

Foundation Funding for Children's Health

AN OVERVIEW OF RECENT TRENDS



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ABOUT THE FOUNDATION CENTER

The Foundation Center's mission is to strengthen the nonprofit sector by advancing knowledge about U.S. philanthropy.

To achieve our mission, we:

- Collect, organize, and communicate information on U.S. philanthropy
- Conduct and facilitate research on trends in the field
- Provide education and training on the grantseeking process
- Ensure public access to information and services through our Web site, print and electronic publications, five library/learning centers, and a national network of Cooperating Collections.

Founded in 1956, the Center is the nation's leading authority on philanthropy and is dedicated to serving grantseekers, grantmakers, researchers, policymakers, the media, and the general public.

ABOUT THE REPORT SPONSOR

The Lucile Packard Foundation for Children's Health is an eight-year-old public charity whose mission is to promote, protect, and sustain the physical, mental, emotional and behavioral health of children. The foundation makes grants in California's San Mateo and Santa Clara counties, in two focus areas: protecting children ages 0–5 from injury, and promoting the emotional and behavioral health of preteens, ages 9–13. The foundation also operates a public information and education program about children's health issues, and conducts fundraising for the Lucile Packard Children's Hospital and the pediatric programs of the Stanford University School of Medicine. More information is available at www.lpfch.org.

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Source for all data: The Foundation Center

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Foundation Funding for Children's Health

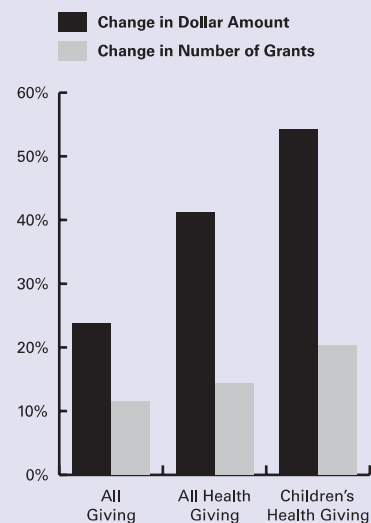
Health accounts for the second largest category of foundation giving in the United States, and its share of the total has grown over the past decade. The establishment of numerous foundations formed from the conversion of health care organizations to for-profit status, the strong growth in assets of several existing health funders, and the emergence of the Bill & Melinda Gates Foundation and its major focus on global health have all contributed to the increase in support.

Over the same period, the nation's foundations have also been increasing the share of their giving that specifically benefits children and youth. It has long been understood that addressing the physical and emotional needs of children can reduce the need for more extensive interventions later on in their lives. Providing support for efforts to improve children's health is viewed by many funders as a particularly critical aspect of these early interventions, given the central role that good health plays in the physical and cognitive development of children and in their ultimate life potential.

CHILD HEALTH: HOW GRANTMAKERS ARE MEETING CURRENT NEEDS AND INVESTING IN THE FUTURE

prepared by Lauren LeRoy and Anne Schwartz of Grantmakers In Health examines the innovative efforts of private foundations, grantmaking public charities, and corporate funders working to improve children's health. It begins on page 17.

Funding for children's health increased faster than health and overall giving from 1999 to 2003



Based on all grants of \$10,000 or more awarded by 1,016 larger foundations for 1999 and 1,010 for 2003.

Sampling Base

The information presented in this report is based on the Foundation Center's annual grants sets. Each set includes *all* of the grants of \$10,000 or more awarded to organizations by just over 1,000 of the largest U.S. foundations and represents roughly half of total grant dollars awarded by the universe of independent, corporate, community, and grantmaking operating foundations in that year. Specifically, the 2003 grants set included 120,721 grants awarded by 1,010 foundations totaling \$14.3 billion; and the 1999 set included 108,169 grants awarded by 1,016 foundations totaling \$11.6 billion. Grants to individuals and grants from donor-designated and restricted funds of community foundations are not included. (See Appendix A in *Foundation Giving Trends* for complete sampling information.)

IDENTIFYING CHILDREN'S HEALTH GRANTS

The analysis presented in this report includes all grants with a primary purpose of health that contained coding for children and youth.¹ Grants are coded for children and youth whenever population groups from newborns through 19-year-olds are named in the grant description or when the recipient organization's mission includes serving or representing the interests of children and youth. (If the organization or program serves more than one population group, e.g., economically disadvantaged youth, the grant is added to the total amount reported for each applicable category.) The analysis does not include grants for supporting general improvements in individual health or the health care system, even though these grants may ultimately provide a benefit for children and youth.

1. In addition to the 3,093 grants included in the 2003 grants set with a primary purpose of children's health, 1,539 grants totaling \$133.9 million included secondary coding for children's health. The majority of these grants had primary coding for human services.

To measure the involvement of foundations in supporting children's health, the Foundation Center has prepared *Foundation Funding for Children's Health*, the first detailed examination of U.S. foundation health giving that specifically benefits children and youth, defined as newborns through 19-year-olds. The report examines funding trends from 1999 through 2003 and also identifies changes in the top funders and their impact on trends and the future outlook for support in the field. In addition, Lauren LeRoy and Anne Schwartz of Grantmakers In Health have provided commentary on the critical role of foundations in funding children's health.

Trends in Children’s Health Funding, 1999 through 2003

During a period marked by an economic recession, prolonged stock market downturn, and uneven economic recovery, children’s health grantmaking grew disproportionately to other health funding as well as to giving overall. Between 1999 and 2003, giving for children’s health by funders included in the Foundation Center’s annual grants set (see “Sampling Base” for details) rose from \$390.6 million to \$602.8 million, or 54 percent. As a result, children’s health funding increased from 20 percent to nearly 22 percent of total health grant dollars. The number of children’s health grants also grew by one-fifth, from 2,571 to 3,093. However, growth was not consistent throughout this period. Giving for children’s health peaked at nearly \$938 million in 2001, before decreasing to \$555.3 million in 2002. Support for children’s health began to rise again in 2003.

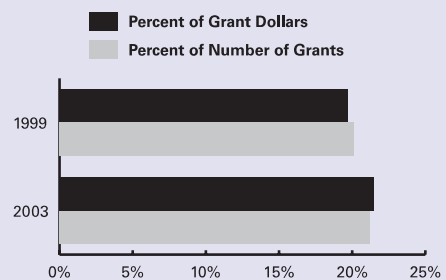
The period from 1999 through 2003 also witnessed notable variability among top children’s health funders. In fact, four of the top ten funders in 1999 no longer ranked among the top group in 2003, while three grantmakers—the Bill & Melinda Gates, Robert Wood Johnson, and David and Lucile Packard foundations—traded the top spot.

The Bill & Melinda Gates Foundation ranked as the top children’s health funder in 2003, after increasing its support from \$33.5 million in 1999 to \$185.3 million. More than half of its 2003 funding came through a \$100 million grant to the Program for Appropriate Technology in Health (PATH) for continuing and expanding work on a Malaria Vaccine Initiative.¹ Overall, the foundation accounted for nearly 31 percent of children’s health grant dollars in 2003. The Robert Wood Johnson Foundation (RWJF) moved from first to second place among children’s health funders, with \$74.9 million in giving in 2003, compared to \$126.8 million in 1999. In the earlier year, RWJF had awarded seven of the fifteen largest grants, including an exceptional \$50 million general support grant to the National Center for Tobacco-Free Kids.

Key Findings

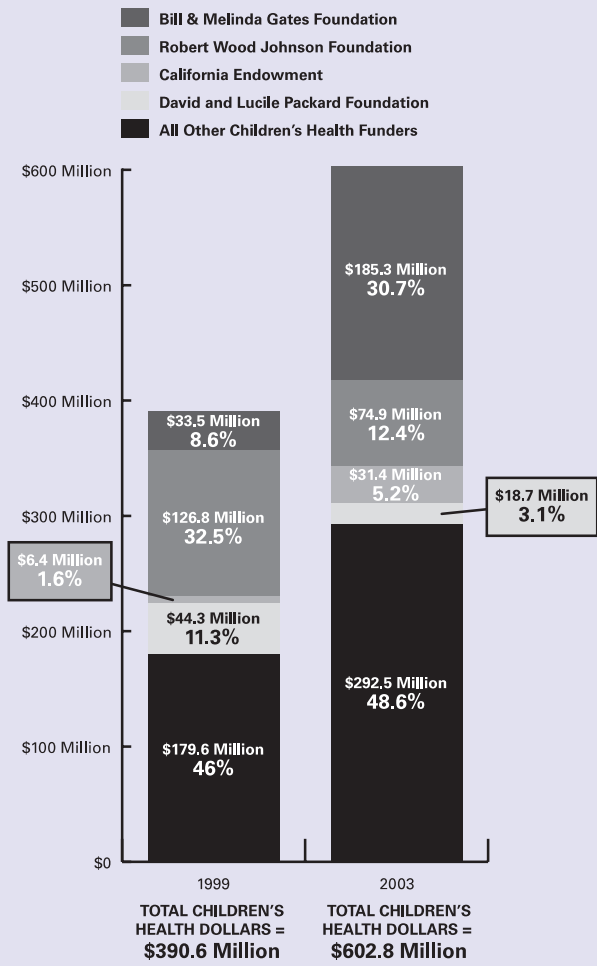
- Support for children’s health increased to more than one-fifth of overall health giving between 1999 and 2003
- While four foundations consistently dominate children’s health funding, the field has benefited from broad increases in support since 1999
- Training and research in pediatrics and oral health benefited from the fastest growth in children’s health funding among sampled foundations
- Giving for the treatment of specific diseases and research on their causes and cures accounted for the largest share of children’s health grant dollars
- Excluding Gates and RWJF, general health care—including hospitals and in-patient care, outpatient care, and rehabilitative health care—received the largest share of grant dollars, followed by mental health

Children’s health represented a modestly larger share of overall health giving in 2003



Based on all grants of \$10,000 or more awarded by 1,016 larger foundations for 1999 and 1,010 for 2003.

Excluding the consistent top funders, giving for children's health grew by more than three-fifths from 1999 to 2003

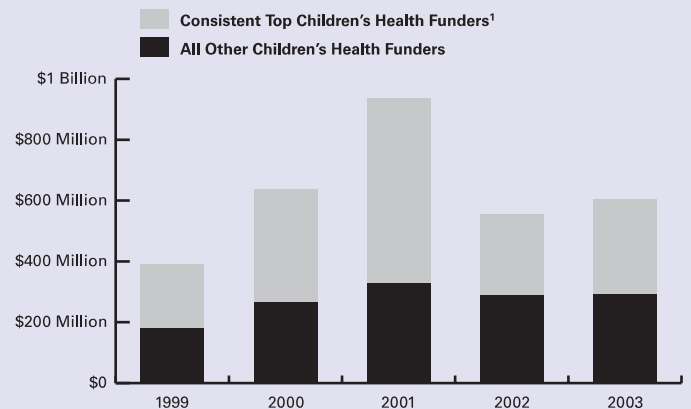


Based on all children's health grants of \$10,000 or more awarded by 566 larger foundations for 1999 and 2003 for 2003. Foundations ranked among the top five funders for children's health in at least four of the five years from 1999 through 2003 included the Bill & Melinda Gates, Robert Wood Johnson, and David and Lucile Packard foundations and the California Endowment.

Unusually large grants made by top children's health funders have had a pronounced effect on changes in giving since 1999. For example, overall support for children's health dropped close to 41 percent between 2001 and 2002. However, when the top consistent funders of children's health—the Bill & Melinda Gates, Robert Wood Johnson, and David and Lucile Packard foundations and the California Endowment—are excluded,² giving by the remaining funders decreased a far more modest 12 percent, and their \$287.2 million in children's health funding exceeded the \$266.2 million they reported in 2000. In fact, between 1999 and 2003, giving by the top consistent children's health funders rose just over 47 percent, while support by all other children's health funders increased 63 percent.

David and Lucile Packard Foundation (CA), through its "Children, Families, and Communities" program, seeks to provide children nationally with access to health insurance that ensures them appropriate health care. The program also supports the Lucile Salter Packard Children's Hospital.

Excluding the consistent top funders, giving for children's health remained stable during the recent economic downturn



Based on all children's health grants of \$10,000 or more awarded by 566 larger foundations for 1999, 588 for 2000, 610 for 2001, 601 for 2002, and 603 for 2003.
¹Foundations ranked among the top five funders for children's health in at least four of the five years from 1999 through 2003 included the Bill & Melinda Gates, Robert Wood Johnson, and David and Lucile Packard foundations and the California Endowment.

Priorities in Children's Health Funding

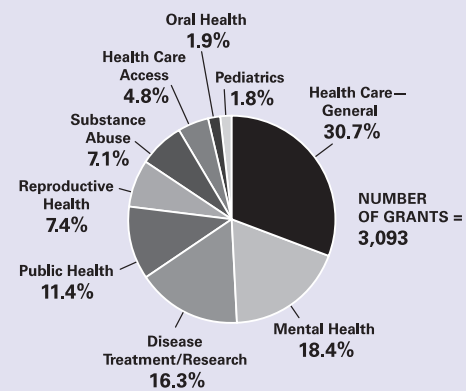
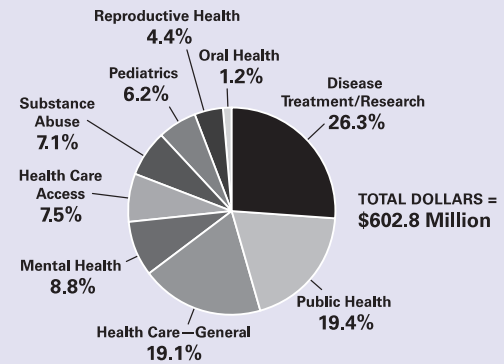
DISEASE TREATMENT/RESEARCH

Funding for the treatment of specific diseases and research on their causes and cures accounted for the biggest share of grant dollars in 2003. Boosted by the largest children's health grant reported in the latest sample—the \$100 million Bill & Melinda Gates Foundation award to PATH noted earlier—funding for disease treatment and research increased from 17 percent to more than 26 percent of children's health grant dollars. Still, the field accounted for a consistent 16.3 percent of the number of children's health grants. Among other top funders of disease treatment and research in 2003 was the Rockefeller Foundation, which provided \$4 million to the Mailman School of Public Health at Columbia University for an initiative that builds on existing programs to prevent mother-to-child transmission of HIV in Asia and sub-Saharan Africa by providing treatment for mothers and their children with HIV/AIDS.

PUBLIC HEALTH EDUCATION/PREVENTION

Support for public health education and prevention efforts nearly doubled between 1999 and 2003, and its share of children's health giving increased from 15.2 percent to 19.4 percent. The Bill & Melinda Gates Foundation provided more than half of public health

Treatment and research for specific diseases and public health education and prevention efforts accounted for the largest shares of children's health giving in 2003



Based on all children's health grants of \$10,000 or more awarded by 603 larger foundations.

Top 15 U.S. Foundations Giving for Children's Health, 2003

Foundation	State	Fdn. Type ¹	Amount	%	No. of Grants	%	% Change in Children's Health Giving, '99-'03	Children's Health Giving as a % of the Foundation's Giving
1. Bill & Melinda Gates Foundation	WA	IN	\$185,339,898	30.7	18	0.6	453.7	17.0
2. Robert Wood Johnson Foundation	NJ	IN	74,910,794	12.4	159	5.1	-40.9	25.5
3. Robert W. Woodruff Foundation	GA	IN	36,548,201	6.1	6	0.2	N/A	35.7
4. California Endowment	CA	IN	31,425,224	5.2	153	4.9	388.0	22.5
5. David and Lucile Packard Foundation	CA	IN	18,704,765	3.1	33	1.1	-57.8	10.6
6. John D. and Catherine T. MacArthur Foundation	IL	IN	10,657,500	1.8	23	0.7	188.4	6.9
7. Dyson Foundation	NY	IN	8,697,063	1.4	5	0.2	618.8	47.9
8. Duke Endowment	NC	IN	7,938,072	1.3	50	1.6	4.3	7.7
9. Ford Foundation	NY	IN	6,762,900	1.1	44	1.4	150.6	1.4
10. Rockefeller Foundation	NY	IN	5,838,787	1.0	9	0.3	22.9	4.8
11. Michael and Susan Dell Foundation	TX	IN	4,107,780	0.7	12	0.4	N/A	30.3
12. Annie E. Casey Foundation	MD	IN	4,077,017	0.7	58	1.9	-30.7	3.6
13. John S. and James L. Knight Foundation	FL	IN	4,062,775	0.7	12	0.4	873.4	3.9
14. Mattel Children's Foundation	CA	CS	4,047,500	0.7	3	0.1	N/A	92.4
15. Kresge Foundation	MI	IN	3,950,000	0.7	6	0.2	264.6	3.7
SUBTOTAL			\$407,068,276	67.5	591	19.1		
All other foundations			195,744,028	32.5	2,502	80.9		
TOTAL			\$602,812,304	100.0	3,093	100.0		

Based on all children's health grants of \$10,000 or more awarded by 603 larger foundations.

¹IN=Independent; CS=Corporate.

N/A = Not available.

Children's Health Grants by Major Field and Subfield, 2003

	Amount	%	No. of Grants	%
Disease Treatment/Research	\$158,598,368	26.3	505	16.3
Malaria	100,000,000	16.6	1	0.0
Nerve/Muscle/Bone Diseases	11,188,750	1.9	11	0.4
HIV/AIDS	10,234,932	1.7	95	3.1
Cancer	9,923,352	1.6	73	2.4
Asthma	5,356,273	0.9	39	1.3
Other Diseases	21,895,061	3.6	286	9.2
Public Health Education/Prevention	\$117,218,306	19.4	352	11.4
Communicable Diseases	52,053,812	8.6	19	0.6
Public Health—Multipurpose	39,989,761	6.6	330	10.7
Sexually Transmitted Diseases	25,174,733	4.2	3	0.1
Health Care—General	\$115,275,402	19.1	951	30.7
Hospitals and In-Patient Health Care	71,422,361	11.8	405	13.1
Clinics and Outpatient Health Care	21,321,844	3.5	295	9.5
Rehabilitative Health Care	7,859,221	1.3	157	5.1
Other	14,671,976	2.4	94	3.0
Mental Health	\$ 52,770,320	8.8	569	18.4
Health Care Access	\$ 45,305,017	7.5	149	4.8
Substance Abuse	\$ 42,721,552	7.1	221	7.1
Alcohol, Drug, and Substance Abuse Prevention/Treatment	37,495,703	6.2	200	6.5
Smoking Prevention/Tobacco Addiction Treatment	5,225,849	0.9	21	0.7
Pediatric Training/Research	\$ 37,130,334	6.2	57	1.8
Reproductive Health¹	\$ 26,486,541	4.4	230	7.4
Oral Health	\$ 7,306,464	1.2	59	1.9
TOTAL	\$602,812,304	100.0	3,093	100.0

Based on all children's health grants of \$10,000 or more awarded by 603 larger foundations.

¹Foundations in the sample provided an additional \$6.2 million (88 grants) for social service programs on adolescent pregnancy prevention and \$1.3 million (13 grants) specifically focused on the reproductive rights of young people.

grant dollars in the latest year, with the bulk of its funding focused on providing vaccinations. Other leading funders included the Robert Wood Johnson Foundation; California Endowment, which provided 73 children and youth-related public health grants in 2003—the largest number recorded; and W.M. Keck Foundation, which made a single \$2 million grant to Children's Hospital Los Angeles to plan a multi-year initiative to reduce the prevalence of obesity and diabetes in low-income communities, and to improve prevention and treatment services for these chronic conditions.

HEALTH CARE—GENERAL

Giving for Health Care—General, which includes support for hospitals and in-patient care, clinics and outpatient care, and rehabilitative health care, grew more slowly than overall children's health funding between 1999 and 2003. Nonetheless, this area accounted for the third largest share of children's health grant dollars (19.1 percent) and by far the largest share of grants (30.7 percent). Nearly all of the largest grants in this area provided capital or operating support for children's hospitals or for the children's units at larger medical institutions. For example, the single biggest grant recorded in 2003 was the Robert W. Woodruff Foundation's \$15.1 million capital award to Children's Healthcare of Atlanta. Among the largest grants not focused on hospital care was the Robert Wood Johnson Foundation's \$3 million award to the University of Colorado Health Sciences Center for the Nurse-Family Partnership, an initiative to provide first-time, low-income single mothers with home visits by nurses to ensure quality health care for the mothers and their children.

MENTAL HEALTH

Funding for mental health treatment and reform doubled between 1999 and 2003, raising its share of children's health grant dollars from 6.7 percent to nearly 9 percent. The field also received the second largest share of number of children's health grants (18.4 percent, up from 16.4 percent in 1999). The John D. and Catherine T. MacArthur Foundation ranked as the top funder for children's mental health in both 1999 and 2003. Among its three grants in this area in the latest year was a \$5 million award to UCLA for research conducted by the Network on Child Mental Health and a \$1.1 million policy-related grant to the National Mental Health Association primarily for the State Health Care Reform Advocacy Training and Technical Assistance Program.

Among other top mental health funders, much of their giving provided operating or capital support for mental health care treatment facilities. For example, the third largest grant recorded in this area was the Mathile Family Foundation's \$3.4 million operating support grant to the Saint Joseph Children's Treatment Center in Cincinnati, OH.

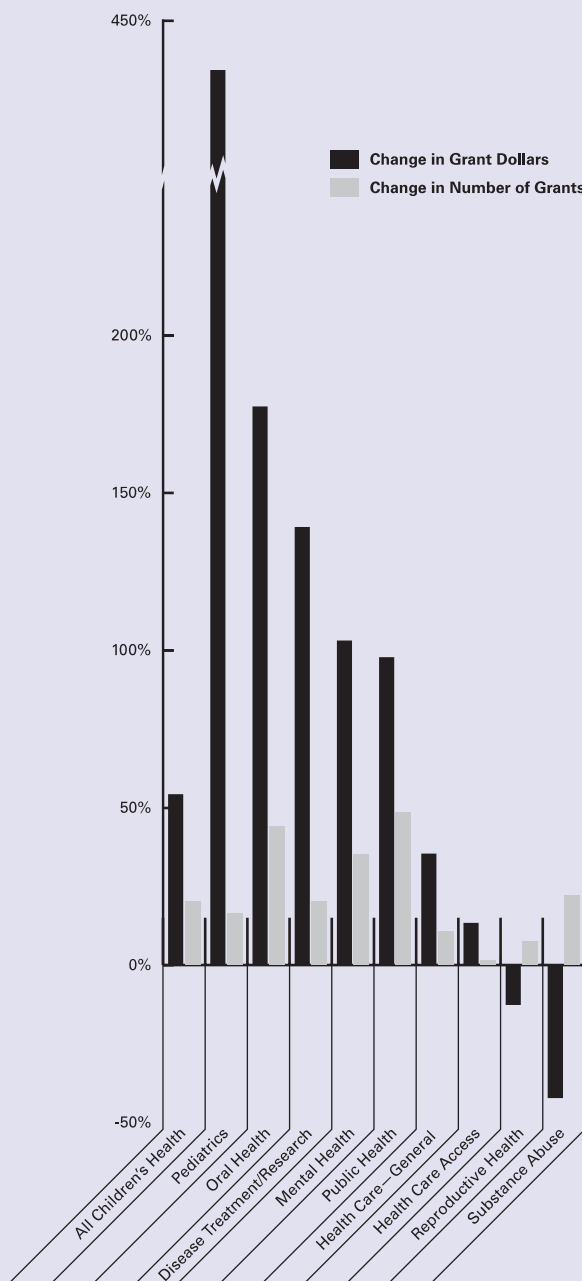
HEALTH CARE ACCESS

Support for efforts to improve access to care for the uninsured and eliminate disparities in care represented 7.5 percent of children's health grant dollars and just under 5 percent of grants in 2003. The Robert Wood Johnson Foundation provided more than two-fifths of this funding. Most of its largest awards in this area were made through its program, Covering Kids and Families: National Health Access Initiative for Low-Income, Uninsured Children, which seeks to increase the number of eligible children and adults who are benefiting from federal and state health care coverage programs. Following RWJF with nearly one-third of giving for health care access was the California Endowment. Most of the Endowment's support in 2003 came through a \$10 million grant to L.A. Care Health Plan for Healthy Kids L.A. Premium Subsidies, which will provide one year of health coverage to approximately 10,000 low-income, uninsured children in Los Angeles County. Other foundations reporting at least \$2.5 million in giving for children's health care access in 2003 included the David and Lucile Packard Foundation and the Michael and Susan Dell Foundation.

SUBSTANCE ABUSE

Giving for substance abuse treatment and prevention declined by over two-fifths between 1999 and 2003, with the decrease entirely accounted for by the Robert Wood Johnson Foundation. In 2003, RWJF provided \$33 million, down by half from 1999 (\$67.1 million). Nonetheless, its support in the latest year accounted for more than three-quarters of grant dollars in this area. The foundation also increased the number of its substance abuse grants from 44 to 52. RWJF's single largest award was a \$6 million grant to the Health Research and Policy Centers at the University of Illinois at Chicago for Bridging the Gap: Research Informing Practice for Healthy Youth Behavior, a policy research partnership to reduce youth substance abuse. By comparison, the foundation made a \$50 million general support grant to

Pediatric training and research showed the greatest growth in children's health grant dollars from 1999 to 2003



Based on all children's health grants of \$10,000 or more awarded by 566 larger foundations for 1999 and 2003.

Top 25 U.S. Foundations by Share of Giving for Children’s Health, 2003

Foundation	State	Fdn. Type ¹	Amount	Children’s Health Giving as a % of the Foundation’s Giving	No. of Grants
1. Mattel Children’s Foundation	CA	CS	\$4,047,500	92.4	3
2. AFLAC Foundation	GA	CS	2,206,347	67.3	2
3. Summit Foundation	DC	IN	1,608,940	55.5	9
4. L. K. Whittier Foundation	CA	IN	1,600,000	50.2	1
5. Dyson Foundation	NY	IN	8,697,063	47.9	5
6. Marguerite Casey Foundation	WA	IN	1,536,372	46.1	7
7. Lawrence J. & Florence A. DeGeorge Charitable Trust	NY	IN	1,740,000	43.9	7
8. Caring Foundation	AL	CS	961,766	43.5	4
9. Charles and Helen Schwab Foundation	CA	IN	2,125,000	39.9	5
10. Alexander and Margaret Stewart Trust	DC	IN	1,439,416	36.9	18
11. La Nasa-Greco Foundation	LA	IN	2,000,000	36.6	1
12. Robert W. Woodruff Foundation	GA	IN	36,548,201	35.7	6
13. Adolph Coors Foundation	CO	IN	2,050,000	32.6	4
14. Michael and Susan Dell Foundation	TX	IN	4,107,780	30.3	12
15. Healthcare Foundation of New Jersey	NJ	IN	1,021,400	27.1	11
16. JSM Charitable Trust	MO	IN	1,690,258	25.8	1
17. Robert Wood Johnson Foundation	NJ	IN	74,910,794	25.5	159
18. Hugh Kaul Foundation	AL	IN	681,000	24.4	4
19. Cannon Foundation	NC	IN	2,100,000	24.3	2
20. Aetna Foundation	CT	CS	750,900	22.7	25
21. California Endowment	CA	IN	31,425,224	22.5	153
22. Baxter International Foundation	IL	CS	580,453	20.6	20
23. Leon Levine Foundation	NC	IN	1,500,000	19.8	1
24. CIGNA Foundation	PA	CS	1,042,000	19.2	10
25. Assisi Foundation of Memphis	TN	IN	1,556,000	18.4	7

Based on all children’s health grants of \$10,000 or more awarded by 603 larger foundations.

¹IN=Independent; CS=Corporate.

Mattel Children’s Foundation (CA),

a corporate grantmaker, focuses on “improving the lives” of disadvantaged children and those with special needs. Its recent funding has supported the expansion of the Mattel Children’s Hospital at the University of California Los Angeles.

the National Center for Tobacco-Free Kids in 1999, which ranked as both the largest substance abuse grant and the largest children’s health grant overall in that year. If that grant is excluded, giving for substance abuse prevention and treatment increased by more than three-quarters (77.4 percent) between 1999 and 2003.

OTHER FUNDING AREAS

Among other areas of children’s health funding, support for training and research in pediatrics climbed from 1.8 percent to 6.2 percent of grant dollars between 1999 and 2003. The bulk of funding in this area in the latest year came from two foundations: the Robert W. Woodruff Foundation, which gave a \$20 million grant to Emory University for construction of a new building to house the Emory Department of Pediatrics and the Emory Children’s Center, and the Dyson Foundation, which made four grants to support innovations in pediatric residency training totaling \$8.2 million.

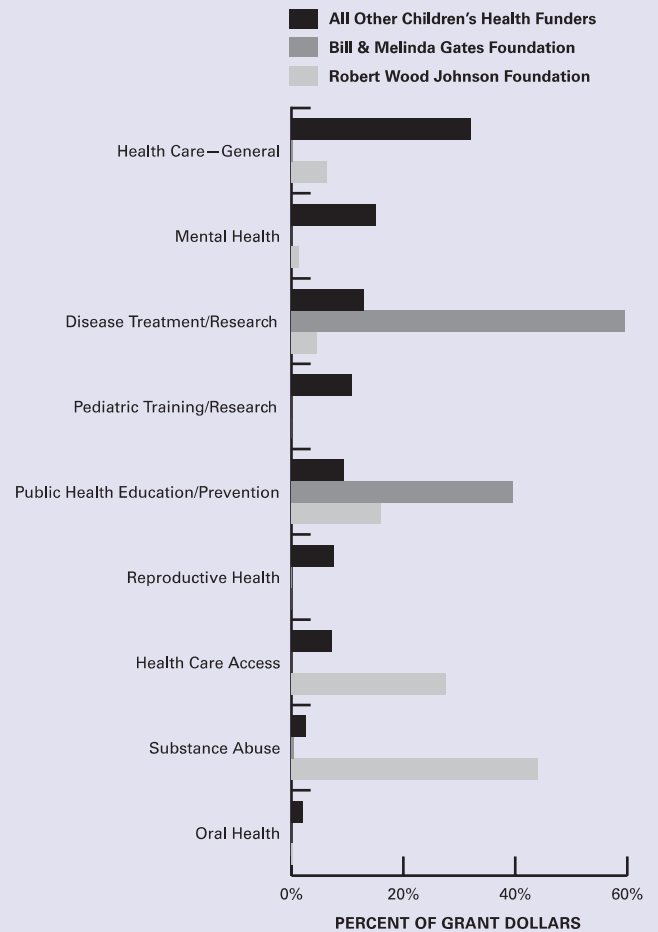
Funding for reproductive health decreased nearly 13 percent between 1999 and 2003, and its share of grant dollars slipped to 4.4 percent.³ Among the largest awards in this area were the Summit Foundation’s \$1.4 million grant to the Public Health Institute for the Emerging Leaders in Reproductive Health Program, a leadership development program for young professionals involved in adolescent reproductive health in Belize, Guatemala, Honduras, and Quintana Roo, Mexico, and the David and Lucile Packard Foundation’s \$1.3 million continuing support grant to the International Center for Research on Women for the integrated youth family planning and reproductive health program in Bihar and Jharkhand, India.

Finally, foundation support for children’s oral health nearly tripled between 1999 and 2003, and the field grew to just over 1 percent of grant dollars. The John S. and James L. Knight Foundation provided the largest grant for children’s oral health in the latest year—nearly \$2 million to the Health Trust to provide oral health education and dental services to medically underserved children and families in San Jose, CA.

Children’s Health Funding by Gates, RWJF, and Other Foundations

One or more exceptionally large funders can often have a pronounced impact on grant distribution patterns, and this was especially true in the area of children’s health. The Bill & Melinda Gates Foundation’s focus on efforts to address diseases affecting impoverished people around the world and the Robert Wood Johnson Foundation’s funding in the areas of substance abuse and health care access notably skewed the distribution of 2003 children’s health support. When these two funders were removed from the set, support for hospitals, clinics, and in-patient and outpatient care emerged as the top funding priority, with 32 percent of grant dollars. Following this area of funding were support for mental health, and in third place, support for the treatment of diseases and research on their causes and cures.

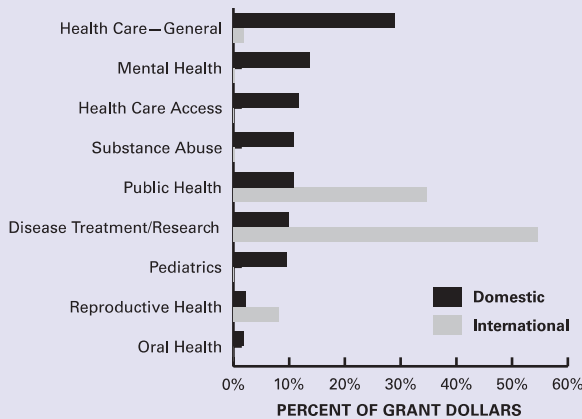
Excluding Gates and RWJF, children’s health funders prioritized giving for general health care in 2003



Based on all children’s health grants of \$10,000 or more awarded by 603 larger foundations.

Robert Wood Johnson Foundation (NJ), the nation’s largest grantmaker focused exclusively on health and health care, seeks to improve U.S. children’s health through support for activities such as ensuring that all children receive health insurance coverage, reducing substance abuse among young people, and stemming the rise in childhood obesity.

Domestic children’s health giving favored hospitals, clinics, and in-patient and outpatient health care in 2003



Based on all children’s health grants of \$10,000 or more awarded by 603 larger foundations.

Children’s Health Funding by Domestic vs. International Focus

Children’s health funders provided over one-third of their grant dollars to overseas recipients (2.7 percent) or to international programs based in the United States (33.6 percent) in 2003. By comparison, 15.4 percent of overall health giving by foundations in the sample provided international support. More than half (54.6 percent) of international children’s health funding targeted the treatment of diseases and research on their causes and cures, largely reflecting the funding of the Bill & Melinda Gates Foundation. Giving for public health ranked second, with more than one-third (34.7 percent) of international grant dollars, followed by reproductive health care (8.2 percent). Among domestic giving priorities, support for hospitals, clinics, and in-patient and outpatient care represented well over one-quarter (28.9 percent) of giving, followed by mental health (13.7 percent) and health care access (11.8 percent). Finally, while a substantial share of children’s health grant dollars supported international activities, the vast majority of grants (91 percent) provided domestic support—matching the overall distribution of grants in the sample.

Bill & Melinda Gates Foundation (WA),

through its Global Health Program, supports several initiatives that benefit children’s health, including research and development of low-cost vaccines to eradicate infectious diseases and efforts to improve reproductive and child health in the developing world.

Children’s Health Funding by Recipient Type

The majority of giving for children’s health was concentrated among a small number of institutional types. Public health agencies accounted for the largest share of children’s health grant dollars (27.1 percent) but a modest share of grants (3.8 percent). This finding reflects the preponderance of exceptionally large grants awarded to public health agencies in 2003, especially the Program for Appropriate Technology in Health (PATH). By comparison, hospitals, clinics, and other general health care institutions received a slightly smaller one-quarter (24.9 percent) share of children’s health grant dollars but one-third (33.6 percent) of grants. Educational institutions followed with 15 percent of giving and 7.9 percent of the number of grants. The vast majority of funding for these institutions targeted programs and research centers at universities. Other recipients receiving at least 5 percent of children’s health grant dollars in the latest year included reproductive health care organizations, mental health organizations and treatment facilities, and human service agencies.

Top Ten Recipients of Children’s Health Grants, 2003

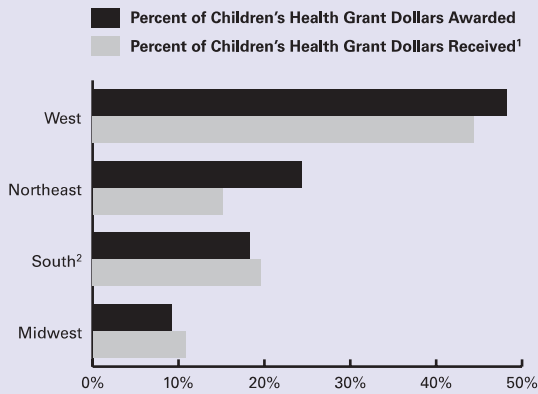
Recipient	State	Amount	%	No. of Grants	%
1. Program for Appropriate Technology in Health (PATH)	WA	\$145,442,007	24.1	10	0.3
2. Population Services International	DC	27,453,000	4.6	10	0.3
3. Emory University	GA	20,118,001	3.3	2	0.1
4. Children’s Healthcare of Atlanta	GA	17,712,366	2.9	8	0.3
5. Children’s Futures	NJ	11,819,775	2.0	2	0.1
6. United States Fund for UNICEF	NY	10,250,000	1.7	2	0.1
7. L.A. Care Health Plan	CA	10,000,000	1.7	1	0.0
8. Columbia University	NY	8,649,530	1.4	11	0.4
9. University of Illinois at Chicago	IL	7,678,647	1.3	6	0.2
10. Children’s Health Council of the Mid-Peninsula	CA	6,181,700	1.0	11	0.4
SUBTOTAL		\$265,305,026	44.0	63	2.0
All Other Recipients		337,507,278	56.0	3,030	98.0
TOTAL		\$602,812,304	100.0	3,093	100.0

Based on all children’s health grants of \$10,000 or more awarded by 603 larger foundations.

Michael and Susan Dell Foundation (TX)

seeks to “encourage and inspire children to reach their greatest potential” and includes children’s health among its five focus areas. Support primarily targets efforts to improve access to affordable health care and insurance, strengthen programs addressing basic needs—including primary medical and dental care—and enhance the health care infrastructure.

Led by the Gates Foundation, Western funders awarded nearly half of children’s health grant dollars in 2003



Based on all children’s health grants of \$10,000 or more awarded by 603 larger foundations.
¹Excludes 144 children’s health grants totaling \$16.4 million awarded outside of the United States.
²Figures for the South exclude the District of Columbia, which represented 1 percent of grant dollars awarded but 7.4 percent of grant dollars received.

Children’s Health Funding by Funder and Recipient Region

Foundations in the West provided by far the largest share of children’s health funding in 2003 (48.2 percent). In fact, four of the top 15 children’s health funders were located in the West, led by the Bill & Melinda Gates Foundation and California Endowment. Following the West by shares of foundation giving for children’s health were the Northeast (24.3 percent), South (18.3 percent), and Midwest (9.2 percent).

Western organizations also benefited from the largest share of grant dollars received (44.4 percent). Overall, nine of the top 25 recipients of children’s health grants were based in the region. Southern organizations followed with 19.6 percent of grant dollars; Northeastern organizations received 15.1 percent of giving; and 10.8 percent supported recipients in the Midwest. Reflecting the concentration of national and international children’s health and health policy organizations, an additional 7.4 percent of children’s health grant dollars funded recipients in Washington, DC.

California Endowment,

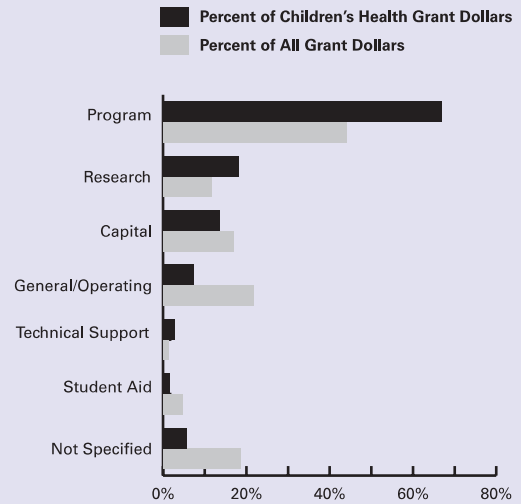
the largest health foundation in California, provides funding to improve access to affordable, quality health care for vulnerable populations, including children. The foundation also supports efforts to improve the mental health and wellbeing of adolescents in the child welfare and probation systems and combat obesity and related health effects.

Types of Support and Children’s Health Funding

The vast majority of children’s health giving provides support for specific projects and programs. Overall, two-thirds (66.8 percent) of children’s health grant dollars were directed to program support in 2003. This surpassed the 44 percent of funding for program support in the sample overall. Led by the \$100 million Bill & Melinda Gates Foundation grant for the Malaria Vaccine Initiative, disease treatment and research accounted for the largest share of program support. Other significant shares of program dollars targeted public health, health care access, and substance abuse prevention and treatment.

Of the remaining funds, 18 percent of children’s health dollars supported research, surpassing the 11 percent share recorded in the sample overall. The largest shares of funding for research focused on substance abuse prevention and treatment, public health, health care access, and specific diseases. Accounting for smaller shares of children’s health grant dollars were capital support (13.6 percent), general operating support (7 percent), technical assistance (2.7 percent), and student aid funds (1.6 percent).

Two-thirds of children’s health grant dollars targeted specific projects in 2003

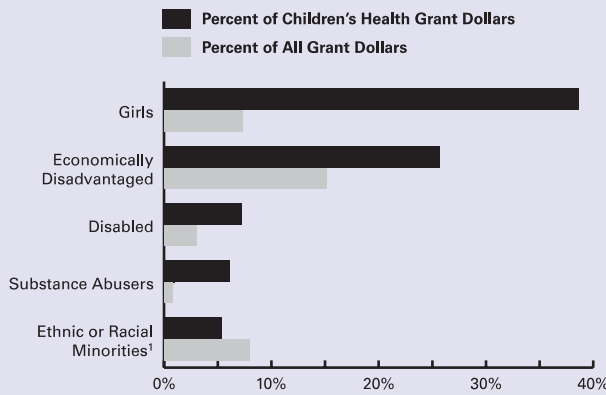


Based on all children's health grants of \$10,000 or more awarded by 603 larger foundations.

Peninsula Community Foundation (CA)

supports children’s health on the San Francisco Peninsula and in Silicon Valley through its “Health & Wellness Portfolio,” which seeks to enhance access to health care for children and adults from low-income families and support improvements in health care services, such as oral health, primary health care, and mental health care.

Close to two-fifths of children's health grant dollars specified girls in 2003



Based on all children's health grants of \$10,000 or more awarded by 603 larger foundations for population groups accounting for at least 5 percent of children's health grant dollars.

¹Coding 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.

Vulnerable Populations and Children's Health Funding

Children's health funding inherently provides support for a vulnerable class of individuals. Foundations often further direct support to benefit specific subsets of children and youth. In fact, close to two-fifths of 2003 giving for children's health specifically identified girls as the beneficiaries, with nearly all of this support targeting international reproductive health care. Economically disadvantaged children were identified as beneficiaries in just over one-quarter of children's health grants and in all grants supporting health care access. At the same time, not all children's health grant dollars were coded for a specific subset of children. Although some of this giving could not be coded due to a lack of specific information, this finding also indicates that many children's health funders support improvements in the health of children as a group.

Looking Ahead

The importance of addressing the health care needs of children and youth over the coming years will only increase. The persistent lack of health care for millions of children in the United States and the high levels of childhood mortality from diseases common in the developing world are but two of the many challenges facing those interested in improving children's health. At the same time, the federal budget deficit and losses in state and local tax revenues can be expected to tighten the competition for scarce public dollars. This suggests that the role of foundations in supporting health care services and research for children and youth and in promoting access to health care will continue to be critical.

ENDNOTES

1. Grants for the development and dissemination of vaccines are in almost all cases coded for children and youth—regardless of whether the grant description referenced this group. In general, grants related to vaccinations and immunizations provide, if not an exclusive health benefit for children and youth, then certainly a disproportionate benefit.
2. Each of these foundations ranked among the top five children's health funders in at least four of the five years from 1999 through 2003.
3. Foundations in the sample provided an additional \$6.2 million (88 grants) for social service programs on adolescent pregnancy prevention and \$1.3 million (13 grants) specifically focused on the reproductive rights of young people.

Child Health

How Grantmakers Are Meeting Current Needs and Investing in the Future

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Private foundations, grantmaking public charities, and corporate funders are making critical investments of time and money across a broad array of health issues affecting children. As the Foundation Center's report makes clear, promoting and protecting children's health has been an area of growing interest and support by the nation's grantmakers.

Philanthropy is focusing on the health of young people for several reasons. First, children represent the nation's future; work to improve their health status offers potential long-term returns for the funds invested. Moreover, many of the determinants of adult health status have their origins in childhood. Second, children and youth are also seen as vulnerable and dependent on others for help in growing up safely and becoming productive members of society. Family support is essential but insufficient to ensure their health and well-being, given the economic, social, and environmental conditions affecting children's physical, emotional, and social development.

The top 15 foundations identified by the Foundation Center as the nation's most generous funders for child health give a flavor for the diversity of the approaches grantmakers are taking to affect child health. Their grantees are working to develop effective vaccines for

malaria, strengthen training in community pediatrics, improve the ability of academic medical centers to meet the unique needs of critically ill children and their families, and make basic health care services available to low-income children, both at home and abroad. In this article, we take advantage of information from the Grantmakers In Health (GIH) Resource Center database to describe in more detail how funders are working to improve health. This commentary draws heavily on an article published in *Health Affairs* last fall while extending and updating it in light of the Foundation Center's analysis.¹

It is important to understand the differences between the Foundation Center and GIH data sources. The Foundation Center's analysis captures all grants of \$10,000 or more awarded by the largest 603 foundations. These data can be used to examine broad areas of work and to look at changes over time. GIH's database provides illustrative examples of the work of 364 foundations and corporate giving programs that either primarily identify themselves as health foundations or have a significant portfolio in health. Most of these funders are primarily active in the United States although several have international portfolios.² Nearly one-third (106) of the grantmaking organizations in GIH's database place a priority on child health, and roughly a third of all grants and initiatives in the database fall in this area. Moreover, GIH's singular focus on health has led us to

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categorize the work of the field in different ways than that adopted by the Foundation Center. Together, these two analyses provide complementary looks at a growing and dynamic field.

As noted above, health funders take many different approaches to addressing young people's needs. Some focus on children broadly, while others concentrate on the most vulnerable. Some fund medical care, while others focus on strengthening families or communities to create an environment in which children can thrive. Some seek to address the root causes of system failure, while others seek to diminish its effects. Their grants support delivery of direct services, capacity building for community groups, youth development, social marketing and public education campaigns, and public policy and advocacy projects.

This brief commentary cannot fully capture the broad range of activities of such a diverse field. It is instead illustrative of the work of health philanthropy. In particular, we focus on activities related to five critical health issues: promoting healthy behavior, improving access to care and expanding insurance coverage, strengthening mental health services, addressing the broader determinants of health, and reducing racial and ethnic disparities in health. Work of national, state, and local funders is highlighted. Two of the sections elaborate on foundation priority areas identified in the Foundation Center report, while the other sections reflect somewhat different ways of categorizing certain types of philanthropic activities.

Promoting Healthy Behavior

Some of the foundation programs categorized by the Foundation Center as public health/prevention or as substance abuse relate to the broader goal of promoting healthy behavior among children. Many health funders focus on primary prevention because starting early to foster the development of healthy behavior can reduce projected burdens of chronic disease on both individuals and society. Grantmakers' activities relate to a broad range of risk factors, including poor diet, inadequate physical activity, and smoking.³

The growing epidemic of obesity among children and youth has been well documented. An estimated 15 percent of children and adolescents ages six to nineteen are overweight—triple the proportion in the early 1970s.⁴ Poor children and those of color are most likely to be overweight.⁵ Fewer children get the recommended amounts of exercise. As a result, health problems, such as type 2 diabetes, previously associated only with adults, are increasingly prevalent among overweight children.⁶

Health grantmakers recognize that intervening early and across a spectrum of factors that influence health protects children, gives them a better start in life, and is a good investment in reducing health risks in adulthood.

A large and growing number of health funders are working to reverse this trend. For example, the Sunflower Foundation, a relatively new foundation with \$93 million in assets and focused on the state of Kansas, counts reducing the prevalence of obesity as one of its four priority areas. The foundation is funding a mix of large and small projects (primarily but not exclusively focused on children) to increase understanding of the problem, provide direct services, and to develop a plan of action at the state and community levels. The foundation also supports efforts to train physicians and allied health care providers to deliver physical activity and healthy eating interventions. More modest grants seek to build obesity awareness and promote prevention in various community settings, including schools and youth groups, and among clients of public programs.

Grantmakers are also supporting efforts to bring about changes in both public policy and industry practices. For example, the California Wellness Foundation (TCWF) and the California Endowment (TCE), two large statewide funders, are supporting efforts to build a statewide coalition of nutrition and fitness organizations working to prevent childhood obesity. Their grantee, the Strategic Alliance to Prevent Childhood Obesity, successfully advocated for legislation to create nutrient standards for beverages, snacks, and side dishes sold in California schools and to prohibit or limit the sale of soft drinks to elementary and middle school students.

Grantmakers also see a continued need to reduce tobacco use among young people. Although there has been a decline in the percentage of high school students who smoke, they remain more likely to smoke than adults.⁷ The American Legacy Foundation has mounted an aggressive and highly effective effort to prevent youth smoking; its truth®

campaign uses advertising, grassroots action, and on-line techniques that expose the tobacco industry's marketing practices and their effects on youth.

Improving Access, Expanding Coverage

Although health care access accounts for only 7.5 percent of child health giving in the Foundation Center's analysis, health foundations are taking aggressive steps to expand insurance coverage for children, including efforts on behalf of the millions of children eligible for but not enrolled in Medicaid and the State Children's Health Insurance Program (SCHIP). Health coverage is perhaps the most important determinant of access to health services; one-quarter of uninsured children have no regular source of care and often fail to receive timely primary care and preventive services. One nationwide effort to increase the number of children who benefit from public coverage has been the multimillion-dollar Covering Kids initiative by the Robert Wood Johnson Foundation (RWJF). RWJF also undertook a major multiyear public relations campaign to inform low-to-moderate-income families about free and low-cost health care coverage available through Medicaid and SCHIP. In 2002 this effort was renamed Covering Kids and Families and expanded with a four-year, \$55 million commitment to include parents.

Local and state grantmakers are also funding efforts to support enrollment and outreach. For example, Kaiser Permanente—Mid-Atlantic States provided \$25,000 to the Asian Pacific Islander Partnership for Health to raise awareness among its target population in the greater Washington, DC, area about existing public health programs, particularly the DC Healthy Families program. The Paso del Norte Health Foundation, a foundation with \$182 million in assets focused on the El Paso, Texas, region, funded a bilingual media campaign targeting border communities in an effort credited with enrolling 68,000 children in the Texas SCHIP. Other local funders have focused on creating enrollment opportunities at childcare sites, schools, food banks, and other local social service agencies as well as engaging employers and providers as partners in outreach and enrollment.

Foundation support has been important to statewide advocacy groups working to stem cuts in health programs affecting children.

In California, the Blue Shield of California Foundation, TCE, California HealthCare Foundation, TCWF, the David and Lucile Packard Foundation, and several local funders are working together in a unique public-private partnership to extend coverage to all children in the state. Of the approximately 1 million uninsured children in California, about one-third are estimated to be ineligible for public coverage due to family income or immigration status. Together, these funders are supporting the development of new local insurance products for this population, including the pioneering Healthy Kids program in Santa Clara County. Although the efforts are locally driven, statewide and national funders are investing in planning and technical assistance so that county level initiatives can eventually become a statewide program. These funders are also making substantial operational investments in outreach and technology as well as providing subsidies for premiums.

As state budgets have tightened, funders have supported analyses of the impact of Medicaid and SCHIP cuts and the work of advocates to protect gains made in the 1990s. From a national perspective, the Henry J. Kaiser Family Foundation (working through its Kaiser Commission on Medicaid and the Uninsured) tracks developments and assesses the implications of proposed and actual policy changes affecting insurance coverage. Foundations working at the state and local levels have also taken on these issues. In Massachusetts, a group of health funders, led by the Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation and the Boston Foundation, has supported analysis of key financing and policy issues facing the state's Medicaid program and provided forums for public discussion of these issues. In 2003, the Connecticut Health Foundation, a statewide foundation formed in 1999 and now holding \$116 million in assets, funded the Connecticut Academy of Pediatrics to mount a campaign to educate physicians and other providers about proposals to increase out-of-pocket costs for the state's poorest Medicaid beneficiaries. The foundation also funded a series of policy briefs on the impact of Medicaid cuts.

Foundation support has also been important to statewide advocacy groups working to stem cuts in health programs affecting children. The Annie E. Casey Foundation's (AECF) national Kids Count effort collects state-level data on a variety of indicators affecting children's wellbeing and makes these data readily accessible to advocates, policymakers, and others. The power of Kids Count also goes well beyond the

data. AECF provides technical assistance on communications, program evaluation, advocacy strategies, and data management to a network of 53 state-based advocacy groups. These Kids Count grantees are powerful forces for change at the state level. With project grants from RWJF and AECF and a strong ongoing relationship with the Rhode Island Foundation (a statewide community foundation), Rhode Island Kids Count, for example, is spearheading work to expand enrollment in the state's Medicaid program, increase access to primary and preventive dental services for children and families, improve family support services, and strengthen the system of services available for very young children.

The Commonwealth Fund has also worked to expand the package of services covered under Medicaid. Building on its efforts to develop and disseminate the Healthy Steps program—a model for making the provision of developmental services a routine part of pediatric practice—the fund is now working to ensure the availability of these services to low-income families. Assuring Better Child Health and Development (ABCD), an initiative launched in 1999, is working to expand the availability of child development services through Medicaid, SCHIP, and community health centers. State Medicaid agencies in seven states received ABCD funding to implement a variety of approaches to help improve the financing and delivery of child development services. An eighth project was added in Illinois, with the support of the Michael Reese Health Trust and the Chicago Community Trust.

Strengthening Mental Health Services

Health funders are also paying increasing attention to the mental health needs of children. One-tenth of all children and adolescents suffer from mental illnesses severe enough to impair their functioning, but only 20 percent of these receive specialty mental health services.⁸ Moreover, neuropsychiatric disorders are expected to grow substantially in this population over the next ten years.

Large national funders, such as the John D. and Catherine T. MacArthur Foundation and RWJF, continue to invest in policy research and demonstration projects related to the mental health needs of vulnerable youth. For example, the MacArthur Foundation provides support to the National

Center for Mental Health and Juvenile Justice, which promotes systems and policy changes at all levels to improve services to youth. The Center also conducts research and evaluations to fill gaps in the knowledge base and serves as a national resource for information about evidence-based programs and best practices.

Important work is also taking shape at the state level. For example, the BCBSMA Foundation has made a \$1.87 million commitment to 15 community-based collaborations to improve access to mental health services for low-income and uninsured children and their families under its Building Bridges in Children's Mental Health initiative.

The Colorado Trust, which funds

statewide, has focused on two areas: preventing suicide and providing support to immigrant and refugee families. The foundation committed \$2.55 million over a four-year period to both encourage people at risk of attempting suicide to seek care and improve the care that they receive. The Trust's immigrant and refugee work (funded at \$7.4 million over five years) has a heavy emphasis on supporting mental health and cultural adjustment. For example, the Asian Pacific Development Center serving El Paso County is providing victim assistance and mental health services in more than ten languages. It is also developing outreach and education programs to eradicate negative attitudes within the Asian American and Pacific Islander communities toward people who need mental health services.

The California Wellness Foundation focuses its mental health funding on some of the state's most vulnerable youth: older teens transitioning to adulthood, particularly those in foster care or the juvenile justice system and runaway/homeless youth. For example, TCWF provided two years of core operating support to the First Place Fund for Youth, an Oakland-area agency committed to easing the transition from foster care for youth aging out of the system. The agency's efforts have paid off: Compared with other former foster youth at twelve to eighteen months after discharge, those served by First Place were six times less likely to be homeless and 50 percent more likely to be employed.⁹ TCWF's mental health work also focuses on empowering families. Funding to the National Indian Child Welfare Association, for example, helped develop skills among Native American families with seriously mentally ill children in northern California to advocate for improved availability of high-quality mental health services for youth.

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A Broader Definition of Health

A number of health funders are choosing to make a difference in the health of children by using strategies not typically considered as falling within the purview of the health sector. They draw upon the World Health Organization's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹⁰ These strategies include efforts to strengthen families and neighborhoods, build the resiliency of children, and act on the connections between social, environmental, and economic conditions and health outcomes.

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In 1999, AECF launched Making Connections to support community-based demonstrations to improve outcomes for children and their families by reducing social isolation, increasing access to the economic mainstream, and improving human services. Health, as measured by access to health insurance, receipt of prenatal care in the first trimester, and readiness to learn, is one of the six measures of success for this ten-year initiative. The pathways to improved health, however, are not through the delivery of direct services but through activities to strengthen families and communities, including neighborhood-based job training and workforce development. TCWF also casts a wide net around the term "health" and designed its Children and Youth Community Health Initiative around wellness villages in which adult and youth residents developed and implemented plans to improve community health by transforming their social, physical, and chemical environments. Participating youth gained personally from their active engagement and recognition as community stakeholders and leaders as well as from the community health improvements that they helped achieve.

A number of foundations have embraced the concept of positive youth development as a health strategy for preteens and adolescents. Such strategies focus on building "developmental assets" (the skills and abilities that youth need to make sound decisions and meet the challenges of adult life). Funders are using a variety of approaches to incorporate positive youth development in their work. For example, the Kansas Health Foundation, a statewide funder, has a strong media and communications focus in all of its work, including its

campaigns to raise awareness about the importance of an adult presence in children's lives. "Take a Second. Make a Difference" focused on creating connections between children and adults other than their parents and teachers—connections with the potential to lead to healthier living and less risky behavior. The Lucile Packard Foundation for Children's Health, a public charity with \$79 million in assets that funds in California's San Mateo and Santa Clara Counties, has focused half of its grantmaking on strengthening personal assets and fostering resiliency in pre-teens. The William T. Grant Foundation, a national funder, has played a key role in funding research to improve understanding of the linkages between positive youth development approaches, policies, and programs and children's health.¹¹

Reducing Racial and Ethnic Disparities

Minority children, like minority adults, frequently experience greater barriers to health care and have worse health outcomes than whites. For example, both African Americans and Native Americans experience higher infant mortality rates. Minority children are more likely than white children to be overweight. African-American children are more likely to be uninsured than whites; Hispanic children fare even worse.

Health grantmakers support a wide range of programs intended to reduce these types of disparities. Foundations and corporate giving programs have long supported efforts to reduce infant mortality and uninsurance rates for all children, conditions that disproportionately affect children of color. As more foundations have placed a priority on addressing childhood obesity and eliminating racial and ethnic disparities in health care, some have placed a particular emphasis on minority children.

The Jewish Healthcare Foundation of Pittsburgh, Pennsylvania conducted a multifaceted study of black infant mortality in the greater Pittsburgh area and issued a report, *Ear to the Ground*, with recommendations for action in such areas as school/health partnerships, substance abuse prevention, and tracking sudden infant death syndrome. On the other side of the country in San Jose, California, the Health Trust provided support to the Healthy Opportunities for Babies program, which offers case management services to pregnant women of color whose babies are at risk of poor

health or death due to lack of prenatal care, maternal substance abuse and/or sexually transmitted diseases, and lack of immunizations.

Foundations tackling childhood obesity are addressing the needs of minority children with both individual and systemic approaches. For example, the HealthCare Foundation for Orange County in California funded Living Smart: Nutrition and Exercise for the Family, a health education curriculum designed for the Latino population to lower the incidence of overweight and obesity in children and adolescents. On a larger scale, TCE has funded six collaboratives under its four-year, \$11 million Healthy Eating, Active Communities Initiative to address factors in the social and physical environment that contribute to rising childhood obesity rates. Its goals are to increase opportunities for physical activity and healthy eating for school-age children, particularly those in low-income, minority, and rural communities; and to create momentum for widespread changes in policies and practices that ensure children have access to nutritious foods and safe places to engage in physical activity.

Most efforts to understand and eliminate racial and ethnic disparities in health care have focused on adults, but some grantmakers are trying to understand factors contributing to health disparities among children. For example, the Aetna Foundation partnered with the Children's Defense Fund to determine the extent of disparities in health care between minority and white children, particularly those with similar incomes or health insurance status. Project components include: an analysis of survey data to quantify health disparities, identification of the most promising methods of intervention, and the development of action plans based on best practices. Similarly, the Commonwealth Fund funded the Boston Medical Center to explore the effect of children's race and ethnicity on clinical decisions made by physicians. The project, part of a larger government-funded study, was designed to help uncover the underlying reasons for differences in care experienced by minority children. The federal Agency for Healthcare Research and Quality and TCE also provided funding for this project.

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Conclusion

Health grantmakers recognize that intervening early and across a spectrum of factors that influence health protects children, gives them a better start in life, and is a good investment in reducing health risks in adulthood.

Foundation support for policy, advocacy, and promoting access to public programs reflects a growing appreciation that innovative local programs must be coupled with broader system change to have a lasting impact. As this commentary illustrates, foundations have different ways of approaching similar issues, depending on their missions, preferred strategies, and resources. Their priorities reflect both growing concerns about issues such as childhood obesity and mental health and strategic decisions about how health is defined and where best to intervene. These investments, while small when compared with total health care spending, have filled gaps, extended the reach of public programs, and provided models that have given many children the chance for healthier lives.

ENDNOTES

1. Schwartz, Anne and Lauren LeRoy, "Child Health: Fertile Ground for Philanthropic Investment," *Health Affairs* 23(2): 253-260, 2004.
2. The GIH database is a useful tool for funders to learn what their colleagues are doing. Unlike the Foundation Center's dataset, however, it cannot be used to analyze trends in giving because it does not systematically capture all of the work of those organizations that define themselves primarily as health funders.
3. See Grantmakers In Health, *Healthy Behaviors: Addressing Chronic Disease at Its Roots*, Issue Brief no. 19 (Washington, DC: 2004) for examples of programs and funder activities related to obesity and tobacco use.
4. National Center for Health Statistics, *Health, United States, 2003*, Publication No. 2003-1232 (Hyattsville, MD: 2003). Overweight and obesity are measured by body mass index (BMI), which takes into account both height and weight. For adults, a BMI of 25 is considered overweight; a BMI of 30 is considered obese. For children, a BMI above the ninety-fifth percentile for age and sex is considered overweight. Because the BMI for children is supposed to increase as they grow, there is no accepted definition of obesity that is distinct from overweight.
5. Ibid.
6. See Grantmakers In Health, *Weighing In on Obesity: America's Growing Health Epidemic*, Issue Brief no. 11 (Washington, DC 2002) for more on trends and issues related to childhood obesity.
7. NCHS, *Health, United States, 2003*.
8. U.S. Public Health Service, *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (Washington, DC: U.S. Department of Health and Human Services, 2000).
9. The California Wellness Foundation, "Foster Youth Receive Support during Transitions to Independent Lives," *Portfolio* (Spring 2003).
10. World Health Organization Constitution (Preamble), 1948, www.who.int/about/definition/en (19 July 2004).
11. See Grantmakers In Health, *Positive Youth Development: A Pathway to Healthy Teens*, Issue Brief no. 15 (Washington, DC: 2002) for additional discussion of funders' activities to promote positive youth development.

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