

information, connect individuals with appropriate services and providers, and sustain support networks for patients and their families.

Given this vast array of interventions, communities can become overwhelmed by the desire to “do it all” while facing the stark realities of limited financial and human resources. They feel pressure to “start somewhere,” yet struggle to know which avenue is best. To assist communities with this challenge, the Philanthropic Collaborative and Georgia Health Policy Center have created a unique and user-friendly tool called the Framework for Community-Based Cancer Prevention and Control.

The Framework converts a complex set of information, typically presented in fragmented “silos,” into a simple format that communities can use to select specific prevention and control initiatives tailored to their own circumstances. It depicts the synergy amongst the three types of cancer prevention and control interventions, and facilitates the design of a systematic community-based plan for cancer prevention and control. The Framework is available from the Georgia Health Policy Center.

MARK YOUR CALENDAR!

Join us for the
upcoming symposium
on childhood obesity

December 10, 2003

Watch the mail
for additional details

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The Georgia Health Policy Center
is coordinating the work of the
Philanthropic Collaborative.

For more information,
please contact:

Mary Ann Phillips
404-651-1643

www.philanthropiccollaborative.org



UPDATE

PHILANTHROPIC COLLABORATIVE FOR A HEALTHY GEORGIA

Summer, 2003

Philanthropic Collaborative Tackles Childhood Obesity

The issue of overweight children in Georgia has recently received significant attention from the media—and with good reason. According to the Georgia Division of Public Health, almost 30% of Georgia’s middle school students (aged 11-14 years) and another 25% of high school students (aged 14-18 years) are either overweight or at risk of being overweight.

To learn more about this problem and to identify ways foundations may be able to help, the Philanthropic Collaborative launched a **Childhood Obesity Initiative** in January 2003. The goal of the Collaborative’s fourth major initiative is to inform, engage, and energize Georgia’s foundations and other grantmakers in order to reduce the incidence of childhood obesity in the state. Specific objectives are to:

- Better understand the nature and extent of childhood obesity in Georgia and the associated long-term health problems.
- Examine best practices and successful strategies for preventing and correcting childhood obesity from a variety of perspectives (including public policy, research, healthcare access, community norms, environmental concerns, family behavior, and child-serving institutions such as schools, pre-schools, and youth organizations).
- Learn about existing success stories in Georgia.
- Explore options and opportunities for foundations and grantmakers to fund successful programs statewide and/or in their own communities.

To oversee this initiative, the
Philanthropic Collaborative established

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A Tribute to a Good Friend

On July 19, the Philanthropic Collaborative and the greater Atlanta community lost a remarkable friend. **George Brunley, M.D.**, a founding member of the Collaborative, died along with 11 members of his immediate family and two South African pilots when their charter plane crashed into a peak at Mount Kenya. George was active in innumerable community ventures, including serving on the Collaborative’s Steering Committee, Chair of the Collaborative’s School Health Committee, and a member of our Childhood Obesity Task Force. He was indeed a true advocate and patron for children’s health and will be sorely missed by the foundation community and the staff of the Georgia Health Policy Center.

About this issue...

The Philanthropic Collaborative for a Healthy Georgia serves as a forum for bringing foundations together to better understand and explore the health-related challenges facing Georgia.

This issue of Update introduces the fourth initiative of the Collaborative: Childhood Obesity. Progress and highlights of the Collaborative’s Matching Grants Initiatives on school health and rural health are shared. A unique and user-friendly tool for designing community-based cancer prevention and control programs is introduced.



School Health Grants Entering Third Year

February 26-27. This conference responded to the needs expressed by the grantees through their progress reports and site visits. Over 50 people attended the 2-day meeting.

Participants had the opportunity to interact with school and community leaders as well as to hear presentations from experts with the Centers for

Medicaid and PeachCare for Kids; access to dental care; behavioral health issues; and funding opportunities. The second day was primarily a training session on conducting a physical health assessment of school-aged children in the school environment.

Training Video

With money matched by the state and federal government, the information shared during the Macon conference is being translated into a Summary Report and a training video, *Conducting a Physical Assessment of the School-Aged Child*. Both will be distributed to the 13 grantees as well as to interested school systems around the state.

Network Broadcast

Discussions have been held with PeachStar, a network that broadcasts education-related programming to all Georgia schools, to determine interest in airing the video, *Conducting a Physical Assessment of the School-Aged Child*, during the 2003-2004 school year.

School Nurse Asthma Training

As a result of the quality and variety of the 13 funded programs, the National

“Policymakers need to focus on eliminating the barriers that affect low performing students’ readiness to learn. Among these barriers are physical and mental health conditions that impact on school attendance and on students’ ability to pay attention in class, control their anger, and restrain from self-destructive impulses.”

The National Governors Association

Disease Control and Prevention (CDC), the state public health agency, and other Georgia organizations involved in improving healthcare for school-aged children. The first day of the conference focused on providing general information and updates on such topics as: links between school health and academic achievement;

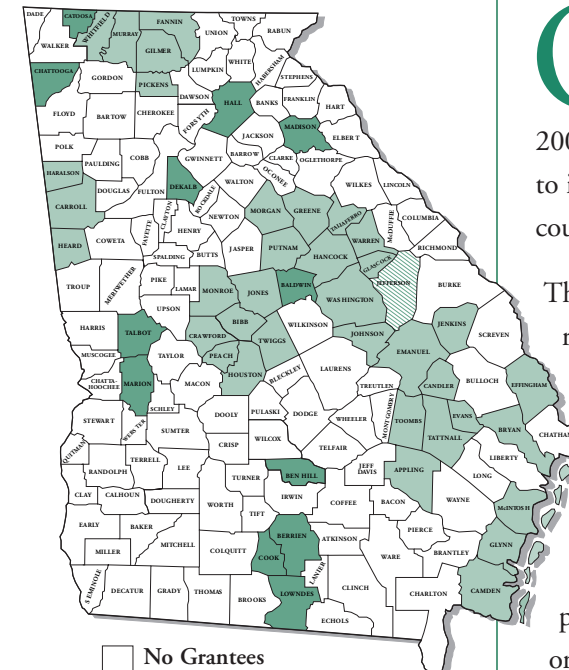
The Philanthropic Collaborative’s first matching grants initiative focused on school health. Now entering its third and final year, the **School Health Matching Grants Initiative** has supported school health programs in 13 communities around the state, thanks to a total of \$901,000 contributed by 20 foundations and the Georgia Department of Community Health. Six schools were funded for one year, one school for two years, and the remaining six schools received 3-year grants.

Regardless of the length of the grant period, all 13 grantees continue to benefit from this Initiative. In addition, the program has advanced the knowledge about successful school health efforts at state and national levels.

School Health Conference

As part of the Philanthropic Collaborative’s commitment to build grantees’ capacity, a technical assistance conference was held in Macon on

School Health and Rural Health Grants funded by the Philanthropic Collaborative have impacted a total of 49 counties in Georgia.



No Grantees
 School Health Grant
 Access GA Rural Health Grant
 Access GA Rural Health and School Health Grants

Rural Health Grants Celebrate One-Year Anniversary

On January 15, 2002, the Philanthropic Collaborative for a Healthy Georgia issued nine multi-county awards under its Access Georgia Rural Health Matching Grants Initiative. These grants, featured in the Winter 2000 Update, totaled \$1,757,805 and support 37 rural Georgia counties working to improve health status and access to care for rural Georgians. Funding was coupled with intensive technical assistance to ensure maximum impact.

The Access Georgia grantees held a showcase in January 2003, one year after receipt of their respective awards. The meeting provided a forum for grantees to share with funders the successes and challenges of the past year and to discuss their implications.

For some communities, the network development grants served as a strong incentive for providers and community leaders to initiate dialogue and develop new health partnerships. For others, the grants offered an opportunity to expand programs to include a fairly sophisticated array of activities or to build additional organizational infrastructure. The more mature networks have been able to demonstrate improvements in health status, reductions in cost of care, and increases in access to health services and resources such as primary care and pharmaceuticals.

Impact of Rural Health Grants

Funding from the Access Georgia Initiative has enabled regional networks to leverage additional local funds, often including large contributions from local citizens, and to initiate dialogue between providers or local elected officials about sharing health-care resources and developing new health partnerships within their own communities and with neighboring counties. These additional dollars have helped networks:

- Hire nurses and other healthcare providers.
- Offer mobile diabetic retinopathy screening and expanded dental services through partnerships with local hospitals and other healthcare providers.
- Expand services to the Hispanic population.
- Offer local citizens access to “free” pharmaceuticals through prescription assistance programs.
- Expand existing diabetes programs and design management programs for other chronic conditions.
- Provide access to discounted or free eyeglasses and other medical supplies.
- Provide a primary care home to uninsured individuals, resulting in fewer hospital and emergency room visits.

Association of School Nurses asked grantees to participate in a pilot training program for the School Nurse Asthma Management Program. The National Association paid for all materials and expenses for the participants and agreed to present the model program again in the fall for other grantees unable to attend the pilot.

Mini-Labs

The Health Policy Center was notified that they were awarded a grant from the Healthcare Georgia Foundation to identify five of the thirteen grantees to serve as mini school health laboratories. The grants will continue to focus on the same three components of the 8-component CDC model, but they will also be asked to assess their school's efforts with respect to two additional components: physical education and health education. The Center will also engage and convene a school health stakeholder task force to guide the work of the grantees. This task force will include representation from state agencies and associations, CDC, and other school health experts.

SCHOOL HEALTH HIGHLIGHTS

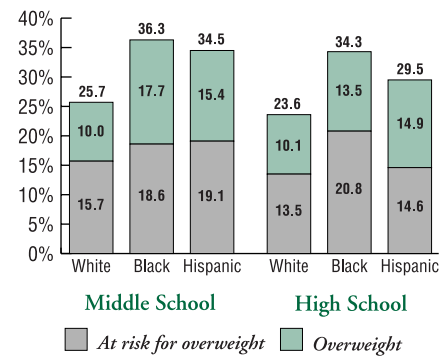
Our 13 grantees have been quite busy this past year, with positive measurable results.

- *Access to health services has improved. In some school systems, children receive dental services every six months through a partnership with mobile dental vans. If it were not for this partnership, these children would not have any access to dental care.*
- *School faculty and staff skills have been enhanced. For example, a "Red Bag Alert" emergency response procedure in one countywide system has enabled trained individuals to respond to emergencies with pre-identified responsibilities and roles.*
- *Overall attendance has increased. In one county with onsite school nurses, absenteeism decreased 2% system-wide and attendance rates increased a minimum of 1% at each of the county's four schools.*
- *Support for the program is strong. Students and teachers in one district initiated letter-writing campaigns to community leaders requesting funds to continue the school health program and to support the school nurse. Despite a projected budget deficit, the local school board voted to fund all four school nurses.*

Collaborative Tackles Childhood Obesity
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a Childhood Obesity Task Force comprised of representatives from foundations, the state, the Centers for Disease Control and Prevention, and the school nursing community. Gary Nelson, President of the Healthcare Georgia Foundation, chairs the task force, which has convened diligently once a month since March. Planned activities include a statewide symposium for foundation trustees and staff on December 10, 2003. The symposium will feature national and state experts on childhood obesity and present options and opportunities that

Prevalence of *at risk for overweight and overweight* among Georgia students by school type and race, 2001



Georgia's philanthropic community may wish to pursue. In addition, the task force has commissioned four papers from nationally recognized experts to explore evidence-based interventions related to nutrition and physical activity from several perspectives: policymaking, health communications, and behavioral and environmental changes. An issue brief summarizing these papers and highlighting effective strategies will be available prior to the symposium.

Source:
Kanny D, Bricker SK, Powell KE. Overweight among Middle and High School Students in Georgia, 2001. Georgia Department of Human Resources, Division of Public Health, December 2002.

Framework for Community-Based Cancer Prevention and Control

Cancer continues to take a major toll on the health and well-being of Georgians. In 2001 alone, an estimated 14,000 Georgians died of cancer and another 33,000 new cases were diagnosed. High rates of cancer cases and deaths translate into significant—and often immeasurable—social, psychological, and economic costs. The latest estimate of the annual cost of cancer is \$171.6 billion for the nation as a whole.

Effective community cancer prevention and control programs are well

documented in the scientific literature, and fall into three major categories.

Lifestyle interventions focus on the risk factors that underlie cancer—tobacco use, lack of physical activity, poor eating habits, and sun exposure—in an attempt to prevent cancer cases from occurring. They typically employ strategies to change individual behaviors and/or social policies.

Screening interventions strive to detect cancer in its earliest stages when treatment interventions can be more

effective. They vary by cancer site but share a common goal of informing groups at highest risk of disease about screening opportunities, assuring that they receive quality screening, and following up with appropriate referrals.

Treatment facilitation interventions are geared toward individuals who have been diagnosed with cancer and are in need of quality diagnostic, medical care, and social support services. They aim to improve access to needed

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