PATHWAYS TO HEALTH: Lessons from the Frontiers of Health Philanthropy

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Grantmakers In Health (GIH) has long believed that health philanthropy's diverse voices, viewpoints, and grantmaking strategies deepen our understanding of health and strengthen our ability to fashion effective solutions. The rich variety of our field reflects the complexity of the challenges health philanthropy faces: to improve health in all kinds of communities and care settings, across the life course from birth to old age. Our annual conference is the largest platform for weaving together the various threads of philanthropy's work, but we also do this throughout the year, in our webinars, meetings, publications, and other programming.

For all of health philanthropy's achievements, there are still many neglected areas that deserve—and require—grantmakers' attention. Achieving the goal of improving health for all will require our grantmaking pathways to include issues, populations, and strategies that currently receive little attention. I think of these as the frontiers of health philanthropy.

This year I learned more about some of these frontiers. In August, I had the privilege of participating in the Rasmuson Foundation's Alaska grantmakers tour. The Rasmuson Foundation is Alaska's largest health and social services funder. The annual Grantmakers Tour exposes funders from "Outside" to the state's many health challenges, and to the local leaders who are working for positive change.

Alaska is a frontier in multiple respects. It is literally a geographic frontier, encompassing an enormous area that is twice the size of Texas and larger than all but 18 countries, but is less densely populated than any of the 50 states. From the mountains of the southern part of the state to the desolate flatlands bordering the Bering Sea, nature is a dominant force. Many communities can be reached only by water, air, or across the winter snow and ice—even Juneau, the capital, is inaccessible by road.

Alaska is a health frontier because so few of us outsiders appreciate the gravity of its problems. Many of the most pressing ones are behavioral, a long list that includes alcoholism and substance abuse, domestic violence, child abuse and neglect, sexual assault, and high rates of suicide. American Indians and Alaska Natives, who comprise about 15 percent of the population, experience all of these problems at a disproportionately high rate, along with high rates of cancer, heart disease, diabetes, and lung disease (Johnson and Redwood 2015). There is also a pressing need for dental health services, especially in American Indian and Alaska Native communities, where in many villages a dentist is available for only one week a year (Rasmuson Foundation 2010).

The isolation of Alaskan communities exacerbates every health challenge and heightens the need for innovative approaches. Using their own funds, often combined with foundation support, American Indian and Alaska Native communities are providing some of these innovations. Cook Inlet Region, Inc., one of the 13 regional corporations by which Alaska Natives are organized, is the home of the Southcentral Foundation, an Alaska Native-owned, nonprofit health care organization led by Katherine Gottleib that serves nearly 60,000 Alaska Native and American Indian people living in Anchorage, Matanuska-Susitna Valley, and 60 rural villages in the Anchorage Service Unit (Southcentral Foundation 2015c).

The Southcentral Foundation's Nuka System of Care (Nuka refers to a strong, living, and large structure) is receiving increasing attention as an innovative health care system that has achieved impressive results in improving the health of its enrollees while cutting the costs of treating them (Southcentral Foundation 2015b; The New York Times 2012). In 2011, the Southcentral Foundation received the Malcolm Baldrige National Quality Award from the U.S. Department of Commerce in recognition of these achievements.

The Nuka system is distinguished by three elements:

1. The customer-owners of the health care system drive all aspects of improving the overall health and wellness of the Native Community;
2. the system values healthy relationships with these customer-owners, community leadership, and internally, in order to fulfill its mission of working together with the Native Community; and
3. the system provides multidimensional care. It focuses on more than just physical health and works with individuals, families, and communities to achieve holistic wellness (Southcentral Foundation 2015a).

The Nuka system in action is a remarkable experience that has attracted visitors from around the world.

> There are no physician's offices, no nurse's stations in the clinic. The team who helps you …[takes] pride in

their ability to work together.

> If you need to see a specialist… these providers rotate throughout the clinic teams. Other medical specialists, such as cardiologists, are available on referral the same day—within another area of the medical center. Incidentally, the clinical options include Native Alaskan traditional healing, which is available at a person's request and encouraged as a complement to western medical treatment (Lindberg 2013).

Jeff Brenner has identified the Southcentral Foundation's Nuka system as an example of how "the cutting edge of population health [is] being built at the periphery of the system" (Brenner 2014). Southcentral is also an exciting integration of millennia-old traditional health techniques and western medicine. In 2015, GIH will report in more detail about the Southcentral Foundation's care delivery innovations, its funding (which is a mix of an Indian Health Service block grant, Medicaid, Medicare, private insurance, donations, and grants), and the implications of the Nuka model for other providers.

Farm workers are another of health philanthropy's frontiers. These mostly invisible laborers are one of the most vulnerable groups in this country. In 2013, GIH and several other affinity and funder support groups cosponsored a Funders Learning Tour to the California Central Valley that raised awareness of the health, social justice, equity, and environmental needs of this population, as well as those of other Central Valley residents (Health and Environmental Funders Network 2013).

Although they live and work in obscurity, farm workers help feed millions of Americans, as well as tending livestock and working in industrial agriculture. Many "have low educational attainment, limited English proficiency, are ineligible for most needs-based government programs, and…lack any social support" (The Kresge Foundation 2013).

Language and cultural differences, high worker turnover, and the reluctance of both laborers and employers to talk to researchers make it very difficult to get information about farm workers' health and the conditions in which they live and work. However, we know from research and assessments funded by the Kresge Foundation, the Sisters of Charity Foundation of South Carolina, the Sierra Health Foundation, and The California Endowment that farm workers face high risks of morbidity and mortality from respiratory disease, musculoskeletal problems, infectious diseases, and stress-related mental health disorders; and that there are significant disparities for them in areas that include safe working conditions, access to health care and schools, legally protected workplace rights, and adequate housing (The Kresge Foundation 2013; Sisters of Charity Foundation of South Carolina 2015; UC Davis Exposure Sciences Group 2015).

> Farmworkers and their families in rural California and throughout this country often are forced to live in the most despicable and challenging conditions. They sleep in onion fields, live in caves dug into canyons, bathe in irrigation ditches, huddle under tarps or find refuge in cars, tool sheds, barns and in river banks, face rent gouging for substandard and dangerous housing units, rent rooms in dilapidated old motels, face housing discrimination because of who they are, what they look like or the language they speak and suffer retaliatory eviction and firing should they have the temerity to complain about such third world conditions in the richest nation in the world (California Rural Legal Assistance, Inc. 2011).

With foundation support, community organizers and advocates are taking on the large-scale policy and program changes necessary to improve the status of farm workers and their families. For example, with funding from the W.K. Kellogg Foundation, the Coalition of Immokalee Workers, based in Florida, has launched the Fair Food Program (FFP), a model for worker-driven social responsibility based on a unique partnership among farm workers, Florida tomato growers, and participating retail buyers, including Subway, Whole Foods, and Walmart. FFP ensures humane wages and working conditions for the workers who pick fruits and vegetables on participating farms. Every farm must have a health and safety committee with workers' representatives, and there is a 24-hour hotline that workers can call, with a Spanish-speaking investigator. Observers have heralded FFP's strength as a workplace-monitoring program, and the United Nations Working Group on Business and Human Rights has said it "could serve as a model elsewhere in the world" (Coalition of Immokalee Workers 2014).

The Fair Food Program and Southcentral Foundation's Nuka model both illustrate how effective local leadership can be, with support from health philanthropy. Both examples also show how lessons from the frontiers of health philanthropy can potentially advance the larger field. This is one reason why GIH will continue to explore not only well-identified pathways to health but also the issues, population, and strategies that deserve additional attention. We are also driven by our commitment to positive health outcomes for all Americans and the knowledge that if there are people languishing on the frontiers of health philanthropy, then true health equity has not been achieved.

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