GRANTMAKERS IN HEALTH

Creating Public Will

to End Racial and Ethnic Health Disparities

Each year disparities in health status and health care take a toll on members of racial and ethnic minority groups that translates into preventable illness and death. If the United States eliminated the black-white mortality gap alone, it has been estimated that as many as 84,000 deaths could be prevented annually (Satcher et al., 2005). Yet most Americans are unaware of the magnitude and severity of the problems posed by disparities. They do not know who is affected by them and what the implications are for quality of life, life expectancy, and health care costs. This lack of understanding extends to the highest levels of decisionmakers and contributes to a lack of public will for change.

> ***Public sentiment is everything. With public sentiment nothing can fail; without it, nothing can succeed. – Abraham Lincoln (Angle, 1991)***

The Connecticut Health Foundation (CHF) wants to change that. The foundation's strategic plan outlines a 10-year interest in fostering positive change in the systems – policies, funding sources, attitudes, etc. – that affect health. A key goal of the plan is to create public will to decrease health disparities in access and treatment. This spring, Grantmakers In Health (GIH) convened a small working meeting, sponsored by CHF, to discuss both the need to create public will to address health disparities and strategies for doing so. The meeting was the first event in GIH's new three-year program of activities focused on eliminating health disparities. Highlights of the discussion are captured in this Issue Focus.

WHY DOES PUBLIC WILL MATTER?

Public will is one reason why some social problems become highly visible while other problems – which may actually be more serious – do not. Salmon et al. (2003) describe it is an agenda-building process that capitalizes on both planned and chance events to influence public and media perceptions of the legitimacy and visibility of a social problem. Public will strategies and campaigns, also known as social marketing campaigns, entered public health from the realm of politics. Successful examples of public health campaigns include "Click It or Ticket," which combines enforcement of seatbelt laws with public education, and the antismoking "Truth" campaign, which associates being cool with attacking the smoking industry.

Without systematic efforts to raise the visibility of health disparities, there is a risk of these issues remaining low profile and low priority. The need has never been greater: despite the millions spent on research and programs, disparities in both health status and health care remain unacceptably high (see, e.g., *The 2007 National Healthcare Disparities Report*).

WHAT IS THE BRAND OF DISPARITIES?

An essential element of raising the profile of an issue is framing it in a compelling and memorable way that brings it to the attention of advocates, the media, policymakers, and the engaged public. As Pat Baker, president and CEO of CHF, said at the meeting, "If you can't name it, you can't address it." Some of the challenges in framing health disparities were revealed by a CHF survey in Connecticut, which found that at the state government level, health disparities were perceived as a controversial issue. Meanwhile, community-level focus groups were uninformed: white focus groups did not believe that racial and ethnic health disparities existed, Latinos did not believe they applied to them, and African Americans blamed themselves. To CHF these responses revealed that community-based grantmaking by itself was insufficient to build constituencies.

Can health disparities be framed in a way that *will* build constituencies? Alan Jenkins, executive director of The Opportunity Agenda, kicked off discussion of this question by asking, "What is the brand of health disparities?" Whereas we can readily guess the brands associated with "safe+car" (Volvo) or "computer+creative+genius" (Apple), what do people associate with health disparities? Instead of health disparities, he recommended using the term "obstacles to health" because it is a readily understood concept that can pave the way to action.

> ***We need a declaration of interdependence. – William McNary***

If the next President of the United States came to us and asked for the national strategy to reduce health disparities in the U.S., what would it look like? – Prevention Institute, 2007

He outlined a public will strategy focused on eliminating “Obstacles to Health” that included the following elements:

- leading with values (polling data show equality, opportunity, and community to be values Americans of all walks of life strongly believe in),
- framing thematically (showing the systemic causes and solutions of health disparities),
- demonstrating obstacles,
- over-documenting bias and inequality,
- promoting solutions, and
- investing in communications capacity and culture.

The Opportunity Agenda used many of these elements in its successful **healthcare**that**works** project, described below.

HOW DO WE SPREAD THE WORD?

For a public will strategy to be successful, organizations must work together in sustained coalitions. For example, according to William McNary, president of USAction, a true grassroots effort to end health disparities should include advocates, civil rights groups, patient groups, women’s groups, community-based workers, seniors, students, and health providers.

Examples of successful strategic partnerships were provided by several presenters. The Opportunity Agenda’s **healthcare**that**works** project used new Web technologies – “Web 2.0” – to illustrate the impact of hospital closures proposed by New York’s Berger Commission on needy communities. The Opportunity Agenda’s partners used the Web site, which included a letter-writing tool and a YouTube site in addition to sophisticated, interactive maps, as an organizing tool in community forums and reports. Ultimately the project was a success, for the commission recommended closing fewer hospitals than originally proposed, particularly in minority communities. (The interactive Web site is accessible at http://www.healthcarethatworks.org/maps/nyc/.)

Additional lessons from successful public movements, shared by Miriam Messinger, associate director of the Blue Cross Blue Shield Foundation of Massachusetts; Rachel Davis, managing director of the Prevention Institute; and William McNary, included the following points:

- An effective strategy must have clearly articulated short- and long-term goals that are framed in a way that gets people mobilized. The Prevention Institute has found that raising awareness of the risks and dangers that a problem presents for the public’s well-being is an effective approach.
- Concern for health disparities must be a central part of the effort; it cannot be an afterthought or add-on.
- Organizations must work across sectors and across communities. Minority communities must be at the table, in meaningful positions, from the very beginning.
- Organizers must bring the right people to the table, recognize the need to make compromises, mobilize financial support, and be prepared to seize political opportunities.

NEXT STEPS

During the meeting, grantmakers identified needs and ideas that could be developed going forward. They agreed on the value of developing a national framework and a national conversation. In this context, it was proposed, some funders could address long-term goals and others short-term goals. Grantmakers also discussed the importance of finding ways to connect community networks in meaningful ways and of fostering messaging that connects all groups, not just those involved in health or health care.

Other suggestions were that health funders model coalition building by organizing among themselves and showing other funders how their issues relate to disparities, that funders share knowledge and success stories to transfer information and strategies and inform boards, and that funders put together tools to create action and help communities use these tools effectively.

GIH is organizing follow-up activities to explore ideas discussed in the working meeting and will incorporate insights from the discussion in future health disparities programs.

SOURCES

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