Special Report

Strategic Philanthropy: Principles Put Into Practice

How the Pew Charitable Trusts' national Health and Human Services Program has changed.

by Maureen K. Byrnes

Health Affairs published essays in 1998 and 1999 by the presidents of four prominent health-related foundations to allow these foundation leaders to share their views on the role of philanthropy in American society and to describe the grant-making philosophies of their respective institutions. The essay by Rebecca W. Rimel, president and chief executive officer of the Pew Charitable Trusts (Health Affairs, May/June 99) discussed the fundamental principles of its strategic grant making and provided a rationale for why and how the foundation has adopted these principles over the past five years. Strategic grant making (1) has a well-defined goal that is larger than any single project or grant; (2) has a discernible effect on a problem; and (3) responds to a ripe opportunity.

This Special Report focuses on one of the Trusts' seven program areas, health and human services (HHS), to provide a specific example of how the foundation’s principles are put into practice.

New Clarity For HHS Program

In 1998 the Trusts’ HHS program was redesigned to be more flexible and able to respond to a rapidly changing health and human services environment. That year the Trusts’ board approved a blueprint for a new HHS national program, in the form of a white paper, Public Voices, Public Choices. Rather than organizing grant making in the four broad categories of biomedical research, health professions training, elderly, and children and youth, as the foundation has in the past, it now concentrates on specific, compelling social and health policy issues that affect the American public and, if addressed in real time, can greatly benefit from the involvement and support of the Pew Charitable Trusts.

The Trusts plan to identify potential issues by determining that there is a compelling need; assessing the involvement of other players, both public and private; and looking for an opportunity for the foundation to make a unique contribution. In keeping with the foundation’s overall commitment to citizen engagement, a major component of each of its HHS initiatives will be dedicated to involving the public in the issues the Trusts address.

Strengthening Public Health

The first initiative under the Trusts’ new HHS program is designed to help build a stronger public health system. The foundation is focusing specifically on the need for a well-coordinated national approach to disease surveillance and monitoring that can inform the nation’s health research agenda and lead to the development of better prevention and treatment strategies for a wide variety of chronic illnesses.

The Trusts plan to concentrate on a limited number of environmental health issues and their effects on children as a way of alerting...
the public and policymakers to the need for better surveillance and monitoring. From focus groups and a poll that the foundation commissioned in 1998, we know that although the public knows very little about public health, respondents strongly identify with environmental health issues and are concerned about how the environment may be affecting children’s health. By focusing on children’s environmental health issues, we hope to make the public aware of the need for a stronger public health system and, in particular, the need for a national approach to disease surveillance and monitoring. The goals, objectives, and strategies for the Trusts’ initiative in public health are outlined in the paper, First Steps toward a Stronger Public Health System.

Why Public Health?

At the close of the twentieth century, we saw smallpox eradicated and polio nearly so; the killers cholera, typhus, and typhoid fever virtually eliminated; and antibiotics and other lifesaving pharmaceuticals dramatically extending both the length and the quality of life. Some diseases whose diagnoses were once viewed as certain death sentences are now treatable or even curable, and thus many years of healthy, productive life are now possible for those diagnosed with these illnesses. The average life expectancy at birth for an American rose from 47.3 years in 1900 to 76.5 years in 1997. Americans enter the new millennium with tremendous hope for the power of science to improve their lives and the lives of their children and grandchildren.

Yet, despite this era of progress and achievement in conquering disease and disability, Americans also express concern about things that for years many have taken for granted, such as the safety of our food, water, and air. Americans self-reporting asthma rose by 75 percent—to more than fifteen million persons, including five million children—from 1980 to 1995. According to the CDC, asthma-related deaths among children rose by a startling 118 percent from 1980 to 1993. Although these rates were generally consistent across regions of the United States, they were considerably higher among racial and ethnic minorities, especially African Americans. The rise in asthma is having a tremendous effect on health care costs, worker productivity, and illness and premature death of affected children.

A number of other environmental health threats are also on the rise. Some of the most infamous and distressing cases include (1) the 1993 outbreak of Cryptosporidium in the water supply of the greater Milwaukee, Wisconsin, area—the contamination led to 403,000 incidents of diarrheal illness, put 4,400 persons in the hospital, and resulted in an estimated 104 deaths; (2) the tragic deaths of four children because of ground beef contaminated with E. coli that was served in Jack-in-the-Box restaurants on the West Coast; (3) in the summer of 1999 dual public health crises for New Yorkers—an outbreak of West Nile Virus encephalitis in New York City and E. coli–contaminated water at a fair near Albany; and (4) in 1999 a serious outbreak of E. coli in the water supply in Illinois. These events are clear signs that the U.S. public health system is in trouble and is not protecting all Americans against environmental health hazards and infectious diseases.

It is interesting to note that human health is often ignored in efforts to address environmental issues. Regulatory efforts by the Environmental Protection Agency (EPA) are based on information routinely collected from industrial facilities on levels of pollutants discharged from every pipe, smokestack, or barrel. Yet we know very little about chemical
levels in the human body or even biological changes resulting from pollutants. Without this information, policymakers are prevented from including data on humans when making decisions; scientists are limited in their ability to conduct studies that could help to explain the correlation between pollution and human health effects; health officials are hindered in preventing, identifying, or responding to potential disease “hot spots” or emerging crises; and citizens whose health outcomes could be directly affected by environmental threats are not informed about them and about what can be done to address them.

**Focusing On Assessment**

In its 1988 landmark report, *The Future of Public Health*, the National Academy of Sciences’ Institute of Medicine (IOM) identified three major public health goals: controlling disease, preventing disease, and promoting good health. To accomplish these goals, the public health system performs three important functions: assessment, policy development, and assurance. The development of a strong public health system requires the active participation of federal, state, and local governments; public health professionals; the medical profession; health insurance companies; managed care organizations; private philanthropies; environmental organizations; consumer health advocacy coalitions; children’s advocacy groups; and others.

The Trusts’ public health initiative does not attempt to take on the whole system; rather, it will target its efforts on assessment, taking a first step toward building a strong public health system by helping to facilitate a well-coordinated, national approach to disease surveillance and monitoring.

Efforts are already under way to meet this objective. In May 1999 the Pew Environmental Health Commission was launched, through a $2.8 million grant to the Johns Hopkins School of Hygiene and Public Health. The commission, chaired by former governor and three-term senator from Connecticut Lowell P. Weicker, is composed of experts from the public policy, health industry, government, academic, and nonprofit communities. During 2000 the commission will be making practical recommendations for improving the public health system’s response to environmental health threats. In particular, in consultation with federal, state, and local public health experts, the commission will recommend a national approach to disease surveillance and monitoring. This proposal is expected to be released in the fall of 2000.

The Trusts also support the Center for Children’s Health and the Environment at the Mount Sinai School of Medicine. This center, awarded a $2.5 million grant in 1998, serves as an expert resource to the media, medical and scientific communities, and policymakers on children’s environmental health issues. In July 1999 the center received national press coverage of its study on asthma, which found that (1) despite advances in treatment, asthma rates among American children have more than doubled in the past decade; (2) high hospitalization rates for asthma are correlated with low median household incomes and minority status; (3) more information is needed to determine the role that sociodemographic and environmental factors play in respiratory and chronic diseases; and (4) information is needed that will enable the targeting of neighborhoods in greatest need of preventive interventions and medical care.

Another strategic element was recently added to the Trusts’ public health initiative: a public education campaign, Health-Track, which focuses on environmental health issues including their effects on children, to reveal the absence of any nationwide, coordinated approach to collecting important public health data and to convey the importance of instituting such an approach. Georgetown...
University’s Institute for Health Care Research and Policy was awarded a $6.7 million Pew grant to create Health-Track and launch this campaign.

Over the next few years, in partnership with public- and private-sector organizations and others, the Trusts will help to develop an organized environmental health constituency. We look forward to working with many public health and environmental groups to develop an advocacy effort dedicated to environmental health issues.

**The Future**

To maximize our capacity to respond quickly to changing needs in the health and human services environment, we plan to concentrate our efforts and much of our resources on one issue at a time, but for a limited period of time (approximately two to three years). By means of this relatively short time frame, the program is designed to ensure that the Trusts have the capacity to remain flexible in order to respond to other compelling issues as they arise. It also disciplines us to be focused in our objectives and in our strategies for accomplishing results.

Although our first initiative is in public health, the foundation plans to explore other areas in the future. Some of these areas, which are discussed in the white paper, may include welfare reform; new developments in biomedical research and technology and their ethical, legal, religious, and social implications; and the health care delivery system—specifically, engaging the public in discussions about it and creating opportunities for citizens to help shape its future.

This list should not be perceived as a commitment on the part of the Trusts to pursue an initiative on each of these topics. Timing, opportunity, and the potential for the foundation to make a unique contribution will guide the development of our efforts, some of which we cannot yet even anticipate.

**NOTES**