THE HEALTH EQUITY DESIGN LAB STRATEGY SESSION

- The Health Equity Design Lab incubates new approaches to advance the health equity agenda.

- 40 participants came together for a 2-day strategy session to develop policy recommendations to support women's wealth and health equity.

- Five working groups analyzed the policy landscape at the local, state, and national level to develop recommendations to present to Summit attendees.

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THE HEALTH EQUITY DESIGN LAB

- The Health Equity Design Lab introduced new tools to deepen community engagement and research outcomes.

- Designing the WE's *Undesign the Redline* exhibition introduced Summit attendees to a historical timeline of the systemic impacts of redlining policies on the wealth and health of women, families and communities.

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THE HEALTH EQUITY DESIGN LAB

- **Working groups used new policy and systems mapping tools from Thicket Labs to analyze the policy landscape.**

- **Attendees were surveyed before the summit to map the landscape and identify the most impactful change levers in women's wealth and health equity.**

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THE HEALTH EQUITY DESIGN LAB STRATEGY SESSION

- **Impact projections show the change in potential collective impact on health and wealth equity from data gathered before the strategy session and after new solutions were added by strategy session participants.**

Projected Collective Impact Before Strategy Session

Projected Collective Impact After Strategy Session

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THE HEALTH EQUITY DESIGN LAB STRATEGY SESSION

The presentations that follow summarize the findings and recommendations from the five working groups.

1. **The Local Agenda:** "Think Local for Women's Equity"
2. **The Statewide Agenda:** "Systemic Oppression is a Barrier to Women's Wealth and Health"
3. **The National Agenda:** "National Solutions for Equity Begin at Home"
4. **Innovation in Communication & Advocacy:** "Authentic Fairy Tales: The Clapback"
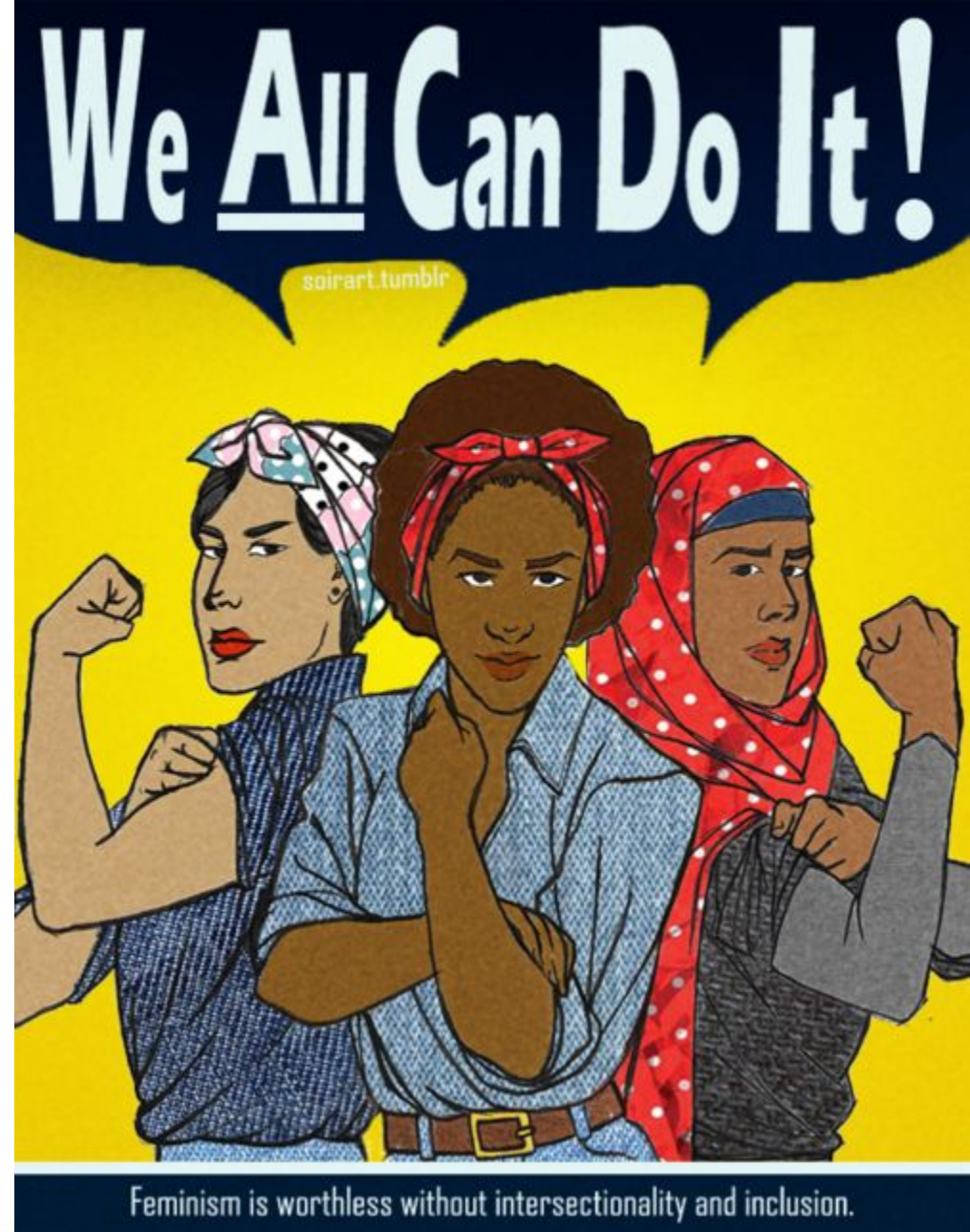5. **Innovation in Research & Learning:** "Nothing About Us Without Us"

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1 THE LOCAL AGENDA: HOW COMMUNITIES CAN SUPPORT WOMEN'S WEALTH AND HEALTH

THINK LOCAL FOR WOMEN'S EQUITY!

We All Can Do It!

soirart.tumblr

Feminism is worthless without intersectionality and inclusion.

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THE LOCAL AGENDA

"**All politics are local**"

KEY CHALLENGES

- **The current power structure & social / racial hierarchy is exclusionary & devalues people.**

- **Using existing local data on health & wealth disparities and outcomes to more effectively identify & prioritize interventions & resources.**

- **Local policies currently limit women's health and wealth equity particularly women of color and other disinvested groups.**

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KEY OPPORTUNITIES

Process
- Collaborative organizing
- Storytelling
- Participatory decision-making
- Democratizing data
- Building cross sector collaborations with engaged residents

Practice
- Customizing equitable & holistic approaches to improve economic security for women.

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WHERE WE CAN HAVE AN IMPACT

Process

- Create local spaces that strengthen community engagement /education & knowledge building.
- Use data accessible in public spaces for participatory policy design making.
- Develop cross-sector collaborations which use data to improve ecosystems (e.g. housing policies, transportation).

Practice

- Develop wealth & health building opportunities such as enhancing protections for supportive assistance & improving job quality (e.g. paid sick leave, caregiving).

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TABLE DISCUSSION

- **What are some strengths and weaknesses of these recommendations?**

- **How would these recommendations be received in your community?**

- **What is missing from these recommendations?**

TEAM

- **Lillie Estes**
- **Anne Ferree**
- **Neshemah Keetin**
- **Ashley Brown**
- **Damaris Kunkler**
- **Nefertiti Sickout**
- **Risa Wilkerson**
- **Maya Rockeymoore**
- **April De Simone**
- **Nadia Chilmonik**

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2 THE STATEWIDE AGENDA: HOW STATES CAN SUPPORT WOMEN'S WEALTH AND HEALTH

Systemic Oppression is a Barrier to Women's Wealth and Health

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THE STATEWIDE AGENDA

Systemic Oppression

Your zip code determines your life expectancy

A baby born in Beverly Hills, CA can expect to live to be
86 years
90210

A baby born in Watts, CA can expect to live to be
78 years
90002

"Your zipcode is connected to your quality of education, access to healthcare, and your life expectancy."
- Senator Sherrod Brown

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KEY CHALLENGES

- **Road Blocks to Wealth Building and Pay Equity**
  - **lack of access to capital**
  - **regressive taxation**
  - **residential segregation and redlining**
  - **unfair compensation**
- **Blocked Access to Quality Healthcare**
  - **states without Medicaid expansion**
  - **restrictive reproductive health policies**
  - **limited access to coverage for part-time workers**
- **Inequitable Educational Opportunities**
  - **dysfunctional funding systems for public education**
  - **access to Pre-K and affordable childcare**
  - **lack of focus on postsecondary and non-traditional workforce training opportunities**
- **Mass Incarceration**
  - **disproportionate imprisonment of black and brown people**
  - **corporate slavery and predatory work conditions**
  - **lack of economic opportunities for re-entering women**

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KEY OPPORTUNITIES

- **Opportunities for Wealth Building and Pay Equity**
  - the community reinvestment act (CRA)
  - examine state tax incentives (earned income tax credit, child care)
  - regulation and enforcement of equitable housing policies
  - and data collection and landscaping

- **Opportunities for Access to Quality Healthcare**
  - identifying a neutral convener trusted by the community to bring the affected people to the table as experts
  - building community base for inclusive engagements
  - public/private partnerships with funders and community health access

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KEY OPPORTUNITIES

- **Opportunities for Equitable Education**
  - statewide education pool to fund public education
  - training for non-traditional jobs -- including pathways for careers and entrepreneurial development
  - universal pre-K and child care credits
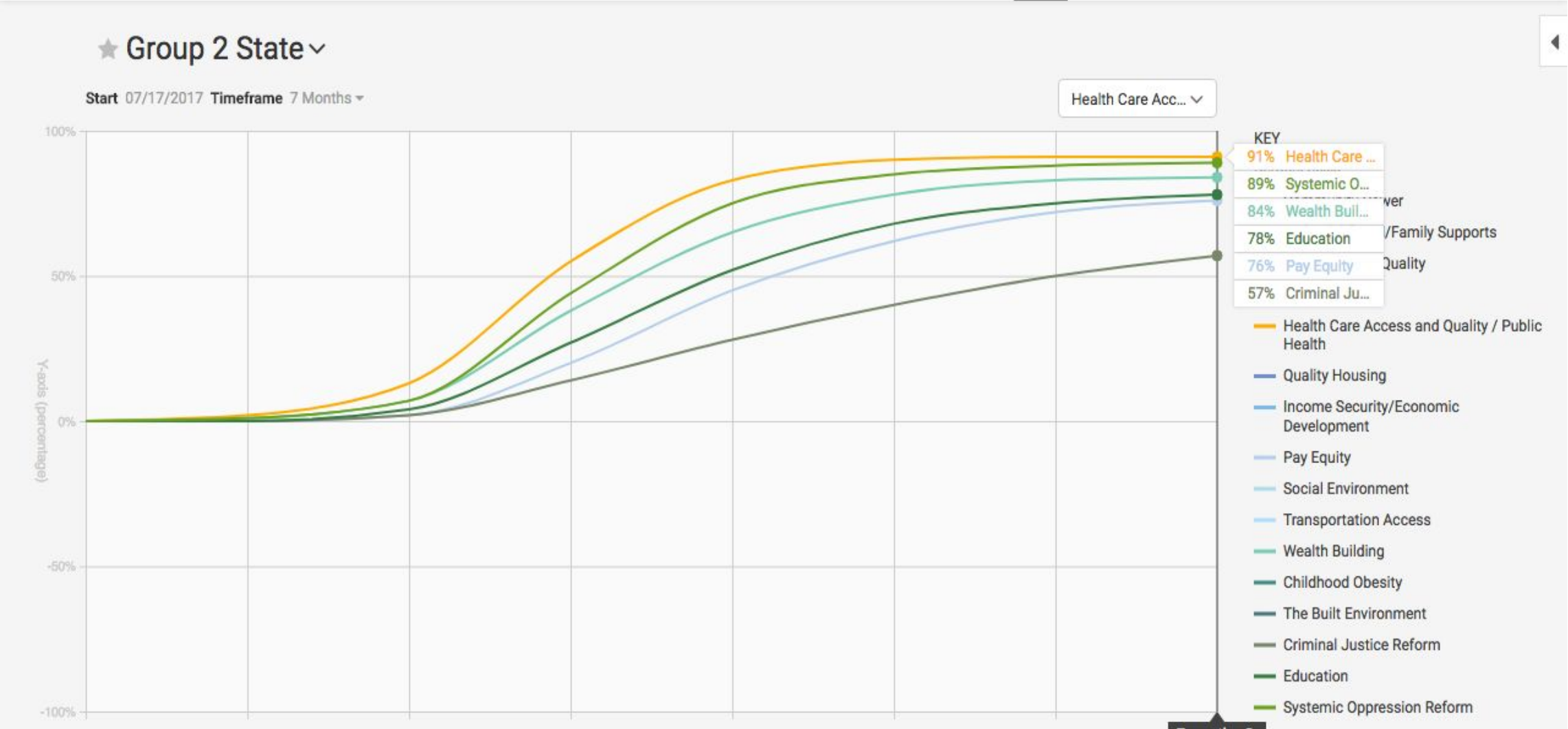 - economic studies to show the value of child care to businesses

- **Opportunities to Address Mass Incarceration**
  - certified training opportunities for incarcerated populations
  - enforce mandates to reduce prison population
  - investigate state models for criminal justice reform

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WHERE WE CAN HAVE AN IMPACT

- **Centralized and standardized data collection for easier analysis and dissemination (mapping and landscaping)**
- **Sustainable community engagement that is diverse and inclusive (must include most affected populations)**
- **Develop public-private partnerships with funders and community stakeholders**
- **Identify and leverage current resources to promote accountable community investment (CRA & EITC)**
- **Track voting records to hold state policymakers accountable and identify champions**

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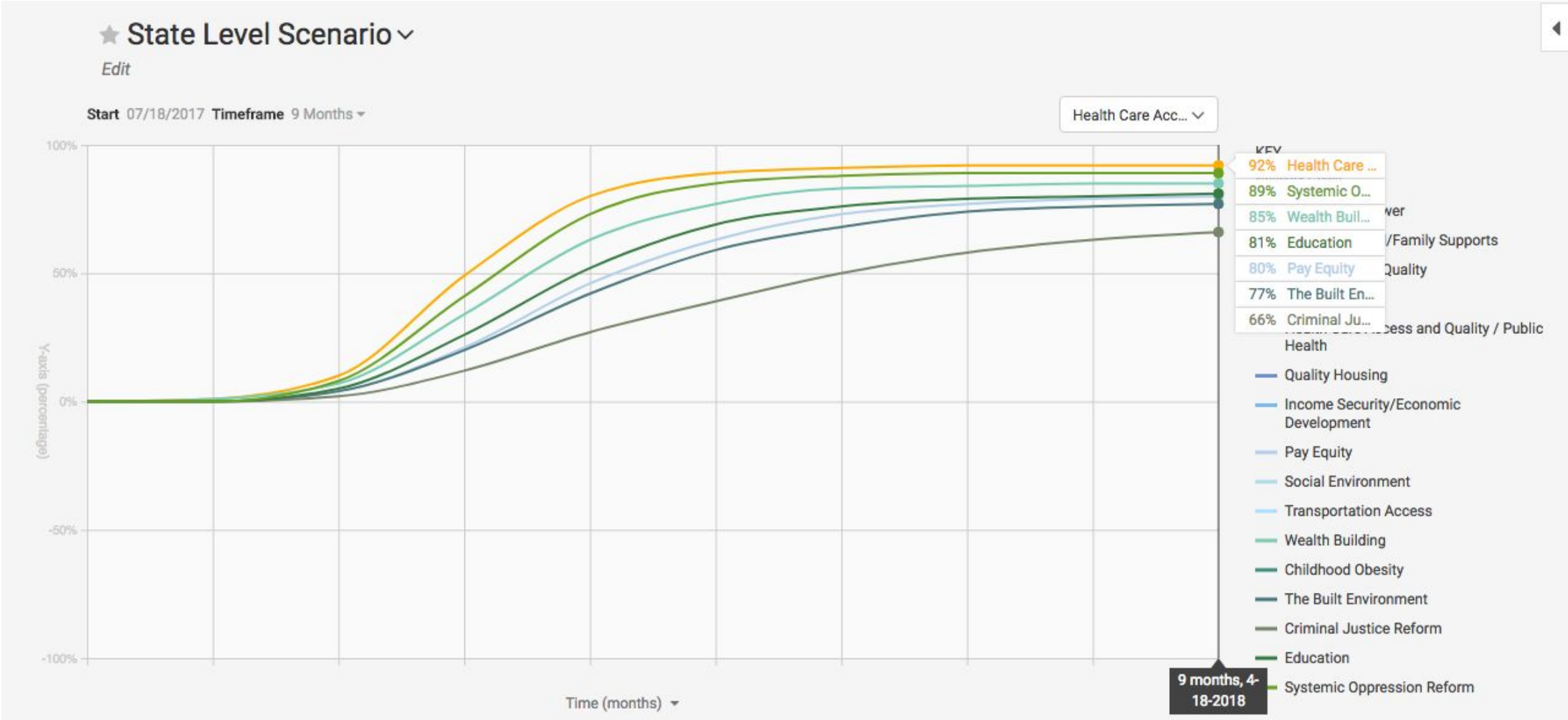# IMPACT PROJECTION BEFORE

IMPACT PROJECTION AFTER

TABLE DISCUSSION

- **Which recommendation(s) could you take back to your community or organization?**

- **What are the key challenges that we've identified that are also applicable to your state?**

- **What additional state-wide solutions would you recommend to address the issues facing women's wealth and health?**

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TEAM

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3 THE NATIONAL AGENDA: HOW THE NATION CAN SUPPORT WOMEN'S WEALTH AND HEALTH

National Solutions for Equity Begin at Home

KEY CHALLENGES

- **Flawed narrative across the issues of racial and social inequities and structural and systemic inequalities**
- **Communities are too often unable to be involved in the design of interventions, policies, and measurement**
- **Discussions about women's health and wealth equity too often:**
  - Excludes the disproportionate impact on women of color
  - Centers on pay equity over wealth equity
  - Overlooks the impact of wealth stripping policies, practices, and procedures.

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KEY OPPORTUNITIES

- **Building opportunities for meaningful community engagement for collective impact.**

- **Cultural shift of thinking and practice at various levels (individual, community, institutional)**

- **Strengthening funder and community-collaborative approaches toward health and well-being.**

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WHERE WE CAN HAVE AN IMPACT

- **Strengthen community-informed, localized solutions that are targeted and specific if not scaleable, and supported by funders and evaluation research.** This information needs to be available and accessible.

- **Organizational equity audits and commitment to action for equity in organizational leadership** from program management up to the board of directors.

- **Identify the harmful mental models people have around key issues of health and wealth equity that prevent progress,** in order to find more effective language and change the narrative. Key issues:
  - Scalability (it doesn't need to scale)
  - Health outcomes determined by historical and cultural contexts, not biology
  - Individualism → Collectivism / Personal Responsibility + Social Responsibility

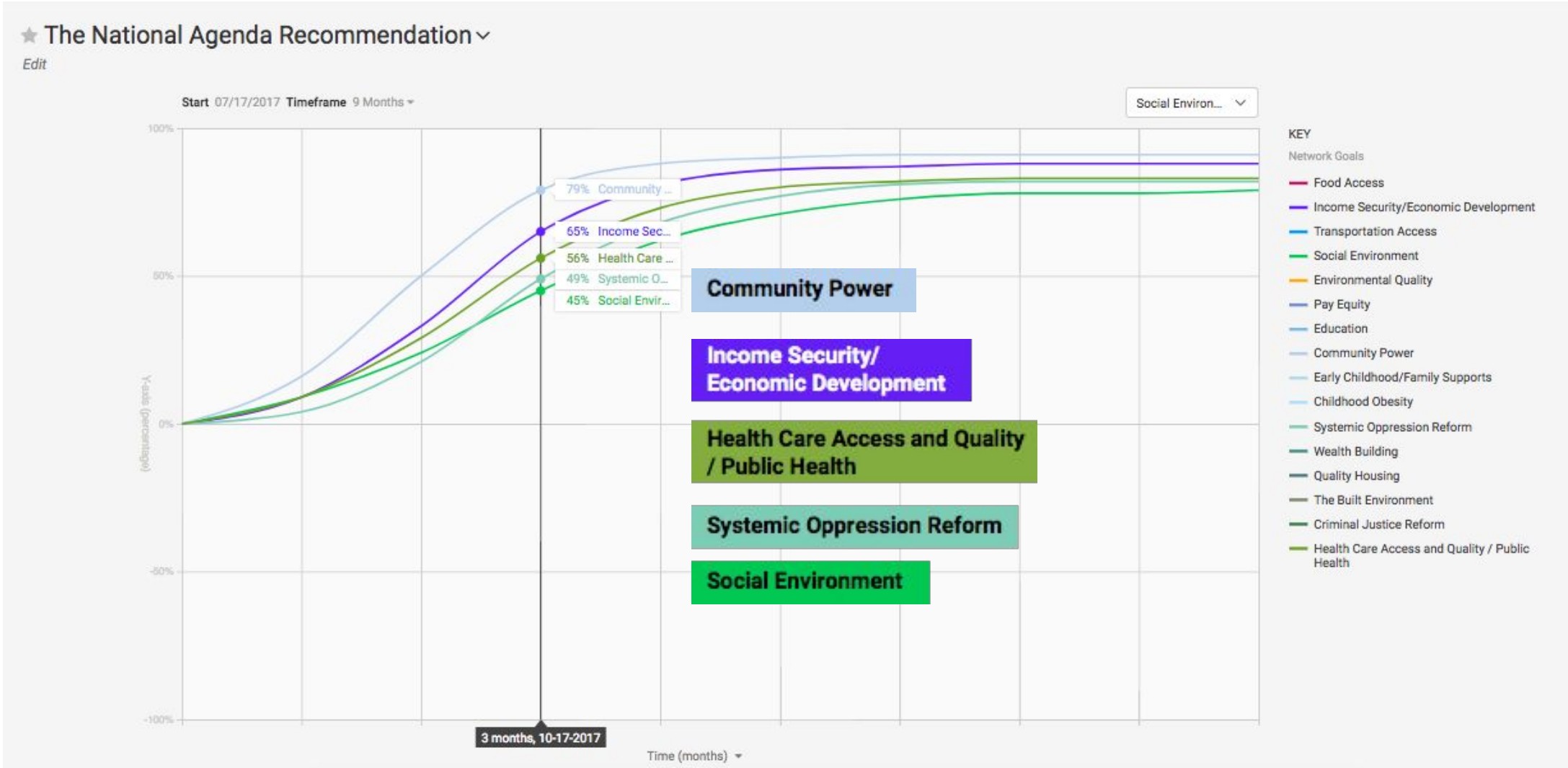ARCHE | Allies for Reaching Community Health Equity

IMPACT PROJECTION AFTER

TABLE DISCUSSION

- **Scenario:** You have just been given the mandate to - strengthen community-informed, localized solutions that are targeted and supported by funders and evaluation research. Talk about the process that your org could take to deliver on this mandate.

- **Question:** What are the opportunities within your organization to improve your policy, practices, and procedures for achieving equity within your organization?

- **Question:** What gets lost when funders and national intermediaries prioritize scalability over specificity and replication over targeted effectiveness? What can be done about it?

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TEAM

- **Jennifer White**
  Health Equity Partnerships Manager
  American Heart Association
- **Vasu Reddy**
  Workplace Policy Counsel
  National Partnership for Women & Families
- **Carmen Shorter**
  Senior Manager for Learning
  Prosperity Now
- **Clare Watson Bartolomei**
  Strategist
  Zago
- **Jacob Hernandez**
  Designer and Strategist
  Thicket Labs

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4 INNOVATIONS IN COMMUNICATION AND ADVOCACY

INNOVATIONS IN COMMUNICATION AND ADVOCACY

Authentic Fairy Tales: The ClapBack

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INNOVATIONS IN COMMUNICATION AND ADVOCACY

Messaging / Advocates / Sustained Engagement

KEY CHALLENGES

- ## Challenge 1 -- Messaging
    - Framing Competing Institutional Narratives Within a Single Organization
    - Collaborating to Create and Sustain Clear Cohesive Messaging
    - Designing Messages that Cuts Through the Noise

- ## Challenge 2 -- Audience to Advocate
    - Getting and Holding Attention
    - Elevating unheard, unusual yet authentic voices
    - Competing interest

- ## Challenge 3 -- Sustained Engagement
    - Timeline
    - Funding
    - Assessment/Process

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KEY OPPORTUNITIES

- **Opportunity 1: 360° Relationship with Media**

- **Opportunity 2: Partnerships With Other Organizations/Coalition Building**

- **Opportunity 3: Clarify and Control the Message**

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WHERE WE CAN HAVE AN IMPACT

- **Recommendation 1 -- Be Agile and Aware**
  - Use Information Cycles to Organizational Advantage
- **Recommendation 2 -- Live out Loud**
  - Use Social Media to be in Dialogue With Community
  - Use Art and Media to Spark Community Engagement
  - Crowdsource Organizational Solutions by Inviting Stakeholders to be Co-Creators (Google Docs and IKEA)
  - Encourage organic organizing
- **Recommendation 3 -- Recognize Your Scale**
  - Are you an organization of 4 or 4 million
  - Use Collaborations to Amplify Messaging?
  - Navigate Discussions With Care
  - Recognize Stakeholders

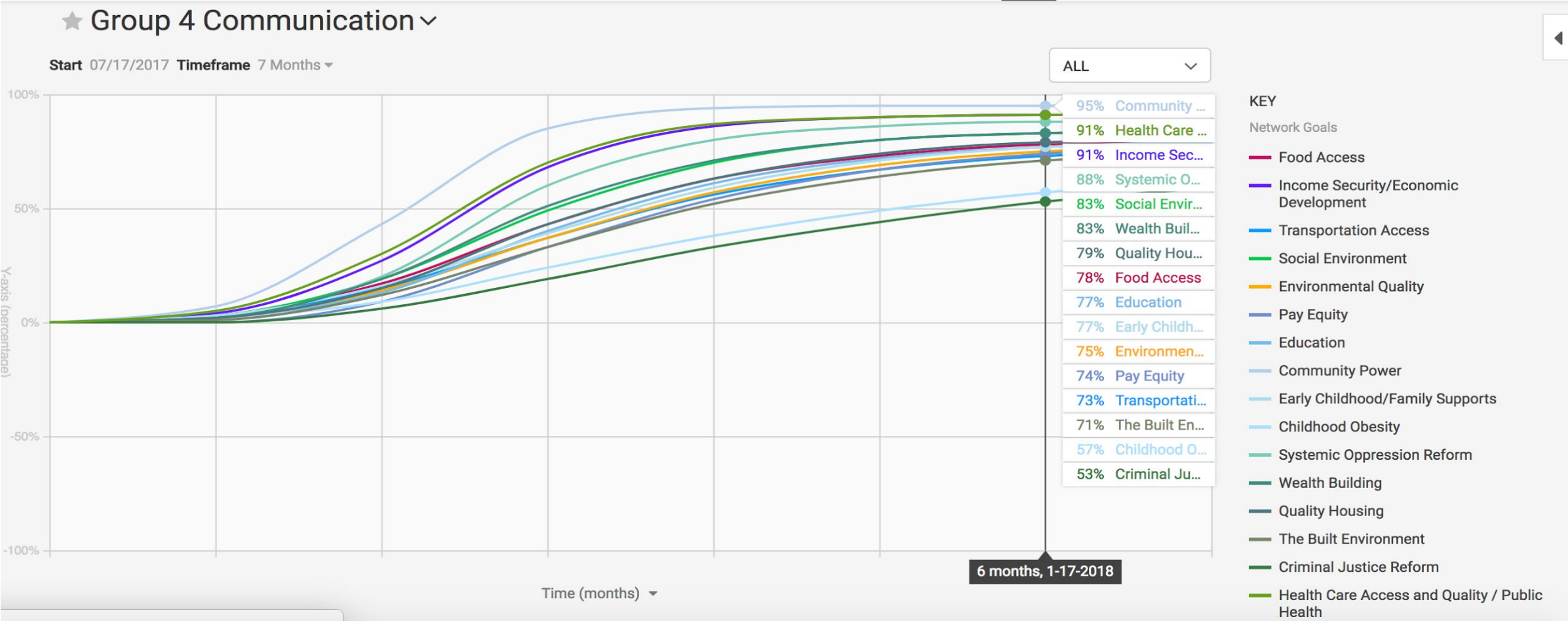ARCHE | Allies for Reaching Community Health Equity

IMPACT PROJECTION

TABLE DISCUSSION

- How can we define a common moral challenge?

- How can organizations create agile messages to effect political will?

- When and how can organizations elevate the unusual/unheard community voices to create authentic messaging?

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TEAM

- **Katie OConnell**
- **Valerie Evering**
- **Goyland Williams**
- **Julie Hermelin**
- **A'Jay Scipio**
- **Toniesha Taylor**

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5 INNOVATIONS IN RESEARCH AND LEARNING

Garbage in, garbage out.

KEY CHALLENGES

- **There is a dominant frame in the US that drives how our research is designed, produced, and received.**

  - It creates a reference group: white, male, middle to upper class
  - It normalizes and reinforces longstanding power structures
  - It implies a bootstrap mentality for solving problems, and the idea that individuals are responsible for their own success or failure
  - It assumes people have control over their environments
  - It blames people for personal choices
  - It disregards systemic influences
  - *It's so pervasive that it's hard to recognize.*

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KEY CHALLENGES

- **Our limited definition and use of data is impeding equitable decisionmaking.**
    - Some data and research is disregarded
    - What is considered evidence is too narrow
        - The "gold standard" is limited
        - Community research is not considered as valid as scientific and business research
    - Lack of diversity in research profession
    - Communities and community-based organizations are not respected as researchers

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KEY CHALLENGES

- **Integrating interdisciplinary research and practice is a low priority for many researchers, practitioners, and policymakers.**
  - Different disciplines with different languages and frames
  - Limited and/or inconsistent incentives for researchers from different disciplines to collaborate
  - Lack of awareness and/or compelling models where interdisciplinary research has made a difference

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WHERE WE CAN HAVE AN IMPACT

- **Establish a common knowledge of and language around inequalities and equity so that researchers and practitioners from different disciplines can collaborate and apply each other's insights.**
  - Start conversations by establishing a shared understanding of differences and equity goals and how to describe them
    - e.g., child welfare & education talk about "disproportionality" and public health talks about "disparities"
  - Create and disseminate a glossary of terms about equity -- *Example: Build Healthy Places Network's "Jargon Buster"*

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WHERE WE CAN HAVE AN IMPACT

- **Prioritize, build capacity for conducting, and producing systems-level research.**
  - Collect and sharing disaggregated datasets and pay attention to how you choose the reference group
  - Compile comprehensive datasets on specific populations that builds understanding of historical contexts
  - Learn about and apply systems research tools like historical, political science, economic, legal, organizational development, and legislative research in addition to epidemiology

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WHERE WE CAN HAVE AN IMPACT

- **Partner with communities in defining and conducting research.**
  - Recognize, seek out, and incorporate community and coalition expertise into research design and implementation.
  - Establish meaningful relationships and partnerships with communities that align with community's vision
  - Incentivize and compensate community participation in ways that are more than transactional

    Example: list community members who shape research as contributing authors

Allies for Reaching
Community
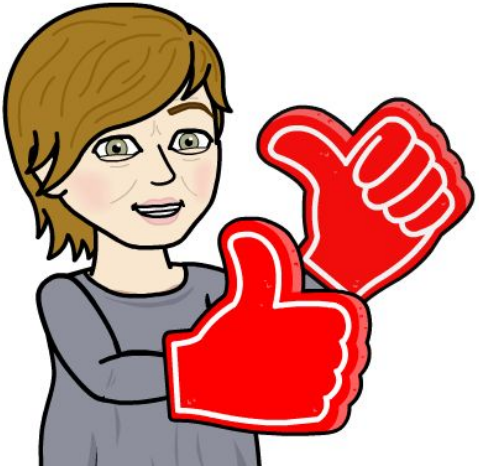Health Equity

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WHERE WE CAN HAVE AN IMPACT

- **Visualize and localize data and narratives.**
  - Ask community members and coalitions what data they need to help inform their work
  - Ask and advocate for disaggregated open data from governmental agencies
  - Provide training/tools that help translate data to talking points and stories that resonate with community members, practitioners and policymakers
  - Use new stories and narratives to change the dominant frame

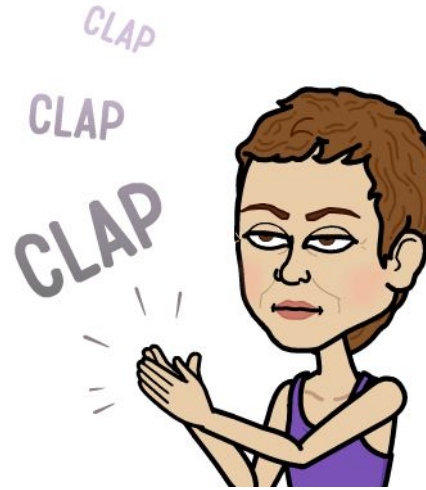ARCHE | Allies for Reaching Community Health Equity

TABLE DISCUSSION

- **What's missing from our recommendations?**

- **What does community-driven research mean to you? What do you consider best practices for community-driven research? What if any compelling success stories can you share?**

- **How can we be sure research is investigating systems (and how to improve them) rather just collecting data on individuals? What would the research questions be?**

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TEAM

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Sarah Strunk

Marjorie Innocent

Anna Mahathey

Tenya Steele

Deepthi Welaratna

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