A ROADMAP FOR HEALTH EQUITY

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Con Alma Health Foundation (CAHF) was founded 10 years ago based on a health equity framework before the term "health equity" became "cool." Our founders knew: "There is more to good health than lifestyle choices, genes, and access to health care. Individual health is often seen as a person's own responsibility to make the right choices to stay healthy. But…the choices we make are limited by the choices we have" (NMSHEWG 2010a).

Although we are small as foundations go (assets between $20-25 million depending on the market), CAHF is the largest foundation in New Mexico dedicated solely to health. We were established with the mission:

> To be aware of and respond to the health rights and needs of the culturally and demographically diverse peoples and communities of New Mexico. The Foundation seeks to improve health status and access to health care services, and advocates for a health policy, which will address the unmet health needs of all New Mexicans.

Diversity of experience, talent, and viewpoints was incorporated into our structure from the beginning. Our board of trustees represents the racial/ethnic, gender, age, geographic, socioeconomic, and other factors that represent the diversity of the state. We also rely on a similarly diverse community advisory committee (CAC) to provide advice and recommendations concerning the performance of the foundation in achieving its charitable purpose and mission and in identifying and assessing the health needs of all New Mexicans.

OPERATING FROM A HEALTH EQUITY FRAMEWORK

Promoting health and equity for all does not require major resources, but simply the desire to reframe the conversation about health (NMSHEWG 2010b). This commentary shares how one small foundation makes a difference, and how what we have learned can be applied to further improve the health of New Mexicans and the nation consistent with the Healthy People 2020 goals. Lessons learned, although specific to New Mexico, can be generalized to other locations.

CORE VALUES

A key responsibility for foundation leadership is to maintain awareness of CAHF's core values and ensure that they are integrated into our work. The board, CAC, grantees, community partners, and other stakeholders, along with a talented and committed staff, are all involved in the fulfillment of the foundation's mission and promotion of health equity. Although funding priorities and the environment might change, the core values and mission do not.

To fulfill the foundation's mission, CAHF adheres to six core values to guide policies, operations, and grantmaking:

- ***Improve the health status of all New Mexicans.*** The foundation focuses on the needs of the uninsured and the medically underserved, and works to reduce health disparities by promoting greater access to health care and improved quality of health care (with a special emphasis on people of color and rural and tribal communities) in order to protect the rights of all New Mexicans to adequate health care. The foundation makes grants that emphasize the importance of education, prevention, and personal responsibility.
- ***Maintain the public trust.*** The foundation remains true to its corporate and charitable mission. It adheres to the highest standards of accountability by providing accurate financial and programmatic reporting and public disclosure, by adhering to a strong conflict of interest policy and code of conduct, by evaluating and reporting outcomes of grantmaking activities, and by engaging communities in dialogue and problem solving.
- ***Involve, collaborate, and partner with New Mexico communities.*** The foundation involves local and indigenous communities in its decisionmaking by appointing and electing members of these communities to policymaking and advisory positions. It engages all communities in health care needs assessments and evaluation processes, which facilitate community self-definition and self-determination, and which strengthen and develop their local community health infrastructure and institutions. The foundation makes grants to build the capacity of grantees to more effectively accomplish their health missions.
- ***Innovate and lead.*** Health is defined broadly to include components of environmental, psychological, emotional,

behavioral, oral, social, economic, and spiritual health and well-being, and searches for new solutions to old problems. It has the courage to risk failure in order to succeed. The foundation supports the identification, preservation, and communication of traditional practices that maintain, foster, and improve health.

- ***Teach and learn.*** The foundation develops partnerships with educational and health care institutions and grassroots community organizations to improve cultural and linguistic competencies. The foundation supports the development of health care professionals who reflect the cultural and linguistic diversity of New Mexico, resulting in greater opportunities for those under-represented in the health care fields, and supports the creation of new knowledge that broadens the understanding of health issues.
- ***Be an effective advocate for health policy that supports the foundation's charitable purpose and mission.*** The foundation encourages consumer participation in health policy formation and individual health decisions to develop their skills and capacities so that consumers may become advocates in their own communities. It supports programs that provide analysis of health data and health policy issues and programs, which advocate health policy positions that foster the foundation's mission. And it seeks to shape health policy and implementation consistent with the foundation's mission and core values.

These values are incorporated into CAHF's bylaws and featured at www.conalma.org. They form a matrix not only for grantmaking and program activities, but also for strategic planning and evaluation. They underpin everything we do, and we have evolved an ongoing internal culture of assessing our work based on the core values.

HEALTH EQUITY IN NEW MEXICO: A ROADMAP FOR GRANTMAKING AND BEYOND

Relevant, accurate health care information is critical to addressing the complex health-related issues we face. In 2006 the board of trustees committed resources to a research project designed to help guide the foundation's future grantmaking. The report, *Closing the Health Disparities Gap in New Mexico: A Roadmap for Grantmaking*, became the touchstone for the foundation's grantmaking priorities and program initiatives.

The commitment to working from core values and relevant, community-based information is an ongoing effort. Based on our rapidly changing environment, we are currently updating the report to focus more explicitly on health equity and to incorporate primary data through community focus groups. The insights gained will bring a deeper understanding of issues and solutions to our work.

HEALTH EQUITY

Health equity concerns "those differences in health that can be traced to unequal economic and social conditions and are systemic and avoidable – and so essentially unjust and unfair" (Unnatural Causes 2008). The terms "health disparity" and "health equity" are sometimes used interchangeably. Although related, there are specific differences

HEALTH DISPARITY	HEALTH EQUITY
Any difference in health between groups of people (based on geographic location, gender, socioeconomic status, or ethnicity).	The term is based on the belief that everyone is entitled to a healthy life.
Some health disparities are NOT unjust or inequitable (such as innate biological differences resulting in different mortality rates between males and females).	Health equity pursues the elimination of health disparities.
However, most health disparities are avoidable, often the result of social or economic conditions or policies (such as obesity and smoking rates or the incidence of cancer between lower- and upper-income families).	Good health requires not only the traditional approach, but must also focus attention to "address the broad policy and systems environment that influences health."
Public health has traditionally attempted to reduce health disparities by targeting its interventions at individuals within vulnerable populations.	Health equity considers the status of the individual within a series of expanding contexts: family, religious/ethnic and other communities, geography, and the larger culture.

Source: Andress & Associates 2011

between the two concepts.

Achieving health equity depends on a broad policy focus; recognizing the role of government and social policy; collaboration to address social determinants; a multistakeholder and sector approach; public/government, nonprofits/philanthropy, and private/business; community understanding and participation; and support for civic capacity of the community, which is essential to understanding and changing policies and systems.

FOCUS GROUPS: COMMUNITIES IN ACTION

As part of the process in completing CAHF's report *Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond* (an update to the 2006 report), 15 focus groups were held, incorporating communities based on geography and on racial/ethnic background. The focus groups were structured to protect confidentiality.

The participants were public health consumers, health providers, policymakers, nonprofits, and other community leaders. The groups met at locations convenient for participants, and a detailed facilitation guide was prepared and distributed to facilitators and note takers to maintain consistency in approach and responses. CAC members and CAHF staff volunteered as either facilitators or note takers for each focus group. The CAC took the lead in recruiting local participants who were representative of their community.

State and local data profiles were provided, and participants were asked to respond to the "community snapshots" as a starting discussion point and to comment on their reactions to the descriptive data. The snapshots included indicators related to socioeconomic determinants of health, health outcomes, health status, health determinants, and health systems issues.

Focus Group Questions:

- Does this "snapshot" accurately describe your community?
- What are the priorities for health in your community?
- What do you want for the future of health in your community?
- What are the resources, strengths, and opportunities that promote health equity in your community?
- What are your ideas/solutions to promote health equity?
- Beyond funding, what role(s) should CAHF play in addressing health equity?

The responses were integrated into an overall answer to the question: What do New Mexicans want for health equity?

- Improved socioeconomic conditions
- Policies that advance health equity, especially for racially/ethnically diverse populations
- Bigger, more diverse health workforce, and more culturally competent providers
- Preservation and enhancement of cultural and spiritual assets
- Prevention, health promotion, and holistic health
- Increased access to quality and affordable health care

SECONDARY DATA (NEW MEXICO DEMOGRAPHICS)

New Mexico is a very diverse state. The nation's population is also increasingly diverse: people of color are projected to comprise 54 percent of the country's population by 2050 (U.S. Census Bureau 2008). New Mexico is already a "majority-minority" state, defined as one in which the combined population of minorities exceeds the majority population. There are two large minorities: Hispanics (46.3 percent) and Native Americans (9.4 percent); African Americans comprise 2.1 percent.

The Hispanic population in New Mexico is an old one, descending from Spanish-speaking peoples who lived in the region before the territory was annexed by the United States. New Mexico is ranked first by percentage of Hispanics and fourth by population of Hispanics in the United States. New Mexico also has the second-highest percentage of Native Americans of any state, comprised of 22 Indian Tribes – 19 Pueblos, two Apache Tribes, and the Navajo Nation.

- The total New Mexico population is close to 2 million. New Mexico is the fifth largest state in the country, though it is ranked only 36th in population. It is a largely rural state with only three large urban areas.
- In 2011 New Mexico ranked 34 in health rankings overall out of 50 states, and has the second highest percentage of uninsured (21.6), behind Texas (24.6) (America's Health Rankings 2011).
- Although considered a young state, New Mexico will experience a large growth in the aging population in the coming years, moving from one of the lowest percentages of elders to one of the highest: from 39th in the nation to fourth in the percentage of people over the age of 65 by 2030.
- The overall percentage of the total population under the age of 10 is decreasing, moving from 31.1 percent in

2000 to 28.2 percent in 2010, but the proportion of the Hispanic population that is under 18 years of age is 58 percent, the largest in the United States.

Findings from the focus groups and updated secondary data were highly consistent with the foundation's mission, core values, and health equity framework. They were also consistent with the Affordable Care Act's (ACA) focus on prevention and on improving access and quality and with the goals of Healthy People 2020.

ORGANIZATIONAL PRIORITIES AND STRATEGIC PLAN

Based on this information, the foundation will apply these priorities to grantmaking and program activity for the next few years:

- Health care access, especially in rural New Mexico
- Policies that address social determinants of health
- Prevention, nutrition, health promotion, and holistic health
- Needs of the increasing elderly and immigrant populations in New Mexico
- Linguistic and culturally appropriate services and workforce
- Behavioral health and health care reform

CAHF is in the process of updating its strategic plan for the next one to three years. The board, CAC, and staff identified these preliminary organizational goals:

➤ **Continue to focus on health policy and advocacy.**

- Operate from a framework of systemic change that includes issues of the economy, workforce development, health equity, diversity, racism, and cultural competence.
- Build strategies and demonstrate outcomes that have an impact on policy (such as health care reform and the growing needs of the aging population).
- Articulate to partners and stakeholders how we see our role in improving health in New Mexico and be specific about how we might do this.
- Focus on improving access to care and prevention.
- Support policy development through research, evaluation, and advocacy.
- Educate legislators, policymakers, and other stakeholders on health policy.
- Prioritize and advocate for health policies that are consistent with the foundation's mission, core values, and funding priorities.

➤ **Serve as a resource to New Mexico communities.**

- Increase knowledge about CAHF statewide, and market CAHF as a resource.
- Serve as a clearinghouse for sharing data and information.
- Use CAHF resources to address systemic issues faced by the underserved, rural, and "below-the-radar" populations (elderly, rural, immigrants, uninsured).
- Strengthen outreach to Tribes, Pueblos, and the Navajo Nation.
- Support and facilitate cross-community communication and collaboration.
- Continue to participate in, convene, and facilitate community collaborations.

➤ **Continue to build the capacity of the nonprofit sector, organizations, and communities.**

- Provide information, support, and opportunities for nonprofit collaboration to assist in leveraging state and national funding opportunities.
- Provide education and technical assistance to communities, leaders, and grantees.

➤ **Continue to strengthen the internal capacity of CAHF.**

- Clearly articulate the mission, goals, and core values to grantees and other constituencies, emphasizing broad definitions of health and social determinants.
- Develop human and financial resources through leveraging state and national funding, and building the endowment.

HEALTH EQUITY AND HEALTH CARE REFORM

The correlation between poverty, educational attainment, and good health is evident when comparing health outcomes for children and families and others in the United States. Developing solutions to these complex problems and ensuring that children, families, and communities benefit from the many opportunities that exist within the ACA will require the capacity to successfully implement federal health care reform across the state and advance health equity for racially and ethnically diverse populations (CAHF 2011).

Successful implementation of the ACA could directly improve the health of children and families across New Mexico and the country. The expansion of Medicaid eligibility to include all adults up to 133 percent of the federal poverty level, and the establishment of a health insurance exchange will increase access to affordable, high-quality health coverage for those who are currently uninsured. The emphasis on accountability for quality and effectiveness could result in a health care system that is responsive to the needs of children and families, eliminates health disparities, and promotes health equity. The new law also provides many opportunities to develop and implement health promotion, prevention, and wellness programs.

In order to promote health equity and support health care reform, CAHF engaged multisector participation through an advisory network charged with developing a comprehensive plan for implementing health care reform in New Mexico (with funding support from the W.K. Kellogg Foundation). CAHF also applied for support through the Grantmakers In Health State Grant Writing Assistance Fund, designed to offer grant writing assistance support to state government agencies to implement the ACA. As a result, the New Mexico Human Services Department was awarded $34,279,483 for a Level One Establishment grant to develop and establish a health insurance exchange over the next 12 months. A Level Two Establishment grant application will be submitted in March 2012.

SUMMARY AND RECOMMENDATIONS

Philanthropy, regardless of size or assets, can promote health and equity for all through a number of strategies and recommendations:

- Define health broadly to include components of environmental, psychological, emotional, behavioral, oral, social, economic, and spiritual health and well-being.
- Focus on the needs of the uninsured and the medically underserved.
- Respect and respond to the values and experiences of all peoples and communities.
- Make grants that promote systemic change and are outcome-oriented.
- Evaluate and report outcomes of grantmaking activities.
- Work to reduce health disparities by promoting greater access to health care and improved quality of health care (with a special emphasis on people of color, and rural and tribal communities) in order to protect the rights of all to adequate health care.
- Engage communities in meaningful dialogue and problem solving. Involve local and indigenous communities in decisionmaking by appointing and electing members of these communities to policymaking and advisory positions.
- Engage multiple sectors in promoting health equity.
- Engage all communities in health care needs assessments and evaluation.
- Support community self-definition and self-determination to strengthen and develop local community health infrastructure and institutions.
- Make grants to build the capacity of nonprofits to accomplish their health missions.
- Support the identification, preservation, and communication of traditional practices that maintain, foster, and improve health status.
- Search for new solutions to old problems.
- Support programs that provide analysis of health data and health policy issues/programs.
- Encourage consumer participation in health policy formation and advocate health policy positions that foster health equity.

CAHF is one example of health equity in action and how philanthropy can help move the nation's health agenda forward. Assets go beyond the dollars used for grantmaking. We also serve as a convener and a catalyst for positive, systemic change. Health equity is not simply a strategy; it is a requirement in order to improve health in our state and nation. As the saying goes, it's not how big you are; it's what you do with it.

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