

Making a Difference

Community Healthcare

An Interview with
Dr. Garth Graham, President, Aetna Foundation

EDITORS' NOTE Dr. Garth Graham previously served as Deputy Assistant Secretary in the U.S. Department of Health and Human Services, where he also led the Office of Minority Health. Prior to joining the Aetna Foundation, Graham was the Assistant Dean for Health Policy and Chief of Health Services Research at the University of Florida School of Medicine in Gainesville. Graham has authored articles that have been published in the Journal of the American Medical Association, *Health Affairs*, and *Circulation*. His book, *The Role of Decentralization in Strengthening Equity in Healthcare*, was published in 2009. He has served on the faculty of the University of Florida School of Medicine and Harvard Medical School and currently serves as Associate Professor of Medicine at the University of Connecticut School of Medicine. Graham holds a B.S. in biology from Florida International University in Miami, an M.S. in public health from Yale School of Public Health, and an M.D. from Yale School of Medicine. He completed clinical training at Massachusetts General Hospital and Johns Hopkins. He is board certified in both internal medicine and cardiovascular disease.



Garth Graham

ORGANIZATION BRIEF The Aetna Foundation (aetnafoundation.org) is the independent charitable and philanthropic arm of Aetna. Since 1980, Aetna and the Aetna Foundation have contributed more than \$465 million in grants and sponsorships. As a national health foundation, it promotes wellness, health, and access to high-quality healthcare for everyone. This work is enhanced by the time and commitment of Aetna employees, who have volunteered 3.8 million hours since 2003.

Will you talk about the vision for the Aetna Foundation early on, and has it remained true to its initial mission?

The Aetna Foundation started giving in 1972 with a focus on dealing with issues related to underserved communities in the Hartford, Connecticut area.

Over the past decade, we have expanded to include a national focus and deal with broader issues that are affecting underserved communities across the country, driven by locally defined challenges.

Our vision is to best use our funding, as well as the deployment of our employee volunteerism and other related assets, to improve the health of communities both locally and nationally.

Do you focus on doing a few things in a large way to make the most impact or broadly touching on a number of different areas?

We are doing a number of things that have significant impact. All healthcare and community healthcare is, by definition, local. Our goal is to fund projects – whether social, clinical, or community-health related – that have a scientific basis backed by an evidence-based strategy, to create a local impact and create more healthy days for the people we support.

We work with our grantees and partners to go deeper into communities and ensure they have both the infrastructure and the vision to implement change within their communities.

One of our primary initiatives in this area is the Healthiest Cities and Counties Challenge (HCCC), which is a partnership between The Aetna Foundation, American Public Health Association (APHA), and the National Association of Counties (NACo). The HCCC will award \$1.5 million in prizes to small and midsize cities and counties that are able to show measurable improvements in health outcomes over the course of several years through cross-sector partnerships. This program is a major part of Aetna's commitment to identify and share best practices and proven innovations so that we can invest wisely in programs that make our communities healthier.

Is it critical that the areas the Aetna Foundation supports align with Aetna's business?

I certainly see many things related to improving the health of the people that we serve, and that is reflective of the mission of the broader Aetna enterprise – building a healthier world.

We now delve deeper into how social determinants such as housing, education, transportation, and the environment impact health outcomes.

The outcome we're still looking for is better health, but we can improve the health of communities by realizing that strategies need to be multifaceted and address all of the social ingredients that affect health.

How important are metrics that track the impact of this work?

Evaluation and metrics has been a challenge for philanthropy overall. Within health, there is a lot of energy around data collection so, from the community level to the federal level, metrics are important. It's very hard to articulate impact if we're not measuring it and hard to drive and support impact if it's not being measured.



Aetna Foundation and its partners are working to improve social determinants of health through the Healthiest Cities and Counties Challenge. As part of the Challenge, one of the participants, the Waco-McLennan County Health Department, provides education and a fresh produce delivery event to those living in "food deserts" to positively impact the health of the community.

Do you feel the most significant driver of change in this area will be the private sector and foundations?

If we take a 10,000-foot view of the challenges, we realize that all health is local and the numbers we use to track health are just an aggregate of local numbers. When we start to drive things down to the grassroots level and even deeper into the individual components of those grassroots challenges, we start to understand the specifics of how we can impact change and measure it appropriately.

At the local level, we find there is a combination of public and private efforts that collectively impact local community health and individual health.

You are also focused on promoting diversity in healthcare. Have you seen progress in this area?

In mid-2000, Aetna took a strong stance on eliminating disparities in the communities we serve.

The country has made some progress on childhood immunizations and has even seen an impact on childhood obesity. Even so, there are challenges we anticipate with a number of chronic diseases that are still very pertinent.

We continue to believe that all communities should benefit from advances in healthcare, no matter where they are located geographically or what their racial and ethnic mix might be. Even if they are part of a small pocket of the United States where we have a presence, they should have continued benefits.

How much can really be done in enforcing areas like healthy eating to help people stay well?

When we talk about things like diet and exercise, we have to make sure people have access to the proper infrastructure that allows them to make those positive decisions.

For instance, having a safe space to walk, bike, or jog is important in urban communities. We need to build that infrastructure so people can make being healthier an easier decision. For example, the Aetna Foundation is supporting the 50 finalists for the Healthiest Cities and Counties Challenge – who were selected from hundreds of city governments, local municipalities, health departments, educational institutions, and other entities – with funding to address the issues that will have the most impact on the health of their respective communities.

Of course, this needs to be supported by educating folks to make the right health decisions, but we also need to help cities and counties have the vision around creating infrastructure that allows individuals to make healthy choices for their lives. ●