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The Pew Charitable Trusts' Health and Human Services program, budgeted at $43 million, is awarding grants in fewer areas. The board approved this program refinement following an October 1993 staff retreat. The program’s agenda had been “enormously broad” over the past few years, said Carolyn Asbury, director of the program, in a December 1993 interview at Pew’s office in Philadelphia. It had been “unwieldy for [Pew] to do anything strategically” when the foundation was funding in so many health and human services areas, she explained, before relating highlights of the changes.

Some national funding areas that Pew dropped include at-risk youth, disabilities (including mental illness), substance abuse treatment (except for pregnant women), and health care services (which included access, cost, and quality issues). “We’re out of just about everything that gets headlines,” Asbury joked.

One area being retained is health professions training. Here, Pew will concentrate on projects tied to health care reform: The trusts want to show that if universal access is legislated, the health work force will have to be trained differently and must contain a different mix of workers. Pew seeks projects that will promote primary care specialties. For example, Pew granted $450,000 to the American College of Physicians in March 1994 for planning a community-based teaching program for medical students in their last two years of medical school and for internal medicine residents. Pew also seeks to reorient public health schools toward working with medical schools on more population-based issues. In tandem with Pew’s Education program, a project to prepare high school students for entry-level health professions jobs with career ladders also is planned. Lastly, Pew continues to invite selected organizations to apply for cognitive neuroscience and biomedical sciences grants.

Grants to assist the elderly, also a continuing funding area, will focus “almost exclusively” on home care projects that help older people to live independently, Asbury noted. Projects exploring cost-effectiveness issues in home care and what factors determine the settings in which elderly persons receive care will be among those considered. Demonstration projects using national groups, such as religious organizations, to coordinate service delivery for elderly persons whose families live far away also are of interest to Pew and may be connected with the trusts’ Religion program.

**The Children’s Initiative.** Pew also continues to fund projects to assist infants and children and their families. Substance-abusing pregnant women is a focus area. The trusts will fund research on policies that prevent these women from getting into treatment programs. Pew also would like to fund development of model programs combining addiction treatment, relapse prevention, and perinatal care. A range of services for teen mothers also will be funded. In addition, some grants will focus on how to make high-quality child care accessible and affordable for the working poor.

Pew’s Children’s Initiative, however, will not go forward. In March 1994 the trusts’ board reevaluated this planned ten-year initiative, launched with planning grants in 1992, which was supposed to award a total of up to $60 million over those years. The board decided that the initiative’s goals were not likely to be achieved within the time and resources anticipated. The initiative had aimed to enable up to three states to replace their current services for children with a comprehensive and integrated health and social service system for children and their families at family centers. Instead, Pew expects to fund particularly promising activities under way in two of the states, Georgia and Minnesota.

Asbury mentioned three reasons for the trusts’ decision. The foundation saw first that the initiative’s design was not flexible.
enough to accommodate states that were in various stages of reforming services for children, and second that it was difficult for states to establish a state governing mechanism with authority over financing for these services. Third, health reform uncertainties posed even tougher obstacles for states in planning strategies and estimating costs.

Community development is a new area on Pew's national funding agenda. The goal here is "to strengthen the economic and social fabric of disadvantaged communities," according to Pew's 1994 Program Guidelines.

Pew's metropolitan Philadelphia and international health and human services programs also are being retained with a few changes. The local program's projects assist the elderly; children, youth, and their families; and vulnerable adults; and promote community development. Hoping to create a prototype for other foundations, Pew staff and consultants under the local program will develop technical assistance for local agencies so they can tailor their services to meet community needs, Asbury said. The international health and development program, averaging $2 million in grants annually, chiefly funds projects in Mexico, Central America, and the Caribbean. Pew is phasing out trust-initiated projects "to bridge the gap between health policy research and development in Africa and Asia" in favor of integrating this approach into international donor agency efforts, Asbury said. Pew will focus funding on nutrition projects for women and children in Spanish-speaking areas and on improved family planning and reproductive health services in the Caribbean, where one out of every two teenage girls has had a child, Asbury noted.

III. GRANTS

Access To Care

Independent Foundation Grant:

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care. This national program focuses on reducing nonfinancial social and cultural barriers that impede access to health care. A patient— even if insured—may receive inadequate care because of language barriers or cultural differences in health practices and beliefs between the patient and the provider. The Robert Wood Johnson Foundation (RWJF) and The Henry J. Kaiser Family Foundation said in a January 1994 press release that they are attempting “to fill a gap that is not addressed by any of the current health reform proposals.” They chose eleven grantees out of an applicant pool of more than 800. Projects aim to improve access to maternal, child, and reproductive health services. “We want to help providers and patients overcome the mutual lack of trust and understanding that contributes to poor health and decreased quality of life,” said Ruby Hearn, an RWJF vice-president. Greater Southeast Healthcare System, Washington, DC., received separate funding to provide technical assistance to the program.

$2,071,013 over three years. Funded by Tk Robert Wood Johnson Foundation.

$750,000 over three years. Funded by Tk Henry J. Kaiser Family Foundation.

Elderly

Independent Foundation Grants:

Brown University Center for Gerontology and Health Care Research, Providence, RI. This grant funds a study directed by Vincent Moron long-term care settings used by elderly Medicare beneficiaries. Using a longitudinal database from the Health Care Financing Administration, researchers are charting where these persons actually received their care over a five-year period. They will analyze the extent to which hospitalization leads to long-term care and will try to discern under what circumstances elders receive nursing home and/or home care. Study results could improve “linkages for the delivery of coordinated health care and social services for elderly people,” which may lead to more cost-effective care, according to The Pew Charitable Trusts.

$150,000 over one year. Funded by The Pew Charitable Trusts.