

Advancing Health Equity in Turbulent Times

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I joined the field of health philanthropy in 2010. In just five years, I have witnessed significant shifts in the external environment. These shifts have compelled the Consumer Health Foundation (CHF) to re-examine how we advance health equity in turbulent times. We have all watched closely the implementation of health reform and the tremendous work to reach out and enroll uninsured individuals. The health care delivery system is evolving to value prevention over intervention. There is an increasing interest in addressing the social determinants of health through health system-community partnerships. There are more health foundations willing to fund policy advocacy as a strategy to improve the overall health and well-being of individuals, families, and communities.

More recently, there seems to be increasing openness to conversations about racial equity and economic justice in communities of color as a result of protests and greater awareness of conditions in cities like Ferguson, Baltimore, and Charleston. Georges C. Benjamin (2015) stated that health equity is intrinsically linked to acknowledging the long-lasting effects of our history and to how discriminatory policies of our nation's past relate to the inability of certain groups of Americans to attain optimal health. A stronger social justice agenda within the field of health philanthropy may be emerging.

At the same time that these external shifts are happening, foundations are also experiencing internal changes, many of which have come about as a result of the financial crisis of the past several years. Although foundation assets are slowly reviving after the recession, many of us in philanthropy have

ing approaches to address health, economic, and racial equity priorities. This article describes these approaches, articulates the vision for how they help us advance a health equity agenda, and underscores how they allow us to maximize the resources at our disposal.

FIELD-BUILDING APPROACH TO GRANTMAKING

Since 2009 CHF has focused its grantmaking on advocacy for policy and systems change. Our 2014-2016 strategic plan focuses on advocacy for health reform, which includes support for policies that promote health care coverage and access, and address health care program financing, sustainability, cost of care, and budget and revenue. The health justice portfolio, which had been focused on a number of social determinants of health, was restructured to focus on advocacy for economic justice. This shift is predicated on the overwhelming evidence that health and income are inextricably linked. Therefore, CHF supports grantee partners advocating for policies related to workers' rights, living wage standards and benefits, as well as workforce development and career advancement for members of our community who are unemployed and underemployed. In addition to these refinements, we made a decision to take a field-building approach to these portfolios.

A field-building approach to grantmaking involves creating and sustaining a group of organizations that is able to engage in political environments and develop policy recommendations in particular fields. The fields that our portfolios support are health

reform and economic justice; this approach can be applied to other fields. This "system of advocacy" requires strong networks of organizations that use various strategies and have different capacities. These capacities

include the ability to build a strong grassroots base of support; analyze legal and policy issues; develop media and communications strategies; build and sustain strong, broad-based, and diverse coalitions and alliances; and generate resources to accomplish these goals (Community Catalyst 2006).

By investing our capacity building resources to advance the field versus supporting individual organizational capacity, we are able to maximize our limited resources. CHF is working

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been seeking new approaches to advance our missions with limited resources. Funders are returning to our experimentation roots and taking risks to maximize the resources that we do have. CHF is no exception.

With risk-taking and innovation as core values, we sought new ways to advance our work as the market recovered. This included a field-building approach to grantmaking in the areas of health reform and economic justice, and collaborative fund-

with grantee partners and other nonprofits to identify the gaps in skills and other areas that will help strengthen the entire field. We have done this through analyses of grantee reports, as well as group meetings with grantees.

Grantee reports now ask more about collective approaches:

- Who are some of the other advocates, organizations, or constituent groups working on similar policy priorities as your organization?
- Whose voices are missing in these advocacy efforts?
- To what extent and in what ways are advocates working together on these policy issues (e.g. coalitions, shared policy agendas, shared messages, etc.)?
- What are some of the strengths and gaps among advocates in terms of advocacy skills or capacities?

Group meetings with grantee partners are opportunities to build capacities in areas of expressed interest, such as the ability to communicate effectively with a racial equity lens. They are also opportunities for grantees to have dedicated time to work on their partnerships. A recent gathering of grantees has led to grantee-initiated meetings to build relationships among nonprofits. Advocates who are working better together, who are learning how to incorporate racial equity into a common vision for the region, and who are addressing collective gaps in skills and leveraging strengths to advance their agenda will ultimately lead to stronger health reform and economic justice policies in our region benefiting communities of color, and thus health equity.

COLLABORATIVE FUNDING APPROACHES

The health inequities faced by our communities are formidable and require pooled funding and collective analysis and solution-making in order to have the best chance of addressing vexing social problems. In 2011 CHF joined other local foundations to explore the possibility of adopting some of the elements of the Evergreen Model—an initiative in Cleveland to create worker-owned green jobs in low-income communities that are primarily communities of color—and apply them to the Washington, DC region. This initiative is consistent with and builds on CHF’s work at the intersection of health, economic justice, and racial equity. Part of our theory of change requires the creation of jobs in low-income communities and communities of color that pay well; have benefits; and provide workers with opportunities for shared decision-making, ownership, and access to profits.

Following a 2012 feasibility study to identify potential anchor institution partners and business opportunities, the Community Wealth Building Initiative (CWBI) was created. The first worker-owned business from this collaborative funding partnership launched in 2014 in Prince George’s County, Maryland (a primarily African-American suburb of Washington, DC, characterized by both high incomes and high rates of poverty) to provide storm water management services in the region. The goal of this initiative is to grow the

number of green businesses, through start-up or conversion, that adopt fair employment practices and incorporate the community wealth building principles of shared ownership and decisionmaking. By improving working conditions and creating equity in our regional economy, CHF is advancing our health equity agenda. Doing so with other funders allows us to maximize our financial resources.

A collaborative approach also allows us to leverage our collective expertise. The funders in this partnership brought many strengths to the table. Some brought place-based strategy development; others brought perspectives on green infrastructure and sustainability; while others brought health, workforce, and economic development expertise to bear. CHF is again using this model to create the Health, Economic and Racial Equity (HERE) Fund to bring resources and the best collective thinking to advance policy change that supports participatory economic development models, like CWBI, in our region.

This article describes how a small regional foundation adopted field-building and collaborative funding approaches to advance a health equity agenda within the context of a changing health care landscape and increasing acknowledgement of the need to address social justice, economic justice, and racial equity to improve health conditions. With risk-taking and innovation as core values, CHF sought to pivot strategies as market forces created turbulence in the philanthropic and nonprofit sectors. This involved deeper relationships and engagement with our nonprofit and philanthropic partners and maximizing the resources at our disposal.

During turbulent times, the instinct may be to hunker down and retreat, yet the structural drivers of the challenges faced by our communities will not do the same. Therefore, these times call for bold action, risk-taking, and deeper engagement. I would argue that there is no other sector with the latitude we have to do just this.

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SOURCES

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