HOW DO WE GET TO EQUITY?

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LET US HELP EACH OTHER GET THERE

As I look toward my retirement as president of Northwest Health Foundation this coming June, I am very pleased to have been asked to write about the evolution of our health equity work over the past several years. While we have so much more to do as an organization and as a community to get to health equity, I am proud of what our staff and board have accomplished in this area. Because the goal for all of us is to get there together, I hope other foundations – and policymakers and businesses – may be able to gain from our insights. I also look forward to hearing more about how other organizations, philanthropic and otherwise, have evolved their work, because my work is not finished.

It is gratifying that, once again, Grantmakers In Health (GIH) has challenged us all to reach higher and further with our work. I hope that our experience in Oregon can provide insight to the many others of you who also seek a more fair and just society through the philanthropic sector.

WITHOUT COMMITMENT THERE CAN BE NO CHANGE

Based on my experience, the most important consideration I can emphasize is that working toward health equity requires commitment. This commitment must be sustained and thorough. This commitment is about intentionality, not quotas or preferences in board and staff development.

For a grantmaker, this commitment must extend throughout the entire organization, from the board to the chief executive, and onto the rest of the organization.

Furthermore, to do this work successfully, an organization's commitment must be more than deep; it must also be long and enduring, like the commitment your organization has to fulfill its mission. This is not something you do for a single year and move onto the next "project."

At Northwest Health Foundation, we believe a "rising tide lifts all boats" approach is good, but simply not good enough to get where we need to go as a society. This is why one of our guiding principles is:

Deliberate strategies are required in order to effectively overcome health inequities.

As a social justice funder, we recognize that reducing racial, ethnic, and income-based health disparities will not happen without deliberate strategies. Achieving health equity will certainly not happen through "trickle-down economics" or tax-cutting policies. Achieving health equity requires targeted efforts that directly challenge the status quo. For a grantmaker in health, this may mean advocating for changes in government and the health care system, which can be perceived as threatening to some. Examples of this can be found in efforts to institute midlevel dental providers, or building a pipeline for more community health workers, or by introducing a higher level of cultural competency in our health care system, all of which require change to the existing system.

BUILDING COMMITMENT FROM WITHIN

As a grantmaker committed to health equity, our commitment begins at the top, namely our board of directors and the leader of the organization. For many organizations, this change might begin with a commitment to greater board diversity. To be clear, diversity should not be confused with tokenism. Having one person "representing" an entire community, and another individual "representing" another community will not work. What I do mean is intentionally building a board of directors that, as well as possible, represents the full spectrum of our multicultural society. Only when this commitment is in place will your board discussions and policies reflect the needs of the society at large, and only then will you achieve the level of authenticity that can lead to the changes in society that can get us to health equity.

Our world has changed. If we are to thrive as a society, we need to embrace intentional multiculturalism, not the melting pot of assimilation.

With Northwest Health Foundation's 15-member board, we will never reflect every constituent in the community we

serve. Nevertheless, I am proud that our board has evolved from being mostly white men all over the age of 65 to where it is today: fully gender balanced, more than half identifying as representing communities of color, and with a few members even representing the leadership cohort of those in their 30s and early 40s. This last area – age – is very important, more so than many people realize. After all, the millennial generation is not only the cohort from which our future leaders will emerge, it is also the most racially diverse generation to ever come along in American history. Thus, I cannot emphasize enough how important it is to help this generation fill executive and board of director ranks at our most important institutions, particularly our philanthropic organizations.

Along with this evolution of the diversity of the foundation's board came an evolution of discussion about equity. For us, it meant long conversations – including an all-day board retreat – about what it means to be a social justice organization. It also meant recognizing what a commitment to health equity means and what it looks like. In our case, it became clear that committing to health equity meant infusing the concepts of equity into our guiding principles and other governing language. It has meant all of us asking questions of our grantees and community leaders, listening to the responses, and learning to incorporate their messages into our work.

WE HAVE A SHARED FATE: DEVELOPING A "CASE FOR EQUITY"

Because these efforts are so crucial to the work of the foundation, last year our board created an equity committee, charged with guiding the efforts of the foundation in this area. The committee began by developing the organization's "case for equity." In its entirety, our case for equity reads:

> We have a shared fate – as individuals within a community and communities within society. All communities need the ability to shape their own present and future. Equity is both the means to healthy communities and an end that benefits us all. Equity requires the intentional examination of systemic policies and practices that, even if they have the appearance of fairness, may, in effect, serve to marginalize some and perpetuate disparities. Working toward equity requires an understanding of historical contexts and the active investment in social structures over time to ensure that all communities can experience their vision for wellbeing.

➤ ***Priorities for our Equity Work*** – We believe that we will improve the health of all communities through deliberate strategies that promote equity and eliminate health inequities. We believe that the following areas represent the greatest opportunities for Northwest Health Foundation's efforts:

- Race/ethnicity, including immigrant and refugee identification
- Geography
- Physical, mental, and developmental disability

THE PROCESS OF GETTING THERE

For Northwest Health Foundation, any community's approach to achieving health equity can be seen as following an arc that might help any organization to consider, no matter where it is in the overall process:

- Documenting issues of disparities
- Facilitating community-driven paths to solutions
- Identifying and implementing solutions

Each of these activities can become quite complex, and each must reflect the capacity, needs, and population of your community. Just as every community has different population needs and institutional structures, the path to significantly reducing disparities and achieving health equity must match those needs. The following are some highlights of the work that we have conducted in Oregon.

DOCUMENTING THE ISSUES

The process of documentation is not a simple one, but it is absolutely necessary. How do we know disparities exist in a particular community? How severe are these disparities? Which populations suffer the most from inequities? What level of philanthropic funding has been applied to these populations? These are the types of questions that must be answered in order to take concrete steps toward

Some argue they deliver health services with "equity" because they treat everyone the same. In fact, equity requires treating some patients very differently. An effective health system needs more than interpreters; it requires a bias toward understanding the cultural perspectives in which health care is received.

reducing disparities.

As a health-focused grantmaker, one of the techniques we used to address this was community-based participatory research (CBPR). In one case, our foundation partnered with the Portland-based Coalition of Communities of Color and Portland State University to document disparities by race and ethnicity. The report, released in 2010, provided clear data for the period under study (2008), and concluded that for minority populations, the region was "uniquely toxic." The report, *Communities of Color in Multnomah County: An Unsettling Profile*, explained that for these populations, the rates of inequities with the larger population tended to be worse than in the cities of Seattle and Detroit. (The report can be found at: www.coalitioncommunitiescolor.org.)

Equity is not about allocating grantmaking in proportion to racial populations. We must assess the collective needs and assets in our communities and provide a collaborative structure to address these needs. This is part of advancing the common good.

For example in Portland's Multnomah County:

- The high school dropout rate for minorities was 30 percent compared to 7 percent for the white population.
- While the child poverty rate for the white population was 12.5 percent, for Native Americans it was 46 percent, for African Americans 41 percent, and for African immigrants 56 percent.
- People of color were earning about half that of white individuals: $16,500 a year compared with $33,000.

Also with this study, data became available for the first time on Slavic and African immigrants and refugees in the county.

As is part of most CBPR processes, political and media engagements were an important part of the strategy. Public hearings were held at both the City of Portland and Multnomah County. Because of these efforts, the report received extensive news coverage in broadcast and print media, and led to editorials in several newspapers to declare that more resources must be spent on the problem of disparities by race and ethnicity.

Over the subsequent months, many accomplishments have been achieved as a result of these engagement activities, not the least of which was the creation of the Office of Equity at the City of Portland in 2011.

Another area of documentation – in philanthropy – was conducted by Grantmakers of Oregon and Southwest Washington (GOSW). The project focused on a single question: How much giving by Oregon foundations is reaching Oregon's communities of color? To answer that question, GOSW contracted with the Foundation Center to collect and analyze this data. At Northwest Health Foundation, we used this methodology to examine our own institutional practices. In our case, we found that the percentage of grant dollars reaching communities of color reached 27 percent in 2009 – a slight increase from the previous year. The number of grants reaching communities of color increased from 11 percent to 19 percent.

Were these good results? What levels should we have targeted? What levels should we be targeting in the future? The answers to these questions for your organizations, of course, differ depending on many factors. But what I wish to emphasize here is how important data is to the entire process. Just as important as collecting the data is reporting it – on your website, to your constituents – because this reporting process opens up a conversation that would have otherwise been academic without concrete data.

SUPPORTING COMMUNITY-DRIVEN SOLUTIONS

One of the fundamental steps toward achieving equity is ensuring that diverse populations are always represented during policymaking processes. This is why our foundation has funded several groups representing communities of color to advocate for health equity-related policy changes. We have not considered it to be our foundation's role to determine what these solutions may be. Rather, our responsibility has been in such areas as helping identify community leaders, facilitating partnerships between community groups, and arranging for and funding technical assistance programs for nonprofits around lobbying and advocacy.

Here is one example. In 2011 the new advocacy coalition People of Color Health Equity Collaborative formed during the Oregon legislative session. It consisted of 16 organizations, all funded by the foundation. The vision of the collaborative was "an Oregon where all residents have equal health outcomes regardless of color, race, ethnicity, gender, class, sexual orientation, or immigration status." The groups advocated for a variety of legislative issues, including cultural competency legislation, a health insurance exchange,

expanding health insurance to include children of undocumented immigrants, and increasing the Earned Income Tax Credit. While only the insurance exchange passed, the coalition will certainly be back for future sessions, and it is my expectation that other foundations in our region will add to the support of these types of efforts in the future.

SOLUTIONS COME IN MANY FORMS

There are many ways to get to equity, and of course, each community defines needs differently. Having said that, I believe it is important to understand some of the possible solutions toward which our advocate partners have been dedicated. At Northwest Health Foundation, we and our grantee partners have been working in each of these areas throughout Oregon and southwest Washington over the past few years. Each of these types of efforts has been cited by organizations such as The Commonwealth Fund as programs that have made demonstrable progress in reducing disparities and achieving equity:

- **Culturally Competent Health and Health Care** – Examples of this include training providers about cultural differences, using professional interpreters, and recognizing how different cultures incorporate family into their health care needs.
- **Primary Care "Homes"** – Ensuring that everyone has access to a patient-centered primary care home, also called a medical home, has been cited as one of the most important changes we can make to our health care system to achieve health equity.
- **Community Health Workers** – Greater use of community health workers has been shown to reduce disparities by race, ethnicity, and income.
- **Improved Workforce Diversity** – Programs such as the Workforce Improvement for Immigrant Nurses project in Oregon are critical to help achieve a workforce that matches our aging and rapidly diversifying society.
- **Parks and Recreation** – Many people still live in neighborhoods without access to a nonviolent and exercise-friendly park, which has a detrimental effect on population health. Policy change can go a long way to ameliorate these disparities.
- **Food Systems** – As health grantmakers have long known, and as the wider public is increasingly learning through research, people who have better access to supermarkets tend to have lower levels of obesity. Lower-income communities often have fewer grocery stores and more convenience stores. Changing this dynamic can help reduce disparities by race, ethnicity, and income.

COMMUNICATING WHAT WORKS

Our grantee partners live this work every day, and they communicate their needs, their concerns, and their progress on a consistent basis. After all, their constituents expect them to do so. Nevertheless, many of our partners have asked us as a funder to communicate what we do, and why we do it, to lend strength to their own work and their own messages.

In 2011 we took this request about communicating the importance of equity quite seriously. We dedicated the first edition of our on-line magazine *Points of View* to this issue, producing videos, resources, stories, and talking points. These communications pieces all highlighted the importance of focusing on equity, what we do in the area, and how we talk about it. (The equity edition of *Points of View* can be found at www.nwhf.org/equity.)

This last area – the language we use around equity – should not be underestimated. Those who know me know that I am an outspoken champion of "reclaiming our patriotism." If part of this nation's patriotic history was to rebel against the British Crown for taxing and policymaking without representation, I believe it is an extension of this patriotic spirit that we continue to push for the truly representative democracy that still eludes us today. As all the social justice leaders who have emerged in this country over the years, from Lillian Wald to Martin Luther King, Jr., have demonstrated, we have much more work to do to achieve the promise of our nation's egalitarian founding principles.

Indeed, infusing equity into everything you do means working toward a society where there are no second class citizens, and where all our communities can live the message outlined by the 2012 GIH annual meeting – Health and Equity for All!