
HORIZON FOUNDATION: STRATEGIC PLANNING

Findings from Community & Institutional Partner Interviews

Analysis shared in May 2023 by Groundwork Partners



About Groundwork Partners

We are justice-driven consultancy that provides strategy, organizational development, and program design and implementation support to foundations, nonprofits, and civic coalitions. We help our partners define goals, execute plans, and create the culture, structure, and momentum necessary to spur transformational change. We believe achieving equity and justice requires focus on process *and* outcomes, and our approach reflects that.

Horizon Project Team



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RESEARCH APPROACH

Objectives, Methodology, Stakeholders Engaged

Overview

Between January and March 2023, Horizon and Groundwork Partners interviewed 104 people who represented Horizons' community and institutional partners—as in grantees, public officials, and media partners that Horizon worked with over the past five years.

Objectives

Our primary aim was to gather stakeholders' perspectives on the greatest barriers in Howard County to all people living healthy and thriving lives and opportunities for Horizon to change systems, policies, and narratives to dismantle disparities. We also inquired about Horizon's strengths and opportunities for improving its programs/operations and way of being so its could live into its commitment to be an anti-racist organization that leads with trust.

Interview Questions (excerpt)

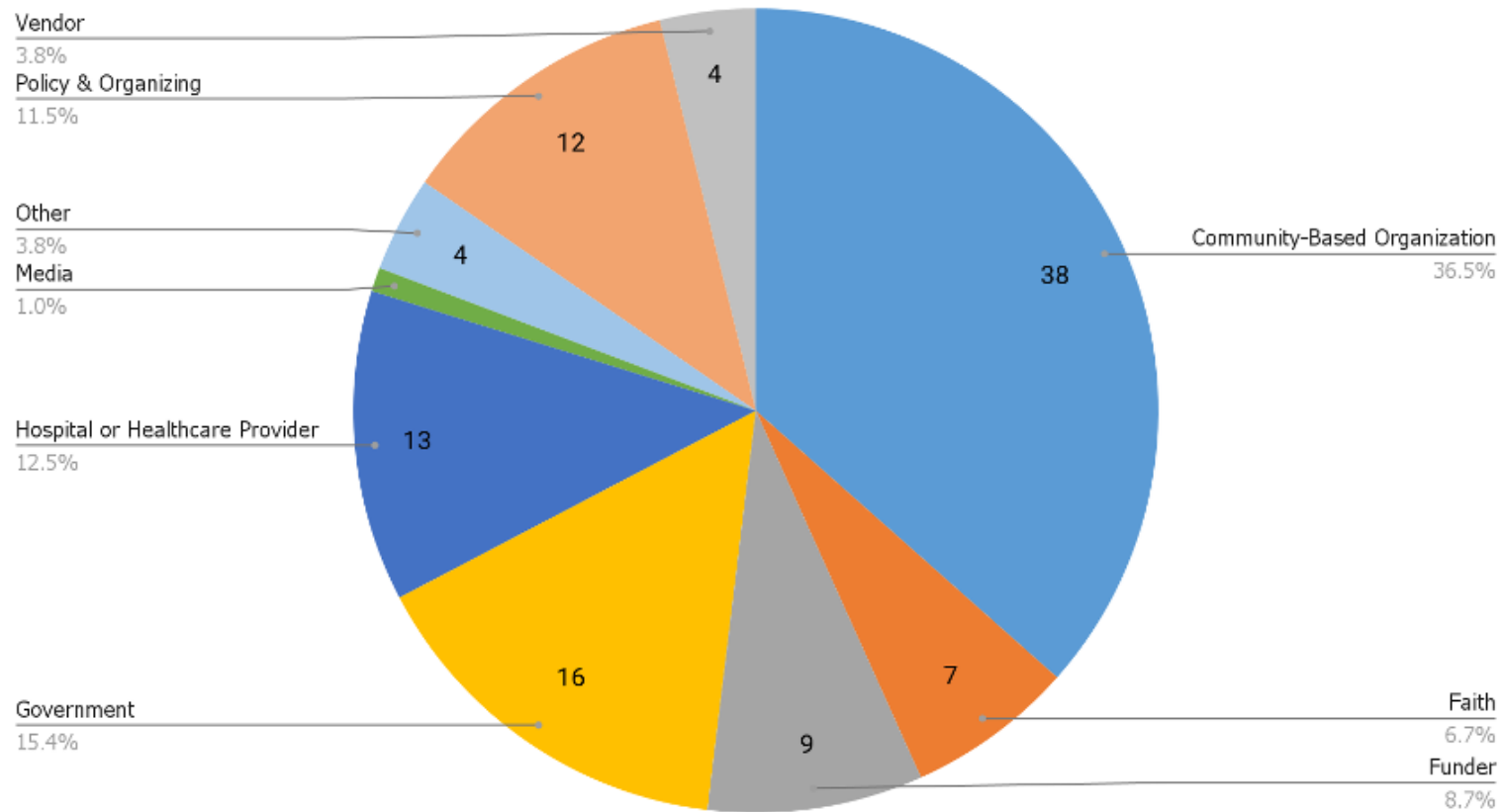
- From your perspective or experience, what are the 2-3 biggest public health issues that inhibit people from living long, healthy lives?
- From your perspective or experience, what are the 2-3 most pervasive challenges in Howard County to every person living long, healthy lives, in particular those impacted by race, place, and income?
- What opportunities do you believe Horizon should consider for going upstream or to the root cause of inequity? Which social determinants of health should Horizon potentially consider addressing? Why?

Methodology: Data Collection & Analysis

- Horizon Foundation developed initial list of 140 interviewees; 104 interviews were conducted. Horizon conducted 82, Groundwork Partners conducted 22. Organizations who received a grant during the past two years comprised 55% of stakeholders engaged.
- Following each interview, interviewers documented key takeaways and demographic and organizational information of interviewee in a form and saved raw notes to shared folder. Raw notes from interviews led by Groundwork were redacted for confidentiality.
- Findings from 104 interviews were analyzed. Analysis team developed a codebook to analyze qualitative data, and coded each interview based on takeaways and raw notes.
- All data were coded by count of mentions; they do not reflect whether particular needs were more heavily emphasized in an interview. Anonymized quotes are shared to illustrate emphasis and nuance while protecting the confidentiality of interviewees.
- Differences in perspectives and priorities across self-identified race/ethnicity groups, organizational affiliations, and/or by interviewer type are noted in the analysis if material.

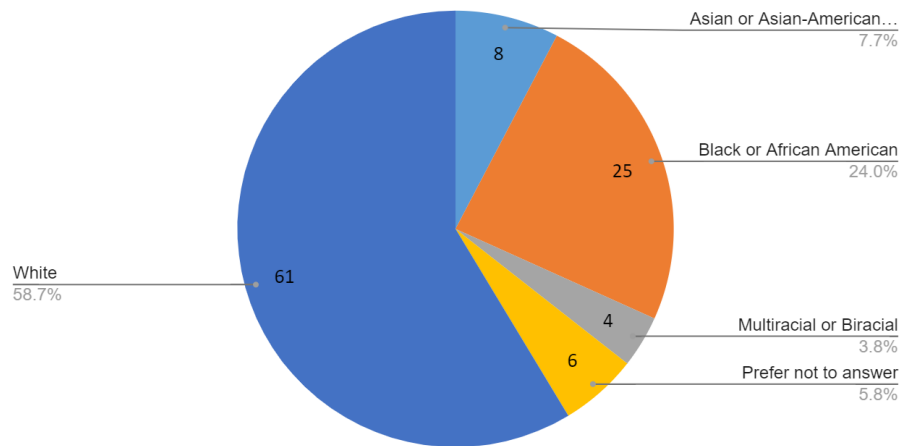
Participants: Community-based organizations, government agencies and officials, and hospital and healthcare providers comprised the top affiliations among interviewees.

Organization's Main Function (in relationship to work with Horizon)

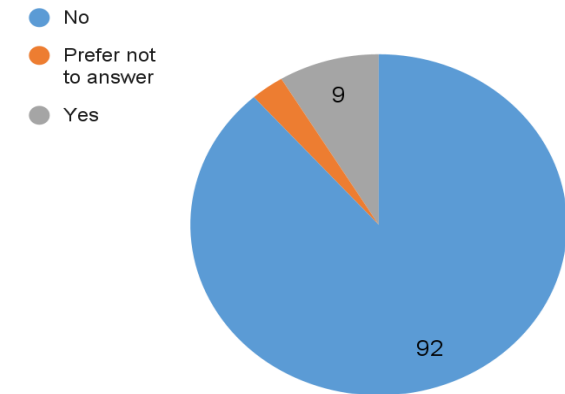


Participants: A majority of interviewees identify as white (59%), followed by 24% of interviewees that identify as Black/African American. 88% identified as non Hispanic/Latino/Spanish origin. The majority of interviewees identify as women (71%).

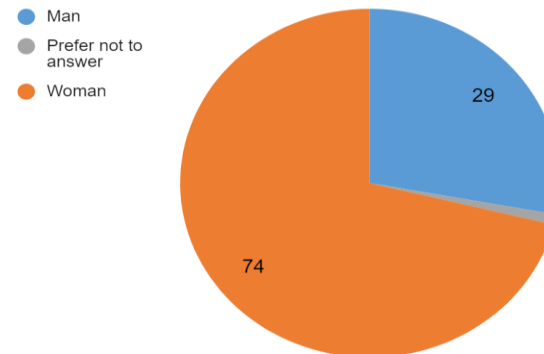
Interviewees by Race



Interviewees by Ethnicity



Interviewees by Gender Identity



Note: Data are based on self-identified responses to demographic questions.



NEEDS & CHALLENGES

In and Around Howard County

NEEDS & CHALLENGES

Interviewees expressed a variety of interrelated challenges from mental health and care access to basic needs – **all compounded by racism in its many forms.** Most frequently mentioned were:

- **Mental Health** (n=64): Challenges cited include lack of access to mental health care supports, post-pandemic stress, and specifically impacts on youth, LGBTQ+ youth, aging adults, and people of color.
- **Accessible Care Options** (n=62): The lack of culturally competent care, distrust of racist healthcare systems, and lack of access to appointments and information were named as top challenges.
- **Racism** (n=46): Interpersonal, structural, and institutional racism were mentioned as key issues in Howard County in and of themselves.
- **Basic Needs** (n=44-46): Several daily life challenges were frequently named, including the general lack of affordability in Howard County, housing costs/affordability, food insecurity, and poverty and income/wealth inequality.

Table A. Challenges Cited and their Descriptions

Challenges Experienced	Frequently Heard Descriptions	Mentions
Mental Health	<i>Prevalence of mental/behavioral health issues, lack of care, stigma, post-pandemic stress</i>	64
Accessible Care Options	<i>Language barriers, lack of PCP and culturally responsive options, institutional distrust</i>	62
Racism	<i>Interpersonal, structural, institutional racism</i>	46
General Affordability	<i>High cost of living</i>	44
Housing Affordability	<i>Affordable housing, zoning, housing segregation</i>	43
Food Insecurity	<i>High cost of groceries, access to healthy food and/or culturally aligned foods</i>	39
Poverty, Income, Wealth Inequality	<i>Income inequality, job quality, work supports, wealth gap</i>	35
Built Environment	<i>Insufficient public transportation, walkability, inaccessible/not health-promoting enviro</i>	31
Schools	<i>Literacy, after-school programming, childcare, intersections w/mental health and food</i>	30
Chronic Disease Prevalence & Care	<i>Prevalence of obesity, diabetes, and heart disease</i>	20
Insurance	<i>High cost of insurance, uninsured, pediatric insurance needs</i>	18
Aging in Place	<i>Workforce to care for aging population, long-term care</i>	16
Maternal Health Options & Care	<i>Unmet needs, disparities in maternal/infant outcomes, culturally responsive care</i>	12
Immigration	<i>Gaps in immigration services, ICE, intersections with mental health</i>	11

Notes: Interviewees were asked about pervasive challenges they see in Howard County, and often responded with more than one issue. Other issues mentioned less than 5 times included: gun violence, civic engagement (voter access, mobilization), disability support, and environmental health (though captured to some extent in built environment)

MENTAL HEALTH: THEMES & VOICES

Navigating the long-term impacts of the pandemic and addressing mental health challenges are a high priority in Howard County.

(n=64/104)

- Access to mental and behavioral healthcare
- Specific impacts on youth and LGBTQ+ community
- Pandemic trauma
- Compounding impact of racism and poverty that drives up barriers to support
- Stigma of asking for help
- Substance use (lesser frequency)

This was one of the top two most frequently referenced barriers across all race, ethnicity, gender groups.

How do we get [kids] connected to providers that can **come alongside the child and family** to support them with mental health therapy and counseling? We are really struggling to find providers.

LGBTQ and transgender healthcare in our community is needed – both competent healthcare, and mental health care/suicide prevention. I really believe the numbers are undercounted. **This is an upcoming health crisis.**

We have an **achiever culture** here which creates immense pressure for teens in school performance.

Our community, region, and nation have more empathy toward mental health, but not so much the root causes. **There is less empathy and recognition for the impacts of structural racism or achiever culture**, which are drivers in our county of mental health and wellness struggles.

ACCESSIBLE CARE OPTIONS: THEMES & VOICES

Lack of accessible & culturally competent care is a major challenge in Howard County.
(n=62/104)

- Lack of culturally competent care and distrust of racist healthcare systems (most frequently mentioned)
- Access to appointments for mental health and primary care
- Access to information on care options
- Navigating overly complex systems

This was one of the top two most mentioned categories, and there was little variation across interviewee categories.

Do we have providers that **look like our residents, speak their languages**, and provide information that is **culturally sensitive in those languages**? It is a struggle to find [healthcare providers] that have that cultural and religious competency.

Accessing care is a big issue. ... In some communities, there is also a lack of insurance, lack of health literacy, and **feeling like this service 'isn't for me.'**

We need to help people **navigate resources**. There are a lot of things out there, but it's overwhelming to navigate as individuals (especially new immigrants).

If somebody isn't educated about how to access healthcare, all of these wonderful tools that we have, **if they don't know about them, they're not going to access it.**

RACISM: THEMES & VOICES

Interpersonal, institutional, and systemic racism and their effects on daily life and health were interwoven throughout all challenges and also explicitly named.

(n=46/104)

- Misperceptions about racial disparities in Howard County
- Racism within the healthcare system
- Systemic racism as a driver of other inequities

Black (56%) and Asian American (75%) interviewees raised impacts of racism at greater frequency than white counterparts (41%).

Being Black, I navigate medicine differently and with less trust given racism in multiple settings including healthcare. I was taught to dress up for the doctor. Undocumented and lower income people are not treated well.

There is a **mismatch of the ideals and visions of Howard County and what the reality is**. The story of Howard County is a mythology... The neighborhoods reflect the vision (parks, water, trails) and/but unsurprisingly, race outcomes are bad.

The state is looking more at health disparities and not really thinking about how **structural racism is baked into our white-dominant system of healthcare**.

Within the community, there's structural and institutional racism. **There's a disconnect between Columbia, wealthy parts of the county, and low income areas**. ... There's a willful disregard to community problems – it's not a utopia.

BASIC NEEDS: THEMES & VOICES

Multiple interrelated upstream issues – all relating to basic needs and resulting from structural and institutional racism – were named as the next highest set of major issues in Howard County.

(n=35-44/104)

- **General Affordability (n=44)**
- **Housing Affordability (n=43)**
 - Interviewees named high housing costs, housing segregation, and racist zoning laws
- **Food Insecurity (n=39)**
 - Interviewees named high cost of food, limited access to healthy food, and a need for greater focus on nutrition
- **Poverty, Income & Wealth Inequality (n=35)**
 - Interviewees named income inequality, low or insufficient wages relative to the high cost of living, the racial wealth gap, and a mismatch in job locations and where people live/can easily commute to.

We have good resources here, but they are very disjointed and are not coordinated. ... Food and housing are good examples of where there are lots of resources but poor coordination resulting in individuals having to work hard to access what they need.

The **biggest issues facing Howard County are racism and the wealth gap.** The two are interrelated and are driven by disparities and inequities in housing, job quality, and earnings.

There might be jobs to be had, but there's not necessarily alignment there. **If it's an entry-level job, if it's a minimum wage job, and you've got to take three buses and hire daycare, then it's not a doable situation.** I think it's both availability of jobs and income.

People living with low income are on the fringe. Housing is the key to intergenerational wealth building.

We need more housing choices and units. **We need housing that people working in the county can afford to live in.**

NEEDS & CHALLENGES

Additional Issues Raised: The issues below were mentioned more than five but fewer than 35 times as needs and challenges in Howard County. In addition to these, a few issues were mentioned fewer than five times including health literacy, disability support, civic engagement/voting, gun violence, tobacco use, and environmental health.

- **Built environment.** (30% of interviews; n=31/104) Interviewees mentioned the lack of public transportation options, the lack of affordable transportation, the lack of walkability, and difficult access to a built environment that promotes health.
- **Schools.** (29% of interviews; n=30/104) Interviewees talked about inequitable access to after-school programs and extracurricular activities and quality education, low literacy rates, and contention related to redistricting.
- **Chronic disease prevalence & care.** (19% of interviews; n=20/104) Interviewees mentioned challenges related to heart disease, diabetes, and obesity.
- **Insurance.** (17% of interviews; n=18/104) Interviewees discussed the high cost of health insurance, uninsured community members, and challenges with Medicaid for children.
- **Aging in place.** (15% of interviews; n=16/104) Interviewees shared about the challenges facing aging populations, a struggling workforce to care for aging community members, and accessing long-term care, including culturally competent options.
- **Maternal health options & care.** (12% of interviews; n=12/104) Interviewees discussed challenges with maternal care, reproductive health, and disparities in outcomes for mothers and infants, with an emphasis on the disparities Black mothers and infants face.
- **Immigration.** (11% of interviews; n=11/104) Interviewees mentioned challenges with immigrant services, protection from ICE, pathways to citizenship, and challenges immigrant community members face.



QUESTIONS?



APPENDIX



Interview Protocol

Interviewee responses were prompted by questions below, which are related to the Howard County landscape, Horizon's strengths, and future opportunities for the foundation. A few additional questions were specifically asked of certain stakeholders.

All Interviewees

- From your perspective or experience, what are the 2-3 biggest public health issues that inhibit people from living long, healthy lives?
- From your perspective or experience, what are the 2-3 most pervasive challenges in Howard County to every person living long, healthy lives, in particular those impacted by race, place, and income?
- What opportunities do you believe Horizon should consider for going upstream or to the root cause of inequity? Which social determinants of health should Horizon potentially consider addressing? Why?
- What things could Horizon do differently to better engender and build trust throughout all its work?
- What would it look like for Horizon to boldly commit to anti-racism?
- Is there anything else you would like to share (or we didn't ask) as we revisit Horizon considers its future strategic direction?
- Is there anyone else engaged in the issues discussed that Horizon should talk to but may not yet be connected with?
- Could you share how you self-identify (race, ethnicity and gender, other identities)?

For Interviewees Familiar with the Horizon Foundation (most)

- What do you believe are the foundation's 2-3 greatest strengths? Why?
- How could Horizon adjust its grantmaking process to be more accessible and helpful for the community?

For Interviewees Less Familiar with the Horizon Foundation (few)

- What spaces should we be in to better reach audiences and communities who are not familiar with us and our work?
- What other individuals or organizations in your community do you suggest we reach out to?

For Specific Stakeholder Groups

- [FOR MEDIA] How can HF partner and be positioned to amplify messages/narrative change related to health, health equity and health disparities?
- [FOR CBOs engaged in building power/agency of other communities] How can HF build on recent efforts to build power and agency and increase voice in communities?
- [FOR CBOs focused on aging or healthy kids/families] What opportunities do you believe Horizon should consider for going upstream or to the root cause of inequity?
- [FOR GOVT] In what ways can HF foster relationships and partnerships across sectors? What opportunities do you believe Horizon should consider for going upstream or to the root cause of inequity?

APPENDIX B

Table B. Challenges Cited by Racial Group (Self-Identified)

Challenges Experienced	Mentions	Asian or Asian-American (Korean, Indian, Chinese, etc.) 8 interviewees		Black or African American 25 interviewees		Multiracial or Biracial 4 interviewees		White 61 interviewees		Prefer not to answer 6 interviewees	
Mental Health	64	5	63%	15	60%	4	100%	35	57%	5	83%
Accessible Care Options	62	5	63%	14	56%	3	75%	36	59%	4	67%
Racism	46	6	75%	14	56%	0	0%	25	41%	1	17%
General Affordability	44	2	25%	13	52%	1	25%	26	43%	2	33%
Housing Affordability	43	1	13%	13	52%	0	0%	27	44%	2	33%
Food Insecurity	39	2	25%	12	48%	1	25%	23	38%	1	17%
Poverty, Income, Wealth Inequality	35	2	25%	9	36%	1	25%	27	44%	2	33%
Built Environment	31	2	25%	7	28%	1	25%	19	31%	2	33%
Schools	30	2	25%	8	32%	0	0%	18	30%	2	33%
Chronic Disease Prevalence & Care	20	3	38%	5	20%	1	25%	11	18%	0	0%
Insurance	18	0	0%	5	20%	1	25%	11	18%	1	17%
Aging in Place	16	5	63%	1	4%	0	0%	10	16%	0	0%
Maternal Health Options & Care	12	0	0%	4	16%	0	0%	7	11%	1	17%
Immigration	11	2	25%	3	12%	0	0%	4	7%	2	33%

Bolded items indicate areas where more than 40% of the racial group identified the issue as a major challenge.

Table C. Challenges Cited, by Ethnicity (Self-identified)

Challenges Experienced	Total Mentions (Out of 104)	Hispanic/Latino 9 interviewees		Non-Hispanic 92 interviewees		Prefer Not to Share
		Count	Percentage	Count	Percentage	
Mental Health	64	6	67%	56	61%	2
Accessible Care Options	62	5	56%	55	60%	2
Racism	46	2	22%	44	48%	0
General Affordability	44	3	33%	40	43%	1
Housing Affordability	43	5	56%	37	40%	1
Food Insecurity	39	3	33%	35	38%	1
Poverty, Income, Wealth Inequality	35	2	22%	32	35%	1
Built Environment	31	1	11%	28	30%	2
Schools	30	5	56%	23	25%	2
Chronic Disease Prevalence & Care	20	0	0%	20	22%	0
Insurance	18	0	0%	18	20%	0
Aging in Place	16	0	0%	16	17%	0
Maternal Health Options & Care	12	1	11%	11	12%	0
Immigration	11	2	22%	9	10%	0

Table D. Challenges Cited by Gender (Self-Identified)

Challenges Experienced	Mentions Out of 104 interviews	Men		Women		Prefer Not to respond	
		29 interviewees		74 interviewees		1 interviewee	
Mental Health	64	16	55%	47	64%	1	100%
Accessible Care Options	62	15	52%	46	62%	1	100%
Racism	46	14	48%	32	43%	0	0%
General Affordability	44	10	34%	33	45%	1	100%
Housing Affordability	43	14	48%	28	38%	1	100%
Food Insecurity	39	11	38%	27	36%	1	100%
Poverty, Income, Wealth Inequality	35	7	24%	27	36%	1	100%
Built Environment	31	8	28%	22	30%	1	100%
Schools	30	5	17%	24	32%	1	100%
Chronic Disease Prevalence & Care	20	5	17%	15	20%	0	0%
Insurance	18	6	21%	12	16%	0	0%
Aging in Place	16	4	14%	12	16%	0	0%
Maternal Health Options & Care	12	4	14%	8	11%	0	0%
Immigration	11	4	14%	7	9%	0	0%