

**EXECUTIVE SUMMARY**

# EFFECTIVE COMMUNITY PROGRAMS TO FIGHT HEALTH DISPARITIES

**E**liminating disparities in health status and health care has been an area of substantial interest and programming among health funders at the national, state, and local levels for well over a decade. As we draw closer to the Healthy People 2010 deadline for eliminating disparities, the latest findings from research and ongoing experience on the ground allow us to assess the progress being made on this critical goal. Engaging with communities in their fight against disparities is also becoming increasingly important to funders. Examples of strategies and interventions provide a framework of practical steps to success that can be used in funders' efforts to eliminate health disparities.

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Though U.S. citizens have enjoyed substantial improvements in their health over the last century, not all groups within this country have fared as well. In particular, the health status and outcomes of minority groups and low-income individuals have persistently lagged behind those of whites and higher-income groups. These disparities in health are evidenced by higher rates of illness and mortality and lower life expectancy rates. Research indicates that disparities also have a deleterious effect on the access and quality of health care received by these disadvantaged populations.

The persistence of disparities in this country has been attributed to the lingering effects of racism and discrimination; breakdowns in social, environmental, and community conditions; and ongoing problems

with access and quality of health care. These interwoven factors continue to have major effects on the overall health status and outcomes of communities by limiting or denying a variety of opportunities to disadvantaged and underserved individuals.

In order to enjoy long-term, sustained success, research indicates that disparities-elimination efforts must involve local communities and consider their unique needs. Regrettably, basic infrastructures or service systems are more often lacking or in a state of disrepair in racially or ethnically segregated and lower-income communities. Limitations at these fundamental levels intensify the daily challenges individuals face, further restricting their access and exposure to health-promoting behaviors and services.

Traditional disparities-elimination approaches generally focus on medical intervention models and downstream strategies related to changing individual behaviors and knowledge. Combating health disparities through this lens does not address the underlying conditions—the upstream factors—that lead to disease and mortality. Targeted work to alleviate the complex underlying conditions related to upstream socio-ecological determinants, however, appears much more promising. In essence, until these socio-ecological conditions are addressed, diseases will continue to disproportionately burden underserved communities.

The Issue Dialogue *Effective Community Programs to Fight Health Disparities* provided an opportunity to discuss community-level programs and specific roles health philanthropy can play in addressing the factors contributing to health disparities. Information was provided on a number of opportunities and strategies, as well as challenges, funders may face. The importance of data and tracking disparities at the community level was also noted. These discussions underscored both the value of, and strategies for, directly involving communities in efforts to combat disparities.

Strategies offered to health funders involved in disparities-elimination work included internal organizational capacity-building activities, policy-level approaches to affect change at the highest governmental and institutional levels, and approaches for engaging communities and other relevant stakeholders.

The discussion of these strategies included the following points:

- Ensure strong governing support and participation in efforts to fight health disparities. Boards and organizations must have a willingness to learn new things, take risks when necessary, provide adequate funding, and be patient to stay the course for long-term success.
- Encourage advocacy for public and private policies that address the broader determinants of health, as well as for specific disparities-related issues.

- Consider the creation of a Surgeon General’s report on health equity in the United States. A higher-level declaration of the costs of ignoring health equity among all populations, not just low-income groups, could be an important statement.
- Listen! Funders must realize that they cannot unilaterally make decisions about what is needed in a community or about the strategies that should be employed. Instead, a planning process should be funded with an assessment of the stakeholders to include in designing and implementing initiatives.
- Tackle agency and organizational silos, which can allow for increased communication and mutual goal setting across federal, state, and local agencies. Allowing more flexible spending of current health funding may also help break down silos and increase cross-sectoral collaborations.

Presenters stressed the importance of community capacity building for changing the context and conditions in disadvantaged neighborhoods. Capacity-building efforts strengthen a community’s ability to develop, implement, and maintain effective programs that positively affect the broader conditions responsible for better health and well-being. Specific roles foundations can play in this area are as:

- funders who are willing to support long-term strategies, as well as mandate specific requirements for community involvement;
- catalysts who influence the field, and educate and change policies and organizational practices;
- conveners who bring diverse groups to the table and foster new coalitions and networks; and
- leaders who provide increased knowledge and skills, promote research and evaluation, and frame new and innovative approaches and program practices.

Eliminating health disparities remains a priority in this country and requires a reexamination of underlying

factors. Efforts to alter these factors will require a multi-pronged approach that combines public and private sector expertise and resources. There are many opportunities for health funders to be effective in this arena as they either begin their involvement in disparities-related work or deepen their commitment. This work may be challenging for funders because it is complex, involves systemic changes, and requires fortitude and patience in order to affect lasting change. There is no time like the present, however, to roll up our collective sleeves and step into the battle of a lifetime.