

you cannot
get through a
single day without
having an impact on
the world around you.

**What you do makes
a difference.**

you just have to decide
what kind of difference
you want to make.

-Jane goodall

WWW.SHERRYJWILLIAMSON.COM



WDC Mission

1. Advance workforce development for state and jurisdiction Title V programs and partners in the context of health transformation
2. Prepare the future workforce for success
3. Build capacity in three key areas, *with Equity and Engagement foundational to all work*



Systems Integration



Change Management/
Adaptive Leadership

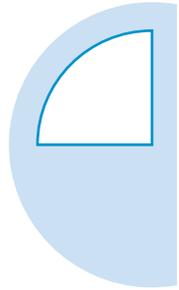


Evidence-Based
Decision Making





WDC Partners



Academic Partners

The Gillings School of
Global Public Health at
The University of North
Carolina at Chapel Hill

Georgia State University,
Georgia Health Policy
Center

University of Illinois at
Chicago, School of Public
Health

University of Texas,
School of Health Science
Center at Houston

State University of New
York, Albany



Practice Partners

Association Of Maternal
& Child Health Programs
(AMCHP)

MCH Navigator

Family Voices USA

VKH Consulting

Population Health
Improvement Partners

WI Department of Health
Services; Division of
Public Health



Tuesday Agenda



- Welcome
- Centering Activity
- Building an Equity Ecosystem
- Drawing Out Our Mental Models:
 - Using Systems Thinking to Accelerate Equity
- Processing Public Health Planning through an Equity Lens:
 - Using the R4P Tool
- Equity Lines of Inquiry Hackathon
- Dynamic Team Time



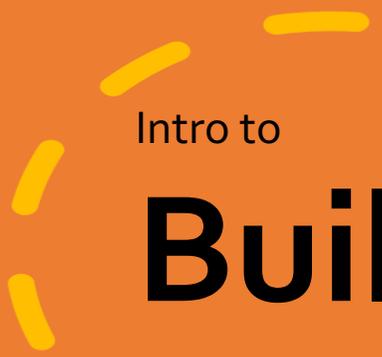
Centering Activity - Identity

- **We each identify as many different things, for example:**
 - Race, religion, gender, sex, physical abilities, education level, profession, where we were born and/or raised, nationality, past times, etc
- **Take a moment to reflect on how you identify. Select about five (5) that you would be willing to share with your team.**
- **Take turns in your group sharing these identities with your team**
 - E.g., “I identify as a white woman with a career in public health who was raised in multiple countries. I am agnostic and was raised Catholic.”



Centering Activity - Identity

- **Consider -- How do the ways you identify impact *how and when* you show up as a leader?**
- **Take turns sharing your response with your team**



Intro to

Building an Equity Ecosystem

Accelerating Equity Learning Community, (AELC)
Detroit, MI



May 2-5, 2022
4:45-6:15 PM



National **MCH** Workforce
Development Center
Advancing Health Transformation



Learning Objectives

Participants will:

1. Define “equity” in the context of public health
2. Describe the roadmap to achieving equity
3. Describe the components and skills necessary to achieve equity
4. Understand how equity integrates with all other aspects of the Workforce Development Center
5. Be able to critically assess their current status toward building a culture of equity within Title V



Why is this session Important?

1. A paradigm shift in how we conceptualize and approach equity is needed to accelerate progress.
2. We cannot achieve equity in populations until we first build a ***culture of equity*** where we work.
3. This session will provide high-level understanding of how to build a culture of equity, and how some current approaches undermine our attempts toward equity.



Equity -Definition

Equity –

- As an **outcome**, the state of equity occurs when you can no longer predict outcomes based on social descriptors or identity.
- As a **process**, equity is a commitment to action (the process of redistributing access, resources and opportunity to be fair and just).
- Is a **way of thinking** (inclusive and person-centered) and a **way of being** (the state of being free of bias, discrimination; and free of and unfair differential outcomes, exposures and experiences).
- **Inequity** – unfair differential distribution of material and non-material resources and/or differential access and opportunity resulting in experience and outcome differences that are predictable by race, socioeconomic status, gender identity, home language, or other dimensions of identity.



Discussion



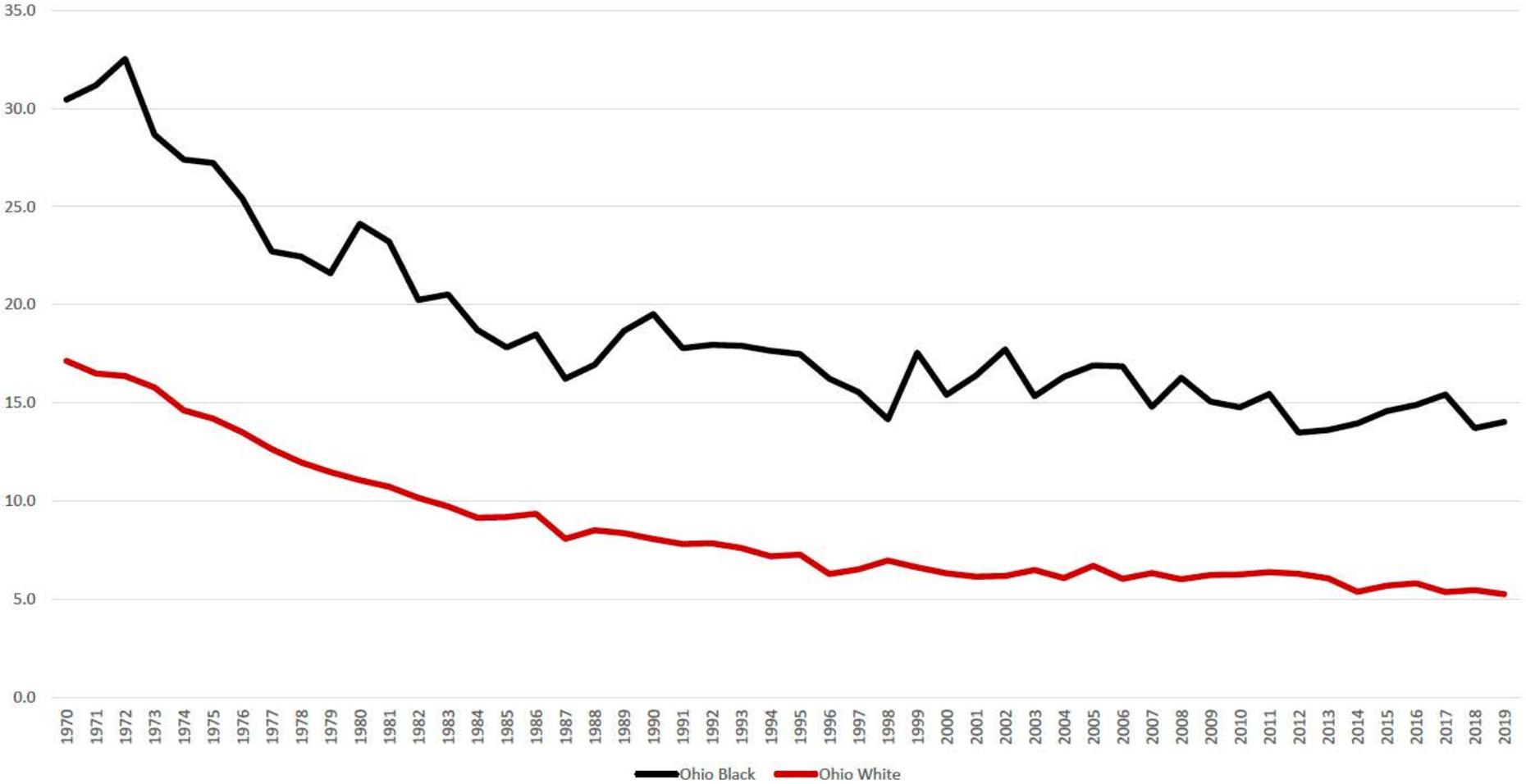


The Problem of Inequity

Data Slides courtesy of Dr Arthur James



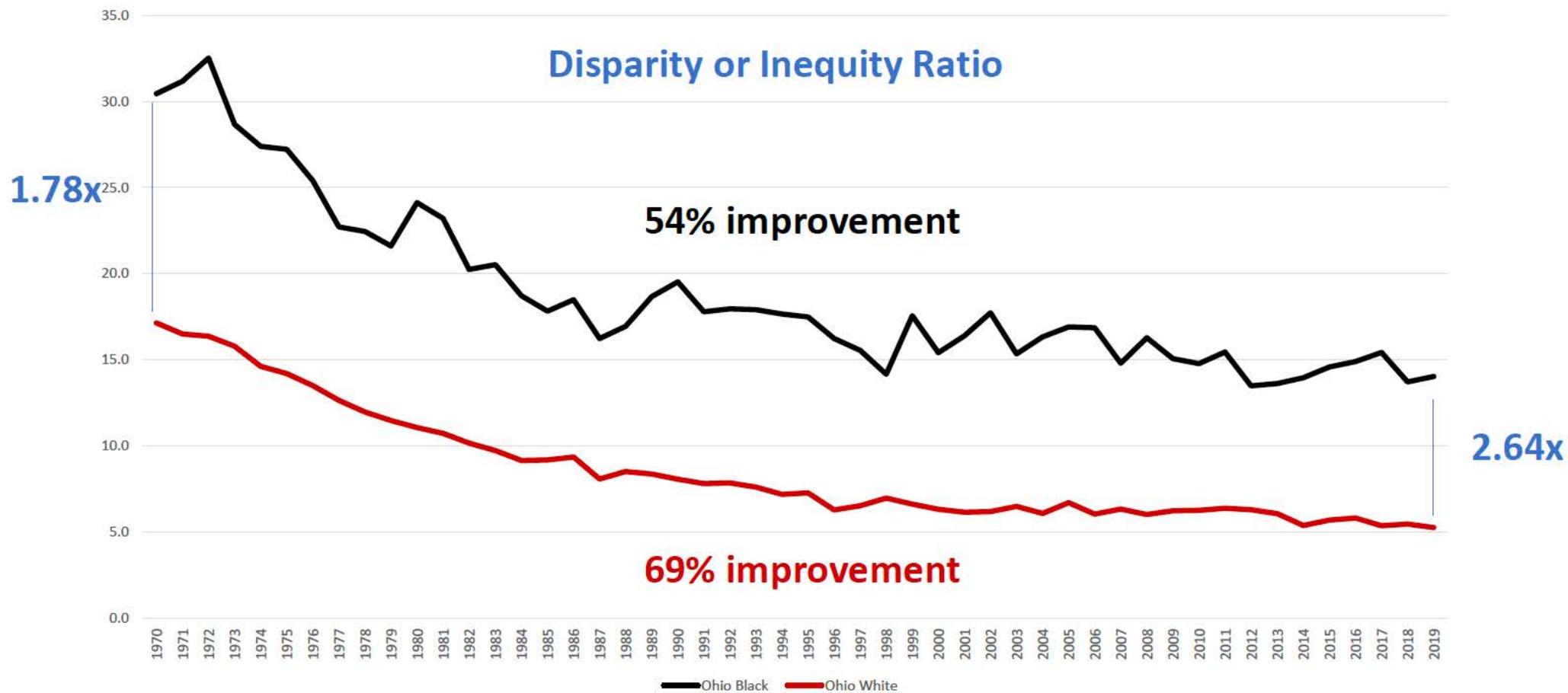
Ohio White & Black IMRs: 1990-2019 (49 years)



Source: CDC Wonder



Ohio White & Black IMRs: 1990-2019 (49 years)



Source: CDC Wonder



Survival Time-Lag:

In each State this 49-years of data represents well-established trends or patterns. On the basis of the trends, if we take our most recent 2019 BIMRs and extrapolate back to the last time we find a comparable WIMR...the time interval, depending on the State, is between 34-45-years.

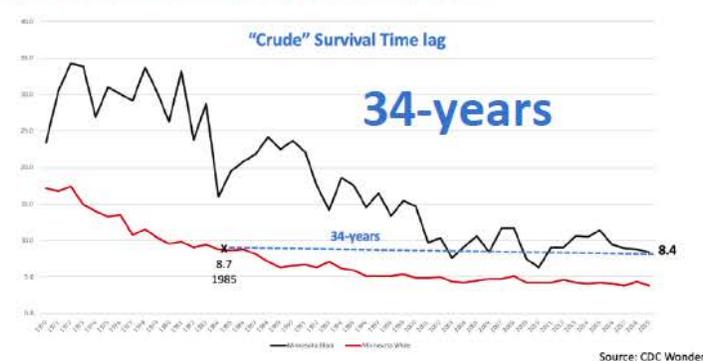
This suggests that unless we change these trends, Black babies in our States will have to wait another 34-45 years to experience the same opportunity to survive the 1st year of life as White babies did in 2019!

We can and must do better.

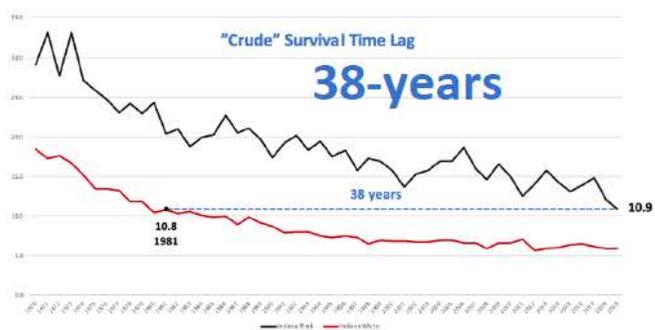
Illinois White and Black IMRs: 1970-2019



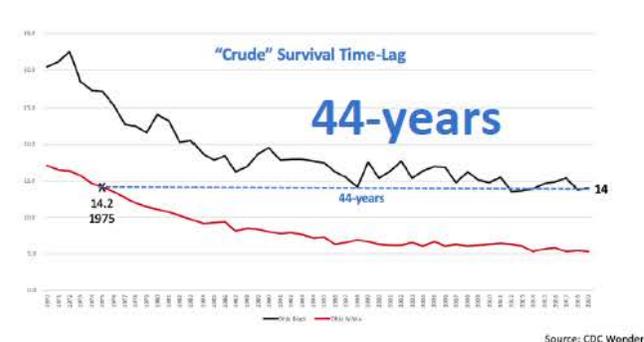
Minnesota White & Black IMRs: 1970-2019 (49 years)



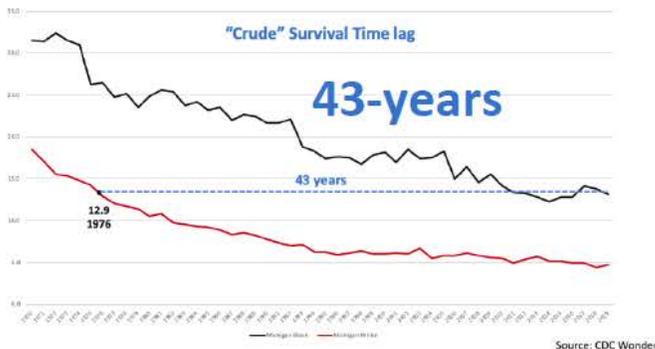
Indiana White & Black IMRs: 1970-2019 (49 years)



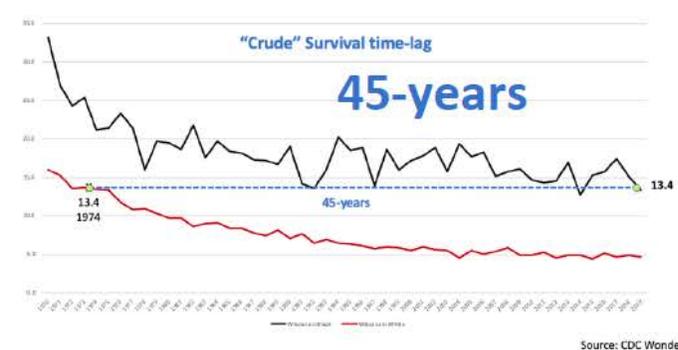
Ohio White & Black IMRs: 1990-2019 (49 years)



Michigan White & Black IMRs: 1970-2019 (49 years)



Wisconsin White & Black IMRs: 1970-2019 (49 years)





- **Inequities have persisted**
- **Inequities have complex causality**
Require solutions to match the problem
- **Inequities have dimension and do not respond to traditional attempts to lower rates**



Contributors to Health Inequities

- SDOH/Individual level
- SDOH/Life Course,
- Structural level factors
- Implementation efficacy
 - iatrogenic harm*
 - Failure to act in the face of need*
 - Disrespectful, stress inducing care*
 - Overburdened, underfunded, incoherent systems*



Contributors to Racial Health Inequities

- Historical/Intergenerational
- SDOH/Individual level

- Intersecting SDOH/Life Course, Structural factors

- Racism

- Implementation efficacy
 - *iatrogenic harm*
 - *Failure to act in the face of need*
 - *Disrespectful, stress inducing care*
 - *Overburdened, underfunded, incoherent systems*

- Intersection of any of the above with racism



Discussion



Current Approaches to Addressing Inequities



What are some of the approaches we use to address inequities?

A Sample of Generalized Equity Approaches

1. Doing Nothing
2. Equity After the Fact
3. DEI Outsourcing
4. Cherry-picking
5. Training
6. “Road to Canada” approach
7. SDOH
8. Population Targeting





“Doing Nothing”



Reasons for Doing Nothing

- Don't know what to do
- *"Talking loud, but saying nothing"* -- Believe you are working toward equity, but in reality, are not
- Unaware of the problem of inequities
- Inequity is not a priority
- Inequities are too hard and complex to address
- Belief that you've done enough
- Politicization of inequity and racism

"Equity After the Fact"



"Here's the state-of-the-art gymnasium, here's the coffee bar and internet café ...oh, yeah - and this little thing over here is the new sanctuary."

Equity should not be an add-on/afterthought



- *"Add salt to taste...."*

The intervention is conceptualized, planned, and funded; *then we begin to think about how we will add "equity"*

- Retrofitting equity is near impossible when 80% of all decisions are already made
 - *Does it make sense to put in the electrical wiring and pipes **after** the drywall is installed?*



"DEI Outsourcing"



Outsourcing Scenarios

- **Select one person to lead all Diversity, equity and inclusion activities**
 - *Efforts are usually underfunded and under-resourced*
 - *Position usually lacks power to create and enforce change*
 - *Position may be focused on mediating EEO complaints*
- **Organization or Department rides on the coattails of what one equity champion is doing with their team**
 - *Impacts will be limited in scope and unsustainable*
 - *Actions and impacts cease when champions leave organization*
 - *Actions rarely go beyond impact of a team*
 - *Staff may face burnout from lack of resources and support*
 - *when they are committed to equity, they will do the work regardless of resources, but will also face derision, stress, overwhelm and burnout*
- **Assume all People of Color (POC) are knowledgeable about how to achieve equity**
- ***De facto* assumption that POC should take on the responsibility to promote equity**



"Cherry-picking"



Just Ignore the Parts You Don't Like



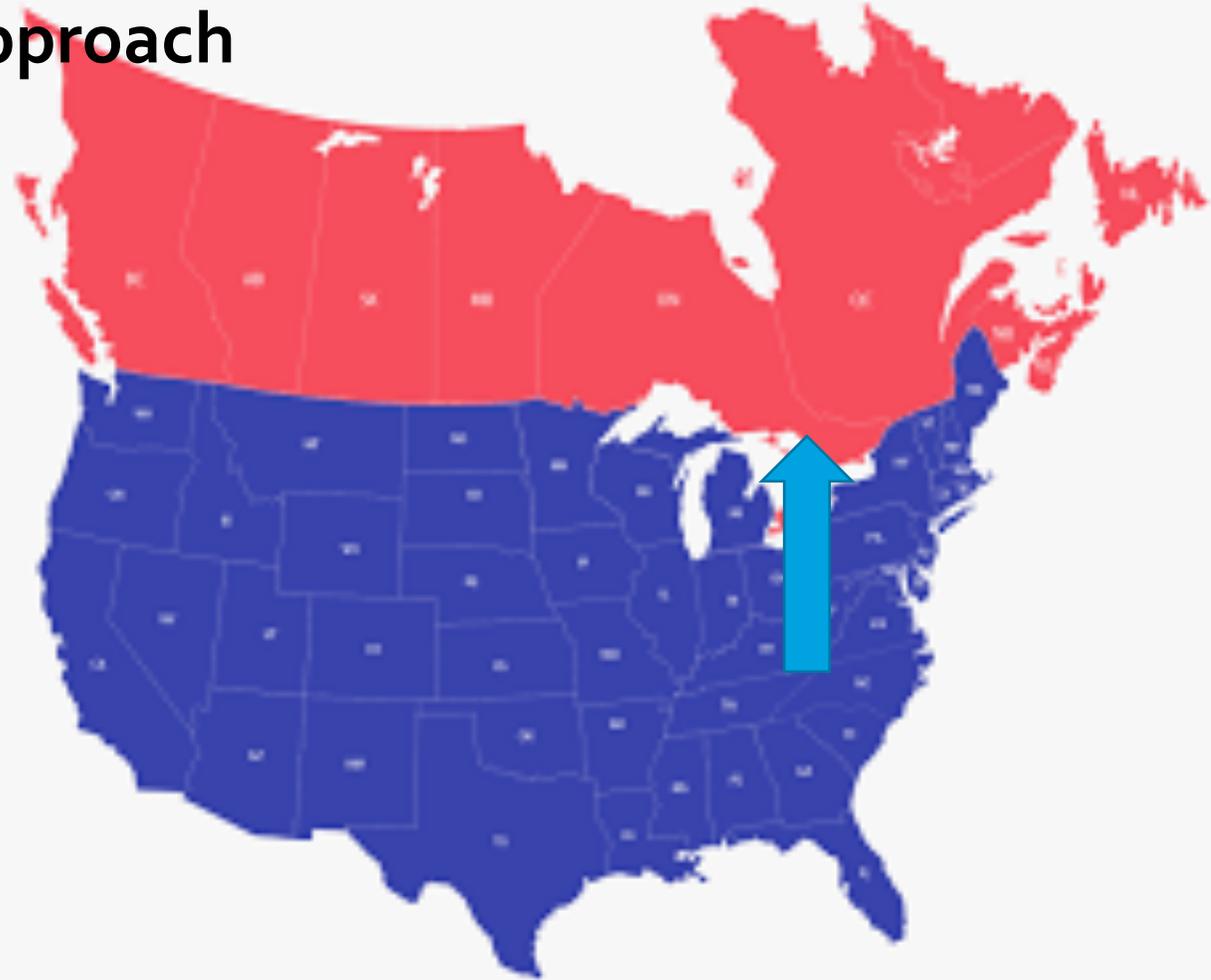
CHERRY PICKING

Is the evidence against you?
Just ignore the parts you don't like.

The “Road to Canada” Approach

I fully support you getting to Canada and stand with you.....

.....But there is one condition: you can go to Canada, but you may not travel Northward”



Handicap:

To hinder, impede, incapacitate; to place at a disadvantage

Opinion: The health-care industry doesn't want to talk
this single word



(Washington Post)
Opinion by Ron Wyatt
April 5, 2021 at 1:42 p.m. EDT

Cannot change something
you are not allowed to
talk about.

Talking about-- and
acknowledgement of
Racism are not enough
to achieve equity.

Anti-racism action
is required.

*"The struggle is not against white
people, it is against RACISM"*



“Equity Training”



Available Trainings –*an incomplete list*

- *Undoing Racism workshops*
- *Results-based Accountability*
- *Intercultural Development Inventory (IDI)*
- *Implicit Association Test (IAT)*
- *Implicit Bias training*
- *Racial Healing Workshop*
- *Workshops on threat response, white fragility, internalized racism*
- *Social Justice/Reproductive Justice workshops*
- *Consciousness raising/disrupting status quo webinars*
- *Groundwater*



Potential limitations to training

- Informational vs. **Experiential**
- Transactional vs **Transformational**
- Individual behavior vs. **Systemic or structural change**
- Temporary vs. **Sustained change**
- “One size fits all” vs. **Matching training to appropriate Stages of Change and needs**



Targeting Approaches: Misconception (1)

"All I need to attain equity is to apply the appropriate evidence-based practice"





Targeting Approaches: Misconceptions(2)

"Once we put in place policies that address the social determinants of health, we will achieve equity."



It is possible to increase inequities while improving social determinants

Social Determinants of health must also be addressed with an equity lens





Current approaches to equity: A Summary

Rarely consider all aspects of the complexity of the problem.

Are rarely holistic, are often piecemeal and incoherent

Rarely go deep enough to make a dent

Are under-resourced

Are not systematically planned, often opportunistic

Rarely result in sustained and consistent reductions in inequities

Assume equity exists "Out there"-- rather than assessing and changing the ways that organizational processes and decisions maintain inequities or inhibit equity





Discussion



How Should We Approach Achievment of Equity?





State Title V Equity Capacity Development

- **Many different starting points in equity journey**
 - Champions (individuals or teams) without Organizational support
 - Champions (individuals or teams) with Organizational support
 - Leadership mandates without staff capacity development
 - Project-focused equity work
 - Institutional change work
- **Many different contexts: personal, organizational, political**
- **Many different “approaches” to achieve equity**
 - *May not be science –based, holistic*



ROADMAP TO POPULATION EQUITY



Equity in Population Outcomes

Organizational Cultures of Equity

- Self*
- Team*
- Organization*
- Networks/Collaborators*



How do you build an organizational culture of equity?

- *Focus on 5 buckets of “skills” to build into your organizational work*



Organizational Equity Ecosystem

- Resources are not ends in of themselves, they are used to achieve something greater and more useful
- Resources should be carefully chosen ,with intention, to meet specific needs
- If opportunity places a resource at your disposal, be cognizant of where it fits in the overall organizational ecosystem

RESOURCES

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of Practice

Organizational Equity Ecosystem

Resources are not ends in of themselves,
they are used to achieve something
greater and more useful

Resources should be carefully chosen ,with intention,
to meet specific needs

If opportunity places a resource at your disposal,
be cognizant of where it fits in the overall
organizational ecosystem

RESOURCES

Trainings

Checklists

Handouts

Readings

Webinars

Data

Communities of
Practice



National **MCH** Workforce
Development Center
Advancing Health Transformation



Discussion

Describe your experiences with training and equity resources—how have they resulted in changes in how you work?

How can equity efforts go awry if we rely only on gathering “resources” or “trainings” as a strategy?



Discussion

How can equity efforts go awry if we rely only on gathering “resources” or “trainings” as a strategy?

- *Collecting “flair”*: gathering resources as show with no change in action
- Getting stuck in a loop: repeating different forms of the same types of training without a resultant change in behavior
- Increasing knowledge, increasing inspiration, but still not knowing what to do with the knowledge
- Unclear what types of training will move your efforts forward
- Waiting for the perfect resource (e.g. data) before taking any action



Organizational Equity Ecosystem

- One higher goal of “trainings” and other resources is to develop mindsets that are conducive to promoting equity, conducive to democratic ideals
- Interpersonal Racism/bias, Systemic racism/bias, implicit bias, colonizer or supremacist frames, and other mindsets work **against** equity. Changing mindsets /attitudes is learning to recognize when a mindset, worldview or way of doing creates or perpetuates differential impacts on some populations.
- The goal of “mindset change” is not to engineer your thinking, but to clear your head of hierarchical models you may not be aware are affecting your thinking and actions
- A goal of “mindset shifting” is to learn to see and feel deeply other perspectives, and take action that is inclusive of those perspectives

KNOWLEDGE AND ATTITUDE CHANGES

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

RESOURCES

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of Practice

Organizational Equity Ecosystem

One higher goal of “trainings” and other resources is to develop mindsets that are conducive to promoting equity, conducive to democratic ideals

Interpersonal Racism/bias, Systemic racism/bias, implicit bias, colonizer or supremacist frames, and other mindsets work **against** equity. Changing mindsets /attitudes is learning to recognize when a mindset, worldview or way of doing creates or perpetuates differential impacts on some populations.

The goal of “mindset change” is not to engineer your thinking, but to clear your head of hierarchical models you may not be aware are affecting your thinking and actions

A goal of “mindset shifting” is to learn to see and feel deeply other perspectives, and take action that is inclusive of those perspectives

KNOWLEDGE AND ATTITUDE CHANGES

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing Differential Impacts

RESOURCES

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of Practice



National **MCH** Workforce
Development Center
Advancing Health Transformation



Discussion

- Describe your experiences with training around mindset changes
What trainings have you had?
- *How have they resulted in changes in how you see or treat others? In how you approach equity work?*
- How can equity efforts go awry if we rely only on “mindset changes” as a strategy?



Discussion

- Reliance on “wokeness” as a strategy
 - Can promote judgementalism against others
 - Substitute words, mindset and superficialities for meaningful action
 - Use “the right words” to project an elusive *aura* of transformation
 - Check off a long list of mindset trainings, but little translation to changed action or behavior



- “Equity action” is actualized through decisions.
- Every **DECISION** that you make is a crossroad where either inequity is sustained or equity is promoted
- “Equity –friendly” processes are those that are designed to address complexity, are people-centered, and are designed to be used by diverse groups of people working together to generate the information to make the most equitable decision

Organizational Equity Ecosystem



EQUITY FRIENDLY PROCESSES

KNOWLEDGE AND ATTITUDE CHANGES

RESOURCES

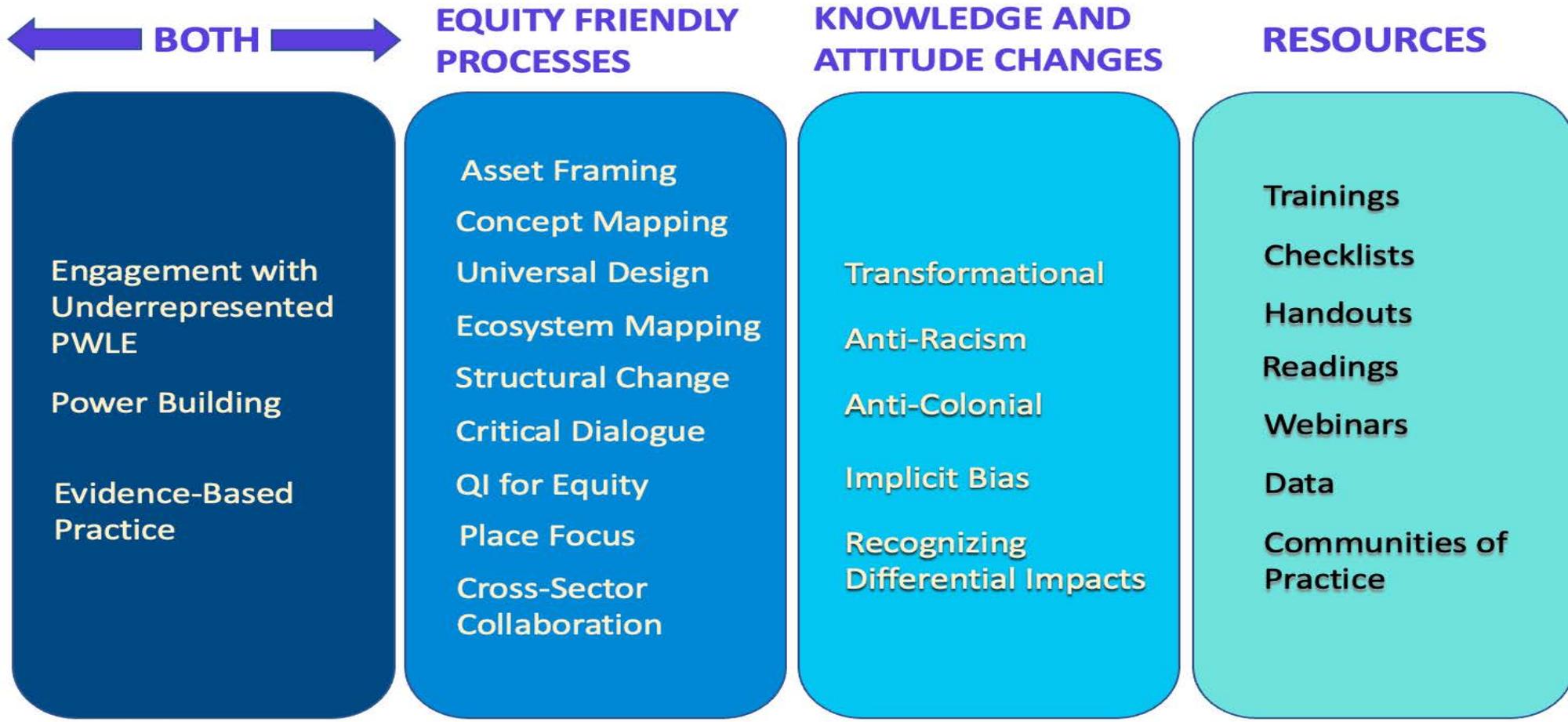
Engagement with Underrepresented PWLE
Power Building
Evidence-Based Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing Differential Impacts

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of Practice

Organizational Equity Ecosystem



“Equity action” is actualized through decisions.

Every **DECISION** that you make is a crossroad where either inequity is sustained or equity is promoted

“Equity –friendly” processes are those that are designed to address complexity, are people-centered, and are designed to be used by diverse groups of people working together to generate the information to make the most equitable decision



National **MCH** Workforce Development Center
Advancing Health Transformation



Describe your experiences with training with equity-friendly tools
What trainings have you had?

How have they resulted in changes in how you make decisions?

How can equity efforts go awry if we rely only on “equity-friendly tools” as a strategy?



- Use of equity-friendly tools **absent** an inclusive mindset can result in maintenance of the status quo.
 - The tools do not magically create equity, the intentional work does
 - The tools must be employed with intention to openness and inclusivity, fairness and non-hierarchical expressions of power to lead to equitable decisions



Organizational Equity Ecosystem

**Inviolable
EQUITY
Components**
(Equity frame)

← BOTH →

**EQUITY FRIENDLY
PROCESSES**

**KNOWLEDGE AND
ATTITUDE CHANGES**

RESOURCES

REPAIR

REMOVE

REMEDiate

RESTRUCTURE

PROVIDE

Engagement with
Underrepresented
PWLE

Power Building

Evidence-Based
Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector
Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of
Practice

Organizational Equity Ecosystem

**Inviolable
EQUITY
Components**
(Equity frame)



**EQUITY FRIENDLY
PROCESSES**

**KNOWLEDGE AND
ATTITUDE CHANGES**

RESOURCES

REPAIR

REMOVE

REMEDiate

RESTRUCTURE

PROVIDE

Engagement with
Underrepresented
PWLE

Power Building

Evidence-Based
Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector
Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of
Practice



National **MCH** Workforce
Development Center
Advancing Health Transformation



Summary

Equity is a necessity, not a nicety

- Essential to the provision of quality care and effective public health
- Not just an outcome, but a way of “doing” and decision-making in Title V that is more transformative vs. transactional
- The components of the WDC provide integral parts of the equity ecosystem:
 - Engagement with PWLE
 - Evidence based practice
 - Systems Integration
- The process of equity capacity building in Title V also requires:
 - Knowledge and attitude changes
 - An equity frame to ensure you address inequities and not just health conditions



Open Discussion and Q&A



BREAK



National **MCH** Workforce
Development Center
Advancing Health Transformation

Drawing Out Our Mental Models: Using Systems Thinking to Accelerate Equity

Kristen Hassmiller Lich, PhD
Jess Simon, MSW



National **MCH** Workforce
Development Center
Advancing Health Transformation



Session Objectives

- **Clearly describe** the change your team seeks to make (what and how much)
- **Understand** systems thinking
- **Consider** characteristics of systems structure (iceberg model) producing inequities
- **Reflect** on the importance of mental models



Plan for this session...



The Iceberg Model of Systems Thinking



Articulating your Change with Graphs Over Time



Uncovering Systems Structure with Causal Loop Diagramming

What is a “System?”



National **MCH** Workforce
Development Center
Advancing Health Transformation



A System is

a collection of *parts* that interact with each other to form an *interdependent whole*





Examples of systems:



A ***watch*** is a system made up of gears & materials that work together to tell time



Examples of systems:



A ***watch*** is a system made up of gears & materials that work together to tell time



A ***family*** or ***household*** is a system that works together to navigate the world



Examples of systems:



A ***watch*** is a system made up of gears & materials that work together to tell time



A ***family*** or ***household*** is a system that works together to navigate the world



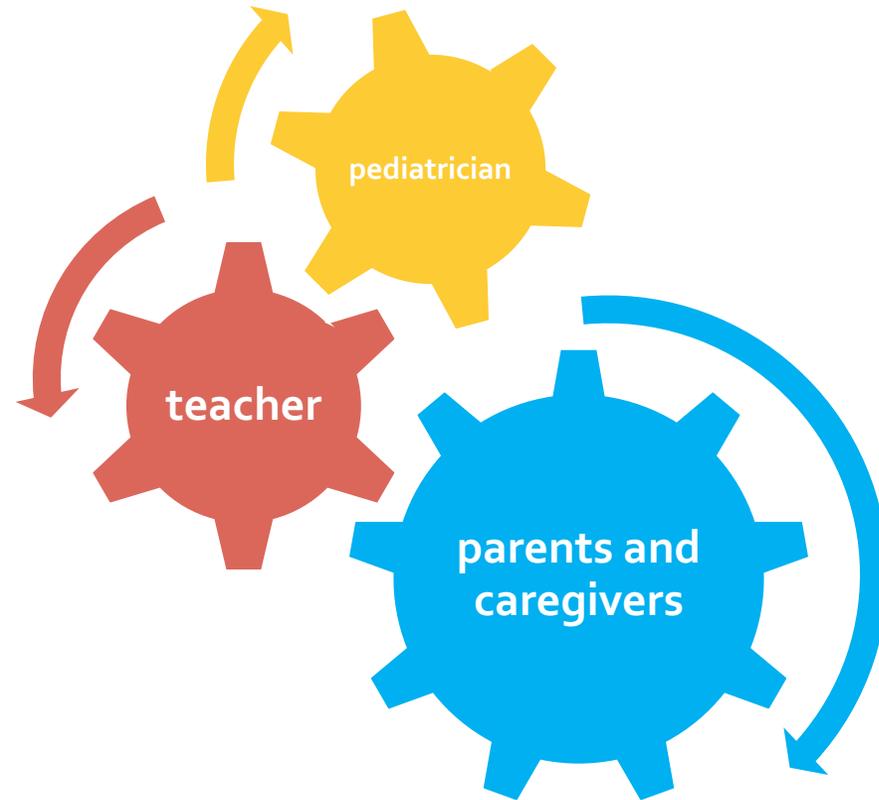
A ***state health department*** is a system that organizes resources, activities, & people to promote health & wellbeing



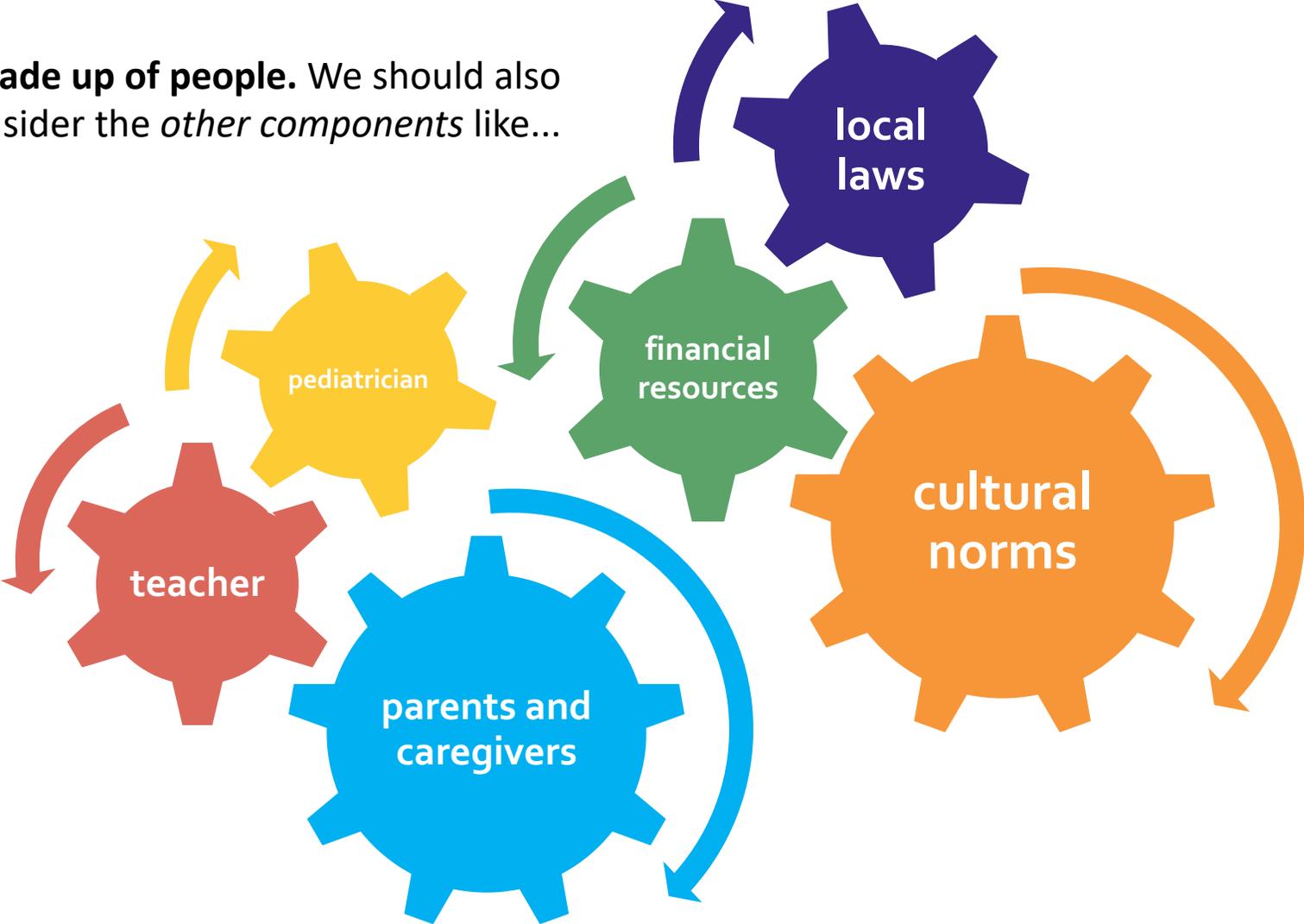
What does the system
look like that shapes
outcomes for children
with special health
care needs?



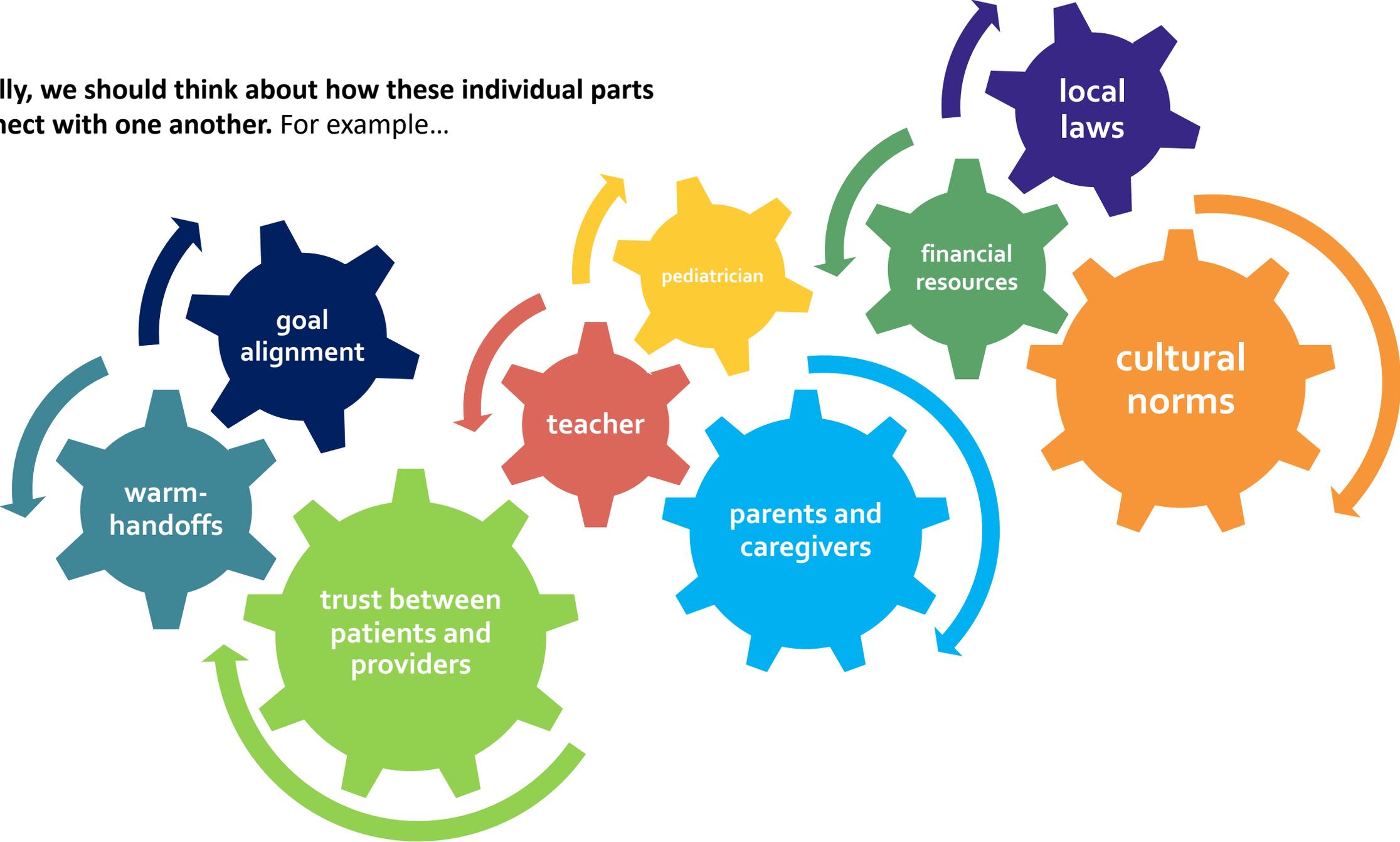
The components or parts of this system might include *people* like...



The parts of this system aren't just made up of people. We should also consider the *other components* like...



Finally, we should think about how these individual parts connect with one another. For example...





A Systems Perspective is needed because...

- ... maternal and child health *systems have many parts*, with *many factors* affecting what happens





A Systems Perspective is needed because...

- ... in public health, we often *change or restructure parts of a system*, with the goal of producing better outcomes



The pictures show a hospital (left) where people were getting sick in crowded hospital hallways with no ventilation in the Burera District of Rwanda and the redesigned hospital (right) that was built with all outdoor hallways to reduce airborne disease transmission

Source: <https://massdesigngroup.org/work/design/butaro-district-hospital>

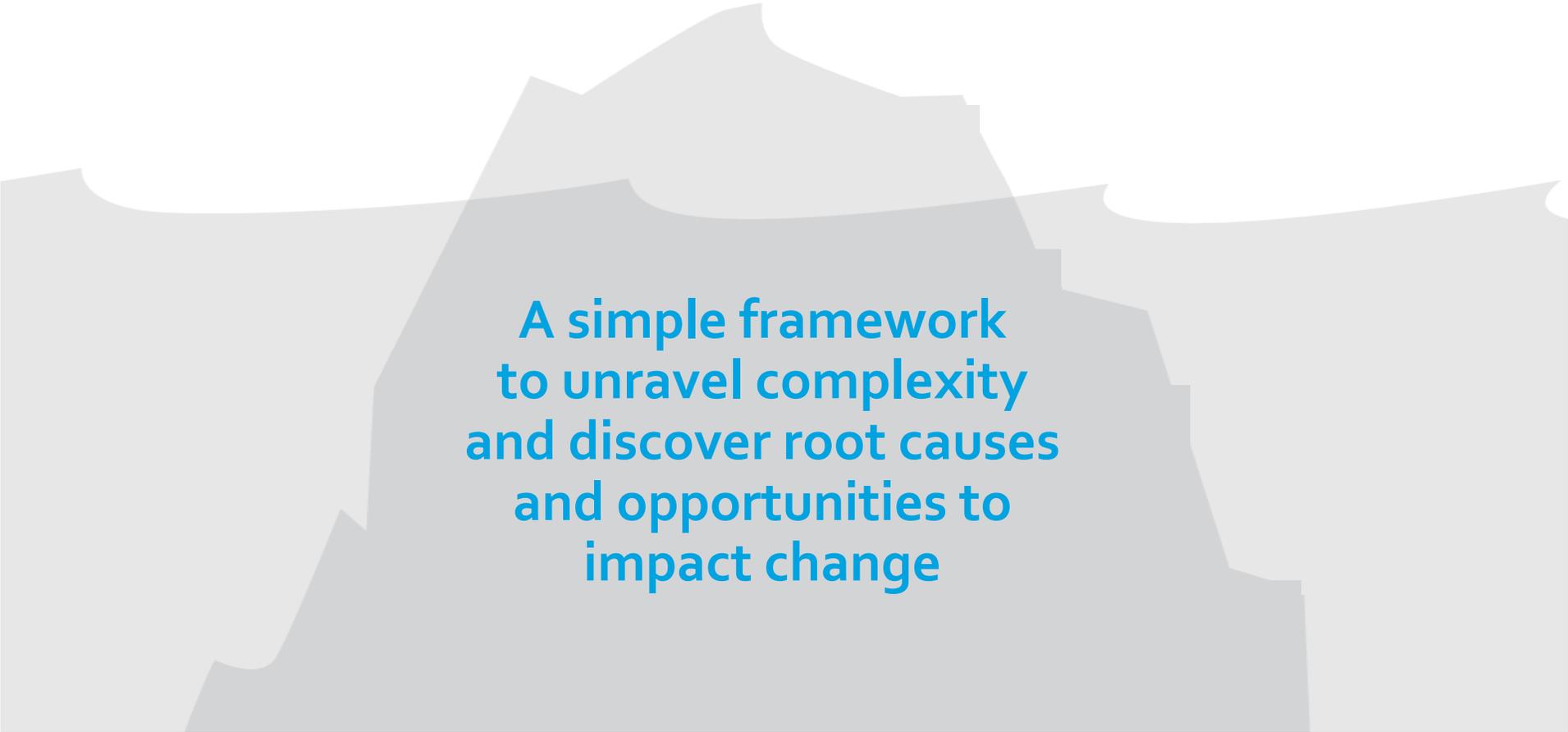


A Systems Perspective is needed because...

- ... we need to *expand the way we see "the system"* to make real change. But to understand the details, we'll need to "zoom in" to know what we can change/should change. But don't forget to zoom back out (in, out, in....)



The Iceberg

An iceberg graphic with a jagged, irregular shape. The top part is a smaller, darker grey triangle representing the visible tip. The bottom part is a larger, lighter grey trapezoidal shape representing the submerged part. The text is centered within the submerged part.

**A simple framework
to unravel complexity
and discover root causes
and opportunities to
impact change**

The Iceberg



Events

What happened?

- Headlines in a newspaper
- Anecdotes
- Fires to put out

The Iceberg

Events

Patterns/Trends

What's been happening?

- Past trends over time
- Anticipated future trends
- By race? By geography? By...

The Iceberg

Events

Patterns/Trends

What's been happening?

- Past trends over time
- Anticipated future trends
- By race? By geography? By...

i.e., the wealth gap, inequities in maternal and infant mortality rates, etc.

The Iceberg

Events

Patterns/Trends

Systemic Structures

What structures generate the patterns of behavior?

- Rules, norms, policies
- System forces at play
- Relationships between the parts
(e.g., power imbalances)

The Iceberg

Events

Patterns/Trends

Systemic Structures

What structures generate the patterns of behavior?

- Rules, norms, policies
- System forces at play
- Relationships between the parts

(e.g., power imbalances)

i.e., policies and programs that limit/deny access to services and cause harm

The Iceberg

Events

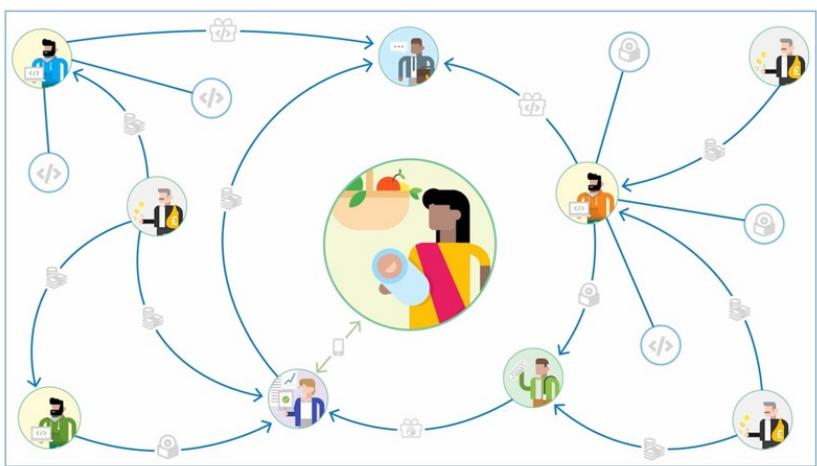
Patterns/Trends

Systemic Structures

Mental Models

What drives individuals' actions?

- Vary based on experience, training
- Our simplified rules about how the world works
- Reflect norms, biases, gaps in experience or understanding



The Iceberg

Events

Patterns/Trends

Systemic Structures

Mental Models



What drives individuals' actions?

- Vary based on experience, training
- Our simplified rules about how the world works
- Reflect norms, biases, gaps in experience or understanding

i.e., internalized racism, stereotypes and biases, perceptions of individual power



Equitable systems change

- **How does systems thinking relate to systems change?**
 - Inequities are not isolated incidents, but the byproduct of systemic racism built into the structure and mental models of society (including in public health systems)
 - Mapping out the forces that connect structures/mental models to individual experiences helps to better see opportunities to transform the system
- **What does it mean to do equitable systems change?**
 - *“True systems change efforts do not merely change inequitable structures, but **strive to transform the underlying power dynamics, narratives, and histories that built these structures and enable them to thrive.** An equity lens is essential to systems change efforts to avoid change efforts that reinstitute the status quo or replace one systemic inequity with another.”* – [Building Movement Project & Management Assistance Group](#)
- **Systems thinking is a critical tool for equitable systems change**

Organizational Equity Ecosystem

Inviolable
EQUITY
Components
(Equity frame)



EQUITY
FRIENDLY
PROCESSES

KNOWLEDGE AND
ATTITUDE CHANGES

RESOURCES

REPAIR

REMOVE

REMEDiate

RESTRUCTURE

PROVIDE

Engagement with
Underrepresented
PWLE

Power Building

Evidence-Based
Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector
Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of
Practice



Break



Image source: Diana Traykov on Dribbble
<https://dribbble.com/shots/4335885-Time-for-a-Break>



Articulating your Change with Graphs Over Time





Sierra Club

People of Color Are More Likely to Die of Lung Cancer Than White Americans

“We see these disparities among Black and Native Americans; ... Radon is the second leading cause of lung cancer behind tobacco use and...

Nov 16, 2021



The Iceberg

Events

What happened?

- Headlines in a newspaper
- Anecdotes
- Fires to put out



People of Color Are More Likely to Die of Lung Cancer Than White Americans

"We see these disparities among Black and Native Americans; ... Radon is the second leading cause of lung cancer behind tobacco use and..."

Nov 16, 2021



The Iceberg

Events

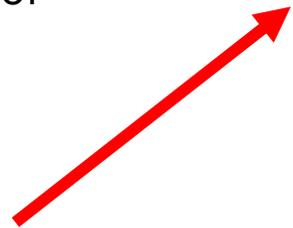
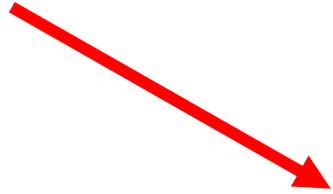
What happened?

- Headlines in a newspaper
- Anecdotes
- Fires to put out

Expand
cessation
programs

Raise awareness
of the harms of
smoking

Raise taxes
on tobacco



Smoking among People of Color

Linear thinking – pick
one of these influencing
factors and intervene



People of Color Are More Likely to Die of Lung Cancer Than White Americans

"We see these disparities among Black and Native Americans; ... Radon is the second leading cause of lung cancer behind tobacco use and..."

Nov 16, 2021



The Iceberg

Events

What happened?

- Headlines in a newspaper
- Anecdotes
- Fires to put out



People of Color Are More Likely to Die of Lung Cancer Than White Americans

"We see these disparities among Black and Native Americans; ... Radon is the second leading cause of lung cancer behind tobacco use and..."

Nov 16, 2021



The Iceberg

Events

What happened?

- Headlines in a newspaper
- Anecdotes
- Fires to put out



It's a New Day in Public Health.

The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Programs & Services

Certificates

Locations

Florida Department of Health in St. Lucie to "Uproot the Truth" about Tobacco's Harmful Effects on Black Communities

By Esteban Mendez

April 21, 2021



Big Tobacco targeted Black Floridians. Menthol ban aims to reverse the damage.

The tobacco industry targets the Black community to sell menthol-flavored cigarettes, which are easier to start smoking and harder to stop.

Jun 21, 2021

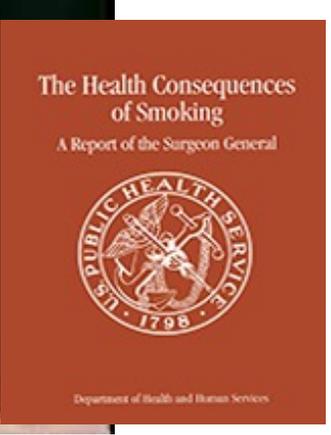


Disparities in Neighborhood Characteristics among U.S. Children with Secondhand and Thirdhand Tobacco Smoke Exposure

Int J Environ Res Public Health. 2022 Apr 2;19(7):4266. doi: 10.3390/ijerph19074266. ABSTRACT. (1) Background: Home tobacco smoke exposure...

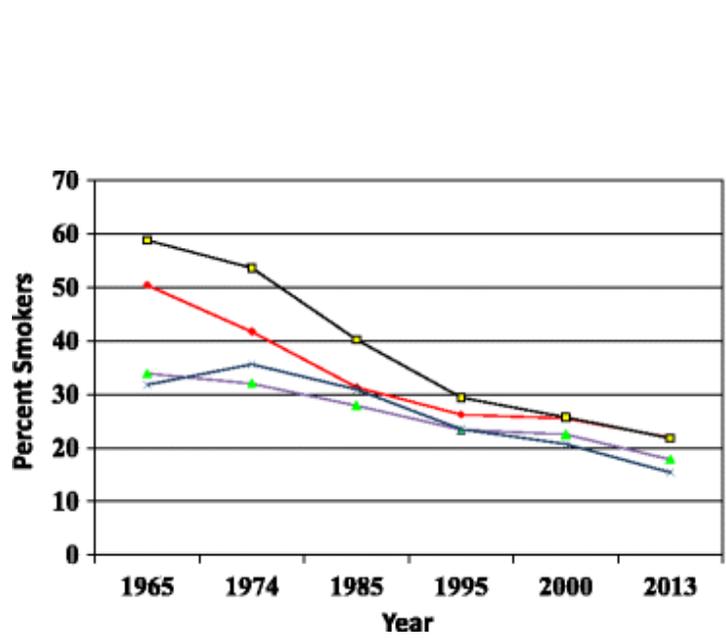
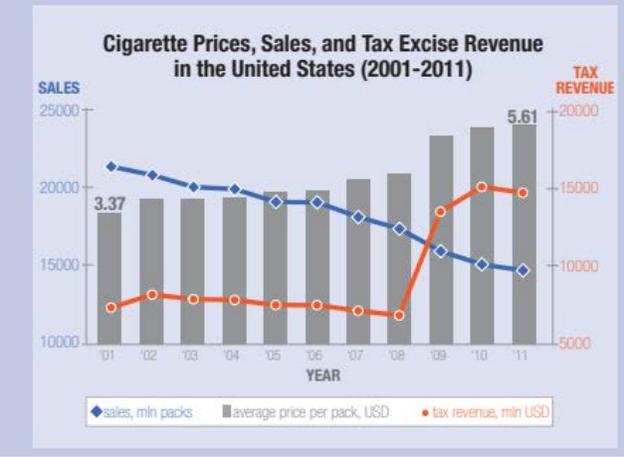
5 days ago

Systems thinking – look below the water line to understand related trends, systemic structures and mental models



TOBACCO TAX SUCCESS STORY
UNITED STATES of AMERICA

On April 1, 2009, the U.S. federal cigarette tax rate increased by 61.66 cents per pack to provide funding to renew the State Children's Health Insurance Program. As a result, federal cigarette tax revenues increased 129% (or \$8.7 billion), cigarette pack sales declined 11%, and smoking among youth and adults declined.



CDC Home Search A-Z Ind

Smoking & Tobacco Use

- Home
- Office on Smoking and Health (OSH) +
- Quit Smoking +

2004 Surgeon General's Report Highlights:
Impact on Unborn Babies, Infants, Children,
and Adolescents

E-Smokers Rejoice: 'Vape' is the 2014 Word of the Year

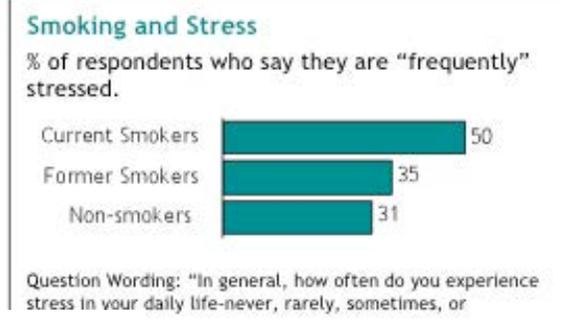


Since 2000, The Center for Black Health & Equity has been working collaboratively with communities to eliminate tobacco related health disparities. Here are a few actions you can take to participate in the fight: raise the awareness of the dangers of menthol and tobacco use in your community; encourage frequent HIV testing for high-risk groups; promote early detection and primary cancer prevention strategies; outreach to key stakeholders that can influence access to care; advocate for positive lifestyle changes and environmentally friendly policies.

THE CORONAVIRUS CRISIS

Cigarette sales went up last year for the first time in 20 years

October 27, 2021 · 1:48 PM ET



ers" are those who have smoked at least 100 heir lifetime and now still smoke every day or on-smokers" have never smoked or smoked less ettes in their lifetime, and "former smokers" past but do not smoke at all now.



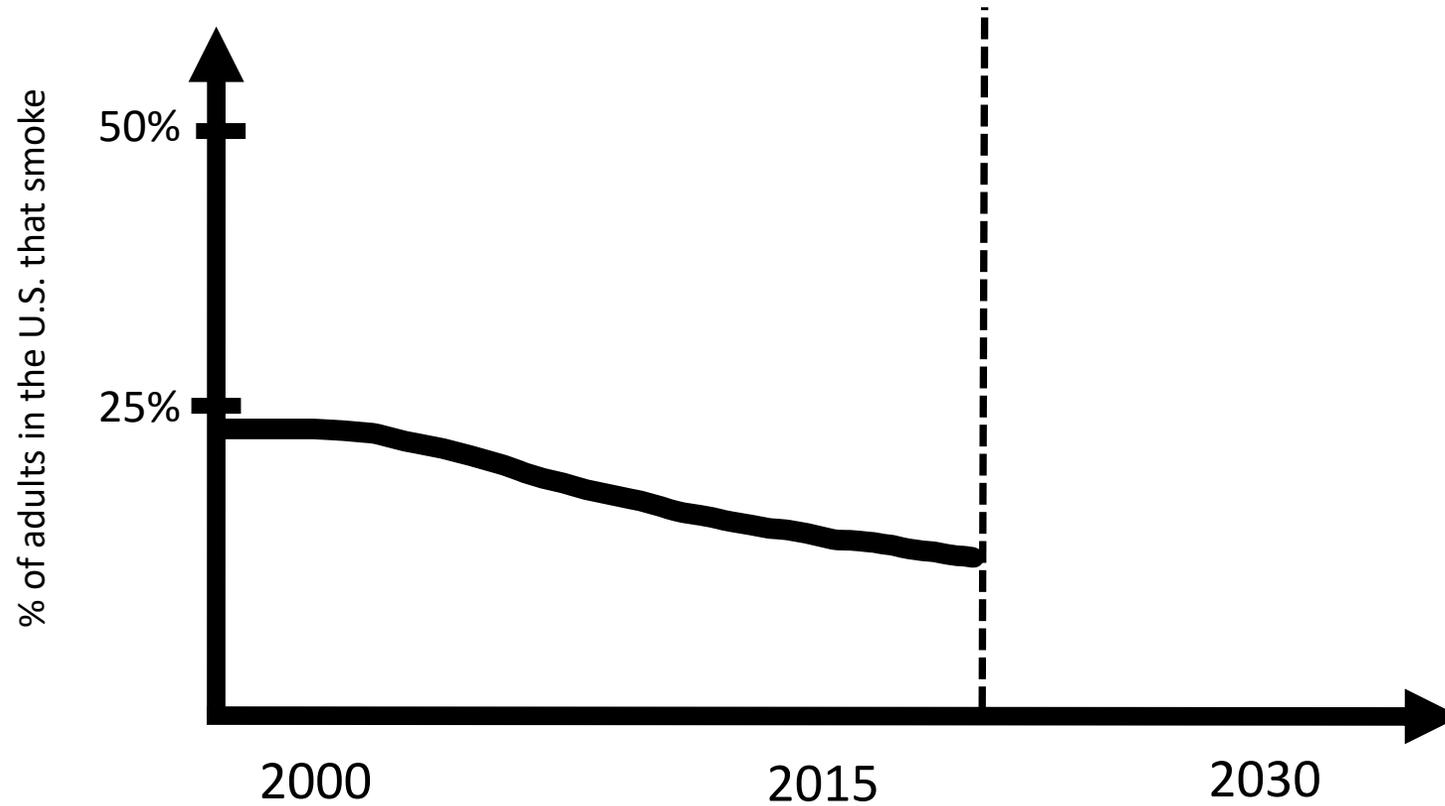
Graphs Over Time

- Understand a problem from multiple perspectives
 - i.e., an epidemiologist could rely on data that says smoking rates are falling over the past 50 years, but a young person might perceive smoking rates among their friends to be rising steadily
- Start to identify key variables and discuss what's driving changes over time
- An opportunity to tell the story of the perceived trends (it's ok if you don't have exact data to rely on!)



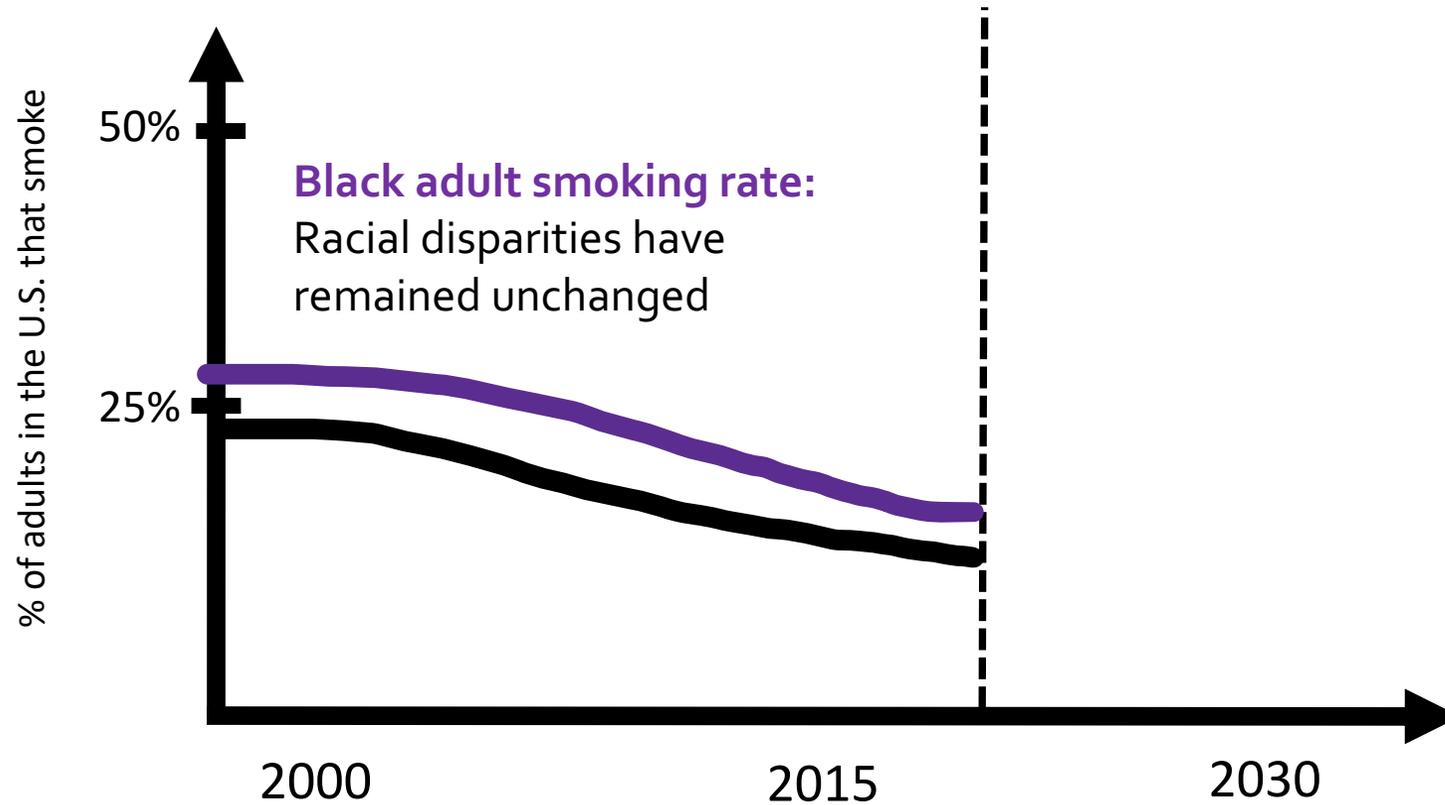


Smoking prevalence has declined significantly...



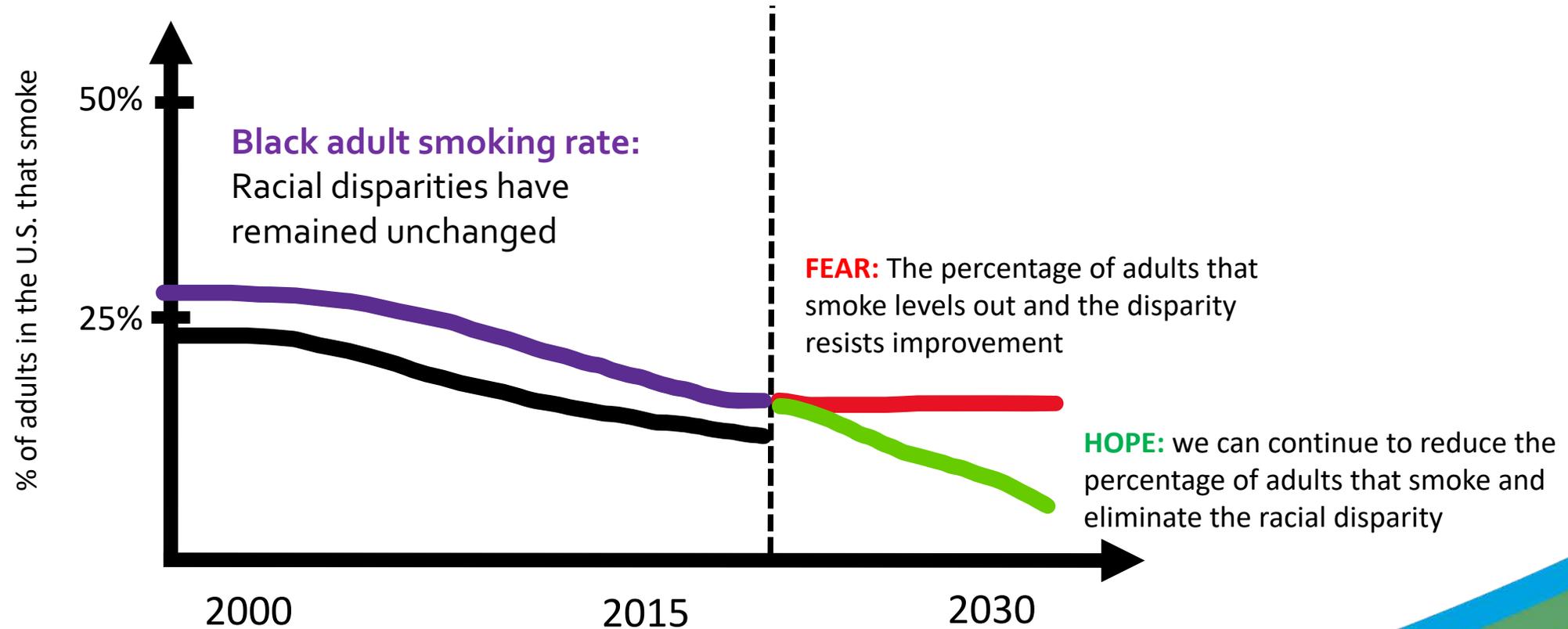


...but disparities in smoking rates for adults resist improvement





...but disparities in smoking rates for adults resist improvement

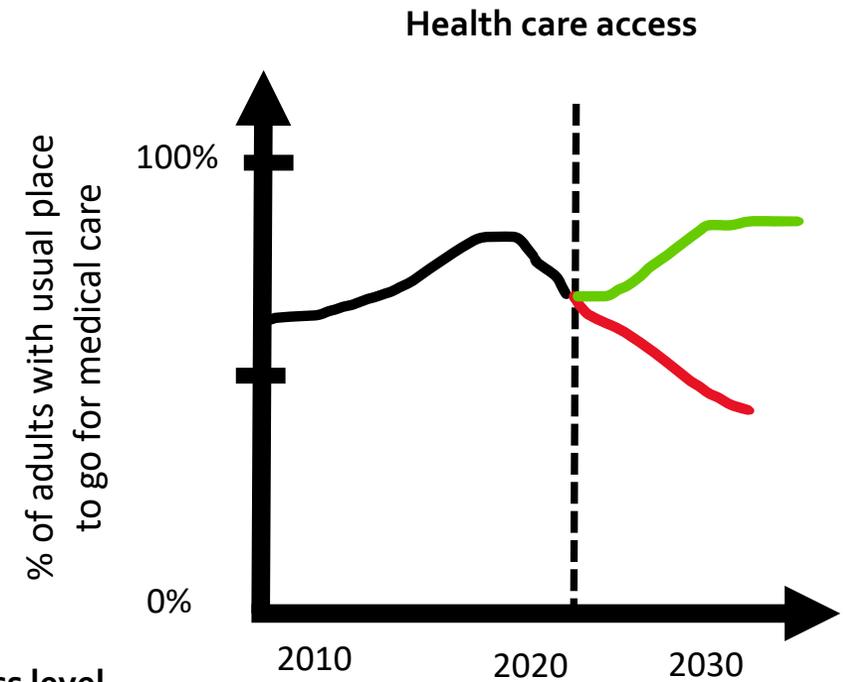
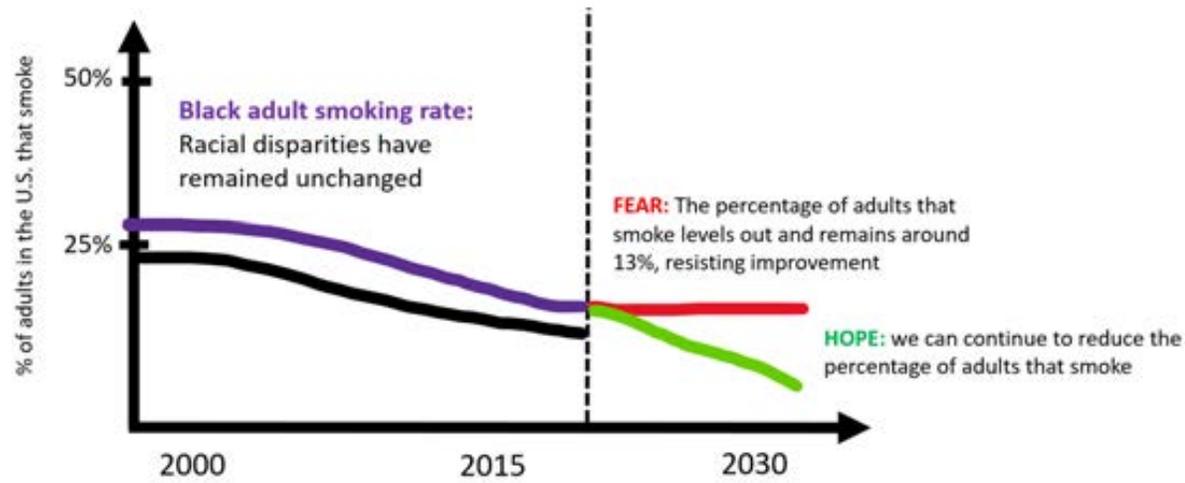




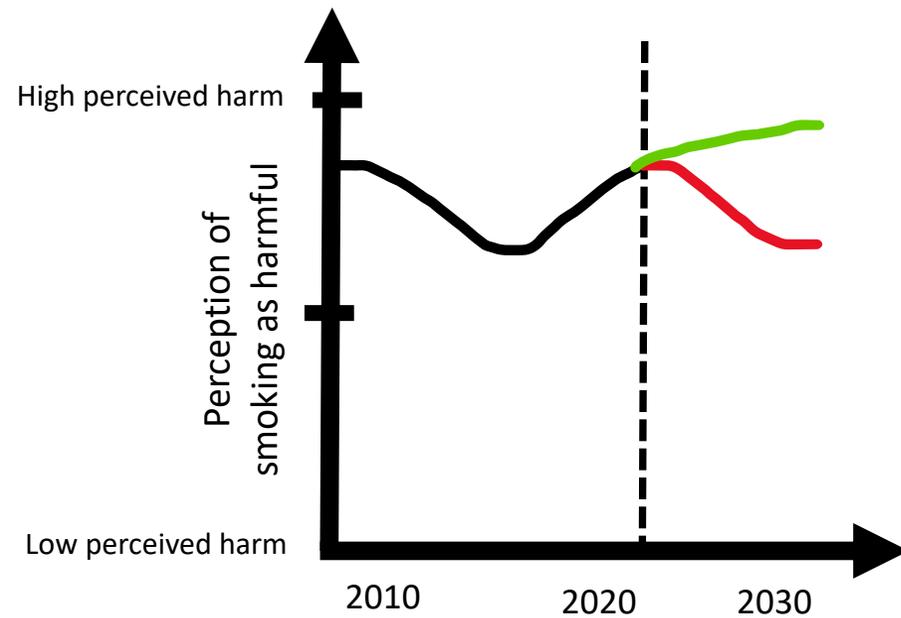
Drawing Graphs Over Time

- **Graph a “primary trend” to focus on**
 - What’s the trend (or set of related trends) you want to change? And by how much?
 - Draw trend lines that tell the story of what has been happening over time, what you hope for in the future, and what you fear could happen in the future
- **Discuss your Graphs Over Time as a group and pick ONE primary trend/set of related trends**
 - This should be the overall change your team seeks to focus on through the AELC

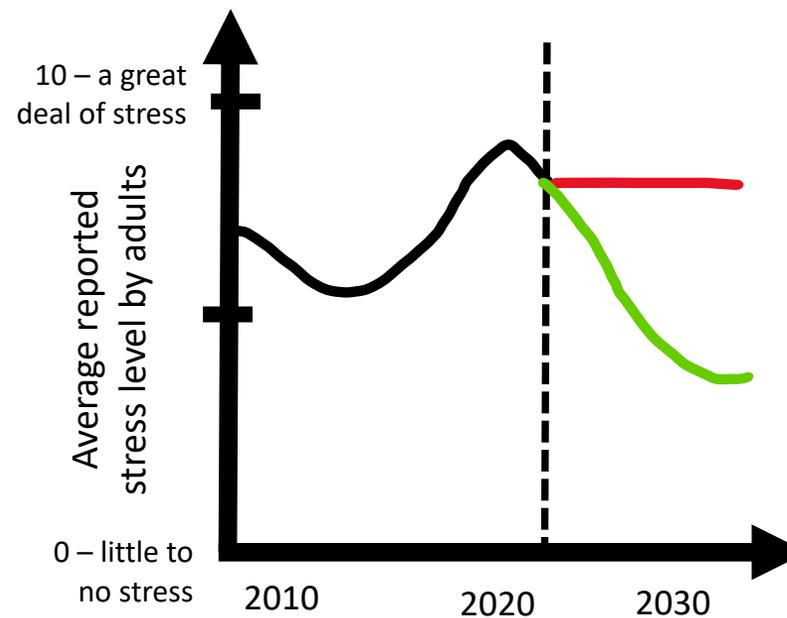
What else is influencing the disparity?



Normalization of smoking



Stress level





Drawing Graphs Over Time

- **Graph a “primary trend” to focus on**
 - What’s the trend (or set of related trends) you want to change? And by how much?
 - Draw trend lines that tell the story of what has been happening over time, what you hope for in the future, and what you fear could happen in the future
- **Discuss your Graphs Over Time as a group and pick ONE primary trend/set of related trends**
 - This should be the overall change your team seeks to focus on through the AELC
- **Brainstorm as a group 2-3 additional, related trends**
 - What are some related trends that are contributing to your primary trend?



Uncovering Systems Structure with Causal Loop Diagramming



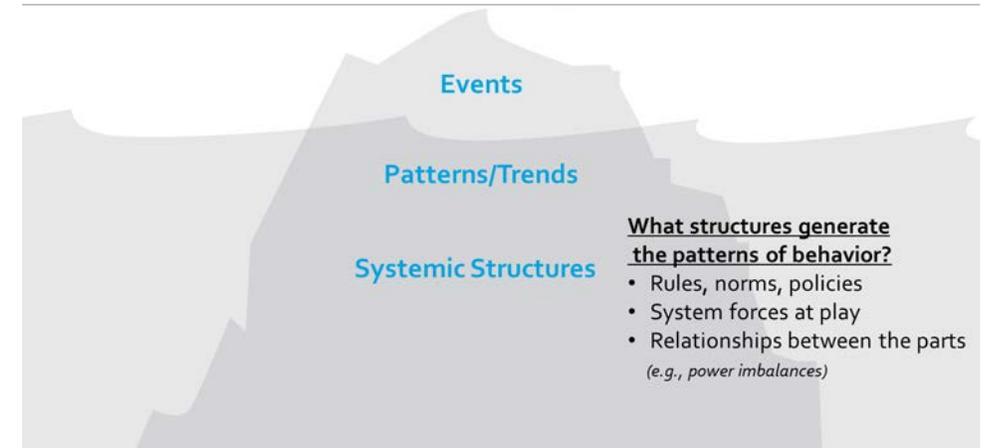


Causal loop diagramming

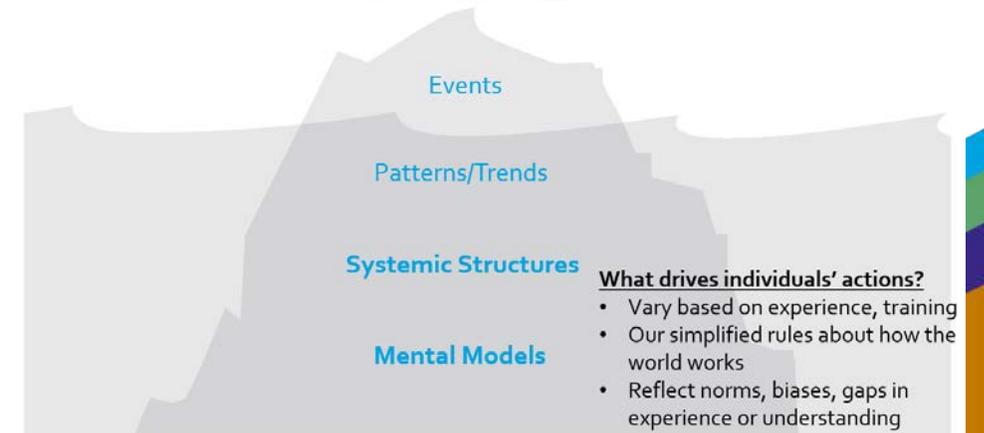
A tool to help us...

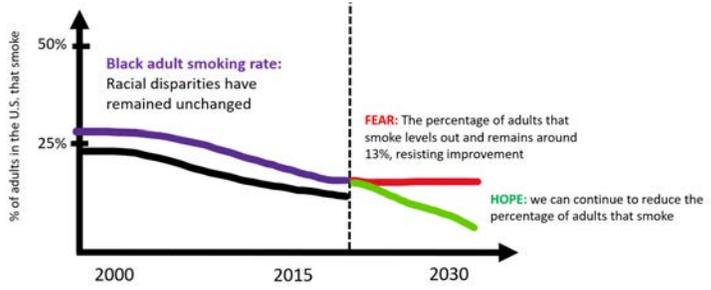
- Understand how root causes manifest in our systems
- Identify unintended consequences and feedback between interrelated parts of the system
- Share our mental models and assumptions about the system with others and uncover their perspectives on the system

The Iceberg

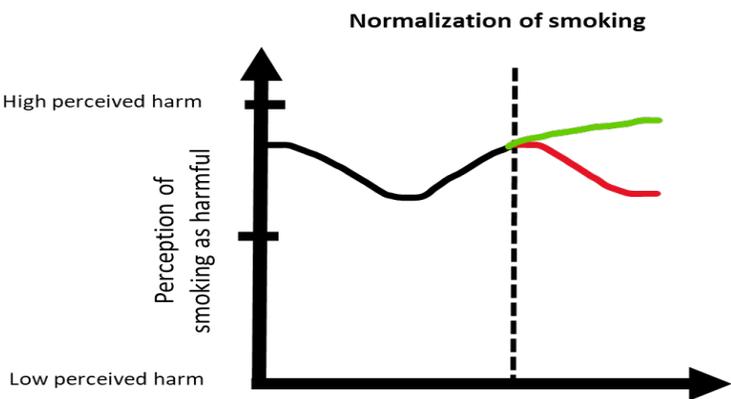
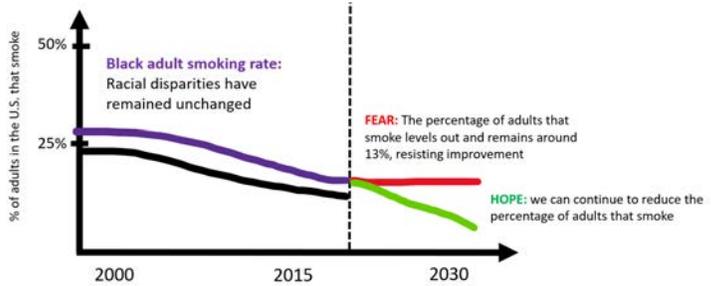


The Iceberg



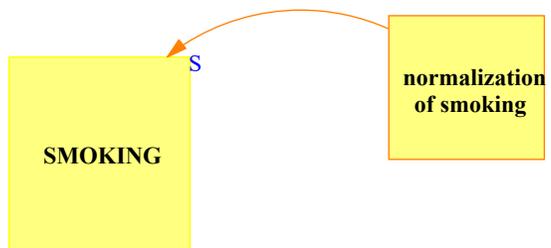
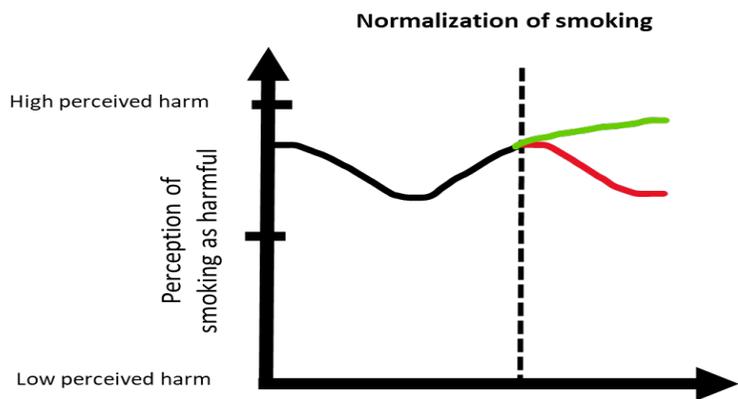
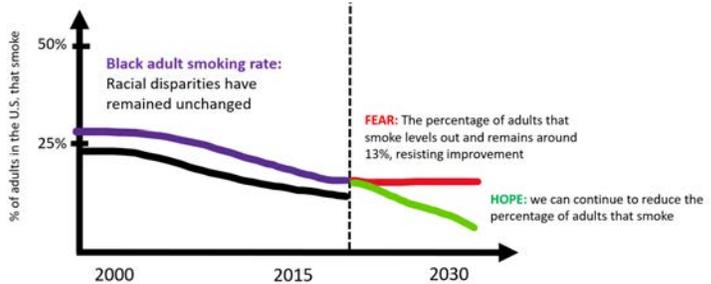


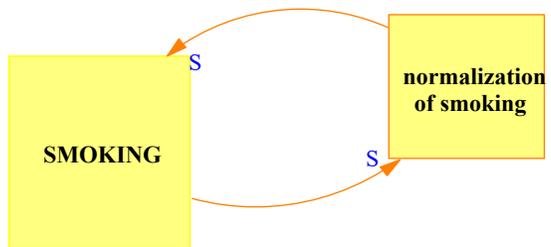
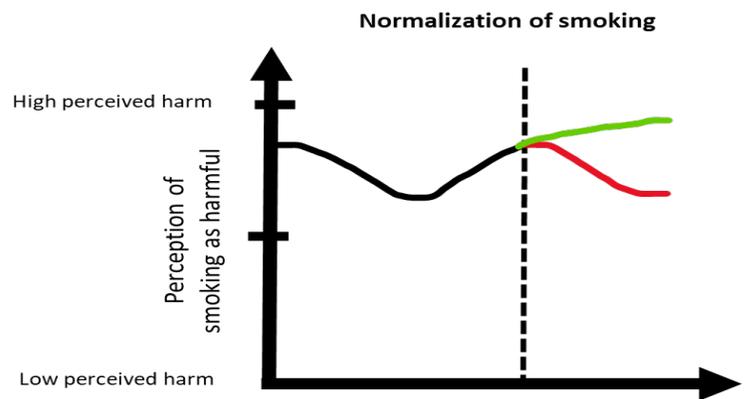
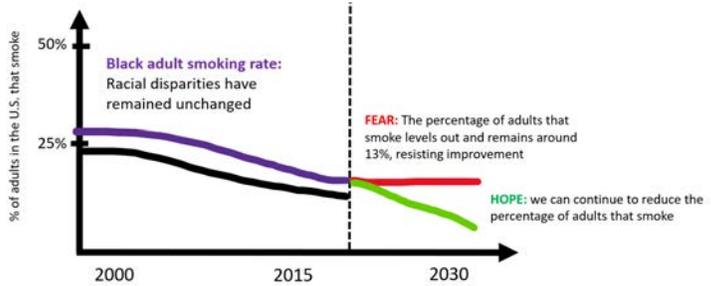
SMOKING

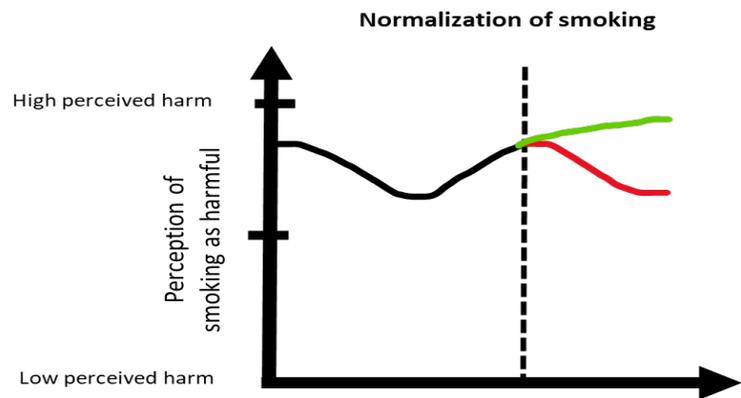
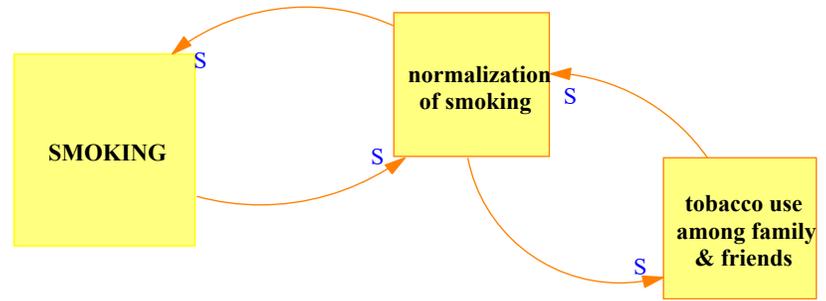
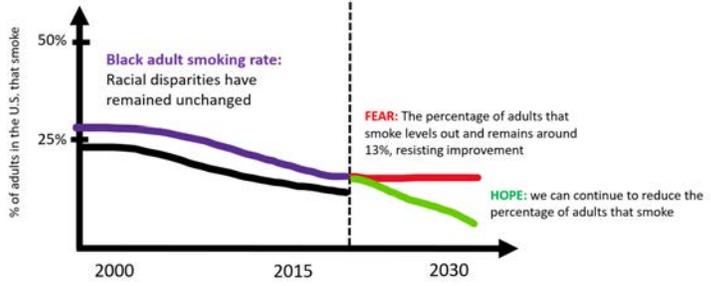


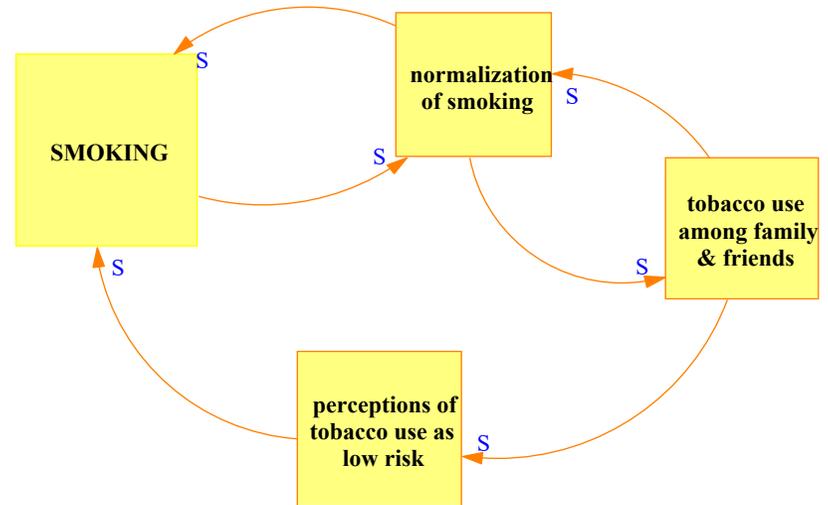
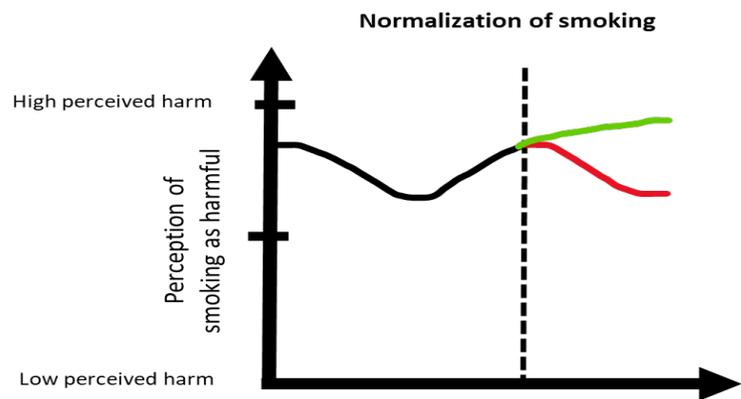
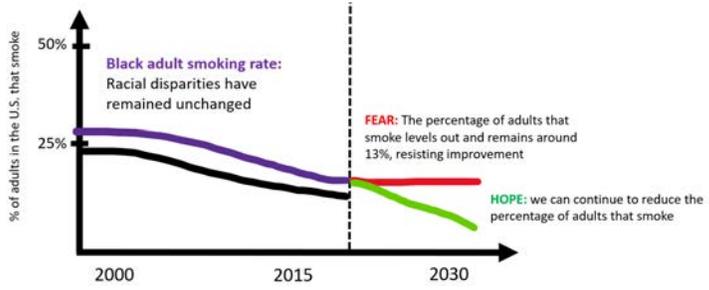
SMOKING

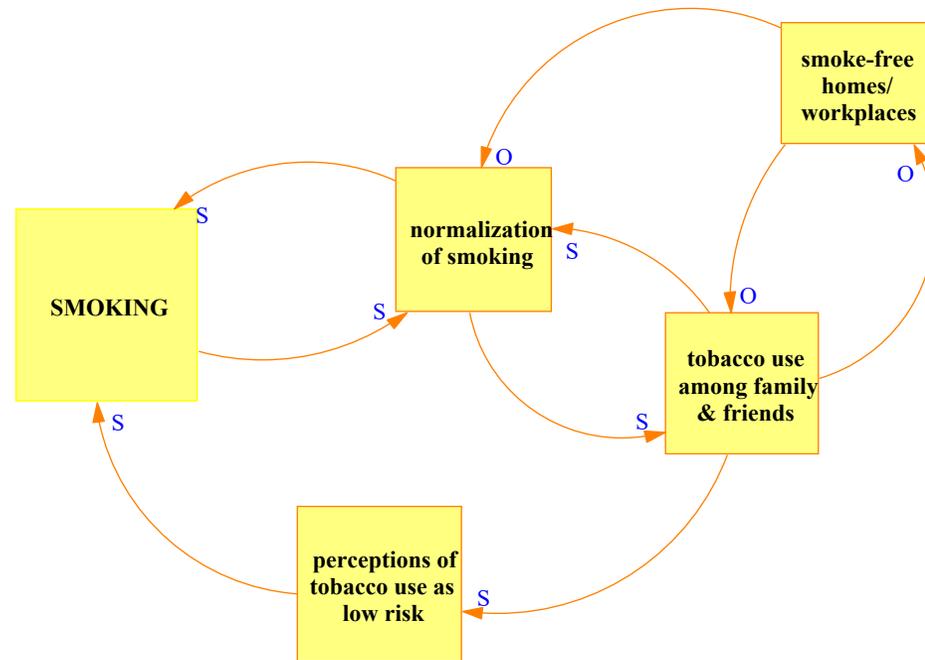
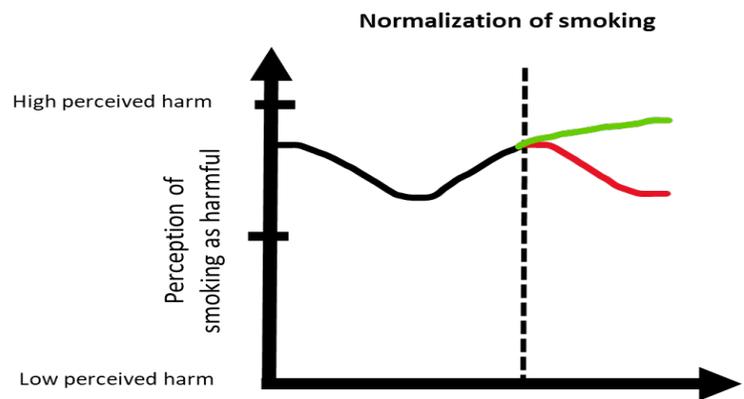
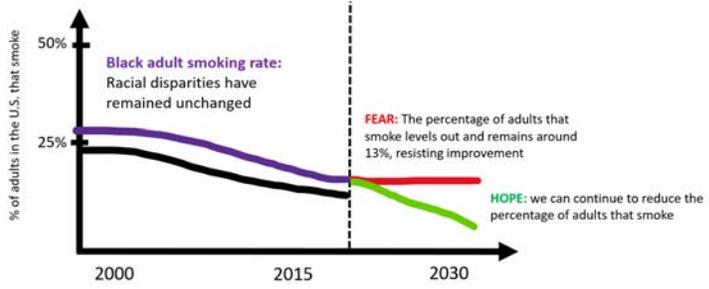
normalization of smoking

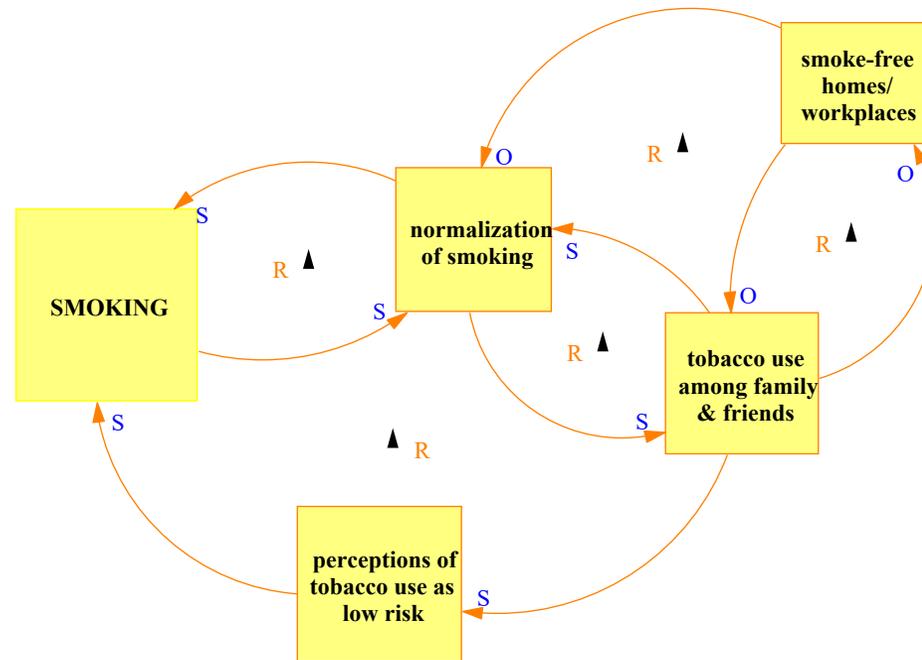
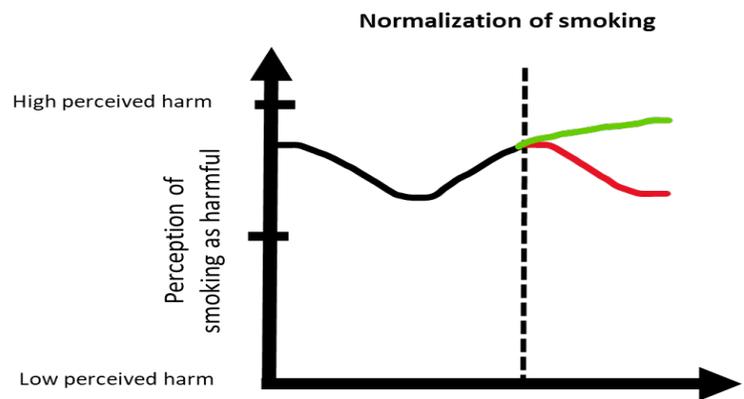
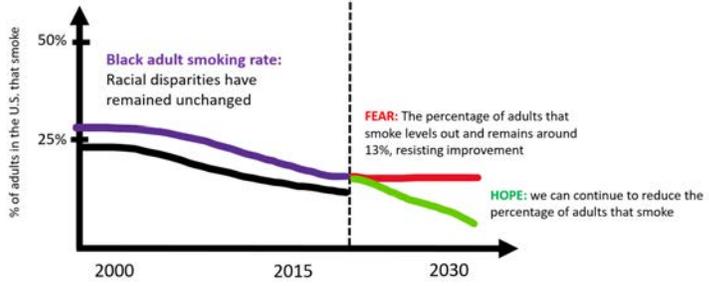


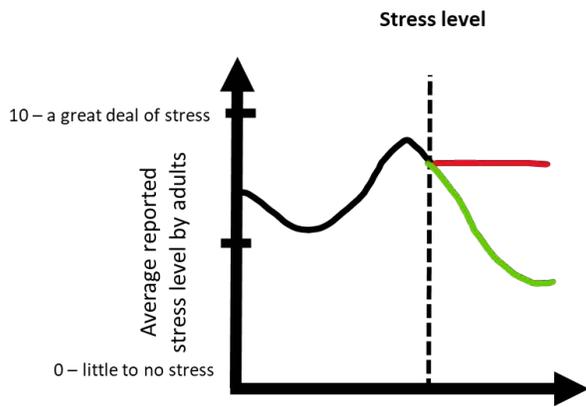
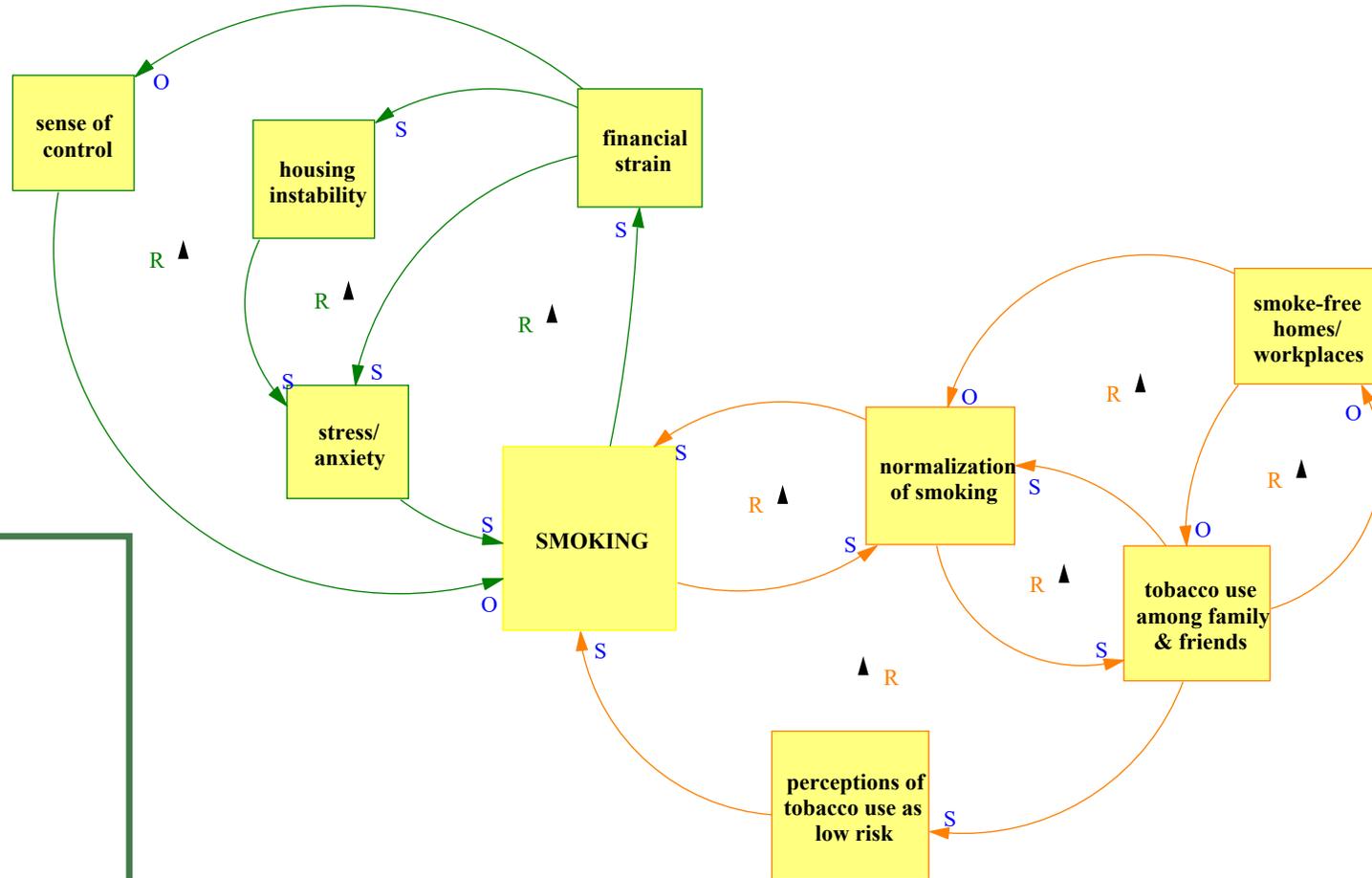
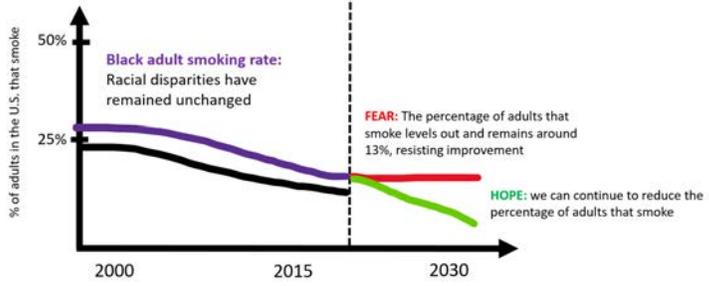


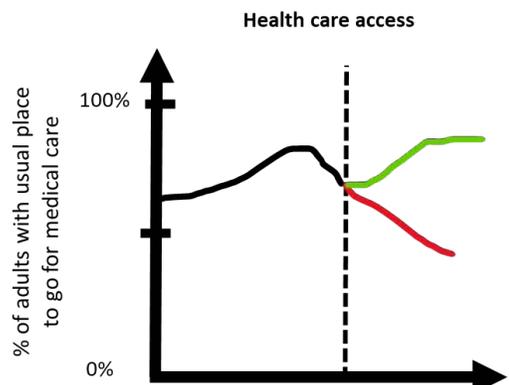
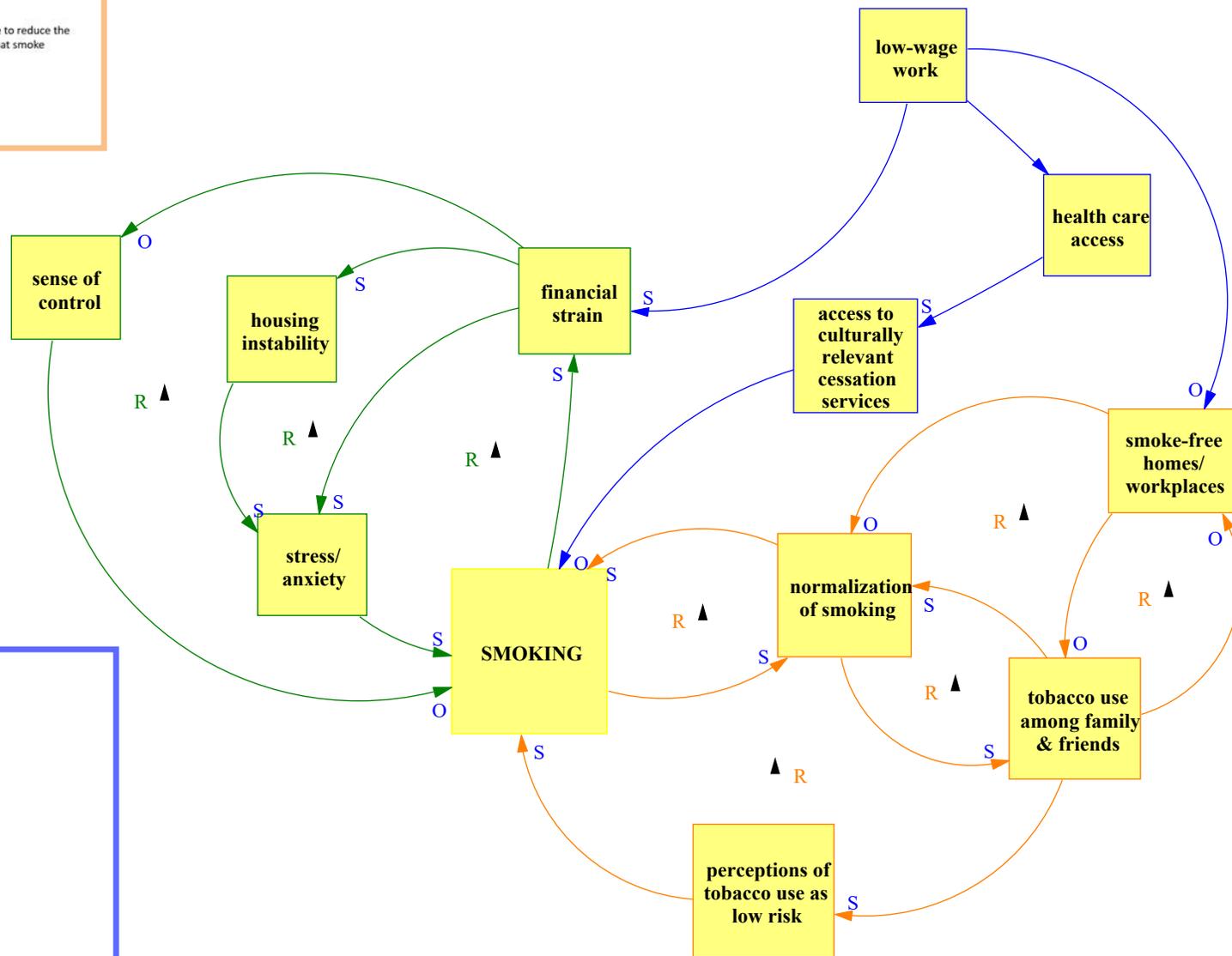
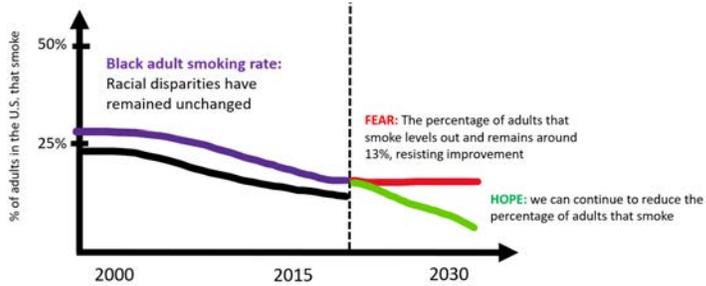


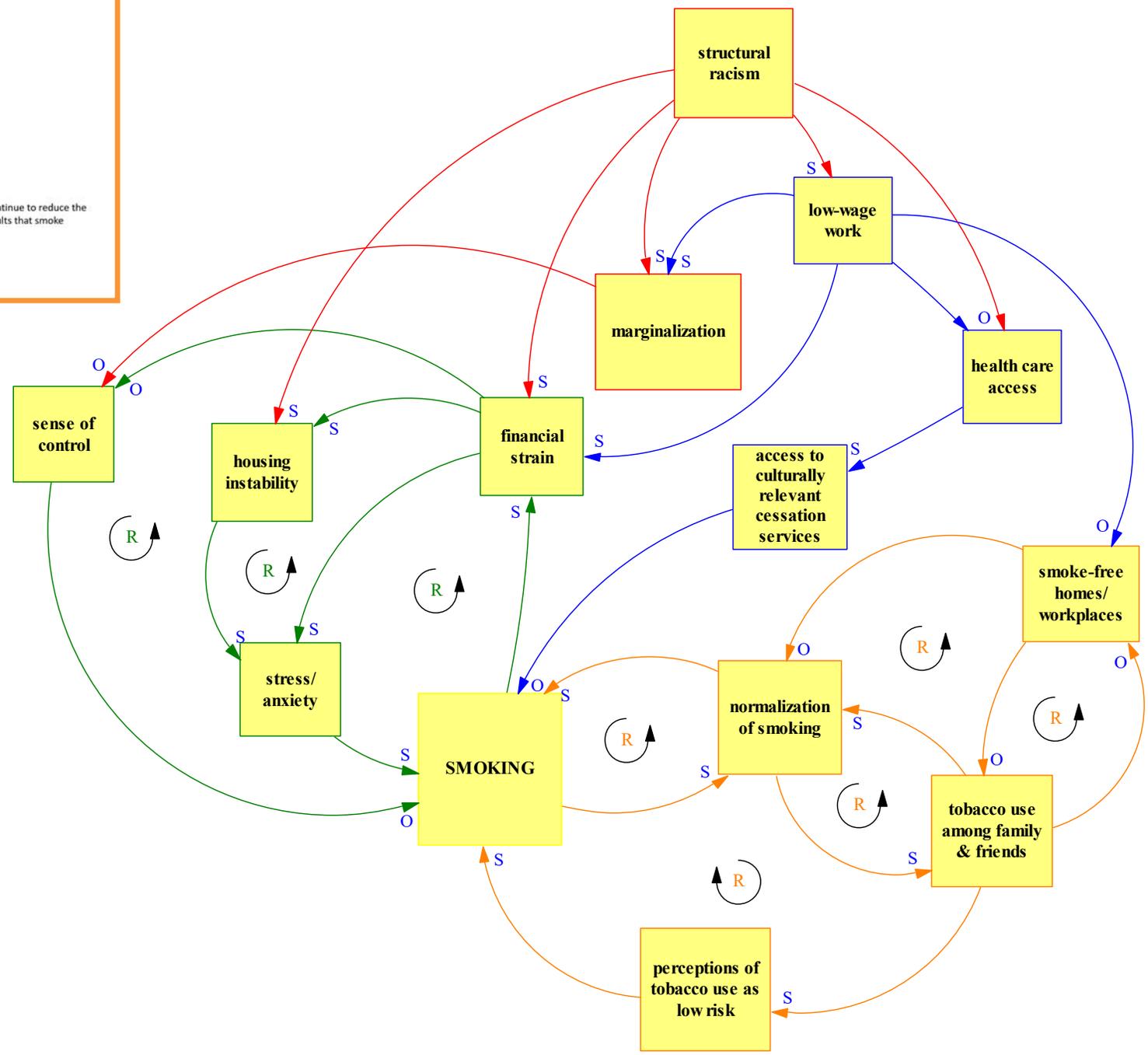
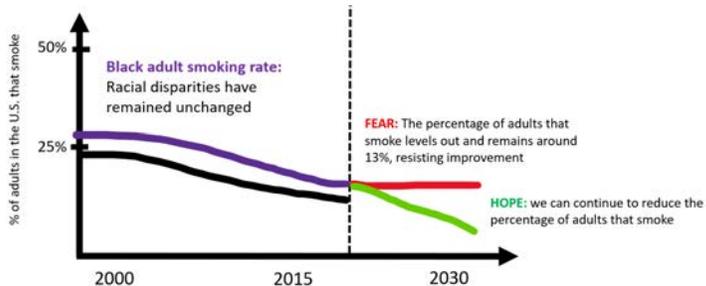














Brainstorming variables (individual)

Thinking about your Graphs Over Time:

- What causes the trend to go up or down?
- What are potential ripple effects of the trend going up or down on other parts of the system?
- What are potential root causes driving the trend?
- What problematic system structures and mindsets are contributing to your challenge?



Connecting your variables (as a group)

- Go around your group and take turns sharing a key variable you've identified – add them to the wall as you talk through them
- Start to look for themes and organize the variables in your diagram (what goes together or influences each other?)
- Look for feedback or connections between variables
- Label the connections in your diagram
 - Important! Label whether an increase or decrease in a cause leads to an increase or decrease in the resulting variable (s=same; o=opposite)



Causal Loop Diagram Tips

1. Use nouns to name variables; avoid verbs
 - Ex. Use “costs” not “increasing costs”
2. Use variables that represent quantities that can change over time
 - Ex. Use “# of women” not “gender”
3. Use “positive” sense of a variable name, when possible
 - Ex. Use “growth” rather than “contraction”
4. Think of expected and unintended outcomes
5. Distinguish between perceived and actual states
6. If a variable has multiple consequences, start by lumping them together and finish the loop
7. Include short-term and long-term consequences
8. If the direction of a relationship is unclear, consider whether intermediate variables are necessary or if the variables need to be named more specifically



Facilitated Team Time

Build your diagram:

1. Pick one primary trend as a group (if you didn't get to it before)
2. Brainstorm relevant variables that impact the trend over time
3. Connect variables to tell the story of the dynamics at play



CLDs document our shared understanding and potential ideas for action

- An integrated mental model is a better mental model
 - Shared understanding
 - Fill in gaps in each others' understanding
 - Test our assumptions
- Serves as a foundation for planning action
 - What in this diagram can we change?
 - What can't we afford NOT to change? (Or pay attention to as we intervene?)



Reflecting on your diagram...

- Look at your Graphs Over Time and your diagram and identify key targets for action (“leverage points”):
 - Key variables?
 - Systems structures? (e.g., rules, processes, policies)
 - Concerning or missing feedback loops?
 - Mental models? Goals of the system or people within the system?



Reflecting on your diagram...

- Look at your Graphs Over Time and your diagram and identify key targets for action (“leverage points”):
 - Key variables?
 - Systems structures? (e.g., rules, processes, policies)
 - Concerning or missing feedback loops?
 - Mental models? Goals of the system or people within the system?
- **Which of these are within your sphere of influence?**
- **Where could you have the most impact within the system?**



Reflecting on your diagram...

- Look at your Graphs Over Time and your diagram and identify key targets for action (“leverage points”):
 - Key variables?
 - Systems structures? (e.g., rules, processes, policies)
 - Concerning or missing feedback loops?
 - Mental models? Goals of the system or people within the system?
- Which of these are within your sphere of influence?
- Where could you have the most impact within the system?
- **Did this activity prompt any new ideas for action?**
- **In what ways was this activity helpful?**



Additional resources

- MCH Navigator Systems Integration Trainings:
<https://www.mchnavigator.org/transformation/systems-integration.php>
- Causal loop diagramming articles and guides:
<https://thesystemsthinker.com/pocket-guide-guidelines-for-drawing-causal-loop-diagrams/>
- Additional readings on the AELC website
- Reach out to us!
jsimon@amchp.org
klich@unc.edu

Thank you!



National **MCH** Workforce
Development Center
Advancing Health Transformation



Processing Public Health Planning Through an Equity Lens:
Using the R4P Tool
Accelerating Equity Learning Community



National **MCH** Workforce
Development Center
Advancing Health Transformation



Learning Objectives

- Understand the need for an identifiable equity “lens”
- Understand how to vet an equity lens
- Learn how to apply an equity lens to your equity challenge



Organizational Equity Ecosystem

Inviolable
EQUITY
Components
(Equity frame)



EQUITY
FRIENDLY
PROCESSES

KNOWLEDGE AND
ATTITUDE CHANGES

RESOURCES

REPAIR

REMOVE

REMEDiate

RESTRUCTURE

PROVIDE

Engagement with
Underrepresented
PWLE

Power Building

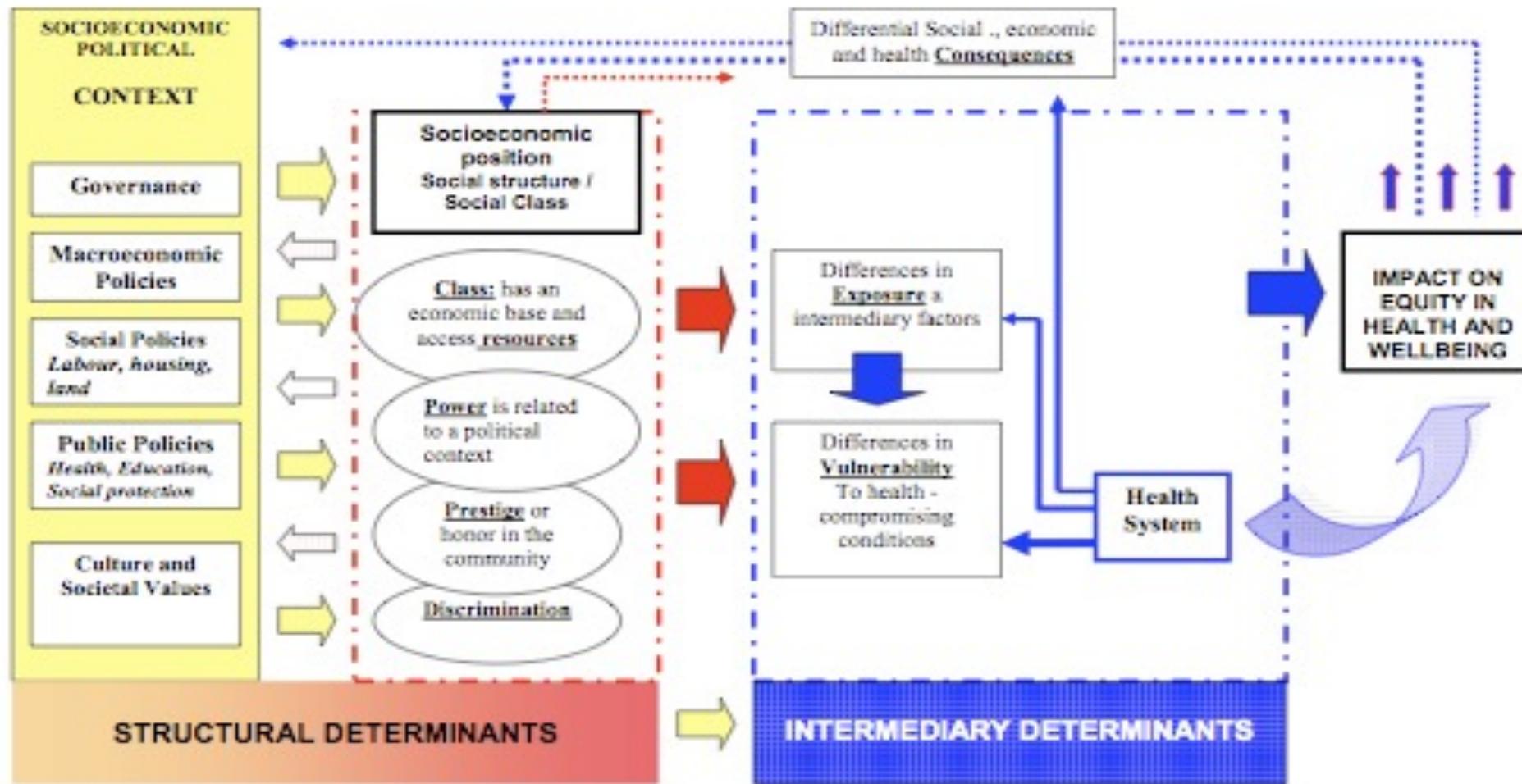
Evidence-Based
Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector
Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

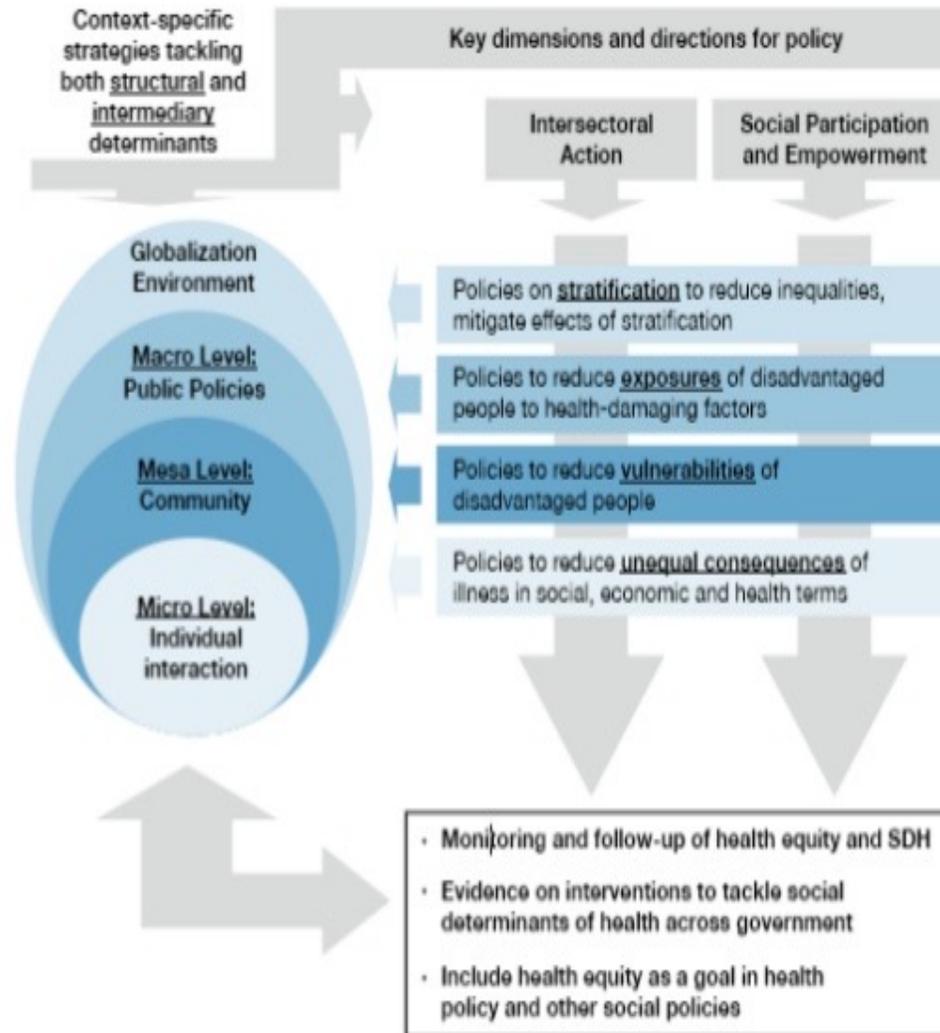
Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of
Practice

Equity Causal Frameworks



- WHO CSDH Action Framework for SDOH

Figure 7. Framework for tackling SDH inequities

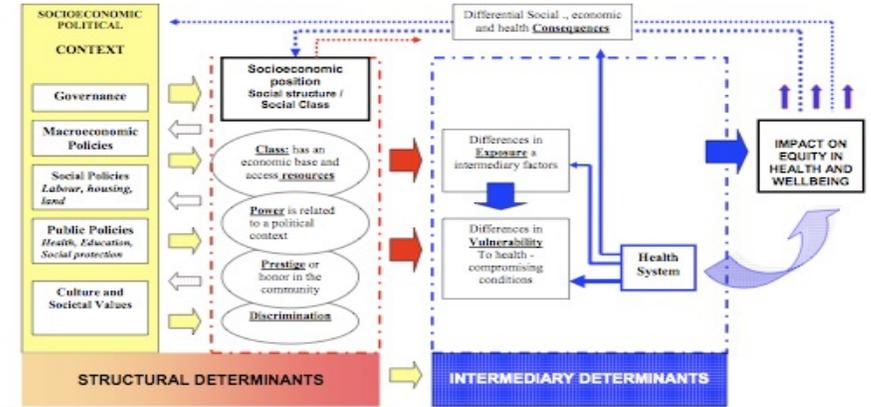
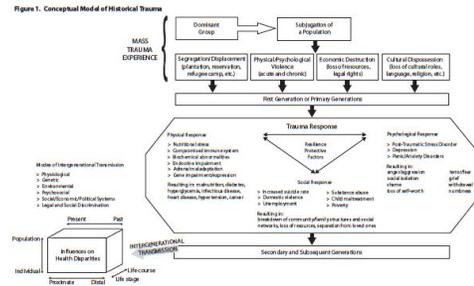


Source: Solar and Irwin (2010). A conceptual framework for action on social determinants of health. WHO CSDH Report.

• Frameworks serve a purpose

Contributing Factors: What did the class say?

- Environment
- Genetic
- Distrust of Med. Community
- Medical Beliefs
- Access to health care
- Economic factors
- Dietary factors
- Behaviors
- Cultural Norms
- Spiritual/Religious Convictions and Norms
- Provider Bias (med. Trt)
- Stress
- Racism
- Neighborhood Safety
- Systematic methods for framing health and pops.
- Geographic location (proximity to services)
- Education
- Knowledge of health issues
- Language Barriers
- Value of Health
- Health Literacy
- Societal and Individual Burdens
- Insurance
- Occupations (i.e. hazards)
- Politics



• To identify all factors

• To provide a snapshot of relationships among factors

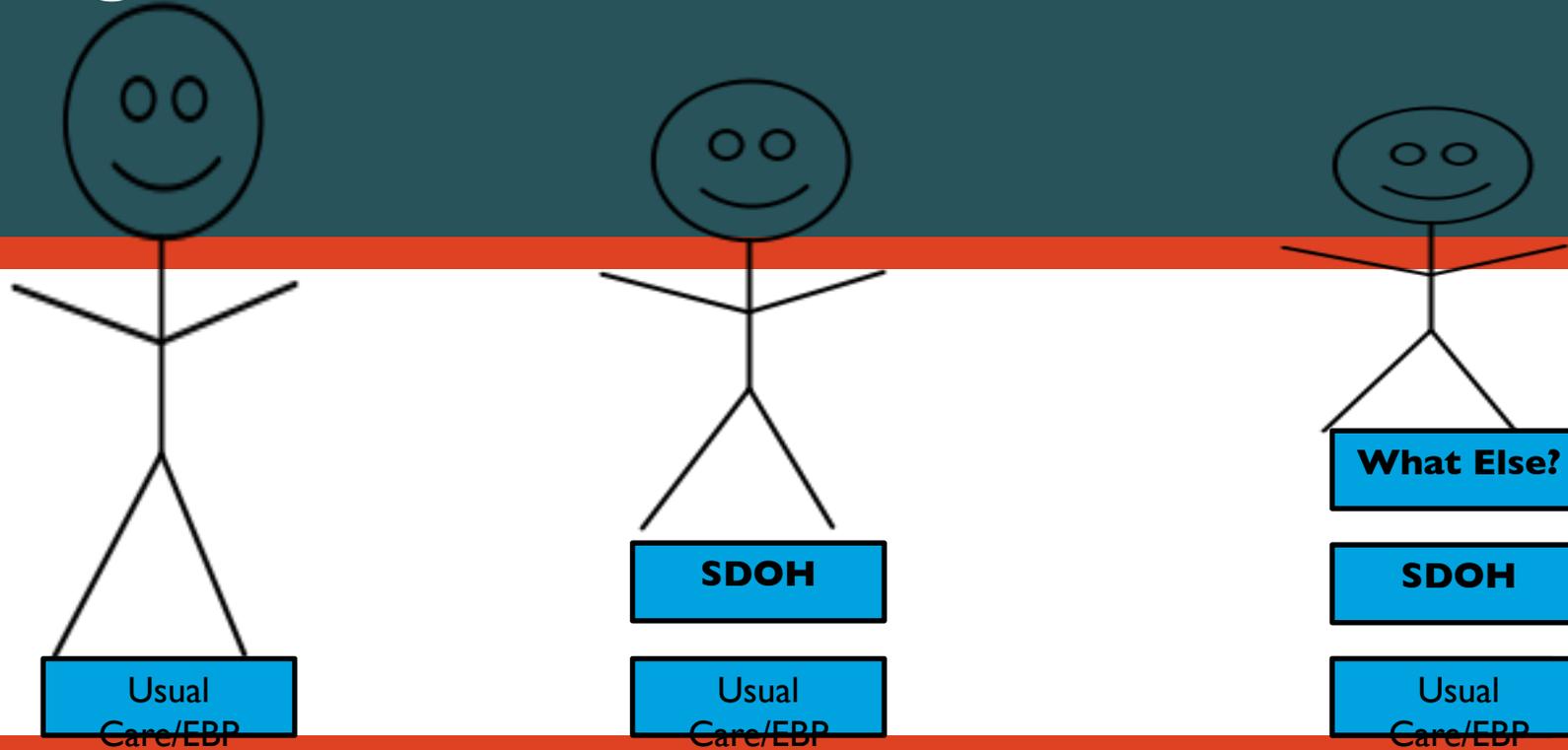
• To provide a visual representation of pathways, temporal relationships

Problem Solving/Decision Making

They are often too complex to translate into intervention and practice



What makes addressing inequity different from addressing a disease?



Need to Figure Out What
is the
"What Else?"



What makes addressing inequity different from addressing a disease?

Differences in:

- The role **TIME** plays in its causality
- **WHO** can intervene to fix the underlying problem(s)
- **WHAT** the target(s) of intervention are
- **Racism Inequity is more like a different place on a continuum of each of these than it is a different entity from "disease"**



What makes addressing inequity different from addressing a disease?

100% personal responsibility
/individual behaviors

100% Social, structural or institutional
and 0% personal behavior

Contexts the same for everyone

100% differential experience, contexts, exposures

0%

Percent of challenge attributable to past exposures/history

100%

Locate the degree of causal contribution to the following public health challenges on each axis:

- Infant mortality (disease)
- Inequities in infant mortality
- Covid 19 Immunization
- Addiction to opiates
- Your team's equity challenge



Unique Risk

Racism

Action req. to Reduce Risk

REMOVE



Historical/
Intergenerational



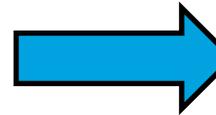
REPAIR

SDOH/Individ risks



REMEDiate

Lifecourse, Structural



RESTRUCTURE

Attention to population
Needs for
Implementation



PROVIDE



R4P



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

Equity Framework

Example: R4P

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

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.

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

REMOVE

R4P Copyright 2010, Hogan and Rowley

REMEDiate

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



REPAIR

What past exposures produced damage that impact on current ability (of population) to access health care, maintain health, or practice healthy behaviors?

e.g.,

1. Effects of Tuskegee Syphilis Study on African American mistrust of medical system

2. Effects of Indian Boarding Schools on loss of Native

Brooks Equity Typology (BET) Checklist

Do we:

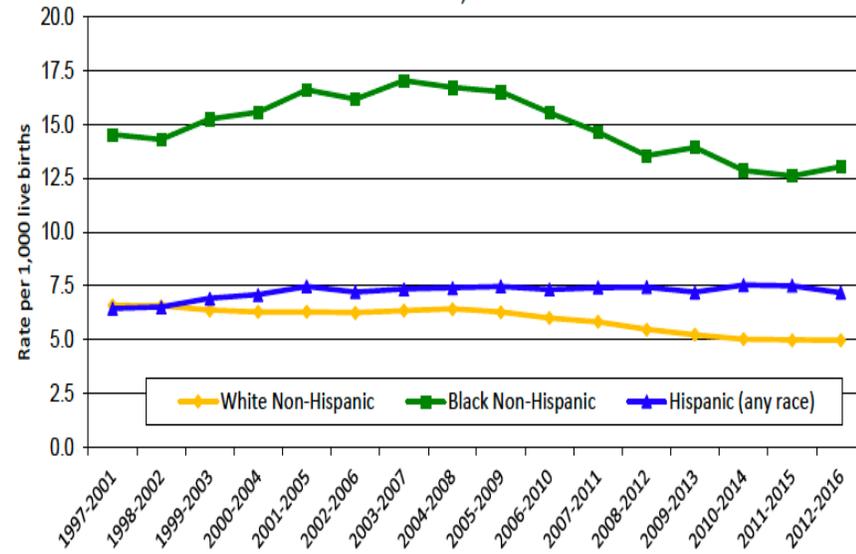
___ Actively recognize and discuss historical disadvantages of populations we serve?

___ Actively undo or remediate historical disadvantages of populations we serve?

___ Improve participation by improving quality of service delivery, by increasing outreach and by repairing damaged reputation in community from prior history of poor treatment



Figure B. Five Year Average Infant Mortality Rate
By Population Group of Mother
Kansas, 1997-2016



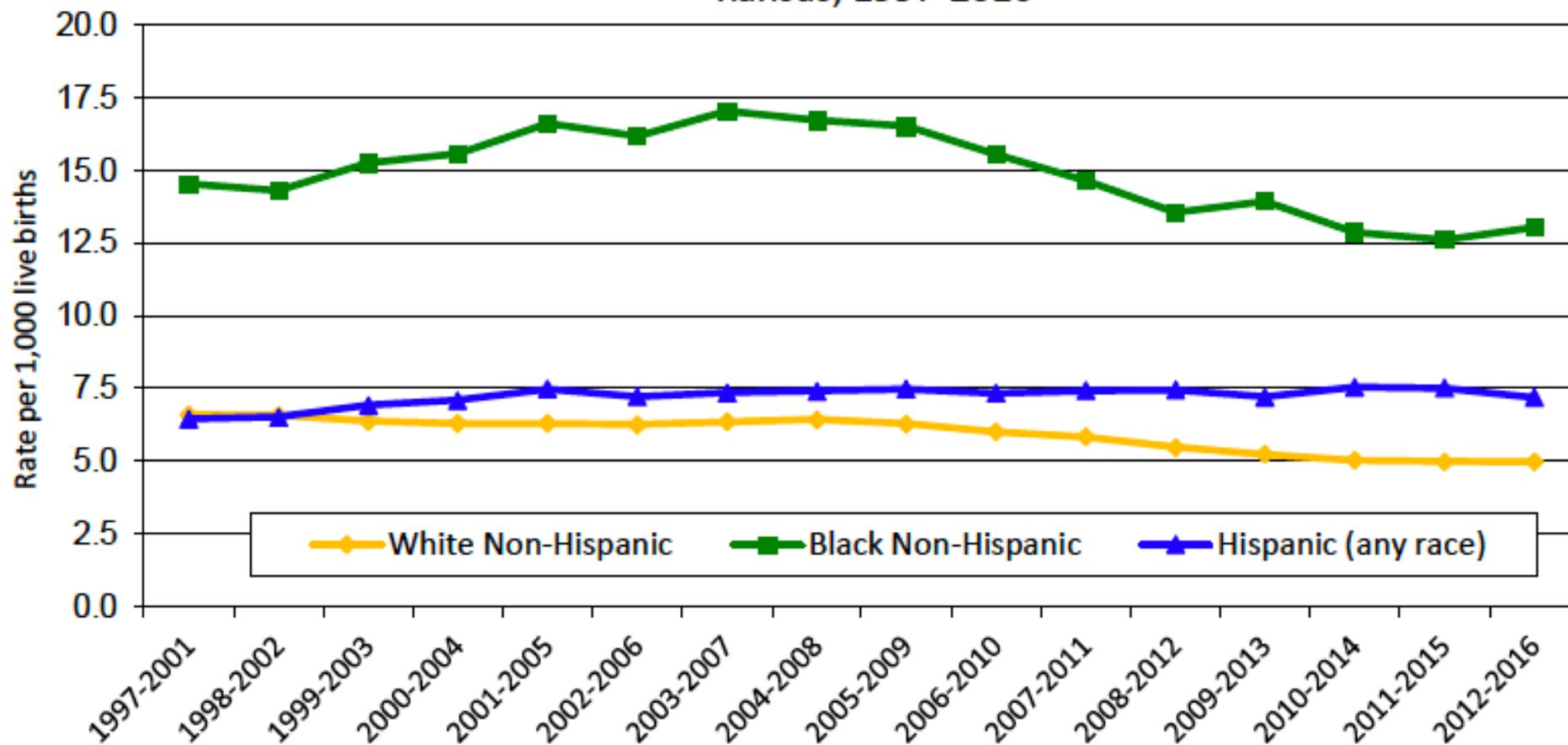


African American Citizenship Status: 1619-2021

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	61.2%
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.6%
1964-2021*	"Equal"	57	14.2%
1619-2021	"Struggle" "Unfairness"	402	100%

* USA struggles to transition from segregation & discrimination to integration of AA's

Figure B. Five Year Average Infant Mortality Rate
By Population Group of Mother
Kansas, 1997-2016



Do we always:

___ Invite and include populations most affected by health inequity (by virtue of race, class gender, history) to participate in key decisions for defining the problems and best approaches to address these or for making key decisions for allocating resources equitably?

___ Consider the special vulnerabilities that these population members have because of how they are/have been treated because of (race, class gender roles, history) in setting rules and guidelines and priorities

___ Create environments that reflect respect for diversity

___ Actively and continuously assess and undo all of the sources of racism and/or race-differential effects in our organization?

Remove

Where is racism operating here? How can I undo power imbalances, disadvantages and privileges experienced differentially by race in my organization, program or team?



[J Behav Med. 2009 Feb; 32\(1\): 20.](#)

Published online 2008 Nov 22. doi: [10.1007/s10865-008-9185-0](#)

PMCID: PMC2821669

NIHMSID: NIHMS168906

PMID: [19030981](#)

Discrimination and racial disparities in health: evidence and needed research

[David R. Williams](#)^{1,2} and [Selina A. Mohammed](#)³

Abstract

This paper provides a review and critique of empirical research on perceived discrimination and health. The patterns of racial disparities in health suggest that there are multiple ways by which racism can affect health. Perceived discrimination is one such pathway and the paper reviews the published research on discrimination and health that appeared in PubMed between 2005 and 2007. This recent research continues to document an inverse association between discrimination and health. This pattern is now evident in a wider range of contexts and for a broader array of outcomes. Advancing our understanding of the relationship between perceived discrimination and health will require more attention to situating discrimination within the context of other health-relevant aspects of racism, measuring it comprehensively and accurately, assessing its stressful dimensions, and identifying the mechanisms that link discrimination to health.

Keywords: Racism, Discrimination, Stress, Health disparities, Race, Ethnicity

Ways of thinking that work counter to Equity

Fear

One right way/perfectionism

Either/or, binary thinking

Denial and defensiveness

Right to comfort & fear of conflict

Individualism

Progress is more & Quantity over quality

Worship of the written word

Urgency

Remediate

How can we buffer people from the adverse effects while we wait for structural change?



10, Hogan and Rowley

(sample)

Brooks Equity Typology (A) Checklist

BET copyright 2009, Pauline Brooks

version 8-15-09; pbrooks_3@hotmail.com, (323) 821-5891

In what ways do we:

___ Neglect to help people in the face of need

___ Avoid people or places because there is a perception that they, or their neighborhoods are too different or dangerous to risk interacting with or the problems too deep to address

___ Fail to provide timely to accurate information, training, resources, or education to a population group that has a need, because we do not know how to address their specific needs

___ Neglect or marginalize people because they are unable to participate in ways deemed acceptable

___ Provide alternative strategies for people who do not have access to standard resources

___ Consider the possible negative consequences of temporary buffers

Checklist

In what ways do we:

___ Pass over a group defined by (race, class gender, history) because it is just too hard to include them given limited job resources?

___ Omit, forget, exclude, triage, don't invite or restrict involvement of African American or Native American people, which keeps them from participating on an equal footing?

___ Allow one population group to be left in undesirable circumstances while enabling support for another group

___ Disproportionately (albeit unintentionally) put obstacles in the path of some groups defined by (race, class gender, history) resulting in their disadvantage

___ Impose punishment or limitations that *disproportionately* affect certain groups because of (race, class gender, history)

BET copyright 2009, Pauline Brooks

version 8-15-09; pbrooks_3@hotmail.com, (323) 821-5891

Restructure

What processes/social forces continue to produce risk, disadvantage and other adverse effects in vulnerable populations?

How can I revamp the process or structure so that future generations are no longer exposed?



R4P Copyright 2010, Hogan and Rowley

How Remediation and Restructuring Work Together

Problem:



Remediate



Restructure



How can I
Provide

**Culturally and
socioeconomically
feasible** interventions (or
policies) and ensure that
families have the tools
and resources to
carry out **RECOMMENDED
care PLANS?**



(sample)

Brooks Equity Typology (BET) Checklist

Do we:

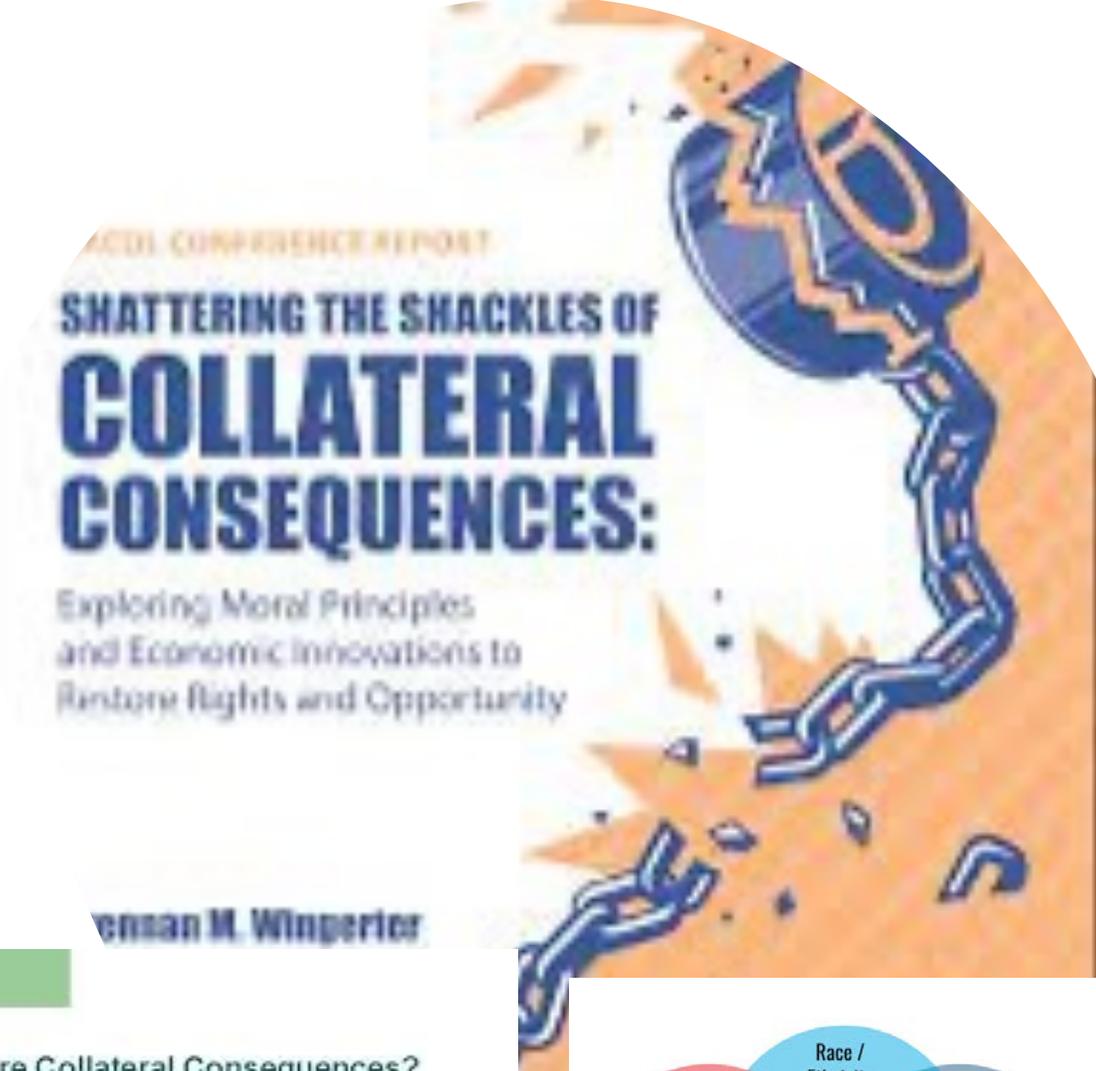
___ Systematically usurp or tie up people's time and resources as a requirement to receive services, with little consideration to their other life responsibilities and time or resource constraints?

___ Provide material support for people to access our service, but neglect to ensure that all clients have the tools and resources to fully follow-through on the recommended and prescribed care plans they received?

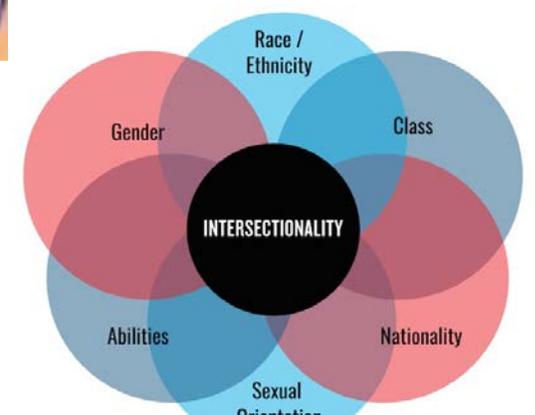
___ Consider the special vulnerabilities that vulnerable population members have because of how they are/have been treated because of (race, class gender roles, history) when we set rules and guidelines and priorities?

___ Systematically ignore conditions in the social environment when we determine policies and procedures?

BET copyright 2009, Pauline Brooks
version 8-15-09; pbrooks_3@hotmail.com, (323) 821-5891



- ### What are Collateral Consequences?
- Immigration
 - Sex offender registration
 - Employment
 - Licensing
 - Housing
 - Public Benefits
 - Student Loans
 - School expulsion/refusal to admit to college
 - Parental Rights Termination
 - Child Support
 - Fees & Fines
 - Drivers Licenses
 - Firearms
 - Jury Service
 - Voting
 - Public Office
 - Civil forfeiture
 - Limits on parental school involvement





R4P Equity Framework

- 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

Equity Framework

Example: R4P

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

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.

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

REMOVE

R4P Copyright 2010, Hogan and Rowley

REMEDiate

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



Using an Equity Lens-R4P

- **Utilize like ACOG's maternal safety "Bundles"**
 - Quality Improvement tool
 - Ensure assessment and addressing of all 5 domains
- **Integrate other equity "lens" and checklists to define specific lines of inquiry to guide dialogue, learning and ideating solutions in the 5 domains**
 - Brooks Equity Typology (BET) is a good tool for identifying specific lines of inquiry and dialogue within each domain
 - Use these lines of inquiry for dialogue during engagement with PWLE in order to identify and discuss factors specific to inequities

Organizational Equity Ecosystem

Inviolable
EQUITY
Components
(Equity frame)



EQUITY
FRIENDLY
PROCESSES

KNOWLEDGE AND
ATTITUDE CHANGES

RESOURCES

REPAIR

REMOVE

REMEDiate

RESTRUCTURE

PROVIDE

Engagement with
Underrepresented
PWLE

Power Building

Evidence-Based
Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector
Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of
Practice



Q&A, Comments and Discussion

BREAK



National **MCH** Workforce
Development Center
Advancing Health Transformation



HACKATHON





What is a Hackathon?

- A hackathon is a rapid and intensive design event.
- A variety of peers, experts, and perspectives are assembled in one room and their expertise made available to teams as needed
- Each team works intensively and calls on the diverse types of expertise in the room to help develop better designs for their projects.
- The goal of a hackathon is to create a more effective design by the end of the event.

Hackathon

From a broad challenge to a prototyped solution - fast!



- Quickly develop new technologies
- Find new ways to meet customer needs
- Locate new areas for innovation and venturing
- Practice inventive thinking, socialize, have fun

Benefits

What is the Purpose of THIS Mini-Hackathon?



- To begin practice using **an equity framework** to strengthen the ability to promote equity thru your challenge design
- Pre-developed lines of inquiry for R4P Equity frame are used to dig deeper into each equity frame component as relevant to your challenge.
- Unless you **explicitly and systematically** apply an equity frame to your challenge, you likely will not design a holistic or effective solution that authentically promotes equity

How to do a mini “Equity Hackathon”

- You already started the Hackathon on Monday when you introduced yourselves and shared your challenge with your peers in the room!



shutterstock.com · 1577648644



Summary: Hackathon Process

1. *Assemble a broad group of people with diverse expertise, experience, knowledge, skills and interests ✓*
2. *Each State team working on an equity challenge will share their challenge with the entire group ✓*
3. **Each state team will begin to systematically “equity- hack” their challenge by engaging with a specific equity frame (R4P).**
 - *Teams engage with the equity frame by having dialogue using specific lines of inquiry to dig deeper into underlying factors relevant to their challenge for each equity frame component.*
4. **Teams will seek assistance from peers in the room to gain insight on questions the team cannot answer or to help define solutions the team has not yet envisioned**
5. **State teams then incorporate newly gained knowledge and insight into their design/plan and describe their “equity hacked” revised plan**

How to seek help/ideas/insights from peers

- Go to the microphone and publicly announce what challenge you are grappling with, what assistance you need or what type expertise you need to consult with. Anyone who has that expertise is expected to join your team briefly to allow you to “pick their brains”---This can include *WDC staff, other teams' members, community members, the janitor.....*
- Have some members of your team walk around and look at the vision boards from other team projects. You might bring some inspiration back to your team!
- Use your coaches to help you with your equity hack or to identify specific people to consult. Ask your coach to fetch that person and bring them to your team.
- Just identify a random person you connected with and have a conversation—again: inspiration!
- This is a Hackathon—let your imagination run wild. Be bold, be creative!



Final Thoughts on Integrating Equity and Developing an “Equity Muscle”

- Remain in a mind-space that is **open and curious** to hearing and learning new perspectives.
- Avoid relying on the types of ideas, decisions, approaches and pre-formed narratives that usually frame design decisions.
- Take advantage of expertise from your peers in the room and of PWLE.
- Avoid “editing out” suggestions and ideas that do not fit the status quo or that seem too hard to do.
- Document areas where you need more information from other sources who are not in the room. Did you include in your plan a way to access that information?
- By the end of this exercise, ensure your design is **more** robust, inclusive, people-centered, culturally responsive, holistic and sustainable than your original thinking about how to address the challenge.



What to Expect Tomorrow

- Welcome and Centering Activity
- Advancing the Equity Ecosystem: FAQs
- Opportunities to Build Equity with Evidence
- Design Thinking
- Network Cultivation: Centering People with Lived Experiences
- Infrastructure for Equity: Leadership for Change
- Dynamic Team Time