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THE HEALING TRUST'S EQUITY JOURNEY

White Paper



Advancing Equity to Eliminate Health Disparities:

The Healing Trust's Data-Driven Rationale and Implementation Framework



The Healing Trust uses disaggregated health and community data to identify where the largest and most persistent health disparities appear across Tennessee and its current focus counties. A credible strategy to eliminate those disparities should focus on under-resourced communities and places of greatest need while investing in solutions that improve health outcomes for all communities. The Trust's approach is data-driven, place-based, and inclusive: THT funds organizations rather than restricted programs; provides unrestricted operating support; and uses practical legal guardrails so eligibility, participation, and benefits are not conditioned on protected characteristics. This paper synthesizes The Trust's rationale, connects it to its founding purpose and current mission, explains how social determinants of health (SDOH), place-based need, and access barriers affect outcomes in Tennessee and The Trust's current focus counties, and translates the strategy into compliant, defensible practice and messaging for Board and staff.

THT's Mandate, Mission Evolution, and Operating Model

Founding Purpose and Current Mission Continuity

The Trust's founding purpose was statewide in orientation: to improve and provide quality health care and access to health care for the general public. That purpose continues to anchor today's mission to support and partner with communities to advance equity and eliminate health disparities through advocacy and strategic investments. The continuity is substantive. The throughline remains improved access and outcomes for the public. The mission evolution recognizes that access and outcomes are shaped not only by clinical care, but also by SDOH, place-based need, and systemic patterns of underinvestment. A clear equity lens signals a commitment to address root causes of inequity in service of the founding aim.

Funding Organizations -Not Programs- Through Unrestricted Operating Support.

The Trust has deliberately shifted from program grants to unrestricted operating support. This approach reflects the view that healthy, well-governed, community-rooted organizations deliver stronger and more durable health results for the populations they serve. Success is measured by the organizational health and mission-aligned impact of grantee-partners and by observable improvements in the community health indicators those partners influence. In practice, THT's grantmaking emphasizes capacity, infrastructure, compliance, leadership development, and collaborative relationships -- inputs that enable nonprofits to remove barriers to access and close gaps in outcomes.

Data-Informed Geographic Focus and Strategic Priorities.

Consistent with its statewide origins, The Trust has used data to determine where its resources can have the greatest near-term impact. After examining outcomes data with the Sycamore Institute and other public sources, THT moved from a broader statewide footprint to a concentrated five-county focus -- Bedford, Davidson, Montgomery, Maury, and Rutherford -- where data showed significant disparities and where targeted investment could build momentum. Within those counties, The Trust uses place-based strategies to focus on neighborhoods and communities where gaps are most pronounced. This focus is strategic rather than permanent: as conditions, data, partner capacity, and community needs evolve, The Trust may consider returning to a broader statewide strategy, expanding into additional counties, or pivoting among counties while remaining aligned with its access mandate. Strategic priorities -- Resilient Families, Thriving Communities, and Strengthening Democracy -- reflect a holistic SDOH lens while preserving that alignment.

How Data Identifies Health Disparities

And Why it Matters for Everyone

Disparities Identified Through Disaggregated Data

Disaggregated data demonstrate that health outcomes vary significantly across geographies and populations, including life expectancy, infant and maternal outcomes, chronic disease burden, mental and behavioral health access, and exposure to environmental and social risks. The Board and Program Committee have received education on the drivers of health disparities and reviewed disparity data from the Sycamore Institute and other public sources. While precise figures vary by indicator and county, the pattern is consistent and persistent: under-resourced communities and places facing long-term underinvestment experience disproportionate barriers to care and worse outcomes across multiple measures. These disparities persist even when controlling for income and insurance status, evidencing the role of accumulated structural factors.

Social Determinants, Systems, and Compounding Effects

SDOH -- including education, income, housing, transportation, environmental conditions, food security, and civic power -- shape individual and population health. Historically, policies and market dynamics have distributed these determinants unevenly across communities and places. The result is a compounding effect: communities experiencing long-term underinvestment and exclusion often face layered barriers that depress access and drive adverse outcomes. The Trust's equity journey recognized that clinical or program-specific interventions alone were insufficient; addressing SDOH and the systems that shape them is necessary to improve population health.

Why Focusing on Under-Resourced Communities Benefits All Communities

THT's belief -- that focused investment in under-resourced communities improves community health for everyone -- is grounded in data and systems analysis. County and regional averages can mask deep, concentrated gaps. Investments designed to reduce the largest disparities can improve overall health indicators while strengthening systems that serve entire communities. System and SDOH changes that expand access, reduce administrative burden, strengthen local nonprofits, and improve cultural responsiveness are not exclusive benefits; they increase capacity, reduce friction, and raise quality across the board. Peer health legacy foundations have documented that interventions focused where disparities are largest can accelerate improvement for the whole population.

Why Equity Belongs in the Mission:

From Principle to Practice

Naming the Driver to Solve the Problem.

Eliminating health disparities requires confronting their principal drivers. Because data show the largest and most persistent gaps in under-resourced places and communities, the mission should keep The Trust accountable for those root causes. Mission statements are directional: they identify problems to solve and outcomes to achieve. The Trust's mission frames equity not to confer preference, but to maintain accountability for closing measurable gaps. Without that clarity, strategies risk reverting to approaches that have not consistently improved access or outcomes where need is greatest.

Translating an Equity Mission into Lawful, Inclusive Implementation

An equity-focused mission does not require eligibility or benefits based on protected characteristics. THT's operating posture separates mission from method. The mission keeps the focus on measurable disparities, place-based need, and root causes. The method is inclusive and neutral in eligibility and delivery. The Trust uses data on SDOH, access barriers, and measurable health outcomes to identify need and direct operating support to organizations best positioned to reduce disparities in their communities. Benefits are available without regard to protected characteristics. This approach keeps the focus where disparities are largest while ensuring that every grantee and beneficiary is considered under uniform, inclusive criteria.

Alignment with the Founding Purpose and the Access Mandate

The original mandate to improve and provide quality health care and access for the general public is advanced -- not abandoned -- by a data-driven equity mission. Addressing place-based need, SDOH, and access barriers is a means of fulfilling the access mandate for all people. The mission evolution simply makes explicit what the data and field experience already made clear: equitable access and outcomes for the general public depend on addressing the specific patterns of underinvestment and barriers that create inequity.

What Equity Looks Like in Practice at THT

Data Collection, Disaggregation, and Transparency

THT collaborates with the Sycamore Institute and relies on census, Tennessee Department of Health, state department, and county data to identify disparities, select or reassess places of focus, and evaluate impact. Where feasible, data are disaggregated by geography, demographics, and other relevant indicators to reveal hidden gaps and avoid masking disparities with averages. Data practices support learning and course correction; they do not gatekeep eligibility.

Place-Based Investments that Strengthen Systems

THT's investments prioritize organizations embedded in places where disparities and access barriers are most acute, including communities within its current five-county focus and, as data and capacity warrant, additional Tennessee communities. Operating support helps these partners expand hours and modalities of care, improve referral networks, add translation or navigation services, build transportation solutions, and adopt trauma-informed, culturally responsive practices. These capacity gains persist across populations, improving care for all who seek services.

Trust-Based Philanthropy and Community Voice

The Trust's relationship-centered approach reduces administrative burden, emphasizes learning and accountability, and elevates resident input through participatory grantmaking. Community-rooted decision-making improves fit and uptake of services, which in turn accelerates reductions in disparities. This approach is inclusive, data-informed, and community-responsive.

Accountability & Continuous Improvement

Documentation and Decision Traceability

To sustain transparency and defensibility, The Trust memorializes the criteria and data informing grant decisions, the rationale for its current place-based focus, and how funded capacity improvements are expected to reduce access barriers and close gaps. Clear records support internal learning, future geographic reassessment, and, if needed, external explanation.

Periodic Review of Materials and Practices

The Trust will continue to review its public materials, applications, rubrics, and program descriptions to ensure language aligns with legal guidance while still conveying its rationale. As the policy environment shifts, THT will revisit guardrails to preserve both compliance and clarity of purpose.

Learning Agenda with Data Partners

Ongoing collaboration with neutral research partners strengthens The Trust's ability to identify where gaps persist, test whether investments are closing them, and recalibrate strategies. This learning loop ensures that The Trust's equity strategy remains a measurable, outcome-oriented commitment rather than an abstract aspiration.

The Healing Trust's equity strategy is a principled, data-driven choice aligned with its founding purpose to improve access to health care for the general public. Disaggregated data in Tennessee and across the country show that many of the largest, most persistent health disparities are tied to SDOH, systems, and place-based patterns of underinvestment. A clear equity mission keeps The Trust focused on root causes, while its operational approach remains inclusive and lawful: THT funds organizations, not programs; uses need, access barriers, and outcomes -- not protected status -- to guide grant decisions; and invests in SDOH and capacity changes that benefit all communities. The Trust's current five-county focus is a data-informed strategy for near-term impact, not a permanent limitation on its statewide purpose. As data, community needs, and partner capacity evolve, The Trust can consider statewide expansion, adding counties, or pivoting among counties while maintaining the same mission-aligned framework. This is how The Trust reconciles its rationale with prudent risk mitigation -- by separating mission-level analysis and accountability from eligibility, grounding strategy in credible data, and measuring success by the narrowing of gaps and the strengthening of the local nonprofit ecosystem.

Residual uncertainty in the legal environment argues for continued vigilance in language, documentation, and program design. The Trust's guardrails and periodic reviews provide that vigilance without diluting the clarity of purpose that its mission communicates. In practice, Board and staff can defend and explain this approach by returning to three anchors: credible data show where the gaps are; strategic investments in places and systems where gaps are largest improve health outcomes for everyone; and THT's eligibility and benefits are neutral and inclusive, consistent with law and with The Trust's commitment to the health and welfare of the public. The same anchors should guide any future decision to expand statewide, add counties, or pivot among counties as circumstances warrant.