

APPENDIX 1

The Consumer Health Foundation: Detailed Findings and Recommendations



ORGANIZATIONAL PROFILE

With roots in a health justice movement that led to the formation of Group Health Association, a worker-led health maintenance organization, in 1937,

today the Consumer Health Foundation (CHF) makes grants to grassroots organizations to improve the health status of Washington, DC-area communities. Within its mission, CHF focuses on reducing racial, ethnic, and socioeconomic health inequities. Over the past decade, the Foundation has given approximately \$14 million in grants to more than 70 community-based groups throughout the Washington, DC region.

For CHF, the call to address race and racism explicitly came directly from the community. In 2004 and 2005, the foundation convened a series of five “Community Health Speakouts” to gather public input on solutions to the region’s healthcare crisis. In 2006, CHF released *Speaking Up and Speaking Out for Health: A Community Call to Action to Improve Health and Health Care in the Washington, DC Metropolitan Region*, which laid out six recommendations that emerged from the gatherings. One of these recommendations was to “engage in community-wide health equality dialogues that address racial and ethnic health disparities, particularly the impact of structural racism on the health and well-being of communities of color in the region.”

When the foundation invited ARC and PRE to speak at its 2006 annual meeting, it had already built significant momentum toward addressing racial health inequities more boldly and explicitly, as a result of both the Speak Outs and the foundation’s internal staff leadership. When Rinku Sen, ARC executive director, mentioned the availability of the grantmaking assessment tool while speaking on a CHF panel, Foundation staff welcomed the opportunity to move from dialogue to action.

ASSESSMENT METHODOLOGY

The ARC-PRE assessment of the Consumer Health Foundation took place over a period of approximately six months, and included an in-depth analysis of the foundation’s grantees, its

own staff and board, and its internal and external communications. The methodology included:

- A review of internal and external foundation documents including grant program committee minutes, a report from a capacity building survey, the strategic plan, and the logic model;
- A review of all 70 staff write-ups of recent grant proposals, and then a closer examination of 21 groups representing organizations of different sizes, geographic areas, portfolios, and levels of explicit racial equity language;
- An online survey of all strategic renewal grantees, with a 73% return rate, and a subsequent selection of 13 grantees for interviews, again representing a diversity of organizational size, geographic scope, portfolios, and levels of explicit racial equity language; and
- Interviews with former and current Foundation staff and board members, as well as with technical assistance providers.

FINDINGS ON THE FOUNDATION

The assessment team found that CHF had a strong commitment to racial justice, and one that had deepened and become more integrated into the foundation’s policies, practices, and culture in recent years. However, significant work remained to be done to establish and institutionalize the foundation’s racial justice analysis and language at all levels of the organization.

CHF had already done a significant amount of work to help develop a structural racism analysis of health issues in the field through the Speak Outs and other convenings, and to some extent through its publications. In addition, the foundation played an important leadership role in the Washington Regional Association of Grantmakers (WRAG) Health Funders Group, consistently talking about structural racism as a social determinant of health. The foundation also had certain organizational assets in place, including board and staff diversity, and social justice investment policies.

However, when evaluated as a whole, the assessment team found that CHF’s external communications used varying degrees of racial justice language. More recent communications tended to be more explicit about racial inequity and racial disparities, but

some coded or racially implicit language (e.g., “underserved”, “vulnerable”, “diversity” and “low-income”) remained. Internally, documents like the strategic plan made implicit acknowledgment of racial inequity, but veered away from explicit references to racial equity, racial disparities, or racism.

Despite sophisticated levels of understanding structural racism among certain stakeholders at the foundation, staff and board conversations about race and racism ranged widely, and in general were dominated by a focus on diversity rather than on racial justice. Discussions and documents tended to focus on questions of access, diversity, and cultural competency rather than structural transformation. Not surprisingly, the perception of CHF among grantees likewise varied in terms of the degree to which CHF used a racial justice frame. Most believed that the Foundation used racial justice frames often, although sometimes using coded language. Due to the different levels of explicitness in the foundation’s racial equity language, grantees were able to see themselves fitting into the foundation’s priorities wherever they felt most comfortable. Those who felt comfortable with explicit racial justice language could find it, and those who preferred more implicit language could find that as well.

Another important finding was that although CHF supported organizations engaged in policy advocacy as well as those providing direct services, it did not have an organizational understanding of the racial justice implications of either advocacy or direct service provision as *strategies*. Moreover, in certain internal documents the foundation’s advocacy grants were framed around the need to improve the consumer’s ability to advocate for change, rather than focusing on how to impact systems and structures. Related to this finding, CHF grantees that were funded to do advocacy tended to be predominantly white organizations, while organizations that were majority people of color tended to be supported to provide direct services. Because the foundation’s communications tended to focus on diversity and access rather than on structural racism and health justice, conversations about race regarding advocacy and direct service organizations tended to emphasize outreach and inclusion – tactics, and not strategies.

CHF had many critical pieces in place to advance racial justice more effectively. The biggest barrier to doing so was the absence of an explicit and organization-wide understanding of structural racism and its effects on health. Establishing this

analysis would allow the Foundation to create strategies, as well as organizational policies and procedures, to push forward a clear racial justice agenda.

FINDINGS ON GRANTEES

Explicit Racial Justice Language and Diversity

To evaluate CHF’s grantmaking portfolio, the assessment measured the degree to which different grantees articulated *explicit racial justice issues* and an *explicit racial justice approach* to their work. It also examined staff and board demographics. It is important to note that there were limitations to this process, since the first step was to review the documents that each grantee had shared with the Foundation. The level of racial explicitness in the information that a grantee presents to a foundation is often based on how that foundation communicates its own commitment to racial equity, and how the commitment is perceived. Therefore, some grantees that were initially placed in one category based on a review of their documents were later shifted to a different category, based on additional information gathered through interviews. In the end, the grantee survey respondents were categorized as follows in terms of their level of explicitness about race:

- **Low:** 60% of grantees surveyed did *not* use race and ethnicity to frame their grant projects or to describe their organizations. These organizations have limited discussions about race, and specifically about racial equity. To the extent that these organizations address race and ethnicity, discussions are either informal or are limited to specific topics like equity in outreach or in hiring. Many see their mission as being broader than race. Respondents to the survey said they typically did not use any of the terms listed in the survey (“racial disparities,” “racial equity,” “discrimination,” or “racism”) in their external communications.
- **Medium:** 34% of grantees surveyed mentioned race and ethnicity in their grant descriptions, but typically only in terms of their clients and/or constituent bases. While some of these organizations have had formal discussions and/or trainings on issues like cultural competency, diversity, racial disparities, or anti-racism, these discussions and trainings have mainly targeted staff. Only occasional, informal discussions occurred at the board level. These organizations said that they typically used all of the terms listed, *except* “racism.” Their staff and board compositions are generally more diverse than groups in the category above.

- **High:** Only 6% of grantees surveyed were intentional and explicit about racial equity in their definitions of the problems they were addressing, in their strategies, and in their organizational descriptions. These groups said they used all of the terms listed in the survey in their external communications. They also had staff and board compositions that were predominantly people of color.

The assessment found that CHF had a strong record of supporting people of color-led organizations. Among the grantees that responded to the survey, 62% had majority people of color staffs, and half had majority people of color boards. In this respect, CHF was doing a good job of supporting racially diverse organizations. However, in evaluating racial justice explicitness, the assessment found that the majority of grantees were not using racial justice frames in their work. Grantees that were doing so were likely to be led by people of color, and to intentionally develop people of color leadership. However, the reverse was not true. Organizations led by people of color were not necessarily using a racial justice analysis. This illustrates an important lesson — that foundations should not assume that funding people of color-led organizations is the same as funding racial justice.

Grantee Patterns in Addressing Racial Justice

The assessment team also interviewed a diverse subset of the grantees that responded to the survey. These interviews gauged the degree to which grantees included racial justice in their communications and program planning, and uncovered the logic behind those decisions — or indeed, whether a decision had been made, or a pattern simply held through inertia.

The assessment found two main reasons why CHF grantees limited their use of a racial justice analysis and of racial justice language, even if they had a strong structural racism analysis:

- Organizations lacked familiarity with and were made uncomfortable by racial questions.
- Organizations understood how public discourse on issues of race often resulted in the vilification of communities of color (e.g., as criminals), and avoided being explicit out of a desire to deflect racialized attacks. They spent significant time advocating for their clients' issues and resource needs, and felt that integrating racism into the public conversation was too great a risk.

Among grantees in the **low** category, interviews revealed a tendency to equate racial equity with diversity, and the notion that

serving a population of color, or having a staff of color, removes the need for any explicit analysis or action. When these organizations do address race, they most often frame it as “cultural competency.” When asked why they do not use explicit racial justice language, one-third did not respond, and 22% said the focus of their work was not on race and/or equity.

Among those grantees in the **medium** category, most are aware of the racialized dimensions of healthcare, but do not make it central to their work. These organizations think of race as either too narrow or too broad, and generally incompatible with other organizational frames. Comments revealed a strong sense that discussions of racism are loaded with excessive and divisive historical baggage. Few of the groups in this category had a clear view of the ways in which an institutional racism analysis could unify communities and generate positive attention to their issues. One interviewee said, “We prefer racial disparity because racism... implies a deliberateness that doesn't exist.” Comments like this reveal a belief that racism requires intentional discrimination, when in fact most discriminatory treatment, especially in healthcare, results from implicit bias and structural segregation in housing and labor.

The organizations in the **high** category had substantial organizing and advocacy strategies, even if they also provide some level of individual services. These organizations have been driven to be explicit about race as a way of reflecting the realities facing their constituencies, although they do not use racism as their exclusive frame. When asked how they came to the decision to use explicit language one interviewee said, “It's the truth. It comes from our members and the reality of their experiences. Race is the modality that class is lived in.”

Advocacy and Alliances

The assessment found that organizations that are more intentional and explicit about their racial justice analysis and strategy were more likely to engage in racial justice policy advocacy and coalition building. While a vast majority (89%) of all CHF grantees surveyed reported being involved in some type of advocacy, most organizations in the **low** or **medium** categories cited public education and outreach as the primary forms. In contrast, the organizations in the **high** category said they were engaged in advocacy through lobbying, outreach, and community organizing. Likewise, while 75% of all survey respondents said they were currently involved in an alliance or coalition on health issues, organizations with high levels of explicitness said

they were leaders within their coalitions, intentionally building them to be racially explicit.

Grantee Interest in Racial Justice Capacity Building

More than 60% of all grantees surveyed expressed great interest in learning more about conducting a power analysis, measuring racial indicators to spur change, assessing community readiness and what strategies may work, and creating an inclusive and equitable process to recognize race and power dynamics.

RECOMMENDATIONS FOR CHF

Based on these findings, ARC and PRE made the following recommendations:

- ***Align formal and informal communications:*** As a first step, the foundation should affirm the degree it wants to make racial justice central to its strategy and how explicitly it wants to craft its message. This recommendation then suggests aligning written and oral communications to reflect this degree of explicitness, to ensure that CHF's commitment to health justice and racial equity gets broadcasted consistently. It also calls for racial justice training for staff and board members, and discussions of racial justice in board recruitment and orientation processes. The foundation should ensure that staff have the highest level of consistency in their use of racial justice language, anecdotes, tone, definitions, and examples. While some degree of coding is inevitable, the Foundation should clarify who it means by "vulnerable" and "underserved." In addition, the Foundation should clarify and communicate more clearly its view of the role of advocacy and direct service organizations can play in advancing racial justice.
- ***Revise the Grantmaking Process:*** CHF should begin to track demographic data from grantees, revise grant guidelines to include explicit language and questions reflecting racial justice goals, determine racial equity accountability and expectations of grantees, and support grantees with technical assistance on racial justice policies and practices. It should also learn more about technical assistance providers' racial equity analysis, staff and board demographics, and their work in communities of color, to gauge whether a provider would advance or hinder the foundation's racial justice goals. The Foundation should also ask grantees to share their level of satisfaction with providers regarding cultural competency and their racial justice analysis.
- ***Increase the Foundation's leadership in the region by sharing its values, practices and racial equity commitment and by shaping the field of healthcare grantmaking:*** While

CHF has already played a significant role in lifting up issues of the impact of structural racism on racial health inequities in communities of color among colleagues in philanthropy, it should strengthen this role even further by reviewing its participation in donor collaboratives and local alliances with the specific goal of advocating for racial justice, and by sharing its lessons learned in establishing a stronger racial justice framework with other foundations. This recommendation also suggests that CHF help start a Black-led health justice organization in the Washington, DC area. During the assessment, several multiracial grantees said that having such an organization that could partner with them in health justice coalitions would create tremendous new organizing opportunities. The foundation could identify a Black-led organization with the potential to become a leader in the health field, and commit resources in the form of ongoing funding and technical assistance, to help the organization develop its advocacy and organizing capacity.

INITIAL IMPACTS AND NEXT STEPS

CHF had already begun to do racial justice work in several important areas by the time the ARC-PRE assessment took place. "The assessment was part of a convergence of intelligence and new information that we received," said CHF President and CEO Margaret O'Bryon. "It was another tool for us." Since the Board presentation about the assessment findings and recommendations in March 2008, the foundation has made significant progress, particularly in the area of grantmaking.

Program Officer Jacquelyn A. Brown noted that the findings on CHF's grantees, as well as on the Foundation's own communications, were especially useful in determining next steps, following on the heels of several powerful community-wide conversations about the relationship between race and health. "The ARC-PRE report really came right on time. It was instrumental in helping us to see where our grantees were, where we were, and how we could move ahead in being more explicit about the impacts of racism on health."

Perhaps because of the way the Speak Out questions were framed – for example, asking participants to respond to real-life scenarios illustrating the experiences of people seeking health services in the Washington, DC area – they were a window into how low-wage jobs, poor access to transportation, inadequate schools, and other challenges were interrelated. They provided current and concrete examples of how structural racism worked. However, moving from understanding to institutionalizing structural racism as an organizational frame were two different things. "We were at a place where we had had enough

conversation around this,” said Senior Program Officer Julie Farkas. “We have a really bottom-up approach anyway, but that doesn’t always mean that it’s racial equity grantmaking.”

In time for its Spring 2009 cycle, CHF developed a new Request for Proposals titled *Advocacy for Health Care Access & Health Justice*, marking a shift from implied individual behavioral change to a clear priority placed on health justice organizing and advocacy for structural changes. CHF had been funding advocacy prior to the assessment. However, its separate advocacy grants tended to support predominantly white organizations, whereas its grants to people of color-led organizations tended to support direct service. The new RFP reflects a more cohesive approach of supporting advocacy for racial equity. The RFP states:

The focus is on creating local, state and regional policy change and systems reform that will benefit low-income communities of color in the Metropolitan Washington, DC region... The Foundation believes that in order to improve health and eliminate racial, ethnic and socioeconomic inequities, we must address the social and economic conditions that shape the health of a community. Low-income communities of color in our region need access to good schools, jobs that pay a living wage, reliable public transportation, affordable housing, grocery stores selling fresh fruits and vegetables, and safe places to walk and exercise. These are the conditions that promote and sustain the health and wellness of individuals and their communities.

The new RFP also requires applicants to provide information on the demographics of their organizations at the staff and board levels.

In creating the RFP, the foundation had to grapple with language, to try to make their racial justice funding goals as clear as possible. Staff underwent an exercise to define health justice in simple, easy-to-understand terms. CHF has also held board and staff sessions specifically focused on establishing common racial justice language and definitions, making use of consultants and watching documentary films like “Race: The Power of Illusion” and “Unnatural Causes: Is Inequality Making Us Sick?”

O’Byron noted that establishing explicit and easily understandable language was critically important. “What’s the difference between equity and justice and equality?” she asked. “The language is really important, and it has to be clear. What does the language mean, and what does it mean for how you work? There is no room for jargon.”

Like so many foundations, CHF has been negatively impacted by the economic crisis. Staff acknowledged that the effects

would undoubtedly hurt communities of color that were already underfunded, and saw this as a strong argument for foundations to approach grantmaking reductions using a racial justice frame – “to think as strategically as possible about what you’re doing,” as Farkas put it. “Now more than ever, community organizing and advocacy are needed, because we know who’s going to get the short end of the stick – poor people and people of color,” she said. “It lifts up the issue all the more of needing to address structural changes.”

Knowing that it would have less to give in 2009, CHF could have simply limited the overall amount of funds available for a regional approach to the new RFP’s health justice component – or it could have eliminated that component altogether. Instead, it has maintained its health justice strategy, incorporated it into a broader advocacy RFP, and added the structural access to care component.

“In addition to our health justice RFP, we’re sponsoring a youth health justice retreat in June for youth of color-led and –focused organizations operating in Wards 7 and 8, which have the highest health and social inequities,” said Brown. “We’re also providing direct technical assistance on social determinants of health equity to the organizations’ project directors. One of the key goals is to educate and activate youth of color in addressing the impact of structural racism on the health of their communities.”

The foundation also created a Futures Task Force at the board level to revise the foundation’s strategic plan, mission, vision, core values, and theory of change to reflect an explicit commitment to health justice and racial equity. It has also continued to play a strong leadership role in raising issues of racial justice among its peers in the foundation world.

“If you want to lead, this is a great issue to lead on,” said O’Byron, “because it crosses so many boundaries. It enables people to be bold... Structural racism is one of the social determinants of health. We are using this upstream approach to see if we can move the needle in terms of people’s health. That’s what it’s about.” ■

[Download Related Documents](#)

- [The Consumer Health Foundation’s 2009 Request for Proposals Advocacy for Health Care Access and Health Justice.](http://consumerhealthfdn.org/2009-Request-for-Proposals.184.0.html)
- [2007 Annual Report, Illuminations: 10 Years of Perspective](http://consumerhealthfdn.org/fileadmin/img/2007_CHF_AR.pdf)