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Evaluation is a must for CT Health in building public will to reduce racial and ethnic health disparities.



The Greater Hartford Interfaith Coalition for Equity and Justice is a trusted moral voice on disparities.



Our expert defines building public will to reduce disparities, cites a successful campaign and more.

BUILDING PUBLIC WILL TO REDUCE RACIAL AND ETHNIC HEALTH DISPARITIES

But What Does Public Will Mean?

How do you galvanize public will to reduce racial and ethnic health disparities, which are a documented fact of life in Connecticut and nationwide? For the Connecticut Health Foundation (CT Health), where reducing these disparities is one of three priority areas, step one was defining public will.

“Essentially, it’s expressing public sentiment or opinion through efforts to educate, inform or influence a particular segment of the public about racial and ethnic health disparities,” says Patricia Baker, CT Health president & CEO. “The intent is having the public support positive decisions or oppose negative actions at the program, system or policy level, and the effort must be led by those most affected.”

Next was outlining a strategy. This began with a baseline assessment completed in 2008 by Brian Smedley and colleagues of Opportunity Agenda, a New York City-based firm focused on expanding opportunity.

It included a media content analysis, telephone survey, focus groups and legal research. CT Health also commissioned one-on-one interviews and completed a social network map.

Bottom line, the assessment confirmed that the majority of Connecticut residents don’t understand racial and ethnic health disparities. Add the issue’s complexity and it became clear that reducing disparities meant CT Health had to work with multiple partners and constituencies to develop messages that resonate with multiple populations.

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Evaluating A Public Will Strategy

Evaluating the foundation's efforts in building public will to reduce racial and ethnic health disparities in Connecticut is essential to ensuring the work CT Health invests in yields the desired results. That's the path Ehren Reed and Deloris Vaughn of Innovation Network will travel.

CT Health selected the Washington, D.C.-based nonprofit evaluation and research firm to determine the foundation's impact over the initiative's 10-year life based on Innovation Network's experience evaluating other foundation-funded advocacy and public will efforts.



Ehren Reed,
Senior Associate,
Innovation Network

Compared to program evaluations, which follow well-established paths, evaluating public will-building is a far less certain course, notes Reed, a senior associate at Innovation Network.

"There's no list of best practices," he says. "So, the process will likely unfold without a predictable script." The focus, then, is on interim outcomes, not just the end goal.

That means the evaluation must be designed to provide the foundation and its grantees with data and feedback that will enable CT Health to adjust as the initiative evolves. Two key elements needed to create effective data collection methods and then analyze relevant information are:

- A "theory of change"
- An effective evaluation plan that builds advocates' evaluation capacity so they can rely on good data and their developed evaluation skills to move forward

Developing A Theory Of Change

The theory of change CT Health adopts is where meaningful data collection and feedback start.

"The theory documents the initiative's unique activities and desired outcomes. And it enables CT Health to measure progress toward the goals described in the theory," says Reed.

The theory of change also will form the basis of an evaluation plan for the initiative's first three years. "The plan will lay out specific questions to be answered, as well as concrete indicators for success."

As the evaluation progresses, it is critical that expectations reflect the fact that building public will is a long-term process. "For CT Health, it's a 10-year investment," says Vaughn, a senior associate at Innovation Network, who will team with Reed, along with Julia Coffman, from the Center for Evaluation Innovation, an Innovation Network partner.

"Expectations for what can be accomplished within given time frames should therefore be realistic. They also may need to be adjusted over time, which will require including interim outcomes," she notes. Outcomes could include:

- Building awareness
- Fostering inclusive dialogue
- Developing understanding among state and local leaders

"These can serve as milestones that will indicate the progress being made," says Vaughn.

Since showing cause and effect is not possible, determining contribution is vital. This provides a foundation for showing actions taken were meaningful in producing outcomes.

Measuring Success

For Innovation Network, success will be reflected in two ways:

- How its evaluation results are used to shape the program for CT Health and its grantees
- The degree to which the efforts of CT Health and its grantees have created public will to reduce health disparities in Connecticut

It's a complex, challenging process, one that requires ongoing adjustments. Often, desired results take years to achieve, as strategies evolve in response to changing factors and new opportunities.



But the benefits of reducing racial and ethnic health disparities to those impacted by them – and to the state as a whole – transcend the effort required.

Faith To Build Public Will

Time ... adjustments ... listening ... dialogue ... more adjustments ... Each played a critical role in shaping the Greater Hartford Interfaith Coalition for Equity and Justice (GHICEJ) strategy for building public will to reduce racial and ethnic health disparities.



Margaret Steinegger-Keyser,
Executive Director,
GHICEJ

Led by Margaret Steinegger-Keyser, GHICEJ's executive director, the organization's two-year effort, supported by a \$133,375 CT Health grant in July 2008, is finally yielding dividends.

GHICEJ, one of CT Health's first public will grant recipients, was funded because of the faith community's unique potential as a trusted moral voice on the issue. While recent efforts for reducing disparities are based on economic grounds, building public will also requires making a case on moral grounds.

GHICEJ's focus on building public will is a natural fit for the organization, whose mission is addressing systemic issues of racial and economic disparities throughout Greater Hartford. It's also a natural fit for Steinegger-Keyser, a South African theologian and social justice activist raised under apartheid.

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Sending Strong Messages

The issue also led CT Health to invest in ways to improve data collection. But data alone does not drive the public to action. CT Health realized that although messages must be grounded in data, they must be shaped to resonate with the public.

One example is the result of a CT Health grant to support the Connecticut NAACP's report on African-American health status. The report couples data with the voices of those most affected. The public and elected officials took notice, paving the way for establishing the Connecticut Commission on Health Equity.

Other efforts involving CT Health include:

- Research on establishing Medicaid reimbursement for medical interpretation and funding of the medical interpretation coalition
- Investing in "The Deadliest Disease in America" documentary, which puts a face on disparities
- Funding the Greater Hartford Interfaith Coalition for Equity and Justice, to align the faith community with this issue

CT Health also invested in a Health Leadership Fellows program and a leadership council.

- When the fifth Fellows class graduates in 2010, 100 midlevel professionals will have completed a 10-month program to enhance their leadership skills and their focus on health disparities.
- The leadership council, which began with a 2009 CT Health grant to the Connecticut Conference of Churches, supports convening diverse opinion leaders from across the state and various sectors to frame the issue and identify an agenda for change.

Community: A Changing Concept

The communities affected, not CT Health, will determine the agenda. But the concept of community is expanding to include professional and social networks, a reality reflected in our baseline assessment.

One form of effective "outreach" is to "go where the people are" and infiltrate media, such as Facebook and Twitter. So, late in 2009, CT Health awarded the Society for New Communications Research and its partner, CRT/tanaka, a 15-month grant to implement a social media strategy for reducing state health disparities.

"Because the environment has changed, many political leaders will now support debate on health disparities, an opportunity that cannot be lost," notes Baker. "The effort to build public will must continue to expand the critical mass of individuals who collectively declare health inequities unacceptable and demand action."

Ask the Experts

CT Health asked **Julia Lynch**, who is the Janice and Julian Bers assistant professor in the social sciences at the University of Pennsylvania's Department of Political Science, about building public will.



How do you define public will to reduce racial and ethnic health disparities?

Lynch: It's a winning political coalition that supports policies aimed at reducing disparities in health and health care. Policies may be local, state or federal and may address disparities by intervening directly at the level of health care access and health education, or indirectly by tackling causes of ill health, like low wages, environmental toxicity or availability of healthy foods.

When the public perceives disparities are *unfair*, as well as *unfortunate*, it is far more likely to support interventions to reduce disparities. Therefore, emphasizing the injustice of disparities may generate public will.

What are the key elements of a successful program to build public will?

Lynch: My research suggests there are four key elements:

- Emphasizing personal responsibility
- Educating the public about the causes of health disparities
- Focusing on health care
- Making the moral case

This is because most Americans favor policies that support individuals in taking responsibility for their own health behaviors. Many, however, also believe genetic or biological predispositions are mainly responsible for differences in the health of racial and ethnic groups in our society. So, education about the social determinants of health is a key component.

The public is more concerned about unequal access to health care services than inequalities in health or mortality. So, it may be easier to mobilize public will around the former. And, as I stated previously, the public is more likely to support interventions when it perceives disparities are unfair, as well as unfortunate.

What examples can you cite of successful efforts?

Lynch: The Robert Wood Johnson Foundation's "Cover the Uninsured" campaign probably helped generate the undercurrent of public support that contributed to passage of health care reform in Congress.

This campaign was aimed at educating the public about the magnitude of the uninsurance problem and, more implicitly, persuading Americans that those without health insurance were just like them and thus deserving of societal support.

How would you evaluate a public will initiative?

Lynch: Above all, I would ask whether members of the public who were not previously politically engaged in supporting health-promoting policy interventions are now being drawn into the conversation. For example, when church groups, Boy Scout troops and Rotary clubs start working together for things like safe parks, better school lunch programs and living wages because they understand these things promote health and reduce disparities, then we'll know we're getting somewhere.



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“If you’re dealing with health disparities, you’re dealing with race,” she notes. “GHICEJ members had the will to deal with the issue, they just needed to deepen their understanding and develop an effective strategy.”

An in-depth investigation led GHICEJ to identify four key elements for its public will-building strategy:

- Commitment from 18 member congregations and their leadership
- Support from the GHICEJ board
- Facilitators trained to educate small groups within member congregations
- A task force of volunteers committed to the issue of race

“But, despite the initial training, listening and dialogue, we found more work needed to be done,” says Steinegger-Keyser. “We realized the complexity of the issue and recognized this process was going to take longer than anticipated.”

The breakthrough, she says, came Sept. 17, 2009, at the GHICEJ forum, “Health and Race – Justice for All,” at Faith Congregational Church in Hartford. Here, a panel of experts examined the work being done on the issue and addressed the audience’s questions and concerns.

“When people left, they were saying, ‘Now, we understand the issue. Now, we have a handle on it.’”

The summit led to two GHICEJ-member Hartford deliberative dialogue sessions:

- Nov. 17, at the Muhammad Islamic Center
- Nov. 30, at the Iglesia Cristiana Esperanza, United Church of Christ

These reflected a broad range of concerns: issues of class and economics, universal access to health care, and health disparities. Most importantly, “Those who attended felt they were listened to and heard,” she adds.

Health justice was framed as a human rights issue, and the faith movement was recognized as an important stakeholder in bringing about systemic change in health care. As a result, health disparities discussions continue within GHICEJ, as do activities to build public will.

“We’re ready to engage with partners, such as the Connecticut Commission on Health Equity, Sustinet health care board and the state’s Multicultural Health Partnership, and meet with legislators.” Steinegger-Keyser also plans to organize a public meeting of congregations, legislators, health institutions and other stakeholders. From this, she hopes, will come recommendations GHICEJ can propose to all stakeholders.

“Ultimately, we want to communicate that GHICEJ has come to terms with the fact that access to health care is not enough. It is an issue of race and that issue requires long-term effort.”