

Private Health Foundation Funding: Creating A Roadmap for Pharmacy Investigators

Final Project Report for the Community Pharmacy Foundation

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Introduction

The value of clinical services by pharmacists has been widely supported by clinical and economic research. Pharmacy researchers and others have lead hundreds of evaluations of pharmacist-provided patient education, medication adherence interventions and medication therapy management services. The Community Pharmacy Foundation website chronicles these efforts in its extensive library of research publications and reports. The research cited has been funded through pharmaceutical company sponsored grants, federal funding, and health plan and employer support. Foundation funding, lead by the Community Pharmacy Foundation and pharmacy association foundations, has also been key in supporting pharmacy practice research.

While past research has strongly supported pharmacist interventions as being cost-effective, health care system changes now call for research into how pharmacists can be integrated into new delivery systems such as patient-centered medical homes and accountable care organizations. The call for coordination of care among health care organizations and across health settings highlights medication use problems and the need for potential solutions. The focus on health disparities, health promotion and the social determinants of health raises questions about how pharmacists' expertise can be used to address the root causes of illness.

For the pharmacy profession to remain relevant among these changes, new models of pharmacist care that are fully integrated into systems of care must be developed and evaluated. Thus, future research must encompass collaborations among health professionals, use technologies such as medical records and health information exchanges, and follow patient outcomes across divergent healthcare settings. Conducting such research at this point in time is imperative given the current flux in healthcare delivery and financing. As healthcare realigns to meet new challenges, the pharmacy profession needs scientific data to support its professional desire to fully engage in meeting patient needs.

Conducting such research is dependent on obtaining funding support. While academic researchers are encouraged by universities to seek federal funding support, obtaining such funding is highly competitive and can take considerable time to obtain. Despite recent gains in pharmacy practice research in the last decade, pharmacy investigators are still experiencing challenges to attaining sufficient research support, particularly federal funding. In 2003, only 1.5% of full-time U.S. pharmacy practice faculty received an NIH grant (Burton, 2010). This low figure may reflect the highly competitive nature of federal grants or the rate in which pharmacy faculty seek such funding. Irrespective of the reason, other funding avenues must be indentified in order to support pharmacy practice research.

Private health foundations may be an excellent source from which to pursue research funding for new models of pharmacist care. Such foundations, compared to federal agencies, have more flexibility to align grant priorities to reflect changes in the healthcare system and can take risks on new initiatives for improving health. (American Association for the Advancement of Science, 1999) They also share a desire to disseminate research findings, inform healthcare debates, and encourage the widespread adoption of successful interventions. While pharmacy-based foundations have long supported pharmacy research reaching out to non-pharmacy health foundations may have specific advantages. They represent a largely untapped source of funding for pharmacy researchers that could offer significant support. However, more importantly for the pharmacy profession, if funded interventions prove successful, foundations could be strong allies for integrating pharmacist care into healthcare interventions nationwide.

Project Rationale

This project provides an overview of U.S. private health foundations for investigators interested in evaluating models of community pharmacy practice. Private foundations provide billions in research funding each year including funding for seeding projects, capital projects, and ongoing research support. While funding amounts vary widely among foundations and within any foundation portfolio of funded projects, significant dollars are often expended to address a problem. In recent years, foundations have often focused funding more intensely on areas of particular interest.

While medication use in general has been studied with the support of private foundation funding, relatively little research has been funded in relation to pharmacists' contributions to patient care and health promotion. Stimulating more private health foundation research for pharmacy researchers can offer benefits to investigators. Foundations, like the federal government, are often viewed as an unbiased source of funding. Private foundations typically respond faster to applicants and require shorter applications. Obtaining private foundation awards can develop a pharmacy investigator's professional career and generate preliminary data necessary to obtain future federal support. Researcher networks can be expanded through participation in multi-site grant programs. Foundations disseminate reports, hold conferences, and widely share findings through websites as a means to influence public policies. Thus researchers' work can reach a broad audience and have greater impact than journal publication alone.

Engaging more pharmacy investigators in private health foundation funding efforts may enhance the dissemination of models of care that integrate pharmacists' service throughout the health care system. However, pharmacy investigators may not actively seek foundation funding for various reasons including a lack of awareness about the types of grant programs that are available. This evaluation highlights opportunities for pursuing pharmacist-related research, and describes potential new research partners for the delineation of pharmacists' contributions in patient care and health promotion. This work also serves to broaden the Community Pharmacy Foundation's understanding of its unique role within the private foundation universe.

Project Objectives

The overall objective of this project is to encourage the submission of applications by pharmacy investigators to private health foundations. It does so by providing an overview of selected health foundations and a guide to how research projects that investigate community pharmacists' roles in health delivery can be positively considered in the private foundation funding environment. The information is framed in the perspective of social and administrative pharmacy investigators in the area of health care delivery and financing. Because of the fluidity occurring within healthcare reform activities this analysis is limited to private foundation funding during the past two years.

The specific objectives for this project include:

1. Investigate the funding patterns of ten private health foundations in the United States
2. Assess the ten private foundations' funding priorities and recent grant offerings in the past two years
3. Create a roadmap for encouraging proposal submissions to private foundations by pharmacy researchers in partnership with community pharmacists

Methods

This project completed its objectives through the following actions.

- Grant funding activity for 10 selected foundations was described as a means to raised awareness of the connectivity between grant program goals and community pharmacy interests.
- Grant application opportunities for pharmacy researchers were identified by reviewing the grant programs of selected private healthcare foundations.
- A road map for increasing proposal submissions to private health foundations was created.

Data Sources

Data for this project was obtained through the University of Michigan library resource, the *Foundation Directory Online, Professional*, an online funding research tool that identifies and assesses private foundations. The Directory provides information about U.S grantmakers and their grants based on sources such as the IRS form 990, grantmaker web sites and annual reports and information obtained directly from the grantmaker. The Directory is a proprietary subscription service available through the Foundation Center, which was created in 1956 to provide information on the philanthropic efforts in the United States and globally to the social sector. More than 550 foundations support the Foundation Center.

Various Directory features were used in this project including information about grant awards for the years 2009 to 2010. The database provides a brief description (up to 20 words) for each award given during the past 7 years and the general type of support for each awarded grant (e.g., research or program development). Investigator names, affiliations and specific study objectives are not revealed. For nine private health foundations, information related to grants awarded between the years 2009 and 2010 were available using the *Foundation Directory Online Professional* website. Information related to Blue Cross Blue Shield Foundation of Michigan was obtained through the foundation website. Using the *Foundation Directory Online Professional* website, the following information was obtained for each grant awarded by the reviewed foundation: EIN, grantor, city, state, recipient name, city, state, giving category, grant amount, year and grant description. Supplemental foundation website information was accessed to make additional comments about foundation award processes.

Foundation selection

Given the vast number of private health foundations in the U.S., the initial step in this project involved selecting key foundations to serve as the basis for this evaluation. The selection began with a review of the U.S. foundations that provided the greatest amount of funding dollars for health as listed in the *Top 50 U.S. Foundations Awarding Grants for Health, circa 2009* list provided by *Foundation Directory Online, Professional*. Review of the top 10 foundations revealed that some of these foundations focused primarily on overseas funding for basic humanitarian efforts. Thus, we decided to select foundations that represented the variation in foundations available across the U.S. The final list varies in geographical focus from the entire nation to one state and varies in the scope of priorities from broad health care reform issues to very specific disease-related issues (e.g. AIDS, women's health). Foundations were only chosen if there was a perceived potential interest in community pharmacy practice.

The following foundations were selected for our investigation:

1. The Robert Wood Johnson Foundation
2. The Susan Thompson Buffett Foundation
3. The California Endowment
4. The W. K. Kellogg Foundation
5. The Kresge Foundation
6. The John A. Hartford Foundation
7. The Commonwealth Fund
8. The Duke Endowment
9. The M.A.C. AIDS Fund
10. Blue Cross Blue Shield of Michigan Foundation

Categorization of awards

A categorization process was applied to better describe awards and their relevance to pharmacy practice and to make comparisons of health projects among foundations. Awards that were excluded from this process included those related to general operating support, capital projects or seed money projects. Priorities and awards were categorized into seven general groups (Table 1).

Table 1. Foundations’ Priority Categories and Descriptions

Priority Categories	Description
Team Care	Collaborations among health professionals focused on patient care (e.g., multidisciplinary care, team care.)
Patient Outcomes	Assessment of changes in disease status or the use of surrogate endpoints to determine the effectiveness of the health intervention (e.g., effect of hypertension medication counseling on blood pressure control)
Health Policy	Implementation or assessment of policies that promotes the health objectives of a community (e.g., Medicare Part D)
Technology	Utilization technology to make an impact in healthcare (e.g., assessing the impact of electronic medical records (EMR), social networking or e-prescribing)
Healthcare Quality	Assessment or implementation quality indicators of healthcare (e.g., quality reporting to the public or evaluating health professional team coordination and quality of care)
Patient Care Services	Provision of healthcare services to patients to improve health (e.g., screening, tests, disease management and/or prescriptions services)
Public Health	Organized efforts to improve the health or quality of life of a community through prevention or treatment of diseases or social determinants of health (e.g., sex education or vaccinations in a local community or increasing physical activity in schools)

One or more categories were applied to each foundation’s stated funding priorities, which were determined from available programs and each award description between 2009-2010. For example, Robert Wood Johnson Foundation's public health program priority, "*Uncovering what works for improving health*" was coded as patient care services, public health, patient outcomes, health policy and healthcare quality. While Robert Wood Johnson Foundation's funded project titled "*To evaluate New York City day-care policy to prevent childhood obesity*," was categorized under both health policy and public health. The available data for Susan Thompson Buffett Foundation and M.A.C AIDS Fund was limited,

however, given the focus of the Susan Thompson Buffett Foundation on pregnancy prevention and the M.A.C AIDS Fund focused on HIV/AIDS prevention, their funding support was coded as public health.

Review of past funding for pharmacy-related awards

Past funding of pharmacy-related awards may be a predictor of future funding or a sign of untapped potential for pharmacy investigators. The degree to which these foundations have funded pharmacy-related work in the past could not be readily discerned from the information sources used. If a foundation had less than 100 grants each grant was reviewed. If a foundation had more than 100 grant awards for the 2009-2010 period a random sample of 100 awards was reviewed. Grants that appeared to be unrelated to community pharmacy were excluded. The exclusion criteria for awards included: not a health research or program development project, international research, health financing research such as health insurance availability, payment models or pay-for-performance assessments, or research related to devices, laboratory testing or clinical drug evaluations. Projects conducted in hospital or long-term care settings were excluded, however, transitional care research was included in the analysis.

Grants that had pharmacy-related grant titles or descriptions including the words "pharmacy", "pharmaceutical" or "Medicare Part D" were considered pharmacy-related awards. For the remaining grants a manual review by a student assistant identified grants that may have involved pharmacist researchers. Primary investigator agreement was sought as appropriate.

Results

Description of Selected Foundations

Mission and funding

Table 2 describes the geographical focus, mission, and 2011 funding programs for each of the selected foundations while Appendix A gives a brief description of each foundation. Seven foundations provide funding awards on a national basis while three limit giving to state awardees. Missions vary from the broad statement of the Robert Wood Johnson Foundation "to improve the health and health care of all Americans" to the narrow mission of the Susan Thompson Buffett Foundation related to reproductive rights, reproductive health, and family planning. Several foundations address specific age groups (e.g. Kellogg Foundation funds children-related research; the John A Hartford Foundation funds programs for the elderly). The Duke Endowment has a mission that covers divergent areas ranging from healthcare to higher education while the M.A.C. Fund only supports HIV/AIDS-related research. Seven foundations give awards for unsolicited applications while three only entertain invited applications.

Total funding 2008 to 2010

Foundation funding is characterized in Table 3. Total funding awarded, the number of awards and the percentage given to health-related projects varies among the foundations. The Robert Wood Johnson Foundation distributed the most awards consistently from 2008 to 2010, in addition to awarding the largest total amount of \$260,736,212 in 2010 alone. Total award funding and the number of awards distributed have declined considerably for most of the foundations. Since foundations tend to distribute a given percentage of their assets or investment income, this trend is likely linked to the recent economic recession. The John A. Hartford Foundation and the Duke Endowment were the only foundations to demonstrate an increase in total funding amounts in 2010. The number of awards given in any year ranged from 0 to 952. The percentage of health funding remained relatively stable for the Robert Wood Johnson

Foundation, the Susan Thompson Buffett Foundation, the Kresge Foundation, and the California Endowment. In contrast, a decline in the percentage of awards related to health declined from 2008 to 2009 within the W. K. Kellogg Foundation, The M.A.C. AIDS Fund, and the Duke Endowment.

Categorization of health awards and priorities

Most health awards were reported by the foundations as program development or research awards (Figure 1), rather than capital funding or other types of awards. The percentage of awards that fell into these two categories differed among the selected foundations. Blue Cross Blue Shield of Michigan Foundation, The Commonwealth Fund, Robert Wood Johnson Foundation and the W.K. Kellogg Foundation reported more funding for research than program development. Some foundations such as the M.A.C. Fund and the Susan Thompson Buffett Foundation solely funded program development.

Both foundation awards (Table 4) and priorities (Table 5) were categorized and the percentage related to the health categories was calculated for each foundation. The foundations all supported health-related projects coded as patient care services, patient outcomes, and healthcare quality. Using the project methodology, awards that focused on team care, technology, and health policy were not commonly funded. The local private foundations such as Blue Cross Blue Shield of Michigan Foundation, the Duke Endowment and the California Endowment funded a significant percent of public health related projects.

Specific funding priorities could be discerned for 8 of the 10 foundations reviewed with all of these showing priorities in the areas of interest to pharmacy researchers (Table 6). Patient outcomes and healthcare quality were the focus of 7 foundations (Table 5). Team care was a focus of six of the foundations and technology was a focus for three foundations. Health Policy was a focus for six foundations. The Robert Wood Johnson Foundation and the Commonwealth Fund had priorities in all designated health codes. The W. K. Kellogg Foundation, the John A. Hartford Foundation, the Kresge Foundation, the Duke Endowment, and the Blue Cross Blue Shield of Michigan had priorities in the majority of coded health areas.

Table 7 provides the estimate of past funding related to community pharmacy-related research as defined in the methodology. It appears that funding for such projects was uncommon. Eight of the foundations have previously supported pharmacy research/programs with much of this funding devoted to prescription medication use.

Discussion: A Roadmap for Pharmacy Investigators

This review of selected foundations illustrates the variety of private health foundations that exist and their potential as viable funding sources for pharmacy investigators interested in community pharmacy research. National and state foundations provide significant dollars to health-related priorities that are similar to the priorities of pharmacy researchers. These foundations could be excellent funding sources for pilot programs, local demonstration projects, and model of care evaluations. Investigators should be encouraged to include pharmacists as research partners in their endeavors. Participation in such research offers community pharmacists and pharmacies benefits such as a low risk means of trying new business models, expanded community networking and referrals, enhanced pharmacist and staff job satisfaction and a new revenue stream.

Based on this review, we offer the following roadmap for pharmacy investigators interested in pursuing private health foundation awards.

Step 1: Become familiar with national and local private health foundations

A logical first step is for pharmacy investigators to become aware of the national foundations as well as those in their geographical region that fund programs in their area of interest. University sponsored program staff can often provide an introduction to such foundations. Much can be learned about foundations by visiting their websites, reviewing publications and reports from funded work, attending seminars that include foundation representatives, joining webinars, talking with funded investigators and calling or meeting personally with foundation program managers to understand priorities.

Resources available through the Foundation Center may be particularly helpful in acquainting researchers with foundations. The Center provides specific information by maintaining databases on private, corporate, and public foundations or charities. Lists are available such as the Top 100 U.S. Foundations by Asset Size and the percentage of annual funding by private foundations by subject areas such as arts/culture, education, health or human services. The Foundation Center website also provides educational resources for applicants such as examples of common grant applications (<http://foundationcenter.org/findfunders/cga.html>). Access to the Foundation Directory Online, Professional is available to faculty at many academic institutions.

Step 2: Research foundation priorities

Obtaining funding requires matching a research idea to a foundation's mission and research priorities. Most foundation websites have descriptions of research program areas that are currently funded. Research reports may be included on a website that provide a good view of the scope and character of previous awarded grants. Note previous recipients: has the foundation funded university-based researchers or do they tend to fund health care plans or providers? Pay particular attention to changes in research priorities. Some foundations will specifically state that they no longer fund a certain type of research or will indicate new priority areas.

A careful review of foundation missions and priorities is key since these guide-funding decisions. Through their priorities and grant program descriptions, foundations signal the types of research ideas and programs that will be considered for funding. Among the health foundations reviewed, the mission statements were very general but often indicate a unique slant to their current funding. For example several major foundations emphasize the need to improve health by influencing the social determinants of health. They are looking for interventions that address those issues that influence health where people work, live and learn. Mission statements for other foundations emphasize the need for collaborative care and the coordination of care across care settings. Still others are placing a new emphasis on strategies that advance the adoptions of proven interventions rather than the creation of new interventions. These mission statements indicate that to be successful applicants will need to take a holistic view of healthcare and carefully assemble a research team that can bring expertise to this broader view of health.

While pharmacy researchers may struggle to see how pharmacy practice research can meet these emerging priorities, pharmacist and pharmacy-based interventions can be relevant. For example, the social determinates of health include neighborhood safety and access to fresh fruits and vegetables. Community pharmacies add to the economic stability of neighborhoods, offer a safe haven for shopping, and some have added fresh foods to their product lines. Researching such initiatives may fit a foundation's research agenda related to addressing the social determinates of health. As a second example, pharmacy actions to promote use of physical activity toys for children (e.g. jump ropes, hula hoops) may be an appropriate fit for a community intervention research program that seeks to promote physical activity among children. Pharmacist-provided education or monitoring for asthma or diabetes as

part of a broader physical activity intervention may be an appropriate fit for a health promotion grant application.

Step 3: Read the grant application process and application

Application processes differ among foundations. Most foundations accept unsolicited applications, however, two of the foundations reviewed in this report consider only solicited applications while another foundation considered both solicited and unsolicited applications. Developing a professional relationship with the foundation staff is critical if funds are desired from foundations that solicit applications. Working with university sponsored research staff may help in establishing those relationships. Inviting foundation staff to be seminar speakers is another avenue for beginning a relationship.

Application cycles also differ among foundations. While some foundations have standard application times during the calendar year, other foundation application times are unique to a specific grant program. Thus investigators need to be aware of calls for proposals by checking websites or joining a grant application notice list-serve. Since calls for proposals for unique programs may require submissions within two to three months, thus investigators need to be prepared to write applications in a limited time and be realistic in their ability to submit an appropriate, competitive application.

Step 4: Assess funding impact on research career

Once you have identified a foundation that appears to fund your research ideas and gained an understanding of the application requirements, a discussion about application intentions with a faculty mentor or department chairman may be prudent. As noted in the steps below, the time requirements to develop the relationships needed for appropriate intervention research and the characteristics of community-based research methodologies can pose unique challenges to academic faculty, particularly those seeking tenure. Researchers are referred to the community-based participatory research literature to gain insight into how other faculty and universities have responded to this type of research endeavors. Consider the benefits and drawbacks if your proposed application is funded at this phase of your career. Will it be a stepping-stone to gain data needed to apply for federal funding? Does it address your research interests better than other funding sources? Will it allow you to develop a research network that can advance your career over time? What is the publication potential for the project results? While short-term foundation funding projects are good building blocks for a research program, the opportunity costs associated with major foundation funding requiring multiple year commitments need to be carefully considered.

Step 5: Understand population/community needs

Many of the foundations reviewed are looking for community-based interventions. Creating a successful application to meet these objectives will require a thorough understanding of the needs and resources of the community in order to develop an intervention that meets an unfilled need and can be implemented. While undertaking such an assessment may be challenging for a pharmacy investigator, it is very likely that some type of community needs assessment has already been done by a local health department, a health plan, a health system's community outreach department, community service organizations and/or voluntary organizations. These organizations may already be working collaboratively on community health issues through health and/or business coalitions. Developing relationships with the organizations that monitor health and healthcare use and quality throughout the community can assist researchers in understanding the community, accessing pertinent data, developing partnerships, and gaining the credibility needed to conduct community-based research.

Step 6: Develop partnerships

While research may be seen as the domain of universities, foundation awards for interventional programs may require that the intervention be a collaborative process. This requirement helps to promote community buy-in to the intervention, engages community resources, and helps to promote sustainability through broad community support. A statement from a recent call for proposals by the Robert Wood Johnson Foundation illustrates this trend: “Grantees will be organizations that participate in established coalitions or networks that span multiple sectors and perspectives and may include representatives from business; education; public health; health care; community organizations; community members; policy advocates; foundations; and policy-makers. Applicants must engage community members in the planning and implementation of projects, and must collaborate with organizations having expertise in improving the health of the public.” Even when not an application requirement, partnerships with pharmacists and other health professionals, health providers, health plans and community-based organizations may be key to developing successful applications for grant program objectives related to issues such as collaborative care, continuity of care, or health disparities.

Step 7: Determine your willingness to compromise

The quote above highlights that the university investigator may need to approach the grant writing process with the knowledge that the research question, the methodology, and the evaluation plan will be formed through collaborative processes that engage multiple, diverse partners. The scientific approach to interventions and their assessment is likely to be tempered by the acceptability of these processes to those who work in the community. For example, a researcher may be told that a selected 10 page validated survey must be shortened and simplified to be acceptable for use within the community. This raises the need for negotiating a suitable approach to meet both scientific rigor and gain community support. To gain insight into the give-and-take that may accompany interventional research, researchers may find the approaches and lessons learned from community-based participatory research to be useful.

Compromise may also be required in regards to research project leadership. While academic researchers often seek to be the principal investigator, grant application criteria may not permit this. For example, one foundation reviewed indicates that it only accepts awards from community service organizations that provide a specific humanitarian aid service. This requirement suggests that the academic investigator is likely to be a co-investigator or consultant on submitted applications. This arrangement can benefit researchers by easing administrative time burdens while still providing an opportunity to build their research program.

Step 8: Look to the future

For many foundations, a publication is not the desired endpoint. A growing number of foundation grant programs indicate that foundations are seeking to make lasting changes to the community through sustainable interventions. These organizations place a high value on dissemination of information and research-generated tools, the sustainability of funded work, and the adoption of successful interventions by others. Researchers are therefore challenged to share information with the community in a timely manner and to share instruments and tools that can assist others in replicating the intervention. Sustainability planning requires practical intervention designs that can be continued over time and have adequate community-based support to garner additional resources. Investigators can benefit from such a requirements since sustainable projects promote long-term research relationships, raise opportunities for long-term program evaluation, and spur new research ideas.

Summary

Private foundations offer an important avenue for research support for community pharmacy practice models. Understanding the foundation funding landscape via these analysis and consideration of the *Foundation Directory Online, Professional* website will help pharmacy investigators learn where and how their ideas may best find traction. An 8-step roadmap for seeking foundation funding is outlined. While the collaborative efforts required by some foundation applications can be time-consuming and fraught with compromises, these efforts can increase the likelihood that the research is acceptable to the community, applicable to routine patient care, and designed for sustainability.

Table 2. Description of Selected Private Health Foundations

Foundations	National or Local	Mission	Funding Programs 2011
The Robert Wood Johnson Foundation	National	To improve the health and health care of all Americans.	<ul style="list-style-type: none"> • Childhood Obesity • Coverage • Human Capital • Pioneer • Public Health • Quality/Equality • Vulnerable Populations
The Susan Thompson Buffett Foundation	National	Reproductive rights, reproductive health, and family planning.	<ul style="list-style-type: none"> • Not Available
The California Endowment	Local	To expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.	<ul style="list-style-type: none"> • 10 Healthy Outcomes • The 4 Big Results
W. K. Kellogg Foundation	National (some local focus)	Ensure that children can grow and thrive by having high-quality food, physical activity, interaction with nature and access to health care	<ul style="list-style-type: none"> • Educated Kids • Healthy Kids • Secure Families • Racial Equity • Civic Engagement
The Kresge Foundation	National	To promote the physical health and well being of low-income and vulnerable populations by improving the environmental and social conditions affecting them and their communities. Work to increase both access and quality of their health-care services, and advance the field through new knowledge and promising practice.	<ul style="list-style-type: none"> • Healthy Environments • Caring Communities • Emerging and Promising Practices

Foundations	National or Local	Mission	Funding Programs 2011
The John A. Hartford Foundation, Inc.	National	Addresses the health needs of the elderly, including long-term care, the use of medication in chronic health problems, increasing the nation's geriatric research and training capability, and improving the integration of financing and care delivery for comprehensive geriatric services.	<ul style="list-style-type: none"> • Education and Training • Model Development
The Commonwealth Fund	National	To promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.	<ul style="list-style-type: none"> • Delivery System Innovation and Improvement • Health Reform Policy • Health System Performance Assessment and Tracking • International Program in Health Policy and Innovation • Archived Programs • Fellowship in Minority Health Policy
The Duke Endowment	Local	Supports resources for children, health care, higher education and rural churches within North and South Carolina	<ul style="list-style-type: none"> • Child Care • Higher Education • Rural Church • Health Care
The M.A.C. AIDS Fund	National	Giving primarily to AIDS research, outreach and resource organizations.	<ul style="list-style-type: none"> • Link Between Poverty and Aids • Models of Care • Prevention • Treatment Adherence

Foundations	National or Local	Mission	Funding Programs 2011
Blue Cross Blue Shield of Michigan Foundation	Local	Dedicated to improving the health of Michigan residents through the support of research and innovative programs.	<ul style="list-style-type: none"> • Investigator Initiated Program Community Health Matching Grants • Physician– Investigator Research Award • Proposal Development Award • RFP: Primary Care Management of Symptoms after Prostate Cancer Treatment • Frank J. McDevitt, DO, Excellence in Research Awards for Health Services, Policy & Clinical Care • Excellence in Research Award for Students • Student Award Program application instructions and forms

Table 3. Selected Private Health Foundation Funding Information, 2008-2010

Foundations	Total Grants Awarded 2008	Total Funding 2008	% Health Funding 2008*	Total Grants Awarded 2009	Total Funding 2009	% Health Funding 2009*	Total Grants Awarded 2010	Total Funding 2010	% Health Funding 2010*
The Robert Wood Johnson Foundation	952	\$480,393,559	27.01%	732	\$298,776,233	23.27%	656	\$260,736,212	23.10%
The Susan Thompson Buffett Foundation	284	\$347,317,841	71.47%	311	\$407,904,834	71.46%	NA	\$0	0%
The California Endowment	580	\$115,334,856	27.70%	553	\$153,777,899	26.88%	851	\$94,905,395	26.66%
W. K. Kellogg Foundation	709	\$199,817,054	11.56%	647	\$226,681,099	6.24%	22	\$96,459,648	2.95%
The Kresge Foundation	346	\$195,414,799	11.95%	388	\$187,707,193	8.02%	472	\$155,165,542	12.63%
The John A. Hartford Foundation, Inc.	32	\$22,816,570	55.31%	25	\$22,447,406	15.05%	11	\$35,248,626	28.64%
The Commonwealth Fund	175	\$23,404,435	48.40%	152	\$22,573,791	58.40%	133	\$20,743,800	40.50%
The Duke Endowment	399	\$203,014,400	50.48%	180	\$56,653,660	32.02%	145	\$150,220,726	15.73%
The M.A.C. AIDS Fund	266	\$16,046,389	13.72%	0	\$0	0%	1	\$500,000	0.00%
Blue Cross Blue Shield of Michigan Foundation	NA	-	-	55	\$1,469,654	100%	NA	-	-

* Awards for health-related topics can be categorized in higher education because that is the recipient. We have only included awards categorized by the foundations as health.

Table 4. Awards for Health Categorized in General Health-Related Areas for Selected Private Health Foundations

Foundations	Total Grants Evaluated (N)	Excluded (Un-coded) Grants	Included (Coded) Grants	Patient Care Services	Team Care	Technology	Public Health	Patient Outcomes	Healthcare Quality	Health Policy
The Robert Wood Johnson Foundation*	102	60	42	36%	0%	5%	81%	50%	17%	29%
The Susan Thompson Buffett Foundation	-	-	-	-	-	-	-	-	-	-
The California Endowment*	100	58	42	29%	2%	2%	88%	45%	7%	17%
W. K. Kellogg Foundation*	100	84	16	31%	6%	0%	94%	44%	13%	6%
The Kresge Foundation*	100	93	7	14%	0%	0%	100%	14%	14%	14%
The John A. Hartford Foundation, Inc.~	36	26	10	30%	60%	0%	0%	30%	20%	0%
The Commonwealth Fund*	100	75	25	44%	28%	8%	12%	48%	72%	48%
The Duke Endowment*	101	86	15	80%	7%	13%	60%	47%	13%	7%
The M.A.C. AIDS Fund	-	-	-	-	-	-	-	-	-	-
Blue Cross Blue Shield of Michigan Foundation~	55	39	16	69%	13%	13%	38%	50%	6%	0%

Note: Awards could be classified into more than one category based on provided title or description. Total Grants Evaluated includes both included and excluded grants.

~Percent out of total coded grants 2009-2010

*Percents are the number out of 100 random sampled grants + any pharmacy grants.

Table 5. 2011 Funding Priorities Categorized by General Health-Related Area for Selected Health Foundations^{*,}**

Foundations	Patient Care Services	Team Care	Technology	Public Health	Patient Outcomes	Healthcare Quality	Health Policy
The Robert Wood Johnson Foundation	43%	11%	11%	43%	75%	32%	32%
The Susan Thompson Buffett Foundation	NA	NA	NA	NA	NA	NA	NA
The California Endowment	7%	0%	0%	64%	57%	0%	21%
W. K. Kellogg Foundation	13%	4%	0%	22%	30%	9%	9%
The Kresge Foundation	22%	22%	0%	11%	33%	22%	0%
The John A. Hartford Foundation, Inc.	50%	30%	0%	20%	60%	50%	10%
The Commonwealth Fund	28%	6%	6%	6%	44%	39%	33%
The Duke Endowment	60%	10%	50%	50%	0%	10%	0%
The M.A.C. AIDS Fund	NA	NA	NA	NA	NA	NA	NA
Blue Cross Blue Shield of Michigan Foundation	50%	0%	0%	25%	25%	25%	38%

*Percent of identified priorities for each foundation.

**Priorities could be classified into more than one category if its description could be related to that category

NA=not available

Table 6. 2011 Funding Priorities for Selected Private Health Foundations

The Robert Wood Johnson Foundation

Mission	Foundation Programs	Funding Priorities
To improve the health and health care of all Americans.	Childhood Obesity (Solicited)	1. Ensure that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans
		2. Increase access to high-quality, affordable foods through new or improved grocery stores and healthier corner stores and bodegas.
		3. Increase the time, intensity and duration of physical activity during the school day and out-of-school programs.
		4. Increase physical activity by improving the built environment in communities.
		5. Use pricing strategies—both incentives and disincentives—to promote the purchase of healthier foods.
		6. Reduce youths' exposure to the marketing of unhealthy foods through regulation, policy and effective industry self-regulation.
	Expand Healthcare Coverage	1. Increasing Enrollment in Coverage Programs
		2. Supporting Private/Public Expansions.
		3. Maintaining Opinion Leader Support for Expanded Coverage
		4. Conducting Research and Analysis on Factors that Affect Availability of Affordable, Stable Coverage
	Human Capital	1. Preparing health professionals
	Pioneer	1. Health Games Research: Advancing effectiveness of interactive games for health
		2. Using ECHO (Extension for Community Healthcare Outcomes) to train primary care providers in best practices for complex health conditions
		3. Open Notes: Demonstrating and evaluating transparency in primary care
		4. Exploring the concept of Positive Health
		5. Expediting the study of the genetic and environmental determinants of health
		6. Continuation of short- and long-term policy responses to the challenge of antibiotic resistance
		7. Building the Archimedes Health Care Simulator (ARChES)
		8. Project Health Design: Rethinking the Power and Potential of Personal Health Records
	Public Health (Solicited)	1. Advancing smarter laws and policies
		2. Uncovering what works for improving health
		3. Strengthening the public health departments that make healthy communities possible.
	Quality/Equality	1. Aligning Forces for Quality

	Healthcare	2. Measuring Progress
		3. Transparency
		4. Communications
	Vulnerable Populations	1. We create new opportunities for better health by investing in health where it starts—in our homes, schools and jobs.
		2. Represent fundamental breakthroughs in the circumstances that affect vulnerable people

The Susan Thompson Buffett Foundation

Mission	Foundation Programs	Funding Priorities
Reproductive rights, health, and family planning.	-	1. Reproductive Health/Family planning programs

The California Endowment

Mission	Foundation Programs	Funding Priorities 2011
To expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.	10 Healthy Outcomes	1. All Children Have Health Coverage
		2. Families Have Improved Access to a Health Home That Supports Healthy Behaviors
		3. Health and Family-Focused Human Services Shift Resources Toward Prevention
		4. Residents Live in Communities with Health-Promoting Land-Use, Transportation and Community Development
		5. Children and their Families are Safe from Violence in their Homes and Neighborhoods
		6. Communities Support Healthy Youth Development
		7. Neighborhood and School Environments Support Improved Health and Healthy Behaviors
		8. Community Health Improvements are Linked to Economic Development
		9. Health Gaps for Boys and Young Men of Color are Narrowed
		10. California has a Shared Vision of Community Health
	The 4 Big Results	1. Provide a Health Home for All Children
		2. Reverse the Childhood Obesity Epidemic
		3. Increase School Attendance
		4. Reduce Youth Violence

W. K. Kellogg Foundation

Mission	Foundation Programs	Funding Priorities 2011
Ensure that children can grow and thrive by having high-quality food, physical activity, interaction with nature and access to health care.	Educated Kids	1. Whole Child Development
		2. Family Literacy
		3. Educational Advocacy
		4. Innovative Education Practices
		5. Lifelong Learning
	Healthy Kids	1. Increase awareness and understanding of the dimensions of well-being, and monitor well-being indicators, particularly in WKKF priority places and populations.
		2. Improve access to quality health care and health promotion, and increase the number and mix of providers in critical shortage areas, through innovative strategies, including new categories of providers.
		3. Foster stress mitigation and reduction efforts (physical activities, violence prevention) designed to improve mental health and well-being, and create conditions that support mental and physical well-being of marginalized children and families
		4. Support innovative, place-based efforts to improve birth outcomes using a social determinants of health and racial equity lens.
		Optimize first food experiences by increasing the rate of breastfeeding and eliminating related racial and economic disparities.
		Improve food systems by engaging local leaders in communities and schools (parents and other stakeholders) to deliver healthier foods to all children and achieve related policy changes.
		Transform food deserts into food oases by increasing engagement of local communities in all aspects of food production and delivery, including related research and policy changes
	Secure Families	1. Bundle Supports and Services To Reach People Where They Are
		2. Gender Matters: Clarify and Promote the Gender Perspective
		3. Account for Culture and Racial Disparities
	Racial Equity	1. Build a Sustainable and Accountable Communications and Media Infrastructure
		2. Support Anchor Institutions Working On Racial Equity
		3. Support Efforts to Eliminate Racial Disparities and Inequities
		4. Support the Dismantling of Structural Racism Through Research, Legal Strategies, Policy and Advocacy
	Civic Engagement	Build public will for civic engagement, at a time when social, economic, political and generational factors are converging to create a “perfect storm” for civic participation, philanthropic innovation, and interaction of the two.
		Invest in new pipelines of leadership.
		Foster community philanthropy and new models.
		Leverage new collaborations and partnerships for increased impact.

The Kresge Foundation

Mission	Foundation Programs	Funding Priorities 2011
<p>To promote the physical health and well-being of low-income and vulnerable populations by improving the environmental and social conditions affecting them and their communities. Work to increase both access and quality of their health-care services, and advance the field through new knowledge and promising practices.</p>	Detroit Program	<ol style="list-style-type: none"> 1. Arts in Detroit 2. Art Support
	Health Program	<ol style="list-style-type: none"> 1. Healthy Environments: Supporting efforts that create healthy and safe spaces for children and families
		<ol style="list-style-type: none"> 2. Caring Communities: Strengthening partnerships and practices to achieve better health-care outcomes
		<ol style="list-style-type: none"> 3. Emerging and Promising Practices in Health: Stimulating innovative connections across sectors to improve the well-being of vulnerable populations.
	Environment Program	<ol style="list-style-type: none"> 1. Energy Efficiency
		<ol style="list-style-type: none"> 2. Renewable Energy
		<ol style="list-style-type: none"> 3. Adaptation to Climate Change
		<ol style="list-style-type: none"> 1. Special Initiatives

The John A. Hartford Foundation, Inc.

Mission	Foundation Programs	Funding Priorities 2011
<p>Addresses the health needs of the elderly, including long-term care, the use of medication in chronic health problems, increasing the nation's geriatric research and training capability, and improving the integration of financing and care delivery for comprehensive geriatric services.</p>	<p>Education and Training</p>	1. Physicians (Fellowships)
		2. Nurses
		3. Social Workers
		4. Interdisciplinary Training (Team Care)
	<p>Model Development</p>	1. Geriatric Interdisciplinary Teams in Practice
		2. Project IMPACT (Improving Mood-Promoting Access to Collaborative Treatment)
		3. The Home Hospital: minimize adverse consequences, test acceptance of model with patients and providers, examine cost-effectiveness, ensure higher patient satisfaction and comparable clinical outcomes and safety.
		4. PACE (Program of All-Inclusive Care for the Elderly)
		5. OMEGA of Palm Beach County: improving community "elder readiness," increasing awareness and accessibility of resources, improving service coordination and preserving seniors' ability to live in the community for as long as possible.
		6. Elder Network of the Capital Region: create a computerized information and assistance service to collect and organize information about health and social services; implement geriatric health education and wellness programs at local agencies; create a health a faith program in which community volunteers help their peers avoid hospitalizations; and launch a community awareness media campaign about the needs and contributions of older people in the Capital District.

The Commonwealth Fund

Mission	Foundation Programs	Funding Priorities 2011
<p>To promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.</p>	<p>Delivery System Innovation and Improvement</p>	<ol style="list-style-type: none"> 1. Health System Quality and Efficiency: focus on delivery system improvement and innovation. 2. Patient-Centered Coordinated Care: improving the quality of primary health care in the United States, including efforts to make care more centered around the needs and preferences of patient and family. 3. The Picker/Commonwealth Fund Long-Term Care Quality Improvement Program: to improve the quality of post-acute and long-term care services and supports, create linkages among them, and integrate this care with other health care services to serve patients better.
	<p>Health Reform Policy</p>	<ol style="list-style-type: none"> 1. Commission on a High Performance Health System: national leadership to revamp, revitalize, and retool the U.S. health care system. 2. Affordable Health Insurance: efficient and equitable health insurance system that makes available to all Americans comprehensive, continuous, and affordable coverage. 3. Federal Health Policy: is designed to strengthen the link between the work of the foundation, including the Commission on a High Performance Health System, and the federal policy process. 4. Payment and System Reform: supports analysis and the development of policy options to curb health spending growth and improve the way health care is provided. 5. State Health Policy and Practices: is designed to help states implement policies and programs that ensure residents have access to affordable, accountable, high performance health systems
	<p>Health System Performance Assessment and Tracking</p>	<ol style="list-style-type: none"> 1. Track and compare health system performance, by identifying benchmarks for patient care experiences, health outcomes, and cost that states, health care providers, and others can use to set improvement targets. Assess trends in health insurance coverage, access to care, and patient-reported quality of care. Monitor public and private actions to transform health care delivery, including payment innovations, health information technology adoption, and the organization of care.
	<p>International Program in Health Policy and Innovation</p>	<ol style="list-style-type: none"> 1. High-level international policy forums, the Harkness Fellowships in Health Care Policy.
	<p>Fellowship in Minority Health Policy</p>	<ol style="list-style-type: none"> 1. The Commonwealth Fund/Harvard University Fellowship Program in Minority Health Policy is a one-year, full-time program designed to create physician-leaders who will pursue careers in minority health and health policy.

The Duke Endowment

Mission	Foundation Programs	Funding Priorities 2011
Supports resources for children, health care, higher education and rural churches within North and South Carolina	Child Care	1. Expanding opportunities for vulnerable children, we hope to help them lead successful lives as they mature.
	Higher Education	1. Increasing access to exceptional opportunities for higher education, we aspire to cultivate individual potential and improve communities.
	Rural Church	1. Endowment funding helps build sanctuaries and fellowship halls, provide clergy training and support, and expand targeted ministries.
	Health Care	1. Community programs: Provide education, community outreach and coordination of services to encourage appropriate use of preventative approaches and primary care.
		2. Early intervention: Expand programs that have been proven to address developmental delays in children and manage targeted diseases in early stages.
		3. Equitable care: Reduce disparities for vulnerable populations, including low-income children and seniors, rural residents, people without health insurance or financial resources and those with mental illness and addictions.
		4. Prevention and wellness: Support prevention efforts and programs to eliminate chronic disease.
5. Quality of care: Advance evidence-based, nationally recognized practices that improve the quality and safety of health care.		
6. Rural health: Provide adequate and convenient primary and emergency health care services in rural communities.		
7. Workforce development: Improve the recruitment, training and retention of physicians, nurses and other health care professionals.		

The M.A.C. AIDS Fund

Mission	Foundation Programs	Funding Priorities 2011
Giving primarily to AIDS research, outreach and resource organizations.	Community Grant Program	1. Food and Nutrition 2. Housing Services
	HIV and Aging	1. Social Marketing Campaign on HIV prevention in older adults
	Harm Reduction	1. Syringe Exchange Program (SEP)

Blue Cross Blue Shield of Michigan Foundation

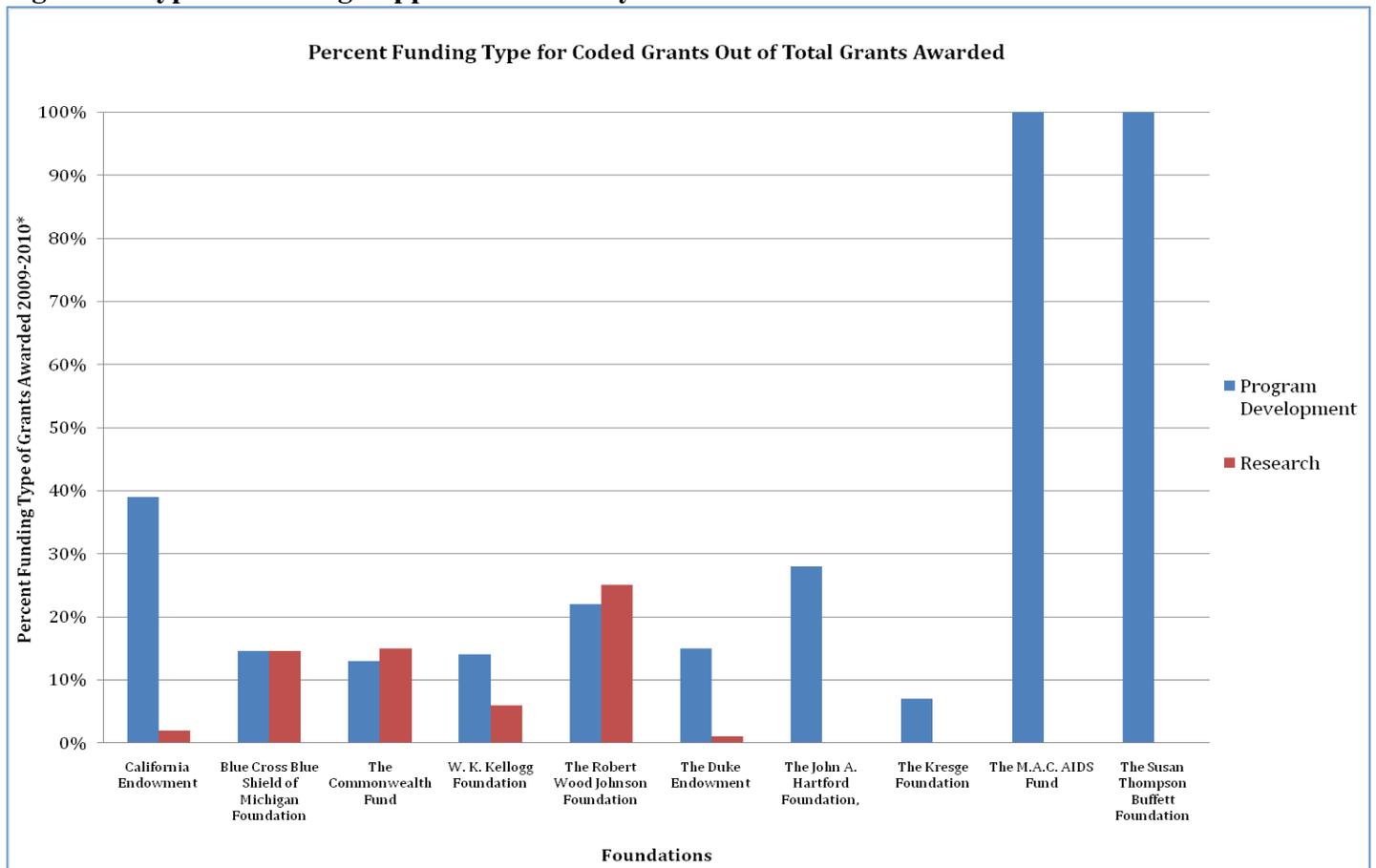
Mission	Foundation Programs	Funding Priorities 2011
Dedicated to improving the health of Michigan residents through the support of research and innovative programs.	Investigator Initiated Program	1. The Investigator Initiated Research Program provides grants for applied research that focuses on quality, cost and appropriate access to health care in Michigan.
	Community Health Matching Grants	1. Access to Care for the Uninsured and Underinsured. To encourage nonprofit community based organizations to form partnerships with health care organizations, research organizations, or governmental agencies to develop and rigorously evaluate new ways of increasing access to care for the under- and uninsured, in Michigan.
	Physician– Investigator Research Award	1. Seed money to physicians who propose a pilot, feasibility or small research study related to quality, cost or appropriate access to health and medical care for Michigan residents.
	Proposal Development Award	1. To help community nonprofit organizations develop high-quality, effective grant proposals for innovative services to improve the health of the community.
	RFP: Primary Care Management of Symptoms after Prostate Cancer Treatment	1. Development of methods to disseminate the Michigan Cancer Consortium Guidelines for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae (2009) and evaluate the acceptance and implementation of the guidelines among primary care providers.
	Frank J. McDevitt, DO, Excellence in Research Awards for Health Services, Policy & Clinical Care	1. Recognize Michigan-based researchers and physicians who have published research in research journals that contribute to improving health and medical care in Michigan.
	Excellence in Research Award for Students	1. The annual Excellence in Research Award for Students acknowledges doctoral candidates or medical students enrolled in Michigan universities who have published research papers that represent significant contributions to health policy or clinical care.
	Student Award Program application instructions and forms	1. The annual Student Award Program provides a \$3,000 stipend to doctoral and medical students enrolled in Michigan universities to fund a wide range of applied health care research including pilot programs, demonstration and evaluation projects.

Table 7. Number of Pharmacy-Related Awards Funded by Selected Private Health Foundations*

Foundation	# of Awards (years of award)
The Robert Wood Johnson Foundation	68 grants (2003 to 2010)
The Susan Thompson Buffett Foundation	Data not available
The California Endowment	16 grants (2004-2010)
W.K. Kellogg Foundation	2 grants (2003 and 2006)
The Kresge Foundation	1 grant (2004)
The John A. Harford Foundation Inc.	1 grant (2006)
The Commonwealth Fund	25 grants (2003-2010)
The Duke Endowment	48 grants (2003-2010)
The M.A.C. AIDS Fund	Data not available
Blue Cross Blue Shield of Michigan Foundation	2 grants (2009)

*Number estimated based on review of brief project description

Figure 1. Type of Funding Support Awarded by Selected Private Health Foundations



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Appendix A: Description Of Selected Private Health Foundations

1) The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation is a national private foundation that supports health related projects in the United States. In addition, the foundation's priorities have demonstrated a strong health focus. This foundation accepts unsolicited applications and awards are made on a national basis. Approximately 23% of total grant awards were for health-related projects in both 2009 and 2010. In addition, it appears that the Robert Woods Johnson Foundation has specifically supported pharmacy-related projects in the past.

2) The W. K. Kellogg Foundation

The W.K. Kellogg Foundation is a private foundation that emphasizes support for children through education, health, secure families and racial equality. The W.K. Kellogg foundations claim to allocate 80% of funding to projects within the United States annually. However, more than 50% of the funding provided in the United States is distributed to Michigan, Mississippi and New Mexico due to the high incidence of children living in poverty in these states. Approximately 11% of total grant awards were for health-related projects in 2008.

3) The Kresge Foundation

The Kresge Foundation is a private foundation that supports projects on a national basis to six areas of interest: arts and culture, community development, education, the environment, health, and human services. In the past, the Kresge Foundation supported mostly build capital projects; however, in the last two years the foundation has shifted its funding priorities to supporting research and program development projects. The health program grants are designed to foster healthy and safe communities for underserved populations. The foundation accepts unsolicited grant applications. Approximately 8% of total grant awards in 2009 were for health-related projects, but increased to 13% of total funding in 2010. Funding in health projects and research is likely expected to increase in the future due to recent changes in funding priorities.

4) The Commonwealth Fund

The Commonwealth Fund is a private foundation that promotes accessible, efficient and high quality healthcare system for at risk populations in the United States. Grants are awarded on a national basis and Unsolicited grant applications are accepted. Approximately 58% of total grant awards in 2009 were for health-related projects but decreased to 40% of total funding in 2010. In addition, it appears that the Commonwealth Fund has specifically supported pharmacy-related projects in the past.

5) The California Endowment

The California Endowment is a private foundation that developed from the Blue Cross of California's creation of WellPoint Health Networks. This foundation serves as an example of local funding opportunities available to pharmacist. The California Endowment's mission is to expand access and quality of healthcare for underserved populations in order to improve the health status of Californians. Nearly 27% of total grant awards were for health-related projects in both 2009 and 2010. In addition, it appears that the California Endowment has specifically supported pharmacy-related projects in the past.

6) The Duke Endowment

The Duke Endowment is a private foundation that serves as an example for local funding opportunities for pharmacist to explore. The health-related priorities seek to improve the access and quality of healthcare in communities throughout the Carolinas in addition to supporting prevention and wellness. Unsolicited grant applications are accepted. Approximately 32% of total grant awards in 2009 were for

health-related projects but decreased to 16% of total funding in 2010. Due to the economic climate, the Endowment is approving a limited number of grants temporarily. In addition, it appears that the Duke Endowment has specifically supported pharmacy-related projects in the past.

7) Blue Cross Blue Shield of Michigan Foundation

The Blue Cross Blue Shield of Michigan (BCBSM) Foundation is the philanthropic affiliate of Blue Cross Blue Shield of Michigan that is dedicated to improving the health of Michigan residents through the support of healthcare system research. The foundation accepts unsolicited applications. Grant funding details were not available through the Foundation Directory Online Resource. The Blue Cross Blue Shield of Michigan Foundation was not obtained from the *Top 50 U.S. Foundations Awarding Grants for Health, circa 2009*. However, this foundation was determined to be a viable example of community funding as Blue Cross Blue Shield Foundations are represented in many states. This foundation can serve as examples for how pharmacy investigators should explore funding opportunities specific to his or her communities they serve.

8) The M.A.C. AIDS Fund

The M.A.C. AIDS Fund, founded by MAC cosmetics, is a private foundation that supports services and prevention for HIV/AIDS in the United States and abroad. Because pharmacists will be working with specific patient populations, it was determined that a pharmacist could be involved in therapy adherence and drug monitoring for HIV/AIDS patients. The foundation accepts unsolicited applications and provides funding on a national basis. Approximately 14% of total grant awards were for health-related projects in 2008.

9) The John A. Hartford Foundation

The John A. Hartford Foundation is a private foundation that supports projects nationally. Recognizing that pharmacists serve specific patient populations, it was decided that the list would include foundations with a specific patient population focus. This foundation supports projects that improve healthcare for older Americans. However, grant applications are primarily by invitation only. Approximately 27% of total grant awards were for health-related projects in 2010. In addition, it appears that the John A. Hartford Foundation has specifically supported pharmacy-related projects in the past.

10) The Susan Thompson Buffett Foundation

The Susan Thompson Buffett Foundation is a private foundation that has a strong reproductive health and family planning focus. However, limited information is available. This foundation supports projects nationally and abroad. Only solicited grant applications are accepted. Recognizing that pharmacists serve specific patient populations, it was decided that The Susan Thompson Buffett Foundation would serve a viable example. Reproductive health is a potential research area that can be explored by pharmacy investigators. Approximately 72% of total grant awards were for health-related projects in 2008 and 2009.