# STRATEGIC PLAN 2020-2025

## PLAYBOOK

## MIDTERM GOAL 6:

***Equitable care and insurance are available and accessible for all people.***

## Context: Strategic Plan 2020-2025

In October 2020, the Health Foundation for Western and Central New York announced a new vision statement and strategic plan that will guide the work of the Health Foundation through 2025. An extensive planning process that began in 2019 has resulted in a new organizational vision statement, as well as three long-term goals and corresponding mid-term goals to pursue that vision. **Our new vision is a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.**

The Health Foundation's mission will continue to be improving the health and health care of the people and communities of western and central New York. The plan also reaffirmed the Health Foundation's commitment to young children impacted by poverty; older adults; and the community-based organizations that serve them.

Our new vision will be pursued through a set of long- and mid-term goals. This playbook provides an overview of why we chose a specific goal, and how we plan to pursue it.

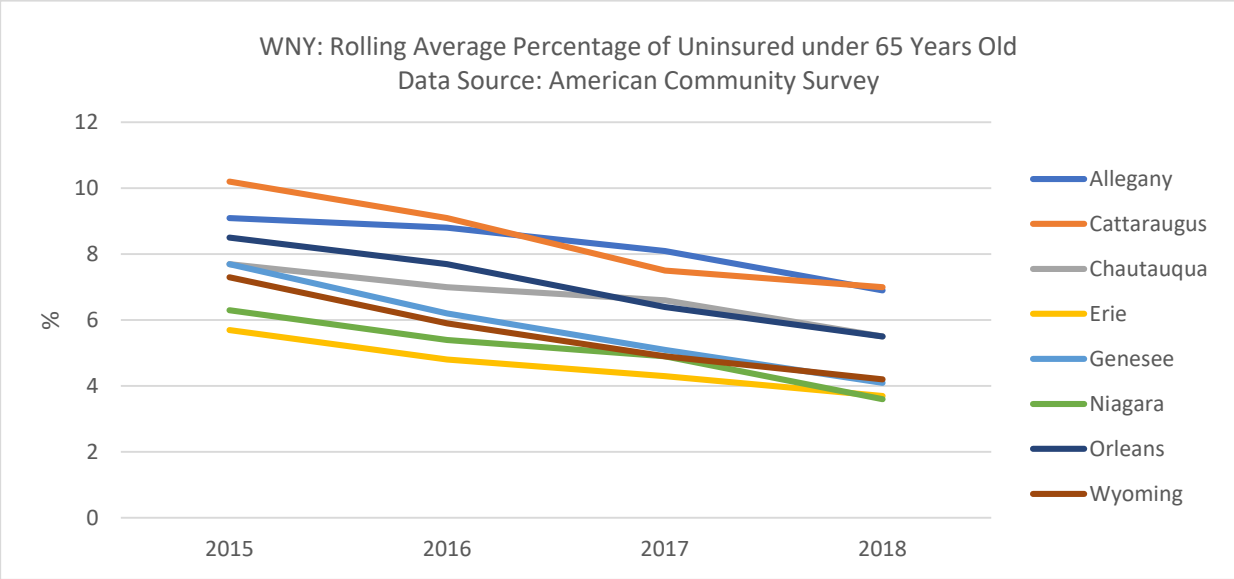
## Midterm Goal 6: Equitable care and insurance are available and accessible for all people.

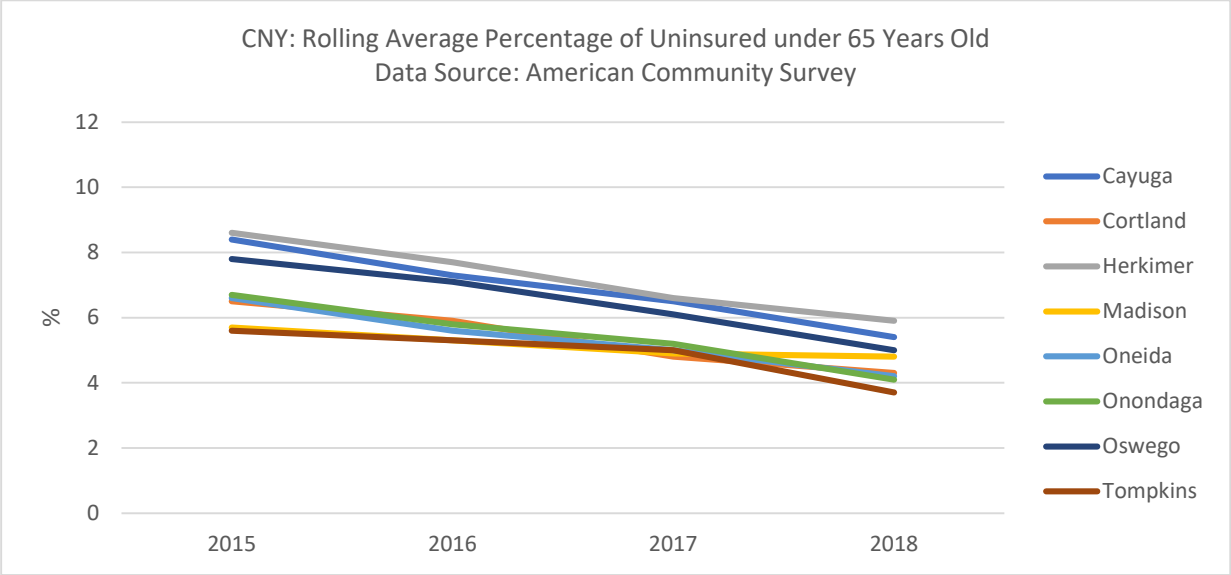
To eliminate health disparities and achieve better health outcomes for all, everyone must be able to access affordable, high quality care delivered by a trusted system of care without bias. This midterm goal reflects recognition that systemic racism and other institutional failures create barriers to health care access and have resulted in widespread mistrust of the health care system by marginalized communities, and that building trust is a necessary step to reducing health disparities and improving outcomes. It also reflects the Health Foundation's goal of achieving universal health care access for all New Yorkers. These goals support our larger efforts to eliminate the persistent inequities that exist in health outcomes within the sixteen counties served by the Health Foundation.

**BACKGROUND**

Thanks to the passage of the Affordable Care Act, the percentage of people in each of the Health Foundation's sixteen counties without health insurance has steadily decreased over the past several years. Looking at the rolling five-year averages in the sixteen counties served by the Health Foundation, the percent of uninsured went from a high of approximately 10 percent in Cattaraugus county in 2015 to a high of approximately 7 percent in that same county in 2018.

The percentage of people in each county who are uninsured has continued to steadily drop since 2015. Across both regions, the more urban counties such as Erie and Onondaga tend to have lower rates of uninsured adults, while the more rural counties have higher rates.




*Insurance and Equity:* While New York State has made great strides in reducing the number of residents who are uninsured, approximately 5% of New Yorkers still lack coverage, despite many of them being eligible for free or low cost coverage. Barriers to obtaining coverage continue to exist for many people, including the complexities of enrolling, lack of awareness of the availability of health care navigators and stigma about public health care options. Even those who have insurance often do not have sufficient access to care. Employer-sponsored insurance plans have become increasingly more expensive in recent years and often have high deductibles. This has resulted in an increasing percentage of New Yorkers being under-insured—they have insurance, but it may be too costly for them to use. High premiums, high deductibles, copays, provider networks and requirements for referrals can make accessing necessary care difficult, or even impossible for people.

In addition to affordability and coverage, those on public insurance programs such as Medicaid may experience bias from providers, as well as restricted options when seeking care. Doctors may be less likely to spend the time with patients because of lower reimbursement rates, or reluctant to recommend expensive testing or prescriptions. Patient difficulty in following through with referrals or complying with recommendations can lead to providers' perception that clients are *choosing* to be non-compliant and result in sub-standard care.

*Other Barriers to Care:* People of color, especially those in poverty, have shorter life expectancies, more chronic conditions and experience more barriers to accessing care. There are also disparities between rural and more urban communities; in rural communities there are fewer providers per capita, and geography often inhibits access to care. In western New York, there are .81 primary care providers for every thousand people in Erie County, but in Orleans County there are only .07 primary care providers for every thousand people. In central New York, Onondaga County has .96 primary care providers for every thousand people, but Herkimer County has only .29 primary care providers for every thousand people. There are large disparities in the number of primary care providers between most of the rural and urban counties served by the Health Foundation.

As noted in the introduction, there are widespread issues of mistrust of the health care system that are persistent within historically marginalized communities. This mistrust is rooted in personal experiences of implicit bias, as well as the legacy of abuses people of color have suffered under the guise of medical care. Issues of implicit bias affect quality of care at every level; research has shown that women's pain is taken less seriously by doctors, that Black men are less likely to receive adequate pain management in emergency rooms, older adults receive less aggressive cancer treatment, etc. Implicit bias is especially apparent for patients who fall into multiple marginalized groups, such as Black transgender women. When patients do not trust their doctor, they are less likely to follow treatment recommendations which can further result in doctors being dismissive towards these patients.

**WHAT THE HEALTH FOUNDATION HAS DONE TO DATE TO ADDRESS THIS GOAL**

*Scans and Reports:* Scans done by the National Council on Aging and United Hospital Fund have helped the Health Foundation better understand the remaining 5% of New Yorkers who do not have health coverage. By combining data with focus groups and interviews, these scans have provided direction for both future advocacy work and program development.

The NCOA report identified three top barriers to accessing insurance: trust, cost, and messaging. Participants in focus groups were from both urban and rural areas, and both groups cited a lack of trust as being a tremendous barrier to insurance coverage, which underscores the importance of including ***trusted connections*** as a central part of this midterm goal. Messaging was also highlighted as a possible strategy for future work by the UHF report: "*Educational and outreach campaigns that [reinforce] the value of coverage, [reduce] the stigma associated with public programs, and [alert] consumers to free enrollment assistance would help more western and central New Yorkers gain coverage.*

*Advocacy:* The Health Foundation's work in this area prior to this strategic plan focused largely on advocacy work and working to reduce the number of uninsured people in New York State. This advocacy work has used a combination of strategies: meeting with lawmakers, forming relationships with other advocacy groups, hosting events to discuss health care policy, writing op-eds, and collecting community stories detailing the impact of having insurance on people's lives. The Health Foundation has partnered with leading universal health care advocates including Physicians for a National Health Program and StateWide Senior Action to enhance grassroots mobilization in western and central New York, and works closely with many other leading organizations.

*Grants:* In addition to advocacy to protect the safety net and promote universal health care access, the Health Foundation has also supported grant requests from community-based organizations that look to provide better care or address lack of adequate access to care. Two examples include grants to Center for Elder Law and Justice to address advocacy needs of caregivers with loved ones in skilled nursing facilities during the Covid-19 pandemic, and a grant to Say Yes Buffalo to support the expansion of their Health Home coordination program to serve children aged 3-5 living in zip codes with high rates of poverty. A final example comes from a project from the Health Leadership Fellows CALL to Action program, which will train staff members from community-based organizations to be health literacy champions. These champions will lead the effort to increase the number of "health literate organizations" in western and central New York and help increase patient capacity to understand their health care decision making.

*Diversity, Equity and Inclusion:* As noted at the beginning of each playbook, the Health Foundation has made an explicit commitment to advancing **racial and socioeconomic equity in western and central New York**. The Health Foundation has historically focused on marginalized communities, especially children in poverty. The current strategic plan added an explicit focus on racially marginalized communities and emphasizes the importance of addressing critical health disparities. There is internal work underway to address the Health Foundation's own grantmaking and other policies and procedures, and staff and trustees have begun engaging in training and education around DEI issues. Additionally, the Health Foundation has begun work on a DEI Advancement Fund to support the work of local community-based organizations to advance their own internal capacity related to diversity, equity and inclusion. A team of Foundation staff, Health Leadership Fellows, and community experts in DEI are currently working to develop a full proposal for the Board with recommendations on parameters for this fund.

## 2020-25 STRATEGIES

In the next five years, the Health Foundation will broadly focus on continued advocacy, increasing our capacity to engage with marginalized communities, adapting internal grantmaking processes to facilitate engagement by grassroots organizations, working on increasing access to trusted resources to help connect people to heath care systems, and exploring the development of an initiative focused on power shifting. Some possible actions are included for each of these strategies below.

*Advocate for Universal Health Care Coverage:* The Health Foundation will continue to advocate for universal health care access while using our platform and influence to protect the safety net that is already providing vital health and social care. The Health Foundation will also continue our strategy of using storytelling and supporting grassroots efforts to elevate the voices of the uninsured, and building on our successful public education efforts. In 2021, we will focus on raising awareness of the connection between race disparities and access to affordable, quality care so that more recognize that racial justice must include health care justice.

*Build Our Capacity to Authentically Engage with Marginalized Communities***:** In order to live into our new vision, the Health Foundation will continue its work to build capacity to address health equity through new and stronger partnerships with marginalized communities and the community-based organizations that represent them. Part of this strategy will entail the development of community engagement plans for rural and urban communities that reflect the unique needs of each community. Additionally, this strategy includes internal capacity building for the board and staff to further develop our own capacity to engage with marginalized communities. Part of that internal development work will include the Health Foundation's continued partnership with the Equitable Evaluation initiative as part of a cohort of practice partners committed to advancing equitable evaluation practices in philanthropy.

*Adapt Grantmaking Processes to Promote Grassroots Participation:* This strategy emphasizes internal work to improve our own processes and will involve exploring work done by other foundations and identifying best practices in philanthropy. These practices will be considered during the process of identifying and implementing new grantmaking software. The program team will work to identify barriers to grassroots organizations participating in our current grantmaking processes, implement needed changes, and monitor for improvement.

*Expand Access to Trusted Resources as Connectors to Health Systems:* The Health Foundation has already been engaging in responsive grantmaking to help facilitate the work of community-based organizations that serve as trusted connectors to health systems, and this will continue over the next 5 years. Additionally, we will look for opportunities to support trusted resources in the context of other strategies in the plan, such as doulas under the maternal health midterm goal.

*Pilot/Support Initiative Focused on Power Shifting:* This strategy will follow from internal capacity building work, but the goal is to build and strengthen relationships with grassroots organizations that are led by and serve marginalized communities. Additionally, the Health Foundation will explore existing work being done by other funders on power-shifting, research promising models, and monitor for emerging opportunities related to other strategies.

**KEY PERSONNEL**

Given the internal work that is part of this goal, this will be a full team effort. All program officers will be heavily involved in the external portion of this work. In addition, the following roles should be noted:

**Jordan Bellassai**—Program Officer overseeing the Health Foundation's advocacy efforts.

**Coralie Brown**—Grants Manager supporting efforts to adapt grantmaking processes.
**Jessy Minney**—team lead on the Equitable Evaluation Initiative.
**Nora OBrien-Suric, Diane Oyler, and Kerry Jones Waring**—management team overseeing organization wide strategies to advance diversity, equity and inclusion.