Executive Summary

A Window of Opportunity: Philanthropy’s Role in Eliminating Health Disparities through Integrated Health Care

Integrating, or systematically coordinating, primary care and mental health services can greatly improve people’s health and quality of life. Funders can achieve measurable change in the health of communities by helping them make the transition to this proven approach to health care.

In February 2012 the Hogg Foundation for Mental Health in Austin, Texas, hosted a roundtable discussion attended by representatives from a diverse group of national, regional, and local foundations that support integrated health care. The group explored an intriguing question: can integrated health care help eliminate health disparities among racial and ethnic minorities and people with limited English proficiency? The conclusion—supported by research, real-life examples, and the participants’ experiences—was a resounding “yes.” This report summarizes the discussion and presents the group’s recommendations on strategies and examples of activities that can improve the health status of our nation’s most vulnerable populations.

Philanthropy and Health Care: Leading the Way

Many foundations are at the forefront of progress and innovation in health care. The initiatives they fund can strengthen knowledge and improve practice. Foundations that share data, outcomes, and lessons learned from these initiatives are providing important information and expertise that ultimately can lead to better health care for everyone.

One issue in particular is reaching a crisis point in the United States—the persistence of disparities in the quality of health care and health outcomes among racial and ethnic minorities and people with limited English proficiency. Integrating primary care and mental health care services to treat the whole person shows promise in overcoming health disparities. Through four key strategies—grantmaking, educating, convening, and advocating—foundations can address health disparities and achieve greater access to health care, improved quality of service delivery, and better health outcomes.

Health Disparities: A Growing Concern

Recent studies have shown that despite improvements in overall health in the United States, racial and ethnic minorities continue to experience a lower quality of health services and are less likely to receive routine medical procedures. Disparities in health care for minority populations exist even when gender, age, health condition, and socioeconomic status are removed from the equation. They can have a detrimental economic effect and can result in a person’s loss of productivity, decreased quality of life, and shorter life expectancy.

Public health studies have identified an array of conditions that significantly affect a person’s overall health. These social determinants of health include income, education, neighborhood, community design, housing, employment, access to health care, access to healthy foods, environmental pollutants, and occupational safety (Ramirez et al. 2008). Language accessibility, linguistic sensitivity, cultural beliefs and behaviors, and
difficulty navigating health care systems and accessing care also play an important role in health disparities.

Integrated Health Care: A Way to Reduce Health Disparities

Chronic health conditions often do not exist in isolation. Frequently, an individual with a mental health disorder also has another chronic medical disorder. The integration of primary care and specialty mental health services is a promising modality to better address co-occurring chronic disorders (Collins et al. 2010). Through integrated care, consumers with serious mental health disorders receiving specialty services at a community mental health center can also receive services designed to prevent and detect early onset of other chronic health conditions.

Similarly, individuals receiving treatment for medical conditions through community primary care providers can be screened for indications of psychiatric conditions and treated early on. In fact, primary care providers have become a key portal for identifying undiagnosed or untreated mental health conditions.

Integrated health care holds tremendous potential to reduce distressing health disparities in U.S. communities. Foundations can play a key role in promoting systems change and facilitating the integration of health care to better address the comprehensive health needs of racial and ethnic minority populations.

Philanthropy’s Role: Grantmaking Strategies

Of the many roles and functions played by foundations, grantmaking is certainly the most visible and well understood, and can be a powerful influence. The ways in which foundations design grant programs, respond to grant requests, and communicate their funding priorities signal their commitment to improving health and can even change how health care is delivered.

Recommendations for Effective Grantmaking

Look inward. Before health care providers can authentically deliver integrated health care to reduce racial and ethnic health disparities, they first must assess their own cultural competency. Foundations also can benefit by undergoing a similar self-assessment of their internal culture before beginning an integrated health care initiative focused on the elimination of disparities.

Take risks. Foundations with integrated health care initiatives should consider expanding their support to community health organizations with deep local roots in racial and ethnic minority communities that want to adopt an integrated approach but have little or no experience working with the philanthropic community.

Involve community members in the grantmaking process. Community leaders, residents, and health care providers often understand the barriers and challenges that affect health and well-being in their communities better than anyone else. Foundations that view local stakeholders and grantees as community experts can engage them to more effectively design, improve, and refine funding initiatives (Bourns 2010).

Include a broad range of potential grantees. Organizations with deep roots in minority communities often have a proven track record of cultivating culturally and linguistically competent health care practices. Foundations should be intentional about identifying and seeking out grantees that can serve as the voice of the community, provide services to minority populations, and have the experience and capacity to successfully integrate health care.

Fund planning and preparation. Developing a truly integrated health care practice that also addresses health disparities is a complex, detailed process. Foundations should consider funding a period of planning in their integrated health care grants.

Focus on the evidence. Foundations should request current research on health disparities, evidence-
based practices, and outcomes data in grant proposals or include that information in their requests for proposals. The information will ensure a focus on the issue and support the foundation’s rationale for funding integrated health care.

**Pursue partnerships with other organizations.** Foundations should reach out to other funders with an interest in health care, health disparities, or minority populations. By combining resources and efforts, partners with shared interests often can have a broader impact and achieve greater outcomes.

**Prioritize relationship development during the grant management phase.** After funding has been awarded, the foundation should closely examine its relationship with grantees. A strong, positive, and connected relationship can lead to success and help avoid unnecessary issues caused by lack of communication.

**Philanthropy’s Role: Education Strategies**

An important role of foundations is to develop and disseminate information. These activities are essential to encouraging broad acceptance and support of integrated health care.

**Recommendations for Effective Education**

*Develop internal knowledge and expertise.* As a first step, foundations can bring themselves up to date on the latest knowledge about integrated health care and health disparities among racial and ethnic minority populations (Kramer 2009). Keeping board members, staff, and stakeholders informed will enhance knowledge and lead to greater understanding of health disparities and how to address them.

*Define a common language for funding initiatives.* It is important to have a shared understanding of what integrated health care means. Foundations that develop and use a consistent lexicon are better able to replicate pilot projects and compare findings and results. They also are better prepared to elevate and influence the advancement of integrated health care among their philanthropic peers.

*Emphasize research and evaluation.* Community-based participatory research and process evaluation can strengthen everyone’s understanding of the relationship between integrated health care and reducing health disparities. Foundations can fund academic-community partnerships in which community organizations collaborate with evaluation experts (GEO and COF 2009).

*Share knowledge, outcomes, and lessons learned.* Foundations can serve as an important resource and first contact for obtaining current knowledge of best practices. Foundations can educate stakeholders on the current state of integrated health care, service gaps, best practices, research, resources, and policy analysis.

**Philanthropy’s Role: Convening Strategies**

Grantmakers are in a strategic position to bring stakeholders together, promote dialogue, and raise important issues. Convening interested parties on integrating primary and mental health care can be a springboard for discussing how the elimination of health disparities can and should be a primary goal of integrated care.

**Recommendations for Effective Convening**

*Serve as a neutral convener.* Foundations can bring together community health care organizations, policymakers, consumers, and other stakeholders to initiate discussions about health disparities in the community and models of integrated care that can address these disparities.

*Bring experts together—locally and nationally.* Foundations can host roundtable discussions, conferences, and seminars that bring together experts to discuss integrated health care and health disparities. Individual agendas can be left at the door in favor of a collaborative approach (Kania and Kramer 2011).
Form a learning community. A learning community is a group of organizations or individuals coming together to teach each other about a shared topic of interest. Grantmakers are in an ideal position to organize or fund a learning community for grant partners (GEO and Research Center for Leadership in Action 2012). Foundations also can form learning communities to build interest.

Provide safe opportunities for daring dialogues. The reality of health disparities in racial and ethnic minority communities can be a difficult subject to broach. Grantmakers are in a unique position as a neutral party to raise this issue, provide a safe place for exploring the problem, present integrated health care as a promising strategy for addressing disparities, provide technical assistance, and possibly offer financial support and resources.

Philanthropy’s Role: Policy Change Strategies

Sustainable change in the health care delivery system typically requires action by policymakers, most often in the form of legislation, local ordinances, and administrative rules and regulations. Though traditionally not a role for foundations, promoting policy change may lead to greater enduring change in health outcomes than is possible with any single grant-funded program or service initiative (Kramer 2009).

Recommendations for Effective Policy Change

Support policy fellowships. Many health care policy and advocacy groups are constrained by staff and budgetary limitations. Foundations can promote systems change and integration of health care by hiring or funding a policy fellow position. The fellow works for the foundation or for a policy or advocacy organization and focuses on policy research and recommendations at the federal, state, or local level. The policy fellow also can engage consumers to mobilize and effectively advocate for the needs of their communities.

Host a legislative summit. Foundations can invite policymakers and their staffs to a compelling overview of legislative opportunities to facilitate integrated health care as a means of addressing health disparities among minority populations.

Promote policies for sustainability. Foundation funds simply are not designed to sustain integrated health care programs in perpetuity. Foundations, however, can collaborate with stakeholders to create a policy environment that will foster the sustainability of integrated care practices.

Facilitate a policy workgroup to present a unified vision for change. Foundations can coordinate policy development at the federal and state levels by forming policy workgroups consisting of government agencies, trade associations, and advocates to represent the interests of various stakeholders. Working together, the group can develop a powerful unified vision and convincing policy platform.

Develop in-house expertise on integrated health care and health disparities. Foundations can educate existing staff or hire new employees with an interest in understanding issues related to health disparities and their impact on the overall health of racial and ethnic minority populations. These key staff can serve as experts for state and local health care initiatives, identify opportunities to testify during legislative hearings, and generally be available to policymakers.

Be a voice for cultural and linguistic competency. Foundation officers often find themselves invited to the table to examine issues at the federal, state, and local levels. By being effective advocates, foundations can shape the public debate on important social issues and ensure that underserved minority communities have a voice in the policies that affect their lives.