



## Leveraging Medicaid: Key Philanthropic Strategies to Address the Health Determinants of Early School Success

“Healthy students make better learners.” This straightforward assertion by Mayra Alvarez of The Children’s Partnership was at the heart of a recent convening of more than 100 education and health policymakers, practitioners and thought leaders that called attention to the critical issue of health determinants of early school success and explored strategies for better leveraging Medicaid to ensure that all children from low-income families are healthy and prepared to succeed in school.

As the number of children enrolled in Medicaid continues to increase, so does the need to align efforts across sectors to ensure all children are both healthy and successful in school — and life. Philanthropic leaders who are seeking to advance child outcomes are well-positioned to play a vital role in utilizing Medicaid to address the health determinants of early school success, including healthy births and early child development; healthy homes, schools and communities; oral health; healthy vision; and reduced exposure to adverse childhood experiences.

This brief explores the ways in which funders take the following types of actions to maximize the potential of this essential funding source:

- Be a voice for change
- Influence the broader field
- Use grant dollars
- Provide philanthropic leadership

“You can’t educate a child who is not healthy or who does not have a social-emotional foundation for learning, no matter what your curriculum is...,” stressed George Askew from the New York City Department of Health and Mental Hygiene. “If they have a tooth ache or if they are hungry or if they had a restless night because they are living in dilapidated housing..., you are not going to be able to educate them.”

## The Campaign for Grade-Level Reading

In late 2016, the Campaign for Grade-Level Reading released its latest report — *Toward Bigger Outcomes: Taking on the Health Determinants of Early School Success* — adding to a growing body of publications that call attention to the importance of ensuring that all children achieve reading proficiency by the end of third grade as an early marker along the path to high school graduation and lifelong success.

The report underscored the GLR Campaign’s enduring commitment to moving the needle and closing the gap in this critical milestone for children. Work in the more than 300 GLR Campaign communities across 42 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands has confirmed that health markers are determinants of early learning, early literacy and school success.

Recognizing that specific health factors are closely related to literacy development, the GLR Campaign has identified four key pillars as a part of its commitment to addressing the health determinants of early school success:

- 1) Universal child health insurance
- 2) A medical home for all children
- 3) Early warning and response systems built around surveillance, developmental and behavioral screening, and follow-up
- 4) Civic action and advocacy to attain double-bottom-line results

## Being a Voice for Change

*“We must, as funders try to create access in any way we can in our local areas. Medicaid reimbursement is one way to do that, but we must advocate.”*

– Susan Pepin, Virginia G. Piper Charitable Trust

As Medicaid celebrated its 50<sup>th</sup> birthday in 2015, surveys found that a solid majority of Americans (63 percent) view it as a “very important” program.<sup>1</sup> Data support that opinion, with research finding that childhood Medicaid coverage delivers a strong return on investment, contributing to lower rates of mortality, higher rates of graduation in both high school and college, and higher incomes as adults, allowing the government to recoup nearly one-third of the costs of the coverage through higher tax payments. Much work remains, however, to ensure that this program is fully leveraged to support children’s healthy development in the early years.

“Studies show that kids with Medicaid coverage show up at school ready to learn. They are less likely to drop out of high school, more likely to go on to college and more likely to grow up to be healthy, productive adults, showing a return on investment for a critical government program.”

– Mayra Alvarez, The Children’s Partnership

<sup>1</sup> Norton, M., DiJulio, B., & Brodie, M. (2015, July 17). *Medicare and Medicaid at 50*. The Henry J. Kaiser Family Foundation. July 17, 2015. Retrieved on December 9, 2016, from <http://kff.org/medicaid/poll-finding/medicare-and-medicaid-at-50/>

Funders can make the case for Medicaid as a lever for promoting children’s healthy learning by:

- Building awareness of Medicaid’s recent accomplishments and the impact the accomplishments are having on children and families — including both short- and long-term benefits;
- Advocating for a focus on the population groups most at risk of not receiving vital health services;
- Advocating for improved service delivery platforms that remove barriers and increase access;
- Identifying and promoting effective and innovative models; and
- Thinking creatively about how Medicaid can more effectively benefit children, including the usage of preventative “upstream” approaches.

Our nation is currently experiencing record high levels of insurance coverage for both children and adults, with 95 percent of children<sup>2</sup> and 89.5 percent of nonelderly adults<sup>3</sup> having health insurance in 2015. The percentage of children lacking health coverage has been cut in half since 2008 with gains made for key vulnerable populations including Hispanic children, Native American children and children with no parent in the household. Currently, 44 percent of children under the age of 6 — or about 37 million children — are covered under Medicaid or CHIP, with nearly half of all births nationwide covered by Medicaid.

These statistics represent a wealth of stories about how coverage results in timely access to health care services, fewer student absences and trips to the emergency room, and improved health outcomes. By capturing and lifting up these stories and the voices of the 73 million people — including 33 million children — currently benefiting from Medicaid, funders can mobilize public support for continued investment in Medicaid. Messages that couple individual stories with information about the health, education and economic benefits of Medicaid have been found to resonate with Americans across the political spectrum.

Funders can play a critical role in closing the access and achievement gaps by advocating for a focus on children most at risk of not receiving vital health services, including unaccompanied minors, Native American children, homeless children, children in foster care and children with temporary visas who are not eligible for federally funded health programs.

“Pediatric primary care is probably the one universal place where almost all kids in early childhood show up,” stressed Dr. Benard Dreyer of the American Association of Pediatrics (AAP). “Most of my patients actually show up and I only take care of poor patients, mostly immigrants....They are a captive audience for what we might want to do to intervene....” Funders can “leverage what goes on in pediatric primary care and connect it to things like home visiting and early childhood education.”

Funders can also advocate for improved service delivery platforms that remove barriers that prevent children and families — especially those in vulnerable populations — from accessing services. Amerigroup, one of Georgia’s three managed care organizations, recently began using mobile treatment vans to deliver EPSDT screenings in low-income communities, doubling the number of children who accessed those services in the first year. In addition, leaders in the field of oral health are looking for strategies to better connect children with services, including virtual dentistry/tele-dentistry and enabling dental therapists to deliver preventative oral health services.

In addition to lifting up innovations in service delivery, funders can celebrate the accomplishments of successful collaborations like *B’more for Healthy Babies*. Beginning in 2009, this citywide effort in Baltimore brought

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<sup>2</sup> The Henry J. Kaiser Family Foundation. (n.d.). *Health insurance coverage of children 0-18*. Retrieved on December 22, 2016, from <http://kff.org/other/state-indicator/children-0-18/?currentTimeframe=0>

<sup>3</sup> The Henry J. Kaiser Family Foundation. (2016, September 29). *Key facts about the uninsured population*. Retrieved on December 22, 2016, from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

together policymakers, service providers, community organizers and residents, resulting in a 38 percent decrease in infant mortality including reductions in racial disparities.

Funders can also make the case for promoting the adoption of preventative — or “upstream” — approaches involving non-medical services that contribute to improved health outcomes. After KIDS COUNT data revealed extremely high rates of child lead poisoning in Rhode Island, state leaders successfully advocated for the creation of a Medicaid code to cover the replacement of old windows as a cost-effective way to prevent lead poisoning and its significant costs in terms of health services and human suffering.

## Influencing the Broader Field

*“When thinking about Medicaid and the multiple sectors you need to engage in this work, you have to think about partnership at the beginning. You need to engage Medicaid partners early in the process and keep them engaged throughout the process. Funders can help with that kind of coalition building.”*

– *Debbie Chang, Nemours Children’s Health System*

Ensuring that all young children have access to the health, educational and supportive services necessary to prepare them for success in school is a complex and adaptive challenge that requires broad-based collective action.

Funders are uniquely positioned to promote the type of cross-sector collaboration necessary by:

- Acting as a convener to engage the broad group of necessary stakeholders;
- Acting as a catalyst to promote and scale innovations that lead to systems change;
- Investing in — or functioning as — a “backbone” entity that can provide the infrastructure to foster and sustain the collaboration over time;
- Being a patient investor; and
- Engaging and listening to those the efforts seek to serve.

“People ask, ‘How did you convince Medicaid to do that?’ With data! We had the infrastructure to say that there was a problem here, to say that the kids who were most vulnerable and who need these services are not getting them....It’s a lot easier to say yes when there is significant infrastructure there.”

– Juliette Price, Director of The Albany Promise

Funders can use their considerable influence to bring the “usual” and “unusual suspects” — including Medicaid — to the table in cross-sector collaborations that address the whole child, the whole family and the whole community, ensuring health care, early learning, family support, housing and transportation systems are aligned and coordinated.

“We all work in different systems that touch the same families and the same lives, but rarely do we see an opportunity for [cross-sector conversations],” explained Jason Helgerson, Medicaid director for the State of New York. “Funders can foster those conversations in communities across the state to bring those sectors together. That would be a very powerful use of your resources.”

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In Georgia, the statewide grade-level reading campaign, Get Georgia Reading, worked with the managed care company Amerigroup to establish a birth-to-5 workgroup comprised of representatives from the state departments of public health, community health (which includes the state Medicaid office) and behavioral and developmental disabilities, Head Start, Emory University and others, resulting in redefined policy, increased access to health services in schools and expansion in the services covered by the state Medicaid office.

“We need to get a little crazy for these kids,” declared Fran Gary of Amerigroup. “The need to come together and be disruptive and innovative is really important. We also need to challenge our state partners to break out of the ‘this is the way we have always done it’ mindset.”

Health Share of Oregon, the state’s collaborative care organization, brought together health plans and providers, community health organizations and others to review data on developmental screenings and other key indicators, sparking new conversations that led to systems-level change and improved health care delivery. (See text box on page 8 for more about this collaborative.)

Bringing together leaders from diverse perspectives around a common agenda requires time and infrastructure. Funders can play the role of patient investor, providing support for the infrastructure — or “backbone” entity — necessary to support this type of cross-sector collaboration and allowing for the time necessary for building trusting relationships and consensus.

“Funders can play the integrating role, the convening role and be that ‘backbone’ — to use collective impact terminology — in this work,” explained Debbie Chang of Nemours Children’s Health System.

To ensure that these collaborative efforts meet the needs of children and are family friendly and community driven, funders can invest in efforts to engage with those they seek to serve, including families, communities and practitioners. The Kellogg, Gates and Casey foundations joined with other funders to engage 165 high-performing organizations and platforms in a national learning and action community listening project that elicited the voices of parents and other community members.

“We have a mandate to continue to listen to those we ultimately strive to serve,” Suzanne Mineck of the Mid-Iowa Health Foundation declared. “We need to harness that voice, to empower that voice, and keep listening, listening, listening to that voice.”

## Using Philanthropic Dollars

*“Let’s be precise in thinking about where we can use philanthropy dollars and where we can use public-sector dollars. How can we look at Medicaid funding and other sources of funding that can be blended and brought to the table?”*

– Anne Mosle, *The Aspen Institute*

Medicaid represents a significant public funding stream of more than \$532 billion a year,<sup>4</sup> covering a wide range of vital health services and supports for children and adults. Recently released guidance from the Centers for Medicare and Medicaid Services has expanded the scope of services covered and the delivery mechanisms allowed by Medicaid/CHIP, further increasing the potential of this funding stream to improve child outcomes.

Gaps in access remain, however, and much more can be done to achieve the population-level changes that are necessary to ensure that all children arrive at school healthy and ready to succeed. Funders can use their grant dollars to help address these gaps by:

- Investing in pilot projects, promising practices and innovation;
- Supporting the scaling and replication of effective approaches and strategies; and
- Advancing evidence building that contributes to a greater impact from the public funds invested in Medicaid/CHIP.

By investing in pilot projects, funders can test out promising practices, approaches and platforms that hold the potential of ensuring more children have access to services and that the services delivered contribute to improved outcomes. While investing in these demonstrations, funders should look for opportunities to scale effective pilots by supporting evaluation early on to measure the impact, exploring the potential of blended and braided funding to expand and sustain the innovations, and encouraging advocacy on the front end to make the case for the innovation.

“We do a lot of pilot projects and demonstrations,” explained Dreyer of the AAP. “Many are fabulous but they don’t go anywhere. We can do more of those — especially with Medicaid — but we need to scale them up too. If they remain just pilots, we won’t solve the problems.”

In 1997, when the Connecticut Children’s Medical Center launched the Help Me Grow pilot in Hartford, it carefully tracked the impact this care coordination collaborative model was having and employed a targeted advocacy strategy to make the case for state investment in the scaling of the program statewide. These early steps helped pave the way for later expansion efforts. (See text box on page 9 to learn more about the Help Me Grow National Center and how it is supporting other states replicate this model.)

Funders can also seek out new funding mechanisms and sources to support the scaling up of evidence-based approaches. In South Carolina, private funders are collaborating with the state Department of Health and Human Services to launch a pay for success initiative that will expand Nurse-Family Partnership® across the state. This evidence-based maternal and early child health program pairs specially trained nurses with low-income, first-time mothers, conducting home visits from early in the pregnancy through the child’s second

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<sup>4</sup> The Henry J. Kaiser Family Foundation. (n.d.). *State health facts, total Medicaid spending, FY 2015*. Retrieved on January 9, 2017, from <http://kff.org/medicaid/state-indicator/total-medicaid-spending/?currentTimeframe=0>

birthday. Philanthropic funders, including The Duke Endowment, BlueCross BlueShield and others, have committed \$17 million to the expansion effort with the expectation that the government will reimburse them for all or part of their upfront costs if the program achieves measurable results, including reductions in preterm births and child hospitalization, and increases in healthy spacing between births and service delivery in areas of high concentration of poverty. The partners are investing in rigorous evaluation to understand the efficacy of the model, seeking insight on how best to continue expanding this program while minimizing taxpayer costs and maximizing impact. As they make these various investments, funders should work with other foundations to align and coordinate their grant making and messaging at the state, local and federal levels.

## Providing Philanthropic Leadership

*“Can we in communities stop thinking just about education outcomes, just about health care outcomes and just about housing outcomes and begin to have community-wide conversations about all of those outcomes and what we can collectively do together? If funders can foster those conversations in communities and bring those sectors together, that would be a very powerful use of your resources.”*

– Jason Helgeson, Medicaid Director for the State of New York

At its core, human service-focused philanthropy seeks to promote systems-level changes that address the root causes and conditions that make philanthropic assistance necessary. To achieve changes that address disparities in child outcomes, leaders must break out of existing silos — both within and across sectors — and work collectively toward a set of shared outcomes.

Funders are a trusted resource for new ideas and new approaches and can work with cross-sector leaders to identify where systems change is necessary and help facilitate those changes by:

- Promoting cross-sector data collection and analysis;
- Developing methodologies to demonstrate cost savings and the return on investment from Medicaid;
- Promoting systems change that better supports child health and learning;
- Helping school districts, health care providers and community-based partners leverage changes in the “free care” rule to deliver health services at schools and early learning programs; and
- Advocating for policy and practice changes to promote children’s vision and oral health.

By looking across sectors and promoting data collection on population health measures, funders can help to identify gaps in services and supports and uncover capacity issues. This population-level data analysis can also be used to inform advocacy efforts, demonstrating the significant return on investment from policy and practice changes that address the social determinants of health and ensure children arrive at school healthy and ready to succeed.

“We must develop the methodologies that effectively and convincingly demonstrate cost savings and return on investment,” emphasized Dr. Paul Dworkin of Connecticut Children’s Medical Center. “We know the return on investment is there. We need to advocate for changing the methodology for score-able savings — so called dynamic scoring — that allows us to look over many years, if not decades.”

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James J. Heckman won the Nobel Prize in 2000 for his research on the return on investment for educational and developmental resources for children.<sup>5</sup> Dworkin noted that Heckman’s research found the greatest efficacy and financial returns when investments were focused on the most vulnerable children and those at risk for adverse developmental and behavioral outcomes. The social and financial impact of investments in children’s earliest years can be measured in the health and education sectors, but the benefits also extend into juvenile justice and the broader criminal justice systems, housing, economic development and other sectors.

The linkage between screenings and follow-up services is one area where systems change is critical. Early detection through screenings is a crucial first step to improving outcomes for children, but detection without referral and linkage to follow-up services negates the benefits of the screening. To strengthen these linkages, Albany County, New York, has changed its system, transitioning to a single point of entry for all referrals, enabling partners to track whether or not children received follow-up services and the impact those services have.

“In New York, we are starting to mobilize the health care delivery system as an agent for change beyond health care metrics, [and] embracing other metrics that are essential,” explained Helgerson, adding that this broader focus is “the power and excitement of how you can leverage Medicaid — the largest human service program left in our country — as a powerful agent for change beyond just health care metrics.”

In 2014, the U.S. Department of Health and Human Services announced that Medicaid’s “Free Care Rule” was no longer in effect. This rule had precluded Medicaid reimbursements to schools for the provision of services that are provided for free to the community at large, and its reversal opened the door for school districts to deliver services to students through telemedicine, school nurses and other mechanisms. Funders can help school districts, health care providers and other local partners explore the range of options for taking advantage of this rule change.

### Coordinating Care in Oregon

In 2011, Oregon launched an effort to change how people receive Medicaid, establishing 16 Coordinated Care Organizations to provide integrated, patient-centered care with a focus on preventive care and the management of existing health conditions. This new model includes a specific emphasis on early child development with a Health Share of Oregon staff person, Peg King, focused on promoting school readiness.

Metrics for this collaboration include developmental screenings, immunizations, dental sealants to prevent decay and timely mental, physical and dental health assessments for children in the custody of the Department of Human Services.

They convened a diverse group of community partners to review screening data, including home visiting programs, child care centers and early learning hubs. They found that, while screening rates for children of English and Spanish speakers were increasing, children whose parents spoke other languages, including Somali, Russian and Vietnamese, were being screened at much lower rates. This prompted the partners to organize community meetings with refugee organizations and in schools and Head Start centers to identify barriers and to engage the authors of the Ages & Stages Questionnaire to translate the tool into additional languages.

“We have used the data to bring all of these unlikely partners together and it is catalyzing great conversations and actually systems-level change...,” explained Peg King. “Funders could provide funding to incentivize this coordination and alignment...and patience and time to build trust, because these sectors don’t work together, they speak different languages. But, if you give it time and patience, the outcomes can be very important.”

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<sup>5</sup> To learn more about James J. Heckman’s Nobel-Prize winning research into the return on investment for educational and developmental resources for disadvantaged children and their families, see The Heckman Equation at <http://heckmanequation.org/heckman-equation>.



Funders also have the opportunity to influence policies and practices focused on vision and oral health. Although healthy vision is critical to child development and school success, only 40 percent of children age 5 and younger have ever had their vision tested and only 16 states require vision screening for preschool-age children.<sup>6</sup> Funders can advocate for state standards, requiring regular vision screenings, beginning at age 3 and continuing through late adolescence.

Funders can also identify and replicate effective models for delivering vision screenings and providing children with glasses. In Iowa, the Community Foundation of Greater Dubuque has partnered with Vision To Learn and local Lions Club groups, drawing on funding from Medicaid and philanthropy to support mobile clinics that serve children at schools and in rural communities. Vision To Learn is seeking to expand this effort to reach 17 states in 2016–2017.

Believing that systems change in the delivering of dental services is imperative, the DentaQuest Foundation launched a national systems change strategy in 2011 and has funded a network of national, state and community-based organizations that are working to transform the oral health care system. This approach has resulted in a growing number of success stories such as a 60 percent reduction in emergency room visits for dental problems at the Boston Children’s Hospital.

### **A Coordinated Approach to Helping Children Grow**

In 2010, the W.K. Kellogg Foundation awarded a three-year grant to Connecticut Children’s Medical Center to create the Help Me Grow National Center, paving the way for the rapid expansion of this comprehensive and coordinated system for the early identification and referral of children at risk of developmental and behavioral problems.

The Help Me Grow model is designed to provide a centralized call center, housed at the Connecticut United Way/2-1-1, with the care coordination capacity to assist families and professionals in connecting children to appropriate programs and services and to develop a system that facilitates greater access to and collaboration among professionals — including child health care, early child care and human service providers — nonprofit organizations and government agencies committed to promoting optimal child development.

When it awarded the grant, Kellogg tasked the Center with developing a sustainability plan for the model to ensure it would not continue to be reliant upon philanthropic dollars. The Help Me Grow National Center is now able to sustain itself on membership fees and fee-for-service technical assistance. Additional funding from Kellogg has enabled it to expand its reach into 28 affiliate states.

“Support strategies to engage all sectors in promoting children’s optimal health and well-being,” Dr. Paul Dworkin of the Connecticut Children’s Medical Center urged the funders in the room. “Child health, early education and family support, of course, but there are also a whole host of diverse sectors that are equally critical — healthy homes, safe neighborhoods, transportation, food and nutrition, workforce development, faith-based initiatives, arts and culture, and the list goes on. We need strong cross-sector linkages among and across these sectors.”

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<sup>6</sup> Prevent Blindness. (n.d.). *Children’s vision screening and intervention*. Retrieved on December 20, 2016, from <http://ohio.preventblindness.org/childrens-vision-screening-and-intervention>

## Funders' Call to Action

*"We need a call to action. Everything we have been talking about today is largely based on Medicaid dollars or Medicaid programs and there are plans afoot to change Medicaid significantly. We at the AAP are concerned about that and we are developing an advocacy plan, but this has to be an all-hands-on-deck effort....If Medicaid is curtailed, children will be hurt and our plans will be limited."*

– Dr. Benard Dreyer, American Academy of Pediatrics

The more than 100 education and health leaders and funders who attended the Campaign for Grade-Level Reading's day-long convening in Washington, D.C., last November kicked off what will be an ongoing conversation about how to better leverage Medicaid to address the health determinants of early school success.

Over the course of the day, they discussed innovative and successful approaches for tapping Medicaid resources to address specific determinants, including healthy births; early child development; healthy homes, schools and communities; oral health; healthy vision; and reduced exposure to adverse childhood experiences. They also outlined the critical roles that funders can play in addressing those and other health determinants. The examples they identified are far from comprehensive though, and all agreed that much more is needed to move the needle on improved child outcomes.

The convening and this summary brief represent the GLR Campaign's increasing focus in this area and we welcome input, guidance and feedback from the many funders and leaders who have paved the way.

During 2017-2018, the GLR Campaign will seek to engage a broader group of funders, policymakers, practitioners and thought leaders in this conversation as we seek to identify and learn about other effective efforts underway and explore opportunities for future innovations. Next steps will include:

- Partnering with Trust for America's Health to launch a series of regional workshops for philanthropic leaders on financial sustainability;
- Partnering with Trust for America's Health, with support from W.K. Kellogg Foundation, to produce and jointly promote and disseminate a series of briefs that provide additional information about each of the health determinants lifted up in the *Toward Bigger Outcomes* report;
- Continuing to learn from the local and state funders participating in the GLR Campaign's More Hopeful Futures "road test" cohort about their progress in implementing strategies that address children's health to improve learning outcomes; and
- Exploring strategies for lifting up health and sustainable approaches to financing health-focused approaches during the 2017 All-America City Awards Gathering and the 2017 Grade-Level Reading Funder Huddle, both scheduled for the week of June 12 in Denver.

To address the health determinants of early school success, funders can:

1. Challenge the status quo
2. Make the invisible visible
3. Innovate by finding people to think about ideas for the next generation
4. Communicate about successful — and unsuccessful — models
5. Take advantage of philanthropy's staying power by holding people's feet to the fire to implement policy change

– Osula Rushing, Grantmakers In Health

*Special thanks to the sponsoring organizations that made the convening possible: The DentaQuest Foundation, Nemours Children's Health System, Colgate-Palmolive and The Pew Charitable Trusts.*

## PHILANTHROPIC OPPORTUNITIES FOR LEVERAGING MEDICAID FOR IMPACT

Below are actions that philanthropic leaders can take along with examples of initiatives that funders are supporting to advance those actions. This chart is a work in progress and we welcome your input on other types of action funders can take and examples where funders are taking action.

(June 5, 2017)

### USING THE FUNDER VOICE

Funder Actions	Examples
Build public awareness of the health determinants and potential of Medicaid as a lever for addressing them	
Lift up voices/stories of children/communities benefiting from Medicaid	<a href="#"><u>Insure PA</u></a>
Advocate for vulnerable children	
Advocate for better delivery systems	<a href="#"><u>Amerigroup</u></a>
Promote successful programs	<a href="#"><u>B'More for Healthy Babies</u></a>
Utilize “upstream” approaches	<a href="#"><u>Rhode Island lead abatement</u></a>

### INFLUENCING THE BROADER FIELD

Funder Actions	Examples
Convene cross-sector collaborations that include Medicaid	<a href="#"><u>Get Georgia Reading</u></a>
Promote and scale innovative models and approaches	<a href="#"><u>Every Child Capital funding combination of Reach Out and Read and Imagination Library</u></a>
Support a backbone entity	<a href="#"><u>The Albany Promise</u></a>
Engage and listen to families	Kellogg, Gates and Casey foundations

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USING PHILANTHROPIC DOLLARS	
Funder Actions	Examples
Address gaps in access	<u>Amerigroup's mobile treatment vans</u>
Invest in promoting practices and innovations	
Support the scaling/replication of effective practices	<u>Nurse-Family Partnership scaling in South Carolina through social impact bonds</u>
Advance evidence building through evaluation	<u>Help Me Grow care coordination collaborative model</u>
PROVIDING PHILANTHROPIC LEADERSHIP	
Funder Actions	Examples
Promote cross-sector data collection and analysis	
Develop additional methodologies to demonstrate cost savings and return on investment from Medicaid	<u>The Vermont Permanent Fund</u>
Promote systems change for child health and learning	<u>The Albany Promise</u>
Help local leaders promote school-based delivery systems	<u>Amerigroup</u>
Advocate for policy and practice changes related to vision	<u>Community Foundation of Greater Dubuque and Vision To Learn</u>
Advocate for policy and practice changes in oral health	<u>DentaQuest Foundation</u>