GRANT MAKERS IN HEALTH

Hogg Foundation *for* Mental Health

A WINDOW OF OPPORTUNITY:

Philanthropy's Role in Eliminating Health Disparities through Integrated Health Care

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A SPECIAL REPORT FROM GRANTMAKERS IN HEALTH AND THE HOGG FOUNDATION FOR MENTAL HEALTH

EXECUTIVE SUMMARY

A WINDOW OF OPPORTUNITY:

Philanthropy's Role in Eliminating Health Disparities through Integrated Health Care

Integrating, or systematically coordinating, primary care and mental health services can greatly improve people's health and quality of life. Funders can achieve measureable change in the health of communities by helping them make the transition to this proven approach to health care.

In February 2012 the Hogg Foundation for Mental Health in Austin, Texas, hosted a roundtable discussion attended by representatives from a diverse group of national, regional, and local foundations that support integrated health care. The group explored an intriguing question: can integrated health care help eliminate health disparities among racial and ethnic minorities and people with limited English proficiency?

The conclusion—supported by research, real-life examples, and the participants' experiences—was a resounding "yes." This report summarizes the discussion and presents the group's recommendations on strategies and examples of activities that can improve the health status of our nation's most vulnerable populations.

Philanthropy and Health Care: Leading the Way

Many foundations are at the forefront of progress and innovation in health care. The initiatives they fund can strengthen knowledge and improve practice. Foundations that share data, outcomes, and lessons learned from these initiatives are providing important information and expertise that ultimately can lead to better health care for everyone.

One issue in particular is reaching a crisis point in the United States—the persistence of disparities in the quality of health care and health outcomes among racial and ethnic minorities and people with limited English proficiency. Integrating primary care and mental health care services to treat the whole person shows promise in overcoming health disparities. Through four key strategies—grantmaking, educating, convening, and advocating—foundations can address health disparities and achieve greater access to health care, improved quality of service delivery, and better health outcomes.

Health Disparities: A Growing Concern

Recent studies have shown that despite improvements in overall health in the United States, racial and ethnic minorities continue to experience a lower quality of health services and are less likely to receive routine medical procedures. Disparities in health care for minority populations exist even when gender, age, health condition, and socioeconomic status are removed from the equation. They can have a detrimental economic effect and can result in a person's loss of productivity, decreased quality of life, and shorter life expectancy.

Public health studies have identified an array of conditions that significantly affects a person's overall health. These social determinants of health include income, education, neighborhood, community design, housing, employment, access to health care, access to healthy foods, environmental pollutants, and occupational safety (Ramirez et al. 2008). Language accessibility, linguistic sensitivity, cultural beliefs and behaviors, and

difficulty navigating health care systems and accessing care also play an important role in health disparities.

Integrated Health Care: A Way to Reduce Health Disparities

Chronic health conditions often do not exist in isolation. Frequently, an individual with a mental health disorder also has another chronic medical disorder. The integration of primary care and specialty mental health services is a promising modality to better address co-occurring chronic disorders (Collins et al. 2010). Through integrated care, consumers with serious mental health disorders receiving specialty services at a community mental health center can also receive services designed to prevent and detect early onset of other chronic health conditions.

Similarly, individuals receiving treatment for medical conditions through community primary care providers can be screened for indications of psychiatric conditions and treated early on. In fact, primary care providers have become a key portal for identifying undiagnosed or untreated mental health conditions.

Integrated health care holds tremendous potential to reduce distressing health disparities in U.S. communities. Foundations can play a key role in promoting systems change and facilitating the integration of health care to better address the comprehensive health needs of racial and ethnic minority populations.

Philanthropy's Role: Grantmaking Strategies

Of the many roles and functions played by foundations, grantmaking is certainly the most visible and well understood, and can be a powerful influence. The ways in which foundations design grant programs, respond to grant requests, and communicate their funding priorities signal their commitment to improving health and can even change how health care is delivered.

Recommendations for Effective Grantmaking

Look inward. Before health care providers can authentically deliver integrated health care to reduce racial and ethnic health disparities, they first must assess their own cultural competency. Foundations also can benefit by undergoing a similar self-assessment of their internal culture before beginning an integrated health care initiative focused on the elimination of disparities.

Take risks. Foundations with integrated health care initiatives should consider expanding their support to community health organizations with deep local roots in racial and ethnic minority communities that want to adopt an integrated approach but have little or no experience working with the philanthropic community.

Involve community members in the grantmaking process. Community leaders, residents, and health care providers often understand the barriers and challenges that affect health and well-being in their communities better than anyone else. Foundations that view local stakeholders and grantees as community experts can engage them to more effectively design, improve, and refine funding initiatives (Bourns 2010).

Include a broad range of potential grantees. Organizations with deep roots in minority communities often have a proven track record of cultivating culturally and linguistically competent health care practices. Foundations should be intentional about identifying and seeking out grantees that can serve as the voice of the community, provide services to minority populations, and have the experience and capacity to successfully integrate health care.

Fund planning and preparation. Developing a truly integrated health care practice that also addresses health disparities is a complex, detailed process. Foundations should consider funding a period of planning in their integrated health care grants.

Focus on the evidence. Foundations should request current research on health disparities, evidence-

based practices, and outcomes data in grant proposals or include that information in their requests for proposals. The information will ensure a focus on the issue and support the foundation's rationale for funding integrated health care.

Pursue partnerships with other organizations. Foundations should reach out to other funders with an interest in health care, health disparities, or minority populations. By combining resources and efforts, partners with shared interests often can have a broader impact and achieve greater outcomes.

Prioritize relationship development during the grant management phase. After funding has been awarded, the foundation should closely examine its relationship with grantees. A strong, positive, and connected relationship can lead to success and help avoid unnecessary issues caused by lack of communication.

Philanthropy's Role: Education Strategies

An important role of foundations is to develop and disseminate information. These activities are essential to encouraging broad acceptance and support of integrated health care.

Recommendations for Effective Education

Develop internal knowledge and expertise. As a first step, foundations can bring themselves up to date on the latest knowledge about integrated health care and health disparities among racial and ethnic minority populations (Kramer 2009). Keeping board members, staff, and stakeholders informed will enhance knowledge and lead to greater understanding of health disparities and how to address them.

Define a common language for funding initiatives. It is important to have a shared understanding of what integrated health care means. Foundations that develop and use a consistent lexicon are better able to replicate pilot projects and compare findings and results. They also are better prepared to elevate and influence the advancement of integrated health care among their philanthropic peers.

Emphasize research and evaluation. Community-based participatory research and process evaluation can strengthen everyone's understanding of the relationship between integrated health care and reducing health disparities. Foundations can fund academic-community partnerships in which community organizations collaborate with evaluation experts (GEO and COF 2009).

Share knowledge, outcomes, and lessons learned. Foundations can serve as an important resource and first contact for obtaining current knowledge of best practices. Foundations can educate stakeholders on the current state of integrated health care, service gaps, best practices, research, resources, and policy analysis.

Philanthropy's Role: Convening Strategies

Grantmakers are in a strategic position to bring stakeholders together, promote dialogue, and raise important issues. Convening interested parties on integrating primary and mental health care can be a springboard for discussing how the elimination of health disparities can and should be a primary goal of integrated care.

Recommendations for Effective Convening

Serve as a neutral convener. Foundations can bring together community health care organizations, policymakers, consumers, and other stakeholders to initiate discussions about health disparities in the community and models of integrated care that can address these disparities.

Bring experts together—locally and nationally. Foundations can host roundtable discussions, conferences, and seminars that bring together experts to discuss integrated health care and health disparities. Individual agendas can be left at the door in favor of a collaborative approach (Kania and Kramer 2011).

Form a learning community. A learning community is a group of organizations or individuals coming together to teach each other about a shared topic of interest. Grantmakers are in an ideal position to organize or fund a learning community for grant partners (GEO and Research Center for Leadership in Action 2012). Foundations also can form learning communities to build interest.

Provide safe opportunities for daring dialogues. The reality of health disparities in racial and ethnic minority communities can be a difficult subject to broach. Grantmakers are in a unique position as a neutral party to raise this issue, provide a safe place for exploring the problem, present integrated health care as a promising strategy for addressing disparities, provide technical assistance, and possibly offer financial support and resources.

Philanthropy's Role: Policy Change Strategies

Sustainable change in the health care delivery system typically requires action by policymakers, most often in the form of legislation, local ordinances, and administrative rules and regulations. Though traditionally not a role for foundations, promoting policy change may lead to greater enduring change in health outcomes than is possible with any single grant-funded program or service initiative (Kramer 2009).

Recommendations for Effective Policy Change

Support policy fellowships. Many health care policy and advocacy groups are constrained by staff and budgetary limitations. Foundations can promote systems change and integration of health care by hiring or funding a policy fellow position. The fellow works for the foundation or for a policy or advocacy organization and focuses on policy research and recommendations at the federal, state, or local level. The policy fellow also can engage consumers to mobilize and effectively advocate for the needs of their communities.

Host a legislative summit. Foundations can invite policymakers and their staffs to a compelling overview of legislative opportunities to facilitate integrated health care as a means of addressing health disparities among minority populations.

Promote policies for sustainability. Foundation funds simply are not designed to sustain integrated health care programs in perpetuity. Foundations, however, can collaborate with stakeholders to create a policy environment that will foster the sustainability of integrated care practices.

Facilitate a policy workgroup to present a unified vision for change. Foundations can coordinate policy development at the federal and state levels by forming policy workgroups consisting of government agencies, trade associations, and advocates to represent the interests of various stakeholders. Working together, the group can develop a powerful unified vision and convincing policy platform.

Develop in-house expertise on integrated health care and health disparities. Foundations can educate existing staff or hire new employees with an interest in understanding issues related to health disparities and their impact on the overall health of racial and ethnic minority populations. These key staff can serve as experts for state and local health care initiatives, identify opportunities to testify during legislative hearings, and generally be available to policymakers.

Be a voice for cultural and linguistic competency. Foundation officers often find themselves invited to the table to examine issues at the federal, state, and local levels. By being effective advocates, foundations can shape the public debate on important social issues and ensure that underserved minority communities have a voice in the policies that affect their lives.

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Integrating, or systematically coordinating, primary care and mental health services can greatly improve people's health and quality of life. Funders can achieve measureable change in the health of communities by helping them make the transition to this proven approach to health care.

In February 2012 the Hogg Foundation for Mental Health in Austin, Texas, hosted a roundtable discussion attended by representatives from a diverse group of 18 national, regional, and local foundations that support integrated health care. The group explored an intriguing question: can integrated health care help eliminate health disparities among racial and ethnic minorities and people with limited English proficiency?

The conclusion—supported by research, real-life examples, and the participants' experiences—was a resounding "yes." This report summarizes the discussion and presents the group's recommendations to the philanthropic community on strategies and activities that can improve the health status of our nation's most vulnerable populations. The report also describes on-the-ground integrated health care initiatives. These recommendations and examples can serve as a guide for funders that want to improve the health of communities and reduce disparities for minority populations and people with limited English proficiency through the delivery of integrated health care.

The funders' roundtable discussion was part of a national project by the Hogg Foundation in partnership with the U.S. Department of Health and Human Services' Office of Minority Health to reduce health disparities through integrated health care. The project concluded in 2012 with a national report, a comprehensive literature review, and a free conference.

The report and literature review provide information about integrated health care service models and practices, key components of cultural and linguistic competency, and recommendations on how to bring these together to achieve quality health care for all. Download the report and literature review at http://bit.ly/15nBH4v.

Participating Foundations

- The Colorado Health Foundation
- First Hospital Foundation
- Ethel and James Flinn Foundation
- The John A. Hartford Foundation
- Hogg Foundation for Mental Health
- Houston Endowment
- Maine Health Access Foundation
- Meadows Foundation
- Methodist Healthcare Ministries
- North Carolina Foundation for Advanced Health Programs
- Paso del Norte Health Foundation
- Rees-Jones Foundation
- The Kate B. Reynolds Charitable Trust
- Rockwell Fund
- Simmons Foundation
- St. David's Foundation
- Staunton Farm Foundation

PHILANTHROPY AND HEALTH CARE: LEADING THE WAY

Health care—or lack thereof—profoundly affects each of us and our quality of life from cradle to grave. Many foundations are at the forefront of progress and innovation in health care. The initiatives they fund can strengthen knowledge and improve practice through research, pilot projects, and collaborative initiatives with communities, health care providers, and policymakers. Foundations that share data, outcomes, and lessons learned from these initiatives are providing important information and expertise that ultimately can lead to better health care for everyone.

One issue in particular is reaching a crisis point in the United States—the persistence of disparities in the quality of health care and health outcomes among racial and ethnic minorities and people with limited English language proficiency. Integrating primary care and mental health care services to treat the whole person shows promise in overcoming health disparities. Changes occurring at the federal, state, and local levels to implement national health care reform offer a window of opportunity for foundations to support integrated health care as a viable way to address health disparities in their communities.

Through four key strategies—grantmaking, educating, convening, and advocating—foundations can address health disparities and achieve greater access to health care, improved quality of service delivery, and better health outcomes for these populations. In fact, a number of regional and national foundations have already developed initiatives to identify barriers to integrated health care, finance the infrastructure needed to put such a system in place, build an evidence base for choosing the optimal model, and move from design to practice. This report describes some of those examples and provides practical recommendations to guide other foundations as they venture into this issue.

Through four key strategies—grantmaking, educating, convening, and advocating—foundations can address health disparities and achieve greater access to health care, improved quality of service delivery, and better health outcomes for these populations.

HEALTH DISPARITIES: A GROWING CONCERN

Despite improvements in overall health in the United States, racial and ethnic minorities continue to experience a lower quality of health services and are less likely to receive routine medical procedures. They also suffer worse health outcomes and have higher morbidity and mortality rates than non-Hispanic whites (IOM 2003).

Disparities in health care for minority populations exist even when gender, age, health condition, and socioeconomic status are removed from the equation. They can have a detrimental economic effect and can result in a person's loss of productivity, decreased quality of life, and shorter life expectancy.

Recent public health studies have identified an array of conditions that significantly affects a person's overall health. These social determinants of health include income, education, neighborhood, community design, housing, employment, access to health care, access to healthy foods, environmental pollutants, and occupational safety (Ramirez et al. 2008). The inequitable impact of poor environmental and social living conditions has a significant link to the persistent and pervasive health disparities that plague racial and ethnic minority populations. Social determinants that are specifically attributable to increased death rates include low education levels, racial segregation, low social support, and poverty (Galea et al. 2011).

Furthermore, the Institute of Medicine's 2003 report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* concluded that a variety of health care system issues likely contribute to health disparities among ethnic minority populations. Not much has changed in the 10 years since this report was published. For example, minority communities often have fewer sources of health care or no care at all compared to non-Hispanic white communities due to a wide range of factors: lack of insurance, geographic distance, lack of transportation, few bilingual providers, and stigma. Minority populations continue to be underrepresented in the health care professions, and health care workforce shortages continue to persist (IOM 2003).

Racial and ethnic disparities in health care do not occur in isolation (Alliance for Health Reform 2006). They are part of the larger framework of discrimination and racism apparent in everyday American life. A history of general mistrust of medical providers among minority populations arises from historical persecution, documented abuse, and perceived mistreatment in health care settings due to race or ethnic background (HHS 2001).

Racial and ethnic disparities in health care do not occur in isolation. They are part of the larger framework of discrimination and racism apparent in everyday American life.

Clear communication is essential to effectively treat mental health and medical conditions (Brach and Chevarley 2008). Accurate screening, diagnosis, and treatment depend on the ability of a consumer and health care provider to share information. The provider's inability to speak the consumer's primary language is an independent predictor of poorly managed chronic disease. This inability to communicate is a significant contributor to health disparities, lack of consumer satisfaction, and poor-quality consumer education and understanding of health conditions (Fernandez et al. 2011; Ngo-Metzger et al. 2009). Limited English proficiency is linked to poor quality of primary care, absence of care, and lack of continuity in care (Pippins et al. 2007).

Cultural beliefs and behaviors also can lead to disparities. Some groups may not perceive a need to treat symptoms of some mental illnesses. This may be due to stigma; a lack of understanding or acceptance of mental illness; and cultural factors, such as reliance on family and social networks instead of health care providers for medical information, diagnosis, and support. For example, the low use of anti-depressant medications and the persistent stigma of mental illness are key barriers to effective treatment of depression (Cooper et al. 2003; Interian et al. 2011; Vega et al. 1999).

People from racial and ethnic minority populations who have a diagnosed health condition of any type often face problems navigating the public health care system and accessing medical care. Limited English language proficiency, low medical literacy, geographic inaccessibility to care, and lack of medical insurance are all more common among immigrants, minority populations, and people in rural areas. Citizenship status clearly has an impact on the extent to which a person can seek medical treatment, as does the level of acculturation and length of residence in the United States (Weinick et al. 2004).

A 2006 Commonwealth Fund report described culturally competent interventions that reduce barriers to health care, such as addressing a consumer's fears and concerns about medications and identifying other issues related to the consumer's ability to self-manage a disease like the person's physical environment and ability to exercise. Analyzing clinical performance feedback about consumers by race, ethnicity, and language can identify health care trends among minority populations. The report concluded that providing culturally competent care can lead to improved quality of care and reductions in health disparities among racial and ethnic minority populations (Betancourt 2006).

The answer is clear. Culturally and linguistically competent, person-centered care is essential to improving the quality of health care and reducing health disparities (Office of Minority Health 2001; The Commonwealth Fund 2001; HHS 2011).

INTEGRATED HEALTH CARE: A WAY TO REDUCE HEALTH DISPARITIES

Chronic health conditions often do not exist in isolation. Frequently, an individual with a mental health disorder also has another chronic medical disorder, such as diabetes, heart disease, or chronic obstructive pulmonary disorder. There are numerous reasons for this high incidence of co-occurring disorders (Druss and Walker 2011). Several popular psychotropic medications can cause weight gain or metabolic problems. Treatments for chronic medical conditions can have psychological side effects. And serious mental health conditions may make self-care and healthy lifestyle habits more difficult to maintain. As a consequence, people with a serious mental illness who are treated through public mental health systems have a 25-year early mortality rate, primarily due to treatable medical conditions (Park et al. 2006).

The integration of primary care and specialty mental health services is a promising modality to better address co-occurring chronic disorders (Collins et al. 2010). Through integrated care, consumers with serious mental health disorders receiving specialty services at a community mental health center can also receive services designed to prevent and detect early onset of other chronic health conditions.

Similarly, individuals receiving treatment for medical conditions through community primary care providers can be screened for indications of psychiatric conditions and treated early on. Across the United States, community health centers are the most common providers of health care to minority populations and people with limited English proficiency (Chapa 2004). Recent data show that approximately 75 percent of federally qualified health centers provide on-site mental health treatment (Shi et al. 2010). Many of these centers have an excellent history of providing culturally competent services in languages prevalent among the populations they serve. The integration of primary and mental health care in these settings holds particular promise for reducing health disparities.

In fact, primary care providers have become a key portal for identifying undiagnosed or untreated mental health conditions. Many reasons have been cited for this trend, including lack of access to mental health specialists, income and insurance issues, the stigma surrounding mental illness, and the presence of trust in the relationship with a family physician (President's New Freedom Commission on Mental Health 2003; Unutzer et al. 2006). Today most people initially seek mental health treatment through a primary care provider, with research indicating that as many as 70 percent of visits have a psychosocial cause (Wang et al. 2006; Robinson and Reiter 2007).

Some community health centers are successfully implementing models of integrated care to identify and treat

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mental health and chronic medical conditions (Sanchez and Watt 2012). While these providers often serve minority populations, reducing health disparities and improving health outcomes for racial and ethnic minorities have not been a focal point of funding, design, or practice in their programs. As a result, valuable data and important lessons learned are not recognized, collected, or shared.

Empirical evidence is limited when it comes to the overall effectiveness of integrated health care in reducing health disparities and improving outcomes among racial and ethnic minority populations. This absence of information is due largely to a lack of data collection, analyses, and reporting using racial and ethnic population demographics (Bao et al. 2011; Butler et al. 2008). In part, fewer studies have been conducted because integrated health care only recently has gained recognition as a promising way to improve the health of minority populations.

A recent Office of Minority Health/ Hogg Foundation for Mental Health report identified integrated health care practices that can be adapted to address health disparities. Community-based ethnic minority health coaches can use patient activation to engage minority patients to take an active role in their treatment. Prevention and intervention programs can address the migration experience and acculturative stressors encountered by Latino immigrants receiving mental health and primary care services (Sanchez et al. 2012; Sanchez and Watt 2012). Data indicate that adaptations of collaborative care can improve engagement in treatment with various minority groups (Interian et al. 2013; Dwight-Johnson et al. 2010; Ell et al. 2010).

Patient registries are a key component of integrated health care used to track consumers' health conditions and manage their care. In culturally competent settings, the registries would be stratified by race, ethnicity, and language to more easily identify and address health trends and patterns among populations.

Another key integrated health care strategy is communication and engagement with consumers outside of the traditional office visit. In a culturally competent model, this communication would be delivered in ways that meet the consumer's needs. For example, consumers might be contacted by a person who speaks their language, provided with health literacy information written in their language and at their reading level, and asked about their health beliefs and cultural perspectives.

Integrated health care holds tremendous potential to reduce distressing health disparities. Foundations can play a key role in promoting systems change and facilitating the integration of health care to better address the comprehensive health needs of racial and ethnic minority populations.

PHILANTHROPY'S ROLE: GRANTMAKING STRATEGIES

Of the many roles and functions played by foundations, grantmaking is certainly the most visible and well understood and can be a powerful influence on potential grantees, community stakeholders, and other funders. In the case of health care, the ways in which foundations design grant programs, respond to grant requests, and communicate their funding priorities signal their commitment to improving health and can even change how health care is delivered in communities they fund.

Over the years, grantmakers have commonly supported efforts to improve access to essential health services for vulnerable populations. In the past decade, some also have funded integrated health care demonstration grants across the United States. Funders can combine these two interests to achieve even greater impact by supporting integrated health care initiatives with a specific focus on eliminating health disparities. This focused approach also can advance the adoption of evidence-based practices and the cultural and linguistic competence of health care providers.

Adjusting funding strategies to combine support for integrated health care with an emphasis on addressing health disparities can result in positive change such as increased access, higher-quality health care, better outcomes, and data on best practices for health care professionals. Adding an intentional aspect to the grantmaking process that strategically aims to improve health outcomes for racial and ethnic minority populations is an essential and worthy innovation for foundations to pursue. Grantmakers can consider the following recommendations when designing grant initiatives to address this issue.

Recommendations for Effective Grantmaking

Look inward. Before health care providers can authentically deliver integrated health care to reduce racial and ethnic health disparities, they first must internally assess their own cultural competency. Foundations also can benefit by undergoing a similar self-assessment of their internal culture before beginning an integrated health care initiative focused on the elimination of disparities.

As part of this assessment, foundations can examine a wide range of elements, including organizational policies, board composition, grantmaking procedures, hiring practices, employee attitudes, and internal and external communications. This process will enable foundations to identify potential areas of improvement and actions that they can take to support and promote cultural competency. Foundations also should

Adjusting funding strategies to combine support for integrated health care with an emphasis on addressing health disparities can result in positive change such as increased access, higher-quality health care, better outcomes, and data on best practices for health care professionals.

include integrated health care and the elimination of health disparities in their strategic plan.

These actions serve as a public statement about what matters to the foundation and encourage grant-seeking organizations to think and act in accordance with the funder's values. Foundations also may find that the self-examination process makes them more aware and understanding of cultural issues and concerns affecting their grantees and the communities and populations they serve.

Take risks. Generally, foundations have sought to fund trusted, well-established organizations with a track record of fiscal responsibility and good stewardship of grant funds. Foundations with integrated health care initiatives should consider expanding their support to community health organizations with deep local roots in racial and ethnic minority communities that want to adopt an integrated approach but have little or no experience working with the philanthropic community.

Grantmakers also can seek out and fund health care organizations in their community that want to integrate health care but have not started the process or are in the early stages of planning and implementation. With this proactive funding approach, funders may find they have more influence in working with the grantee to design an evidence-based model of integrated care that is more sustainable and has greater long-term impact.

Some foundations that are new to integrated health care may decide to fund pilot demonstration projects with a strong evaluation process prior to going to scale. This approach requires fewer dollars initially but necessitates a longer funding cycle. Funders that choose this approach will have opportunities to learn from the pilot projects and improve the grant design before major funding commitments have been made (GEO and COF 2009).

While these funding approaches may stretch a funder's comfort zone, they are viable strategies. Such practices likely will require open dialogue between foundations and grantees. Program officers can serve as expert resources on fiscal matters and evaluation, while grantees can share their expertise on the community and its health. These efforts undoubtedly will require extra time and flexibility on the part of the program officer, but the anticipated return on investment can be huge.

Involve community members in the grantmaking process. Community leaders, residents, and health care providers often understand the barriers and challenges that affect health and well-being in their communities better than anyone else. Foundations that view local stakeholders and grantees as community experts can engage them to more effectively design, improve, and refine funding initiatives aimed at integrating care and reducing health disparities (Bourns 2010).

Foundations can identify neighborhoods with a concentration of racial and ethnic minority populations and seek out community members to identify areas of need and currently available health care services. These community members should represent the diversity of their neighborhood and be viewed as resident experts who can offer insight into cultural norms, customs, health beliefs, and language barriers. They can speak to community challenges that might interfere with effective care.

Inviting community members to discuss the health of their community is an essential first step. Including community members in the grant proposal development process and perhaps on the grant review team will sharpen the focus and ensure a broader inclusion of real-world knowledge, perspectives, and ideas. Strategies for recruiting people with community vision and voice may include identifying board members at neighborhood health centers, lay church leaders, local organizers,

FOUNDATIONS IN ACTION: INVOLVING COMMUNITY MEMBERS

The Kate B. Reynolds Charitable Trust funded 15 community-based health promotion projects across North Carolina. One of those programs—a collaboration led by the General Baptist State Convention and 78 congregations in three counties—addressed growing health issues in the African-American community. The goal of the program was to reduce chronic disease in targeted regions in North Carolina.

Through the Raleigh General Baptist State Convention, African-American churches and faith-based stakeholder groups served as lay advisors in their communities, conducting outreach and sharing information and education on nutrition, physical activity, smoking cessation, and mental health. Churches worked with these lay health advisers and collaborated with key community leaders to spread a message of whole health. In addition, ministers included messages promoting positive health in their weekly sermons.

Other activities included the creation of walking trails, health fairs, and social events, and the expansion of outreach to extended family members and the larger community. The group quickly found that the community became more engaged when messages of health and wellness came from within their community and from trusted community leaders.

This approach was driven by local, faith-based communities making a commitment to promote health and wellness with messaging and activities designed to improve the whole health of their church communities.

For more information: www.ncfahp.org/

Foundations should be intentional about identifying and seeking out grantees that can serve as the voice of the community, provide services to minority populations, and have the experience and capacity to successfully integrate health care.

consumers and their family members, and policymakers who champion minority causes and social justice.

Include a broad range of potential grantees. It is critical for foundations to review their funding procedures and, if necessary, restructure their processes to ensure that qualified but lesser-known health care providers are not unintentionally excluded from grant opportunities. Organizations with deep roots in minority communities often have a proven track record of cultivating culturally and linguistically competent health care practices responsive to the health care needs of the minority populations they serve. They might not, however, be highly visible or viewed as being on the cutting edge of innovation. They also may not have a sophisticated or viable resource development infrastructure to seek grant funding in a systematic manner.

Thus, foundations should be intentional about identifying and seeking out grantees that can serve as the voice of the community, provide services to minority populations, and have the experience and capacity to successfully integrate health care. Funders might not be aware of qualified, capable health care providers in their own communities simply because they are low-profile and have not actively sought funding in the past. The fact that these organizations might appear to lack sophistication should not be interpreted as a liability or a potential indicator of low performance. With guidance from a program officer, these grassroots providers can be successful and achieve the public recognition they deserve for the critical needs they meet.

Fund planning and preparation. It can be tempting for foundations to fund "shovel-ready" projects that appear poised to meet identified needs and produce desirable outcomes. Developing a truly integrated health care practice that also addresses health disparities, however, is a complex, detailed process that involves learning, strategy, planning, change, practice, and community involvement. For this reason, foundations should consider funding a period of planning in their integrated health care grants.

A planning phase allows the foundation and the grantee to form a mutually nurturing and trusting relationship built on shared understanding and experience. This relationship can smooth the sometimes bumpy process of implementing culturally competent integrated care, which requires consistent focus and diligence while planning innumerable details of clinical operation.

The planning phase can be spent on a number of important activities that are critical to effectively transitioning to a culturally responsive, linguistically appropriate integrated health care practice. This period of preparation will enable grantees to develop strategic and tactical plans for implementation. They can educate and train themselves fully in preparation for the transition and effectively incorporate cultural competency into their programs and services.

They also will have time to involve consumers and community members in program planning, design, and implementation.

Foundations, local governments, community organizations, and grantees can plan important details together to effectively address historical barriers that limit access to health care, such as hours of operation, public transportation routes, clinic practices and logistics, provider language capacities, staff training needs, and billing and reimbursement procedures. Examples of planning activities may include hiring a consultant with knowledge

FOUNDATIONS IN ACTION: FUNDING PLANNING AND PREPARATION

The Integrating Mental Health and Medical Services (IMHMS) initiative of the **Foundation for a Healthy Kentucky** aimed to provide access to high-quality, appropriate, comprehensive health care to Kentuckians by integrating primary care and mental health services. The goal of the five-year initiative was to successfully implement integration of mental health and medical services in two areas of the state.

In order to meet this goal, the foundation supported organizations through one-year planning grants and up to two years of implementation grants. One specific project, the Buffalo Trace Integrated Care Consortium, included Comprehend, Inc., a community mental health center, and PrimaryPlus, a federally qualified health center.

During the foundation-funded planning phase, a group of administrative and clinical representatives from the partner agencies worked to address five obstacles to integrating mental health and primary care: restrictions on information sharing between agencies; incompatibility of medical records and billing systems; difficulty obtaining reimbursement for services provided; difficulty recruiting qualified health and mental health professionals to the region; and limited mental health training of primary care staff (and vice versa).

This phase resulted in the development of a strategic plan to support a number of internal policy and system changes that allowed the two participating agencies to further integrate mental health and primary care services for residents of the Buffalo Trace region.

Through their participation in the IMHMS initiative, Comprehend and PrimaryPlus changed the way they offer mental health services to patients. They successfully colocated mental health and primary care services, which led to increased patient satisfaction.

For more information: www.healthy-ky.org/presentations-reports/reports

of culturally competent practices and seeking language adaptation services to facilitate the grantee's inclusion and competency of these practices. Grantees can be required to engage consumers and families in developing the implementation plan to ensure that the program is consumer-friendly and includes an effective public education and awareness component.

Focus on the evidence. Foundations should request current research on health disparities, evidence-based practices, and outcomes data in grant proposals or include that information in their requests for proposals to eliminate disparities through integrated health care. The information will ensure a focus on the issue and support the foundation's rationale for funding integrated health care to address health disparities.

Foundations should reach out to other funders with an interest in health care, health disparities, or minority populations. By combining resources and efforts, partners with shared interests often can have a broader impact and achieve greater outcomes.

Foundations also can acquire and use this important data to design the funding initiative, establish program requirements, and select grant recipients who are best qualified for the initiative (Kramer 2009). By reviewing the research literature that highlights effective or promising programs, foundations can focus on funding culturally competent best practices and those that show promise.

To successfully apply for funding, organizations first will need to examine their own missions, visions, policies, and practices in the context of this information. This examination is particularly important for providers that want to deliver integrated health care and must embrace cultural and linguistic competence, and for trusted grassroots providers that want to initiate or expand mental health services to improve health outcomes for racial and ethnic minority populations.

Pursue partnerships with other organizations. Foundations should reach out to other funders with an interest in health care, health disparities, or minority populations. By combining resources and efforts, partners with shared interests often can have a broader impact and achieve greater outcomes. By working together, partners can co-fund initiatives in innovative ways that bring wider attention to disparities issues and send strong messages to health care providers, communities, policymakers, and individuals about the role of integrated care in addressing those disparities.

For example, foundations interested in reducing health disparities can join forces with those interested in integrated health care to widen the funding net and attract a larger, more diverse pool of grant applicants. Partnering with local, state, or national advocacy organizations to develop initiatives and award grants can bring greater expertise and knowledge that enhance the design of grant programs and the quality of requests for proposals. Conferring with experts in health care policy, best practices, and minority populations can ensure that the funding initiative is based on the latest research and knowledge.

Prioritize relationship development during the grant management phase. After funding has been awarded, the foundation should closely examine its relationship with grantees to ensure open channels of communication, early identification of potential issues, and strong support for organizations with less experience as grant recipients. A strong, positive, and connected relationship between the funder and the grantee can lead to success for the project and help avoid unnecessary issues caused by lack of communication.

Routine, frequent conversations can build trust and provide opportunities to discuss issues and concerns as they occur. Program officers and grantees can learn from one another's experiences and knowledge about grant management, integrated health care, cultural competency, health disparities, and the communities and populations being served. Program officers and grantees can regularly update one another on progress being made in implementing the grant. Checklists can be developed to aid these conversations and ensure that key grant components are discussed regularly, such as organizational practices, program content, and hiring practices that promote diversity and inclusion.

Even in situations in which the grantee is a well-established primary care provider with a reputation of being culturally and linguistically competent, the program officer and grantee should regularly discuss progress being made in integrating mental health care into the practice. Challenges and unforeseen obstacles can occur at any time, and the program officer can provide connections to technical assistance resources and other integrated health care providers who can offer guidance and support to the grantee.

For example, community health centers may want to hire a mental health professional to strengthen the mental health care component at their center. Infrequent and inconsistent communication among team members, however, can occur when a new role is added to the team, and this phenomenon should be discussed and planned for during the grant period. The program officer can help identify the issue and suggest resources to support the development of professional relationships and clarify roles and responsibilities among interdisciplinary team members.

After funding has been awarded, the foundation should closely examine its relationship with grantees to ensure open channels of communication, early identification of potential issues, and strong support for organizations with less experience as grant recipients.

PHILANTHROPY'S ROLE: EDUCATION STRATEGIES

An important role of foundations is to develop and disseminate information to advance the initiatives they embrace. These activities are essential to encouraging broad acceptance and support of integrated health care as a viable and preferred way to improve public health and address health disparities.

Many foundations have long supported education initiatives that focus on chronic medical conditions to reduce disparities and improve health outcomes among vulnerable populations. Expanding these initiatives to include mental health can overcome barriers to care created by the stigma of mental illness and improve the health of racial and ethnic minority populations.

Public awareness of the connections between integrating primary and mental health care and reducing health disparities is minimal in many areas. Health care providers, consumers, community leaders, policymakers, and foundation stakeholders and board members are far more likely to support integrated health care initiatives if they understand how this approach can improve coordination of care and effectively address health disparities among racial and ethnic minority populations. The following recommendations can help grantmakers effectively educate stakeholders and build internal and external acceptance of integrated health care as a means to address health disparities.

Recommendations for Effective Education

Develop internal knowledge and expertise. As a first step, foundations can bring themselves up to date on the latest knowledge about integrated health care and health disparities among racial and ethnic minority populations (Kramer 2009). Keeping board members, staff, and stakeholders informed of evidence-based practices, promising approaches, and evaluation data will enhance knowledge and lead to greater understanding of health disparities and how to address them.

One way to achieve this is by conducting professional trainings on the concepts, models, approaches, and potential impact of integrated health care in eliminating health disparities among racial and ethnic minority populations and people with limited English proficiency. Experts can explore with board members, staff, grantees, and community members the research assessing this approach. Board members can further expand their understanding through meaningful ongoing dialogue with staff and one another.

Inviting racial and ethnic minority consumers, family members, and community leaders to serve on boards or ad hoc advisory panels can diversify perspectives and expertise, build leadership in the community, and develop awareness on the board and across the foundation.

Define a common language for funding initiatives. Integrated health care is not a "one-size-fits-all" approach. Currently there are many definitions and opinions about what constitutes integrated health care. Foundations may choose different models and practices when designing their initiatives, depending on the needs of the communities they serve and the goals they wish to achieve.

It is important to have a shared understanding of what integrated health care means. This will help avoid misunderstandings and enable foundation staff and board members, grantees, and consumers to work together to achieve systemic change in integrating the delivery of primary care and mental health services. The Agency for Healthcare Research and Quality has developed an operational definition for key functions in collaborative care required to create and carry out national research and practice development agendas (AHRQ 2013).

Foundations that develop and use a consistent lexicon are better able to replicate pilot projects in other primary care settings and compare findings and results across projects. They also are better prepared to elevate and influence the advancement of integrated health care among their philanthropic peers.

Emphasize research and evaluation. Community-based participatory research and process evaluation can strengthen everyone's understanding of the relationship between integrated health care and reducing health disparities. To add to this understanding, foundations can fund academic-community partnerships in which community organizations collaborate with evaluation experts (GEO and COF 2009). Together they can examine integrated health care implementation strategies for underserved populations, include diverse perspectives to address stigma, and conduct community-based participatory research initiatives (Katon et al. 2010).

These kinds of community-based participatory research initiatives offer important opportunities for foundations to fund and evaluate grassroots strategies for successfully implementing integrated health care in a community. Foundations also can rely on researchers to evaluate the success of grant-funded integrated health care programs and practices in reducing health disparities. While academic-community partnerships can be time-consuming to plan, engage, and implement, they can support broader, more sustainable implementation of integrated health care programs.

Share knowledge, outcomes, and lessons learned. Foundations can

It is important to have a shared understanding of what integrated health care means.

serve as an important resource and first contact for obtaining current knowledge of best practices in integrated health care and addressing health disparities. Often valued as a trusted, "go-to" source for objective information, foundations can educate grantees, health care professionals, the community, and policy leaders on the current state of integrated health care, gaps in services, various models and best practices, valid research, reliable resources, and policy analysis.

For example, perhaps the greatest obstacle to integrating care is the lack of reimbursement mechanisms available to providers for essential components of evidence-based models of integrated care. These components include screening services, consultation between providers, and many of the services provided by care managers. In studies of grant-funded integrated health care, the financial burden associated with these components, even those with

FOUNDATIONS IN ACTION: EMPHASIZING RESEARCH AND EVALUATION

Eight grantmakers joined resources to form the **Mental Health Funders Collaborative of Colorado**. Together they funded a comprehensive, in-depth assessment and analysis of public and private mental health systems in Colorado.

The resulting 2003 report, *The Status of Mental Health Care in Colorado*, identified a complex, fragmented mental health system that many called a crisis. According to the report, only one-third of people in need of mental health treatment received it, care was inadequate, costs were on the rise while reimbursement was decreasing, and there was a lack of providers available to serve special populations such as racial and ethnic minorities.

Subsequently, four Colorado foundations—**The Colorado Trust, Caring for Colorado Foundation, The Denver Foundation**, and **The Colorado Health Foundation**—joined together in 2005 to fund a project called Advancing Colorado's Mental Health Care. Based on the findings from the report, the goal of the project was to improve the system of care for people with severe mental illness.

The project was a five-year, $4.25 million effort to address the crisis by supporting six different community collaboratives in their efforts to integrate mental health treatment services within a variety of systems and across numerous agencies. In 2011 the four partners published *Final Grantee Report: Advancing Colorado's Mental Health Care*, an update to the 2003 report, and identified progress made and persistent barriers to coordinating and integrating mental health services in Colorado. The report also included an evaluation of the six grantees funded by the project.

For more information: bit.ly/NIcdlc

substantial clinical outcomes, became a significant barrier to their sustainability after the grants were removed (Blasinsky et al. 2006; Frank et al. 2003). Foundations can help providers and other funders determine which services are eligible for reimbursement. They can bring in experts to educate grantees on financing models, billing codes, processes, and reimbursement procedures so that grant funds for services are allocated in the most economical way. By maximizing the use of grant dollars and educating health care providers on how to get reimbursed for their services, foundations improve the likelihood that the integrated health care program they have funded can be sustained.

FOUNDATIONS IN ACTION: SHARING KNOWLEDGE, OUTCOMES, AND LESSONS LEARNED

Funded by **The California Endowment**, the Integration Policy Initiative is a collaborative project between the California Institute for Mental Health, the California Primary Care Association, and the Integrated Behavioral Health Project.

The initiative was created to improve critical connections between the public systems of health care for medical, mental, and substance use conditions. The initiative produced a series of reports with recommendations for improving the interface between provider organizations; identifying needed changes in policy, regulation, and practice; and improving the health outcomes of underserved populations.

Specifically, the project sought to address disparities in health care for medical, mental, and substance use conditions by ensuring access to services and providing culturally competent services without stigma in the context of consumers' primary language and cultural, spiritual, and value systems.

The initiative recently released a report on primary care and behavioral health services that was written for policy leaders; administrators; providers; and advocates, including consumer and family member organizations. The report is based on a summit that identified the development of the "business case for bidirectional integrated care" as a key priority.

For more information: www.cimh.org/Initiatives/Primary-Care-BH-Integration.aspx

PHILANTHROPY'S ROLE: CONVENING STRATEGIES

Because they often are viewed as neutral partners, grantmakers are in a strategic position to bring stakeholders together, promote dialogue, and raise important issues for discussion. Convening interested parties on the topic of integrating primary and mental health care can be a springboard for discussing how the elimination of health disparities can and should be a primary goal of integrated care.

Convening can be an essential move toward building partnerships, sharing information, and encouraging other funders to support integrated health care initiatives with the goal of eliminating health disparities.

Leveraging the foundation's reputation as an expert grantmaker in health can bring the appropriate people and groups to the table, presenting a powerful setting for community and systems-level change. Convening can be an essential move toward building partnerships, sharing information, and encouraging other funders to support integrated health care initiatives with the goal of eliminating health disparities. Ultimately the convening can move beyond partnerships to facilitate collective accountability and systems change (Linkins et al. 2013). The following recommendations can help foundations effectively bring people together for impactful dialogue.

Recommendations for Effective Convening

Serve as a neutral convener. Foundations can bring together community health care organizations, policymakers, consumers, and other stakeholders to initiate discussions about health disparities in the community and models of integrated care that can address these disparities. With resources and support from a foundation, communities can begin discussing the benefits of integrated health care; decide whether to bring this approach into their primary care and specialty mental health care systems; and determine how to collaboratively adopt evidence-based, culturally and linguistically competent practices.

Bring experts together—locally and nationally. Foundations can host roundtable discussions, conferences, and seminars that bring together experts to discuss integrated health care and health disparities. These experts can share their vast knowledge, identify best practices, and propose recommendations on addressing health disparities through integrated care. By bringing leaders together, individual agendas can be left at the door in favor of a collaborative approach to solving problems (Kania and Kramer 2011). The foundation can capture this wealth of information and publish it in a report as a resource to others in the field.

Foundations also can bring in experts to advise community stakeholders as they begin to establish integrated health care, help them identify innovative approaches for addressing disparities, and offer guidance in developing an action plan for implementation. Local

FOUNDATIONS IN ACTION: SERVING AS A NEUTRAL CONVENER

In 2006 the **Maine Health Access Foundation** initiated a $10 million long-term investment in integrating behavioral health and primary care. Rather than designing the initiative internally, the foundation convened stakeholder groups to create a shared vision of integrated care in Maine and collectively create a plan for change. Members represented businesses, consumers, payers, purchasers, professional organizations, state legislators, advocacy organizations, state government, and provider organizations.

In 2009 the foundation commissioned a study to identify barriers to integration encountered by grantees and to develop recommendations to overcome them. The study also examined lessons learned from integrated care programs in Maine and nationally. Though integrated care was broadly popular and supported by stakeholders and policymakers, the list of major barriers to integration in Maine was long. Specifically, sustainability and reimbursement were identified as significant barriers to success.

The study team and stakeholder groups identified the need to realign the entire complex health care system to ensure integration. Such realignment required development of policy changes, eliminating service delivery silos, and avoiding an incremental approach to integration that builds on a broken system. By bringing together the affected stakeholders and providing a forum for discussing critical and often sensitive issues, the foundation was able to develop a consensus statement specifying the elements and attributes needed to achieve integrated care. An integrated care policy committee was established to facilitate the needed changes.

For more information: bit.ly/16TZgBs

and national authorities from within minority communities can share their knowledge, expertise, and personal experiences. Foundations also can sponsor ongoing discussions between experts and community stakeholders on best practices for improving access, coordinating services, reducing barriers, and integrating care.

Form a learning community. A learning community is a group of organizations or individuals who come together to teach each other about a shared topic of interest. Grantmakers are in an ideal position to organize or fund a learning community for grant partners working on integrated health care projects (GEO and Research Center for Leadership in Action 2012). Foundations also can form learning communities of health care providers in their service area to build interest in eliminating health disparities through integrated health care.

Learning communities can be an efficient way to coordinate the work of multiple grantees and enable them to share their experiences in implementing the funded projects. The opportunity to learn from peer organizations that are working on similar issues can be an invaluable experience (Hogg Foundation for Mental Health 2012). Learning communities can bring grantees together in a variety of ways—member-only Web sites, on-line and in-person conferences, teleconferences, site visits, and trainings. Participants can share resources and materials such as policies and procedures, document templates, program design, workflows, and lessons learned. Grantees that have implemented effective approaches for delivering culturally and linguistically competent care can be powerful resources to their peers. Organizations with less experience in addressing health disparities can benefit from interactions with more seasoned members of the learning community.

FOUNDATIONS IN ACTION: BRINGING EXPERTS TOGETHER

The **Hogg Foundation for Mental Health** recently collaborated with the U.S. Department of Health and Human Services' Office of Minority Health to produce a technical report that summarizes the literature on the state of integrated care for racial and ethnic minority populations. The report also highlights cultural and linguistic competency and best practices in integrated care.

The Hogg foundation and Office of Minority Health convened a group of state and national academics, practitioners, and consumers with expertise in health care disparities, integrated health care, or both. The experts examined the literature review and shared their own knowledge and expertise during a roundtable meeting held in Austin, Texas, in 2012.

Highlights of the meeting were captured in a national consensus report on addressing health disparities among minority populations through integrated health care. The report identified strategies and approaches to foster culturally appropriate care in integrated settings.

Additionally, a group of stakeholders from across Texas gathered at a free conference hosted by the Hogg Foundation to discuss the implementation of these strategies in their communities. Foundations across the country with an interest in funding integrated health care to address health disparities also gathered to identify funding strategies and recommendations contained in this report.

For more information: www.hogg.utexas.edu/initiatives/integrated_health_care.html

FOUNDATIONS IN ACTION: FORMING A LEARNING COMMUNITY

The **California Mental Health Services Authority** established a strategic partnership with the **California Primary Care Association** and the **Tides Center** to build and support a learning community on integrated health care. The learning community, called the Integrated Behavioral Health Project, focused on providing training and technical assistance. Participants were health care professionals and stakeholders in the fields of primary care and behavioral health.

The project also created a Web site to serve as a clearinghouse of resources, materials, and research related to integrated behavioral health. Project partners collaborated with state associations to sponsor trainings for administrators and clinicians and developed *Partners in Health: Primary Care/County Mental Health Tool Kit* to support collaborations between primary care and county mental health providers.

The tool kit is designed to help primary care health centers and mental health authorities forge collaborative relationships to advance integration of behavioral and primary care in California. The tool kit provides practical advice, forms, strategies, and prototypes for integrating behavioral health and primary care services. The kit includes sample agreements and contracts, advice from those who have established similar working relationships, checklists for developing memorandums of understanding, issues to consider when brokering agreements, and descriptions of professional roles and responsibilities in an integrated setting.

For more information: www.ibhp.org

Provide safe opportunities for daring dialogues. The reality of health disparities in racial and ethnic minority communities can be a difficult subject to broach. For communities, government agencies, and other organizations at local and state levels, disparities indicate a failure to equally and effectively serve all individuals. Grantmakers are in a unique position as a neutral third party to raise this issue, provide a safe place for exploring the problem, present integrated health care as a promising strategy for addressing disparities, provide technical assistance, and possibly offer financial support and resources for the dialogue. By bringing stakeholders together and starting the conversation, foundations can lay the groundwork for transforming health care in their communities.

PHILANTHROPY'S ROLE: POLICY CHANGE STRATEGIES

Sustainable change in the health care delivery system typically requires action by policymakers, most often in the form of legislation, local ordinances, and administrative rules and regulations. Though traditionally not a role for foundations, promoting policy change may lead to greater enduring change in health outcomes than is possible with any single grant-funded program or service initiative (Kramer 2009).

As a respected, neutral, and visible voice in the community, funders can support policy change by providing data, facts, and examples that show the harmful effects of the current fragmented health care system, the prevalence of health disparities among racial and ethnic minorities, and the benefits of integrating primary care and mental health services.

Foundations can effectively engage in the policy process without overstepping legal restrictions. Rules are different for public and private foundations, but all foundations can support advocacy organizations and can engage directly in certain types of advocacy (Alliance for Justice 2004). One key role is educating policymakers. As a respected, neutral, and visible voice in the community, funders can support policy change by providing data, facts, and examples that show the harmful effects of the current fragmented health care system, the prevalence of health disparities among racial and ethnic minorities, and the benefits of integrating primary care and mental health services. The following recommendations can help foundations successfully navigate the path of policy change.

Recommendations for Effective Policy Change

Support policy fellowships. Many health care policy and advocacy groups are constrained by staff and budgetary limitations. At the same time, a number of graduate students completing advanced degrees in public affairs, behavioral health administration, and other relevant fields are seeking training opportunities. Foundations can promote systems change and integration of health care by hiring or funding a policy fellow position. The fellow works for the foundation or for a policy or advocacy organization and focuses on policy research and recommendations at the federal, state, or local level. The policy fellow also can engage consumers and their families to mobilize and effectively advocate for the needs of their communities through consumer advocacy councils and visits to state legislators and Capitol Hill. The work of a policy fellow can include drafting issue briefs and other resources that can be used to inform policymakers and key agency staff.

Some organizations may want a policy fellow to conduct an extensive analysis of current policy. Such analysis might include gathering information about the financing of integrated health care, reimbursement issues for providers, and gaps in available funding. This information can be very effective in educating policymakers about health care issues and effective solutions.

Policy fellows also can identify existing public health care programs and initiatives that can be adapted to support integrated health care and elimination of health disparities. For example, many states face growing shortages of health care providers and are creating initiatives to develop their future health care workforce. The policy fellow can identify these initiatives and design a strategy with recommendations for developing a culturally competent workforce that can meet the comprehensive health care needs of racial and ethnic minority populations.

Host a legislative summit. Foundations can invite policymakers and their staffs to a compelling overview of legislative opportunities to facilitate integrated health care as a means of addressing health disparities among minority populations. The conversation can highlight the importance of mental health and the delivery of culturally

FOUNDATIONS IN ACTION: SUPPORTING POLICY FELLOWSHIPS

In 2012 the **Meadows Foundation** funded a fellowship focused specifically on integrated health care policy. In selecting a fellow, Meadows sought a candidate who had expertise in both integrated health care and cultural and linguistic competency. By stating these as preferred qualifications, the foundation strategically positioned the fellow to advocate for policy changes that focused on integrated health care as a means for addressing health disparities. Key functions of the fellowship included organizing a Texas policy summit (also funded by Meadows), serving as a statewide resource on matters of integration, and working closely with legislative staff.

The Meadows policy fellowship expanded on a model created by the Hogg Foundation for Mental Health in 2006. The Hogg Foundation mental health policy fellow must be a recent graduate of law, social work, public policy, or other related graduate program and is hired to expand the organization's capacity to conduct policy work. In 2010 the Hogg Foundation began awarding two-year grants to five Texas nonprofits to hire their own mental health policy fellows. Hogg and Meadows co-funded the integrated health care policy fellow.

The Meadows policy fellow participated in the Hogg Mental Health Policy Academy. Through this participation, the fellow learned about lobbying restrictions and requirements, the Texas legislative process, bills filed in the legislative session, the Texas budget process, and best practices in budget messaging. Simultaneously, the fellow was able to raise issues of integrated health care and disparities with other members of the academy.

For more information: www.hogg.utexas.edu/initiatives/policy_fellows.html and www.mfi.org/display.asp?link=I0CFWZ

competent care. Detailed discussion of needed systems changes is essential, with a focus on which services to prioritize and regulatory requirements that could be changed to support integrated health care and address health disparities. An engaging, relevant, and credible expert can be brought in to add weight to the discussion.

A legislative summit is also a good opportunity for the foundation to remind policymakers and their staff that the foundation has expertise in the areas of integrated health care and disparity elimination. Let attendees know that foundation staff is ready to support their offices with background information, research, and expert testimony. By positioning itself in this way, the foundation can cultivate important relationships with legislative offices and, hopefully, be sought out as a trusted resource when these issues are raised at local, state, and national levels.

Promote policies for sustainability. Foundation funds simply are not designed to sustain integrated health care programs in perpetuity. Foundations, however, can collaborate with stakeholders to create a policy environment that will foster the sustainability of integrated care practices that overcome barriers to access, treatment, and quality of care among minority populations. Stakeholders essential to policy discussions might include policymakers, grantees, state agencies, insurance representatives, provider trade associations, employer groups, and consumer organizations.

Facilitate a policy workgroup to present a unified vision for change. Foundations can coordinate policy

FOUNDATIONS IN ACTION: HOSTING A LEGISLATIVE SUMMIT

In advance of the Texas 83rd legislative session in 2013, **Methodist Healthcare Ministries** hosted a two-part statewide mental health legislative summit to evaluate the state's public mental health system.

The first phase was designed to gather information from all regions of the state to better understand the challenges and issues associated with the delivery of mental health care. Presentations from key experts addressed mental health successes and challenges, state budget priorities and issues, and health care transformation in Texas and the Quality Improvement Program 1115 Waiver.

The second part of the legislative summit brought legislators and stakeholders together to work on the legislative priorities identified in the earlier meeting while contributing to a mental health policy plan of action for the 83rd legislative session.

For more information: bit.ly/10gJXL1

development at the federal and state levels by forming policy workgroups consisting of government agencies, trade associations, and advocates to represent the interests of primary care providers, consumers, hospital systems, health plans, and mental health and substance abuse providers. The group can develop a powerful unified vision and convincing policy platform that demonstrate coordinated efforts and shared responsibility for community health.

Recommendations on policies related to service delivery, financing, and outcome measurement can be summarized in a policy brief and consensus statement. Foundations can serve as a neutral facilitator in the process and

FOUNDATIONS IN ACTION: FACILITATING A POLICY WORKGROUP TO BUILD A UNIFIED VISION

The **Paso del Norte Health Foundation** in Texas and the City of El Paso Department of Public Health convened a blue ribbon committee of health leaders to create a strategic framework for achieving long-term improvements in health in the Paso del Norte region, which includes the counties of El Paso and Hudspeth in Texas; Dona Ana, Otero, and Luna in New Mexico; and the City of Juarez, Mexico.

Over a two-year period, a coalition evolved as the leadership committee gathered input from regional stakeholders and collected data on current and emerging public health challenges to outline a regional health improvement plan. The process led to a strategic health framework and a set of health priorities. This framework will be a tool to build collaboration across regional organizations as they plan and implement health improvement programs in six priority areas.

Addressing regional mental health is one of the six priorities identified in the strategic framework. A main objective in this priority area is to integrate behavioral health with primary care throughout the region by applying evidence-based strategies.

To address the needs of the region's diverse populations, the framework includes an objective to increase the number of qualified, culturally competent mental health care providers. The plan provides strategies to increase training for mental health providers and to explore workforce development. As part of its commitment to improve mental health and reduce the stigma associated with mental illness, the foundation's health priorities now include mental and emotional well-being in complement with strategies of the framework.

For more information: www.pdnhf.org

provide administrative support to assist the policy workgroup in advancing its policy platform.

Funders also can partner with community-based primary and specialty care providers to bring about change at the local level, such as eliminating critical barriers that prevent access to health care. Together they can educate and inform state and local policymakers about specific problems and offer potential solutions during the process of analyzing public policies, rules, and regulations.

Develop in-house expertise on integrated health care and health disparities. Foundations can educate existing staff or hire new employees with an interest in understanding issues related to health disparities and their impact on the overall health of racial and ethnic minority populations. These key staff can serve as experts for new state and local health care initiatives, identify opportunities to testify during legislative hearings, and generally be available to policymakers to promote their understanding of integrated health care and health disparities.

Be a voice for cultural and linguistic competency. Advocacy in every setting is a powerful tool to advance awareness of the issues related to health care disparities and help bring about systemic, lasting change to benefit minority populations in the communities that foundations serve. Foundation officers often find themselves invited to the table to examine issues at the federal, state, and local levels. By being effective advocates, foundations can shape the public debate on important social issues and ensure that underserved minority communities have a voice in the policies that affect their lives.

CONCLUSION

Foundations often lead the way in advancing innovative change for social good. Now is the time for foundations to use their tremendous influence and resources to pave the way for eliminating health disparities and promoting health, recovery, and wellness through integrated health care.

Integrated health care is a promising approach in delivering coordinated care for people with multiple health conditions. The current fragmented system of care is ineffective, inefficient, difficult to measure, and costly. The innovations, strategies, and recommendations highlighted in this report hold remarkable promise for improving the health of minority populations by addressing systemic issues that lead to health disparities.

A window of opportunity exists for foundations to make the most of their funding and support for integrated health care initiatives that address health disparities. Research and experience demonstrate its potential. Stakeholders in health care are receptive to this approach and want to embrace it, but financial support, technical guidance, coordinated efforts, and policies are required to make the transition from theory to practice. Foundations are in a unique position to provide these supports to provider organizations to reduce health disparities and ensure that culturally competent and linguistically appropriate integrated health care is available for those who need it most.

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ABOUT GIH

Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Working with hundreds of organizations, large and small, both locally focused and national in scope, GIH seeks to build the knowledge and skills of health funders, strengthen organizational effectiveness, and connect grantmakers with peers and potential partners.

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Hogg Foundation for Mental Health

The Hogg Foundation for Mental Health has been promoting mental health in Texas since 1940, when the children of former Texas Governor James S. Hogg established the foundation at The University of Texas at Austin. Over the years, the foundation has awarded millions of dollars in grants to continue the Hogg family's legacy of public service and dedication to improving mental health in Texas. Other donors have established smaller endowments at the foundation to support its mission.

Today the foundation continues to support mental health services, research, policy analysis and public education projects in Texas. The foundation focuses its grant making on key strategic areas in mental health and awards grants through a competitive proposal process. The foundation is part of the Division of Diversity and Community Engagement at The University of Texas at Austin. For more information, visit www.hogg.utexas.edu.