

# Power, Equity, and Health for All

## Lessons from The California Endowment's Affordable Care Act Grants

January 2021



In 2020, ten years after the landmark passage of the Affordable Care Act (ACA), COVID-19 and Black Lives Matter protests have magnified deeply rooted inequities and the devastating consequences for vulnerable populations and communities of color. At the same time, the widespread erosion of public trust in democratic institutions and leadership underscores the need for a new social contract as public health leaders across the country declare racism a public health crisis. This confluence of events illuminates the critical intersection of power building, racial equity, and health care for all.

When the ACA was enacted into law in 2010, it ushered in a new era of health care reform, providing millions of previously uninsured individuals with access to affordable health care. It also provided expanded and sustained national investments in prevention and public health to improve health outcomes and enhance health care quality.<sup>1</sup> These investments sought to support evidence-based activities such as community and clinical prevention initiatives; research, surveillance, and tracking; public health infrastructure; immunizations and screenings; tobacco prevention; and public health workforce and training.

The state of California has been at the vanguard of ACA implementation and was the first state to create its own state-run health insurance marketplace known as Covered California. It also has been a national leader advancing innovation, statewide policy, and other key provisions of the ACA. Over the years, California has implemented a host of consumer protections and legislation to build a more robust health care marketplace. State officials redefined Medi-Cal eligibility (California's version of Medicaid), opening the doors for many populations who were previously excluded from coverage.

California-based foundations also have been a critical partner in advancing health equity. The California Endowment (The Endowment or TCE) became an early champion, providing over \$350 million to support ACA implementation. Since its inception in 1996, the foundation has sought to expand access to affordable, quality health care for underserved communities and promote fundamental improvements in the health status of all Californians. TCE seized the opportunity to support ACA implementation with a range of grantmaking strategies focused on outreach and enrollment, health workforce development, and systems change innovations. Consistent with its mission, the foundation focused on improving health access and outcomes for California's most vulnerable populations. Through multi-pronged grantmaking strategies—from community-level funding to statewide infrastructure and advocacy—The Endowment has supported power building and a culture where access to quality health care is considered a human right.

### Key Lessons & Insights

- Support for community organizers and trusted community messengers contributed to historic health insurance enrollment rates and advocacy efforts to protect the ACA
- Strategic communications and constituent-level advocacy have created continuous “surround sound” and fertile ground for inclusive policies and narratives
- Public-private partnerships have strengthened regional ecosystems and created opportunities to test new models of prevention
- Efforts to leverage community assets have supported short and long-term goals to develop a culturally competent health workforce

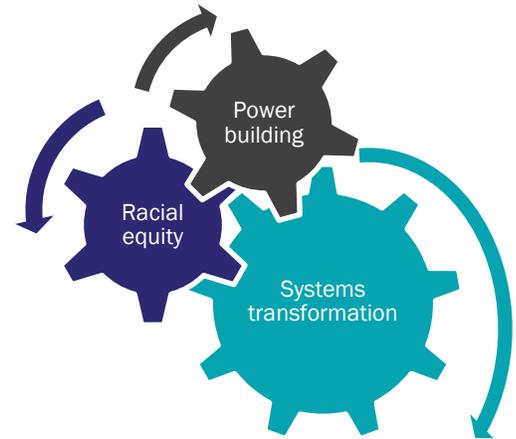
<sup>1</sup> U.S. Department of Health and Human Services. (2016). [Prevention and Public Health Fund](#).

With a focus on The Endowment’s ACA grants, this learning brief explores the intersection between power building, racial equity, and systems transformation. It is based on the synthesis of various evaluation efforts over the last decade and more recent interviews with key stakeholders. While we cannot claim a causal relationship between The Endowment’s investments over the past ten years and shifts in health outcomes, there are important lessons from this body of work that can help inform efforts to transform mindsets, policies, practices, and systems in the years to come. Specifically, we seek to shed light on the following questions:

- What can we learn from TCE’s investments to support and defend the ACA, particularly as it relates to power building, racial equity, and more inclusive systems?
- What are useful examples that highlight this critical intersection, and how can they be leveraged for future efforts?
- What key lessons and considerations can be carried forward to promote recovery, healing, and racial equity post-2020?

Despite ongoing attempts to repeal the ACA, California has been steadfast in its efforts to “hold the line” and protect the unprecedented gains in coverage and social safety net programs that help ensure the health and wellbeing of all Californians.<sup>2</sup> While the rate of uninsured individuals has fallen in California, there is clearly significant investment needed to transform systems. Most population-level health outcomes remain unchanged and the global health pandemic has furthered underscored the urgent need for a prevention-oriented health system that serves everyone, not only a privileged few. Recognizing that deeply entrenched inequities exist, and in some cases have been exacerbated by the very policies meant to reduce them, population-level health improvements will require a more explicit focus on racial equity along with substantial financial investment, time, political will, and cross-sector collaboration.

## Intersection of people power, racial equity, and systems transformation



### TCE’s Prevention-Oriented Efforts

1. Community action to identify and develop prevention-oriented revenue streams and approaches that address public local health priorities,
2. Partnerships between public health, social services, community organizations, hospitals, and health care providers to work together to develop coordinated solutions,
3. Efforts to improve access to health care for all Californians.



## People Power and Racial Equity Insights from ACA outreach and enrollment efforts

The Endowment’s guiding frameworks and theory of change have evolved over the years but have consistently centered on health equity and the social determinants of health. Informed by experience and a growing body of research, power building has become a key lever and centerpiece of The Endowment’s efforts, particularly in its place-based *Building Healthy Communities* (BHC) grantmaking strategy. In *A Pivot to Power*, a 2018 TCE-commission report by USC Program for Environmental and Regional Equity (now the Equity Research Institute), building power is part of an intentional

<sup>2</sup> The Fight 4 All Fund: Paving the Way for Health Equity and an Inclusive Democracy for All (June 2020). Engage R+D. Commissioned by The California Endowment.

community organizing strategy to achieve collective goals “rooted in the values of community, inclusion, and democracy.”<sup>3</sup> Power is fundamentally about who is making decisions, who sets the agenda, and how resources are directed. Furthermore, the report posits that efforts to achieve health equity represent opportunities to build power – not just pass policy and includes a range of activities such as health advocacy, mobilization, organizing, and analysis of the root causes of inequities. These “on the ground” efforts can be further bolstered by strategic communications, policy research, and professional advocacy efforts such as the Health4All campaign discussed in this learning brief.

TCE’s approach to power building seeks to ensure broad community ownership, with an ecosystem focus that acknowledges how networks of interdependent players (e.g., organizations, communities, schools) act together to achieve broad-based change within communities.<sup>4</sup> During the last decade, TCE has invested in power building by funding place-based efforts to build lasting capacities, many of which have been leveraged for a variety of civic engagement campaigns, including ACA implementation and the 2020 Census. The Power Flower framework developed by the USC Equity Research Institute provides a useful framework for base building capacities in areas such as advocacy and policy, communications, and strengthening coalitions and alliances (see exhibit 1).<sup>5</sup> ACA grants described in this brief leveraged power building efforts at the community, regional, and state levels and in many ways raised the collective consciousness of health care as a human right.

Another notable and more recent shift explicitly incorporates a deeper *racial equity* and root cause analysis of health inequities. Many of the poor health outcomes we see today reflect the legacy of institutionalized racism. While ACA investments were not explicitly referred to as strategies to build people power and address racism, a retrospective review of these investments reveals how these grants leveraged and contributed to power building and racial equity efforts in a variety of ways. In this section, we highlight two compelling examples: (1) TCE’s support for ACA outreach and enrollment, and (2) the #Health4All campaign, which sought to raise awareness and shift mindsets about the importance of coverage for all Californians, regardless of their immigration status.

### Power, Agency, and Ownership

TCE’s approach and definition of people power incorporates agency, community ownership, and the capacity to advocate for enduring systems change. Over the years, TCE has worked with BHC sites, community partners, and research teams to evolve its power building efforts and theory of change. Investments in power building from 2010-2019 have amounted to over \$1.4 billion, over half of which supported some form of community organizing and base building. Approximately 50% of power building grants (\$655 million) were made to organizations led by Black, Indigenous, and People of Color (BIPOC).

Source: Building Health Communities: Evidence of Power (Sept 2020). The Center for Outcomes, Research and Education (CORE)

**Exhibit 1: Power Flower Framework  
Developed by USC PERE (2018)**



<sup>3</sup> Ito, J. and Pastor, M. (March 2018). A Pivot to Power: Lessons from The California Endowment’s Building Healthy Communities about Place, Health and Philanthropy. Commissioned by The California Endowment

<sup>4</sup> Building Healthy Communities: Evidence of Power (September 2020). The Center for Outcomes Research & Education (CORE). Commissioned by The California Endowment.

<sup>5</sup> Ito, J. and Pastor, M. (March 2018). A Pivot to Power: Lessons from The California Endowment’s Building Healthy Communities about Place, Health and Philanthropy. Commissioned by The California Endowment.



## Support for community organizing and trusted community partners have contributed to historic health insurance enrollment rates and advocacy efforts to protect the ACA

The Endowment invested in strategies to reach, engage, and educate diverse populations, particularly groups that are consistently excluded such as young men of color, homeless, and mixed immigration status families. According to various partners and stakeholders, TCE's contribution to ACA implementation—specifically outreach and enrollment—was one of its most impactful investments. In addition to mobilizing and directly funding community-based partners across the state, TCE stepped up to support the California Department of Health Care Services (DHCS) with a \$32.5 million match in federal funding for Medi-Cal outreach and enrollment. This concerted effort by a diverse array of public sector, nonprofit, and philanthropic partners contributed to historic enrollment rates in California. The estimated number of individuals enrolled in Medi-Cal by September 2018 was over 13 million compared to 8.6 million individuals prior to the ACA.<sup>6</sup> Since the peak in March 2016, enrollment rates have started to decrease slightly, although they have held relatively steady over the last three years despite the uncertainty around the ACA and the future of health care. Overall, California reduced the uninsured rate from 21.5% (pre-ACA) to 8.6% (2016), achieving the highest absolute decrease in the nation. Between 2010 when the ACA passed and 2017, the rate of uninsured Californians dropped to an all-time low with Medicaid enrollment steadily increasing.<sup>7</sup>

All of these efforts required an extensive level of coordination with systems partners, as well as trusted messengers in diverse communities across the state.<sup>8</sup> This “grassroots to treetops” approach has been a hallmark of TCE's work, building leadership, power, and agency at the community level while influencing key decision makers and strengthening systems. TCE's support for ACA outreach and enrollment provides a compelling example of how BHC sites and community-based grantees activated their critical role as trusted messengers.

A key takeaway from this work is the level of time and sustained investment required to cultivate trust and build health literacy, particularly in communities that have historically been marginalized and excluded. Many people who were previously uninsured had little or no interaction with the health insurance system and there were numerous barriers to engagement. Community-based grantees used multiple touch points to educate residents about the importance of coverage and how to navigate the enrollment process. They also provided continuous messaging about the benefits of preventative care, connecting residents to critical resources in their communities, and cultivating a culture around prevention, coverage, and utilization. Some of the BHC grantees that coordinated door-to-door outreach and enrollment, employed an integrated voter engagement approach, using these touch points to build relationships, promote voter registration, and connect residents to other civic engagement campaigns.



Artwork from Amplifier.org

**“The fight around repealing and replacing the ACA has bolstered efforts to focus on health for all. [...] It made people realize why the ACA was important and brought up the support for the ACA for the first time since it was enacted. It made certain core elements of the ACA sacrosanct in a way that they hadn't been before.” – State Advocacy Leader**

<sup>6</sup> California Department of Health Care Services. (2019). [Medi-Cal Certified Eligibles, Summary Pivot Table, Most Recent 48 Months - Updated through November 2018](#).

<sup>7</sup> Key insights and lessons learned from ACA outreach and enrollment (2017). Harder+Company Community Research. Commissioned by The California Endowment.

<sup>8</sup> Engage R+D. ACA Stakeholder Interviews. 2019.



The shifting policy landscape at the federal level over the last several years has created uncertainty about the future of the ACA. In late 2016, TCE launched the Fight4All Fund to protect and defend ACA enrollment gains and social safety

net programs that help ensure community health. This additional infusion of funding and a strong network of base building organizations continue to play a critical role in “holding the line” on ACA gains, as well as reducing harm from other exclusionary policies that threaten the health and wellbeing of all Californians. In addition to efforts to implement and defend the ACA, many of these organizations have been critical partners in a continuum of integrated civic engagement campaigns, such as voter registration and the 2020 Census. ACA outreach and education efforts have been another important building block in the civic engagement continuum, by not only contributing to increased insurance enrollment in communities but also raising awareness about health policy and advocacy issues that directly impact residents’ lives. In the 2018 mid-term elections, health care topped the list of voter priorities, and in 2020, as the pandemic surged, America’s health was once again on the ballot.<sup>9</sup> All the preceding years of base building and community organizing have expanded coverage and raised awareness about health for all as a human right.



**Strategic communications and constituent-level advocacy have created continuous “surround sound” and fertile ground for narrative change**

The Endowment-sponsored #Health4All campaign fostered a strong foundation and narrative ecosystem about the benefits of prevention and health coverage for all Californians, regardless of immigration status. Through media partnerships, large scale events, and trusted community partners, TCE has helped raise awareness and shift mindsets with targeted, consistent, and repetitive messaging in multiple languages.

The #Health4All campaign and the subsequent #Fight4All fund have generated more evidence for the important role narratives play in creating fertile ground to advance and sustain inclusive and equitable policies. Despite ACA gains, more than one million undocumented Californians continue to be excluded from health insurance coverage. The #Health4All campaign was launched in 2013 as a public education effort that engaged advocates and media outlets in the deliberate work of informing Californians about the economic and social contributions of undocumented immigrants.

Stakeholders and partners called out TCE’s investments in strategic communications and advocacy as particularly impactful for moving ACA implementation forward in California. These strategies also have helped defend the ACA and

## BRIGHT SPOTS & EFFECTIVE STRATEGIES

### TRUSTED COMMUNITY MESSENGERS

Nearly every BHC site had compelling stories to share about their efforts to strengthen health literacy and contribute to ACA enrollment efforts through a combination of community organizing, network development, and advocacy efforts. In Santa Ana, grantees – Sol Institute for Civic Engagement and Community Health Initiative of Orange County - leveraged their community organizing expertise and trusted relationships to reach uninsured and eligible individuals through door-to-door canvassing and other outreach events. They also leveraged best practices and experience from the Healthy Families enrollment process several years earlier by training and supporting enrollment counselors.

Strengthening regional collaboration and leveraging resources was also a core part of their strategy. They played a leading role in the Covered OC collaborative, alongside business, social service, and government partners. According to a state representative from Covered California, “without Covered OC’s advocacy and leveraging of resources, it was highly unlikely that Orange County-based entities would have received the same level of support and funding” to achieve enrollment levels that far exceeded the goals set forth by Covered California. While direct attribution cannot be established, the community organizing model prior to and during the Covered California enrollment campaign enhanced the Santa Ana BHC’s ability to educate and enroll large numbers of residents.

<sup>9</sup> <https://www.pewresearch.org/politics/2020/08/13/important-issues-in-the-2020-election/>

counter a range of threats to vulnerable populations in the wake of the 2016 elections. Other funders and systems stakeholders have pointed to health philanthropy and The Endowment in particular, as an exemplar for its strategic and targeted communication campaigns that have raised awareness and shifted the narrative during politically challenging times.

One early childhood funder referenced The Endowment’s strategic communications strategy as a model, noting the focus on having both an “air game” and a “ground game” that creates a powerful “surround sound.” More recent investments in the Fight4All Fund have revealed a need for messaging that promotes an inclusive social justice vision that moves a broad audience towards inclusion and belonging and speaks to “what we’re for as opposed to what we’re against.”<sup>10</sup> Stakeholders have noted that TCE brings critical resources and sophistication that help bolster the sector and systems change efforts.

Power building and constituent-led advocacy are a critical part of the “ground game” and play an important role in creating a favorable environment for statewide policy reform. Notably, grantees have engaged residents and youth to advocate for resources, practices, and policies that directly impact their lives. In addition to the focus on strategic communications, years of community organizing and constituent-led advocacy efforts have helped to shift public perceptions and the state’s trend toward more immigrant-friendly policies.<sup>11</sup> For example, youth and community residents played an important role in efforts to advance Health for All Kids Act (SB 4), which made undocumented children eligible for full-scope Medi-Cal. While efforts to ensure coverage for all is ongoing, one stakeholder noted, “the organizing strategy to lift up the voices and the experiences and the leadership in communities is creating roadmaps where there were no roadmaps.” Community organizing efforts funded by The Endowment have helped to elevate the voices of residents and create a model for community engagement that will benefit advocacy efforts in the years ahead. One standout example is the youth organizing working in the Central Valley, where at least 20 grantee organizations have actively strengthened the capacity of youth to spearhead advocacy campaigns on a range of issues from education to health equity, the environment, and immigration.<sup>12</sup>



## Prevention and Equity-Centered Systems

### Partnerships, ecosystems, and innovations

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TCE’s strategy recognizes that achieving health and justice for all Californians is beyond the reach of any single organization, strategy, or approach and requires investing heavily in collaboration that brings together diverse skills, resources, and perspectives to affect lasting change. Some of the key tenets of health systems reform center on quality improvements and innovations that promote a whole-person approach, integrate mental health and substance use services, and expand trauma-informed care. Other critical components focus on increasing the number of culturally competent health care providers. For TCE, this has been operationalized with ACA grants that support diverse partnerships between public health agencies, community organizations, hospitals, and health care providers to work together to develop coordinated solutions and more inclusive systems. In this section we lift-up two funding initiatives that reflect the intersection of people power, racial equity, and cross-sector partnerships to promote innovative systems change efforts. The first example is the *California Accountable Communities for Health Initiative (CACHI)*, a public-private partnership that is testing a new model for community-centered systems transformation. The second example highlights regional partnerships to develop a culturally competent health workforce pipeline, particularly in under-resourced regions of the state.

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<sup>10</sup> Engage R+D. Fight Fund Stakeholder Interviews. 2018.

<sup>11</sup> Advancing a Bold Campaign to Promote Health Access for All Californians. (November 2016). Harder+Company Community Research. Commissioned by The California Endowment.

<sup>12</sup> Terriquez, V. (May 2020). Youth Organizing Groups Empower Diverse Young Leaders in California’s Central Valley. UC Santa Cruz Institute for Social Transformation and USC Program for Environmental and Regional Equity. Commissioned by The California Endowment.



## Public-private partnerships have created critical opportunities to strengthen regional ecosystems and test new models of prevention

The California Accountable Communities for Health Initiative (CACHI) is a multi-year, \$10 million public-private partnership that includes The Endowment, Blue Shield Foundation of California, Social Impact Exchange, Kaiser Permanente, The California Wellness Foundation, Sierra Health Foundation, the Well Being Trust, and the California Department of Public Health. Established in 2016, the initiative provides a new model of health system transformation working with 13 CACHI sites across the state to improve the health of individuals and the community as a whole and ultimately reduce costs.

Over the last several years, the 13 sites have been coalescing regional partners to set priorities, pool and align resources, implement effective interventions, and create lasting infrastructure for shared accountability.<sup>13</sup> The developmental evaluation of CACHI has revealed a “grounding effect” when partners coalesce around a shared goal or widespread issue that spans multiple sectors and communities such as trauma or chronic health conditions. Early learnings indicate that partner organizations are aligning their organizational mission and activities with the broader goals of the ACH and are co-creating strategies aimed at systems change and community wellness, rather than a more singular focus on specific programs or direct services.

CACHI also has become an important testing ground for multiple stakeholders to build trust and advance equity-focused health systems. This is difficult and contentious work that requires time and intention. Partners have underscored the iterative and long-term nature of this work, noting the assets and developmental process looks different in each community. Without a doubt, COVID-19 has created new challenges, but strong partnerships and infrastructure have helped to strengthen resiliency and connections during times of crisis. As part of a 2020 CACHI evaluation survey, all ACH sites reported they were actively sharing resources and COVID-related information, as well as engaging senior-level representative of partner agencies.<sup>14</sup>

CACHI sites also are deepening their racial equity efforts. Even before COVID-19 and the heightened attention to the racial justice issues in 2020, ACHs were exploring ways to delve into root causes of chronic health conditions that affect community wellness. According to recent learning and evaluation memos, ten of the 13 sites reported using explicit equity-based criteria for developing outcomes and indicators, and nine reported the integration of equity, diversity, and inclusion in their decision-making processes.<sup>15</sup>

**“The long-term benefit of [CACHI] is that communities will be poised to be ‘fluent’ in the language of sustainable, cross-sector systems change.”**

CACHI Evaluation Report (June 2018)  
Desert Vista Consulting and Center for  
Outcomes Research and Education

### CENTERING RESIDENTS & YOUTH

#### ACCOUNTABLE COMMUNITIES FOR HEALTH

The East San Jose PEACE (Prevention Efforts Advance Community Equity) Partnership is one of 13 CACHI sites developing a comprehensive racial and health equity effort to prevent and reduce violence and trauma. The Partnership is guided by an inclusive leadership team that includes representatives from health care, public health, governmental agencies, community organizations, and community residents. Full community participation, with an emphasis on youth, and equity implications are considered in all aspects of development from strategy selection to financial management to measurement and evaluation.

<sup>13</sup> [https://cachi.org/uploads/resources/CACHI-CalAIM-Goals\\_12-2019.pdf](https://cachi.org/uploads/resources/CACHI-CalAIM-Goals_12-2019.pdf)

<sup>14</sup> CACHI October 2020 Update Memo (internal document).

<sup>15</sup> Ibid



## Efforts to leverage community assets promote equity, opportunity, and a culturally competent health workforce

The need for a diverse and culturally competent health workforce continues to be persistent, particularly in underserved regions of California. The Endowment launched 21<sup>st</sup> Century Pathways to Health Careers in 2013, investing in health career pathways within the 14 BHC sites. These communities include Boyle Heights, City Heights, Del Norte and Tribal Lands, Eastern Coachella Valley, East Oakland, Fresno, Kern, Long Beach, Merced, Richmond, Sacramento, Salinas, Santa Ana, and South Los Angeles. Each of these communities has large populations of color, higher rates of poverty, and fewer educational and employment opportunities. They also are predominantly located in regions of California that are designated as a Medically Underserved Area/Population and/or Health Professional Shortage Area.<sup>16</sup> TCE's workforce investments have supported a range of critical elements, including a health workforce that promotes community-based health and is reflective of the community; health career pipeline programs for youth of color; and support for health practices and practitioners. Many of these investments represent another notable example of the intersection of power building and systems change.

Assessing needs and forming cross-sector coalitions in BHC regions has paved the way for health career pipelines and opportunities for youth. An initiative-level evaluation of BHC pathway programs suggests coalitions with dedicated staff or network weavers (consultants or backbone organizations) are critical drivers to help strengthen workforce pipelines and ecosystems.<sup>17</sup> For example, in Merced grantees leveraged an existing countywide coalition to make connections across regional pathways, improve coordination, and raise the profile of their work. Grantees in South Sacramento established a community of practice among K-12 and community college partners to address structural reforms across their respective institutions and better serve students interested in health careers.

Although the local control funding formula for public schools in California has helped school districts target resources to meet student needs, there is still room for improvement. Several grantees emphasized the importance of acknowledging the lack of equity in the allocation of resources to support health career pathways. Grantees in East Oakland noted the Oakland school district has health career pathway academies, but they are not located in communities with high populations of under-represented youth. The schools with the greatest needs tend to have less infrastructure to support pathway



### CULTIVATING THE NEXT GENERATION

#### HEALTH CAREER PIPELINES

At Hiram Johnson Health Professions High School in Sacramento, the Y-PLAN (Youth-Plan, Learn, Act, Now!) teaches students about the range of opportunities in the health field. Along with traditional medical science courses, the school uses the Y-PLAN to expose students to public health. In the year-long course, students investigate the social determinants of health, such as physical fitness, housing, and even climate change. In 2018, Hiram Johnson students partnered with the Sacramento Housing and Redevelopment Authority to provide recommendations for engaging residents living in affordable housing. Students developed their advocacy skills, making presentations before commissions and the city council. Through the program, students learned about the public health career path. One teacher noted, students discovered there are many things that impact our health.

<sup>16</sup> Note: Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers, and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible), or facilities (e.g., federally qualified health center or other state or federal prisons). U.S. Department of Health & Human Services, Health Resources and Services Administration, 2018.

<sup>17</sup> Health Career Pathways Evaluation Final Report (2018). Engage R+D. Commission by The California Endowment.

programming. Inequity is exacerbated in some of the more rural regions of the state, such as the Central Valley. In these areas, workforce priorities revolve around low paying jobs in agriculture and associated industries. Despite more discussion about equity and structural racism, long-term and systemic change continues to be elusive.

The Endowment's investments also contributed to professionalizing and building the credibility of community health workers. Community health workers (CHWs) are non-licensed health professionals that work within multi-disciplinary, patient-centered medical home teams and focus on building trusting relationships with high-use patients and helping them navigate the health care system. With the enormous increases in insured Californians, CHWs play a critical role in helping newly insured patients navigate the complex health care system with empathy and cultural humility. In 2014, The Endowment provided support to the Worker Education and Resource Center (WERC) to pioneer a Community Health Worker Program for low-income and at-risk young adults, not only supporting health workforce development but also helping to improve the quality of care.<sup>18</sup>



## Considerations for the Road Ahead

### Key takeaways and opportunities

The last several years have been marked by seismic shifts in federal policy and an unprecedented confluence of crises. While shifts in political will are a common part of democracy, the past decade reflects a period of extreme highs and lows for efforts to improve social outcomes, particularly in communities of color and among other populations experiencing systemic oppression. In 2020, ten years after the passage of the ACA, the COVID-19 pandemic has further magnified the deep fissures in the nation's public health care system and the painful consequences of ignoring health inequities. But as one TCE senior leader noted, crisis can open windows of opportunity. "While we are certainly facing devastating real life and real-time emergencies, the potential silver lining that seismic events like COVID-19 often produce, cannot be ignored. Local, state, and national leaders have stepped into the crisis with funding and actions only months ago considered aspirational." As funders and leaders consider investments and strategies for the road ahead, we offer several considerations based on learnings and insights from The Endowment's ACA experience.



### Invest in shifting and building community capacity, power, and agency

Community change and power building is messy and requires long-term commitment but is a necessary part of health equity work. Many of the early relationships and capacities developed through ACA outreach and advocacy campaigns have been mobilized in later years to defend the ACA and engage in other critical civic issues. When viewed as part of a long-term and integrated approach, power building is a key lever to achieve health equity and transformative systems change. In addition to funding power building, philanthropy can further contribute by exploring ways to yield power and include more representative voices in designing and making decisions about philanthropic strategies. These efforts can help to fundamentally shift agency and power to communities. In practice, that shift requires changes in organizational culture and grantmaking practices. Trust-based philanthropy, an approach that is gaining traction and promoted by the Whitman Institute and the Trust-based Philanthropy Project, provides guiding principles and practices to help

<sup>18</sup> Mackey, M., Dresser, L., & Young-Jones, M. (2018). Case Study #1 Health Care Pathways in LA: New Apprenticeship Opportunities as an Industry Changes. COWS, University of Wisconsin-Madison.

operationalize this approach.<sup>19</sup> It calls for longer-term general operating support grants that provide more stability and allow nonprofits to respond to needs and opportunities in a constantly shifting environment.

### Promote trauma-informed and whole person care and healing

In addition to long-term investments in power building and narrative change, more attention is needed to address toxic stress and trauma, particularly in the wake of COVID-19, the economic recession, and a national racial reckoning. There is growing recognition and overwhelming consensus in the scientific community about the early warning signs and consequences of toxic stress on long-term health outcomes. This presents an opportunity for public and private funders to make impactful investments early in the lives of individuals who are impacted by trauma and toxic stress. As part of TCE's pre-COVID 2020 community survey (n=1,088), grantees and community partners ranked mental health, depression and anxiety, and substance abuse as the top three most critical health issues. Stress, trauma, and anxiety have been exacerbated by the events of 2020, calling for greater emphasis on culturally competent and trauma-informed care. Stakeholders specifically called out trauma-informed care and healing practices as areas that could be further developed, particularly as they relate to racial justice. One health advocate noted, "If we're not influencing the systems to really look at race, ethnicity, sexual orientation, social demographics, to transform them, we're going to continue to see brown and black people not flourish in our state."

### Cultivate and leverage cross-sector partnerships to reimagine more equitable and inclusive systems

Despite ongoing uncertainty, the shifting policy landscape and a new federal administration in 2021, there are more emerging opportunities to align and support public-private partnerships and advance a bolder and progressive policy agenda for transforming health care. This will require robust partnerships with local public health departments, regional and statewide collaboratives, and continued partnership with the state of California. Philanthropy has and will continue to play a critical role as a funding and strategy partner, particularly as it relates to testing innovative models and coalescing partners. As one state official noted, "government is by necessity going to be looking for philanthropic partners on certain issues, and philanthropy on its own can't really move the ball forward consistently or over the long term unless they have government partners." In addition to piloting new models and interventions like CACHI and Health Homes, public-private partnerships will play a critical role in developing the health workforce of the future. Funders can continue to look for ways to support regional ecosystem infrastructure and leverage community assets to meet the health care needs of the future.

### Convene stakeholders to develop and operationalize an intentional strategy to address structural racism

Across the country, local and state officials have declared racism a public health crisis which is an important first step in addressing deeply entrenched inequities in existing models and health care systems. It must be supported with resources and strategic action.<sup>20</sup> While there is broad support for health equity, what that looks like in practice and within the health care delivery system is still unclear. Stakeholders that were interviewed as part of TCE's ACA investments called for more intentional dialogue about structural inequities and strategies to shift organizational practices, policies, and mindsets that perpetuate racial bias and poor health outcomes. Philanthropy can play an important role in contributing to this dialogue and convening community partners. Building an equity-focused health system will require strong and sustained leadership, as well as a concerted effort in a state as large and diverse as California. Philanthropy is well positioned to contribute as a convener and strategic partner, bringing cross-sector stakeholders together to craft and operationalize a path forward.

**"Equity is probably one of the most difficult issues for us, because we all talk about it, but we don't know exactly what to do about it."**

**- Pathway Collaboration Leader**

<sup>19</sup><https://thewhitmaninstitute.org/about/trust-based-philanthropy/> and <https://trustbasedphilanthropy.org/>

<sup>20</sup> <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>

## Support field building and transformation by piloting models and scaling what works

One of the limitations in telling the story of The Endowment's investments has been the lack of ongoing evaluation and inconsistent data to fully capture the challenges and key facilitators. The philanthropic sector fills a critical gap in testing and evaluating innovations, as well as building evidence for approaches and models. A more intentional and coordinated platform for sharing what works and facilitating learning is needed to support effective policy implementation and to scale effective models. With a more explicit commitment to evidence building and an intentional plan for disseminating the results of evaluations, foundations can play an important role in informing systems improvements and models that the public sector can take to scale.

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