

Champions for Social Good Podcast

Trends in Health Philanthropy: A Conversation with Faith Mitchell, CEO of Grantmakers In Health

Jamie Serino: Hello and welcome to the Champions for Social Good Podcast, the podcast for people devoted to social impact. I'm Jamie Serino, Director of Marketing for the MicroEdge division of Blackbaud. I'm here today with Faith Mitchell, President and CEO of Grantmakers In Health. Hi Faith and welcome to the podcast.

Faith Mitchell: Hi Jamie, glad to join you.

Jamie Serino: Yeah, it's great to have you. Faith, could you start off telling us a little bit about yourself and a little bit about Grantmakers In Health?

Faith Mitchell: Gladly. I am a Medical Anthropologist by training, I have spent my whole career working in social and health policy. Some of my past places of employment have included academia, philanthropy, the government, and think tanks. And I've tried to bring all of that experience to inform my work at Grantmakers In Health. Grantmakers In Health, which we call GIH for short, is the professional association for health philanthropy. Our members, whom you'll hear me refer to as funding partners, are health foundations and corporate giving programs all across the country. We have about 250 members ranging in size from national funders whose work covers the entire United States to state wide, county wide, and even city wide funders.

Jamie Serino: Okay. Can you tell us a little bit more about how Grantmakers In Health works with its members?

Faith Mitchell: Yes. So what we do is we inform and advise their work so that they can do a better job of health philanthropy. Some of the ways that we do that are through our meetings. Our signature meeting is our annual conference which will be in Boston next year at the end of June. It's the largest gathering of health funders in the country and it's an opportunity for folks who are doing all kinds of related work to get together, to share their experiences, to ask questions of each other and so forth. We also have smaller meetings during the year which provide a similar kind of opportunity for funders to hear from experts and also to educate each other. We have publications, we have webcasts, and we also do strategic advising. So it's all in the name of better philanthropy by advancing the work that health funders are doing.

Jamie Serino: And so what kind of trends do you expect at this upcoming meeting? What kind of things are you seeing as of late with regard to that?

Faith Mitchell: There are about eight topics that I see trending right now among health funders. I'm gonna talk about them. It's more or less in alphabetical order but one of them is aging. And as you and your audience probably know the American population is getting older and older, and there's a lot of interesting work going on now about really supporting communities so that people can stay in their communities as they get older. We do some of that work on our own and we do some of it in conjunction with Grantmakers in Aging which is a sister affinity group. Another area of interest is behavioral health, that which would include substance abuse. That's a topic that's been getting a lot of attention in the press lately because of serious substance abuse problems in many states.

Faith Mitchell: So we have looked at things like how to include behavioral health treatment with primary care instead of having those... That kind of care be separate. And also, things that can be done in the community on the prevention side and also on the treatment side. A third area that we see a lot of interest in is child development, especially early childhood. As funders have really learned recently how important those early childhood years are to the whole life course of people as they grow up. And there's also interest in what's

called "two generation approaches" which is where you have an intervention that is for a child but also involves the parent because people are realizing that you can't improve the lives of children without also working with their parents.

Faith Mitchell: Another interest is community development which is outside of the traditional health sector, but that is in itself is part of a bigger trend that we see which is funders getting outside of traditional healthcare settings and working in innovative ways in communities to improve health. So some of those people who are working outside the healthcare sector are focusing on community development and that would include things like affordable housing, community clinics, grocery stores, childcare, and supporting other kinds of things that ultimately promote health.

Jamie Serino: Okay.

Faith Mitchell: You have funders who are still very active with health reform. That's an area where there was a big spike as you might imagine in 2010 after the passage of the Affordable Care Act. So there were some who were engaged in health reform before the legislation was passed and then many, many more who came on board after it became the law really helping to support it and implement it at the state level. And many of them are still engaged in health reform 'cause the work continues. There are plenty of challenges, things like outreach to inform people about the benefits that are available and help with enrollment so people are enrolling in the exchanges, and also just work that relates to helping healthcare settings function better.

Faith Mitchell: Then another, I guess it's about the sixth one on my list, is healthy eating, active living. That is typically a community-based programs often focused on schools and school-age kids to help them know how to eat in healthy ways and how to get exercise and supporting the activities that schools are doing that are in the name of healthy eating, like getting sodas out of the schools and getting more water and fresh fruit into schools. There are a number of funders all across the country who've been doing that kind of work. Another area that they're interested in is oral health, and it's similar to behavioral health in the sense that oral health services, like dental services, have often been separate from primary care, but there are a number of funders who say it would be better if those kinds of care were integrated so people weren't expected to go to different health facilities to get care for their teeth. And a second area of interest in oral health is expanding access to services because you have a lot of communities, especially in rural areas, that don't have very good oral health services.

Faith Mitchell: Finally I would just say that the last one on my list is population health which is referring to the health of people living in communities. People kind of use the term in different ways. Some people use it to refer to the clients of say, a healthcare system. Others mean more broadly, just people living in communities. But in any event, there is a lot of interest in how to improve the health of people outside of healthcare settings.

Jamie Serino: Okay. So within the areas that you operate in, it sounds quite broad. I wonder if you could choose one and maybe do a deeper dive into one of those, maybe give some examples and talk a little bit about some of the work being done in that particular area?

Faith Mitchell: Yes. I can do that, and I will pick health equity because there's a lot of interest in... I would say growing interest in health equity, in part because health funders have been concerned about what are called "health disparities," which are racial and ethnic differences in health and healthcare. They've been concerned about that for a number of years, but recently with the Ford Foundation and other foundations explicitly identifying inequality as the focus of their grant-making, that's really, I think, spurred funders' interests in promoting health equity, and also knowing that we have growing inequality in the United States.

Faith Mitchell: And some of them are doing some really interesting things both internally and externally, so that's another thing. It's an area where we see some foundations are saying, "We start the health equity work within by looking at our Board. Is our Board representative of the community we serve? Is our staff representative? Even are our vendors representative of the community we serve?" So, some are doing that and doing trainings internally. Sometimes they do that first. Sometimes they do that along with the kinds of

funding that they're doing. But the health equity funders in particular, I would say, are the ones that are looking at things like housing and how they can improve housing as a way to improve people's health. They're looking at things like workforce diversity, the healthcare workforce and saying, "How can we diversify the workforce in the name of not only having a more representative workforce, but also improving health equity in the community?" Because you have people who know these communities well.

Faith Mitchell: And health equity funders are working on access to care. And they're also working on... This relates to your question about research to some extent. Many of them are involved in data and evaluation because they recognize that we need better data to understand what's going on and to know where areas of improvement are.

Jamie Serino: Okay. So when it comes to data and measuring, what kind of role does your organization play in that? Are you helping them set up maybe baselines so they can do some measurement later? Are you helping them build measurement into their programs? Are you helping them actually do the measurement at the end? Could you talk a little bit more about that?

Faith Mitchell: I would say our help takes two forms. One is a general encouragement of them, of funders, to collect data and to evaluate what they're doing because I would say it's within the last decade that health funders have come to realize that it's important to not just to fund programs in communities, but also to understand the outcomes of those programs and to be a bit more systematic about their evaluation efforts. So we have strongly encouraged that. And the second way in which we get involved is through exposure, I would say. Having sessions at our annual conference that bring good evaluators who talk about their work, or expose them to funders, to foundations that have been doing evaluation that talk about the pros and cons. We don't typically conduct evaluations ourselves, but we absolutely promote it as something that they should do. And also exposing funders to researchers who are... There are a number of researchers who are doing really good kind of local data collection, and you can use the local data really imaginatively to understand what's going on in communities. And so that's like another kind of exposure that we provide.

Jamie Serino: Great. What kind of advice would you give to an organization that is not measuring or is not measuring enough and they're not quite sure where or how to start? What kind of advice would you give to them?

Faith Mitchell: Probably we'd start with one, this is something that's in your interest to do. Two, let's get you started by connecting you with some funders who are already doing it so that you can learn from what they're doing. And then three, if you need help. A lot of times the help they need is actually like convincing the board that something is a useful thing to do. Now that's something where Grantmakers In Health does get directly involved. We often will go out and talk to board members about, "This is a good thing, here are some other folks who are doing it, here's why it's in your interest," and answer their questions, and that can be very helpful to CEOs in terms of making an argument not just for data collection but for lots of changes that a foundation might want to make.

Jamie Serino: That's great. So, where do you see health philanthropy heading in the next five to 10 years just in general?

Faith Mitchell: That's an excellent question. Made me do some thinking. I think my... So, this is just my hunch, that the focus on the social determinants of health, I didn't use that term earlier but it's the things like housing, and education and employment, all of these kind of elements of life that are not healthcare, but that have a huge impact on health. I think there will be continued, strong interest in those social determinants. And one sign of that is, for instance, the Robert Wood Johnson Foundation's big initiative that they call The Culture of Health, where they're deliberately turning attention outside of... Well, it's the healthcare setting but it's also, as the term implies, everything else that effects health. I think you'll see more funders doing that, whether it's because they're spurred by this interest in inequality or because there's just really strong, growing recognition that healthcare is just one element that affects health but hardly the only one. I think there'll be that. There will also be continued focus on access and coverage, especially for populations that were not covered by the

Affordable Care Act, so for instance undocumented immigrants. There's still a real need to get people connected with healthcare.

Faith Mitchell: That's kind of a two-pronged thing that I see happening, the social determinants, and then the access and coverage. And the trick with the working on social factors of course is that that's long term work because you're not gonna "fix" that in a year or two. Social factors are complicated and the work is slow, and it requires a long term investment in order to see some kind of impact. I think that's the challenge that will be facing funders and their boards is recognizing that if they're gonna work on social things you have to do it for the long haul.

Jamie Serino: Yeah. So with regard to that, I'm glad you mentioned that. Is it an uphill battle to convince boards, to convince funders to fund these long term projects that may not immediately show an immediate impact? Is that an uphill battle? And if so, how is that going? Do you see progress there? Do you see the tide turning there at all?

Faith Mitchell: It is an uphill battle in many cases, I think for a couple of reasons. One is that trustees who make the ultimate decisions about funding, vary enormously in terms of their background, some are health people, many are not. And so their understanding of the complexities of health, and people like results. So if you've been funding for a couple of years and there's a sense that things aren't changing at all or aren't changing quickly enough, trustees can become impatient. And I think that gets back to our conversation about evaluation because at least if you're doing some data collection and evaluation it allows staff to track the impact, sort of gradual impact of what they're doing. So, you have groups like ours really beating the drum about the importance of long term investment. And some funders do that as a matter of course. Others I think are gradually coming to understand how important it is that nothing... As I like to say, the problems didn't develop in a year or two, you're not gonna clear them up in a year or two. You really have to stay in there if you wanna see progress.

Jamie Serino: Yeah, that's a great notion to pass along. The other thing that was crossing my mind is as you're talking about the idea that health issues maybe are caused by issues that are outside of what could be considered the health community, and it could come down to housing or where someone happens to live. So because it bleeds out into those areas, do you find more organizations partnering with other organizations that are maybe working on those very same problems? Or are you still seeing kind of walls and dividers in between these groups?

Faith Mitchell: That's a terrific question. In fact, we are seeing more of the partnerships that you're talking about, and working on cross-sectors as we... That's sort of our short hand. It's not easy, because if a health funder wants to work with a housing organization, you can have conflicting priorities sometimes. And there can definitely be turf issues, but we absolutely see more of those partnerships going on and an interest in them. For instance, CFDIs, which are Community Finance Development Institutions, which are completely outside of healthcare, many of them are getting interested in what they can do in communities that can improve health and are working with foundations on projects. And that's...

Jamie Serino: That's great.

Faith Mitchell: We always feel like that's for the greater good even though it's tough work, but it's gonna... Because just as you said, organizations have shared goals. It makes sense that if possible they should work together to support those goals.

Jamie Serino: Right, right. Okay Faith, thank you so much for joining us today. This has been really helpful and educational. You've been listening to the Champions for Social Good Podcast, and I've been speaking with Faith Mitchell, the President and CEO of Grantmakers in Health. To learn more about Grantmakers In Health, you can visit gih.org, you can follow them @gihealth on Twitter, you can follow Faith @gihealth_ceo. You can follow me on Twitter @jamieserino. The MicroEdge Twitter handle is @microedgellc, and Blackbaud's is @blackbaud. Thank you for listening.