

Health Equity

BUILD AN UNDERSTANDING > APPLY THE LENS > SHIFT STRATEGY AND GRANTMAKING

As the largest health philanthropy in the state, St. David's Foundation plays a critical role in advancing health equity within Central Texas. As we work toward this important mission, we are committed to uncovering our own biases, beliefs, and protocols so that we may better serve the Central Texas community.

The following provides the Foundation's understanding of health equity as we see it today and is used by our team as a tool for collective learning and reflection on how we can work to evolve our thinking and practices.

WHAT IS HEALTH EQUITY AS AN OUTCOME?

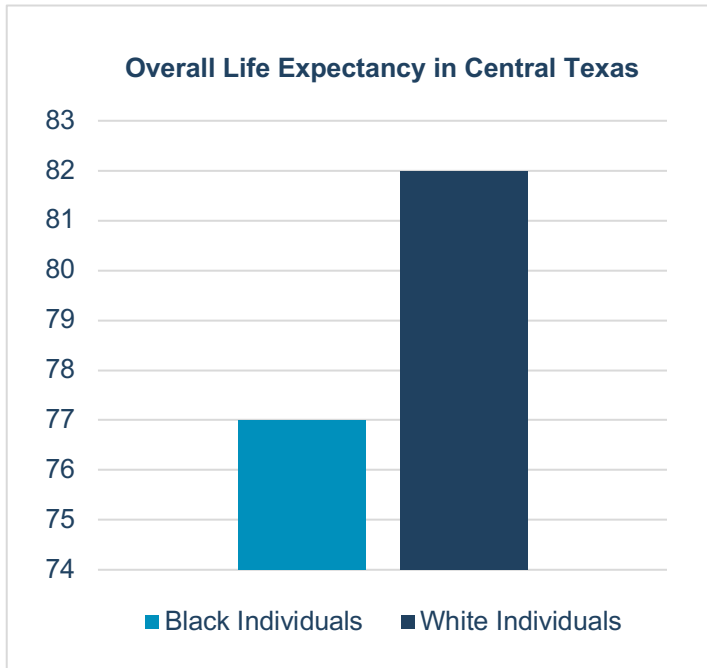


Health equity is when all Central Texans have a fair chance to achieve optimal health and there are no avoidable, unjust, unfair, or systematically caused differences in health status due to ethnicity, race, age, ability, or geography.

Achieving health equity means that all Central Texans have a fair, just opportunity to live as healthfully as possible – regardless of their demographic or where they live, work, worship, or play. The cost of us not working to achieve health equity could lead to inequities perpetuated by some of our antiquated beliefs and practices that may be unintentionally harmful, biased, racist, unfair, or unjust.

To better understand the context of health equity, it is important to understand: 1) health disparities and 2) social determinants of health.

1. **Health disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health. Health disparities are inequitable and are directly related to the historical and unequal distribution of social, economic, educational, political, and environmental resources. Health disparities result from multiple factors, including: poverty, educational inequalities, inadequate access to health care, institutional and structural racism, individual and behavioral factors.



- To highlight some health disparities, the overall life expectancy for Black individuals in Central Texas is 5 years less than their White counterparts (77 vs 82).
- Black women in Texas are 2 to 3 times more likely to die during or after childbirth than Non-Hispanic White women. The increased risk of pregnancy-related death persists regardless of age, parity, or education.¹
- In Travis County, at least 15% of children live in poverty. This rate increases to 30% for Black children and 27% for Hispanic children – a stark contrast to 5% of White children living in poverty.²

These disparities highlight the importance of better understanding how limited resources, structural racism, and other avoidable inequities impact health and well-being. Therefore, eliminating health disparities cannot be accomplished without seriously addressing the underlying social determinants of health – many of which are shaped and perpetuated by bias, injustice, and inequality.³

2. **Social determinants of health**⁴ are conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. These conditions exist in various environments where people live, learn, work, play and worship (e.g., school, church, workplace, neighborhood) and can be social, economic, or physical. Research has demonstrated that at least 80% of health happens outside of the doctor’s office or clinic – where health⁵ is defined as a state of physical, mental, and social well-being and not merely the absence of disease.

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include: safe and affordable housing, access to education, access to health insurance, public safety, access to safe and affordable transportation, availability of healthy foods, and plentiful job opportunities.

¹ <https://docs.house.gov/meetings/IF/IF14/20180927/108724/HHRG-115-IF14-20180927-SD022.pdf>

² www.countyhealthrankings.org

³ St. David’s Foundation Strategic Plan (2020-2022)

⁴ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

⁵ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. [World Health Organization](http://www.who.int).

WHAT IS HEALTH EQUITY AS A PROCESS?

We believe that keeping equity at the heart of our work will lead us to better health because lack of opportunity, poverty, and racism are key drivers of health challenges experienced by Central Texans, their families, and communities across the state. Improving the conditions in which we live, learn, work, play, and worship and the quality of health and well-being will create a healthier population, society, and workforce. By establishing programs and policies that positively influence social and economic conditions and those that support changes in individual behavior, we can achieve health equity and a more just society.

As the work evolves, the Foundation will develop a shared understanding of health equity that will guide our work. This understanding includes:

1. A *process* or *way of working* that centers people who historically have had less power and opportunity;
2. An *outcome* or *desired result* in which communities in Central Texas are absent of systemic disparities.

The process and strategies to meet equity goals will require ongoing learning in partnership with our community. We expect our understanding of health equity to evolve over time, and we share this vision as our starting point.

Focusing on health equity and broadening our work to include social determinants of health shifts how we will measure success. Rather than monitoring services and quantifying how our grant dollars are used, we will focus on reducing differences between geographic areas and by race/ethnicity. Focusing on health equity also invites the Foundation to explore its internal processes, policies, and practices to ensure we are applying a fair and just perspective to everything we do externally as well as behind the Foundation's doors.

WHERE DOES HEALTH EQUITY FIT WITHIN ST. DAVID'S FOUNDATION'S GRANTMAKING?

Across all of our strategic goal areas, we are guided by a commitment to achieving health equity. **Health equity serves as the north star for the Foundation.** Shifting from a focus on health to one of health equity reorients the foundation's theory of philanthropy from just funding services for the most vulnerable to also working to eliminate systemic causes of differences in health. This shift translates into the work of the Foundation by layering on approaches that seek to impact community conditions and influence systems. This includes expanding funding priorities to include a focus on the social determinants of health where access to services is just one factor.

The Foundation is taking a markedly different approach to equity by viewing equity not as a final destination, but an ongoing pathway forward for both the communities we serve as well as our own organization.

Exploring equity as a pathway recognizes that people and organizations are at different points in their equity journey and that part of the Foundation's role is to help support them in ascending to the next level. The Foundation aims to build its muscle to keep equity at the center and continue to reflect and learn over time.

WHAT DOES A FOCUS ON HEALTH EQUITY LOOK LIKE IN PRACTICE?

Applying a health equity orientation requires multiple layers and parallel tracks to better understand: a common language and shared understanding (e.g., of health disparities, equitable practices), root causes that lead to health inequities, and social and environmental factors that further exacerbate or reduce health inequities.

Health funders around the country have shifted their missions to focus on health equity and are applying different theories of philanthropy to solving the same problem – persistent health inequities⁶.

What health equity looks like in practice looks different based on the theory of change applied. For some, a focus on health equity means a focus on federal policy change aimed at removing barriers to access through healthcare reform. For others, supporting health equity means broadening programmatic investments to move beyond healthcare. What health equity looks like in practice for St. David's Foundation requires us to reexamine our theory of philanthropy to ensure that we are employing all of the resources at our disposal – financial, relational, and reputational – to most effectively achieve our mission.

WHERE IS ST. DAVID'S FOUNDATION BEING INTENTIONAL ABOUT WORKING DIFFERENTLY TO ADVANCE HEALTH EQUITY?

Achieving health equity will not be possible if we don't reexamine "equity" across the continuum – which includes individuals, departments/organizations, and community partners. At the **Foundation level**, this may include examining functions of the Foundation and reviewing our internal processes, policies, and procedures within each department and across the entire organization. We cannot hold people or organizations to a standard of equity when we ourselves do not have such a regular practice.

This reality suggests that an equity journey is as much about exploring and learning about the Foundation's emerging equity practices across the Foundation itself as much as it is about assessing/learning about grantees' equity practices.

⁶ https://ssir.org/articles/entry/innovations_in_health_equity_and_health_philanthropy

To this end, we have begun our own journey by undergoing an organization-wide equity audit, or baseline assessment, examining hiring practices, policies and other opportunities to further lift up equity.

Further, Foundation leadership and staff have engaged in learning opportunities on equity, diversity and inclusion and use relevant articles, videos, and outside speakers to explore philanthropy's role in addressing these issues and implications for our work. This work is ongoing and continues to evolve over time.

At the community level, advancing health equity will certainly include community partners and/or peer funders around relevant issues in the community.

- Our [rural strategy](#) is centered on community participation and engagement. This body of work values broad community engagement to address inequalities and systemic and historic racism.




At the **program level**, advancing health equity can mean providing some support to nonprofits along their own equity journey so they can better serve and represent the communities they serve. The Foundation can be more intentional about assessing if and how our grantees are serving their constituents and working to reduce health disparities and inequities. The **COVID-19 pandemic** has further illuminated the factors that perpetuate health and systemic inequities – particularly among marginalized and underserved communities.

- The [COVID-19 Recovery Fund](#) applied a health equity lens to the application, review, and decision-making processes. Some of these changes will carry over to our ongoing grant cycles. This fund encouraged small and grassroots organizations and organizations led by people of color to apply. The Foundation increased its transparency with the community about our priorities and decision making. And the Foundation added an internal “Equity Committee” to review the final slate of recommended awardees before the final decisions were made.

These examples work within the Foundation's current practice and structures and include small wins along our learning journey. Equity is difficult to measure and is an iterative process. It's a way of being, a way of thinking, and a way of doing.

More often than not, health equity is not something you can easily observe or “see.” How could this work be accelerated by examining our overarching theory of philanthropy within a health equity frame? What would it make possible for our community?

To begin to notice and name opportunities to work differently to advance health equity, we have identified the following principles and guiding questions as a starting point for our evolving practices. They originated as core beliefs in the current strategic grantmaking plan, which is the Foundation's first to name health equity as the overarching goal.

PRINCIPLES	GUIDING QUESTIONS
 <p>Systems are designed to benefit some people more than others, unfairly and unjustly, and this drives health inequities between groups of people.</p>	<p>What would be different if systems were designed to support those most underserved?</p>
 <p>People are not the problem to be fixed, rather part of the solution.</p>	<p>How are the people closest to the problem involved in this work?</p>
 <p>Social connection, a sense of belonging and support from our communities, is a proven, powerful driver of health.</p>	<p>How is this strengthening the relationships among community members?</p>

We use these questions to check our assumptions and hold ourselves accountable to applying the lens of health equity across our work. They also serve as a touchstone for learning as a team where we can all share what health equity looks like in practice across our various roles.

KEY TAKEAWAYS

- For St. David’s Foundation, health equity includes both a *process/way of working* (i.e., “having an equity lens” “being equity-oriented”) to ensure those who have historically had less power or privilege are at the center of the work, and an outcome in which communities in Central Texas are absent of systemic disparities.
- Health equity is achieved when all Central Texans have a fair chance to achieve optimal health and there are no avoidable, unjust, unfair, or systematically caused differences in health status due to ethnicity, race, age, ability, or geography.
- The cost of us not working to achieve health equity could lead to greater inequities perpetuated by some of our antiquated beliefs and practices that may be unintentionally harmful, biased, racist, unfair, or unjust.
- Eliminating health disparities cannot be accomplished without seriously addressing the underlying systems – many of which have been shaped and perpetuated by bias, injustice, and inequality.

- Achieving health equity will not be possible if we don't reexamine "equity" across the continuum – which includes individuals, departments/organizations, and community partners. We cannot hold people or organizations to a standard of equity when we ourselves do not have such a regular practice.
- Equity is difficult to measure and is an iterative process. More often than not, health equity is not something you can easily observe or "see." It's a way of being, a way of thinking, and a way of doing.

RESOURCES

- Grantmakers in Health, [Health Equity Resources](#)
- Stanford Social Innovation Review, [Innovations in Health Equity and Health Philanthropy](#)
- RWJF, [Achieving Health Equity](#)
- American Public Health Association, [Health Equity](#)
- [D5 Coalition](#)
- [CHANGE Philanthropy](#)
- [Philanthropic Initiative for Racial Equity](#)
- [Neighborhood Funders Group](#)

Thank you to the contributing authors of this paper, Senior Learning & Evaluation Officer Ellie Haggerty Coplin, MPH, and former Senior Capacity Building Officer Dr. Denise Herrera.