Part Two:

Concepts, Tools and Frameworks for Building and Evaluating Equity

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Agenda

1. **Summary of Last Webinar (Part 1)**

2. **Introduction to Key Equity Tools, Concepts and Frameworks***

3. **Evaluation of Progress Toward Equity**

4. **Summary**

   Q & A

Summary of Webinar, Part 1

Inequities today exist because of the impact of historical oppression

Inequities are maintained through systems, structures and mindsets that perpetuate disadvantages stemming from the past.

Addressing current sources of inequities alone will not achieve equity

Equity is not just an outcome but is also the process required to get to that outcome

That process requires transformation in individuals, teams, organizations, networks, society

Equity requires a long term, ongoing process that changes how we think, make decisions and act

Equity is a complex outcome that will not be achieved via simple, individual or programmatic action alone

Equity requires building the structures that promote and support it.

Summary of Webinar Part 1:

Critique of Current Approaches

- **Piecemeal, not holistic**

- **Actions are Not equity framed** *(and do not address historical trauma or intersectionality)*

- **Lack of appropriate skill and capacity for equity framed action**
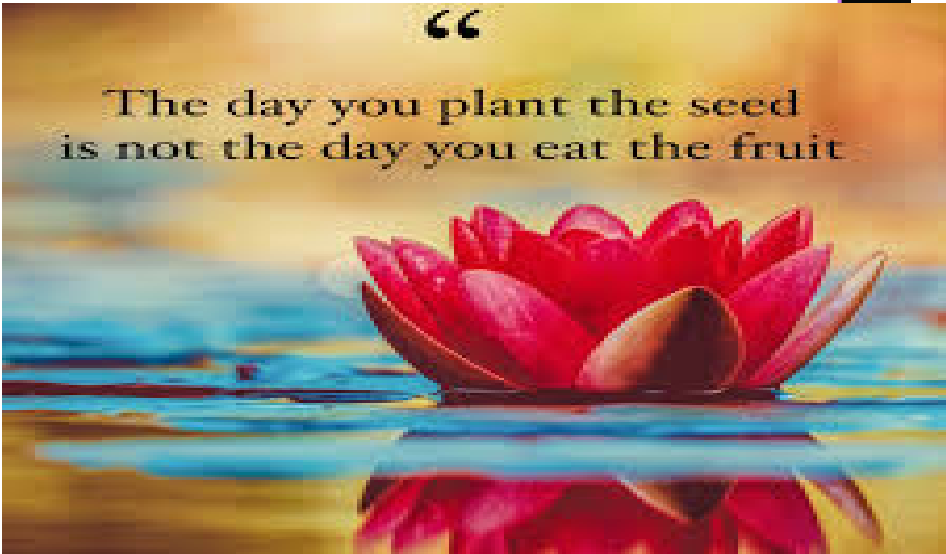
- **Limited robustness**

- **Lack of vision of what we are aiming for**

- **Not sustainable** *e.g. via permanent structures and ways of doing*

The day you plant the seed is not the day you eat the fruit

The House Always Wins

"Focus on the process not the outcome. The outcome will take care of itself, if your process is right"

AFT
APP FOR TRAINERS

Tools, Concepts and Frameworks that Address the Complexity of Building Equity

- **Community Power-building and partnership**
- **Ecosystem mapping**
- **Equity in all policies and practice** (EiAP)
- **Stages of Equity capacity**—for self-assessment and targeting training
- Build a **Collaborative equity capacity building infrastructure**
- **Use an Equity Framework --**R4P– An equity framework/checklist/bundle
- **Universal Design**
- **Implementation Science:** using PRISM –E framework for structuring change to support equity
- **Evaluation-**Process and Outcomes

Understanding the tools, concepts and frameworks

What is it?

Why/how is it critical to achieving equity?

Example/ Illustration

(1) Community Powerbuilding and Engagement
What is it?

- **Community Power-building**

  - Needs to occur before engagement

  - Ensures communities have the space, time and resources to learn, ideate, create before coming "to the table"

  - Public health personnel prepare for a meeting by learning, studying, talking to peers; we need to afford the same opportunity for community

- **Community Engagement**

Community Power-building and Engagement

IAP2'S PUBLIC PARTICIPATION SPECTRUM

International association for public participation

The IAP2 Federation has developed the Spectrum to help groups define the public's role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.

INCREASING IMPACT ON THE DECISION →

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Community Power-building and Engagement

Why is it critical to achieving equity?

- *"Never about us without us..."*

- In order to understand the nuances of community life, the complexities, intersectionalities, potential stressors and adverse collateral consequences, you need to be in constant collaboration with community. Community members who experience inequities are in the best position to understand what will work and what will not

- This is how we ensure we are "doing it right" with the least collateral adverse impacts

- If you do not meet the needs of the most vulnerable, equity will not be achieved.

(2) Ecosystem Mapping

What is it?

- Ecosystem: *a community or group of living organisms that live in and interact with each other in a specific environment.*

- *Ecosystems make human life possible by, for instance, providing nutritious food and clean water, regulating disease and climate, supporting the pollination of crops and soil formation, and providing recreational, cultural and spiritual benefits."*

Ecosystem in PH

- **A diagram that maps <u>all</u> the <u>conditions</u> that need to exist in any <u>community</u> to support health and achieve specific health outcomes**
    - **"All"–***There are rarely "magic bullets". Outcomes are achieved through multiple factors working together. A holistic approach is more effective than piecemeal.*

    - **"Conditions"–***Connotes systems and structural changes that are permanent and that stop production of new risk exposure for everyone vs. a temporary program that remediates risks one person at a time.*

    - **"Community"–**Place based work is focused on improving conditions for health of a community. The community is the target of intervention, not individuals.

Ecosystem Map
Why critical to Equity?

- Equity is a complex outcome

- Equity requires:
    - Doing the right things
    - Doing ALL of the right things simultaneously
    - Doing them right
    - Doing the right things right for ALL people

- There are usually multiple entities working toward equity and health in a community

- Navigating this complexity requires a MAP and intentional oversight

Ecosystem Map
Example: Breastfeeding Ecosystem
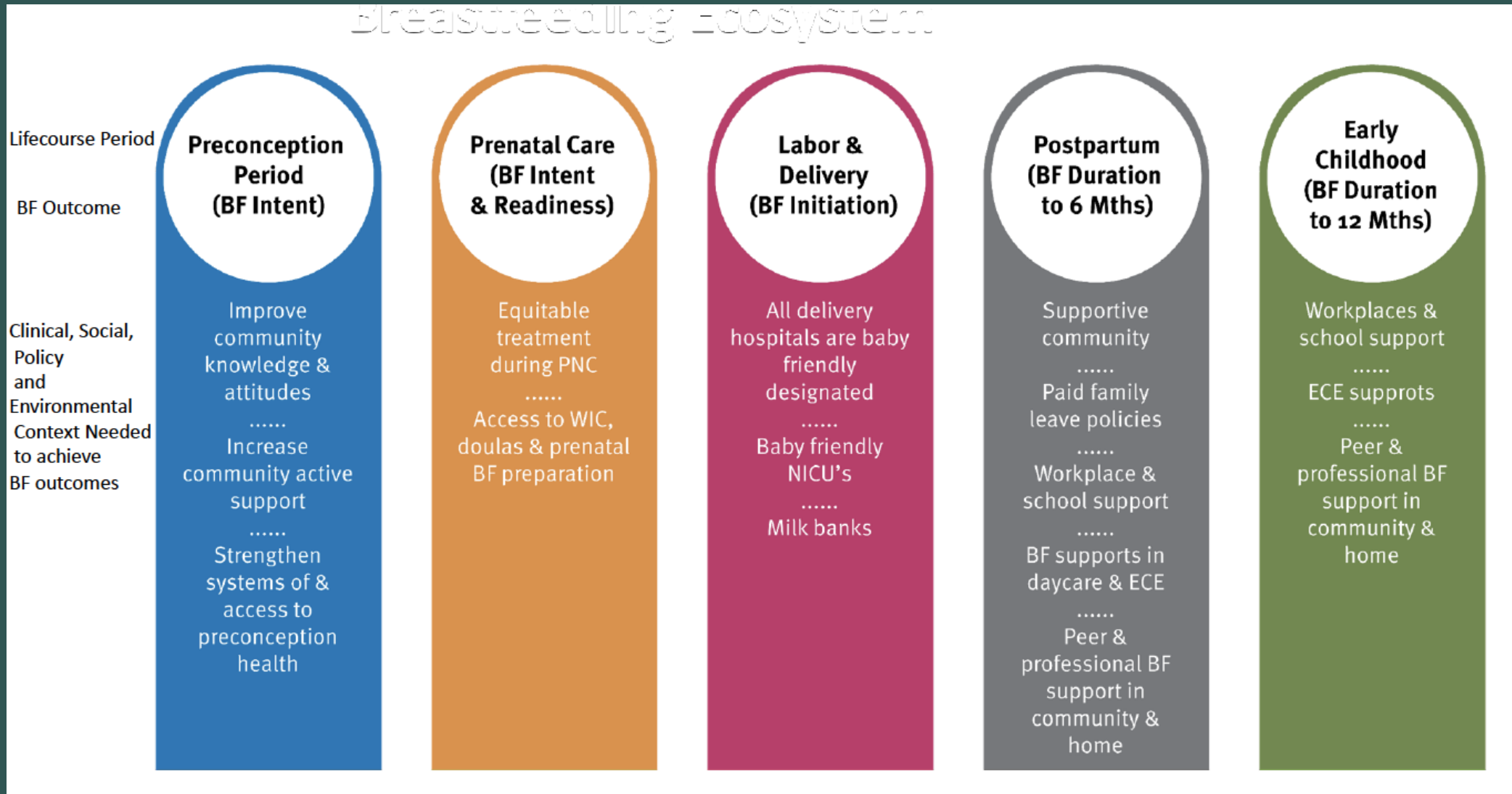
(③) **Equity in All Policies (EiAP)**

What is it?

- Based on Health in All Policies (HiAP) movement, circa 2006

"Most public policies have the potential to influence health and health equity, either positively or negatively, and many of our societal goals cannot be achieved without a healthy and well-educated population. Finland has a long tradition of working across administrative sectors, and structures and processes have been developed to accomplish this.." Jyrki Katainen, Prime Minister of Finland

Health in All Policies (HiAP) requires public health practitioners to collaborate with other sectors and levels of government/organizations to define and achieve mutually beneficial goals by integrating health considerations into policy making and programming to improve the health of all communities and people. ASTHO

- An organizational approach to decision-making that ensures that all policies, procedures, rules, regulations, funding, decisions, etc….are designed, implemented and evaluated to address the needs of the most vulnerable, particularly in the populations that experience health disparities.

- This includes assessing needs of populations experiencing disparities, assessing potential adverse collateral consequences of proposed solutions, and designing and choosing solutions that promote equity

Health in All Policies

Seizing opportunities, implementing policies

Edited by
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European Observatory on Health Systems and Policies
UNRISD
MINISTRY FOR FOREIGN AFFAIRS OF FINLAND

Equity in All Policies (EiAP)
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Another important aspect that is emerging is related to the social position. Indeed, people with a more fragile social position suffer from the devastating effects of a pandemic. Once again, the pandemic is highlighting how the social position can indirectly affect health. In fact, the most economically fragile people (caregivers, housekeepers, precarious workers and all those who do not have adequate socio-economic protection) are those that will most likely have serious repercussions in terms of health implications even in the long run

Bucciardini, R., Contoli, B., De Castro, P. *et al*. The health equity in all policies (HEiAP) approach before and beyond the Covid-19 pandemic in the Italian context. *Int J Equity Health* **19,** 92 (2020). https://doi.org/10.1186/s12939-020-01209-0"

"..make informed decisions about the health, equity, and sustainability consequences of various policy options."

Ohio DOH on purpose of HEiAP

Equity in All Policies (EiAP)
Why is it critical to equity?

- The goal of equity training is to ensure that EiAP is the DNA of every organization.

- In order for equity to be achieved, equity needs to be promoted and supported in every aspect of society, every organization, every decision, every person, every action, every thought.

- **Equity** is a way of doing, a guiding framework, a process and not just an outcome.

- Equity is distinct from Equality

- Like a recipe book , EiAP holds the instructions for ensuring that actions always promote, support, but never inhibit-- equity.

- EiAP means making **EQUITY** the **DNA** of your organizational operations

Equity in All Policies (EiAP)
Example

- **Systematically assess policies and procedures to determine if there are differential impacts and/or adverse collateral impacts**

- **Systematically assess characteristics of your organization's operational infrastructure to determine how to restructure to ensure equity in all policies:**
  - Who you have Relationships with
  - How Resources are allocation vis-à-vis populations experiencing health disparities
  - Diversity of workforce
  - Power and Authority/decisionmaking
  - Policies, procedures, rules, regulations (do they disproportionately disadvantage some populations?)
  - Physical environment

  Example: Even if you "allow" workforce to focus on inequities, do you adequately fund and provide resources and personnel adequate to the task?

⑷ **Stages of Equity Capacity**
What is it?

- In order to make equity the DNA of all organizations, people within organizations must have **the capacity to conceptualize and implement EiAP**

- **Equity capacity** is having and using skills to actively and intentionally implement equity-framed processes to promote equity in all policies. These skills are not a traditional part of organizational culture and must become learned behaviors.

- "**Stages of equity capacity"--** conceived to explain why equity trainings often do not result in concrete and effective action to achieve equity, and why some participants in equity training reject the content of anti-racism trainings

- Stages of equity capacity is **loosely based on Prochaska's Stages of Change framework**. Prochaska has found that people who have successfully made positive change in their lives go through five specific stages: precontemplation, contemplation, preparation, action, and maintenance

Stages of Equity Capacity
Example

Equity Stages of Change

Level   Name   Description

1. *Awareness—Understand that inequity exists*

2. *Compassion--Connected more than intellectually to the work of equity*

3. *Individual action--Ready to act to increase equity capacity*

4. *Team Action—Part of a team that has begun to implement equity in action (Level at which AIM bundle development and implementation can begin)*

5. *Structural change at the Department Level--(to support departmental equity actions)*

6. *Structural changes at Organizational level-- to support and sustain equity actions*

7. *Sustained organizational restructuring and maintenance --to support equity over the long term and disseminate equity throughout networks to which your organization belongs (Highest designation level, work to sustain equity is ongoing)*

Stages of Equity Capacity

Why is it critical to achieving equity?

- People within organizations are at different stages of understanding and readiness for change

- Need a systematic way to ease people to a high level of equity capacity while respecting where they are; while acknowledging that change is inevitable and necessary to achieve equity (*Structural and behavioral change is hard!*)
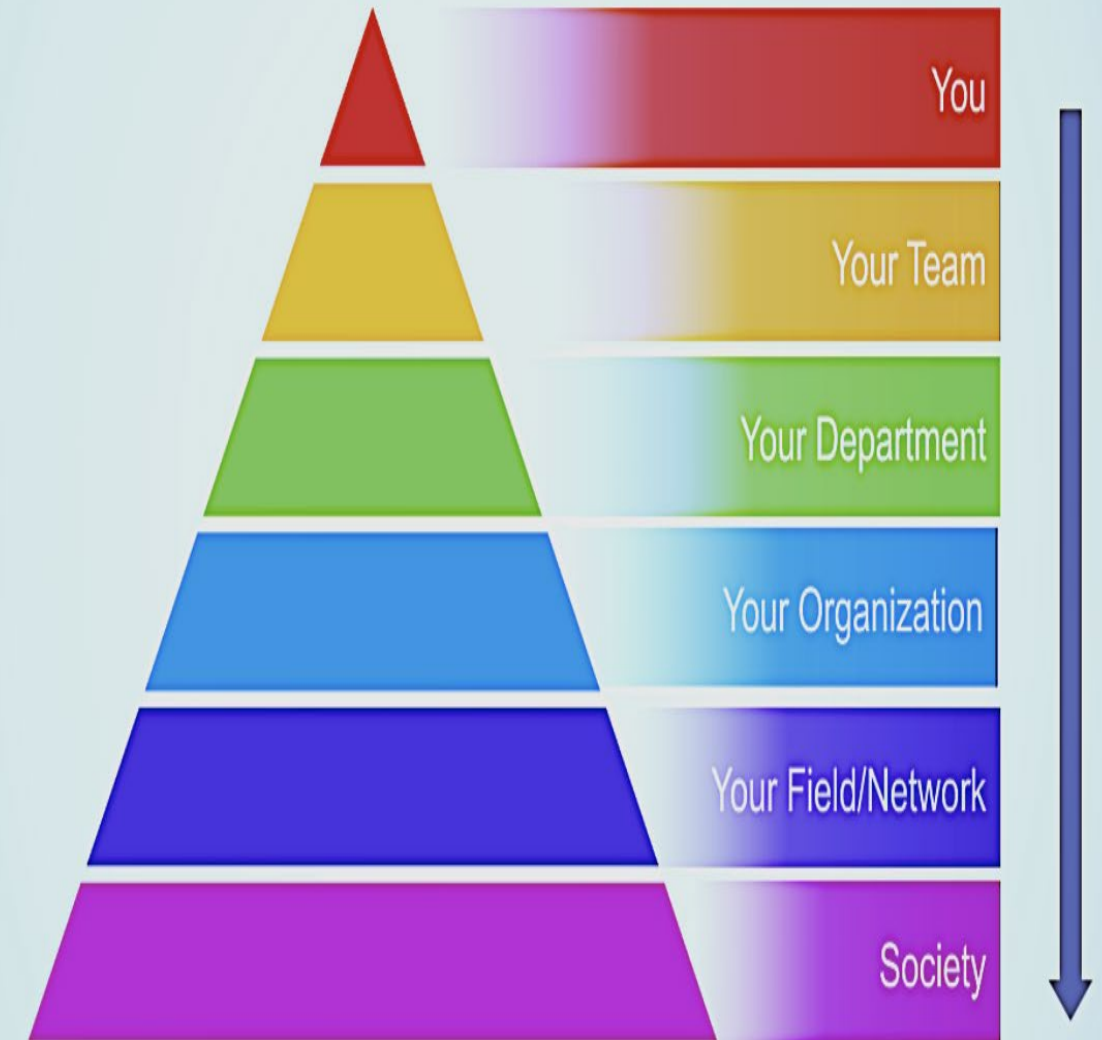
Stages of Equity Capacity

Why is it critical to achieving equity?

- The goal is to build an ecosystem and implement its components equitably for all. **This is social change**

- Equitable Social Change occurs when all sectors are involved and working together with an equity DNA

- Sector change requires all organizations in that sector act from an equity DNA

- Organizational change requires that all personnel in an organization have the capacity to promote and support and never inhibit equity

- Individuals and teams promote and support equity when they have developed the functional capacity to do so

IMPACTING SOCIAL CHANGE FROM WHERE YOU ARE

You
Your Team
Your Department
Your Organization
Your Field/Network
Society

Self-Assessed Measure of Racial Equity Capacity (SAMREC-*beta*)

Determines how to target training for implementing equity

Series of 10 questions

Versions being piloted in:

- AIM CCI/National Healthy Start Association
- Allegheny County Maternal Health Collaborative

Uses "stages of change" framework

- Based on Prochaska stages of change *(The Transtheoretical Model (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992))*
- *Change is not an event but a process*
- Equity capacity development matched to level of consciousness and current engagement with equity
    - e.g. do not put people through anti racism training (Action stage) until they have prior levels of understanding as context for it

SELF-ASSESSED MEASURE OF RACIAL EQUITY CAPACITY (SAMREC)

BETA version

- 10 assessment questions to determine initial equity capacity level

- Trainings- sorted by level of capacity

- Personal profile report details score with information on how to progress
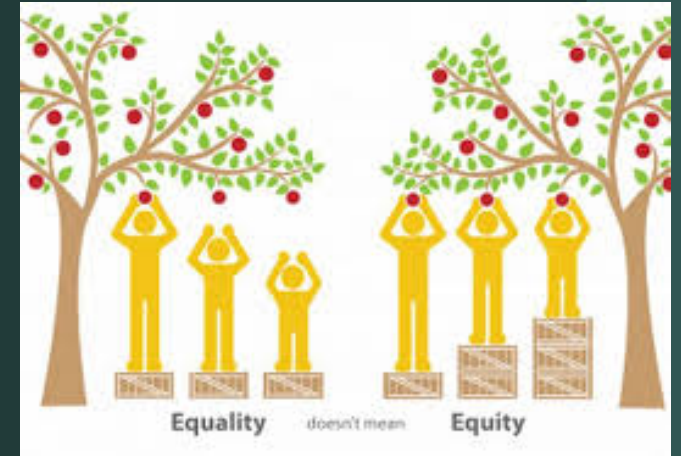
(5) Community Equity Capacity-Building Structure

What is it?

CASE STUDY: Imagine an organization trying to develop equity capacity. They are starting with a staff of 100, evenly distributed among the 7 levels of equity capacity (approx. 14.3 people per level). How do they manage to get everyone to at least a functional level of equity, and even better—to the highest levels of capacity --when there are all at different levels? Then, if they invest in training everyone and then some people leave and new people are hired, their investment is lost and how do they then ensure that the new people develop this capacity?

REIMAGINING: This needs to be seen as a community, sector or network activity and not as a responsibility placed on individuals, teams or organizations by themselves.

A Community Equity Capacity-Building Structure is simply a shared effort to build a training structure available to all of the participating entities

Community Equity Capacity-Building Structure

Why is it critical to achieving equity?

- Equity capacity building at higher upstream levels will have wider and more sustained impact in communities

- Equity capacity building is an ongoing process, needs a sustained structure in communities

- Most organizations cannot afford to set up capacity –building/training structures on their own. Collaboration and resource sharing with other organizations allows building a structure that is sustainable and that can facilitate multiple stages of training

Community Equity Capacity-Building Structure

Example: NHSA's AIM CCI Proposed Equity Capacity Building Structure Sequential Training Model

- Identify local trainers who can facilitate capacity development trainings at each level

- Trainers should be identified and engaged for at least the first 4 levels of equity capacity training.

- All organization staff should take the SAMREC assessment to identify personal equity stage. For planning purposes, the SAMREC can help to determine how many people will require training at each level across all network organizations

- Month 1: The first round of training will be for all those across the organizations who ranked at Level 1 (n=14)to move them up to Level 2

- Month 2: All those who advance to Level 2 (n=14) as well as those who initially ranked at Level 2 (n=14)—will then participate in Level 2 training to move 28 people up to Level 3 equity capacity

- Month 3: All those who advanced to Level 3 (n=28) as well as those who initially ranked at Level 3 (n=14) -- participate in Level 3 training to move to Level 4 equity capacity. At the completion of Level 3 training, everyone has advanced to Level 4.

- Month 4 and beyond: Everyone who is Level 4 has minimum level equity skill that should show up in their practice. At this point, all staff can train together as a cohort to advance to subsequent levels
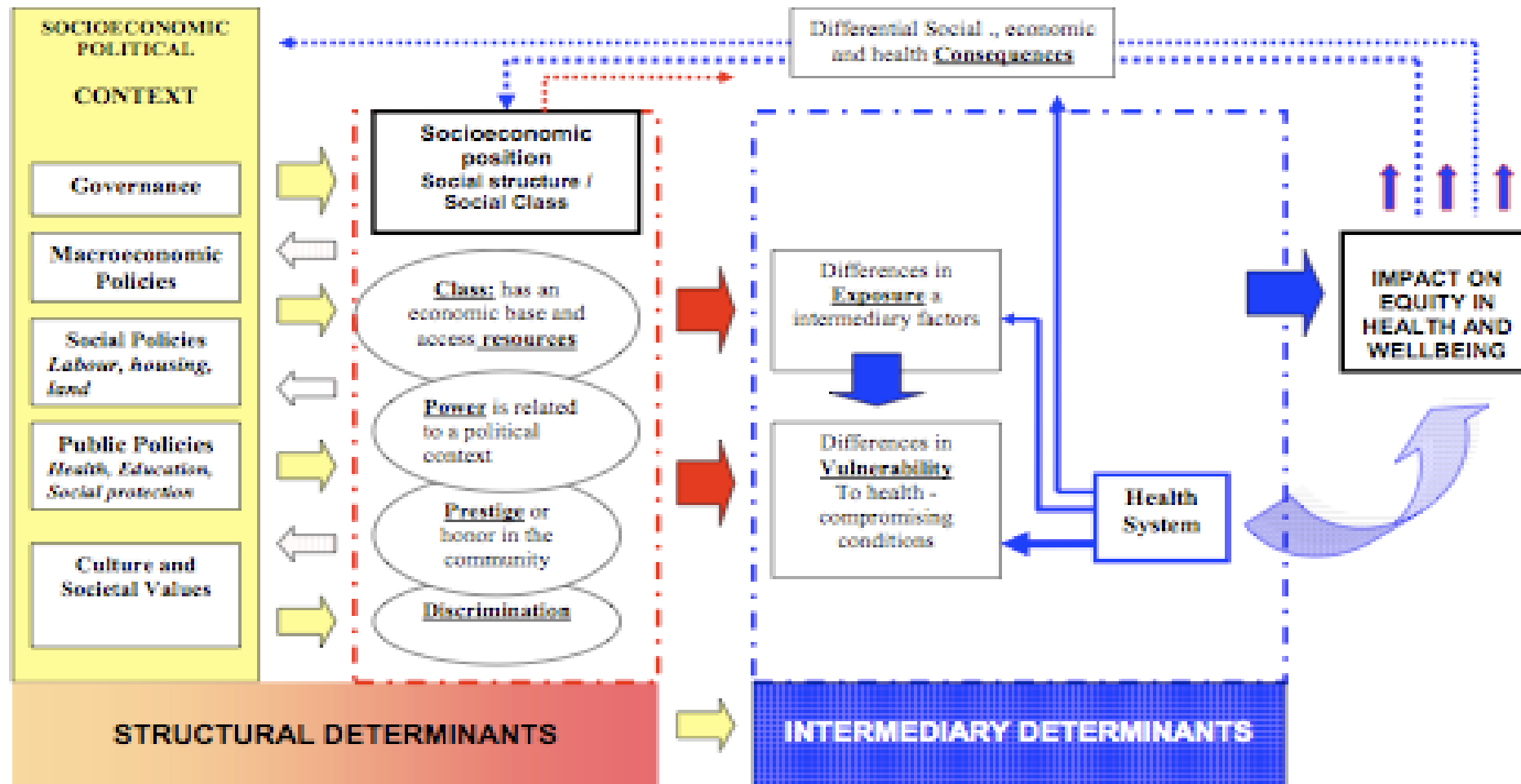
⑥ **Equity Framework**

What is it?

- **FRAMEWORK:** A visual map that compiles what is known and unknown about how an outcome comes to be
  - framework can function as an invaluable organizing tool, focal point, mental map and blueprint to help understand something
  - This understanding, when applied to factors contributing to an outcome, is invaluable for making determinations about how to intervene to accelerate achievement of an outcome
- **EQUITY FRAMEWORK**:A visual map that compiles what is known and unknown about what causes inequities and how to achieve equity
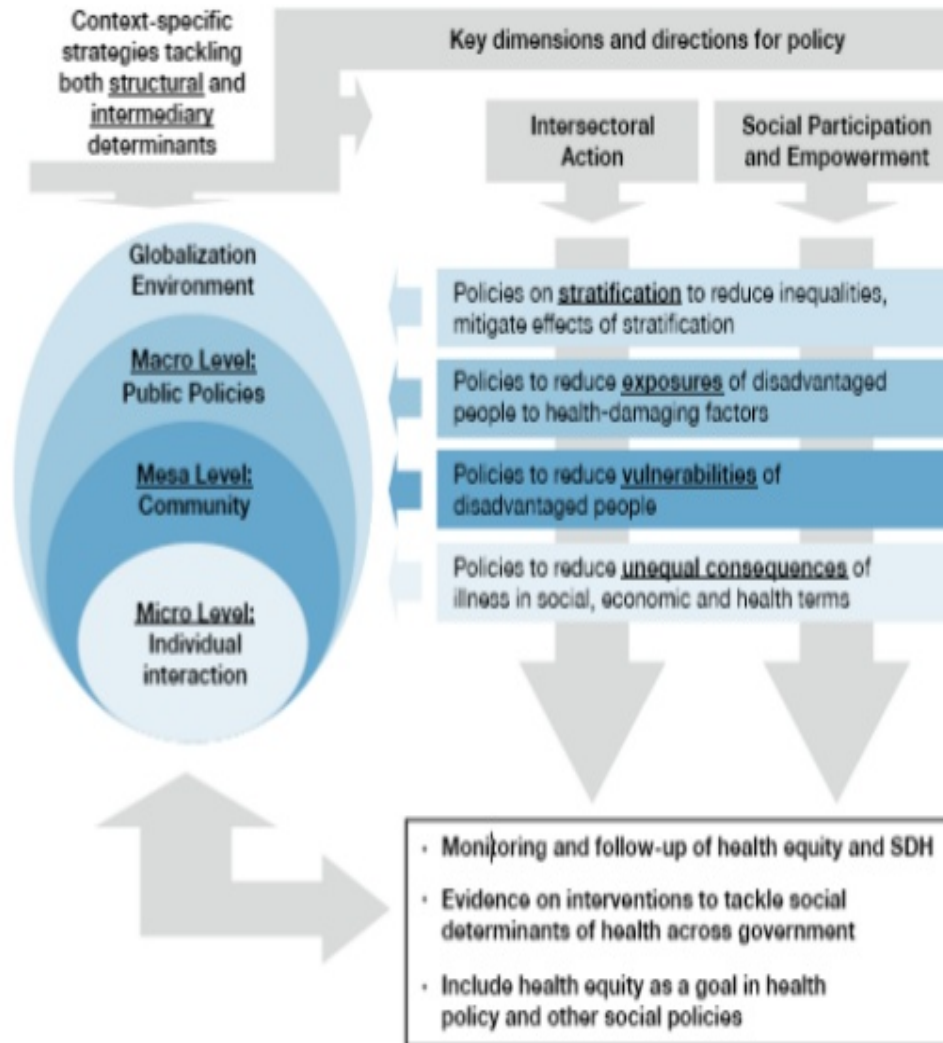
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Causal Frameworks

Figure summary pathway and mechanism of social determinants of health inequities elaborated EQH/EIP 2006 (cesar)

- WHO CSDH Action Framework for SDOH

Figure 7. Framework for tackling SDH inequities

Source: Solar and Irwin (2010). A conceptual framework for action on social determinants of health. WHO CSDH Report.

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Equity Framework
Example: R4P

- R4P is one example of an equity implementation framework

- It can function as a checklist, a bundle, a guide for dialogue with communities; an equity QI framework

- R4P is based on the literature of what causes inequities, translated into an easy rubric for intervention to achieve equity

- R4P can also identify metrics for evaluation of progress toward equity

Crosswalk Between Inequity Causal Framework and R4P Implementation Framework

- **Unique Risk**   **Action req. to Reduce Risk**

Racism ➡️ REMOVE

Historical/
Intergenerational ➡️ REPAIR

SDOH/Individ risks ➡️ REMEDIATE

Lifecourse, Structural ➡️ RESTRUCTURE

Attention to population
Needs for
Implementation ➡️ PROVIDE

Equity Framework
Example: R4P

Outlines the five new domains of action you need to add to your plan to make it an Equity Plan

REPAIR

Repair the damage of the past. Historical risk is embedded in current physiologic, biologic, psychological, behavioral and social structures. Historical trauma sets a population group back in the present.

RESTRUCTURE

Societal structures *(where we live, work, play…..)* can function inequitably and continue to expose new populations and produce risk. Structural changes *(changes in social, economic, educational equity, rules, regulations, etc…)* are needed to stop new production of risk and permanently remove the stressors and toxic exposures.

PROVIDE

Culturally and economically feasible health education and medical care are required, along with the required resources and environmental supports, so that it is the easiest option for people to choose and sustain health promoting actions

REMOVE

Forces that are adverse to health, health maintenance and health seeking are embedded in most societal institutions. Such forces-- like Power imbalances, Racism, SES inequities-- must be directly acknowledged and removed.

REMEDIATE

While we wait for structural changes to be completed, the social context continues to be a source of adverse exposures. At-risk populations need to be buffered from these exposures to reduce their vulnerability until such time that the negative stressor is completely removed

R4P Copyright 2010, Hogan and Rowley

(7) Universal Design

What is it?

- An architectural concept that has relevance both directly and conceptually to public health

- Curb cuts, ramps and disability- compliant door handles are examples of universal design with direct relevance to public health

- The concept of designing programs and interventions to ensure the most vulnerable and those with limited resources are accommodated with respect, in ways that simultaneously do not inconvenience anyone else

- It is a **"both/and"** approach to planning public health intervention

Universal Design

- Universal Design is the design of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability.

- An environment (or any building, product, or service in that environment) should be designed to meet the needs of all people who wish to use it.

- This is not a special requirement, for the benefit of only a minority of the population. It is a fundamental condition of good design.

- If an environment is accessible, usable, convenient and a pleasure to use, everyone benefits.

- **By considering the diverse needs and abilities of all throughout the design process, universal design creates products, services and environments that meet peoples' needs. Simply put, universal design is good design.**

Principles of Universal Design

- **Principle 1: Equitable Use**
  The design is useful and marketable to people with diverse abilities.

- Guidelines:1a. Provide the same means of use for all users: identical whenever possible; equivalent when not.1b. Avoid segregating or stigmatizing any users.1c. Provisions for privacy, security, and safety should be equally available to all users.1d. Make the design appealing to all users.

Principle 2: Flexibility in Use
The design accommodates a wide range of individual preferences and abilities. Guidelines:2a. Provide choice in methods of use.2b. Accommodate right- or left-handed access and use.2c. Facilitate the user's accuracy and precision.2d. Provide adaptability to the user's pace.

Principle 3: Simple and Intuitive Use
Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level. Guidelines:3a. Eliminate unnecessary complexity.3b. Be consistent with user expectations and intuition.3c. Accommodate a wide range of literacy and language skills.3d. Arrange information consistent with its importance.3e. Provide effective prompting and feedback during and after task completion.

Principle 4: Perceptible Information
The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities. Guidelines:4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.4b. Provide adequate contrast between essential information and its surroundings.4c. Maximize "legibility" of essential information.4d. Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions).4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations.

Principle 5: Tolerance for Error
The design minimizes hazards and the adverse consequences of accidental or unintended actions. Guidelines:5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.5b. Provide warnings of hazards and errors.5c. Provide fail safe features.5d. Discourage unconscious action in tasks that require vigilance.

Principle 6: Low Physical Effort
The design can be used efficiently and comfortably and with a minimum of fatigue. Guidelines:6a. Allow user to maintain a neutral body position.6b. Use reasonable operating forces.6c. Minimize repetitive actions.6d. Minimize sustained physical effort.
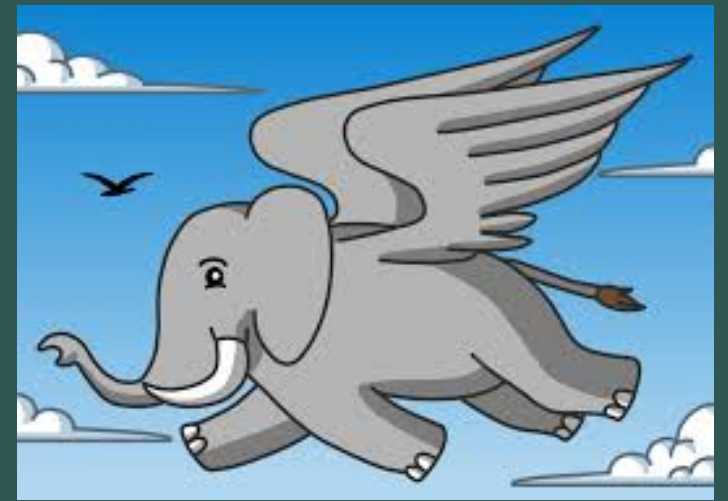
Principle 7: Size and Space for Approach and Use
Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility. Guidelines:7a. Provide a clear line of sight to important elements for any seated or standing user.7b. Make reach to all components comfortable for any seated or standing user.7c. Accommodate variations in hand and grip size.7d. Provide adequate space for the use of assistive devices or personal assistance.

Universal Design
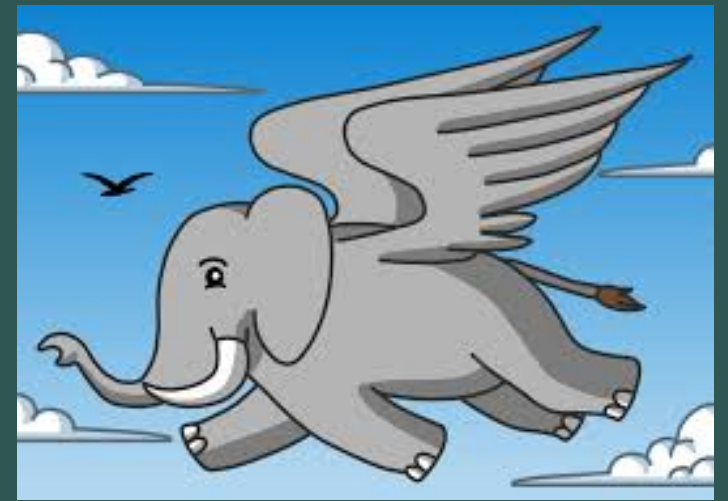*Why is it critical to achieving Equity?*

- Without universal design, privilege is afforded to some while others are disadvantaged. This is counter to the pursuit of equity.

- Universal design helps to ensure design and implementation strategies address unique limitations imposed by intersectionality (unique risks created from disadvantage from multiple intersecting sources; e.g. RACExCLASSxGender= low income AND single parent, AND experience racism)
  - Intersectionality factors heavily in health inequities
  - INTERSECTIONAL Risk is MORE THAN multiplicative, not additive–IT IS A DIFFERENT ANIMAL ALTOGETHER
  - Addressing only one vector of disadvantage does not always meet the need

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Universal Design
Example

- Without ramps and curb cuts, people with disabilities would not have equal access to buildings where they may need to access services or care.

- Ramps and curb cuts provide equal access to people with disabilities, without disadvantaging anyone else.

- In fact, an abled person with a baby carriage or a bike can make use of ramps; a person with their arms full of groceries can use disability-compliant door handles to access a room

- Conceptually, in design of public health interventions, universal design would ensure that the resources, culture or any limitations faced by vulnerable populations are considered as a primary factor in the design to ensure that they have access, and that access does not cause any adverse stressors or collateral consequences.

(8) Implementation Science

What is it?

Implementation science is the scientific study of methods and strategies that facilitate translating and implementing evidence-based practice and research into regular use by practitioners and policymakers.
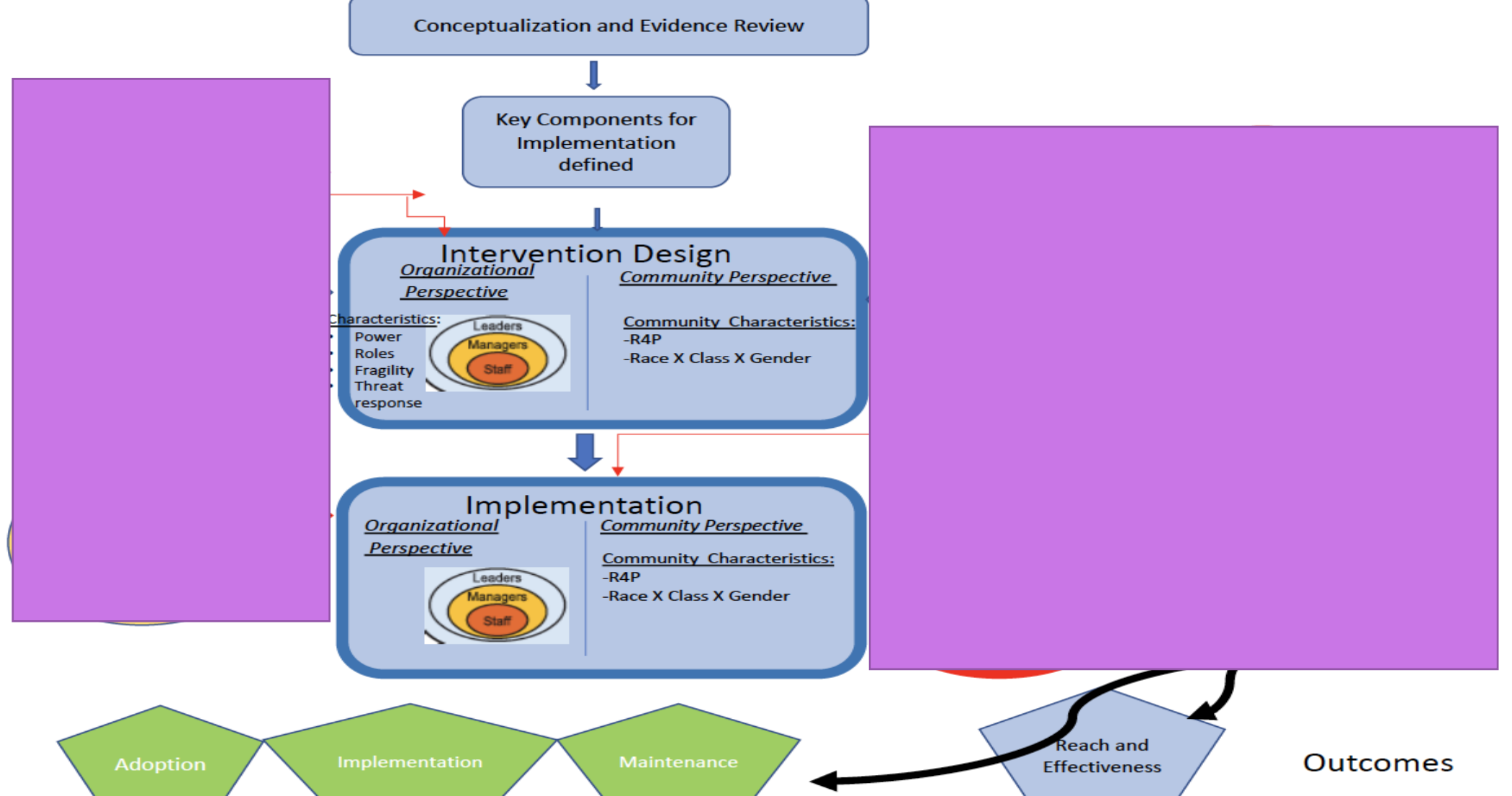
Implementation Science
Why is it critical to achieve equity?

- **This is the scientific part that informs***"how to do it right"*

- **Multiple strategies, tactics, approaches are needed simultaneously to navigate to equity. Implementation science can help to diagram how to get the pieces to fit together smoothly and coherently**
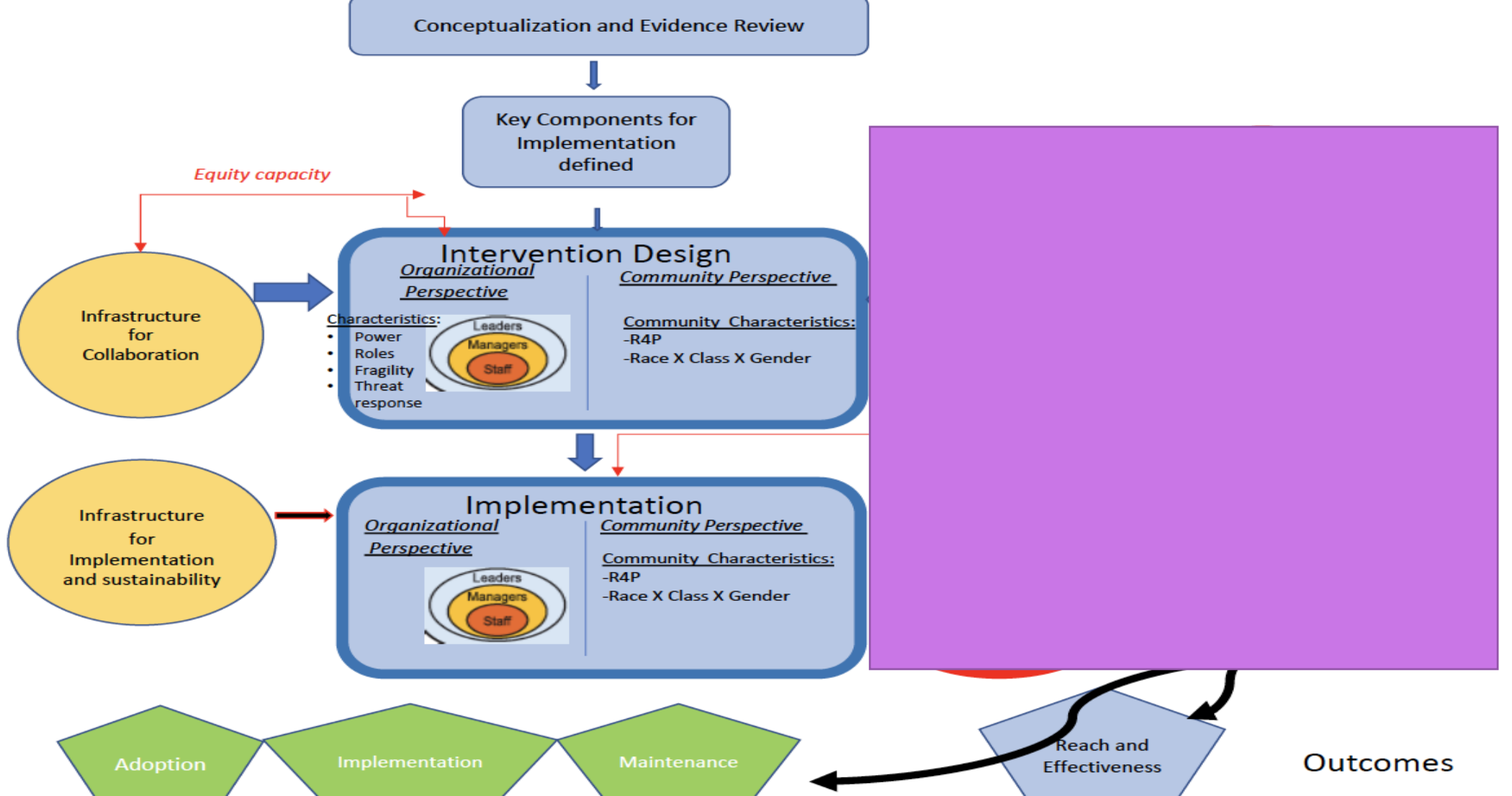
Implementation Science
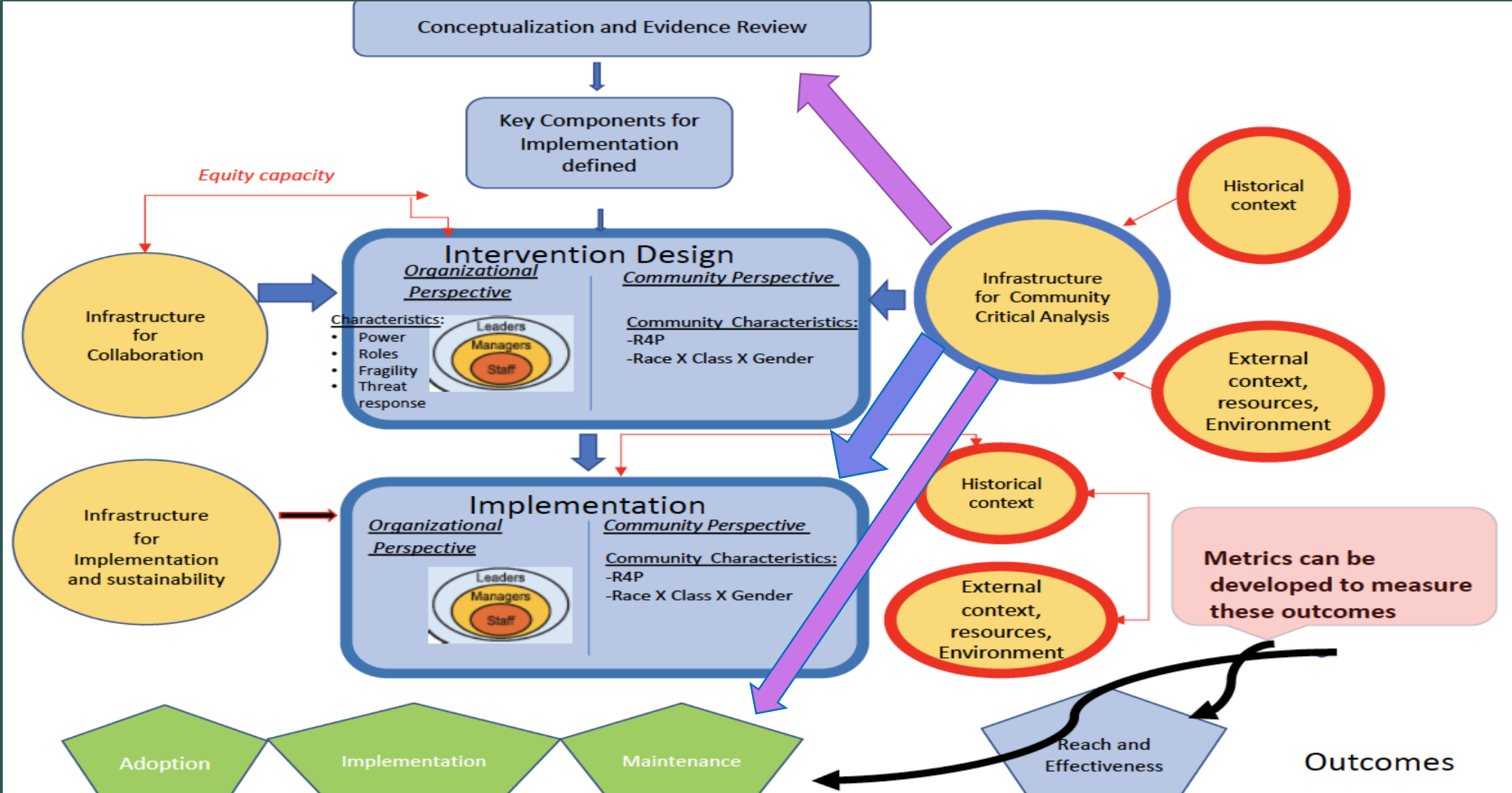*Example: PRISM-E Implementation Model*

Implementation Science
Example: PRISM-E Implementation Model

Implementation Science

Example: PRISM-E Implementation Model

(9) Evaluation

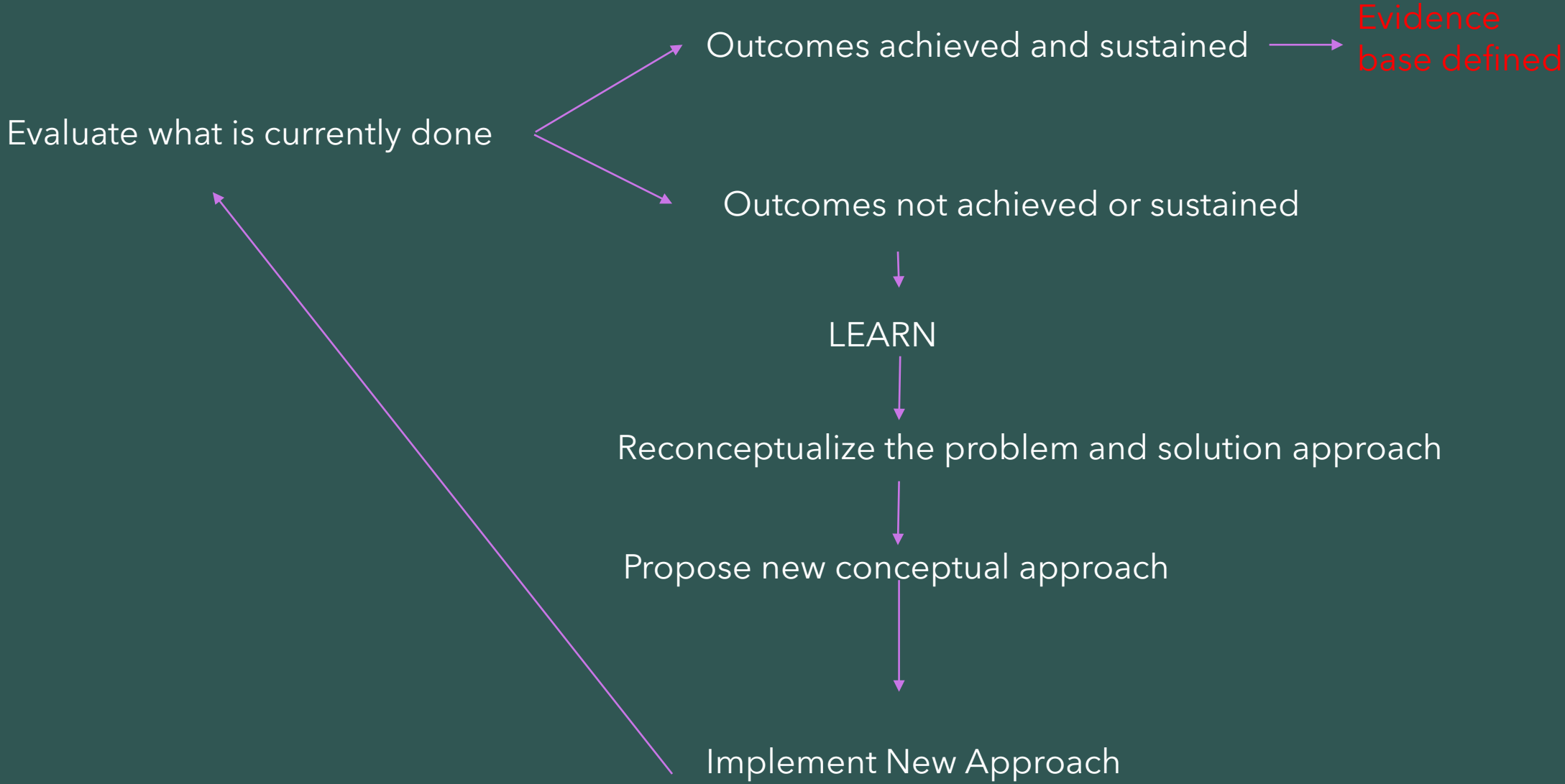- How do we know we are making the desired impacts?

Crosswalk Between Limitations of Current Approaches and Recommended Strategies

Critique of Current Approach	Recommended Actions
Piecemeal, not holistic	• Ecosystem, • Community power building and engagement • Partnerships
Actions are Not equity framed *(and do not address history or intersectionality)*	• Equity framework • Equity in all Policies (EiaP) • Universal Design • Community power building and engagement
Lack of appropriate skill and capacity for equity framed action	• Stages of Equity capacity • Capacity building
Limited robustness	• Monitoring and Evaluation
Lack of vision of what we are aiming for	• Ecosystem map
Not sustainable e.g. via permanent structures and ways of doing	• Infrastructure building • Implementation science

Development of an Evidence Base

Outcomes achieved and sustained → Evidence base defined

Evaluate what is currently done

Outcomes not achieved or sustained

LEARN

Reconceptualize the problem and solution approach

Propose new conceptual approach

Implement New Approach

Evaluation:

What impacts are possible given the level of commitment you are willing to undertake

I am willing to invest in:

Level

--Identifying tools

--Participating in a webinar

-- Participating in hands-on training

--Participation in some activities, such as community engagement

-- Participating in capacity building via longterm TA

--Building and implementing transformative processes and contexts for health and equity

Type of Investment Determines Possible Outcomes

Webinars

Convey new information

Disrupt status quo

mindsets

Trainings

Change individual

behaviors (short term)

Capacity Development

- *Change Behaviors/**Practice** (long term)*

- *Organization change (to institutionalize and sustain action and monitoring*

Transformative Action

Population impacts

Potential for Impact on Populations depends on **who** you target for transformative change:

- Individuals

- Team

- Organization

- Network Partners

- Societal /Environmental/Contextual Changes

Increased population impact

Type Activity

Duration of impacts:

Changes in: **Knowledge & Attitudes**

Changes in: **Practice/Behavior**

Organizational Change

Community/population Impacts

Webinars

Short term

Not Likely   X*   Not Likely

Trainings

X*   Not Likely

Medium Term
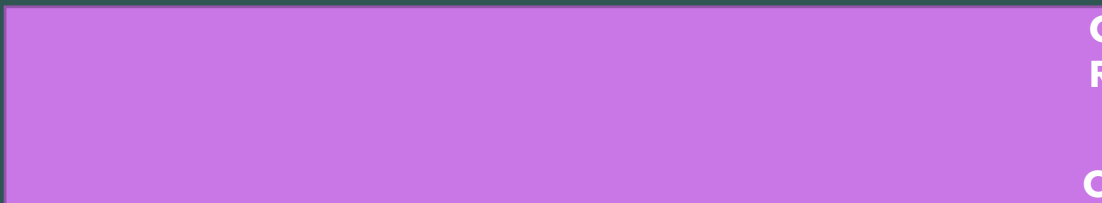
Capacity Building

X   Not Likely

Community reports of increased Quality, Respect, Agency, feel heard

Structural Change

Long term
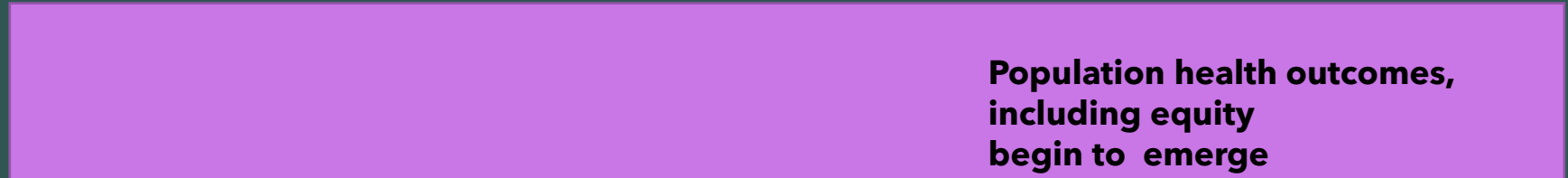
Community reports of increased Quality, Respect, Agency, feel heard, Improved contexts of lived lives

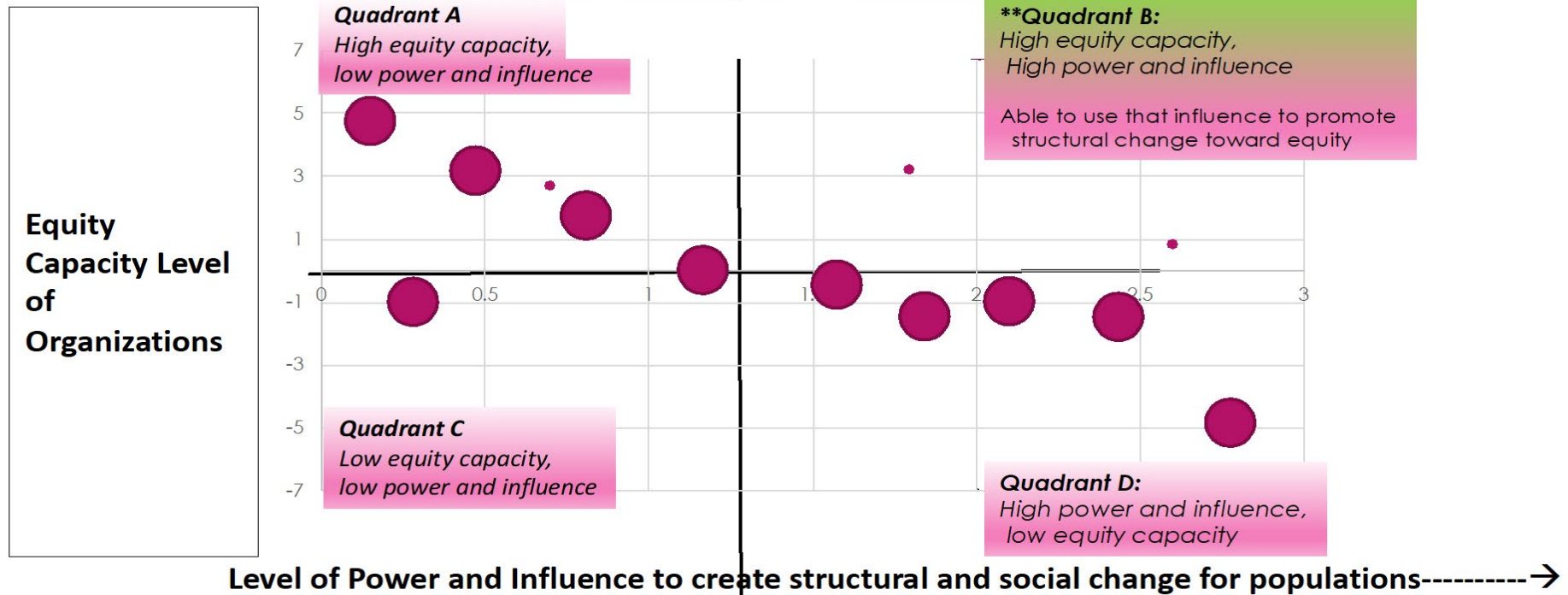**Population health outcomes, including equity begin to emerge**

Where does your organization fit?

Let us help you get into Quadrant B

Quadrant A
High equity capacity,
low power and influence

**Quadrant B:
High equity capacity,
High power and influence

Able to use that influence to promote
structural change toward equity

Equity Capacity Level of Organizations

Quadrant C
Low equity capacity,
low power and influence

Quadrant D:
High power and influence,
low equity capacity

Level of Power and Influence to create structural and social change for populations----------→

= Individuals, Teams or Organizations
Note: Some "Quadrant A" teams exist within
"Quadrant D" Organizations

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Evaluation Indicators

Practice and Behavioral Change Indicators
- Individual and organizational preparedness for taking advantage of emergent opportunities to support equity
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Organizational Change Indicators
- Individual and organizational preparedness for taking advantage of emergent opportunities to support equity
- Organizational equity vision developed, integrated into mission
- Equity vision understood and visible throughout org
- Lead for equity oversight assigned, working coalition developed/
- Equity Accountability structures installed
- Obstacles to equity systematically discussed and addressed as priority
- *Organization builds:*
  - QI structures to support equity
  - Reward and HR structures linked to equity
  - Increased resources to support equity
  - Increased organizational capacity for equity
- Changes in:
-         Organizational and partner Policies, practices, rules, resource flows,
-         relationships, power dynamics, community partnerships, decision making processes,
-         population narratives, opportunity structures relating to support of equity
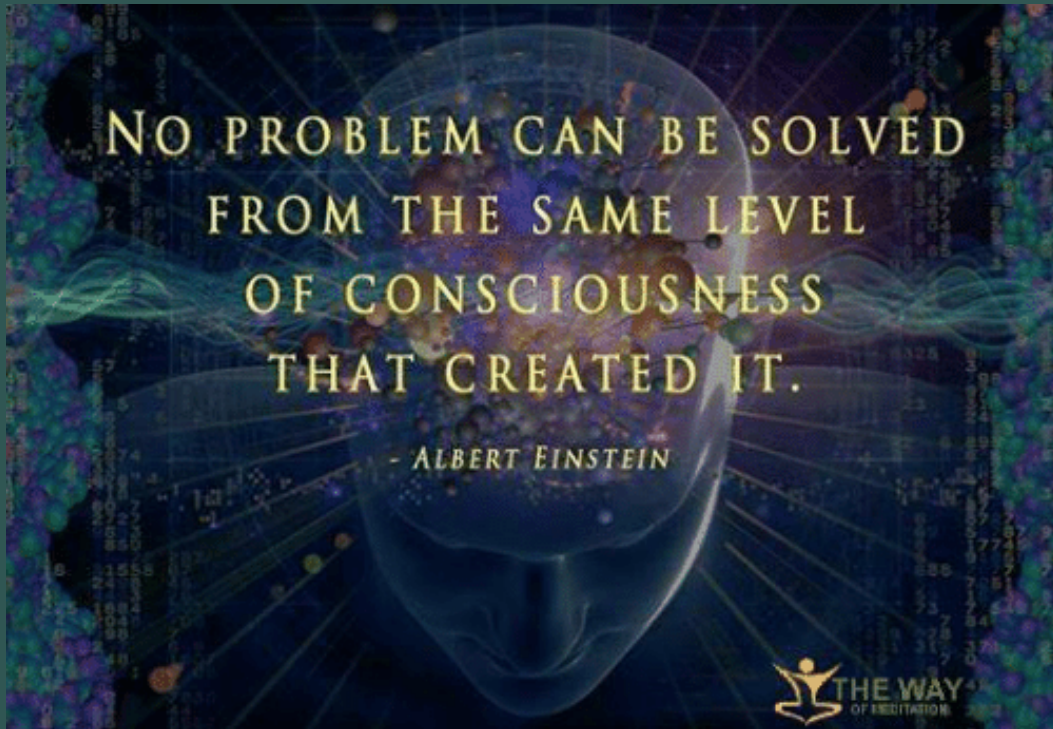
Community Change Indicators (Medium Term)
- Community reports of increased quality, respect, agency, feeling heard

Community and Population Change Indicators (Long Term)
- Emerging community ecosystem of health- supporting conditions and resources being built
- Population Health improvements
- Increases in Equity in health outcomes

SUMMARY

NO PROBLEM CAN BE SOLVED FROM THE SAME LEVEL OF CONSCIOUSNESS THAT CREATED IT.
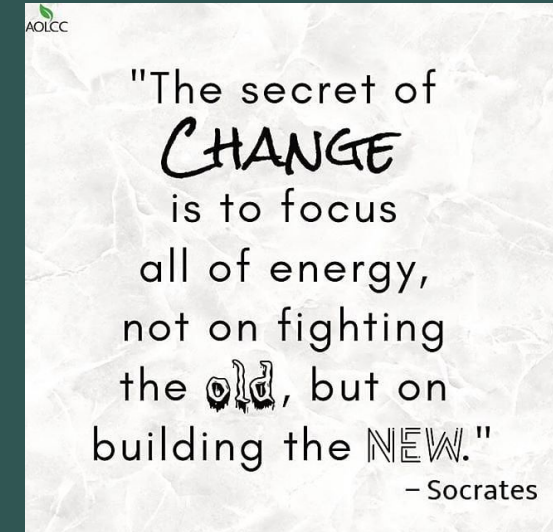
- ALBERT EINSTEIN

THE WAY OF MEDITATION

❖ We have not made much progress toward achieving equity because our approaches to it are not systematic, nor do they make use of the bodies of generated knowledge we have at our disposal now.

❖ It is long past time to reimagine and fundamentally transform how we approach the achievement of equity

❖ The concepts presented today are meant to inspire this reimagining and to convey the urgency of using appropriate knowledge to guide us

SUMMARY

Achieving equity does not come about simply by getting trained, by being or becoming "woke", it does not come from instituting "innovative" actions alone. It comes from disrupting the status quo of how we think and how we "act" public health.

And then it requires **building the coherent, holistic, collaborative and sustained social and organizational structures that will promote, support and become the guardrails of equity in perpetuity.**

"The secret of **CHANGE** is to focus all of energy, not on fighting the old, but on building the **NEW**."
— Socrates

Q&A, Comments and Discussion

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