one of the “adverse environmental factors” hindering efforts to maintain a healthful life-

style. He had recommendations for various sectors. For example, government should “shift farm subsidies” away from corn to something with a “higher nutritional value”; schools should “fund mandatory physical education classes”; the health insurance industry should adequately reimburse for programs to prevent and treat obesity; and communities should include sidewalks in their urban design. The remarks of speaker Allison Kretser of the Grocery Manufacturers of America were positive and upbeat and not on the defensive. She said that “put simply, people need to eat less, to be more active,” or both, “to maintain a healthy weight.” She also spoke of what industry is doing to combat obesity. Ludwig commented that “most of the government and food industry focus” in the effort to prevent obesity “has been physical activity promotion.” That type of strategy “does not step on anyone’s toes.” Some of the food industry has acted responsibly; however, its focus on fitness is a little “disingenuous,” he claimed. Ludwig said that obesity is complicated; it involves the competing influences of personal responsibility, social responsibility, genes, and the environment.

For a transcript, go to [www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=1169](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1169).

**“Rhetoric vs. Reality: Employer Views on Consumer-Driven Health Care,”** a Center for Studying Health System Change (HSC) issue brief, was released in July 2004. HSC is principally funded by the RWJF. Authors Sally Trude and Leslie Conwell say that many employers doubted that consumer-driven plans—typically combining high-deductible coverage with an employer-funded health reimbursement account—“would slow the growth of their health care costs.” However, some employers did expect consumer-driven plans to slow cost growth. The brief says that the “key advantage” for proponents of the plans is the plans’ “potential to increase consumers’ financial stake in their health care, to improve their understanding of the cost of care and to reduce utilization.” The authors also say that “health benefit managers assumed that it would take a substantial effort on their part to

educate workers” about how these plans work. Some employers “were concerned that regardless of the amount of education..., spending accounts were too complicated and their workforce ‘not savvy enough.’” The brief indicates that employers’ “own particular workforce characteristics and company circumstances” affected many employers’ expectations of whether consumer-driven plans would provide them cost savings. The concise document also discusses employers’ views on tiered networks. Results from this HSC study are based on site visits in 2002–2003 to twelve U.S. communities. Readers may also be interested in HSC’s short “Trends in U.S. Health Insurance Coverage, 2001–2003,” a tracking report released in August 2004.

The issue brief is available at [www.hschange.org/CONTENT/692](http://www.hschange.org/CONTENT/692). The tracking report is at [www.hschange.org/CONTENT/694](http://www.hschange.org/CONTENT/694).

## Publications

**Achieving Electronic Connectivity in Healthcare: A Preliminary Roadmap from the Nation’s Public and Private-Sector Healthcare Leaders,** a July 2004 report, was released by Connecting for Health, a collaboration of more than 100 public and private stakeholders. The collaboration is operated and funded by the Markle Foundation with additional support from the RWJF. Connecting for Health’s mission—“identifying and removing barriers to the growth of electronic connectivity in healthcare”—is now “accepted wisdom.” Even President George W. Bush considers it a priority, the report notes. It recommends “practical strategies and specific actions to be taken” in the near future “that will bring us measurably closer to solutions.” The collaboration wants each American to be able to “access, control, and make use of their own health information in partnership with their care team.” Recommendations by Connecting for Health’s steering group are arranged in three categories: “Creating a Technical Framework for Connectivity,” “Addressing Financial Barriers,” and “Engaging the American Public.” On the technical side, for example, the report suggests “a non-proprietary ‘network of net-

works' that is based on standards and a decentralized and federated architecture." The report also addresses the problem of "misaligned financial incentives" for health care providers to adopt information technology. According to the collaboration's research, most of the general public does not fully comprehend the problem of inadequate use of technology in health care; therefore, "public awareness...is essential," the report says. Connecting for Health's Working Group on Policies for Electronic Information Sharing between Doctors and Patients released *Connecting Americans to Their Healthcare* later in July 2004. It focuses on the personal health record and includes a chapter on policy regarding such a record, such as privacy laws and regulations.

*Both full reports are available at [www.connectingforhealth.org](http://www.connectingforhealth.org). Click on "Collaborative Publications and Resources."*

**Update on Individual Health Insurance** is a short report from the Henry J. Kaiser Family Foundation and eHealthInsurance, a for-profit company. (This brokerage is the "single-largest source of health insurance nationally" for the individual market.) The August 2004 (revised) report notes that its subject is timely—"if recent federal proposals establishing tax credits or a new tax deduction for individual health insurance were adopted, the number of people receiving coverage through the individual market could markedly increase." Most of the report's data come from a sample of individual policies sold through eHealthInsurance. In the report, data are provided on purchasers' age and sex, the length of time people retained coverage, and the price of premiums. Interestingly, the premiums that people pay for individual (nongroup) coverage are "much lower than the total average premiums for group health insurance." This difference in price "likely reflects the relatively younger ages" of individual buyers, "less generous individual coverage," and possibly a choice by purchasers to pay only for "benefits they believe they will need and use."

*The report is at [www.kff.org/insurance/7133.cfm](http://www.kff.org/insurance/7133.cfm).*

## Key Personnel Changes

**George Brown**, a physician who has held leadership positions in the international development field, has been appointed director of the Rockefeller Foundation's Health Equity program.

**Peter Long** has been appointed a senior program officer for the California Endowment's Access to Health Services program. He focuses his work on "children's health coverage issues," according to a press release. Much of Long's previous work was in health policy; his past positions include senior health policy analyst with the Kaiser Family Foundation.

**Tina Markanda** has been named assistant director of the Duke Endowment's Health Care Division. She is a fellow of the American College of Healthcare Executives.

**Jim Marks** will join the RWJF's staff on 1 December 2004 as a senior vice-president and the director of the Health group. Most recently, he was acting director of the CDC's Coordinating Center for Health Information and Services.

**Jean Merrick**, senior vice-president of the Colorado Trust, retired effective 31 July 2004. She had worked at the trust since 1985.

**Maribeth Shannon** has been named director of the CHCF's Hospitals and Nursing Homes program. She was previously assistant vice president for clinical services development in the Office of the President, University of California. Also, the CHCF appointed Veenu Aulakh, previously with Kaiser Permanente, to be a senior program officer in its Chronic Disease Care program.

**George Strait Jr.**, associate vice chancellor for public affairs at the University of California, Berkeley, has been appointed to the American Legacy Foundation's board. In 1983, while at ABC News, he "was selected to be the first medical and health reporter in network television news," according to a press release; he covered medical news until 1999, when he left ABC. He also earned "some of the highest honors in journalism, including two Columbia University Alfred I. DuPont awards."