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**RMHF**

Richmond Memorial Health Foundation

**Equity + Health  
Fellows' Report**

2017

RMHF Equity + Health  
Fellows' Report  
October 2017

Towards an Equity + Health Agenda

Richmond Memorial Health Foundation  
4901 Libbie Mill East Boulevard, Suite 210  
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[www.equityandhealth.org](http://www.equityandhealth.org)

*I urge all of us to commit to addressing racism in our spheres of influence. Whether it's honestly taking stock of our implicit biases; exploring how we've internalized society's negative assessments of our race or culture; engaging in open, honest conversations; reflecting on the role White privilege plays in maintaining oppression; or assessing how our organizations unintentionally reproduce inequitable racial outcomes, there's plenty of work for all of us. This work will make us uncomfortable, but it begins by acknowledging and increasing our understanding of racism.*

– E+H Fellow Michael Royster

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## Letter from the President & CEO and the Chair of the Board

Launched in October 2016, the Equity + Health Fellowship program emerged at a critical moment in Richmond Memorial Health Foundation's (RMHF) history. For almost 18 months preceding the announcement of the Fellowship, the Trustees had been learning together about the social determinants of health, the myriad roles that philanthropy can play in civil society, and the need to address issues of equity as we live into our new mission of "fostering an equitable and healthy Richmond region."

RMHF's Trustees identified the Equity + Health Fellowship as a key step in putting their mission into action. Trustees envisioned the Fellows as a group of strategic advisors from across the region helping to map out RMHF's equity agenda. Equally important, Trustees saw the Fellowship as critical to laying the groundwork for RMHF to share ownership with the larger community as we find new ways together to envision, implement and sustain equitable solutions to the region's most pressing needs.

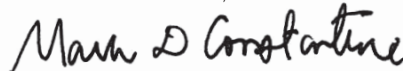
The 18 men and women selected by external reviewers for the inaugural class of Equity + Health Fellows exceeded expectations. They were not satisfied to just show up. They brought their full selves to the work, investing many hours of their personal time outside of the formal gatherings. They are a remarkable force for genuine and necessary change within RMHF and across the region.

In the pages that follow, the Fellows' recommendations to RMHF are presented in their own words. Their vision is sharp-sighted and ambitious. Their action plan is propelled by a sense of immediacy. The Equity + Health Fellows presented the recommendations to RMHF Trustees and staff on October 17, 2017 – one year and four days after the call for applications was released.

This document positions RMHF to move forward over the coming months and years. Trustees and staff will study the Fellows' recommendations, along with a parallel assessment of our equity work, starting in November 2017 and extending through 2018. We intend to share our first-phase priorities for learning, action and investment by March 2018. We understand that we must do our own internal work so we are "walking the walk," as well as "talking the talk."

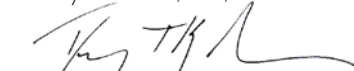
In closing, we extend deep gratitude and respect to the 2017 Equity + Health Fellows who amazed us by their courage, honesty, and commitment. They inspire and embolden us.

Mark D. Constantine, PhD



President & CEO

Danny TK Avula, MD, MPH



Chair of the Board

*We are the 18 committed to change and the restoration of hope.  
We are the 18 with a commitment to Greater Richmond, our home.  
We bring our diverse talents and backgrounds to tackle the task at hand.  
To strategize to achieve health equity, and spread our learning across the land.  
The work is hard and the discussion uncomfortable  
But we, the 18 are a group that is formidable.  
Among us there is neither pretense nor polite platitudes  
There is only our honest presence with a positive attitude...*

– E+H Fellow Yvette Johnson-Threat



## Fellows



**Ram Bhagat, Ed.D.**  
Former Board Member/  
Facilitator/Trainer/Visionary,  
Richmond Peace Education  
Center



**Tracy Causey**  
Chief Executive Officer, Capital  
Area Health Network



**Karen Faison, Ph.D.**  
Professor and Department  
Chair, Virginia State University



**Tanya Gonzalez**  
Executive Director, Sacred  
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**Margaret Nimmo Holland**  
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**Sarah Bedard Holland**  
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**Joyce Jackson**  
Vice President of Community Social  
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**Damon Jiggetts**  
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Chief Medical Officer, Bon Secours  
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**Patricia Mills**  
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**Pamela Parsons, Ph.D.**  
Director of Practice and Community  
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**Nelson Reveley**  
President, RVA Rapid Transit Board and  
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**Martha Shickle**  
Executive Director, Richmond Regional  
Planning District Commission



**Antonio Villa, M.D.**  
Director, La Casa De La Salud



**Jonathan Zur**  
President and CEO, Virginia Center for  
Inclusive Communities

# Towards an Equity + Health Agenda

## Who We Are

We are members of the Richmond community who were drawn to Richmond Memorial Health Foundation (RMHF) Equity + Health Fellowships because of our sense of urgency about the inequities in our region, our passion to create more equitable conditions, and our desire to deepen our networks. Many of us did not know each other before we assembled for the first session, and all of us have strengthened our connections and deepened our learning. We have come to understand and appreciate each other's values, differences, and gifts. We share a common aim: action. We desire to use what we know and what we have learned together, to give RMHF a bold and actionable Equity + Health Agenda. We recognize that RMHF is a relatively small foundation, but we believe it can have an outsized impact on the region. Our Equity + Health Agenda is designed to give the RMHF Board strategies to do this crucial work.

## How We Work

We spent five full-day sessions together over nine months, interpreting information, exploring new concepts for the region, bringing our own experiences to bear, deliberating tough issues, and formulating our Equity + Health Agenda for RMHF. The national and regional speakers at each session informed our final recommendations, as did the literature we reviewed. We present a synopsis of the most influential findings below, followed by our recommendations for the RMHF Board's Equity + Health Agenda for 2018–2020.

Our aim is to position RMHF to achieve greater health equity for the Richmond region. We define health equity as the ongoing process of cultivating everyone's full opportunity to live a healthy life, which reflects physical, social and mental well-being. We understand race equity as including communities of color and immigrant and refugee communities.<sup>1</sup>

## Now is the Time

Our recommendations speak to the future, yet the time to act is today. The health of our community is in peril, with children's life chances and adults' life expectancy cut short depending on where they live and what they experience. There are neighborhoods in the Richmond region where the average adult lives to age 65–69, and others where the average resident lives until age 86.<sup>2</sup>

During the nine months of our deliberations, there were multiple incidents of violence in local neighborhoods, particularly among young people. We work daily with community residents who are unable to find or keep safe and affordable housing, get to a job that pays enough to support their family, or who live in fear of being deported due to changing immigration laws and enforcement practices. We know that residential segregation and concentrated poverty did not happen overnight, and we will not resolve these issues quickly. Yet the disproportionate gaps in life expectancy are unacceptable. We urge RMHF to move swiftly to help create a region where ZIP code, income and race do not determine one's choices or health outcomes in life.

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*While I have tried for many years to consider which voices are being heard in meetings, I now also find myself reflecting upon the very structure and agenda of the meetings, as well as factors like the location, room setup, and other details that can create experiences of inclusion or exclusion.*

– E+H Fellow Jonathan Zur



## What We Found

### **The historical harms of racist policies and practices need to be addressed.**

Health inequities today have deep roots in racial disparities and discrimination (explicit as well as implicit) that stretch across generations. We believe it is imperative to change historically discriminatory policies and practices, and structures that privilege white people over people of color. The patterns of institutional racism in the Richmond region are powerful drivers of exclusion to people of color. We learned about cities that have established new ways of working together, resulting in more equitable distribution of services, increased fairness in hiring practices, more representative leadership and inclusive work environments.

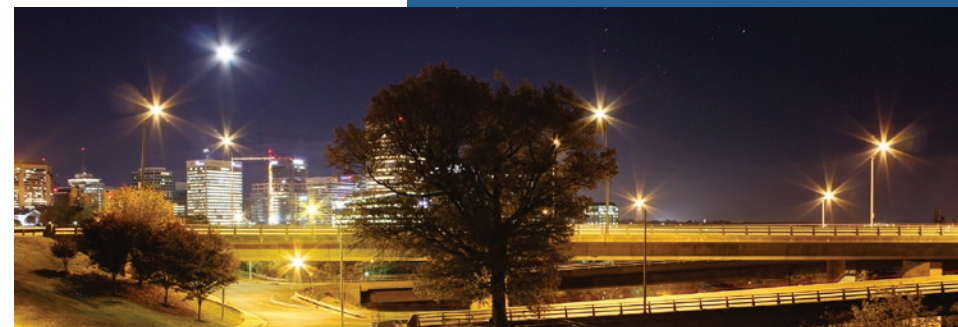
### **Individual health and health equity is about more than health care.**

Only 20 percent of a person's health can be attributed directly to the quality of and access to health systems.<sup>3</sup> Eighty percent depends on where a person lives and his or her ability to earn a family-sustaining wage, find affordable transportation options, and have access to healthy food, education, places to exercise, safety from violence, and connection to fellow neighbors. We define health broadly to include quality and affordable health care and the social determinants of health, such as safe and affordable housing, educational opportunities, job and income security, access to healthy foods, environmental quality, transportation, and lack of discrimination.

### **Philanthropy is a vehicle for social change.**

Philanthropies like Richmond Memorial Health Foundation have many tools to bring about social change. RMHF can use its resources to influence and change regional policies and systems that create inequities; it can support direct services to meet people's needs and build community assets. RMHF has the reputational capital to convene citizens, conduct research, train and advise individuals and organizations, foster collaboration, and sponsor educational events. RMHF has funds to invest locally, to issue loans or to advocate for policy change. As a small to midsized philanthropy, RMHF can and should continue to use the full range of its tools to be a catalyst and champion for greater health equity in the region.

*continued on the next page*



**Authentic and lasting regional collaboration around health equity is rare.**

We realize that social change work often benefits from alliances and authentic collaboration. RMHF is only one entity in a large region, and we represent 18 other organizations of varying sizes. Throughout our discussion, we saw the possibilities of collaborating to improve our community, and the potential for greater alignment in the philanthropic and public sectors. We also noted that, in many cases, similar (and sometimes competing) efforts can splinter funding, send conflicting messages to the public, and miss opportunities for greater impact. We learned, for example, that the number of public bodies with separate spheres of influence in the region often inhibits bold and inclusive efforts and supports fragmented thinking. A belief behind our work is that connecting with others to do large-scale change is valuable and makes one more likely to succeed than going it alone. With the Equity + Health Agenda, we urge RMHF to seek collaborating partners who will support and accelerate shared work.






## What We Recommend

Our vision is for a region where there is equitable and fair distribution of resources and access to opportunities for health and well-being. We believe Richmond can become a place where race and income are no longer factors in people's health and well-being. While our recommendations are directed to RMHF, we envision a circle of influence in which the work of RMHF extends beyond the Foundation to its network of philanthropic and nonprofit partners, and, over time, to the Richmond region as a whole.

We have four recommended goals to RMHF for its Equity + Health Agenda. These are mutually supportive of each other and not in priority order. In the following section, we outline the rationale for each of these, the connections to our learning, the outcomes we anticipate and the strategies to get there.

### GOALS:

1. Model and support practices across sectors that explicitly promote racial equity and improve health outcomes.
2. Invest in the development and participation of traditionally underrepresented community members to be decision-makers and leaders in fostering equity.
3. Be a catalyst for greater racial equity and inclusion in nonprofit hiring and governance in the region.
4. Advocate for federal, state, regional, and local public policies that foster health and equity in the region.



*It's easy to repeat the past, and to do what has always been done, but we have no wish to color within the lines ... that's easy. The guest speakers, diverse cohort, sharing of data and knowledge, give us the authority to go outside of the lines. That means we can get messy and innovative while thinking beyond what has always been. Too often, people want to feel good without actually doing good, but we want to do good and leave an indelible footprint about health equity with RMHF that can elevate the work done in our region.*

– E+H Fellow Patricia Mills

# Dismantling Structural Racism

**Model and support practices across sectors that explicitly promote racial equity and improve health outcomes.**

STRATEGIES

- 1.1 Increase understanding of structural racism and ways to dismantle these barriers
  - 1.1.1 Align and collaborate with community partners to address racial inequities
- 1.2 Adopt and advocate for organizational practices and structures that promote racial equity
  - 1.2.1 Lend credibility and visibility to support racial equity among partners
  - 1.2.2 Create internal practices and procedures at RMHF that eliminate racial inequities in operational practices

PROJECTED OUTCOMES

- By 2020, 500 individuals will increase their understanding of the links between structural racism and health equity through training and deliberation
- By 2020, at least five public or nonprofit organizations will have adopted changed practices or policies that lead to more equitable distribution of resources to communities of color in the region

We have a historically segregated community that is slow to change. As John Moeser noted, “we are more segregated today than we were in the 18<sup>th</sup> and 19<sup>th</sup> centuries.” Moeser describes how, beginning in the ‘60s, a combination of “public policy and practices in the private sector” contributed to concentrated and segregated poverty in the city of Richmond where “racial segregation morphed into socioeconomic segregation.”<sup>14</sup>

Socioeconomic segregation and persistent racism are drivers of poor health outcomes in the region. As Glenn Harris noted in his presentation to RMHF, “From infant mortality to life expectancy, race predicts how well you will do in . . . health, education, environment, housing, jobs, criminal justice, arts and culture, and equitable development.”<sup>15</sup> We urge RMHF to show how racial inequities impact health outcomes through a visible and targeted effort. We need greater awareness about how our policies, institutions, and leaders reinforce these historic patterns, and how we can shift policies, investments, and practices to turn these patterns around.

We encourage RMHF to be a leading advocate in dismantling structural racism on a micro- and macro-level. RMHF can invest its time and resources in supporting

practices that explicitly promote racial equity and improve health outcomes in partnership with others in the community, resulting in changed behaviors, policies, and organizational practices. This may include making investments and loans in low-wealth neighborhoods, advocating for the equitable allocation of public sector resources (such as streetlights or contracts), or asking grantee partners to set measurable goals for reducing racial disparities with the communities they serve.

One way to change racial attitudes is to change people’s behaviors through the structures and institutions they encounter daily. Courageous conversations with each other can reduce racial biases, yet we want our conversations to go further, be broader, and result in operational and policy changes. To become a more inclusive and just region, we need to change the way our organizations and institutions operate. We encourage RMHF to be vocal, active, and strategic in dedicating its efforts to creating a region where, over time, race and ethnicity no longer impact one’s ability to thrive.



# Opening Up Decision-making Power

**Invest in the development and participation of traditionally underrepresented community members to be decision-makers and leaders in fostering equity.**

**STRATEGIES**

- 2.1** Advocate for and model the use of a racial equity framework for organizational and community decision-making in the region
  - 2.1.1** Facilitate and support full participation of grassroots leaders and members of traditionally underrepresented communities in organizational decision-making
- 2.2** Develop and support a cohort of grassroots leaders to promote health equity
- 2.3** Invest in long-term change to advance health equity and grassroots leadership through multi-year funding commitments

**PROJECTED OUTCOMES**

- By 2020, RMHF will have trained and supported 75 grassroots leaders who are serving in pivotal roles in the community working for health equity
- By 2020, RMHF and 50% of RMHF grantees use a transformative participatory decision-making process that honors citizen input and empowers affected communities to advance health equity

RMHF and its community partners will benefit from disrupting traditional power and decision-making structures to be more inclusive of individuals who are most directly affected by inequities. Changing the patterns of how RMHF receives input, encourages participation and adopts shared decision-making will require new approaches. It will mean doing more listening, and creating more welcoming environments for both residents and organizational community partners. It will result in supporting efforts that more directly address what matters most to residents and communities. RMHF is in a unique position to place a high value on the knowledge, engagement, and support of traditionally underrepresented groups and organizations in its own work and that of its nonprofit and philanthropic partners.

At the community level, resident and community engagement can mean hiring community members to survey or reach out to their own neighbors, or working with residents to lead neighborhood projects. At the policy level, it can mean creating structures that support underrepresented populations to be decision-makers in changing regional systems and practices.<sup>6</sup> To encourage greater power-sharing in relationships,

RMHF will need to model and support new modes of outreach by, for example, making meetings more accessible, developing nontraditional outreach efforts and leadership development opportunities, rethinking impact measures, and holding events in diverse community venues.<sup>7</sup>

Community leadership development takes time, and a traditional one-year grant opportunity is rarely sufficient to build trust and bring about significant change. We encourage RMHF to consider longer-term investments to influence the power dynamics and relationships of nonprofit organizations as it invests in this area.

We believe we could have been even more effective as strategic advisors had our group of nonprofit leaders included more individuals directly affected by inequities. RMHF has respectfully owned and acknowledged this shortcoming from the outset of the Equity + Health Fellowship, but we see the value of structuring the Fellowship, and recruiting and selecting future Fellows in such a way as to include the equal participation of people whose lives are being cut short by social, racial, and health inequities.



Abbey Cofsky of Robert Wood Johnson Foundation speaks to E+H Fellows.

## Addressing Historical Patterns of Exclusion

**Be a catalyst for greater racial equity and diversity in nonprofit hiring and governance in the region.**

STRATEGIES

- 3.1 Increase the participation and representation of diverse and unrepresented populations in board and staff decisions and positions within Richmond Memorial Health Foundation
- 3.2 Promote and support greater racial inclusion in hiring and governance among RMHF community partner organizations
  - 3.2.1 Provide training and technical assistance to support more equitable and inclusive organizations

PROJECTED  
OUTCOMES

By 2020, 100% of RMHF grantees will have participated in racial equity training

By 2020, 50% of grantees apply a racial equity framework to their organizations and change internal and external policies and governance practices as a result

By 2022, there will be a 30% increase in representation of people of color among RMHF and community partner grantee board members.

The Richmond region's nonprofit and philanthropic sectors remain relatively homogeneous, with few boards of directors reflecting the ethnic and racial diversity of the region at large or representing the individuals served by many social sector organizations. Beyond the imperative to have sector leadership reflect and engage the population, Richmond organizations are missing the opportunity to learn, grow, and innovate with their current leadership. More inclusive organizations have been shown to be more effective, more attuned and responsive to community needs, and even smarter—because it takes more mental power to understand and explore another's perspectives on a regular basis.<sup>9</sup> Recent research suggests that the failure to hire people of color is not due to a lack of opportunity or general training and education, but a bias in what search

committees are looking for in leadership.<sup>9</sup> A 2017 survey conducted by the Building Movement Project (BMP) found that hiring procedures and biases affected the lack of diversity of many nonprofit leaders more than a lack of training or a willingness to lead on the part of applicants.<sup>10</sup> We believe RMHF can serve as both an example and a catalyst for more inclusive and representative leadership in the social sector, private sector, government, and civic groups. RMHF can help change the narrative about the barriers to supporting more people of color in leadership roles.



## Improving the Social Determinants of Health Through Policy Change

Advocate for federal, state, regional, and local public policies that foster health and equity in the region.

STRATEGIES

- 4.1 Build capacity of the RMHF board, staff and community partners to advocate for equitable public policies
- 4.2 Develop a responsive and flexible process to identify public priorities and strategies for RMHF support
  - 4.2.1 Use data, scan of the environment, and engagement of stakeholders to determine need and potential value of RMHF in areas of interest
- 4.3 Be a leader in educating the regional community on social determinants of health, their impact and the role of policy

PROJECTED  
OUTCOMES

By 2018, RMHF has an explicit policy to support advocacy, and is actively engaged in advocating and/or supporting public policy changes by 2019

By 2020, RMHF is explicitly supporting annually at least three organizations and initiatives that advance public policies to foster health equity

By 2020, at least two public policies to advance health equity at the state, federal, or regional level have been influenced as a result of RMHF support as measured by numbers of supporters, increased understanding, and/or change in policies

Many of the needs we identified in our time together cannot be addressed by services or programs alone. For example, without significant improvements in transportation policies, it will remain challenging to connect residents with jobs in the region. Without local government and state public policies that prioritize equitable development, residents will be priced out of changing neighborhoods. Without affordable publicly subsidized mental health services, vulnerable children and families will remain at risk. We are struck by the extent to which all of these issues are interconnected and end up affecting residents' health, their ability to meet their goals, and, ultimately, the length of their lives. So many of the conditions we face now are the result of historical policy and regulatory decisions.

Changes in policy and regulations come about through activism, education, and leadership at all levels. Few philanthropies in the region support nonprofits to engage in public policy work, yet it is essential to the kind of long-term change we seek. We believe RMHF should take on a larger advocacy and education role in the region, commit

to doing so in its policies, and educate its stakeholders about the value and appropriateness of advocacy as a method of achieving health equity. As noted in *Nonprofit Quarterly*, "Fundamentally, advocacy is about speaking out and making a case for something important." Advocacy can focus on individual clients or a specific population or cause, and includes research, public education, and community organizing or mobilization.<sup>11</sup>

Because policy topics change over time, we have not suggested the topics of public policy for RMHF to address. Rather, we recommend RMHF develop a process to identify policy topics based on data and the extent to which RMHF can bring unique value to the topic and can be a force for positive change.



## What We Will Do Next

These are ambitious goals, and we are poised to support RMHF in accomplishing them. With the Fellowship complete, we return to our organizations as ambassadors and champions for the work we ask RMHF to do. We want to stay involved; we will serve on committees, in conversations and out in the community with RMHF as it refines and implements the agenda. We intend to gather again to determine other avenues to leverage the collective expertise of the Fellows, and our commitment to the success of RMHF and to an equitable Richmond region. At a minimum, we envision gathering as a group each year to stay connected to each other; to accelerate the work, take stock of progress and connect with a growing network of people involved in fostering health equity in the region. We are committed to achieving the Equity + Health Agenda alongside you and expanding the power of our 18 to the region.



## What We Hope

We are grateful for the opportunity to advise the RMHF Board of Trustees. It is courageous for the Board to invite 18 new voices into the decision-making process. It is generous to share with us the benefit of the nation's leading thinkers and activists, and to provide the space for substantive conversation and learning. We believe we have taken the best of what you have offered us, woven it together and distilled its essence with our recommended Equity + Health Agenda. We hope we have made a compelling case to you for adopting the agenda over the next three years. We are committed to our collective and individual role to do our part in advancing racial and health equity in the Richmond region.



### Footnotes

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## Fellowship Report Acknowledgments

Richmond Memorial Health Foundation Trustees and staff offer our heartfelt thanks to the following people whose support and guidance helped to make this Fellowship a transformative experience for the 18 Equity + Health Fellows, as well as for RMHF.

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More resources are available on our website at [www.equityandhealth.org](http://www.equityandhealth.org), including Fellowship agendas, evaluations of the program, and essays by the Equity + Health Fellows.

### Photography

Fellows: Brian Matchick

Other images: Taber Andrew Bain (cover), John Dixon, Mobilus, Tom Woodward. Sourced under the Creative Commons usage license from Flickr.com. 

Publication Design: Runningfire Design



# RMHF

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