



Allies for Reaching
Community
Health Equity

A project of the Center for Global Policy Solutions

Health Equity From the Inside Out

A Data-Driven Exploration of the Challenges and
Best Practices for Operationalizing Health Equity

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Executive Summary

The public health field has been instrumental in identifying how social determinants impact the health of individuals, families, and communities. Now that we better understand the vast and interconnected landscape of health, we also know that improving health outcomes is a complex challenge that extends far beyond the reach of traditional healthcare organizations.

The Robert Wood Johnson Foundation (RWJF) has strategically invested in organizations committed to building health equity in communities and reducing the disparities in health outcomes. These organizations, whose interventions collectively address key social determinants of health, are at the forefront of putting health equity concepts and principles into action.

Earlier this year, ARCHE invited a group of RWJF grantees to come together for the inaugural Health Equity Design (HED) Lab, “Challenges and Best Practices in Advancing Health Equity among RWJF Grantees.” The day-long HED Lab convening provided leaders from these organizations much needed time and space to reflect on their work, explore their efforts to operationalize health equity inside and outside of their organizations, and to identify emerging best practices in the field.

HED Labs convene thought leaders and community stakeholders to build consensus and incubate the best ideas that promote equity in key policy and program areas ripe for intervention or innovation. Its central focus is on changing policy, systems, practices and environments to affect the social determinants of health. The HED Lab process identifies best practices, recommendations and innovative solutions that can be deployed by policymakers and the field at large to advance change, as well as help drive research that addresses gaps in existing knowledge. The HED Lab facilitation process and research methodology were developed by Thicket Labs.

The HED Lab’s presentations, mapping activities, and discussions surfaced several core themes related to the current state of the field including core challenges and grantee needs that can be supported through the ARCHE program offerings. Our key learnings from the inaugural HED Lab are accompanied by recommendations to help grantees and the field at large address identified challenges and improve on what they’re already doing.

Among our key findings:

- Health equity is not yet well understood and complex to study and evaluate.
- The current political climate threatens efforts to achieve health equity.
- Current public policies are not designed to support health equity.
- Current solutions are not addressing our most pressing problems.
- Organizations are ill-equipped to address internal bias issues.

Recommendations stemming from the HED Lab include:

- Adopting lean approaches to learning could help operationalize health equity more quickly.
- Health equity organizations should focus on breakthrough innovations over incremental innovations.
- Health equity organizations should partner with communities to promote policy change.
- Organizations should focus on developing community engagement models for participatory policymaking to build community power.

We are grateful to all of the participants who were willing to contribute a full day (in some cases two) of their time to join us in Princeton, speak frankly about the challenges they face in their work, and apply themselves to envisioning new approaches for advancing health equity.

Deepthi Welaratna, HED Labs Facilitator for ARCHE & Founder & CEO, Thicket Labs

How to Read this Report

After a short introductory overview, the conclusions and recommendations developed from the HED Lab discussions can be found. For those interested in more detailed discussion points, data analysis and the methodology of the HED Lab, the "Digging Deeper" section outlines the complete agenda with accompanying data analysis. A final brief overview outlines the HED Lab process.

Introductory Overview

About the HED Labs

Allies for Reaching Community Health Equity's (ARCHE) Health Equity Design (HED) Labs convenes RWJF leaders, grantees and issue experts including researchers, practitioners and advocates to build consensus and incubate the best ideas that promote equity across the social determinants of health.

The Health Equity Design Lab is a structured process to engage practitioners and experts to collaboratively explore and refine health equity concepts, principles, and practices. The Design Lab process is intended to produce insights, recommendations, and solutions to be shared with RWJF grantees and the field at large to drive improvements in practice, policy action and ultimately, measurable impact in communities.

Objective

The inaugural Health Equity Design (HED) Lab convened a select group of grantees from the Healthy Children, Healthy Weight portfolio. The HED Lab focused on how grantees are currently working to advance health equity and explored solutions to address barriers to effective health equity practice. The goal was to gain a better understanding of the challenges grantees face in the course of promoting health equity and

to identify potential strategies that can strengthen efforts to achieve equitable outcomes for underserved communities.

The HED Lab experience focused on the following questions, which informed the pre-meeting interviews with participants. Participants' responses to these questions were analyzed, and from this analysis, key problem and impact areas were identified and used to shape the HED Lab discussion and meeting.

1. How are grantees defining equity and health equity?
2. How are grantees currently working to advance equity and integrate an equity lens into their work?
3. What challenges are grantees experiencing when seeking to advance equity, especially when pursuing systems, policy and environmental changes in the context of conducting their RWJF-supported work?
4. What strategies are grantees using to overcome these challenges in the context of conducting their RWJF-supported work? Are there structural or organizational dimensions that facilitate/hinder a grantee's ability to overcome challenges?
5. How can the Foundation optimally support grantee efforts to advance equity?

6. What is the role of power and privilege in identifying and overcoming the barriers to advancing health equity? In other words:
 - a. Who has a seat at the table?
 - b. How are populations most affected by health inequities being engaged in designing solutions that address health equity issues in their communities?
 - c. How can the foundation and grantees facilitate sustained engagement?

Participants

The participants in the HED Lab were comprised of 10 grantees that RWJF felt were already successful in some aspect of operationalizing equity, as well as RWJF and ARCHE team members. Additionally, participants were invited to ensure diversity in terms of types of organizations and types of projects funded by the HCHW team. Grantees embraced the opportunity to build relationships with each other as the first cohort of health equity leaders to contribute to the HED Lab to advance new approaches and identify best practices for the field.

Representatives from the following organizations participated in the HED Lab:

ChangeLab Solutions

Child Care Aware

Coalition for Community Schools,
Institute for Educational Leadership
Incorporated

Communities for Just Schools Fund

Council for a Strong America

Healthy Schools Campaign

ISAIAH

New Jersey Partnership for Healthy Kids

Partnership for a Healthier America, Inc.

YMCA of the USA

Robert Wood Johnson Foundation
(Sponsor)

Center for Global Policy Solutions
(Convener)

Thicket Labs (Facilitator)

Operational Focus of Participants

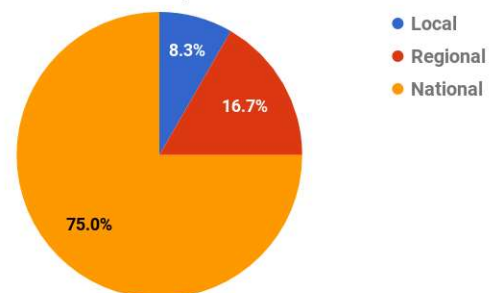


Figure 1: While participating organizations were largely national in operating focus, many of them implement strategies at the regional or local level.



Figure 2: Participants were also assessed on community building focus to ensure that diverse communities were represented in the lab.

Conclusions and Recommendations

Where We Are Today

Health equity is not yet well understood.

Conclusion:

- HED Lab participants, along with the rest of the field, are still seeking a common language and operating framework for health equity. Throughout the day, we saw participants grow more comfortable with the idea that a complete picture of health equity is still a work in progress.
- Collaborative mapping and knowledge sharing efforts like the HED Lab need to continue to document principles, approaches, identify validated solutions that can be standardized as best practices, and surface gaps that need more attention.

Recommendation:

- ARCHE recommends adopting an open online platform that would provide a network for the field and facilitate ongoing knowledge and resource sharing to continue the learning process in between formal HED Labs.

“Equity is a value, process, action, and outcome.”

- Dr. Maya Rockeymoore, President and CEO, Center for Global Policy Solutions

Health equity is in the early stages of being operationalized.

Conclusion:

- Although increasingly accepted as a core public health value, health equity is still an emerging practice with associated core knowledge, skills and competencies. Strategies already in use generally focus on building mindfulness of health equity in operations. Some organizations are beginning discussions on how to develop and integrate principles and practices that advance health equity in their operations.
- Organizations will need help to align their teams, workflows, and hiring and management practices to reflect a true commitment to health equity. The timing is optimal for training and technical assistance programs to help organizations identify and implement concrete strategies to operationalize health equity.

Recommendation:

- ARCHE recommends that organizations engage in equity audits to assess internal equity practices including hiring and promotion of staff reflective of populations served, cultural competence of team members, and staff and organizational capacity to effectively address health inequities.

Health equity is complex to study and evaluate.

Conclusion:

- Health equity is not easy to measure. In the words of CGPS president, Dr. Maya Rockey Moore, "Health equity is a value, process, action, and outcome." The field is still grappling with how to assess and evaluate progress toward health equity. Rather than relying on a traditional linear model in which inputs produce predictable changes in outputs, the factors (e.g., social determinants of health) that influence health are best analyzed as part of a complex adaptive process in which results are often greater than the sum of their parts.
- Public health researchers are developing new scientific tools and methods to study complexity.

The HED Lab process has already begun to introduce data-driven tools for analyzing complex adaptive systems into subsequent convenings. This allows us to better account for the nonlinear influences that affect human behaviors and health outcomes and improves the resulting recommendations.

Recommendation:

- ARCHE recommends that health equity researchers, analysts, and evaluators seek out and adopt data-driven tools that can analyze complex adaptive systems and processes. This will allow the field to better account for the nonlinear influences that affect health outcomes.
- ARCHE further recommends that future HED Labs engage public health research organizations and institutions with expertise in the study of health from a complex adaptive systems approach.

What's Holding Us Back

The current political climate threatens efforts to achieve health equity.

Conclusion:

- The current political climate, in which funding for safety net and public health programs is being

cut is impeding the advancement of policies (e.g., Affordable Care Act, CHIP, SNAP) that promote health equity. In the words of one participant: “We are facing more threats to equity than we can keep up with. Rather than fighting each individual battle, how do we frame a bigger narrative around what is at stake for our kids?”

Recommendation:

- To push back against the threats, a common health equity agenda focused on addressing the social determinants of health through systems, policy and environmental change strategies should be developed with full participation and buy-in from the field.
- ARCHE recommends that an health equity agenda be developed through a consensus-based, co-creative process that fully engages health equity practitioners, advocates and community members in identifying policies that promote equity across the social determinants of health at the local, state and federal level.

“Rather than fighting each individual battle, how do we frame a bigger narrative around what is at stake for our kids?”

Current public policies are not designed to support health equity.

Conclusion:

- Our new understanding of health equity is challenging basic tenets of how policies are designed and implemented across populations. Through a health equity lens, our understanding of health is experienced not only at the individual level, but at the community and even national level. Differential experiences by race, gender, geography and other social determinants have created differential health outcomes that require policy solutions that enable resources to be distributed in ways that are responsive to these diverse experiences and outcomes. As one participant notes, “Policymakers want resources to be ‘EQUAL’ for all populations but needs are not equal.” When advocating for policies that serve diverse populations, equity versus equality is a fundamental tension.
- Policymakers need to be educated about the distinction

between equality and equity and why equity is needed to close disparities. Messaging about equity that resonates with both political parties and strategies that build the power of communities to advocate for themselves can help change the conversation.

Recommendation:

- Compelling research and data that demonstrate that equity-centered policies are most effective in addressing health disparities can strengthen these efforts. ARCHE recommends that researchers, analysts, and evaluators pursue studies that build this evidence base.

“Equity versus equality is a fundamental tension.”

Current solutions are not addressing our most pressing problems.

Conclusion:

- The solutions being tested in the field are not addressing the most central issues identified by grantees. None of the solutions (e.g., conducting community listening tours, creating assessment tools for

organizational change) that emerged in our discussions directly address the challenge of the current political climate, and efforts to build community power were weakly represented. Without first solving highly central problems, dependent problems are unlikely to be resolved.

- Grantee organizations need to rethink their current efforts and develop strategies to directly address the most pressing problems facing the field if they want to succeed in their overall goals. Participants agree that a field-wide response to the current political climate and more investment in time and resources in building community power are needed.

Recommendation:

- ARCHE recommends that resources and technical assistance be provided to help grantees increase their ability to authentically engage communities and build community power.

Organizations are ill-equipped to address internal bias issues.

Conclusion:

- Most HED Lab participants are highly interested in addressing implicit bias among individuals inside and outside their organization, which is highly correlated with equalizing power dynamics between stakeholder groups. As one participant noted, “the work of health equity starts with internal personal work, then organizational.”
- Organizations with disparities in the makeup of their own teams should prioritize anti-bias trainings if they haven’t already begun the process. Organizations should not expect that instituting diverse hiring policies alone will help teams attract and retain diverse talent. No one in the organization should be exempt from anti-bias and cultural competence trainings. As another participant volunteered, “[the] key to understanding power and privilege and to being an effective leader in health equity is to reflect on your own story.”

Recommendation:

- Equity trainings and technical assistance services are recommended resources to help practitioners and advocates build the knowledge, skills, capacity, and empathy to effectively work with diverse people to create

healthier, more equitable communities.

“Key to understanding power and privilege and to being an effective leader in health equity is to reflect on your own story.”

How We Accelerate Innovation and Impact

Health Equity Organizations Should Adopt Lean Strategies

Conclusion:

- Overall the solutions that are currently being tested by HED Lab participants are in early stages of development. The health equity field needs to push itself to adopt more nimble approaches to experimentation and innovation found in other fields. Looking to existing best practices in other sectors can help speed up the cycle of learning and innovation. The fields of design and technology have codified many best practices and processes to collapse the time needed to concept, build, test, and iterate on solutions. This can help organizations move more quickly from pilot to scale.

Recommendation:

- ARCHE recommends the development of a new training program focused on teaching lean prototyping and testing.

Health Equity Organizations Should Pursue Breakthrough Innovations

Conclusion:

- Breakthrough innovations come from the cross-pollination of people and ideas. The HED Lab is one vital space for incubating innovative solutions. However, individual organizations can use cross-pollination as a strategy by engaging with a broader group of local stakeholders to enlarge the conversation and give it momentum beyond the health equity field. There are grantees with ties to unexpected messengers and emerging leaders in the media space across the country who can be engaged in productive ways to stimulate fresh ideas and approaches.

Recommendation:

- ARCHE recommends that individual organizations develop mechanisms for engaging cross-sector and unlikely partners to stimulate breakthrough ideas and solutions.

Health Equity Organizations Should Partner with Communities to Promote Policy Change

Conclusion:

- HED Lab participants agree that those most impacted by health disparities are not adequately involved in the public policy development process. Partnering with communities and residents to use their voice and political power to change policies may be the most influential lever we have for addressing health disparities.

Recommendation:

- ARCHE recommends that organizations develop strategies to more authentically engage communities in the planning, implementation and evaluation of health equity programs and policies.

Recommended Next Steps

In-House Health Equity Training and Technical Assistance through the Culture of Health Institute for Leadership Development (CHILD)

Health equity is best achieved by changing policies, systems, and environments that affect the social determinants of health as well as the

practices that determine who gets what, when, and how. Organizations are in search of training and technical assistance programs to help them identify and implement concrete strategies to operationalize health equity. Organizations are encouraged to reach out to CHILD. CHILD accelerates the ability of participating professionals to apply an equity lens and address health inequities through effective community engagement, cross-sector partnerships, and policy advocacy strategies. Organizations will find it a valuable resource to help them navigate the transition as they operationalize health equity inside and outside of their organizations.

Develop Health Equity Agenda

The current political climate, in which funding for public health programs is being cut and fewer thought leaders are in a position to advocate for health equity, is impeding the advancement of policies that promote health equity. To push back against the threats, a common health equity agenda should be developed with full participation and buy-in from the field. The HED Lab process can facilitate the development of this health equity agenda through a consensus-based, co-creative process that fully engages health equity practitioners and advocates in identifying policies that promote equity

across the social determinants of health at the local, state and federal levels.

Convene a Cross-Section of Stakeholders Who Align with Health Equity

This is the time to start engaging with a broader group of stakeholders to enlarge the conversation and give it momentum beyond the traditional public health field. There are grantees with unexpected messengers, and emerging leaders in the media space who can be engaged in productive ways to advance a health equity agenda.

Develop Community Engagement Models for Participatory Policymaking to Build Community Power

It's time to get tactical and deliberate about building community power throughout the policy making process. ARCHE trainings, resources and technical assistance can help grantees increase their ability to authentically engage communities and build community power.

The inaugural HED Lab was a learning process for not only the grantees who participated, but for the ARCHE team as well. We believe the convening accomplished its mission of providing a safe and productive environment for

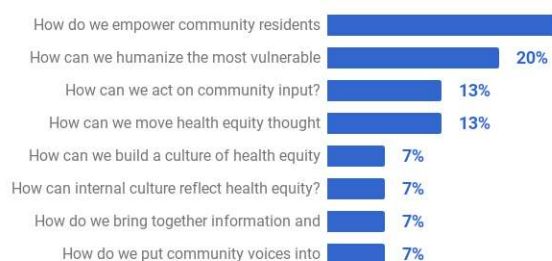
health equity practitioners and advocates to discuss what's working as well as what isn't, and to surface important insights and best practices for the field to consider. The findings and recommendations in this report underscore the importance of continuing to build the knowledge, skills, and tools of practitioners and advocates in the field to advance health equity.

Digging Deeper: HED Lab Data Insights, Theme and Methodology

Participant-Prioritized Questions

To kick off the HED Lab discussions, participants were asked to generate a leading question that they hoped would be addressed during the day. We asked participants to vote on the questions, and one overriding priority emerged: How do we empower community residents and prioritize their voices? The discussions that followed were informed by this concern.

Participant-Prioritized Questions



Mapping the Barriers, Challenges & Roadblocks

During the first portion of the day, participants brainstormed on three problem areas to identify specific challenges directly impacting their organizations and the communities they serve, as well as the level of perceived impact and urgency of the issues.

Through analysis of participant interviews conducted prior to the HED

Lab, ARCHE identified three problem areas that were used to focus the discussion and brainstorming activities: (1) Lack of Shared Language, Narrative, and Messaging (2) The Current Political Climate and (3) Public Policies Don't Serve Diverse Needs.

During the event, participants were asked to individually fill out paper response cards with defined fields to generate consistent data across participants. The facilitation team collected and posted the responses to the wall for further analysis and prioritization. The response card for each problem asked participants to provide more details about each challenge they identified under the problem area, including the following:

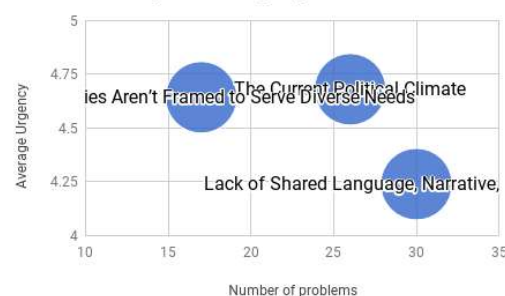
- Rate the level of urgency of each challenge on a 5-point scale where 1 is "a little" and 5 is "a lot". This score was used to gauge how critical the challenge was to solve in the short-term.
- Rate the level of evidence of the challenge on a 5-point scale. This score was used to gauge whether the challenge was verified as an issue or was more of a speculative hypothesis.
- For each challenge, identify what type of problem it is: political, social, economic, environmental, legal, and/or technological. Challenges could be associated

with more than one problem type as a means to describe its multi-dimensionality, or the level of complexity of the challenge.

- For each challenge, determine whether it is a) a challenge primarily internal to the organization; b) a challenge primarily external to the organization; or c) a challenge that is both internal and external to the organization.

From the three problem areas that we identified, the current political climate emerged as the most urgent to resolve, and one around which participants had experienced specific challenges that they ranked “very urgent” to resolve. Lack of shared language, narrative, and messaging was overall ranked less urgent but comprised 40% of the specific challenges brainstormed during the day. Just 23% of all challenges brought up were related to the issue that standardized policies (e.g., race neutral) are unable to meet the needs of diverse populations, but overall the majority of the challenges identified were considered “very urgent” to resolve.

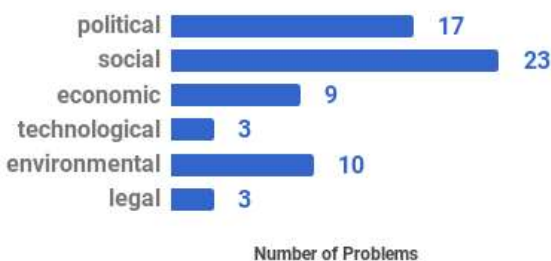
Problem Areas by Level of Urgency



Lack of Shared Language, Narrative, and Messaging

The first problem area participants were asked to think about was a lack of shared language, narrative, and messaging facing the field. Thirty specific challenges were identified with an average urgency level of 4.24 out of 5. On average, the identified challenges were somewhat evident but not strongly validated, with an average point score of 3.56. Challenges were associated with an average of 2.41 problem types, presenting at least two dimensions of complexity to solve for. Seventy-five percent of all challenges were found to be social in nature. Political and social were found to be most often paired in this problem area (correlated in 17% of problems). The overall problem of a lack of shared language, narrative, and messaging is perceived as a pervasive problem, with about one-third of the challenges identified as affecting both internal-facing and external-facing operations.

Lack of Shared Language, Narrative, and Messaging



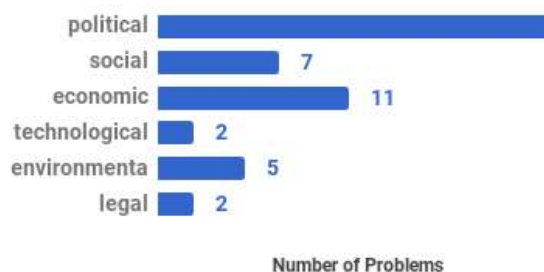
Participants were asked to vote on the top two challenges they agreed were most important, resulting in 11 out of 30 challenges being identified as most pressing. Of those, four were identified by three or more other participants. The four top challenges are presented here in ranked order:

1. "Equity vs. Equality is a fundamental tension." (5 votes)
2. "Messaging about equity that resonates with both political parties." (4 votes)
3. "Our advocacy community's language works well in communicating with each other, but is less effective in reaching decision makers who aren't starting from 'yes.'" (3 votes)
4. "Building common language/narrative is more important than ever and requires us to change the way we organize/who we organize (also an opportunity!)." (3 votes)

The Current Political Climate

The second problem area participants were asked to think about was the current political climate facing the field. Twenty-six specific challenges were identified with an average urgency level of 4.68 on a 5-point scale. On average, the identified challenges were generally well validated, with an average point score of 4.16. Challenges were primarily characterized as political in nature, but 34% were also associated with a secondary dimension. Of those, all but one (34%) of the challenges were characterized as economic as well as political. The current political climate is perceived as primarily an issue driven by dynamics external to grantee organizations.

The Current Political Climate



Participants were asked to vote on the top two challenges they agreed were most important, resulting in 8 out of 26 (32%) challenges being identified as most pressing. Of those, one rose to the top as most significant, with 10 votes for it. The five top challenges are presented here in ranked order:

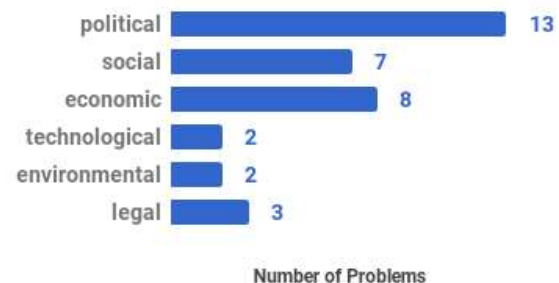
1. "The public health community doesn't have a political response to the political climate." (10 votes)
2. "There is little likelihood that civil rights data will continue to be collected, organized, analyzed and released as it has been under the previous administration." (3 votes)
3. "The divides between rural/urban, white/black/Latino are deeper than ever and prevent us from building enough power to improve conditions of health equity." (2 votes)
4. "We are facing more threats to equity than we can keep up with. Rather than fighting each individual battle (and burn out) how do we frame [a] bigger narrative about what is at stake for our kids?" (2 votes)
5. "Policy makers are openly hostile to women, racial/ethnic minorities, religious minorities and LGBTQ." (2 votes)

Public Policies Don't Serve Diverse Needs

The third problem area participants were asked to think about was the framing of public policies in relation to diverse needs. Seventeen specific challenges were identified with an average urgency level of 4.64 on a 5-point scale. On average, the identified challenges were

generally well validated, with an average point score of 4.21. Challenges were primarily characterized as political, but 47% were also associated with a secondary dimension. Of those, an equal number (17%) were found to be political/social and political/economic in nature. The overall problem that public policies aren't structure to address diverse needs is perceived as primarily an issue shaped by external factors such as policymakers.

Policies Aren't Framed to Serve Diverse Needs



Participants were asked to vote on the top two challenges they agreed were most important, resulting in 10 out of 30 challenges being identified as most pressing. Of those, four were identified by three or more other participants, with one identified by six. The four top challenges are presented here in ranked order:

1. "Changing policies through engaging communities/residents to leverage their voice and political power." (6 votes)
2. "Policy makers want resources to be 'EQUAL' for all populations but

needs are not equal. Equity vs Equality." (4 votes)

3. "There isn't a health equity policy agenda." (4 votes)
4. "Those who would be most impacted aren't adequately involved in the public policy development process from the beginning and maintained throughout." (3 votes)

Integrated Analysis of Challenges

To deepen our analysis of the specific challenges identified across all problem areas, we generated a composite score for each challenge that integrates point values across scope, impact, complexity, participant priority, and level of evidence. By looking at the challenges above two standard deviations from the mean, we found that eight challenges rose to the top: three each from the current political climate and standard or neutral policies, and two from the area of lack of shared language.

Score	Challenge
22	"The public health community doesn't have a political response to the political climate"
22	"Changing policies through engaging communities /

	residents to leverage their voice and political power"
19	"Equity vs. Equality is a fundamental tension"
18	"We are facing more threats to equity than we can keep up with. Rather than fighting each individual battle (and burn out) how do we frame bigger narrative about what is at stake for our kids?"
17	"Different disciplines view and practice equity differently. Is it possible to say something different but mean the same thing?"
17	"The divides between rural/urban white/black/Latino are deeper than ever and prevent us from building enough power to improve conditions of health equity"
17	"Those who would be most impacted aren't adequately involved in the public policy development process from the beginning and maintained throughout"
17	"There isn't a health equity policy agenda"

Charting a New Course Toward Health Equity

During the early afternoon, participants were asked to name strategic solutions they use in their organizations to move health equity forward in their organizations.

Through the participant interviews, we identified two impact themes to focus our discussion and brainstorming activities, each presented as a macro-level (at the organizational level) impact area and micro-level (at the individual level) impact area.

Participants were asked to individually fill out paper response cards with defined fields to generate consistent data across participants. The response card asked participants to provide a description of the specific strategic solution, including the following:

- Rate the level of potential impact of each strategic solution on a 6-point scale where 1 is “a little” and 6 is “a lot.” This score was used to gauge how effective the strategic solution might prove to be in the future.
- Rate the measurement plan for the strategic solution on a 6-point scale. This score was used to gauge whether the solution had a strong plan in place to evaluate impact or still needed time to develop and test impact measures.
- For each solution, determine whether it is a) a solution directed internally to the organization; b) a solution applied primarily externally to the organization; or c) a solution that applies both

internally and externally to the organization.

It is important to note that the solutions presented here reflect the opinions and experiences of participants and are focused on topics such as education or of specific interest to participants. Our analysis of the the findings and solutions proposed from the HED Lab and recommendations based on our expertise and best practices in the field can be found at the end of this report.

Impact Area 1: Connect to and engage the most underserved people / Tailor solutions to individuals inside and outside your organization

The first impact theme participants were asked to think about was how to connect to and engage the most underserved, and how to tailor solutions for them. Participants identified ten specific strategic solutions they use or are developing to solve for this theme. Participants see a lot of potential in these solutions, with an average potential impact level of 5.36. The identified solutions were mostly early stage in developing a measurement strategy, although three of the ten were being measured with a complete plan. Of the ten solutions, six are in the concept or pilot stage, while four are proven or scaled.

How Organizations Evolve Towards Deeper Engagement and Partnerships with Communities

The solutions clustered into several themes as an organization evolves from traditional modes of operating to more equitable operating structures that set the stage for partnerships with communities. Here, we distill the solutions into strategic approaches by theme and note the number of times a strategic approach was mentioned in solutions proposed by participants.

Early-Stage Research & Relationship Building

- Use existing and accessible datasets to identify communities that are most underserved. (1 mention)
- Use qualitative research methods such as listening tours and focus groups to listen to and learn from communities. (3 mentions)

Standardized Listening & Involvement

- Develop standardized tools such as surveys and assessment frameworks for continuous learning from and engagement with communities. (3 mentions)
- Develop and implement standards and practices that increase representation and

inclusion within the organization, such as instituting programs to hire directly from target communities. (1 mention)

Capacity Building & Organizing

- Build the capacity of communities to take leadership roles. (1 mentions)
- Build community networks around advocacy and action. (2 mentions)

Standardized Community-Driven Partnership Model

- Directly involve target communities in program policy/design, implementation, and evaluation strategies. (1 mention)
- Support communities to implement their own programs. (1 mention)

Impact Area 2: Address implicit bias among individuals inside and outside your organization / Equalize power dynamics between stakeholder groups

The second impact theme participants were asked to think about was how to address implicit bias among individuals, and how to equalize power dynamics between groups. Participants identified nine specific strategic solutions they use or are developing to solve for this

theme. Participants see a great deal of potential in these solutions, more than in the first impact area, with an average potential impact level of 5.78. The identified solutions were mostly early stage in developing a measurement strategy, although two of the ten are being measured with a more complete plan. Of the nine solutions, nearly all were identified at the concept or pilot stage.

How Organizations Are Addressing Implicit Bias Internally and in External Relationships

Solutions clustered into two strategic approaches: training for internal interventions and dialogue for external interventions. Here, we distill the solutions into strategic approaches by theme and note the number of times a strategic approach was mentioned in the solutions proposed by participants.

Internal Intervention

Adopt Implicit Bias Curricula

- Use existing implicit bias tests to help individuals gauge their level of implicit bias. (3 mentions)
- Deliver bias reduction trainings to individuals that include opportunities for practicing new behaviors. (2 mentions)

Tailor Delivery

- Adapt assessments and trainings to serve specific organizational needs. (1 mention)

External Intervention

Change the Messenger

- Provide advocacy training for community members to become trained advocates and speak directly to their communities. (2 mentions)

Create Direct Dialogue

- Create opportunities for grasstops and grassroots leaders to come together for direct dialogue through convening vehicles such as coalitions. (3 mentions)

Aligning on Shared Insights

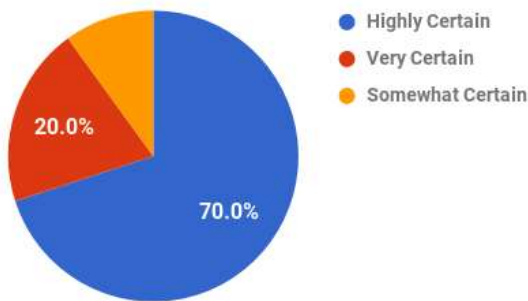
To reflect on shared learnings during the HED Lab, participants were asked to identify core principles, open questions, measurement needs, and any false assumptions that were uncovered throughout the day. No group-based ranking was included, but insights were mapped to show the relevance of the insights to individuals, organizations, and communities.

Core Principles

Participants identified core principles that resulted from the day's discussions.

Overall, participants identified core principles that they felt confident about, with nearly 60% ranked as “very confident”.

Core Principles by Level of Certainty



Core principles that were validated based on a standardized score included:

- “Equity is a value, process, action, and outcome.”
- “Authentically engaging all stakeholders and influencers are key to our striving for effective and long standing approaches to equity - i.e. communities and families we serve.”
- “Health equity should include building community power.”
- “Systems and policy changes are essential for achieving health equity”
- “Community engagement must focus on building agency and a voice and connecting people across areas of influence, grassroots and grassroots.”
- “The work of health equity starts with internal personal work, then organizational if we want to

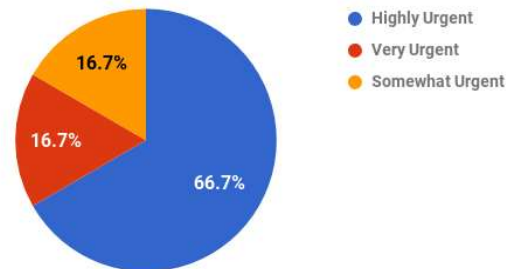
change community world or experiences. Stories matter.”

- “Key to understanding power and privilege and becoming an effective leader in health equity is to reflect on your own story.”

Open Questions

Overall, participants identified open questions that they felt were urgent, with over 60% ranked as “very urgent.”

Open Questions by Level of Urgency



Open questions that were validated based on a standardized score included:

The Political Climate:

- “How do we move forward on a health equity agenda in the current political climate?”
- “When developing a shared narrative whose voice should take the lead?”
- “How effectively can we move forward in affirmatively advancing health equity there are so many crucial battles to fight potential negative initiatives (e.g., AHCA, budget cuts, etc)”

- “How do we effectively create a health equity agenda that selects the broadest principles and policies to effect the change we want to see?”

The Field:

- “What is the practical application of health equity? How do you do it, is there a science to it or is it an art or is it both?”
- “What is health equity?”

What’s Next?

- “What happens next, how do we stay connected?”

- “We all agree on what health equity means.”
- “That organizations that do equity actually practice equity.”

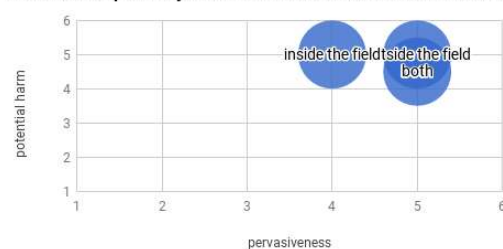
Outside the Field:

- “There are groups and communities of people that exist separately and must continue to operate [separately] - a grassroots vs grasstops organizers vs business educators vs students.”
- “The perception that equity is taking away something that I have earned.”

False Assumptions

Generally, participants identified false assumptions that they felt were both pervasive inside and outside the field and potentially harmful to the advancement of health equity.

False Assumptions by Level of Pervasiveness and Potential Harm



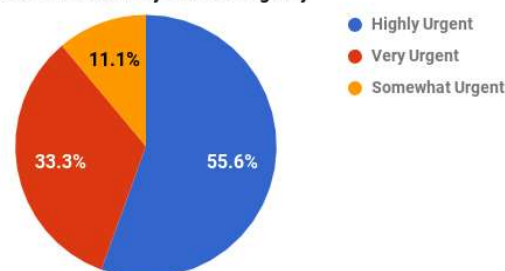
False assumptions that were validated based on a standardized score included:

Inside the Field:

Measurement Needs

Over 50% of the measurement issues and needs that were identified overall were considered very urgent:

Measurement Needs by Level of Urgency



Measurement issues and needs that were validated based on a standardized score included:

Measuring Equity and Demonstrating Impact:

- “Metrics of community engagement”
- “How do we measure health equity? We can’t measure impact/change if we are all measuring different things”

About The Process

The HED Lab process is a structured process to engage practitioners and experts to collaboratively explore and refine health equity concepts, principles, and practices. The Design Lab process produces insights, recommendations, and solutions to be shared with the field at large to drive improvements in practice, policy action and, ultimately, measurable impact in communities.

Before the Design Lab

- Identify a health equity topic for deeper exploration and develop framing questions.
- Identify and invite relevant practitioners and experts to explore and dialogue on the selected topic.
- Interview participants to identify specific problem areas to investigate during the Lab.

During the Design Lab

- Introduce the framing questions and share experiences and learnings across participants.
- Identify existing solutions and propose new ones to address specific problem areas in cross-disciplinary teams.

- Prioritize solutions based on evidence, expertise, and impact and identify ways to move them forward.
- Distill discussions and solutions into insights and recommendations.

After the Design Lab

- Release a report that frames and shares results from the Lab for others in the field.
- ARCHE and/or partner organizations provide resources and technical assistance to implement recommendations.



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