Update on Foundation Health Policy Grantmaking

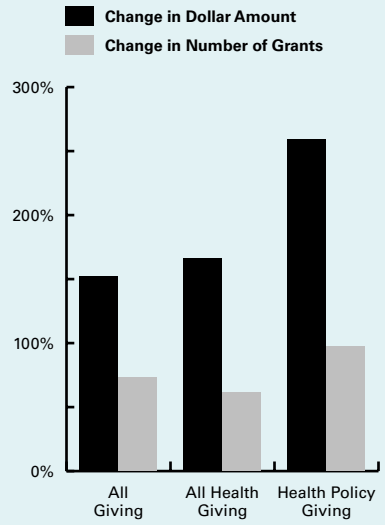
March 2004 / THE FOUNDATION CENTER

by Steven Lawrence, Director of Research

The first half of the 1990s represented a period of intense focus on reforming the U.S. health care system. Years of crisis predictions culminated in the Clinton Administration's 1994 attempt to reshape the provision of health care nationally. For foundations seeking to improve health and health care in this country, the debates of a decade ago provided a unique opportunity and impetus to affect health care policy through support for research, public education, and advocacy. In fact, foundation grantmaking for health policy activities tripled between 1990 and 1995.

The effort to effect sweeping national reform in the health care system failed. Yet new foundation trends data show that the push to provide care for the millions of uninsured Americans and to improve health and health care at all stages of life has continued and even accelerated. To document these changes, the Foundation Center has prepared this update of its 1998 *Health Policy Grantmaking* report.[1] Through a review of funding trends from 1995 to 2002, this update helps to answer questions such as: who are the leading health policy funders and how have their giving priorities changed since the mid-1990s? It also considers the future outlook for health policy grantmaking.

Health policy grantmaking grew faster than health and overall giving from 1995 to 2002



Based on all grants of $10,000 or more awarded by a sample of 1,012 larger foundations for 1995 and 1,005 for 2002.

Source for all data: The Foundation Center

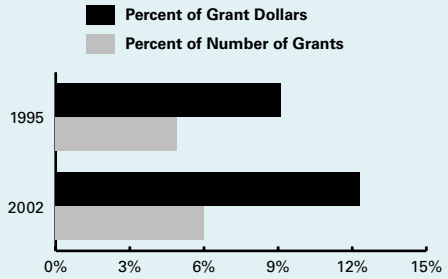
For more information contact Steven Lawrence at 212-620-4230, or e-mail, sal@fdncenter.org.

Download the *Update on Foundation Health Policy Grantmaking* at **www.fdncenter.org/research/**.

Key Findings

- The number of sampled foundations making health policy grants increased by more than half between 1995 and 2002, and grant dollars more than tripled
- Health policy grantmaking represented a higher priority within overall health giving by sampled foundations
- Although the Robert Wood Johnson Foundation accounted for much of the growth in health policy grant dollars, the field benefited from broad increases in support
- Health policy giving grew fastest for reproductive health, health care access, and mental health/substance abuse
- Reducing health care costs/improving quality and increasing access to health care accounted for the largest shares of health policy funding
- Health policy grants were far more likely to provide a benefit for specific population groups—especially the economically disadvantaged—than foundation grants overall

Health policy grants accounted for a larger share of overall health giving in 2002



Based on all grants of $10,000 or more awarded by a sample of 869 larger foundations for 1995 and 868 for 2002.

How Involved are Foundations in Health Policy?

Between the health care debates of the 1990s and today, the nation has experienced the longest continuous economic boom on record, a stock market meltdown and recession, an unprecedented act of terrorism on U.S. soil, and a weak economic recovery accompanied by relatively high unemployment and war. Since that brief point in time a decade ago, health and health care have rarely had the undivided attention of lawmakers at any level of government. Nonetheless, many organizations that work to improve health and health care have expanded their efforts to gain lawmakers' attention.

For leading foundations working to improve health and health care at the national, state, and local levels, the value of supporting efforts to inform the policymaking process and thereby leverage limited foundation resources has clearly been established. From 1995 to 2002, the overall number of larger foundations included in the Foundation Center's annual grants sample remained nearly unchanged while the number that funded health policy activities climbed by more than half to 136.[2] To be sure, these health policy funders represent only a tiny fraction of the nation's 62,000+ grantmaking private and community foundations, but they include several of the country's largest foundations.

Grant dollars targeting health policy activities more than tripled from 1995 to 2002, from just under $100 million to nearly $360 million. Health policy grantmaking has also grown in importance, as reflected in its share of overall foundation health giving. Funding for health policy activities captured one-eighth of health grant dollars in 2002, up from one-eleventh in 1995. Support for health policy activities also grew faster than overall foundation giving during this period.

Who are the Leading Health Policy Funders?

More foundations are active in health policy grantmaking than in the mid-1990s. Yet, one foundation has increased its dominance in terms of overall funding: the Robert Wood Johnson Foundation (RWJF), which also ranks among the ten largest U.S. foundations. From 1995 to 2002, RWJF increased its health policy giving more than fivefold and its share of all foundation health policy grant dollars from roughly 45 percent to 63 percent.

RWJF was by no means the only factor accounting for increases in foundation health policy support. Other health policy funders in the sample also showed substantial growth in giving. Foundations other than RWJF awarded health policy grants totaling over $133 million in 2002—up from roughly $55 million in 1995. Moreover, they accounted for two-thirds of the more than 900 health policy grants in the 2002 sample.

Among the top ten health policy funders in 2002, three were new to the list: the second-ranked California Endowment (established in 1996 with a focus on expanding access to health care and improving the health of Californians), the seventh-ranked Rockefeller Foundation, and the ninth-ranked Ford Foundation. Of the remaining funders, all but one reported a higher level of health policy giving in 2002 than in 1995.

Top Ten Foundations by Giving for Health Policy, 2002

	Foundation Name	State	Amount	%	No. of Grants	%	Primary Health Focus Areas[1]
1.	Robert Wood Johnson Foundation	NJ	$225,284,537	62.8	310	34.1	Supports efforts nationally to ensure access to quality health services, improve quality of care and support for people with chronic conditions, promote healthy communities and lifestyles, and reduce harm caused by substance abuse.
2.	California Endowment	CA	30,864,064	8.6	45	5.0	Supports health and well-being of Californians primarily in areas of access to health care, health and well-being, and multicultural health.
3.	Pew Charitable Trusts	PA	15,710,000	4.4	4	0.4	Supports policies and activities that promote the health and well-being of Americans; also supports biomedical research and training.
4.	W. K. Kellogg Foundation	MI	13,455,375	3.8	8	0.9	Seeks to improve the health of people in U.S. communities through increased access to integrated, comprehensive health care systems.
5.	John D. and Catherine T. MacArthur Foundation	IL	10,950,000	3.1	11	1.2	Seeks to advance policies that promote mental health and responsible reproductive choices.
6.	Commonwealth Fund	NY	9,735,470	2.7	9	1.0	Seeks to improve insurance coverage and access to care and the quality of health care services nationally; also supports international health care policy and practice benefiting the U.S. and other countries.
7.	Rockefeller Foundation	NY	7,774,720	2.2	25	2.8	Promotes global health equity through support for efforts to reduce avoidable and unfair differences in the health status of populations.
8.	California Wellness Foundation	CA	4,352,000	1.2	35	3.9	Seeks to improve the health of Californians through support for health promotion, wellness education, and disease prevention.
9.	Ford Foundation	NY	4,158,500	1.2	20	2.2	Primarily supports work on reproductive rights and the reduction of stigma and discrimination against people with HIV/AIDS.
10.	David and Lucile Packard Foundation	CA	3,388,969	0.9	12	1.3	Supports access to health insurance and appropriate health care for all children, expansion of reproductive health options, and reproductive rights.
	Subtotal		**$325,673,635**	**90.8**	**479**	**52.8**	
	All other foundations		32,904,855	9.2	429	47.2	
	Total		**$358,578,490**	**100.0**	**908**	**100.0**	

Based on all grants of $10,000 or more awarded by a sample of 136 larger foundations.

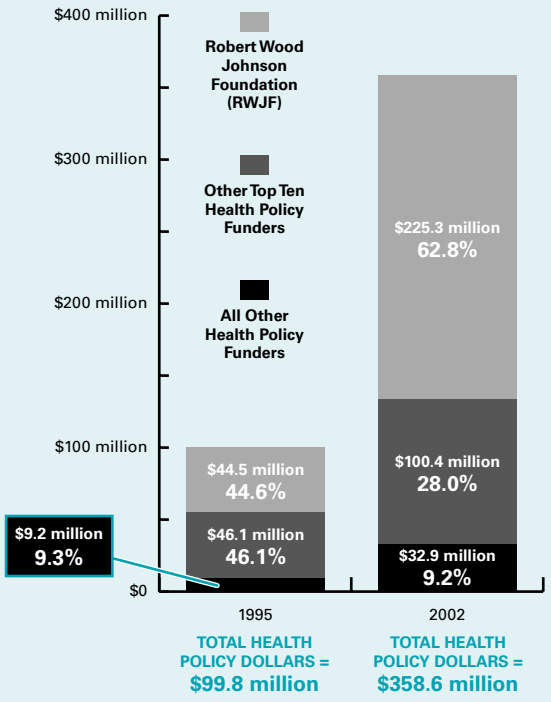
[1]Grants may provide support in multiple health policy topic areas, e.g., studying the treatment of people with AIDS under Medicare. For this analysis, grants were counted to the primary topic as determined from the grant description.

Strategies for Public Policy Grantmaking[1]

- Improving the quality and reach of public information and education
- Strengthening the infrastructure for citizen surveillance and monitoring of government performance
- Building national research and training capacities
- Accelerating systems of change and reform

[1]See "Purpose and Policy in Private Philanthropy" by Terrance Keenan, Chapter 1 in *Health Policy Grantmaking: A Report on Foundation Trends,* New York: Foundation Center, 1998.

RWJF's health policy grantmaking increased more than five-fold from 1995 to 2002; giving by other funders more than doubled



Based on all grants of $10,000 or more awarded by a sample of 87 larger foundations for 1995 and 136 for 2002.

How Have Grantmaking Priorities Changed Since 1995?

HEALTH CARE COST, QUALITY, AND REFORM

Priorities in health policy funding have changed since the mid-1990s. Grantmaking to reduce public and private health care costs, improve quality, and initiate reform continued to account for the single largest share of support in 2002.[3] Grant dollars in this area almost doubled and represented a top priority for both RWJF and other health policy funders overall. However, the share of health policy grant dollars in this area was roughly half that reported in 1995. By comparison, giving for reproductive health, health care access, mental health and substance abuse, research and training, HIV/AIDS, and end-of-life care/right-to-die issues all saw substantial gains in their shares of support.

RWJF provided the single largest award related to health care cost, quality, and reform in 2002: $30.8 million to the New Jersey-based Center for Healthcare Strategies for technical assistance and direction, sites, and related support for the Medicaid Managed Care Program. An initiative of RWJF, the program provides training and technical assistance to states, health plans, and consumer organizations to strengthen publicly financed managed care. Among the largest grants focusing specifically on reform was the Pew Charitable Trusts'[4] nearly $3.2 million award to the Columbia University Law School to elevate public awareness and discussion of the medical liability crisis in Pennsylvania, conduct research on causes and consequences of the crisis, and identify potential reforms to alleviate the crisis.

HEALTH CARE ACCESS

Among the policy activities receiving dramatically more attention from health funders in 2002 were efforts to assess, establish, and improve access to care for the uninsured and to eliminate disparities in health care. Less than 6 percent of policy grant dollars focused specifically on health care access and disparities in the 1995 sample, compared to over 19 percent in the latest sample.[5] The share of number of grants also climbed from roughly 4 percent to more than 19 percent.

Similar to funding focused on health care cost, quality, and reform, support for efforts to improve health care access and to remove disparities represented a top priority for both RWJF and other health policy funders overall. Among the largest grants awarded in this area in 2002 were $2.8 million in continuing support from the W.K. Kellogg Foundation to the Families USA Foundation for its Health Access State Support Center, which assists the advocacy efforts of state and community leaders; and $2.5 million from the California Endowment to Neighborhood Legal Services of Los Angeles County to improve health care access for uninsured, low-income San Fernando and San Gabriel Valley residents by educating and enabling them to participate in health care policy and decision-making efforts.

RWJF alone provided more than two-thirds of the grant dollars for access-related health policy through a variety of initiatives, such as Covering Kids and Families: National Health Access Initiative for Low-Income, Uninsured Children and Hablamos Juntos: Improving Patient-Provider Communication for Latinos, which seeks to improve access to quality health care for Latinos with limited English proficiency.

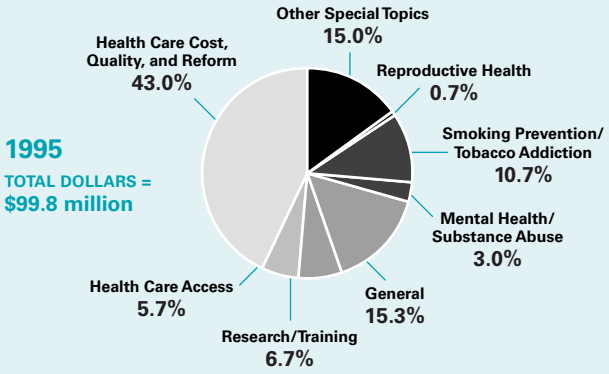
Distribution of Foundation Health Policy Giving by Topic, 2002*

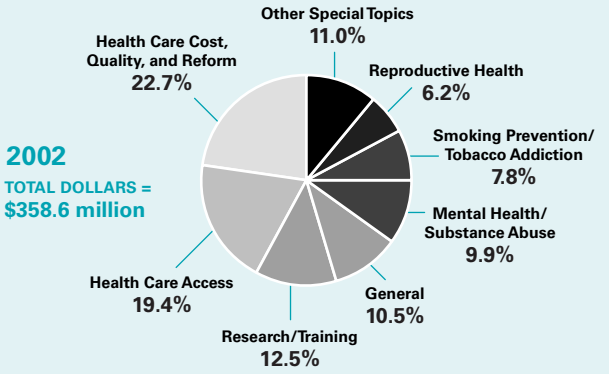
	Amount	%	No. of Grants	%
Health Care Cost, Quality, and Reform				
Medicare/Medicaid, HMOs, and Private Insurance	$49,168,061	13.7	98	10.8
Health Care Reform, General	27,073,241	7.6	82	9.0
Health Care Financing, General	2,960,213	0.8	15	1.7
Cost Containment/Managed Care, General	2,044,594	0.6	11	1.2
SUBTOTAL	**$81,246,109**	**22.7**	**206**	**22.7**
Health Care Access	**$69,666,218**	**19.4**	**173**	**19.1**
Health Policy—Special Topics				
Mental Health/Substance Abuse	$35,621,521	9.9	55	6.1
Smoking Prevention/Tobacco Addiction	27,923,773	7.8	38	4.2
Reproductive Health	22,291,992	6.2	82	9.0
End-of-Life Care/Right-to-Die Issues	7,996,852	2.2	58	6.4
HIV/AIDS	4,085,646	1.1	16	1.8
Long-term and Chronic Care	3,373,464	0.9	20	2.2
Bioethics	3,197,018	0.9	7	0.8
Asthma	1,212,643	0.3	5	0.6
Environmental Health	898,585	0.3	9	1.0
Other	18,655,726	5.2	106	11.7
SUBTOTAL	**$125,257,220**	**34.9**	**396**	**43.6**
Health Policy Research/Training	**$44,758,989**	**12.5**	**34**	**3.7**
Health Policy, General	**$37,649,954**	**10.5**	**99**	**10.9**
TOTAL	**$358,578,490**	**100.0**	**908**	**100.0**

Based on all grants of $10,000 or more awarded by a sample of 136 larger foundations.

*Grants may provide support in multiple health policy topic areas, e.g., studying the treatment of people with AIDS under Medicare. For this analysis, grants were counted to the primary topic as determined from the grant description.

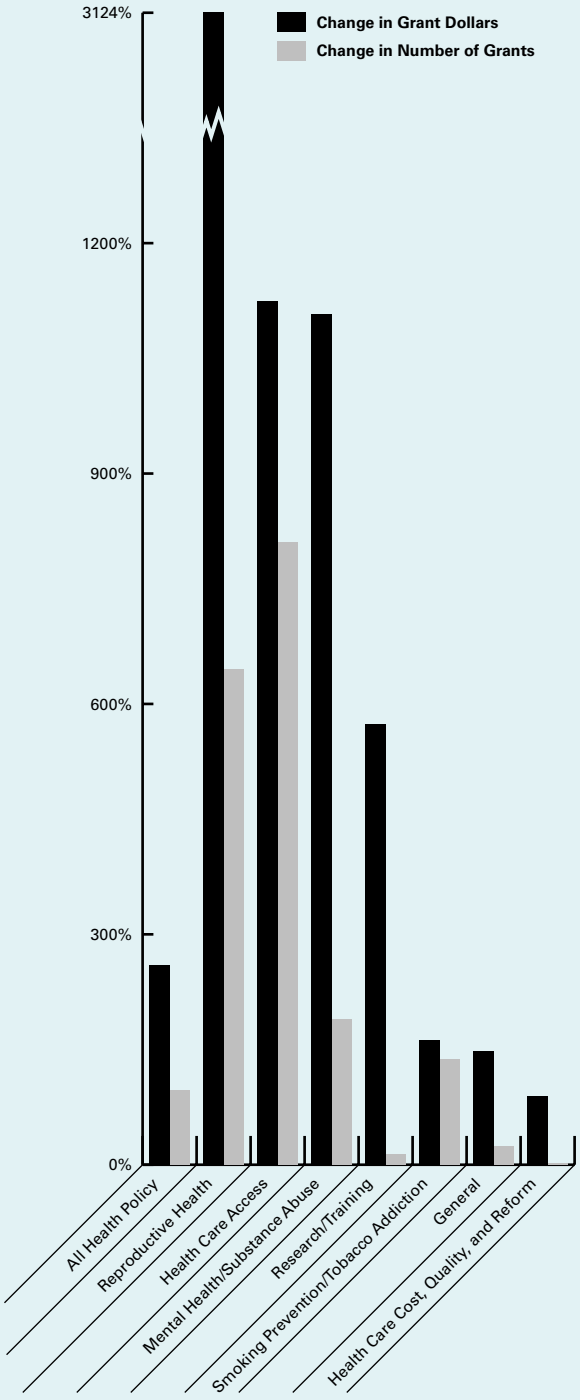
Health care cost, quality, and reform accounted for the largest share of health policy giving in 2002, followed by health care access*





Based on all grants of $10,000 or more awarded by a sample of 87 larger foundations for 1995 and 136 for 2002.
*Due to rounding, percentages may not total 100.

Reproductive health showed the greatest growth in health policy grant dollars from 1995 to 2002*



Based on all grants of $10,000 or more awarded by a sample of 87 larger foundations for 1995 and 136 for 2002.
*Based on topics accounting for at least 6 percent of health policy grant dollars in 2002.

RESEARCH/TRAINING

Support for activities to encourage the study of health policy issues was provided almost exclusively by RWJF, and the foundation showed only a modest increase in the number of grants it awarded for this purpose. However, the RWJF grants for programs such as Scholars in Health Policy Research, Health Policy Fellowships Program, Robert Wood Johnson Foundation Health and Society Scholars Program, and Investigator Awards in Health Policy Research were substantially larger than the research and training grants it awarded in 1995. As a result, the share of health policy grant dollars supporting research and training nearly doubled to over 12 percent, while the share of number of grants declined.

HEALTH POLICY—GENERAL

Grant dollars for general or unspecified health policy activities[6] more than doubled from 1995 to 2002. Still, the share of overall health policy dollars supporting general activities decreased slightly from about 15 percent to less than 11 percent. The largest broad purpose policy grant in 2002 was the California Endowment's $12 million award to the Public Health Institute for a statewide and local evaluation to measure the impact of initiative outcomes on public health systems, community capacity building, community health, and statewide and local policy.

MENTAL HEALTH/SUBSTANCE ABUSE

Support for mental health policy rose from 3 percent of health policy grant dollars in 1995 to almost 10 percent in 2002. An increased focus on substance abuse (excluding tobacco abuse) by RWJF accounted for the bulk of the growth in this area.[7] The foundation provided support for a variety of activities, ranging from reforming substance abuse treatment to reducing underage drinking. RWJF's single largest grant in this area was a $9 million award to the School of Public Health at Boston University to support a national resource center for community substance abuse initiatives. This grant helped to drive up the foundation's overall share of health policy mental health funding from less than 9 percent in 1995 to nearly 68 percent in 2002.

At the same time, other funders—among them the John D. and Catherine T. MacArthur Foundation, Pew Charitable Trusts, and California Endowment—were also ramping up their support for efforts to improve mental health care and treatment or to reduce substance abuse. Among the largest of their awards was a $3.9 million grant from the MacArthur Foundation to the University of Virginia Law School for a Research Network on Mandated Community Treatment, which focuses on mental health, and a $1.6 million grant from the California Endowment to the University of California, San Diego, to improve substance abuse treatment in California by strengthening knowledge and leadership skills in public and nonprofit agencies and by planning a public education campaign.

SMOKING PREVENTION/TOBACCO ADDICTION

Health policy grants addressing smoking prevention and tobacco addiction were almost exclusively provided by RWJF. Many of the foundation's awards in this area were made through its SmokeLess States: National Tobacco Policy Initiative, although the single largest award was the foundation's $3.5 million grant to Health Research for its program, Why Youth Don't Quit: Finding Answers to Design Effective Smoking Cessation Programs. The only exception to RWJF's dominance were two grants totaling nearly $820,000 awarded by the Rockefeller Foundation that focused on tobacco use and control in Southeast Asia.

REPRODUCTIVE HEALTH

Among areas of health policy grantmaking tracked in both 1995 and 2002, reproductive health policy realized by far the fastest growth in support. Grant dollars climbed from roughly $691,000 to over $22 million. In contrast to most other areas of health policy grantmaking, however, RWJF was not a factor. Instead, the Pew Charitable Trusts dominated funding with a single $9.9 million grant to Johns Hopkins University to develop options to guide policy decisions about the development and use of reproductive genetic technologies. The Rockefeller and Ford foundations followed, with grants focused primarily on reproductive health and rights in the developing world.[8]

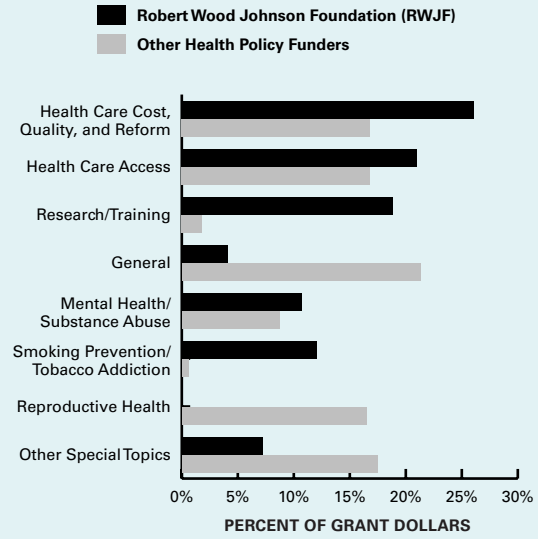
2002 Sampling Base

The information presented in this update is based on the Foundation Center's grants sample database. The circa 2002 sample included 127,728 grants of $10,000 or more awarded by 1,005 of the largest U.S. foundations. Grants were awarded primarily in 2002 or 2001. These grants totaled $15.9 billion and represented more than half of total grant dollars awarded by U.S. independent, corporate, community, and grantmaking operating foundations. (See Appendix A in *Foundation Giving Trends* for complete sampling information.)

Support for health policy encompasses a broad range of purposes not limited to health grants that explicitly reference "policy" or "policymakers." This analysis defines health policy awards as including all health grants that suggest an intention on the part of funders to support analysis, monitoring, research, education, or other activities that can inform the policymaking process or that can assist advocacy, systemic change, or reform around specific health care topics.

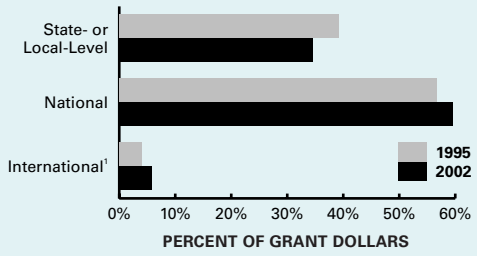
Finally, this analysis is based solely on awards to recipient organizations. It does not capture support for foundation-administered programs and activities—including staff-driven health policy research, analysis, conferences, and publishing.

RWJF and other health policy funders included health care cost, quality, and reform and health care access among their top priorities in 2002



Based on all grants of $10,000 or more awarded by a sample of 136 larger foundations.

Health policy giving was slightly less likely to focus on state- or local-level initiatives in 2002



Based on all grants of $10,000 or more awarded by a sample of 87 larger foundations for 1995 and 136 for 2002.
[1]Includes giving to U.S.-based international health policy programs and to non-U.S. recipients.

Top Ten Recipients of Health Policy Grants, 2002

	Recipient	State	Amount	%	No. of Grants	%
1.	Center for Healthcare Strategies	NJ	$31,252,295	8.7	2	0.2
2.	Johns Hopkins University	MD	13,091,428	3.7	8	0.9
3.	Public Health Institute	NY	12,555,678	3.5	2	0.2
4.	Boston University	MA	11,122,034	3.1	3	0.3
5.	University of California, San Francisco	CA	10,484,515	2.9	10	1.1
6.	University of Michigan	MI	10,329,081	2.9	6	0.7
7.	Columbia University	NY	9,320,337	2.6	9	1.0
8.	Harvard University	MA	9,247,716	2.6	12	1.3
9.	George Washington University	DC	7,067,141	2.0	8	0.9
10.	Joint Center for Political and Economic Studies	DC	7,000,000	2.0	1	0.1
	SUBTOTAL		**$121,470,225**	**33.9**	**61**	**6.7**
	All Other Recipients		237,108,265	66.1	847	93.3
	TOTAL		**$358,578,490**	**100.0**	**908**	**100.0**

Based on all grants of $10,000 or more awarded by a sample of 136 larger foundations.

Preserving reproductive options in the United States was also an important giving focus, with more than one-third of the 2002 grants supporting efforts to maintain family planning and reproductive services domestically. Among the largest awards was the John Merck Fund's $200,000 grant to the Planned Parenthood Federation of American to defend reproductive rights against efforts to erode them.

END-OF-LIFE CARE/RIGHT-TO-DIE ISSUES

Health policy grant dollars in 2002 to improve the quality of life for the terminally ill and to support their treatment decisions totaled close to four times the amount recorded in 1995. RWJF accounted for almost all of this growth and provided close to two-thirds of grant dollars in this area in 2002. Its largest award was a $1.1 million grant to the Partnership for Caring: America's Voices for the Dying for technical assistance and direction for the Last Acts program, a campaign to improve end-of-life care, which was led by a coalition of professional and consumer organizations. Nonetheless, the field benefited from relatively broad support, with an additional 17 funders making grants in this area. Among those awarding four or more grants related to end-of-life/right-to-die policy were the Open Society Institute (which maintains a Project on Death in America) and the Wallace Alexander Gerbode, Greenwall, and Fan Fox and Leslie R. Samuels foundations.

HIV/AIDS

Funding for HIV/AIDS health care policy increased more than fivefold since the mid-1990s, although two foundations accounted for nearly all of this growth in funding. The Bill and Melinda Gates Foundation, established in 1994 and now the nation's largest foundation, provided nearly two-thirds of support in 2002 through a single $2.7 million grant to the United Nations Program on HIV/AIDS for policy development, advocacy, and communications. The Ford Foundation made six grants totaling $1.3 million focused on improving policies for people with HIV/AIDS both domestically and overseas.

OTHER SPECIAL TOPICS

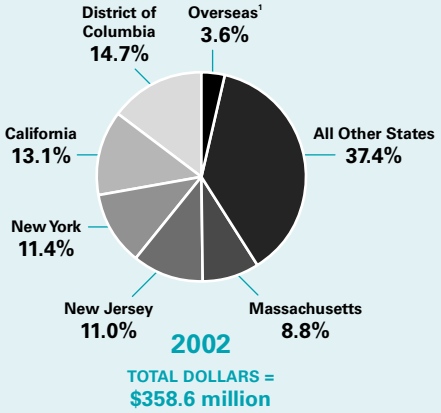
Several other health policy topics commanded notably larger shares of foundation support in 2002, reflecting their increased prominence with policymakers and the public. Among these, funding for health policy related to long-term and chronic care accounted for the largest share of grant dollars and grants. RWJF provided three-fifths of the grants in this area, with the largest being a $500,000 award to the Bloomberg School of Public Health at Johns Hopkins University for a research and communications initiative on meeting the needs of those with chronic conditions in the 21st century.

Only seven grants supported bioethics policy in the latest sample, but they totaled nearly $3.2 million dollars. Among leading funders, the Greenwall Foundation maintains an Interdisciplinary Program in Bioethics and provided three grants totaling $1.9 million related to bioethics training and research, while the Duke Endowment awarded a single $1 million endowment grant to Duke University for its Center for Genome Ethics, Law, and Policy.

Support for health policy related to asthma and environmental health also represented larger shares of grant dollars, although their shares of overall policy funding remained modest. The California Endowment allocated nearly all of the asthma policy funding through two grants: a $570,000 award to Policy Link to build consensus among asthma stakeholders on a California asthma policy agenda and to guide policy, advocacy, and communication activities of regional technical assistance providers; and a nearly $556,000 grant to the Public Health Institute to provide technical assistance in asthma coalition formation and to support policy development, data collection, and statewide media efforts. Among the largest environmental health awards was RWJF's $180,000 operating grant to the Latino Issues Forum to sustain and strengthen public policy work on environmental health issues that affect Latinos.

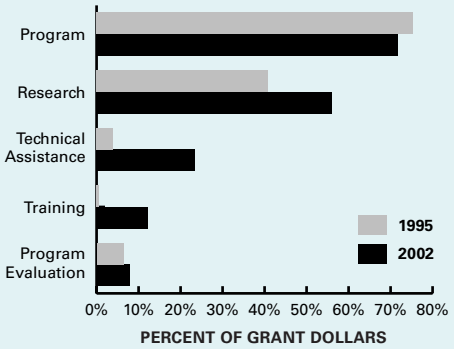
Finally, health policy funders in the 2002 sample provided grants addressing a variety of other special topics. Among these many topics were increasing access to prescription drugs (Commonwealth Fund, Nathan Cummings Foundation), encouraging appropriate use of antibiotics (RWJF, Wallace Genetic Foundation), promoting rural health issues (Claude Worthington Benedum Foundation, California Wellness Foundation, RWJF), and addressing the threat of bioterrorism (RWJF, Alfred P. Sloan Foundation).

Organizations in four states and the District of Columbia received nearly three-fifths of health policy grant dollars in 2002



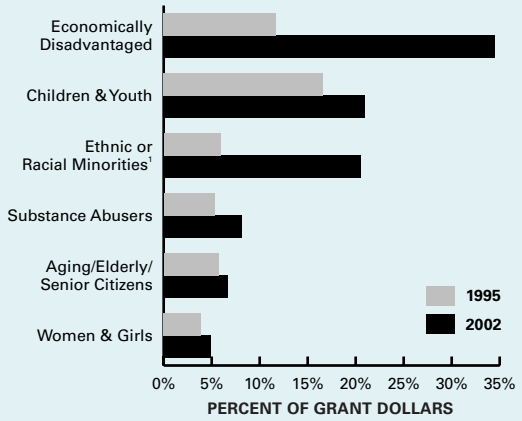
Based on all grants of $10,000 or more awarded by a sample of 136 larger foundations.
[1]Giving to international health policy programs based in the U.S. is not included; this giving is included in the totals for the state where the recipient organization is located.

Most 2002 health policy giving supported specific programs and research*



Based on all grants of $10,000 or more awarded by a sample of 87 larger foundations for 1995 and 136 for 2002.
*Based on types of support accounting for at least 8 percent of health policy grant dollars in 2002. Grants may be for multiple types of support, e.g., program support and research, and would thereby be counted more than once.

Foundations directed larger shares of their health policy giving for specific beneficiary groups in 2002*



Based on all grants of $10,000 or more awarded by a sample of 87 larger foundations for 1995 and 136 for 2002.
*Based on population groups accounting for at least 4 percent of health policy grant dollars in 2002.
[1]Coding for these groups generally includes only "domestic" populations. Overseas grants are only coded for ethnic or racial minorities if they specifically mention a benefit for a particular minority group.

Who Benefits from Health Policy Grants?

A principal purpose of much foundation health policy grantmaking is to improve the health and health care of vulnerable populations. Fully three-fifths of health policy grant dollars and well over three-fifths of grants could be coded as benefiting one or more population groups—far surpassing the shares reported for overall foundation giving.[9] The economically disadvantaged led with more than one-third of health policy grant dollars, reflecting in part the increased focus on access to health care for poor and low-income populations, including the uninsured. Children and youth and racial or ethnic minorities each captured just over one-fifth of health policy grant dollars. Two-fifths of health policy grant dollars was not coded for a population group. While some of this support could not be earmarked due to a lack of specific information, this finding does suggest that ensuring broad improvements in health and health care remains an important priority for health policy grantmakers.

What is the Outlook for Health Policy Grantmaking?

Since the failure of national health care reform efforts in the mid-1990s, foundation interest in health policy grantmaking has only increased, and the range of areas supported has broadened. Looking ahead, budget shortfalls at the national, state, and local levels, accompanied by a jobless economic recovery, suggest that efforts to improve existing public and private health coverage and to expand access to health care in this country will continue to face many challenges. In addition, emerging health issues, such as the obesity crisis in the U.S. and the spread of new viruses overseas, will compete for attention with the many existing priorities. Moreover, health funders will need to respond to these demands while also experiencing far more modest growth in their resources in the current economic climate. Together, these factors suggest that health policy grantmaking, with its potential for impacting broad populations in a cost-effective way, will continue to grow in importance as a strategy for the nation's health funders.

ENDNOTES

1. See Renz, L. and S. Lawrence, *Health Policy Grantmaking: A Report on Foundation Trends,* New York: Foundation Center, 1998.

2. This figure represents only foundations included in the sample that awarded health policy grants. Foundations may also operate their own internal programs focused on health policy, and some do so almost exclusively. For example, both the Milbank Memorial Fund and the Henry J. Kaiser Family Foundation focus primarily on conducting their own analyses of significant issues in health policy.

3. Health care cost, quality, and reform includes support for the study and analysis of Medicare, Medicaid, HMOs and other forms of managed care, all types of health insurance, health care financing and cost containment, and all other types of general health care reform.

4. As of January 1, 2004, the Pew Charitable Trusts changed its status to a public charity.

5. These figures exclude grants specifically directed to improving access to Medicare, Medicaid, and designated public and private insurance programs, which are included in totals for Health Care Cost, Quality, and Reform.

6. Typically, these awards either referenced general "health policy" support in the grant description or they lacked sufficient purpose or recipient organization information to allow for more specific coding.

7. The National Taxonomy of Exempt Entities, used by the Foundation Center to code the purpose of grants, includes substance abuse within the broad category of mental health. Complete coding information is available at www. fdncenter.org/research/.

8. Overall international health policy giving (including support for U.S.-based international health programs and cross-border recipients) increased modestly from just over 4 percent of health policy grant dollars in 1995 to close to 6 percent in 2002.

9. In the 2002 sample overall, 38 percent of grant dollars and 46 percent of grants could be coded as benefiting one or more population groups.

HEADQUARTERS

New York
79 Fifth Avenue
New York, NY 10003-3076
Tel: 212-620-4230
Fax: 212-807-3677

WEB SITE

www.fdncenter.org

FIELD OFFICES

Atlanta
50 Hurt Plaza, Suite 150
Atlanta, GA 30303-2914
Tel: 404-880-0094
Fax: 404-880-0087

Cleveland
1422 Euclid Avenue, Suite 1600
Cleveland, OH 44115-2001
Tel: 216-861-1934
Fax: 216-861-1936

San Francisco
312 Sutter Street, Suite 606
San Francisco, CA 94108-4323
Tel: 415-397-0902
Fax: 415-397-7670

Washington, DC
1627 K Street, NW, Third Floor
Washington, DC 20006-1708
Tel: 202-331-1400
Fax: 202-331-1739

Advancing knowledge about philanthropy