Partnering with Communities Across the United States

$2.25MM distributed to 15 organizations in 11 states

- American Diabetes Association
- Arthur Ashe Institute for Urban Health
- Black Women’s Health Imperative
- Bread for the City
- Bridge Breast Network
- The Council on Black Health
- Elevate Policy Lab
- The Floating Hospital
- The Glenn Family Foundation
- Patient Advocate Foundation
- SAGE Center Harlem
- SisterLove, Inc.
- Sisters Working It Out
- ZERO - The End of Prostate Cancer

Social Determinants of Health (SDOH)
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context
- Economic Stability
- Education Access and Quality

Program Settings

- Urban: 13
- Suburban: 5
- Rural: 5

*Because some programs serve more than one setting, these figures total more than 15.
Serving Systematically Overlooked Communities

829,470 people empowered with knowledge

904,027 people received healthcare services, information, and emotional support

15,604 patients with increased access to healthcare

7,991 patients with stronger social support networks

I came to this city four years ago, undocumented, and so sick that my friends could see death on me. My 12-year-old daughter came with me, both of us survivors of domestic abuse. We came to get some relief, but I got sicker. Then we were stranded—sick, homeless, no food, no benefits, no nothing. After two and a half years in a homeless shelter, I found The Floating Hospital. Honestly, they’re my savior...because I was also a cancer patient—very sick, very weak. They pick me up, they bring me [to treatment], then they bring me back home...The Floating Hospital was my safe place. They put this whole life back into me. They spoke strength into me. [I can see] the doctor, the dentist, the optician, the social worker, the life-skills department.”

— The Floating Hospital program participant

Working in Inverness, a community of deep physical and behavioral health and economic disadvantage, has required an embedded approach anchored in health literacy and healthy goal-setting processes. Working with school nurses, health-informed teachers, and health organizations, GFF has sought to transform the school and home environments into strengths-based and trauma- and health-informed spaces.”

— Glenn Family Foundation staff member
People who are low-income haven’t been given the power and the resources they need. **We want to give people that power**—and those tools and resources—so they feel healthy and have an improved quality of life.” — Dr. Randi Abramson
Chief Medical Officer, Bread for the City

**SAGE** promotes healthy aging for elderly, Black LGBTQ+ people

**The Glenn Family Foundation** partners with teachers to build family-centered supports for Black students who have experienced trauma

**SisterLove, Inc.** provides community-led support services for Black women living with HIV

**Black Women’s Health Imperative, California Black Health Network, and Elevate Policy Lab** promote physical and mental health for young Black women

**The Floating Hospital** brings healthcare to unhoused people and survivors of intimate relationship-based violence living in shelters

When health interventions center those most harmed by structural racism and systemic disinvestment, everyone benefits
Creating a More Community-Centered System of Support

**Community Health Workers (CHWs)**

388 community health workers (CHWs) trained who reached 1,568 people in their communities.

**Our two CHWs are Black women living with HIV** who have demonstrated the ability to truly connect and build a sisterhood and sense of community with the Black women participants also living with HIV. Our peer-based approach has proven to be a successful approach for assisting others with an HIV diagnosis to link and stay in care.”

— SisterLove, Inc. staff member

**The diabetes education class [delivered by a CHW] has taught me how to eat healthier**, how often to check my sugar, and where my A1C should be. My lab work came back great at my recent doctor's visit. I can say that was because of the education I received from the diabetes education class. Learning how to prepare healthier meals and meeting people with the same goals will motivate you to make healthy lifestyle changes. This is what the class has done for me.”

— American Diabetes Association program participant

**Service Delivery Settings**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Community</td>
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<tr>
<td>Virtual</td>
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<td>Healthcare</td>
<td>7</td>
</tr>
<tr>
<td>Private</td>
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</tbody>
</table>

*Because some programs work in multiple delivery settings, these figures total more than 15.

**Strengthening Health System Infrastructure**

3,652 health facilities strengthened

92 new community partnerships formed

91 community-based organizations with strengthened capacity

We are partnering with Impact Church, a nondenominational church with subsidiaries all over the country. They asked us to come present at their service, and that’s how it turned into the location where we are having our next prostate cancer awareness film screening. They have an explicit focus on health in their congregation. The pastor focused the whole sermon on health. We were on a panel with him before his sermon. I’m eager to see how this partnership grows in Atlanta and then with other locations.”

— ZERO staff member

We participated in an annual program hosted by the Haitian American Community Coalition. A fellow vendor wanted to learn more about who we are and what we were promoting. We invited her to spin a prize wheel and she won a blood pressure monitor! She saw this win as a sign that she was meant to be there. She shared that she has a history of high blood pressure, and heart disease is common in her family. She mentioned that her father, in the span of a year, had not one but two strokes, and he passed away earlier this year.”

— Arthur Ashe Institute for Urban Health staff member
How Grantees Address the SDOH

**Patient Advocate Foundation (PAF)** provides community-informed capacity building to three community-based organizations serving women with breast cancer on Chicago's South Side. PAF is building an integrated, unified patient intake process that will coordinate triage and patient needs assessments across the three organizations. PAF's intake process will also include a formal approach to identifying the healthcare barriers patients face, with a focus on the specific social-need gaps experienced by Black women. Founded in response to the case management needs of a single breast cancer patient who needed help with access to and affordability of prescribed care, PAF's tool aims to ensure equal access to care for populations with limited financial resources.

**The Council on Black Health (CBH)** supports the spread of quality, culturally relevant health education through several CHW programs focused on improving health literacy and promoting healthy behaviors. The organization provides a CHW certification training, whose participants comprise a trusted health navigator network, and a Junior CHW training for middle school students. In the past year, the organization has expanded the training for both groups to include messages about managing and preventing chronic disease.

**Bridge Breast Network (BBN)** provides Black women in the Dallas, TX area with access to early detection care for breast cancer to reduce late-stage detection. BBN trains Black CHWs on early detection and treatment options and provides Black women with preventative and early detection breast health services such as mammograms, diagnostic follow-up, treatment, and survivorship services. It also builds communities of support for women with breast cancer and their loved ones by hosting Survivor Retreats where they can practice self-care together.

**Sisters Working It Out (SWIO)** aims to address the lack of quality healthcare resources and services for Black women in South Chicago. The organization works to reduce racial disparities in morbidity and mortality related to cancer and COVID-19 by increasing the number of trained CHWs in the Chicagoland area, the availability of resources to prevent the spread of COVID-19, and the quality of healthcare. To achieve this, SWIO provides COVID-19-related resources, including PPE, testing services, and food; patient navigation support to women, particularly those who are newly diagnosed with breast cancer; and virtual and in-person education classes about COVID-19 and breast cancer.

**Black Women's Health Imperative**

The My Sister's Keeper program empowers Black women to advocate for their health and wellbeing. The program's curriculum, "Sis, Protect Your Heart," created by and for young Black women, focuses on heart health and emotional wellness. Black women ages 18 to 30 meet in peer support groups facilitated by licensed mental health workers. By using a curriculum designed and delivered by Black women, the program ensures its messaging is tailored to the needs and context of the young women it aims to reach.

**Patient Advocate Foundation (PAF)**

- Provides community-informed capacity building to three community-based organizations.
- Focuses on serving women with breast cancer on Chicago’s South Side.
- Offers an integrated, unified patient intake process.
- Aims to ensure equal access to care for populations with limited financial resources.

**The Council on Black Health (CBH)**

- Supports the spread of quality, culturally relevant health education.
- Offers a CHW certification training.
- Provides a Junior CHW training for middle school students.
- Expanded training for both groups includes messages about chronic disease management.

**Bridge Breast Network (BBN)**

- Provides early detection care for Black women.
- Trains Black CHWs on early detection and treatment options.
- Offers breast health services.
- Builds communities of support for women with breast cancer.

**Sisters Working It Out (SWIO)**

- Aims to reduce racial disparities in morbidity and mortality related to cancer and COVID-19.
- Increases the number of trained CHWs.
- Provides COVID-19-related resources.
- Offers support to newly diagnosed breast cancer patients.
- Provides education classes about COVID-19 and breast cancer.

**Black Women's Health Imperative**

- Empowers Black women to advocate for their health.
- Provides a curriculum focused on heart health and emotional wellness.
- Supports peer support groups facilitated by mental health workers.
- Tailors messaging to the needs and context of young Black women.
Appendix: The Social Determinants of Health

**Economic Stability**
People who live in poverty are unable to afford things like healthy foods, healthcare, and housing. One in 10 people in the United States lives in poverty, and people with disabilities or injuries may experience particular difficulty in finding work. People with steady access to work are less likely to be poor and more likely to be healthy. Employment programs, child care availability, and social support policies can help reduce poverty and improve health for communities.

**Education Access and Quality**
People who access higher levels of education are more likely to live longer and healthier lives. Children who are less likely to graduate from high school or attend college are less likely to get safe, high-paying jobs. Children who aren’t able to attend or afford college may also experience stress of living in poverty or experiencing discrimination. These issues can also make succeeding in school more difficult.

**Healthcare Access and Quality**
The ability to access high-quality healthcare in a timely manner can impact people’s lives. One in 10 people in the US lacks health insurance, which means they are less likely to have a primary care provider, afford healthcare services, and receive necessary medication. If people lack these things or can’t access them, due to travel difficulties, for example, they may not receive recommended healthcare services.

**Neighborhood and Built Environment**
The neighborhoods people live and grow up in can have a lifelong impact on their health and wellbeing. People who live in places with high rates of violence, unsafe air or water, or other safety risks are more likely to be exposed to things that harm their health. Racial and ethnic minorities and people with low incomes are more likely to live in places with these risks. Changes to the built environment—like added sidewalks—can combat some of these risks.

**Social and Community Context**
Feeling connected to a community and the ability to interact with others can have a major impact on health and wellbeing. Many people face challenges they cannot control—like those listed on this slide—and having positive relationships can help reduce those negative impacts. Some people are marginalized by their communities and do not receive social and community support.