

# Charting a Path Toward HEALTH EQUITY

Margaret O'Bryon, President and CEO, and Rachel Wick, Director of Policy, Planning and Special Projects, Consumer Health Foundation

**H***Health in an Unequal World.* This is the title of a lecture given by Sir Michael Marmot five years ago at the Royal College of Physicians in London. In it, he sets forth a framework for explaining inequalities in health within and between countries. It is premised on an understanding of poverty that goes beyond income level to a broader understanding that is based on people's sense of social control and their social engagement. He posits that in addressing health inequalities we need to focus not only on the extremes of income poverty, but also on the fundamental human needs of autonomy, empowerment, and human freedom that are the result of social conditions and are potent causes of ill health.

This broader framework of addressing health inequalities challenges us as funders to understand the complexities inherent in this work, as we decide where and how to deploy our resources and our capacities to their highest and best use. Deeply embedded in addressing the root causes of poor health are the realities of structural racism and the fact that inequities in employment, housing, education, and health care contribute to poorer health outcomes among people of color, and particularly among those with low and moderate incomes.

From a policy perspective, we also know that health inequities and inequalities are avoidable. As Sir Marmot noted in his plenary speech at the 2009 Grantmakers In Health (GIH) annual meeting, "Social injustice is killing people on a grand scale. A toxic combination of poor social policies, unfair economic arrangements, and bad politics is responsible for most of the inequities we see in the world today, within and between countries." He exhorts, "To be clear, those are the causes, and we need to address the fundamental causes."

So the tough question becomes: how do we as health funders develop a deeper understanding of these fundamental causes and address them within the context of the communities we serve, while at the same time remaining true to our core mission of health? Finding a niche in the complex world of health equity can be challenging. Forces like poverty and racism are deeply historical and multidimensional.

This essay focuses on how the board and staff of the Consumer Health Foundation, a small local foundation,

charted its path toward health equity. The process has been creative, adaptive, and iterative, and we hope it can offer resources and tools to others on their journey.

## DEEPENING OUR UNDERSTANDING OF HEALTH EQUITY

For the Consumer Health Foundation, deepening our understanding of the fundamental causes of health inequity has required that we develop new ways of learning that could connect us more deeply and directly with communities and the people who live and work in them.

One of the new models we adopted was that of a *learning journey*. The idea of the learning journey was developed by the Presencing Institute at the Massachusetts Institute of Technology, which develops tools for social change with the goal of creating societies that are "more sustainable, inclusive, and aware." Its website is rich with resources, including steps for learning journeys like ours, which involve inquiry, deep listening, and dialogue with a range of people and organizations. The method is ideal for learning more about a community as a dynamic system, rather than the work of a particular initiative or organization (which is more characteristic of a site visit).

Our foundation's first learning journey was to Langley Park, a community that sits at the crossroads of Montgomery and Prince George's counties in Maryland and the District of Columbia. Much of Langley Park's richness is in its diversity: its residents represent more than 40 countries and speak dozens of languages. Nearly 80 percent of residents are Latino, and about one in five residents live below the poverty level (U.S. Census Bureau 2011). CASA de Maryland, one of our grantee partners, served as the host for our learning journey. CASA has a strong presence in Langley Park through its direct service programs, as well as its community organizing and public policy advocacy work in housing, employment, immigration rights, fair development, and access to health care.

CASA arranged for the foundation's board and staff to tour the community – both by van and on foot. We talked with residents and community leaders in their homes, places of business, in a parking lot, and on the street. We returned

to CASA's Multicultural Center and, over dinner prepared by a local restaurant owner, had a moving conversation with residents of all ages about the opportunities and challenges affecting Langley Park. We listened to stories about the entrepreneurial spirit of the community, coupled by fears of displacement for many small business owners due to a proposed development for a new transit line in the area. We heard from a young woman who was active in advocating for the successful passage of the DREAM Act in Maryland, and what the opportunity to go to college meant to her. We heard stories about tenuous relationships with law enforcement, including racial and ethnic profiling, and felt the fear that permeated the community because of immigration issues, including deportation.

The learning journey provided us with a clear and strong sense of neighborhood, place, and community. It also helped us see and experience the interconnected forces and conditions that affect community health.

The foundation has also drawn upon the arts to deepen its understanding of health equity and to engage the broader community in the learning process. The arts have been a particularly powerful tool for starting conversations about tough topics like structural racism. For example, the foundation sponsored a performance of *A Right to Care* by Tony Award-winning actress Sarah Jones, followed by a Q&A session that resulted in a fascinating dialogue between actress and audience, focused on issues of race and identity. We also developed a partnership with Arena Stage to sponsor the attendance of 200 of our local partners at Anna Deavere Smith's performance of *Let Me Down Easy*. This event was also followed by a Q&A session with the audience, this time led by Dr. Vanessa Northington Gamble, professor of medical humanities at The George Washington University. Dr. Gamble offered her insights to the audience, making the link between health equity and health care clear in her observation: "Many of the things that happen to us in the health care system happen to us before we get there."

More traditional convenings have also served as a means of advancing our understanding of health equity, and for bringing thought leaders in the field into conversation with practitioners in local communities. For the last several years the foundation has used its annual meeting as a forum to bring in key leaders from the public health field such as Dr. Camara Jones, Dr. Adewale Troutman, and Dr. Tony Iton. We also partnered with GIH in 2009 to convene *Changing the Conversation: Taking a Social Determinants of Health Approach to Addressing HIV/AIDS among Women of Color*, with the purpose of understanding HIV/AIDS prevention among African-American women through a social

determinants lens.

In reflecting on our own learning and community education process overall, it became very important to raise, share, and discuss the tough and complex issues around structural racism, race, and health equity through a variety of means and "intelligences." This enabled us to more fully engage with multiple community partners, which is critical to this work.

## NEW WAYS OF WORKING TO ADDRESS HEALTH EQUITY

Local funders, in many ways, are uniquely situated to work at the intersections of health and other factors in communities. We are often "place-based" ourselves; many health conversion foundations have very defined geographic footprints. Many of us are designed to exist in perpetuity so our connection to the community is long-term. We have helped seed nonprofit organizations and seen them through many life cycles. We are also deeply attuned to local politics, yet we are able to take the long view.

There are a number of steps our foundation has taken – often incrementally – to shift its own practice to reflect its understanding and commitment to health equity.

► **Leading with Values** – One of the critical steps we have taken with the board and staff is clarifying our values. In this process we reaffirmed many of our longstanding values such as consumer voice. We added new values like innovation and risk taking to demonstrate our willingness to test new approaches. This is particularly critical when it comes to the complexities inherent in health equity. We also became much more explicit about our commitment to equity and social justice, including the impact of structural racism on health. As one of our board members noted, "You can call it whatever you want – health equity, health justice, or the social determinants of health – but it's still about racism."

The foundation worked with the Applied Research Center and the Philanthropy Initiative on Racial Equity on an external assessment of our commitment to racial justice. We also created safe spaces to talk about the impact of structural racism on health, working with seasoned technical assistance providers who guided us through staff, board, and grantee trainings. Racial equity training was the cornerstone of our most recent board and staff retreat.

Another critical shift has been to broaden our foundation's theory of change to reflect that good health is determined by *both* access to health care and other social and economic factors. We are continuing our longstanding

commitment to improving access to health care for our region's uninsured and underserved residents; however, we have added a new stream of work that focuses on the intersections between health and other social determinants. We have also dedicated a much larger proportion of our grantmaking to advocacy funding.

This values and strategy work has been critical in that it created alignment between our board and staff and between the foundation and the community. The board has taken on strong leadership in this area.

Health equity has become the broader context for all of our work. We have referenced our core values in our request for proposals, in our speaking engagements, and in our publications. We dedicated our 2009 annual report, *Health Justice: A Conversation*, to discussing our health equity strategy with the broader community. One of our nonprofit partners noted that the report helped the community really understand and embrace the philosophy and intent behind our health equity work.

► ***Developing a Systems-Based Approach to Grantmaking*** –

The strengthening of our values and shift in our strategy prompted changes in our approach to grantmaking. It has evolved to look much more like a multidimensional campaign than a focused initiative. We believed that grants should be used to respond to multiple issues facing local communities, not just one issue. This multifaceted approach also respects the diversity of communities, their needs, and their autonomy in deciding what is important. We also shifted a big part of our capacity building work to supporting and building a variety of community capacities, including community organizing, service delivery, systems change, budget and policy analysis, and policy implementation. We are committed to supporting groups over time, and to building new relationships and providing nonmonetary support to a range of nonprofits beyond our grantee pool. This has enabled us to understand multiple aspects of the community “system” and the way these forces interplay within a community.

► ***Being Open to Unforeseen Alliances*** – For small health foundations like ours, forming strategic alliances with peers has been extremely critical for our health care access work, but it is *essential* for work on the other social determinants of health. We simply cannot do it all – intellectually or financially. When we began to open ourselves up to working on the other social determinants, we actually began to see ourselves in new partnerships, places, and initiatives. In many instances we found cross-cutting opportunities to address health care access alongside other determinants. Workforce development is one area that is

ripe with opportunity for health funders interested in health equity. Several years ago we joined a funders collaborative housed at our community foundation that focuses on workforce development. Being part of a collaborative did not require that we lead this new area, but we could bring knowledge and relationships from our health care access work. We could also learn a lot from our peers who were focused on workforce. Another critical collaboration has been with health and other funders (generalist, housing, education, employment, and environmental) at our local regional association of grantmakers who share a vision and passion for working together to address inequities in our region. We can organize ourselves into cross-disciplinary teams to work on issues like aging using an equity lens and a systems perspective. This is exciting new work that continues to evolve.

Federal place-based grant opportunities such as the Promise Neighborhoods initiative and the Sustainable Communities initiative have opened doors for us. The Convergence Partnership's work to support “regional convergence” efforts is a great example of new national and local funding partnerships that are designed to advance equity. The strong focus of these initiatives on place has us thinking more intentionally about how to work with multisector funders and multisector nonprofits. It has also helped us see gaps at the neighborhood level in terms of the new kinds of infrastructure needed for true community building. At a regional level, we are seeing an opportunity for the foundation to play a role in ensuring that health and equity are part of a framework for thinking about long-term growth in our region. The Metropolitan Washington Council of Governments recently developed a blueprint for how our region will grow over the next 30 years called *Region Forward*. We are looking to the impressive work of groups like PolicyLink to help us lead in this area.

► ***Searching for “Out-of-the-Box” Models*** – Seeing ourselves as catalysts for health equity has also prompted us to look at innovative models that blend for-profit and nonprofit strategies, among other approaches. Over the last year, through our local association of grantmakers, we engaged with regional philanthropic colleagues in an inquiry to gauge interest in the Evergreen Cooperative model that was started in Cleveland, Ohio (through the leadership of The Cleveland Foundation). Catalyzing cooperative businesses may seem like an unusual approach for philanthropy and especially for a health foundation; however, from an equity lens, addressing issues related to jobs, income, and neighborhood development has direct effects on community and individual health.

## ONGOING CHALLENGES AND OPPORTUNITIES

As the foundation becomes more intentional about addressing health equity, we have seen our work become much more relational and complex. Areas of work that often existed within their own spheres within the foundation – grantmaking, capacity building, alliance building, communications – are becoming much more integrated. This requires that we adopt new approaches to evaluation, which cannot simply be about monitoring and tracking the performance of grantees. We need to take a systems-level approach that will account for the dynamic interactions between and among all foundation activities.

Our health equity work has also opened up opportunities to participate in a broad range of coalitions, alliances, and partnerships. Given our limited staff and funding resources, however, we struggle with determining the highest and best uses of our limited time and resources. We also are constantly challenged to clearly articulate our health equity lens within the framework of our work around improving access to health care. The fact that we have a clear mission, vision, and set of shared values that are put into practice through the foundation's theory of change and logic model has been enormously helpful in guiding program and related decisions.

## MOVING FORWARD

As we look to the future, we see a number of opportunities for growing and strengthening our health equity work:

- Engaging in more place-based learning journeys in partnership with host nonprofits in communities across the region.
- Discovering new approaches and testing new methods to support grassroots community building and organizing.
- Identifying if and how we could work at the intersections to address the multiple determinants of health.
- Looking for additional opportunities to “walk our talk” in the equity arena, including mission consistent investing, hiring practices, and board composition.
- Speaking out more as a foundation about our commitment to health equity and initiating difficult conversations about race and racism.
- Continuing to offer racial equity trainings for our board, staff, and grantee partners.
- Forging new relationships with local and regional colleagues in government, business, academia, philanthropy, and the nonprofit sector to catalyze new partnerships and conversations about addressing health equity across our

region – suburban Maryland, Northern Virginia, and the District of Columbia.

- Working to institute a more intentional check-in process for the board and staff to reflect on our health equity work on an ongoing basis. What are we learning? Are there internal and/or external adjustments that need to be made in our work and/or the way we operate? Are we being effective? Self-reflection and self-awareness, as well as critical thinking, are essential qualities for working in this arena.

As one of our board members noted at recent retreat, “This is a journey for the Consumer Health Foundation.” We have had fits and starts but have attempted to learn as we stumble, pick ourselves up, and move forward. We have benefited greatly from the research and experiences of our funding colleagues both locally and across the country and have translated that into our work.

Most importantly, as captured so beautifully by Sir Marmot, we have come to realize more and more deeply how the equity work in which we are all involved is at its heart work around justice, fairness, and creating communities where prosperity is shared among all. It is also the work of connection and opens up for funders exciting opportunities to work in different ways and to forge new relationships within our respective communities.

***Transforming the world is possible because the very complex forces of interconnection that make systems resistant to change are the same ones that can be harnessed to propel change.***

– From *Getting to Maybe: How the World Is Changed*

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