Health Disparities Forum

Proceedings

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Introduction

On April 10, 2001, Rose Community Foundation (RCF) convened a group of local and national grantmakers; public, private, and nonprofit representatives; and other health-care experts and stakeholders to discuss the elimination of racial and ethnic disparities in health.

The Health Disparities Forum came about as a consequence of work completed by Sarah Schulte for RCF. Early in 1999, the Foundation asked Ms. Schulte to assess the most pressing preventive health needs in the Denver Metropolitan Area. Ms. Schulte's work culminated in the report entitled, "Opportunities for a Rose Community Foundation Preventive Health Initiative." By synthesizing existing data and through an extensive literature review and interviews, this report demonstrated that while Colorado lived up to, and in some cases exceeded, health benchmarks set by Healthy People 2010, it did not do so when the data were disaggregated by race and ethnicity. The report made several recommendations, one of which was for the Foundation to explore in greater depth how it might respond to these rather astonishing racial and ethnic health disparities. *(For copies of the report, please call Denise Delgado at RCF at 303-398-7436).*

Prior to the forum itself, RCF contracted with Pilar Ingargiola of HealthThink, to synthesize the available national, state and local information on racial and ethnic health disparities and to provide a synthesis to forum participants in the form of a briefing paper. This report entitled, "Eliminating Racial and Ethnic Health Disparities: What is the Role of Local Philanthropy?" is included as an attachment (Appendix A).

The goal of the Health Disparities Forum was to determine whether local philanthropy could play a role in efforts to eliminate racial and ethnic health disparities and if so, what kind of role. During the day, forum participants shared lessons learned and stimulated a thoughtful discussion about the factors underlying racial and ethnic health disparities. Participants identified a wide spectrum of potential solutions that Colorado, local philanthropy, and RCF could undertake in partnership to eliminate racial and ethnic health disparities.

The Forum discussion focused only on health disparities affecting racial and ethnic minorities – African Americans, Hispanics, Asian & Pacific Islanders, and American Indians or Alaskan Natives – as compared with whites. The reasons for this narrow focus were in no way intended to ignore or diminish the importance of disparities across age, gender, physical ability, sexual orientation, and/or geography. Rather, it was felt that to allow for an in-depth discussion of the issue some boundaries needed to be placed on the breadth of the discussion. As such, the forum chose to build on current initiatives, supported with public and private funding, that are seeking to eliminate racial and ethnic health disparities that now account for a significant burden of disease and are amenable to targeted improvements.

Participants concurred that there are no quick fixes or easy solutions to eliminate racial and ethnic health disparities. Nonetheless, the forum allowed for an honest discussion about the complexities surrounding this issue, the social determinants of these disparities, and participants' experiences in trying to reduce and eliminate health disparities.

The proceedings from the forum capture the key points made by participants. Rose Community Foundation hopes that the forum helped to enrich our understanding of the issues, and to remind us just how difficult it will be to eliminate racial and ethnic health disparities.

Special thanks are due to Okianer Christian Dark, who facilitated the meeting and provided us with the guidance necessary to deal with such a deeply personal and complicated issue. Additionally, we are grateful to Virgilio Licona for his presentation on health disparities in Colorado; to Jill Hunsaker, the Colorado Department of Public Health and Environment, the Colorado Turning Point Initiative, and Sarah Schulte for their contribution of Colorado and metro-Denver specific data on health disparities. Finally, we gratefully acknowledge all of the forum participants (Appendix B) for taking the time out of their busy schedules to provide us with their expertise and guidance in tackling racial and ethnic health disparities.

Should Local Philanthropy Play A Role In The Elimination Of Health Disparities?

In order for participants to confidently answer the questions of, "Should philanthropy play a role in the elimination of health disparities? Why? And if so, how?" it was necessary to ensure that all meeting participants were on the same page in understanding the meaning of health disparities. The Colorado Department of Public Health and Environment's Health Disparities Workgroup defines health disparities as, "a specific group consistently bearing a disproportionate share of negative health outcomes of disease, disability, and/or death, as compared to the general population." However, to further clarify the meaning of health disparities, the group was presented with several scenarios illustrating examples of different aspects of health disparities and with Colorado specific data highlighting some of the most glaring racial and ethnic disparities in health. Below are some of the points that were raised to more clearly define health disparities.

Defining Health

In order to understand and, ultimately, address and eliminate health disparities, participants emphasized the need to define health broadly. Participants stressed the need to stop looking at health as merely the absence of disease, and to embrace the World Health Organization's (WHO) definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This means that people have to be spiritually and emotionally, as well as, physically balanced. Therefore, addressing health disparities will need to involve going outside the "health" arena alone to address more social, cultural, environmental, genetic, behavioral and lifestyle factors that directly impact an individual's health status.

Root Causes of Health Disparities

Once the definition of health broadens, it becomes possible to understand the larger social context in which health disparities lie. Disparities, or inequalities, in health outcomes arise from factors both inside and outside the health care arena. Social, behavioral, genetic, health care, and environmental factors influence the health of individuals and communities and often contribute to health disparities. Approaches that only address traditional health indicators will not successfully eliminate racial and ethnic health disparities. Rather, strategies must be developed that consider the social, cultural, political, and historical context from which health disparities are borne.

Social factors

Social factors that impact health outcomes include income and socioeconomic status, education, culture, and racism and discrimination. Researchers have continuously debated which of these factors has the greatest impact on health status, but even when controlling for one variable, health disparities remain. Such research illustrates that each of these social factors is a critical component in explaining why minorities are less healthy, have poorer access to quality care, and die sooner than whites.

Income, Socioeconomic Status and Education

Income and education are inversely related to health outcomes. For example, often, population groups that suffer the worst health status are also those that have the lowest income and least

education. Many argue that health disparities are simply a function of poverty and that if controlled for, the disparities will disappear. However, the causes of disparities are far more complicated. Even after adjusting for socioeconomic status and education, differences may diminish, but they do not disappear.

Culture
Cultural beliefs and values play a large role in affecting individual health. For example, different cultural beliefs affect an individual's perception of illness, beliefs about appropriateness of care, and attitudes about death and dying. These cultural beliefs have an impact on health status to the extent that they affect an individual's willingness and ability to receive care, and the types of care he or she seeks out.

Discrimination and Racism
Discrimination and racism have widespread effects both within the health-care system and beyond. A huge challenge in addressing health disparities, is addressing the underlying, sensitive and painful issues of racism and discrimination. Discrimination often impacts an individual's experience within the health-care system – in the quality of care they receive, and the type of treatment chosen for their illness, and ability to practice medicine. While racism and discrimination contribute to health disparities, so too do they contribute to disparities in housing, education, employment, and other areas of life. To compound the problem, disparities in these areas tend to exacerbate health problems.

Behavioral factors
Behavioral factors that impact health include health practices and risk-taking behaviors associated with different racial and ethnic populations. Behavior is important because many diseases and conditions can be prevented or controlled through an individual's behavior. For example, there is some data suggesting that African Americans are less likely to eat a healthy diet and less likely to routinely and vigorously exercise than whites. Behavioral factors such as these affect an individual's health and must be considered when addressing the larger issue of health disparities.

Genetic and Biological factors
Genetic and biological factors influence predisposition to certain diseases. For example, some ethnic groups have a definite genetic susceptibility to diseases – African Americans to sickle cell anemia, Ashkenazi (eastern European) Jews to Tay-Sachs, and Native Americans and Hispanics to diabetes. However, current research by the Centers for Disease Control and Prevention (CDC) and the Human Genome Project emphasize that genetic factors combine with environmental factors to affect health. Therefore, when looking to genetic factors to help improve health status, it is critical to ensure that genetic and biological interventions are combined with social and behavioral interventions to affect change.

Health-care factors
Health-care factors that influence health outcomes include health insurance status, access to care, quality and cultural competency in the delivery of services, and shortage of minority health professionals. For example, Hispanics are far more likely to be uninsured. This access disparity is important given the indisputable impact of insurance on use of preventive services, tendency

to delay care, seek emergency services, and to consequently experience adverse health outcomes and higher mortality rates than insured Americans. Disparities also arise when health-care systems are unable to provide culturally competent services and care. As a result, patients with limited English proficiency encounter obstacles within the health delivery system, such as delays in appointments, or even more serious misunderstandings about treatment and diagnosis, which, in turn, affects their health status.

Environmental factors

Environmental factors that contribute to inequalities in health outcomes include quality of housing, exposure to violence within communities, and exposure to other environmental hazards. For example, racial and ethnic minorities are more likely than whites to live in environments where the concentration of poverty is higher, as is the crime rate, and well-paying, white-collar jobs are scarce.

> *"While the diversity of the American population remains one of our Nation's greatest assets, the profound discrepancies in health status described here represents a challenge – to better understand these disparities, and to reduce and ultimately eliminate them."* - *John Ruffin, Ph.D., National Institute of Health Report*

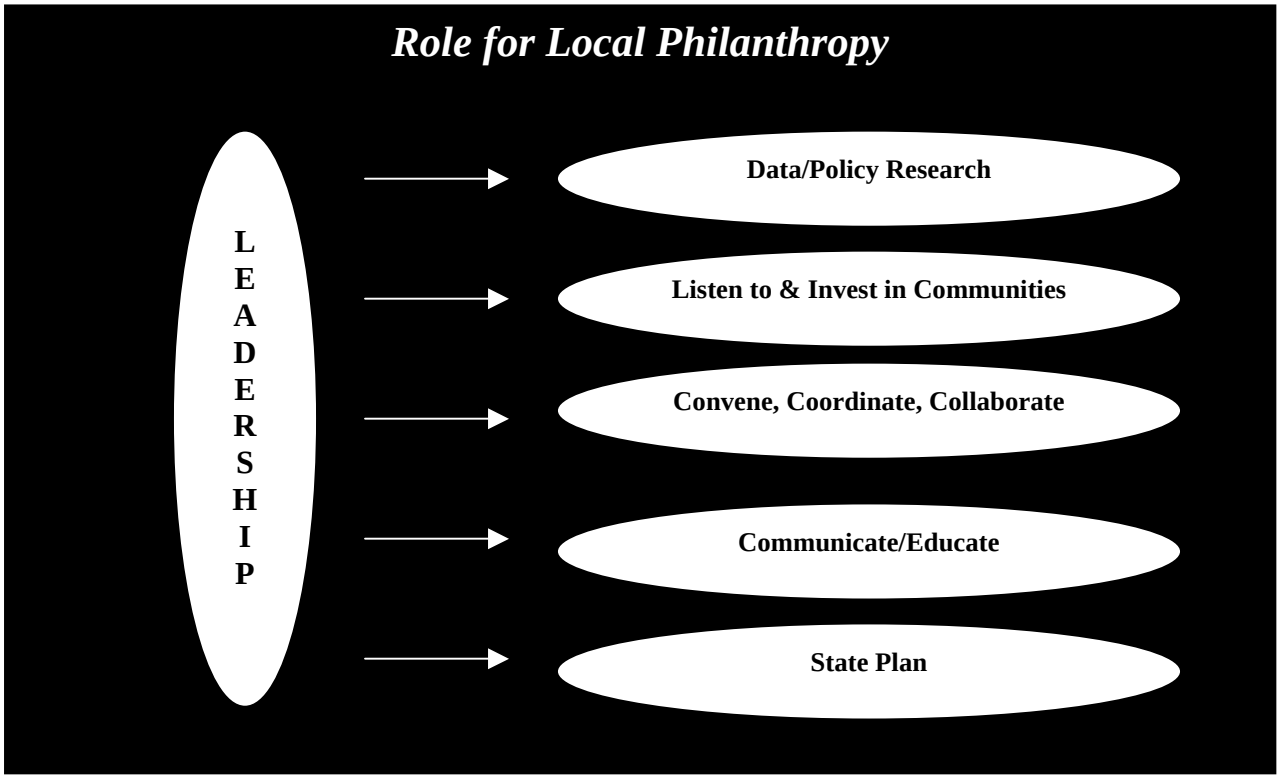
A Role for Local Philanthropy

After defining health, discussing the root causes of health disparities, and reviewing some key data on health disparities in Colorado (See Appendix C), meeting participants collectively agreed that local philanthropy could play a critical role in the elimination of health disparities. They emphasized that local philanthropy could be a leader in the community by using name and reputation to legitimize the issue and to push the public agenda to encourage all sectors to begin working together to eliminate racial and ethnic health disparities. Recurring themes on local philanthropy's role in addressing health disparities are discussed below.

> *"If this nation is going to address health disparities, then the leaders of that movement have to be at the local level. It can't be pushed at the federal or state level, rather it has to be demanded and it has to come from the political will of the people within this nation. Local foundations are a part of the local community and must use their name and reputation to legitimize this issue." – Health Disparities Forum Participant*

How Can Local Philanthropy Most Effectively Address Health Disparities?

Though many different ideas were brought to the table, a few recurring themes surfaced on ways in which local philanthropy could most effectively address health disparities.



Leadership

One of the most critical roles local philanthropy can play is to serve as a leader in addressing health disparities at the local level. Initially, foundations can accomplish this by using their names and reputations to legitimize the health disparities issue. Philanthropy can raise awareness about the inequalities in health outcomes and encourage other foundations, policymakers, public and private businesses and stakeholders to engage in this issue and identify, develop, fund, and implement strategies to eliminate health disparities.

Other ways in which foundations can act as leaders in addressing health disparities, include:

- collecting data and conducting policy research;
- listening to and investing in communities;
- convening, collaborating, and coordinating;
- communicating and educating; and
- developing and implementing a statewide plan to address and eliminate health disparities.

These roles are discussed in more detail below.

Data and Policy Research

> *"In order to make substantial inroads in the reduction of health disparities, the nation must, for example, monitor the health status of different populations; use the information gained from research to change the delivery of services; and ensure the distribution of these services across all segments of our population."*
> *- National Institutes of Health Report*

Meeting participants agreed on the need for more and better data. Though there is much data out there, there is a need for a coordination of data sources to provide more detailed data – including more information across different racial and ethnic groups and better local geographical data.

The need for data is not limited to frequency data on health outcomes alone. Rather there is a need for a wide range of data, including:

- data on lifestyle and behavioral factors underlying the health outcomes;
- assessment data on the capacity, needs, and assets of communities, and public health infrastructure to accommodate these needs;
- health policy research on the impact of these disparities on all segments of society, on models that are/are not working, and on the political will to make changes; and
- other data to impact the system, identify intermediate and long term outcomes, and monitor the progress so further changes can be made throughout the process.

One of the most critical points, emphasized during the meeting, in data collection and analysis, is the need to include individuals from within the target communities in analysis and interpretation. Only by working with, sharing data, and listening to communities, does it become possible to truly impact and change the system.

Finally, foundations can help by not only supporting the collection, management, and analysis of data, but also by helping to turn data into relevant information that can be used by nonprofits and government organizations interested in disparities.

> *"I have never seen a system respond to change unless we empower the people who live the problem. We can do research until the cows come home, but unless we share that data with the people who live the problems and they can become empowered by the data, and own the issue, you are not going to change the system." – Health Disparities Forum Participant*

Listen to and Invest in Communities

Participants emphasized the importance of listening to and empowering communities around health disparities issues. Philanthropy can begin to identify its role in health disparities by listening to the communities and those who are closest to the issues. Philanthropy can listen to communities in their identification of the problems, interpretation of existing data, and development of community-specific solutions.

Philanthropy can also serve as a resource for community capacity building and leadership development. In terms of leadership development, this may involve working with churches, local community organizations, minority health professionals, schools, and other community-invested programs to identify community leaders and strengthen leadership capacity. Some identified projects may include funding school (pre-school through professional school) programs to encourage youth leadership and generate increased minority interest in the health professions, including mentorship programs, after school activities, internships, summer school programs, minority support programs, etc.; and working with churches, schools, and other community programs to identify potential and existing community leaders to become more active and involved in projects to address health disparities.

Philanthropy can assist in community capacity building by providing resources to communities for forums, focus groups, and community partnerships that enable local groups to work together to identify barriers to health equity. Philanthropy can assist by funding community-based organizations to assist in systems change and infrastructure development. For example, philanthropy may fund community-based organizations to work with school, higher education, health professional schools, and public and private health systems on language translation services and cultural competency training or fund local organizations to work together with local health systems and health departments to collect data, create lasting partnerships, identify barriers, educate constituencies, develop sustainable solutions and evaluate the effectiveness.

However, philanthropy needs to work specifically with community leaders and members to identify more specific interventions and solutions to eliminate racial and ethnic health disparities. While philanthropy can invest money in other areas – improving public health infrastructure or developing systems for improved data collection and coordination for example – it also can provide local organizations with the resources they need to develop infrastructure and shape some of their own solutions. None of this work is easy or successful in the short term. It is not for the faint of heart or those who need measurable short-term outcomes. Philanthropy must be long-term partners with the community.

> *"Listen to communities and be the bridge that brings us all together."*
> *- Health Disparities Forum Participant*

Convene, Coordinate & Collaborate

Another critical role that philanthropy can play is as a convener, coordinator, and collaborator among the various sectors. This could involve sponsoring discussions with communities, businesses, state organizations, public policymakers, other foundations, those in the legal profession, and other public and private agencies. Because of the enormity of the issue, forum participants emphasized that the more partners and allies that are working collectively to address this issue, the more sustainable progress will be in eliminating health disparities. Corporate America needs to be persuaded to participate based on compelling economic and business arguments. Because this is a civil rights and legal issue, the legal community also needs to be included. In addition, philanthropy needs to work across different communities and populations to minimize the conflict and competition between different racial and ethnic groups for resources

and to promote collaboration and coordination. By acting as a convener, philanthropy can help provide the initial impetus.

> *"We are not going to make sustainable progress without engaging corporate America or the legal community. Philanthropy can leverage its resources and use its reputation to bring others to the table to take action in the elimination of health disparities." – Health Disparities Forum Participant*

Communication and Education

In order to raise awareness about the glaring disparities in health, it is necessary to educate policymakers, other philanthropic organizations, businesses, other public, private, and non-profit organizations, and communities about health disparities. Philanthropy can communicate, educate, and disseminate information on the inequalities in health that exist for racial and ethnic groups. Without this kind of communication, it is difficult to identify and implement solutions to address health disparities.

> *"The problem doesn't exist if you can't see it. We need to make the problems visible." – Health Disparities Forum Participant*

State Plan and Vision to Address Health Disparities

Throughout the meeting, participants reiterated the importance of recognizing all factors that contribute to health disparities and emphasized the need to develop a state-wide plan to address the roots of these disparities – including racism, discrimination, socioeconomic status, environmental influences, genetics, social and cultural influences, and systemic factors within the health-care system itself. A state plan could help coordinate different sectors as they begin to address health disparities. Some of the initial areas identified by the participants for inclusion in such a plan, include: data collection and coordination; minority professional development; early childhood care; educational system; housing; language, limited English proficiency, and cultural competency; environmental issues; health-care system issues, including coverage, access, and quality of care; economic development; workforce issues; transportation; communication and education; racism and discrimination; and civil rights and legal systems.

> *"The definition of insanity is doing the same thing over and over and expecting a different outcome. What we have been doing for the last 30 years is the same thing without much change. If we want a different outcome, we have to do something different – think creatively and differently. We need to look at the whole nine yards – social, political, environmental, economic, and beyond."*
> *- Health Disparities Forum Participant*

Because of the complexity of developing a state plan, there are many roles for philanthropy to play during the process and in its implementation. Once a state plan has been developed, philanthropy can find the areas that fit with its respective goals and missions and choose to fill in some of the gaps identified in the state plan.

Recommendations for Rose Community Foundation

Based on the recommendations from meeting participants, several opportunities arise for RCF and local philanthropy to address health disparities.

RCF can take an initial leadership role to *educate* foundations, public policymakers, and other public and private organizations, of the racial and ethnic health disparities that exist in Colorado and strategies to eliminate them. This involves *convening and funding meetings* to listen to communities, educate policymakers and various sectors on health disparities and the need to address them, and to gain support and engage the public to take action. In addition, one of RCF's greatest strengths is its reputation as a well-respected and trusted resource for objective data to the legislature, policymakers, and other organizations. As such, RCF can continue to be a leader in the funding, communication, and dissemination of *data collection and policy research*, the improved coordination of data and information, and also in the dissemination of such research and data related to health disparities. Finally, through its other efforts in understanding and raising awareness about health disparities, RCF may also continue *responsive grantmaking* to address health disparities. Once more research has been done and a state plan has been developed, then RCF may begin to initiate a more *proactive grantmaking* process to address some of the gaps identified or areas that fit into its priorities. It is important to note that as needs change and plans are developed, RCF's role may also change.

Next Steps for RCF and Other Local Philanthropy

Because of the enormity of the issue and complexity of the solutions that are needed to address and, ultimately, eliminate health disparities, it will be necessary for foundations to take one step at a time. Some initial steps could include:

1. Fund and/or convene meetings with other foundations to raise awareness, discuss the complexities of the issues and solutions, and develop strategies and action plans for the local philanthropic community.
2. Fund and/or convene community meetings to listen to issues, problems, and solutions. Local foundations may consider holding their own meetings or funding already planned meetings and forums.
3. Fund and/or participate in development of a state plan. Local philanthropy could look to other organizations for leadership in the development of such a plan.
4. Fund the collection of new data and policy research and improve the coordination of existing data. Local philanthropy could consider projects designed to collect data and convert data into information that is useful to local communities. Foundations could also consider developing some kind of data clearinghouse that could take on the responsibility for data coordination and the dissemination of relevant information. In addition, local foundations could consider funding the development of improved data collection among racial and ethnic groups (i.e., Native American and Asian populations).
5. Fund and/or write and disseminate a policy fact sheet to highlight racial and ethnic disparities in health in Colorado/Metro Denver to educate and raise awareness of some of the key health disparities.
6. Fund and/or write and disseminate a formal report for a wide audience (including: policymakers, foundations, businesses, the legal community, and other public and private

organizations) on the racial and ethnic disparities in health, the underlying factors that contribute to these inequalities and the potential solutions and strategies to address them and the roles of the various sectors necessary to achieve the elimination of health disparities.
7. Continue responsive grantmaking in the area of health disparities.
8. Develop a Request For Proposals (RFP), as a more targeted grantmaking strategy in addressing health disparities. Over time, the RFP and grantmaking strategies may be refined.

Conclusion

Meeting participants agreed that a complex range of factors contribute to health disparities. As such, participants agreed that much remains to be done and that there is a role for local philanthropy to play in the elimination of health disparities. It was emphasized that a wide range of strategies need to be developed that not only address the underlying factors that contribute to health disparities, including income, education, access to health care, environment, and discrimination, but also strategies that consider the social, cultural, political, and historical context in which these health disparities exist.

Grantmakers may accomplish this by raising awareness among communities, businesses, state organizations, public policymakers, other foundations, the legal profession and civil rights offices, and other public and private agencies and motivating them to take varied approaches in their respective sectors and communities to eliminating health disparities. Philanthropy may also serve as a resource for data and policy information to enhance what we know about racial and ethnic health status, factors that influence health outcomes, and solutions that address disparities. Local philanthropy may also choose to listen to and fund organizations, initiatives, and communities to interact and convene to identify solutions and provide further insight into the problems of racial and ethnic health disparities.

Grantmakers face many challenges in understanding the complexities of health disparities, exploring potential solutions and strategies to eliminate health disparities, and identifying the right niche for their respective foundation. However, local philanthropy must be challenged not to be intimidated by this daunting task, but rather to take a leadership role, be willing to take risks, and to initiate action in order to achieve real progress in the elimination of health disparities.

Appendix A. Briefing Paper for the Health Disparities Forum. Eliminating Racial and Ethnic Health Disparities: What is the Role of Local Philanthropy? Opportunities for Rose Community Foundation and Colorado.

Appendix B. Meeting Participants

Mary Anstine, President and Chief Executive Officer, HealthOne Alliance
Thomas D. Aschenbrener, Executive Director, Northwest Health Foundation
Michael E. Bird, M.S.W, M.P.H., President, American Public Health Association
Sheila Bugdanowitz, President and Chief Executive Officer, Rose Community Foundation
Mike Christenson, Executive Director, Allina Health System Foundation
Fred Davine, Rose Community Foundation Health Committee Member
Okianer Christian Dark, U.S. Assistant Attorney, Board Member Northwest Health Foundation
Estevan Flores, Ph.D., Executive Director , Latino/a Research & Policy Center
Susan Gallo, Evaluation Manager, The Daniels Charitable Fund
Mary Gittings Cronin, President, The Piton Foundation
Velveta Golightly-Howell, Regional Manager, Office of Civil Rights, U.S. Dept. of Health and Human Services
Norm Gray, Rose Community Foundation Health Committee Member
Gayle Hallin, Assistant Commissioner, Minnesota Department of Health
Debra Herz, Rose Community Foundation Health Committee Member
Jill Hunsaker, Director of Turning Point Program, Colorado Department of Public Health and Environment
Penny Hunt, Executive Director, The Medtronic Foundation
Pilar Ingargiola, M.P.H., Principal, HealthThink
Sonia Jain, M.P.H., M.C.A.H., Epidemiologist, Alameda County Public Health Department
Lucille Johnson, Associate Director for Health Initiatives, Metro Denver Black Church Initiative
Marguerite Johnson, Vice President of Programs, Rose Community Foundation
Virgilio Licona, M.D., Associate Medical Director, Plan De Salud Del Valle
Nicole Lurie, M.D., Former Principal Deputy Assistant Secretary for Health, Professor of Medicine and Public Health, University of Minnesota
Imani Ma'at, Director, REACH 2010, CDC
Phil Mahler, M.D., Denver Health Medical Center
Barbara McDonnell, Rose Community Foundation Health Committee Member, Office of the Attorney General
Jane Norton, Executive Director, Colorado Department of Public Health and Environment
Lorenzo Olivas, M.P.H., Regional Minority Health Consultant, U.S. Public Health Services
Lynda Ricketson, Associate Program Officer, Rose Community Foundation
Chu Chu Saunders, Program Officer, Ford Foundation
Sarah Schulte, Health Policy Consultant
Stephen Shogan, M.D., Rose Community Foundation Trustee and Health Committee Chair
Martin Shore, Rose Community Foundation Health Committee Member
Nathan Stinson, M.D., Deputy Assistant Secretary for Minority Health, Office of Minority Health
Annie Van Dusen, Senior Program Officer, Rose Community Foundation
Chris Wiant, Ed.D., President and Chief Executive Officer, Caring for Colorado Foundation
Malcolm V. Williams, Program Associate, Grantmakers In Health
Barbara Yondorf, President, Yondorf and Associates

Appendix C. Profile of Health Disparities Among Communities of Color, Colorado 2001. Colorado Turning Point Initiative.