

further forward: our new strategy for impact *frequently asked questions*

The following questions were submitted by attendees of the May 14, 2018 Foundation webinar, "Further Forward: Our New Strategy for Impact."

Overarching Questions about our New Strategy

Q. What led to the transition to the new strategy and how did this new path get started?

A. In 2016, as our prior strategic plan was wrapping up, Blue Shield of California Foundation took the first steps to assess what our new direction should be. Over the prior six years, we had achieved considerable success in our work to expand access to high-quality health care and to end domestic violence in California. We began to ask ourselves whether there might be new ways to promote the well-being of individual Californians – who in many cases were receiving services from both of the fields we'd been working to build and support. After much discussion with partners and internal planning, we decided the most impactful path forward for our foundation was to fundamentally change our approach to address the root causes of poor health and violence.

Q. What does "upstream" mean?

A. For us, it means addressing the root causes of what drives health and violence. It is often a synonym for prevention in the public health world. In the classic public health parable credited to medical sociologist Irving Zola, a witness sees a man caught in a river current. The witness saves the man, only to be drawn to the rescue of more drowning people. After many have been rescued, the witness walks upstream to investigate why so many people have fallen into the river. http://nccd.ca/images/uploads/Moving_Upstream_Final_En.pdf

Q. How does the Foundation plan to generate new ways of measuring the value of prevention?

A. We currently have a [request for proposals](#) out looking for great ideas.

Q. Why has it taken so long to start funding prevention efforts?

A. The Foundation has made a number of investments in prevention in the past, but not in the broad and deep way we will in this new strategy.

Q. Are there geographic areas of focus you're looking at or would like to explore further?

A. We will continue to be a statewide funder across California, without a specific geographic focus.

Q. Will you be holding regional events to share this new vision and program overview?

A. Great idea! We do not have plans for regional events currently. We will continue to work on ways to connect with potential partners in their communities, and to communicate through our email list.

How to Stay in Touch

Q. How do I sign up for the mailing list?

A. You can subscribe [here](#) via the “contact us” page on our website to receive regular updates and news from the Foundation.

Q. How would an organization be invited to apply for funding?

A. Most Foundation funding is by invitation only and tied to specific Foundation-led initiatives. When available, funding opportunities with an open call for applications are shared through our website and announced via email. To stay abreast of when these opportunities arise, please register for our mailing list [here](#).

General Funding Questions

Q. Have you identified specific health outcomes/issues you want to address and prevent or are you looking primarily at addressing and preventing the unhealthy social drivers or health?

A. We are in the process of developing specific health and safety outcomes we will seek to achieve. These will be measurable outcomes with flexible indicators to assess our progress along the way toward achieving our bold goal. In addition, under each initiative we describe specific strategies to prevent drivers of poor health and domestic violence. While our initial strategies are described under each initiative we will continue to update them as we learn more about what is and isn't working.

Q. Since you are thinking about long-term investments, are your grant periods going to be longer?

A. The duration of grant periods will depend on the nature of the grant and line of work. Much of our work is formative under the new plan; thus, we may align grant periods with phases of learning and make new grants with current or new partners to align with subsequent phases.

Q. Is there a distinction between "partners" and "projects"? Is a partner anyone who engages in a project, or are you envisioning something deeper?

A. Partnership is one of our core values and so at one level, yes everyone with whom we engage is a partner in our work. However, partnership can also refer to leaders and organizations with whom we co-create or have a formal relationship with on a long-term basis.

Q. Because you are moving from transactional to relational funding, does that mean you will be welcoming new grantees or funding partners?

A. Yes, we are welcoming new grantees and new partners as well as current grantees and partners who can advance our work.

Q. Can you give more information on what a long-term initiative would be rewarded with investment looks like?

A. We prioritize funding for projects that connect to our initiative areas and make progress toward our bold goal. Our current request for proposals, [Exploring the Value of Prevention](#), is a good example of the type of work we will be funding.

Q. For your prevention policy agenda, are you thinking legislation? Program policies for public programs or CBOs?

A. As part of our new initiatives, we will support projects and grantees that develop and promote policies to prevent the root causes of poor health and domestic violence. This may take the form of changing public policy at the local, state, or federal levels, and of changing organizational policies. We will do this work consistent with state and federal lobbying laws and restrictions.

Q. Will you be supporting multi-factoral research and/or conferences/convenings that enable/empower intersectionality and transformative solutions?

A. Yes, we are doing this now. An example is the research we are funding to identify the root causes of domestic violence. We have and will continue to support conferences and convenings on intersectionality and transformational change depending on the topics, approaches, and audience.

Q. What role do you envision healthcare payers and purchasers playing in achieving this bold goal?

A. Clearly, the bold goal will not be achieved without healthcare payers thinking differently about how health care is delivered in the future. We also believe that purchasers should have more and different options tied to the intersection of social determinants and health care.

Q. Will you fund state policy research as it relates to your goals?

A. Yes, public policy is a key approach we will use to spread and scale our work.

Q. Will there be any commitment to invest in existing programs?

A. Since last year, we have been engaged in a process with our grantees to complete work underway and position our grantees, when appropriate, to explore their role related to our new strategy. Much of the work we have supported under our prior strategic plan laid the groundwork for our new plan. We are exceedingly grateful for the time, talent, and commitment of our current and prior grantees in achieving important milestones. And, we remain open to considering supporting all grantee partners whose work aligns with our new initiatives.

Specific Funding Questions

Q. Are you partnering with organizations like the Public Health Institute who has done a lot of work in prevention to better understand the work being done in this particular area?

A. We will partner with organizations leading efforts around prevention. And, we are very familiar with the important work being led by the Public Health Institute. However, we do not share information about organizations or programs we are considering for funding until a grant award is made.

Q. Will the Foundation be supporting research? Specifically, policy research as it relates to health/women's health issues?

A. Yes, we will support research that relates to root causes and public policy solutions.

Q. For indigenous Californian communities, access to ancestral lands is closely linked to community health and can be a space for healing. Would Blue Shield of California Foundation consider supporting a project that addresses Native American access to ancestral lands for tribal community health?

A. We will continue to focus on issues facing Indigenous California communities. Our new work is complex and doesn't lend itself to simple answers about whether we will fund a specific action without understanding how it advances our goals.

Q. Are you looking at people with special needs as a vulnerable population?

A. We are applying an inclusive lens to our work with vulnerable populations in communities. We cannot address every vulnerable population group in every community, so we are looking for prevention solutions that can work across vulnerable population groups authentically.

Q. Will there be any focus on elder abuse?

A. There is not a specific focus on elder abuse. But, elders are a vulnerable population group and will be included in our work more broadly to find prevention solutions that work across vulnerable population groups meaningfully.

Q. Will you fund mental health?

A. Yes, part of our strategy involves healing solutions to trauma. For example, our domestic violence work will be a two-generation approach that has a healing line of work for those already impacted by domestic violence.

Q. We are looking at the relationship between the health of children and access to the outdoors/nature. Is that a potential area of interest to the Foundation?

A. Our work focuses on preventing the root causes of poor health and domestic violence and includes healing solutions to trauma. Your work would need to fit within these parameters.

Breaking the Cycle of Domestic Violence

Q. What is your definition of domestic violence?

A. Our definition of domestic violence includes physical and sexual violence, emotional, economic, and verbal abuse.

Q. Do you consider sexual violence as part of domestic violence?

A. Yes.

Q. Does your definition of domestic violence include violence in commercial sexual exploitation? Violence directed at commercially exploited children?

A. We recognize that adults, teens, and children can be commercially exploited by intimate partners and parents or adult caregivers. However, our initial launch toward prevention is unlikely to prioritize commercially exploited children. We do anticipate that a root cause approach to domestic violence prevention efforts will impact these important issues.

Q. In defining domestic violence and searching out partners who can help you reach the collective goal, could a potential partner be addressing a piece of the work (such as housing) as part of the broader collaborative solution?

A. That depends. Housing insecurity is a determinant of domestic violence that we are exploring. However, we are unlikely to fund one partner in an existing broader collaborative effort. Rather we would be looking at the whole, e.g., the quality, aims, goals of the collaborative; the role and capacities of individual partners; etc.

Q. What data sources are you looking at to measure domestic violence?

A. To collect primary data domestic violence prevalence and its risk factors, we examined data from the Centers for Disease Control Violence Prevention Program and a robust review of journal articles with meta-analyses from existing data sets. As mentioned on the webinar, we understand that the data is outdated and imperfect, particularly as it relates to California's diverse demographics, so we are using our deep experience and long-term partnerships with the domestic violence field to inform next steps. This summer, we will be releasing a "Life Course Framework for Domestic Violence Prevention." We think this framework will offer new ways of thinking about domestic violence prevention and potential measures. We will also be informed by external stakeholders via a number of pathways such as the Reimagine Lab fellowship and the formation of a Research & Evaluation Advisory Committee.

Q. Can you talk about your evaluation criteria for domestic violence?

A. Evaluation criteria for specific initiatives are still under development. Our Foundation goal for domestic violence is to make California the state with the lowest rate of domestic violence over the next 10 years.

Q. Is there a part of this strategy that includes working with people who have been abusive in order to work with them to understand and change their behavior?

The Foundation is unlikely to fund direct services for batterers intervention programs. However, the new strategy will invest in innovations to address the root causes of BOTH perpetration and victimization of domestic violence.

Q. Are you going to invest in system changes around domestic violence?

A. Yes, with a primary focus on prevention, and selected early intervention strategies

Q. What does "prioritize lived experience" mean?

A. Lived experience means that we are looking for solutions that engage, and are informed by, those who are the intended beneficiaries of the proposed change. Solutions must be informed by those most affected by the issue you are seeking to address. As an example, housing solutions for domestic violence survivors should demonstrate evidence that homeless survivors are informing solutions.

Q. What will the Foundation put in place to get more input from those most impacted and their lived experiences?

A. We are still developing our processes; however, one example of a recent opportunity is the development of a co-design lab in partnership with Gobe Group. "Reimagine Lab" creates an opportunity for leaders and community members from different regions and sectors to provide input and new prevention ideas to the Foundation. We will be sharing more about the design lab in the coming weeks and months.

Q. Research has shown that when women begin to make more than their male partners, their male partners become more insecure and more violent. Since we don't want to

discourage wage equity, what can we do about creating a culture that supports change/advances equity?

A. We know that harmful gender-violence norms are a clear root cause of domestic violence, and we are still learning about gender equity and culture change related to the issues you raise. We know it is a vital part of the equation and are looking to the amazing intergenerational and multiracial leadership taking place nationally around #MeToo, Time's Up, the Women's March, and other efforts to learn more about how we can play a part and make a meaningful difference. We recommend a few resources to review:

<https://www.preventioninstitute.org/>

<https://www.futureswithoutviolence.org/>

<http://www.frameworksinstitute.org/>

<http://www.policylink.org/>

Q. Will previous organizations that received grants from you for domestic violence services be invited to apply for the new prevention-focused work?

A. Current domestic violence partners will be eligible for future funding opportunities. We will periodically release requests for proposals that will describe specific eligibility criteria and look forward to finding ways to continue to engage many of our current grantees and longtime partners.

Collaborating for Healthy Communities

Q. Can you provide examples of collaboratives that you might be/are funding?

A. Our focus in Collaborating for Healthy Communities is to advance collaborations that address the various drivers of poor health and domestic violence. Collaborations should prioritize prevention strategies, though those may be coupled with interventional strategies as well. As a result, they should involve participation from multiple sectors and center on the needs and wants of the community most impacted. Our early investments in the California Accountable Communities for Health Initiative (CACHI) are reflective of such collaborations. More information on CACHI can be found [here](#).

Q. Are you looking for grantees to identify models and solutions for your Collaborating for Healthy Communities work, or has the Foundation already identified models or potential solutions?

A. We have identified some models, and we are very interested in learning about more. We recognize that collaboration can take many forms, particularly in the broad space of prevention. What we're most interested in learning about are the elements of successful collaboration. Some of those elements may be visible parts of a model (governance, funding, outcomes), while others may be less visible (trust-building, relationships, accountability).

Q. What are the different sectors that would collaborate to break the cycle of domestic violence?

A. We know that the drivers of domestic violence are vast. Though [research](#) funded by the Foundation and conducted by the Prevention Institute have centered key sectors in the following ways: (1) where we live (housing, community development, planning, zoning); (2) where we work and learn (business, workforce development, schools); (3) where we connect and play (sports, entertainment, faith); and (4) where we receive care (healthcare, social services, domestic violence shelter organizations).

Q. In addition to the CACHI projects, are there other initiatives that are exciting to you that have informed your new vision?

A. We have been exploring the insights and learning from multiple collaborative models, including the [BUILD Health Challenge](#), [Building Healthy Communities](#) and more recently, [Mobilizing Action for Resilient Communities](#). But we've also been very interested in how to support organizations, sectors and communities to determine whether or not collaboration is right for them, how to prepare to engage (if it's the right approach) and how to establish, or "set the table" for a successful collaboration. The work of the [Healthy Outcomes Initiative](#) and [Partnerships for Healthy Outcomes](#) have helped shed light into how social service organizations can enter into health related collaborations and how to "set the table" for success.

Q. Will schools be prioritized as system of care?

A. What's exciting about our new strategic approach towards prevention, in both health and domestic violence, is the opportunity to engage new sectors. Where we live, work and learn, play, and seek services – all of these sectors have a role in driving health and well-being. That includes schools, as important community hubs that have a role in promoting health and recognizing risks to well-being of not only children, but also families. Though we have not designed specific initiatives focused on schools, we hope to see collaborations involving the education sector in our future work.

Q. How will you manage differences between evidence-based vs. community-defined practices?

A. We think it's a "both and" approach. We will plan to look at all the evidence – both traditional and community-based approaches. As one of our partners says, we plan to "interrogate" all evidence to ensure its validity with the diverse communities we care about. We will work with communities to learn what has worked in practice, and also understand their needs and aspirations. It is possible that our role could be to bring rigor to anecdotal data about what works in community.

Q. Who are some of the players willing to invest in multi-year approaches that might be new or untested initiatives that take five to 10 years to show results?

A. Good question, and one that we'll be exploring as part of the Collaborating for Healthy Communities and Designing the Future of Health work. What we know today is that grant funding is often short-term and intentionally, or not, drives us towards short-term interventions rather than longer term prevention efforts. As a result, we are interested in exploring alternative funding models that involve both public and private funding, to support prevention as a shared value in the long term. It may be that "new" or "untested" efforts are seeded initially through grant funding, but as outcomes are achieved, should be supported by reliable sources of funding that are tied to long term outcomes reflective of community health and well-being.

Q. What is your data strategy to support the social determinants of health work?

A. Data is a key component of the CACHI work our Foundation has supported to date. Within that context, data strategies support aggregate tracking to inform progress towards shared outcomes and individual level data exchange to support provision of services or handoffs between partners. Beyond this initial work, the Foundation is interested in learning more about the role of data in addressing social determinants of health. Multiple platforms have recently been developed to bring together data across sectors at the state, county

and local levels. The [California Healthy Places Index](#) and [LA Counts](#) are two examples that are building platforms that tie social determinants to clinical outcomes, with the goal of helping communities secure resources and take action to address social drivers of health and well-being.

Designing the Future of Health

Q. How can we make the future more equitable?

A. This is the question we are *seeking* answers to through this initiative, unfortunately not one that we yet have answers to! At a high level, we want to examine and better understand past and future trends and act on that information to develop partnerships and strategies that will generate equity. In addition to learning more about what has worked and what's currently working, we also want to test new ideas, models and frameworks – like human ecosystems – that will put a greater focus on the dynamic relationship between people, power, and changing systems and policies. We also want to find ways to increase sustainable investments from both the public and private sectors to support proven strategies that promote well-being, reduce violence, and produce equity in our communities. What we're looking to you for is: *What are we missing? We need your big ideas about how to make the future more equitable!*

Q. Would the grant opportunities under Designing the Future of Health cover costs related to bolstering research and evaluation in programs focused on advancing the social determinants of health?

A. Yes. One opportunity is the [Request for Proposals](#) that we just released around exploring the value of prevention. In this initiative, we would want to focus our research and evaluation in areas that are 1) testing new ideas, models, or frameworks or 2) operating at the scale of a community, county, or state.

Q. What do you mean by a "sustainable investment?" What about an investment makes it sustainable? Is this referring to a one-time investment that has a long-term, sustained payoff for communities?

A. There are a number of ways to answer this question! One could be the way you've answered it above. Another could mean that it will be supported over time, not just for one year or through one grant if that's what's needed to have a long-term sustained payoff. Another could mean the investment is structured in ways that protects it from ebbs and flows in the economy or the changing priorities of investors. Sustainability could also relate to the scale of the investment, i.e. if it is made at a level that impacts a population or a community, not just a small number of individuals or families.

Q. For the "value of prevention" RFP, are you thinking about using/leveraging existing funding? Or creating or finding new funding streams?

A. Both!

Q. What has the research/community revealed about the root causes of domestic violence and the upstream solutions for a Healthy California? Specifically, will the Foundation be looking at/funding ways to address income/poverty/wage inequity?

A. Broadly, we are looking at income inequality, concentrated poverty, housing insecurity and homelessness, and racism and social exclusion/isolation as structural root causes of poor health and domestic violence. Other root causes in the health realm could include education, transportation, food security and environmental factors. We also know that

domestic violence and other forms of violence are root causes of poor health. Current gender and cultural norms also play a part in the perpetuation of domestic violence. Additional root causes include exposure to parental violence in childhood, physical and sexual child abuse, and violent peer networks. We will be sharing more about root causes of domestic violence upon the completion of a life course framework analysis that is currently under development.

We are looking at what role we could play in addressing issues like income inequality. Given the scope and scale of this issue, we will need to: 1) educate ourselves about the issue and different approaches to intervention; 2) identify those with expertise and experience in this area and find ways to partner with them; and 3) consider the unique ways a foundation focused on improving health and ending domestic violence can contribute to addressing this issue.

Q. In terms of encouraging investment in the prevention of domestic violence and in positive health outcomes, are you looking for innovative financial products? Or are you looking for innovative ways to measure "health?" Or both?

A. Both