

Intervention Points to Promote Equity: A Funder Strategy

Over the last decade, the field of health philanthropy has trail blazed efforts seeking to eliminate health disparities and promote health equity. However, while health foundations have raised public awareness of inequities and have funded interventions designed to reduce disparities, health and health care inequities persist (Benz et al. 2011). Furthermore, the research literature suggests that disparities in health continue to exist among different racial and ethnic groups across income levels (CDC 2011). Funders are positioned to create and implement intervention strategies targeting a range of factors that influence health. Opportunities abound for intervention at all levels.

A HEALTH EQUITY FRAMEWORK TO GUIDE INTERVENTION EFFORTS

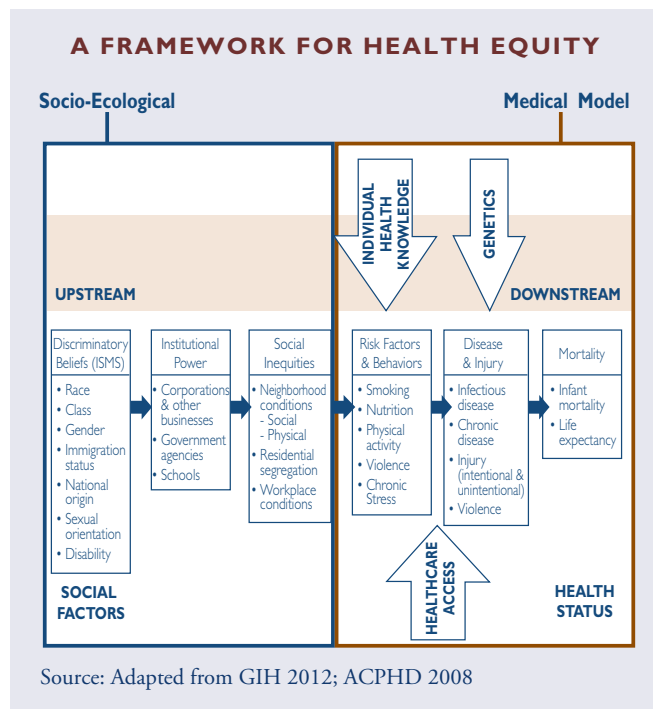
So where is the right place to start? Selecting intervention approaches can be a challenging task for funders who face limited budgets and capacity constraints. To identify feasible strategies, Tony Iton of The California Endowment has put forward a Health Equity Framework outlining a series of intervention points along a continuum of upstream and downstream approaches. The proposed framework includes approaches aimed downstream to address health care issues; midstream to promote positive health behaviors and attitudes among individuals; and upstream to transform policies and systems that influence health.¹

The “stream” analogy suggests that one can eventually reveal and address the source of the problem by moving upward. While upstream approaches may engender more sustainable change by identifying and tackling the root causes of problems, downstream strategies are equally necessary in order to address current problems and meet the more immediate needs of communities. This framework provides a menu of options for funders to consider when deciding how best to leverage their investments for addressing inequities.

DOWNSTREAM APPROACHES

Strategies aimed downstream attempt to address disparities in health care quality and access. These approaches tend to focus on determinants that affect individual and family behaviors, as well as medical care.

Promoting comprehensive **collection of demographic data** is a critical downstream strategy. Since data drive research and decisionmaking, disaggregating health care access and quality



data according to racial and ethnic categories portrays a more complete landscape of the context in which health disparities exist. This strategy is built into provisions of the Affordable Care Act (ACA) requiring federal grantees to collect race, ethnicity, and primary language data.

Funders can promote consistent demographic data collection through several avenues, including helping health systems train staff on data collection methods; educating priority communities about the social (as opposed to biological) nature of race and ethnicity categories in health research; supporting research that analyzes insurance coverage expansion data in order to understand whether these efforts lead to improvements in access for communities with low coverage rates; and developing metrics to assess progress toward health equity in quality and care.

Additionally, funders can support the **expansion of cutting-edge research**. While the current federal agenda has taken strides to prioritize health equity through provisions of the ACA and the establishment of the National Institute on Minority Health and Health Disparities, health funders are well-positioned to engage in innovative research that exceeds the capacity of governmental efforts. Specifically, foundations

¹ Strategies and funder examples explored here come from *Striving for Health Equity: Opportunities as Identified by Leaders in the Field*, written by Dr. Brian Smedley for Grantmakers In Health, to be released later this year.

are poised to design research on the ways in which systems perpetuate inequities and methods for transforming those systems in order to establish equity. For example, research studies supported by funders might seek to explore the settings in which health care inequities are less likely to be found (such as the U.S. military and Veterans' Administration health care systems), or to examine disparities among communities of varying racial and ethnic backgrounds who share similar socioeconomic contexts (Horner et al. 2002).

Finally, funders can fill gaps left by local health program cuts by **building the health care workforce**. Foundation efforts can sponsor projects that meet the needs of underserved communities by supporting nurses, dental assistants, and community health workers. For example, the W.K. Kellogg Foundation has funded projects to increase access to oral care among rural communities through mobile dental vans, as well as granting research to study how mid-level dental clinicians can provide oral health care to underserved communities.

MIDSTREAM APPROACHES

Midstream strategies adopt a disease prevention perspective by promoting positive health behaviors and attitudes among individuals. Funders may undertake one such midstream approach known as **behavioral economics**, which refers to creating programs that provide economic incentives to individuals, encouraging the adoption of positive health behaviors. Within the health sector, for instance, insurance companies may offer premium discounts for individuals who maintain positive health behaviors such as obtaining regular screenings. Health funders may seek collaborations with other sectors in order to employ this strategy. For example, a group of funders, including the Robin Hood Foundation, The Annie E. Casey Foundation, The John D. and Catherine T. MacArthur Foundation, and The New York Community Trust, partnered to fund Opportunity NYC, a conditional cash transfer program seeking to eliminate poverty in New York. The program offered cash rewards to low-income families who met criteria related to educational, health, and workforce outcomes. Evaluation findings suggested that families in the intervention group experienced less poverty, increased savings, better educational outcomes for children, and increased employment for parents (Riccio et al. 2010). Funders could support and evaluate these programs, as well as bring successful efforts to scale.

Addressing disparities through **early childhood interventions** is another midstream strategy that calls for cross-sector collaboration. Programs such as Head Start, Early Start, and Nurse Home Visiting have been shown to result in better behavioral health outcomes for children (Bilukha et al. 2005). Health funders can employ this strategy by partnering with the education and other sectors to enroll eligible children in early intervention programs.

UPSTREAM APPROACHES

Strategies pointed upstream demand the largest time commitment and investment of resources, given their long-range design to transform policies and systems that influence health. Such approaches intend to change certain factors inherent to society, including discriminatory beliefs such as racism, classism, and gender discrimination.

Place-based investments are considered a key upstream approach that attempts to reduce exposure to health risks and increase access to health resources among communities. These types of strategies include efforts to support policy and systems changes that promote safe neighborhoods, as well as schools, workplaces, childcare organizations, and public and private organizations that promote healthy food and physical activity. Because of the extensive nature of the work, collaboration is crucial for undertaking upstream approaches. Health philanthropy has established place-based interventions as a hallmark strategy: in 2006 the Convergence Partnership, including The California Endowment, Kaiser Permanents, The Kresge Foundation, Nemours, Robert Wood Johnson Foundation, and W.K. Kellogg Foundation, formed to promote health and reduce the burden of chronic disease through environmental-level changes. The partnership's approach draws on collaboration across sectors, including public health, sustainable food systems, economic development, transportation, private industry, planning, education, and climate change.

Similarly, individual foundations utilize place-based approaches to effect change at the policy level. The W.K. Kellogg Foundation funded PLACE MATTERS, an initiative seeking to build the capacity of community leaders to identify address social, economic, and environmental determinants of health. PLACE MATTERS includes engagement of policymakers in order to influence local policy.

The process for implementing upstream strategies may appear to be daunting. Funders with limited capacity may join forces with larger foundations and focus their efforts on a specialized area, such as **building the capacity** of specific local leaders or working to educate a select group of policymakers on a health-related policy issue. There is a place for every type of investment in this strategy.

CONCLUSION

The field of health philanthropy will continue to spearhead efforts to address the factors that create, exacerbate, and perpetuate health disparities. As suggested by the Health Equity Framework, coordinated action downstream, midstream, and upstream is likely to produce the most positive and sustainable outcomes. Funders are encouraged to use this tool to identify strategies most viable for their unique context for contributing to this shared goal.

SOURCES

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