

2024 HEALTH EQUITY SURVEY

# Understanding the Changing Landscape

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## CONTENTS






<b>Introduction</b> . . . . .	3
<b>Key Findings</b> . . . . .	4
<b>Health Equity Practices and Priorities</b> . . . . .	5
Terminology Used by Foundations . . . . .	5
Primary and Secondary Strategy . . . . .	5
Priority Populations . . . . .	6
Engagement with Partners . . . . .	7
Changes to Grantmaking . . . . .	7
<b>Successes in Advancing Health Equity</b> . . . . .	8
<b>Barriers and Solutions for Health Equity</b> . . . . .	9
Barriers . . . . .	9
Solutions and Strategies . . . . .	10
<b>Methodology</b> . . . . .	11
Demographics . . . . .	12
<b>References</b> . . . . .	13

## INTRODUCTION

In 2020, global events, including racial conflict and COVID-19, prompted many health funders to increase their focus on health equity (GIH, 2021). Since then, Diversity, Equity, and Inclusion (DEI) initiatives and efforts to address health inequities have faced mounting legal, social, and political backlash. In June of 2023, the Supreme Court issued a ruling eliminating race-conscious admissions. Now, in 2025, the current administration has terminated all DEI mandates, policies, programs, and preferences within the federal government with ongoing threats to freeze federal funding to non-profits. These actions have caused organizations to pause or cancel DEI and equity programs even though significant inequities persist.

In 2024, Grantmakers In Health (GIH) surveyed its Funding Partners to understand how their health equity work has evolved. The survey consisted of 40 questions including demographic information, program focus areas, partner engagement, organizational strategy, priority population, successes, and challenges. This report summarizes findings from the Health Equity Survey titled, “Understanding the Changing Landscape.”

The report is organized into the following categories:

-  Key Findings
-  Health Equity Practices and Priorities
-  Successes in Advancing Health Equity
-  Barriers and Solutions for Health Equity
-  Methodology

This report presents an analysis of the survey results. It serves as a resource to identify successful strategies for progress toward health equity and illuminates ongoing challenges in the field.

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## KEY FINDINGS

- Nearly all respondents (96 percent) said their foundation supports health equity programming.
  - ▶ However, the terminology varies among organizations encompassing a wide range of terms such as health equity, health disparities, racial equity, racial justice, racial healing, anti-black racism, social justice, underserved community needs, belonging and civic muscle, and health justice.
- The majority of the respondents supported health equity programming prior to March 2020, but the social justice movement and the COVID-19 pandemic appeared to be pivotal as these events prompted organizations to make changes to their health equity programming.
  - ▶ Since 2020, 59 percent of organizations created new initiatives, 48 percent expanded existing programs, and 44 percent reported other changes in their programming such as increasing funding, increasing staffing, developing a community-focused approach, and engaging in strategic planning. (Multiple responses allowed).
- A large number of respondents reported actively working towards promoting DEI policies and practices within their organizations.
  - ▶ Seventy-five percent of respondents are offering staff training on fostering a more inclusive environment, 72 percent are reviewing hiring practices and career development policies, 68 percent are soliciting employee feedback, 63 percent are reviewing vendor and contracting policies, and 61 percent are considering educating their trustees. (Multiple responses allowed).
  - ▶ One in five health foundations have incorporated DEI into their practice through various approaches, including comprehensive DEI work across levels, forming affinity groups, establishing a dedicated DEI committee, focusing on organizational culture, and reviewing investment strategies.
  - ▶ Many funders also reported that applying an equity lens to funding decisions was their greatest success in advancing health equity.
- The majority of health funders appear aligned on focus areas for their health equity programming around social determinants of health (78 percent), access to care (74 percent), community engagement (73 percent), and policy and system change (68 percent). A smaller number focused on workforce development (45 percent), while a handful of respondents who selected “other” concentrated on health promotion and prevention in specific areas such as maternal and child health.

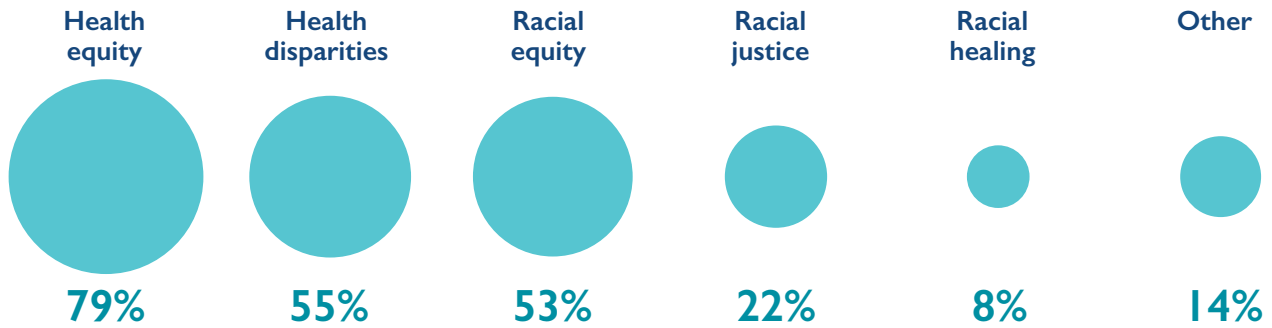
## HEALTH EQUITY PRACTICES AND PRIORITIES

As part of the health equity survey conducted among GIH funding partners, respondents shared terminology used by their organizations to describe their health equity work. The survey also highlighted the primary and secondary strategies employed by these foundations. Furthermore, the survey explored the priority populations that funders are focused on and delved into the partnerships that funding partners have undertaken as part of their health equity programming.

### Terminology Used by Foundations

Health equity was the most common term used by the majority of respondents (79 percent) followed by health disparity (55 percent), racial equity (53 percent), and racial justice (22 percent). A few other terms mentioned by some respondents included racial healing and social justice.

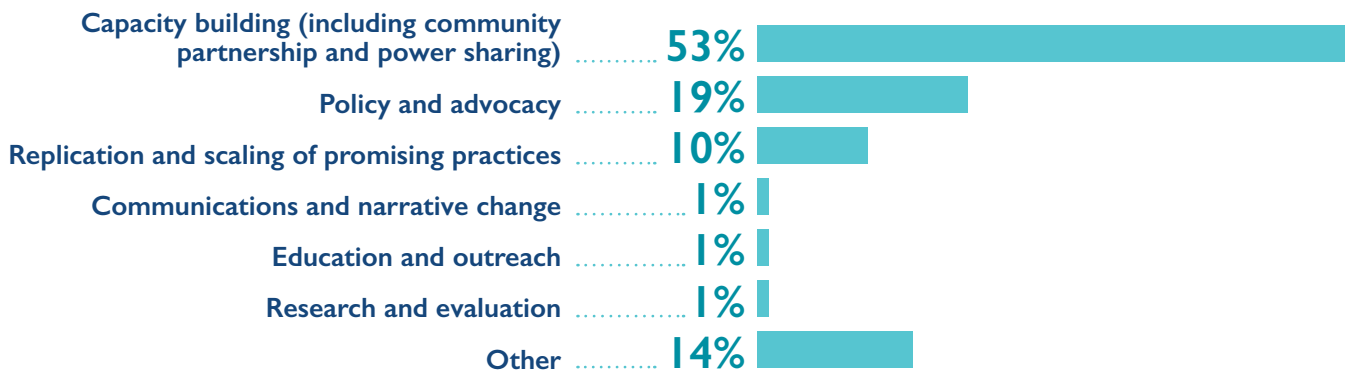
**FIGURE 1: Terminology Used by Foundations** (TOTAL RESPONDENTS: 73)



### Primary and Secondary Strategy

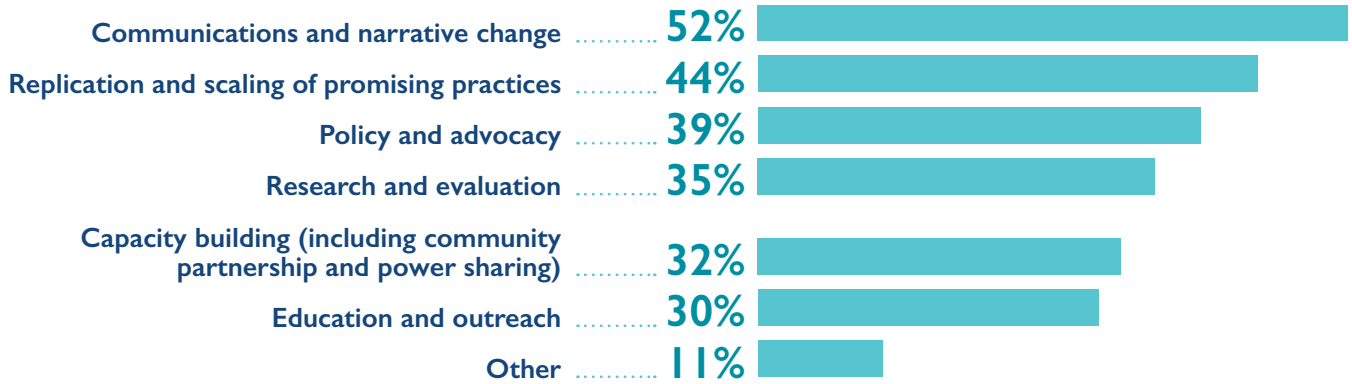
For the primary strategy on current health equity programming, 53 percent of respondents identified capacity building—including community partnership and power sharing—as the most prevalent strategy, followed by policy and advocacy (19 percent). Health funders use communication and narrative change, scaling of promising practices, policy and advocacy, and research and evaluation as secondary strategies.

**FIGURE 2: Primary Strategies for Health Equity** (TOTAL RESPONDENTS: 73)



**FIGURE 3: Secondary Strategies for Health Equity** (multiple responses allowed)

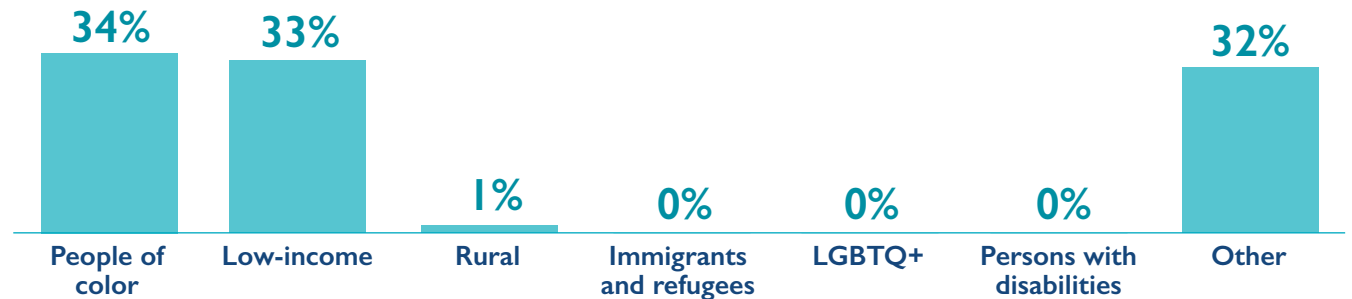
(TOTAL RESPONDENTS: 71)



### Priority Populations

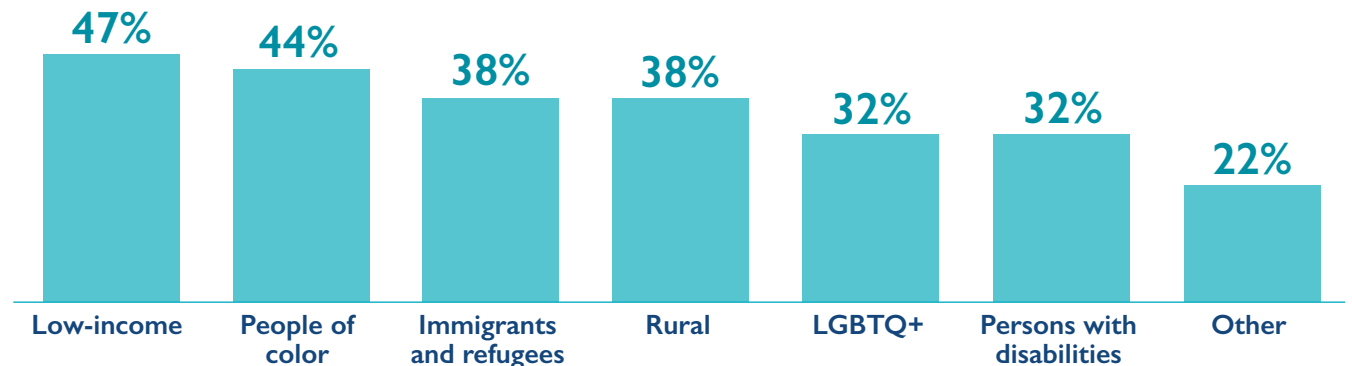
People of color and low-income populations were most often cited by respondents as the primary populations for their grantmaking. When asked to identify secondary populations, health funders identified multiple groups including low-income (47 percent), people of color (44 percent), immigrants and refugees (38 percent), and rural populations (38 percent).

**FIGURE 4: Primary Focus of Health Equity Programming** (TOTAL RESPONDENTS: 73)



**FIGURE 5: Secondary Focus of Health Equity Programming** (multiple responses allowed)

(TOTAL RESPONDENTS: 73)

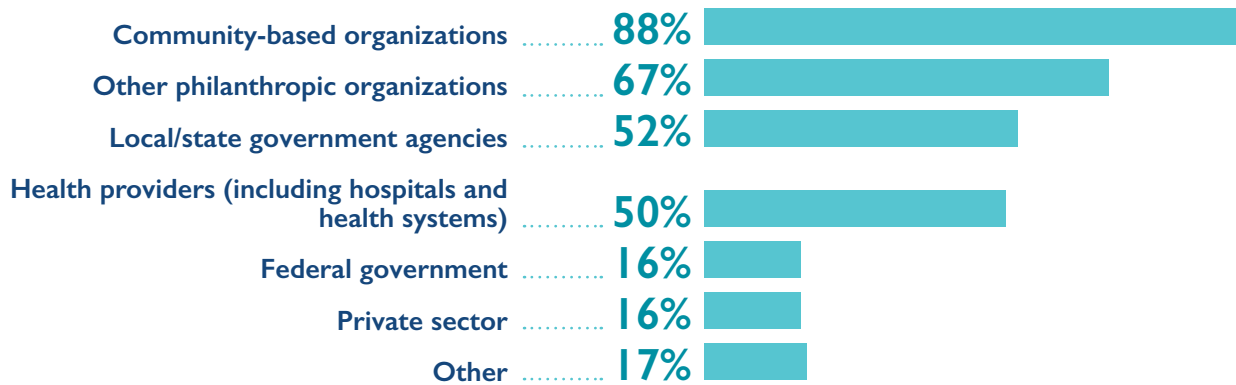


## Engagement with Partners

The vast majority (91 percent) of respondents engaged new partners in their health equity programming since 2020. Health funders reported partnerships across multiple sectors demonstrating a multi-faceted approach to partnerships. Community-based organizations were the most frequently engaged partners (88 percent), other philanthropic organizations (67 percent), local/state government agencies (52 percent), and health providers including hospitals and health systems (50 percent) were noted as additional key partners. (Multiple responses allowed).

**FIGURE 6: Partnership Across Multiple Sectors** (multiple responses allowed)

(TOTAL RESPONDENTS: 58)



## Changes to Grantmaking

An overwhelming majority of health funders (89 percent) reported making changes to their grantmaking processes since 2020 to make them more equitable. In the survey, respondents were asked to describe the specific changes they made to their grantmaking practices. The results indicate the following:

- The most frequently mentioned change reported by respondents was the **simplification of application processes**.
- This was closely followed by a focus on **diversity, equity, and inclusion (DEI) priorities** such as an intentional focus on marginalized communities, partnering with diverse organizations, as well as a growing emphasis on ensuring impacted groups are fairly represented in grantmaking decisions.
- Many respondents highlighted their efforts to **enhance existing practices in grantmaking** through various strategies, including participatory grantmaking and seeking ongoing feedback from grantees.
- Other notable changes included **easing progress report requirements** to reduce the administrative burden on grantees and implementing the principles of **trust-based philanthropy** including providing unrestricted funding and building stronger more collaborative relationships with grantees.
- A small number of respondents reported changes such as **providing more general operating funds** to offer greater flexibility in how funds are used and improving service to diverse populations.



## SUCCESSES IN ADVANCING HEALTH EQUITY

When asked about their greatest success in advancing health equity, health funders noted the following:

- **Applying an equity lens for funding** emerged as the most frequently cited success, with respondents highlighting the equitable distribution of funds to communities and incorporating a racial equity framework in their funding decisions.
- **Relationships and collaboration** followed closely, underscoring the importance of building strong partnerships and working collaboratively with community-based organizations and grantee partners to advance health equity.
- **Building a diverse workforce and adopting a community-centered approach** received equal recognition from respondents.
- A few respondents shared their success in **training** and **transfer of wealth and power**.

These insights showcase a multifaceted approach to advancing health equity, underscoring the importance of funding, collaboration, workforce diversity, community engagement, education, and systemic change in driving progress.



## BARRIERS AND SOLUTIONS FOR HEALTH EQUITY

Internal Barriers	External Barriers
Alignment	Shift in Popularity
Board Members	Funding Environment
Funding	Trust and Time
Staffing Challenges	Systemic Issues

### Barriers

Health Funders shared, through open-ended responses, their biggest challenges associated with achieving health equity goals. In our analysis, we categorized the responses into internal and external barriers encountered by health funders.

Internal barriers that were reported include:

- **Alignment:** Respondents reported challenges in aligning internal organizational strategy, organizational culture, and internal equity practices.
- **Board Members:** The lack of diversity and the need to educate the board on health equity initiatives remain significant hurdles.
- **Funding:** Securing adequate funding for health equity efforts appears to be a persistent challenge.
- **Staffing Challenges:** Finding staff with the right skill set, keeping institutional knowledge, limited staff size, and significant staff workloads.

External barriers that were reported include:

- **Shift in Popularity:** Changes in public attitudes and backlash to DEI efforts hinder progress on health equity. Respondents further highlighted changing state and federal policies and the political sensitivities around equity initiatives as specific challenges.
- **Funding Environment:** Funding challenges include the loss of pandemic-era funding and other government funding support for grantees which affect the overall fiscal environment in priority areas for health funders.
- **Trust and Time:** Health funders noted challenges in building trust with community partners as collaborative partnerships require time which is not always feasible within a grant cycle.
- **Systemic Issues:** Broader systemic issues such as high poverty rates and poor health outcomes in specific zip codes remain persistent challenges that require long-term efforts and the involvement of multiple sectors.

## Solutions and Strategies

To address the challenges health funders experience in their health equity efforts, they identified several approaches:

- **Capacity Building** emerged as a dominant strategy. Health funders offered a variety of recommendations, including supporting training to broaden knowledge and providing capacity-building grants for smaller local non-profits that serve low-income and communities of color.
- **Community Engagement** is another prominent strategy shared by respondents. This approach emphasizes the importance of embedding community voices in grantmaking decisions and fostering trusting relationships as a key strategy for advancing health equity goals.
- **Policy and Advocacy** were identified as key strategies utilized by health funders as they discussed supporting policy and advocacy efforts ranging from community education to legal challenges.
- **Leveraging Communication** in various forms such as narrative change, media strategies, and other forms of messaging was highlighted by a small number of health funders.

## METHODOLOGY

The GIH health equity survey was distributed to all GIH funding partners and was administered online over a 12-week period from January 2024 to March 2024. Out of 244 funding partners, 77 funding partners responded to the survey with a response rate of 32 percent. The survey instrument consisted of 40 questions designed to understand the progress in advancing health equity among health funders in the United States. The survey included multiple-choice questions and open-ended questions covering a range of topics, including programming focus areas, target populations, partner engagement, organizational strategies, challenges, and successes. Specific survey questions pertaining to changes in grantmaking, barriers to progress in health equity, and solutions and strategies were designed to be open-ended questions. These open-ended questions allowed respondents to express their thoughts in their own words, providing nuanced insights that might not be captured by closed-ended questions.

Descriptive statistics were used to summarize the multiple-choice responses. All the open-ended responses were coded using qualitative coding procedures using qualitative data analysis (QDA) software. We followed flexible coding—a qualitative research method used to analyze and interpret textual data—for our open-ended survey responses. Flexible coding provides a clear analytical process and adds to the rigor of our data analysis making it well-suited for our exploratory survey (Deterding & Waters, 2021).

## Demographics

GIH's 2024 health equity survey collected some demographic data on the individuals who entered the survey results on behalf of their organization as each health funder was asked to submit only one response on behalf of their organization. The demographic data captured the position at the organization, the length of time they have worked at the organization, race and ethnicity, age, and gender.

- The survey responses indicate the distribution of positions among the health funder staff as follows:
  - ▶ 60 percent of respondents held the position of president, CEO, or executive director.
  - ▶ 19 percent of respondents were vice presidents or other executives.
  - ▶ 18 percent fell under the category of other staff.
  - ▶ 3 percent included DEI or health equity staff.
- The findings show the tenure of the respondents at their respective health funder.
  - ▶ 34 percent of respondents have worked at their organization for 0–5 years.
  - ▶ 26 percent have been with their organization for 6–10 years.
  - ▶ 21 percent have served for 11–15 years.
  - ▶ 19 percent have worked at their organization for 16 or more years.
- The survey results on racial and ethnic diversity show the following distribution:
  - ▶ 66 percent of respondents identified as White or Caucasian.
  - ▶ 17 percent identified as Black or African American.
  - ▶ 14 percent identified as Latino/Latinx or Hispanic.
  - ▶ 9 percent identified as Asian.
  - ▶ 5 percent identified as American Indian or Native American.
  - ▶ None of the respondents identified as Native Hawaiian or other Pacific Islander.
- The results also indicate the age range of the respondents:
  - ▶ 21 percent of respondents were 18–44 years old.
  - ▶ 71 percent of the respondents were 45–64 years old.
  - ▶ 8 percent of the respondents were 65 or older.
- The survey results on gender identity indicate the following distribution among the respondents:
  - ▶ 73 percent of respondents identified as Female.
  - ▶ 27 percent of respondents identified as Male.
  - ▶ None of the respondents identified as Transgender Male/Female-to-Male, Transgender Female/Male-to-Female, Non-binary, or Other.

## REFERENCES

Deterding, N. M., & Waters, M. C. (2021). Flexible coding of in-depth interviews: A twenty-first-century approach. *Sociological Methods & Research*, 50(2). <https://doi.org/10.1177/0049124118799377>

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