Access To Care

American Medical Student Association (AMSA) Foundation, Reston, VA. AMSA and its foundation will use this funding to assess “medical students’ attitudes and knowledge about health care delivery,” according to Robert Wood Johnson Foundation (RWJF) materials. A survey will focus on access issues and will include questions about racial and ethnic disparities in care. This is part of AMSA’s efforts “to catalyze medical education reform” in the area of access to care. AMSA has created a survey instrument and plans to complete a nationwide survey of members and nonmembers by April 2002. The group “also hopes to examine the differences in knowledge and attitudes between levels of training and the relationship between medical students’ demographics, faculty, institutions, and curricula” and their knowledge and views about access, an AMSA press release said. The RWJF said that “medical education ought to include formal instruction about health care delivery and policy so that future physicians will better serve their patients and the American public.”

$50,000 over one year. Funded by the Robert Wood Johnson Foundation.

George Washington University, Washington, DC. Low-income workers and their families constitute a large and increasing share of the uninsured in the United States, it is commonly acknowledged. To expand health insurance coverage for the working uninsured, “state and federal policymakers must decide how to insure low- and moderate-income workers who are ‘caught in between’ private and public coverage,” according to Commonwealth Fund materials. “They must decide how to mesh public programs with existing employer-based insurance and other private coverage.” Project director Jeanne Lambrew and colleagues will do three analyses to inform policymakers about public/private coverage options. “Separate but related,” the studies will be on the following topics: lessons learned from state premium-assistance programs; the relationship between job instability and access to employer coverage among low-wage workers; and patterns of health insurance coverage over time for workers paid minimum wage. The third study will provide “a better understanding of a part of the economy that employs many new immigrants and a substantial share of those Americans leaving welfare for work,” Commonwealth noted. For each topic, the grantee will “assess various options for improving current policy.” This grant covers a policy forum to disseminate findings from the three studies. Attendees will include private-sector leaders and state and federal policymakers.

Up to $151,834 over one year. Funded by the Commonwealth Fund.

State Coverage Initiatives (SCI) Program. Under the fall 2001 funding cycle of the $15.5 million SCI program, Arkansas, New Mexico, Oregon, and Rhode Island each received a demonstration grant. The grants are being used “to design and implement innovative programs that expand health insurance coverage” to the uninsured, according to an RWJF press release. Each state “will match 25 percent of their award through direct or in-kind support.” It is hoped that these states will provide lessons for other states considering coverage expansions. Arkansas, for example, will use a strategy of expanding coverage in both the public and private sectors. Rhode Island’s “key focus…will be to evaluate and enhance Rite Share,” the state’s recently implemented employer buy-in program (where the state pays certain employees’ premiums for an employer-sponsored plan). Through this program, the state, collaborating with employers, aims to eliminate “the ‘uninsurance gap’ between the private and public sectors.” Rhode Island hopes that its demonstration will “be a model for other states that would like to minimize the administrative obstacles that buy-in programs often create for employers,” the
press release noted.

Four three-year grants totaling $5,359,546. Funded by the Robert Wood Johnson Foundation.

Children’s Health Care

Institute for Healthcare Improvement, Boston, MA. Attention deficit hyperactivity disorder (ADHD) is the “most common behavioral health condition” affecting children, according to RWJF materials. Yet “huge gaps remain between best practice and usual practice” for children with this condition and their families. The grantee’s National Initiative for Children’s Healthcare Quality (NICHQ) will use this funding for a learning collaborative to improve care for children with ADHD. Part of the RWJF grant covers scholarships for “health care organizations and agencies serving children and low-income families” to participate, the foundation said. Its grant also will fund part of the costs of an October 2002 International Summit to disseminate results from the collaboration, Charlie Homer of the NICHQ told Health Affairs. The collaboration aims “to maximize the quality of care” for children with ADHD and “build successful models so that children and families can function as well as possible,” according to an NICHQ press release. More than thirty teams from across the nation, some including parents and school personnel, “will implement a model of care for children with the disorder.” The conceptual approach that the teams are being urged to use is adapted from a chronic care model developed by Ed Wagner and colleagues; the recommendations specific to ADHD stem from recent American Academy of Pediatrics (AAP) guidelines. Homer said that the focus is on “improving the primary care management of children with ADHD.” Citing research published in the Journal of Child Psychology and Psychiatry, he said that although there is a high rate of stimulant use, many kids meeting ADHD criteria have not been treated with stimulants, which suggests that many who are receiving these drugs do not have the disorder and many who do are not receiving effective treatment. Also, the NICHQ Web site noted that “the increasing use of psychoactive drugs in childhood has raised widespread concern among policy makers about cost and outcomes.” The North Carolina Division of Medical Assistance, the AAP, the Agency for Healthcare Research and Quality (AHRQ), and Alza Corporation (a pharmaceutical company) also are funding various aspects of the collaboration.

$367,985 over eighteen months. Funded by the Robert Wood Johnson Foundation.

Institute for Health Policy Studies, University of California, San Francisco. This grant funds the CORE (County Outreach, Retention, and Enrollment) project, directed by Dana Hughes. Six counties in Northern California are “working together to streamline their enrollment and retention processes for children’s public health insurance programs” in the state, according to the CORE Web site, www.coreproject.org. As California policymakers and advocates strive to achieve state-level reforms in the outreach and enrollment systems for Medi-Cal (California’s Medicaid program) and Healthy Families (California’s State Children’s Health Insurance Program), Alameda, Merced, San Francisco, San Mateo, Santa Cruz, and Stanislaus Counties will “identify and remove barriers to enrollment and retention that are in their control.” CORE is using a “quality improvement approach” typically used in corporate settings, other project materials explained. “Teams with representatives from health and social services departments from several counties work together on the same problems” and thus gain “knowledge from each other’s experience,” Linda Baker, program officer at the David and Lucile Packard Foundation, told Health Affairs. These “cross-county teams” are focusing on three topics—re-enrollment, ensuring completion of the application for health insurance, and educating families of enrolled kids to “know how and when to access needed [health care] services,” the Web site added.

$719,737 over two years. Funded by the David and Lucile Packard Foundation.
**Ethics**

**Johns Hopkins University, Baltimore, MD.**

This grant funds a project about ethics and cell engineering. Whether President George W. Bush’s policy that was announced in August 2001 “will endure remains to be seen,” Greenwall Foundation materials said. The funder remarked that “either way, research involving embryonic stem cells will continue, and with the science will come new questions, perhaps less divisive but assuredly no less difficult.” Hopkins researchers will “examine the ‘next generation’ of ethical issues in stem cell research before they become political footballs.” For example, they will look at issues relating to the “criteria for selecting the embryos from which stem cell lines and cell-based therapies are to be developed.”

$303,083 over two years. Funded by the Greenwall Foundation.

**Health Care Benefits**

**Health Research and Educational Trust (HRET), Chicago, IL.**

Citing research previously published by Jon Gabel and colleagues in *Health Affairs*, the Commonwealth Fund noted that increasing health insurance premiums and “a perceived consumer backlash against managed care” are causing employers and insurers “to explore alternative means of controlling health [care] costs and limiting liability.” Using this grant, Gabel of HRET and Tom Rice of the University of California, Los Angeles, are examining “the promise and peril” of defined-contribution health plans as a strategy, Commonwealth materials said. The researchers will look at the “current status and likely future” of the “array” of defined-contribution approaches, in which, basically, an employer sets the dollar amount that it will contribute to its workers’ health care coverage “but not the level of benefits.” They will assess the impact of such plans on persons “least able to bear increased financial risk” that will result from workers’ making more-complex decisions about benefits. Gabel and Rice will gather information by doing a literature review; surveying employee benefit managers; and interviewing leaders of benefit consulting firms, employer groups, health insurers, and other firms. Also, they will prepare case studies of “three pioneers that have adopted defined contribution strategies using Internet-based ‘e-health’ systems.” Through this study, business leaders, policymakers, and the public can increase their understanding of defined-contribution approaches, the fund said.

Up to $206,646 over twenty-two months. Funded by the Commonwealth Fund.

**Health Care For The Elderly**

**Sacred Heart Health System, Pensacola, FL.** The grantee is using this funding for the Medication Education and Delivery System (MEDS) program, which aims to educate the elderly about prescription drugs and to enroll them in a discount drug program. MEDS, managed by Joyce Brimhall, focuses on those who are uninsured or underserved. The objective is to help the elderly “make more informed choices about their health and increase their access to care,” according to a Blue Foundation for a Healthy Florida press release. A multicounty Area Agency on Aging, a national consulting group, a statewide drug benefit program, and hospitals are among program participants. This grant is among the Blue Foundation’s inaugural set of grant awards. The foundation, established in August 2001 and headed by Susan Towler, is the philanthropic arm of Blue Cross and Blue Shield of Florida. The funder aims “to positively impact the health and well being of uninsured and underserved Floridians,” a previous press release said. Its funding priorities include health care education programs; “public policy research; and workforce preparation initiatives.”

$118,938 over one year. Funded by the Blue Foundation for a Healthy Florida, Jacksonville, Florida.
Grant Outcomes

Outcomes Of Grants

“Advancing Patient Safety: The Leapfrog Group,” a December 2001 executive brief, was produced by the National Health Care Purchasing Institute, an RWJF initiative. Leapfrog is a national coalition of “leading Fortune 500 companies and other large private and public sector health benefits purchasers [that] promotes a set of purchasing principles designed to reduce medical errors and improve health care value,” according to an accompanying press release. Launched in 2000 with funding from the Business Roundtable, Leapfrog now has more than ninety members. The brief lists Leapfrog’s safety initiatives, such as computerized physician order entry systems, and its purchasing principles. Author Veronica Goff also describes its regional approach; its Web-based survey of hospitals; what the regions have achieved; and challenges ahead. The latter include getting physicians to participate more in Leapfrog, so that they “know about Leapfrog when patients seek their advice about hospital choice” and can also encourage hospitals to adopt Leapfrog’s patient safety advances.


“Breaking Down Barriers: Granting Access to Better Health Care” was the theme of Grantmakers In Health’s annual Washington Briefing held in November 2001. The Columbus Medical Association, Moses Cone-Wesley Long Community Health, Consumer Health, George Gund, and Henry J. Kaiser Family Foundations; the Commonwealth Fund; and the Health Resources and Services Administration helped to fund the briefing. Judy Feder of Georgetown University was the opening speaker. She commented that the uninsured were practically forgotten during financial good times. In her view, proposals to provide tax credits to pay for health insurance are risky and ineffective. Basically, foundation cannot solve the uninsured problem, but they can educate their communities about the scope of the problem, she said. In a session on “Strategies for Shaping Public Policy,” Karen Voci of the Rhode Island Foundation told of this funder’s experiences. For example, the foundation took money out of its endowment to purchase a health plan for that state’s Medicaid population. She also told meeting attendees that data are important in shaping policy and suggested using an attractive layout for more impact when publishing data. In Rhode Island the legislature is voluntary and has no staff, so the foundation provides funds for members on both sides of the aisle to attend educational seminars, she added.

In a plenary session on health disparities, moderator David Helms of the Academy for Health Services Research and Health Policy asked whether the terrorist events of 11 September 2001 are affecting access issues. Chet Seward of the Colorado Coalition for the Medically Underserved commented that the access issue “resonated more” after the attacks because it was affecting more people in the middle class. Chris Koyanagi of the Bazelon Center for Mental Health Law was a panelist for a session on children’s mental health issues. She stated that the statistics on the kids who get services are “bleak”—there are discrepancies across racial groups, and services are not as up-to-date as they could be. She suggested funding fellowships for legislators to learn about mental health issues.

For details, send e-mail to Anne Schwartz at GIH, <aschwartz@gih.org>.

The California Wellness Foundation’s Violence Prevention Initiative: Findings from an Evaluation of the First Five Years was published by RAND. Tom David of the foundation reminds readers in the preface that the Violence Prevention Initiative (VPI), which was launched in 1992, was the foundation’s first major initiative. The board has approved $60 million in funding for this ten-year initiative. The Alliance Healthcare, S.H. Cowell,
Crail-Johnson, James Irvine, Packard, San Francisco, and Sierra Health Foundations together contributed about $5 million more. This report by evaluators from RAND and Stanford University notes that “one of the most innovative aspects of the VPI” is its “attempt to apply a public health model to youth violence prevention.” A chapter on “Education of Policymakers” is included; in it the effective work of the Pacific Center for Violence Prevention, a grantee, is highlighted. The evaluators conclude that while they cannot yet “measure effects on violence directly” when looking at results of the VPI’s first five years, they “can measure what the Initiative has achieved in other terms.” They found “links between the diverse activities funded...and changes in legislation, in the information available, or in personal behavior and attitudes that are consistent with violence reduction.” For example, the VPI funded “direct services to hundreds of youths,” numerous publications, and “dozens of research projects.”


“Critical Policy Challenges in the Third Decade of the HIV/AIDS Epidemic,” a policy brief, was released in January 2002 by the Kaiser Family and Ford Foundations. The eighteen-page document provides a wealth of information at readers’ fingertips, including descriptions of both domestic (U.S.) and global policy challenges in the HIV/AIDS crisis; a quick summary of “Key HIV/AIDS Related Laws”; an update on syringe-exchange programs; and the demographics of newly reported AIDS cases in 2000. Among domestic challenges discussed are “addressing the disproportionate impact of [HIV/AIDS] on racial and ethnic minorities” and “stimulating research and development in pursuit of better treatments, effective vaccines and a cure.” Global challenges include “shaping the new Global Fund to Fight AIDS, Tuberculosis and Malaria [proposed by Kofi Annan of the United Nations] to be effective, accountable for large resource commitments, and responsive to national and regional needs” and “promoting access to treatment in developing nations while also addressing U.S. intellectual property interests.” Authors Richard Sorian and Jeffrey Crowley of Georgetown University and Jen Kates of Kaiser say that this policy brief aims “to inform current discussions about resources, leadership, and direction in responding to the epidemic at home and abroad over the next decade.”

For a copy of the brief, go to <www.kff.org/content/2002/6013> or call Kaiser’s publications request line, 800-656-4533.

The Foundation for Accountability (FACCT) conducted an experiment in 2001 “to design and test three online communities,” each with a different topic, according to an executive summary prepared for the Markle Foundation, the project’s funder. The “events” were on “cultural issues in measuring children’s health care quality,” “communicating patient safety to consumers,” and “quality of content of online health information and services.” The project had several goals, among which were “to determine whether people are willing to participate in online discussions about health care and are comfortable expressing their emotions and opinions in this format”; to review current knowledge about “consumer attitudes on e-health” and to suggest ways to fill in the “knowledge gaps”; and to “review how consumer voice has been used to influence policy” and “propose a framework” for obtaining consumers’ input. The grantee’s general findings include the following: “As with focus groups or other qualitative research, the conclusions [from an online event] are only as good as the care taken to recruit a diverse audience and [as] the structure of the questions” are. FACCT also reports some interesting findings specific to the third “event”; the topic of discussion was online information about and services for breast cancer. Among those findings are that “overall, participants believe that the information they read online is accurate, but they usually seek verification” of it; “none of [them] had ever heard of a seal of approval” for Web sites; they...
“did not understand” the meaning of the term “health care services”; and online support groups were “invaluable.” For more information, send e-mail to <pkerr@markle.org> or call Peter Kerr at 212-713-7600.

“What Turning Point Tells Us: Implications for National Policy” was prepared for the W.K. Kellogg Foundation by Raymond Baxter of the Lewin Group, who headed up the evaluation of this national initiative aiming “to transform and strengthen the public health infrastructure.” Turning Point grants were awarded by Kellogg (to selected local community partnerships) and by the RWJF (to selected state health departments). In this concise October 2001 document, Baxter points out that Turning Point “starts at the local level, building broad community support and participation in public health priority-setting and action.” Also, it engages and links “affected people at the local level.” These linkages “extend and enhance what is usually known as ‘public health infrastructure.’” Among Turning Point’s suggestions for national public health policy are (1) to move “beyond the hierarchical national top-down approach embodied in the traditional cascade of funds, authority, and expertise from the [U.S.] Department of Health and Human Services…to state health departments” and on to local departments; and (2) to reframe curricula “(both pre- and in-service) for public health workers to increase their skills in communication and facilitation with non-governmental and non-health interests.” This document is available at <www.wkkf.org/knowledgebase/Pubs> or by calling 916-969-2148.

Publications

Two reports on health Web sites were recently released. Exposed Online: Why the New Federal Health Privacy Regulation Doesn’t Offer Much Protection to Internet Users, a report of the Pew Internet and American Life Project (fully funded by the Pew Charitable Trusts) and the Health Privacy Project at Georgetown University, was released in November 2001. Funded by the Pew project, the report, providing a “general overview,” discusses “health Web sites as they existed during September 2001,” a disclaimer notes. Among the key findings is that the new federal health privacy regulation issued under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 “does not apply to most health Web sites.” This is because the rule “only applies to...health care providers, health plans and health care clearinghouses,” and “many health Web sites are not owned or operated by one of these three entities.” The authors caution that people “may assume that their health information is protected when it is not” and add that “continued diligence will be required of those online consumers who value their privacy.” On a positive note, some Web sites practice self-regulation. The authors conclude, however, that with the complex way that health Web sites are regulated, “the potential for abuse is enormous.” Comparing eHealth Privacy Initiatives, also prepared by the Health Privacy Project, was released in December 2001. Funded by the California HealthCare Foundation (CHCF), this report examines self-regulatory standards and programs that health Web sites can use, according to a CHCF announcement. The report “compares the self-regulatory efforts developed by several trade and professional organizations against criteria based on the Federal Trade Commission’s Code of Fair Information Practice Principles.” The report notes that “few, if any, enforcement mechanisms [are] in place for noncompliance” with the self-regulatory standards. Exposed Online is available online at <www.pewinternet.org/reports>. The CHCF-funded report is available online at <ehealth.chcf.org> (click “privacy”) or by calling toll-free, 888-430-2423.

Medicaid: Purchasing Prescription Drugs was released by the Kaiser Family Foundation’s (KFF’s) Commission on Medicaid and the Uninsured in January 2002. This twenty-seven-page policy brief on “an issue of considerable interest to state and federal policymakers” aims to explain how state Medicaid
programs buy outpatient drugs for beneficiaries and to describe “the policy tools available to states to limit the rate of growth in spending on prescription drugs.” The brief notes that “states have substantial flexibility” in covering and purchasing drugs—in fact, they do not have “to include prescription drugs in their Medicaid benefit package.” This publication focuses on outpatient drugs bought on a fee-for-service basis. The authors conclude that states can “limit their rates of increase in Medicaid spending for prescription drugs without seriously compromising” enrollees’ access to necessary medicines. Given the often poorer health status and low incomes of Medicaid beneficiaries, though, the effect of cost-containment tools must be “closely monitored.” Also, the foundation published Prescription Drug Trends: A Chartbook Update, dated November 2001.

For a copy of either item, go to Kaiser’s Web site, <www.kff.org>, or call its publications request line, 800-656-4533.

Upper Midwest Regional Conference: Emergency Public Health Preparedness and Response is a short report on a November 2001 event sponsored by the National Strategy Forum in cooperation with the Centers for Disease Control and Prevention (CDC). The aim of the conference, funded by the Alfred P. Sloan Foundation, was to discuss “various aspects of preparedness for a bioterrorist attack,” according to the report. The objective was to examine both intellectual and physical “resource sharing.” Persons representing Illinois, Minnesota, and Wisconsin public health and law enforcement agencies attended. Major ideas cited by participants included “the importance of including a wide variety of government agencies, private organizations, and private industry in planning for response to mass casualty terrorism” and that “government agency employees must work with the media” because “in a crisis, [using] the media is the best way to get information to the public.” The report notes that “discussion of specific vulnerabilities [to terrorism] is omitted,” and a consensus was not sought from attendees.

An April 2001 conference, sponsored by the CDC, the American Bar Association, and the National Strategy Forum, was also funded by the Sloan Foundation. The report on this meeting is entitled Cantigny Conference on State Emergency Health Powers and the Bioterrorism Threat. Dick Friedman, president and chair of the nonpartisan forum, which was the grantee for both conferences, told Health Affairs that an outcome of the April meeting is “a model state emergency preparedness bill that may be adopted by several states.” (See Health Affairs, GrantWatch, Jan/Feb 02, page 260.) He added that the Sloan Foundation “was very prescient in identifying the need and providing the funding and guidance to develop” the two conferences.

The November conference report is available online at <www.nationalstrategy.com>. Call Matt Foley, 312-697-1286, to get a copy of the thirty-six-page April conference report.

Key Personnel Changes

The Robert Wood Johnson Foundation’s board elected to its ranks Marla Salmon, dean of Emory University’s Nell Hodgson Woodruff School of Nursing. Among the degrees Salmon holds is a doctorate in health policy and administration.

The Kaiser Family Foundation has named former U.S. Surgeon General David Satcher its first senior visiting fellow. During the six-month fellowship, which began 1 March 2002, Satcher is going to “work on a book about his experiences” as surgeon general, “serve as an advisor to the Foundation’s programs, and address issues of mutual concern such as racial and ethnic disparities in health” and HIV/AIDS, according to a statement from Drew Altman, Kaiser’s president.

The W.K. Kellogg Foundation named Marguerite Johnson as its new vice-president for program in health. She was formerly vice-president for programs at the Rose Community Foundation. Johnson succeeded Gloria Smith, who retired in January 2002.