

# STRIVING FOR HEALTH EQUITY:

## *Opportunities as Identified by Leaders in the Field*

**H**ealth and health care inequities remain deep and persistent. Health inequities literally span from the cradle to the grave in the form of higher rates of infant mortality, chronic disease, disability, and premature death among many racial and ethnic minority groups (CDC 2011). The second decade of the 21<sup>st</sup> century presents many challenges and opportunities for health funders seeking to advance health equity. Given this landscape, what can health funders do to promote health equity? How can funders harness what is already known about successful practices and bring them “to scale” to benefit larger populations? To address these and other questions, Grantmakers In Health sought the perspectives of leading thinkers in the health equity arena on where the field has been and needs to go.

To identify key opportunities, leaders in government, philanthropy, academia, public health, and other fields were interviewed to seek their recommendations for health funders. What emerged were several areas of strong consensus regarding new directions that health foundations should consider, as well as other promising strategies that are emerging but have yet to garner broad support.

The recommendations that follow fall along various points along the “upstream-downstream” continuum. They include approaches focused “downstream,” on health systems, as well as “mid-stream,” on health behaviors and attitudes. Moving “upstream,” some recommendations are focused on policy and systems change. One recommendation is focused on the issue that fundamentally, political engagement and democratic participation in the policy process are necessary to chip away at the inequitable distribution of power that underlies health inequities.

### SUGGESTIONS FOR METHODS AND STRATEGIES

Several suggestions for methods and strategies—ways of doing the work—emerged from the interviews. These suggestions cut across specific policy and program areas and draw upon examples of promising efforts.

► **Foundation Self-Assessment** – Several health foundation staff and executives noted that an important—but sometimes neglected—starting point for foundations engaged in or planning to engage in health equity work is to conduct a rigorous equity self-assessment, and to continually monitor the impacts of grantmaking from an equity perspective. Once the equity elements of the mission statement are clearly identified, foundations should assess how board members, staff, and community members understand the causes and consequences of health inequities, and the foundation’s approach to addressing them. Well-facilitated staff and board conversations and trainings on race and structural racism offer opportunities for self-reflection and sharing

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of personal experiences.

Foundation self-assessment should also critically examine board and staff diversity, as well as institutional cultural competence. And as foundations make grants, it is important that they evaluate both intended and unintended consequences from an equity perspective.

- **Building Upon Successes** – Health funders have transformed how health care providers and administrators think about cultural and linguistic diversity, and have developed many important and successful programs that have removed barriers to high-quality health care for many underserved populations. Lessons learned from these successful efforts can be applied in the work to address social and economic determinants of health. For example, health care systems are now much more sensitive to the notion that “one size does not fit all,” and that different population groups have different needs, values, and expectations regarding care. The same is true for how communities and community leaders respond to efforts to address neighborhood conditions that shape health. Such approaches draw naturally upon the many sources of strength and resiliency in communities and allow these assets to surface as part of strategies to advance health equity.
- **Leveraging Public-Private Partnerships** – Because resources are scarce and political resistance to new government initiatives is strong, several interviewees recommended that funders look for opportunities to “broker” public-private partnerships that can strengthen investments toward equity. In such arrangements, for example, government and philanthropic organizations can offer incentives to businesses and private investors to increase access to health products and services.
- **Reaching Outside the Health Sector** – Most interviewees expressed a belief that the health equity community—including public health, health funders, community-based organizations, and others—has not done enough to engage and partner with individuals and organizations working to effect change in other sectors such as education, housing, transportation, criminal justice, and the like. They argue that efforts to address the root causes of health inequities must address policies and systems in these sectors and that health and equity considerations must be infused in all policies.

- **Communications** – Interviewees expressed frustration with the lack of communications tools and strategies available to scholars, public health practitioners, grassroots organizers, and others working to advance health equity. In particular, interviewees noted, communications strategies need to address the challenges of race and racism head on. New communications approaches are also needed to help engage with non-health groups that are also working to advance racial equity to connect with and open opportunities for dialogue.
- **Democratic Participation** – Some interviewees noted that many of the core themes above—such as the importance of influencing policy and building multisector alliances—fundamentally depend upon active civic participation. One interviewee observed that “21<sup>st</sup> century public health practice needs to be muscular, optimizing democratic participation and facilitating the ability of parents to fight for their children.”

## KEY PROGRAM RECOMMENDATIONS

Leaders interviewed for this project saw several opportunities for health funders to advance equity work at many stages along the “upstream-downstream” continuum. Their suggestions are summarized below, beginning with strategies aimed “downstream” at health systems and individual behavior change, and progressing “upstream” to societal and systems changes.

- **Data Collection** – More consistent and robust data collection—in health care settings and communities—provides a key opportunity to advance health equity policies, programs, and strategies. Provisions of the Affordable Care Act (ACA) require all federal grantees to collect consistent data on race, ethnicity, and primary language, presenting an important opportunity to advance knowledge in the field. Several interviewees argued that health funders can help hospitals and health systems train staff at the frontlines of data collection; educate patients to help them understand how data are used; and support research projects that help understand how, when, and under what circumstances health and health care disparities exist, and, conversely, where they are not found.
- **Health Care and Public Health Workforce** – Some interviewees noted that despite the coverage expansions and health care workforce programs authorized under the ACA, many communities will likely continue to face severe shortages of health care and public health professionals, problems exacerbated by cuts in state and local health programs. There is a significant need to understand how a variety of other health workers can fill these gaps, such as nurses operating in primary care settings, dental assistants addressing oral health needs in underserved communities, and community health workers promoting prevention. Funders could help assess how these health workers are meeting community needs and fund demonstration or seed projects to fill gaps.

- **Behavioral Economics** – Some interviewees commented on the range of demonstration projects, both domestically and internationally, seeking to provide economic incentives to individuals to help them adopt positive health behaviors. Funders could help support and evaluate such programs, and, where successful, encourage efforts to bring them to scale.
- **Early Childhood Interventions for At-Risk Youth** – Several interviewees pointed to the strong and growing evidence that high-quality early childhood education programs can “inoculate” children living in challenging conditions and help them achieve better educational and vocational outcomes, and in some instances, better health as adults. While not explicitly a “health” intervention, health funders can collaborate with other public and private funders and partners to support expansion and enrollment of eligible children in early childhood intervention and enrichment programs, and promote program fidelity so that such programs provide consistently high-quality services.
- **Place-Based Investments** – Several interviewees commented on what they saw as a positive trend among funders to adopt a “place-based” frame in their work, which generally seeks to reduce exposure to health risks and increase access to health-enhancing resources at the community level. Such strategies promote safe neighborhoods, access to fresh and healthy food, clean and safe environments, and access to recreational and exercise spaces.
- **Housing Mobility** – Neighborhoods with high concentrations of poverty can impair the health and human development of their residents. Health funders have an important opportunity in the coming years to advance housing mobility as a public health intervention, which entails the use of housing assistance to help families in high-risk neighborhoods move to communities with better opportunity structures and, therefore, better conditions for health.

## CONCLUSION

There is a sense of optimism about the potential for health funders to significantly advance the health equity movement over the coming years and decades by utilizing the kinds of strategies explored here. These strategies, however, will require greater collaboration among funders and with public and private entities both within and outside the traditional health sector. These partnerships should ultimately help stakeholders understand how health and health inequities are shaped by policies across a range of issues and sectors, and serve to promote the goal of assuring optimal conditions for health for all people.

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Full report available on-line at [www.gih.org](http://www.gih.org).