

NW Health Foundation's new executive talks health care, fluoride and social justice

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As the new executive director of the Northwest Health Foundation, Nichole Maher is both a fresh face and an old soul.

At only 33, she comes to the organization already with 10 years experience as the head of NAYA, the Native American Youth and Family Center. It was a decade of working within one of the nation's largest Native American populations in the country, combating the challenges of racism and poverty through education and funding.

The Northwest Health Foundation takes on those same challenges in its approach to promoting better health for youths and adults across Oregon and southwest Washington. The organization was founded in 1997 from the assets of the former Physicians Association of Clackamas County, believed to be the nation's first pre-paid health plan in the nation. NWHF has distributed tens of millions of dollars in grants to hundreds of organizations working to improve the health of people struggling with economic disadvantages, especially low-income, minority and immigrant groups that don't have access to health care.

The foundation has had a marked impact at the state government level — its program officers have worked closely with legislators and lobbyists on bills such as menu labeling, connecting local farms to school lunch programs, tobacco taxes, and the landmark legislation passed in 2011 and 2012 that reformed the Oregon Health Plan.

Maher says she was attracted to the organization's commitment to social justice and its "honesty" around the inequities that exist. "I loved that they had been willing to take some risks, and talking about things traditional foundations would not do," Maher says.

Amanda Waldroupe: Such as?

Nichole Maher: Talking about racial inequalities. They have taken stances on issues like tobacco taxes, fluoride, endorsed political issues that other foundations would not be comfortable with, like Measures 66

and 67. I liked the possibility of being an advocate for everyone in Oregon and southwest Washington, for all communities, and to be a voice for poor children and people in poverty, not just Native Americans. I don't think I'll ever stop being an advocate, but it might look a little different.

A.W.: Do you think you bring a different perspective to your job, given that you are a part of a younger generation?

N.M.: I have a greater sense of urgency. I think I have higher expectations sometimes because of my age. I have always been very proud to be a native woman, and my culture and upbringing has had a big part in shaping me. It's a culture and community that is pretty direct and consistent in being thoughtful and about fairness and equity. In Oregon, and in Portland, where people are famous for being very polite all the time, I tend to be one of the more direct people in the room.

A.W.: What priorities do you think the Northwest Health Foundation should have in the coming years?

N.M.: It's pretty clear that we are excited about health care transformation. The other really high priority is ensuring fluoridation happens. We have felt for a long time that the folks who pay the biggest price for not having fluoridation in our water is poor children and people of color. We'll continue our

commitment around preventing and addressing obesity, and improving overall nutrition. We're always interested in workforce issues and making sure that there are great and adequate people in the different professions. We are very committed to social justice and public health.

A.W.: The Northwest Health Foundation gives grants to various organizations, but it also is a vocal advocate for the issues it helps fund. How does that dynamic play out?

N.M.: I think that we see ourselves on



Nichole Maher

both sides. For example, we fund a lot of advocacy groups. We're very intentional about trying to advocate for specific policies that improve health. That has historically been a big part of our work. We also provide our grantees with technical assistance — not just giving them money, but support. We always like to view ourselves as providing that policy advice and advocacy, but we also like to really support community organizations that would otherwise not have a voice at the table.

A.W.: As the executive director of NAYA, you were part of the Coalition of Communities of Color and a vocal advocate for minority groups and increasing equity in Portland — some may even say a radical or extreme advocate. Do you think that reputation will affect your work?

N.M.: I've always been a really vocal advocate. But with a lot of those groups on the receiving end of our advocacy, we built strong relationships with those folks at the same time. That is a skill set that the (Northwest Health Foundation) board was really interested in as an asset. The other piece that I'm really excited about is helping other foundations continue the conversation about improving equity in our philanthropic work.

A.W.: What do foundations need to do differently?

N.M.: Hiring people that reflect the community is a great step, and having boards that reflect the community. We have a tendency to talk about data but never really look at the data. Having conversations that if 52 percent of kids in Multnomah County are children of color and immigrant communities, and if a significant percentage are living in poverty, why is it that our funding, as foundations, doesn't reflect that? I think we have to be really honest with ourselves and have a lot of those conversations. If we want to improve health

in Oregon and southwest Washington, the fastest way to do that is to make direct impacts in the communities that have some of the poorest health outcomes.

A.W.: What role does health play in addressing social justice issues?

N.M.: Look at the fluoridation issue. The number one reason kids miss school in Multnomah County is because of a dental issue. If you can improve dental and oral health, you can significantly improve educational attainment. There is quite a bit of evidence that demonstrates that poor communities or communities of color experience significant over burden of health issues. The number one reason people file for bankruptcy is when they have a health issue and they don't have health insurance. These are not disconnected things.

A.W.: The campaign for fluoridation has received some high-profile support this time around. Why is this happening now?

N.M.: There's been a real movement. We are among the states with the worst oral health in the country — we're 48th out of 50. For quite some time, the foundation has been an advocate for fluoridation. This is about healthy teeth for our children. The folks who pay the biggest price for not having fluoride are poor communities. This is about class and privilege. The folks who are anti-fluoride have dental insurance. Their perspective is, well, parents just need to take better care of their children's teeth.

A.W.: Do you agree with some characterizations that the campaign has been secretive?

N.M.: I don't agree with that. I think that Upstream Public Health did an amazing job of bringing together all these partners, and really wanting the group to have consensus, and be thoughtful about what they were doing before they got out there and started talking about it. You want to be thoughtful and you want to be strategic. There was no secret.

A.W.: Do you think the campaign will be successful?

N.M.: I think we will be. The movement is much larger and there are a lot more voices at the table. A lot of the messages that are anti-fluoride are not based on quality science. In the past, the very small group that has been anti-fluoride has been able to really scare people or put myths out there. I think that people have become more sophisticated. The fact that it's not just the dentists or public health people saying it, the fact that it's leaders from the African American, Latino, Native American, Southeast Uplift, Kaiser, all coming together and saying that we as a community (support fluoridating water). That's what makes it really different.

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