Consumer Health Foundation

Strategic Plan
2017-2019

Deepening Our Commitment to Health, Economic and Racial (HER) Equity
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HEALTH, ECONOMIC AND RACIAL EQUITY

Much has changed since we adopted our strategic plan in 2013. We intentionally limited our plan to three years because we anticipated that there might be rapid developments that might affect our work beyond 2016. For example, since the 2013 acquittal of George Zimmerman in the killing of Trayvon Martin, there have been a number of police killings that have been covered by the media and concurrent protests in places like New York, Baltimore and Ferguson. In the wake of these killings, the #BlackLivesMatter movement was born and has been instrumental in influencing the national discourse about racism in America. We have also witnessed a historic election and the public resurgence of white supremacist ideology in its wake, making our work that much more urgent, requiring deeper partnerships with local communities and the nonprofit, philanthropic, small business, and local government sectors.

Across the Washington, DC region, low-income communities and communities of color have not shared in the post-recession prosperity and face barriers to good jobs, quality healthcare, affordable housing and wealth-building opportunities. Black workers are more likely to be unemployed compared to Whites and Latinos. Inequality in incomes and wealth continue to increase. For example, in Washington, DC, the top 1% make 24.3 times more than the bottom 99%. In Maryland, it is 17 times, and in Virginia it is 17.7 times. In addition, in the District, 26% of Black residents and 22% of Latinos live below the poverty level compared to 7% of Whites.

Nationally, it would take an average Black family 228 years and a Latino family 84 years to generate the same wealth as White families. At the same time, health inequities persist across the region among people of color based on various indicators.

The Consumer Health Foundation’s 2017-2019 strategic plan reflects our deepening commitment to health, economic and racial equity. Achieving health equity requires that we address the social determinants of health, in particular racial equity and economic justice. This means that the policies and systems that negatively impact people living in low-income communities and communities of color must change. Our communities will then have access to affordable and quality care; living wage jobs; safe affordable housing; food security; reliable transportation, educational opportunities and extensive networks; and freedom from racism and discrimination in all of its forms, both personally and institutionally.

Over the past eight years, CHF has focused its grantmaking program on advocacy to create systems change. Funding advocacy is critical to achieving our mission. We will support the organizing of patients/clients, workers, community members and immigrants and their engagement in advocacy. We will also support nonprofit organizations that are undertaking advocacy work with a racial equity lens on the following issue areas:

- **Health reform** (see page 4 for more detail) to protect and expand access to affordable and high quality care and transform the health system, especially to reduce costs and address the social determinants of health.
- **Economic justice** (see page 4 for more detail) to protect the rights of low-income workers and provide opportunities for low-income communities and communities of color to create wealth and develop assets.

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2. Income inequality in the U.S. by state, metropolitan area, and county, Estelle Sommeiller, Mark Price, and Ellis Wazeter, 2016.
3. DC Poverty Demographics, DC Fiscal Policy Institute, 2014.
These two programmatic focus areas afford us the greatest opportunity to achieve health equity, which we define in two ways:

- The first is a goal-oriented definition: the absence of systematic disparities\(^5\) in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage and disadvantage\(^6\).
- The second is a process: the assurance of the conditions for optimal health for all people, which requires valuing all individuals and populations equally; rectifying historical injustices, and addressing contemporary injustices by providing resources according to need\(^7\).

The Foundation has an explicit commitment to racial equity, which we define in the context of health as a goal and a process whereby people of color live healthy and dignified lives. We recognize the history that created an inequitable and unjust system which affects the lives of people in low-income communities and communities of color and the need to undo these injustices. We believe that achieving racial equity requires the leadership of people from the most affected communities and valuing their voices and lived experiences. While racial equity has been an enduring process and goal of the Foundation, we are deepening our commitment in more visible ways in our grantmaking and capacity building programs (see page 4), strategic communication and narrative change and our partnerships (see page 5). We will also increase our support for community organizing.

We believe we have a shared responsibility to create a region in which everyone has good health and well-being. We will partner with community members, nonprofit organizations, foundations, businesses and local governments and policymakers to achieve this vision. We will continue to use our resources to advance mission-consistent investing, and we will elevate health, economic and racial equity using strategic communications and our own voice to support our grantee partners whenever it is appropriate to do so.

We are grateful to those who provided input as we deliberated, and we look forward to working with you as we seek to implement this plan and advance health in our region.

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\(^5\) The term “disparities” is used here to simply describe differences that exist between groups. The use of the term “inequities” suggests that these differences are avoidable and unfair because they are a result of underlying social advantage and disadvantage.


\(^7\) Jones, Camara as quoted in Grantmakers in Health (2012). Striving for health equity: Opportunities as identified by leaders in the field.
THEORY OF CHANGE

The Consumer Health Foundation envisions an equitable and just region and nation in which everyone lives a healthy and dignified life. By “everyone,” we mean all people regardless of race, ethnicity, immigration status, religion, gender identity, sexual orientation, disability, age, education or income. Our mission is to advocate for racial equity and racial justice through programs and investments that advance health and economic justice in low-income communities and communities of color in the District of Columbia, suburban Maryland, and Northern Virginia.

Our programs – grantmaking and capacity building, strategic communications, strategic partnerships, and mission-consistent investing – are focused on contributing to the following investments:

- Cohorts of community members, advocates and organizers who apply a racial equity lens to their efforts
- Influential communication to increase the awareness of and action toward health and racial equity
- Emerging and innovative approaches to creating health and racial equity
- Investment vehicles and social ventures that are aligned with health and racial equity priorities

The investments will then lead to the following changes:

- Community members are organized and effective advocates for their own health and the health of their communities.
- Regulations, policies and programs are protected or advanced that lead to more effective and equitable labor laws, worker advancement and opportunities to create wealth and assets.
- Health and other public benefit programs have adequate and sustained funding and are implemented effectively and equitably.
- Networks of diverse community members, advocates, and organizers have a common vision and coordinated strategy to achieve health and racial equity.

Our theory of change suggests that these changes will lead to people of color and people with low income having quality and affordable health care and increased income and wealth that together enhance their ability to live healthy and dignified lives.

We believe that community members, our grantee partners, other nonprofit organizations, foundations, businesses and local governments are essential partners in achieving our vision and mission.

A graphic depicting our theory of change can be found on page 8.
Grantmaking and Capacity Building

Funding advocacy strategies with a racial equity lens is critical to achieving our mission. Health inequities are created and reproduced by policies and systems. Advocacy for local, state, and regional policy change and systems reform is essential to achieve the change we envision.

The Foundation defines “advocacy” as efforts to create local, state and regional policy change and systems reforms that benefit low-income communities and communities of color in the Metropolitan Washington, DC region. Activities could include community engagement and organizing among residents in low-income communities and communities of color; development of policy recommendations, implementation and monitoring, budget and policy analysis, coalition or network building, convening, stakeholder engagement and collective problem solving among diverse groups, campaigns, media and communications.

The Foundation will support the organizing of low-income patients/clients, workers, community members and immigrants and their engagement in advocacy. We will also support nonprofit organizations that are undertaking advocacy work with a racial equity lens on the following issues:

- **Health reform.** In the past years, health systems have evolved in response to national, state and local policies. CHF believes that we need to protect and build on the gains that have been achieved that promote health equity. CHF will support advocacy that will protect and expand access to affordable and high quality care. It will also support advocacy that will transform the health system especially in reducing cost and addressing the social determinants of health.

- **Economic justice.** CHF operates on the overwhelming evidence that health and income are interconnected. Therefore, CHF's strategic direction includes a focus on economic justice, which will include support for policies that protect workers’ rights. It also includes advocacy strategies that will help low-income families to create wealth by owning assets and providing local employment through micro-enterprises and small businesses.

**Field Building Approach to Advocacy Grantmaking and Building a System of Advocacy**

We will prioritize a field building approach to our advocacy grantmaking, designed to create and sustain a group of organizations that use advocacy strategies with a racial equity lens and are able to engage in political environments and develop policy recommendations in the areas of health reform and economic justice. This “system of advocacy” requires strong networks of organizations that are using various strategies and have different capacities. These capacities include the ability to: build a strong grassroots base of support, analyze legal and policy issues, develop media and communication strategies, build and sustain strong, broad-based and diverse coalitions and alliances, and generate resources to accomplish these goals. CHF will work with grantee partners and other nonprofit organizations to identify the gaps in skills and other areas that will help strengthen the health reform and economic justice advocacy fields.
CHF will support work to organize and engage low-income community members, patients/clients, low-wage workers and immigrants in advocacy that uses a racial equity lens. We will develop learning communities of constituencies with lived experiences such as consumers and workers.

CHF will also work with grantee partners and other nonprofit organizations to develop a learning community of advocates that use a racial equity lens in their advocacy strategies on health reform and economic justice. We will help build the capacity of advocates to analyze and develop policies with a racial equity lens using a racial equity impact assessment tool and others. We will also support multi-racial convenings that advance racial equity.

CHF recognizes that the philanthropic sector has an advocacy role. As a stakeholder in the advocacy field on health reform and economic justice, we will identify specific efforts to use our own voice in ways that complement the work of our grantee partners. This could include communication and narrative change, commissioning research, hosting convenings with advocates to map strategies and providing technical assistance to other stakeholders, including local governments.

CHF may also consider tactics such as adopting collaborative approaches to convenings, funding and aligning grantmaking with other funders that may be supporting organizations beyond those supported by CHF.

**Strategic Communication and Narrative Change**

We will continue to use our strategic communication resources to emphasize racial equity and will pay special attention to lifting up the voices of people with lived experiences. We will use different methods to accomplish this goal such as annual meetings, reports and social media.

In addition, we will complement grantees’ use of communications with CHF-led work on narrative change. Narrative change is a long-term process relying on storytelling (visual and written) as a method of disrupting the dominant belief structures that undergird social and racial hierarchy\(^8\) and expanding the availability of a wide range of stories about people of color.

**Strategic Partnerships**

Strategic partnerships are essential to achieving our mission. Partnerships with foundations have allowed us to address social determinants of health such as workforce development, food systems, and community wealth building. We will continue to build and participate in strategic philanthropic partnerships that allow us to advance our work on health reform, economic justice and racial equity.

We will also develop new partners as we work on various initiatives that will advance racial equity. We will continue to educate local governments on their role in advancing racial equity in their jurisdictions. We will also develop partnerships with the business sector, especially hospitals and healthcare systems, to develop workforce policies that will support low-income workers.

\(^8\) Narrative Change: A Toolkit for Grantmakers, Executive’s Alliance to Expand Opportunities for Boys and Men of Color and The Perception Institute, 2016.
Mission-Consistent Investing

Foundations are legally required to spend a minimum of 5% of their assets annually on charitable activities, with an additional 1-2% spent annually on non-charitable operations. Foundations are also expected to invest their endowed assets prudently – seeking a reasonable return at a reasonable risk. While attention is naturally focused on a foundation’s charitable spending, more and more frequently foundations are asking whether a more strategic investment of the endowment can further the foundation’s mission. CHF will work with our investment advisor to ensure that our investments are aligned, as much as possible, with our mission to advance health, racial equity and economic justice. We will also work with our advisor to make progress on measuring social returns. In addition, we will explore local social impact investments that we might make in the coming years using the program-related investment mechanism and convene other foundations and large institutions, such as hospitals and healthcare systems, with an interest in using their endowments for these types of investments.

Evaluation

We developed an evaluation framework for all of our programs - grantmaking and capacity building, strategic communication, strategic partnerships, and mission-consistent investing. We used this framework to develop a baseline of the Foundation’s activities and will continue to regularly assess and share progress toward achieving the intended changes in each program area.

INTERNAL OPERATIONS AND POLICIES

We recognize that racial equity is also a process. We will continue to identify opportunities to further operationalize racial equity in our internal practices. We will continue to recruit a diverse Board and staff. We are committed to providing public information about our Board and staff’s race and ethnicity, sexual orientation, gender and gender identity, and age.

We will continue to use our internal diversity and equity indicators to reflect on our progress on diversity and equity and improve our policies and practices. In addition, we will continue to undertake efforts to diversify the vendors and businesses with whom we work and support local enterprises owned and operated by entrepreneurs from low-income communities and communities of color.
SPENDING POLICY

The collapse of the financial markets in 2008 had an unprecedented impact on our national economy, our local community and the Consumer Health Foundation’s assets. CHF’s investment portfolio lost roughly 28% of its value, falling from $42 to $28 million, a percentage decline consistent with peers nationally based on studies from the Foundation Center and the Chronicle of Philanthropy.

The Foundation made an intentional decision on an annual basis, through its budgeting process, to hold its spending flat in the five years (2009-2013) following the 2008 collapse. CHF wanted to be responsive to the community at a time of uncertainty and financial duress. However, the slow recovery of the market, coupled with an intentionally aggressive spending rate had an impact on the Foundation’s endowment.

The CHF Board of Trustees adopted a policy to reduce CHF’s spending rate relative to the three-year moving average of the Foundation’s assets by 1% each year for five consecutive years, starting at 11% in 2014. We have made significant progress in advancing this spending policy objective. At the same time, we believe that this moment in our history calls for bold action on racial equity. We will continue to carefully steward the foundation's resources and explore ways to attract new resources to advance our mission. At the same time, we will take advantage of opportunities to deepen our work on racial equity.
**VISION**

We envision a region and a nation in which everyone lives a healthy and dignified life. By “everyone,” we mean all people regardless of race, ethnicity, immigration status, religion, gender identity, sexual orientation, disability, age, education or income.

**MISSION**

The mission of the Consumer Health Foundation is to advocate for racial equity and racial justice through programs and investments that advance the health and well-being of low-income communities and communities of color.

**OUTCOMES**

People of color and people with low income receive quality and affordable health care and increase their income and wealth that together enhance their ability to live a healthy and dignified life.

<table>
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<th>INTENDED CHANGE</th>
<th>CHF INVESTMENTS</th>
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| Community members are organized and effective advocates for their own health and the health of their communities | Cohorts of community members, advocates and organizers who apply a racial equity lens to their efforts | Grantmaking & Capacity Building | • Mission  
• Values  
• Strategic Plan & Priorities  
• Investment Policy  
• Logic Model  
• Evaluation Plan |
| Regulations, policies and programs are protected or advanced that lead to more effective and equitable labor laws and opportunities for worker advancement | Influential communication to increase awareness of and action toward health and racial equity | Strategic Communication | • Staff  
• Board  
• Advisors  
• Consultants  
• Grantee Partners  
• Investment Advisors |
| Health and other public benefit programs have adequate and sustained funding and are implemented effectively and equitably | Emerging and innovative approaches to creating health and racial equity | Strategic Partnerships | • Money for Grants  
• Funding Collaboratives  
• Memberships  
• Mission-Consistent Investing |
| Networks of diverse community members, advocates, and organizers have a common vision and coordinated strategy to achieve health and racial equity | Investment vehicles and social ventures that are aligned with health and racial equity priorities | Mission-Consistent Investing | • Office Space  
• Equipment  
• Technology |
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**RESOURCES**

- Mission
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- Strategic Plan & Priorities
- Investment Policy
- Logic Model
- Evaluation Plan
- Staff
- Board
- Advisors
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- Funding Collaboratives
- Memberships
- Mission-Consistent Investing
- Office Space
- Equipment
- Technology
- Annual Meetings
- Reports
- Convenings
- Survey Research
- Website
- Social Media
- Community Members
- Nonprofit Partners
- Community Organizers
- Foundation Partners
- Health Care Systems Leaders
- Public Officials