VIEWS FROM THE FIELD
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GRANTMAKERS IN HEALTH

Public Policy and the Equity Agenda

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For health funders desiring to advance health equity through policy change, a range of options exists: convening, serving on policy task forces, publishing policy briefs, and of course grantmaking. Strategic considerations include those that are familiar to most programmatic decisions (such as budget, internal and external readiness), those that are familiar to most advocacy and policy decisions (such as comfort at board and senior staff levels, whether the organization is a private foundation or public charity), as well as those that are unique to health equity policy (such as how engaged communities and leaders affected by inequity have been in local health policy advocacy). The core question, however, is: *How fundamental is public policy to the success of the equity agenda that the foundation endeavors to achieve?*

WHY PUBLIC POLICY IS NECESSARY FOR ADVANCING HEALTH EQUITY

While a number of leading organizations have called for health in all policies, imagine if the field went a step further to call for health equity in all policies. Advocacy and policy can be used to address the complex issue of inequities in health and health care. Public policy that promotes health equity, or that threatens health equity, does not typically come packaged with terms like "health disparities," "people of color," or "underserved populations." Be that as it may, the role that public policy, broadly defined as a system of legislation, regulation, public financing, public administration, and civic engagement, plays in health equity is not to be understated.

Using advocacy and policy explicitly as a health equity tool is still emerging in practice, yet uniting of the two with a health equity agenda is well-matched. Policy change is solution-focused, which is timely after the health equity field for years focused on describing and understanding disparities. Additionally, this systems change lever is needed to address the spectrum of direct and indirect contributors to health inequities. While it would be a step in the right direction to see more advocacy and policy that lead with health equity, the health equity agenda must also integrate with other related policy agendas (such as education and juvenile justice), with the policy environment dictating what takes priority at a given time. Understanding the health equity implications of health care, public health, and social and economic policy requires finely tuned analysis.

One such lens of analysis is john a. powell's (2008) "targeted universalism" concept. He posits that "a targeted universal strategy is one that is inclusive of the needs of both the dominant and the marginal groups, but pays particular attention to the situation of the marginal group." Furthermore he adds that "targeted universalism rejects a blanket universal, which is likely to be indifferent to the reality that different groups are situated differently relative to the institutions and resources of society."

The Affordable Care Act (ACA) is an important example of an opportunity for targeted universalism. Most of the ACA's provisions are designed to benefit all Americans, but because people of color make up the majority of the uninsured, the coverage expansion is expected to measurably reduce inequities in the uninsured rate. The ACA also contains numerous minor provisions designed to address cultural and linguistic needs of people of color, but if these provisions are not implemented or are under-resourced, the law could overlook the "situatedness" of different populations and instead adopt a "rising tide lifts all boats" mentality that treats marginalized and dominant groups as the same.

HEALTH FUNDER CONSIDERATIONS AND APPROACHES

In 2013 both the Connecticut Health Foundation (CT Health) and The Colorado Trust (The Trust) announced that health equity would become central to their respective state-focused strategic plans. Both foundations acknowledged the essentiality of policy to the change they envision. Thus, both decided to direct resources toward bolstering local health equity advocacy and policy leadership, albeit through different approaches.

CONNECTICUT HEALTH FOUNDATION: SEEDING A NEW HEALTH EQUITY POLICY ADVOCACY ORGANIZATION

In the 12 years prior to a strategic shift that made expanding health equity for people of color CT Health's central focus, reducing racial and ethnic health disparities was one of the foundation's three funding priorities. In those years, CT

Health developed a bird's eye view, and while the health equity landscape in Connecticut shifted in important ways, a gap—effective centralized health equity policy leadership—endured. In fact, it was at a convening of advocacy and policy partners several years ago that a participant asked in earnest, "Whose job is it in Connecticut to advocate for policies to reduce health disparities?" The question immediately sank in and continued to resonate. Sure, there were dedicated advocacy organizations looking out for mental and oral health, CT Health's other two priorities. And there have long been a number of organizations that do advocacy and policy work that each touch a facet of health equity.

To fill the leadership gap, CT Health decided to invest in seeding a backbone health equity advocacy and policy organization. It took two years of groundwork, including a feasibility study, key informant interviews, exploring the pros and cons of different organizational models, legal counsel, board education, business plan development, and selecting a grantee through a competitive process. In 2013 CT Health awarded a grant to Connecticut Legal Services, which will serve as the fiscal sponsor of a new independent 501(c)3 policy advocacy organization called Health Equity Solutions. Health Equity Solutions will begin its externally facing work in 2014. It will not focus on consensus building, which can hamper action among the wide array of health equity interests, but rather on activating the right constellation of health equity stakeholders at the right time depending on the policy opportunity or threat. CT Health's commitment extends beyond seed funding. The foundation will support Health Equity Solutions as long as it is living up to its name—that is, contributing to health equity solutions that improve the lives of the people of Connecticut through public policy. The next time somebody asks, "Whose job is it to advocate for health equity policies in Connecticut?" the resounding answer will be Health Equity Solutions.

THE COLORADO TRUST: BUILDING AN ECOSYSTEM OF ADVOCATES

In 2013 The Trust was confronted with three key data points as it considered its health advocacy and policy work: 1) there are systemic inequities in health rooted in differences such as race/ethnicity, where we live, and income; 2) there is a lack of awareness and understanding about health equity among the public and policymakers; and 3) there is a need for better capacity, coordination, and collaboration among health equity advocates, particularly traditional advocacy organizations and groups specifically focused on health equity. The third point was supported through research conducted by Spark Policy Institute with 173 organizations in Colorado. A key finding was that rather than one singular ecosystem, or field, there are two vaguely connected fields that actually exist in the health equity landscape:

1) **The health advocacy field** consists of a strong community defined by issues of health and health care, with the priorities of coverage, quality of care, access to care, and affordability.

2) **The equity field** consists of organizations that are defined by issues of equity and disparities and that are positioned to build the power and voice of populations experiencing health disparities. This field's priorities include social determinants of health like education, income, housing, environment, and food security (Spark Policy Institute 2013).

While the research suggested that differences exist between these fields, there are shared priorities related to better connectivity and collaboration, including increasing diversity, common messages, convening, and capacity building.

In turn, The Trust adopted a field-building approach to its health equity advocacy strategy. This was partly informed by the report *Advocacy & Public Policy Grantmaking*, which "position[s] the funder as a long-term resource base, capacity-builder, and connector for a field of advocacy organizations that regularly work on similar policy issues. Rather than shaping grantmaking to achieve a specific policy goal, field builders aim to change the capacity and patterns of interaction among a field of advocacy organizations over the long term" (Beer et al. 2012)

As a result, The Trust developed a phased approach that emphasizes:

1) aligning organizations to the issue of health equity,
2) prioritizing collective action across a field of health advocacy and health equity organizations,
3) fostering coordination and engagement among health advocacy and equity organizations in strategic and tactical development,
4) engaging diverse communities and affected populations in advocacy efforts,
5) building the capacity of organizations to engage in health equity, and
6) collectively using evaluation data to learn how to best build the field of health equity advocates.

CONCLUSION

CT Health and The Trust have both prioritized advocacy and policy change as necessary levers to create health equity in their states. While the health equity field has gained considerable momentum, it is in a nascent state in its capacity to make meaningful impacts in advocacy and policy realms. The commitment and planned investments of both foundations speak to the adage about "needing capacity to build capacity," whether through building a field of advocates or creating a backbone organization. These strategic approaches will not only serve to secure equitable policy "wins," but also will ensure that health equity advocates will have a voice and place at the table in the long term.

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SOURCES

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