

Concept Paper



100 Million  
Healthier Lives

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Institute for  
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# Program Brief: Approach to Equity

November 2016



100 Million Healthier Lives is an unprecedented collaboration of change agents pursuing an unprecedented result: 100 million people living healthier lives by 2020. Our vision is to transform the way we think and act to create health, wellbeing and equity globally. We believe that through unprecedented collaboration, innovative improvement and system transformation, meaningful transformation is possible.

Working on equity is the price of admission in 100 Million Healthier Lives and is reflected in our strategies, processes and interactions. We are committed to working to achieve the conditions in which all people have the opportunity to attain their highest possible level of health and wellbeing, removing barriers which prevent them from doing so. This commitment stems from three sources: 1) a recognition that it is not possible to achieve the health outcomes we seek as a country without addressing equity; 2) a recognition of the tremendous waste in human potential that results from inequity; and 3) a belief in our interconnectedness and common opportunity and destiny.

It is not possible to meaningfully improve our health status without addressing equity. When two children who grow up a few miles apart can have a difference of up to 25 years in life expectancy<sup>1</sup>, it is not possible for us to simply improve our health rankings without improving health outcomes for those who are not thriving. To do so requires that we address the social, behavioral and environmental drivers of health and wellbeing, which account for 60% of the gap.

When a school to prison pipeline devastates the future potential of communities of color, when inadequate access to housing, education and safety threatens national security, community integrity and economic vitality, equity must become a common priority. We have the opportunity to unleash a wealth of trapped and untapped human and community potential by removing the barriers that prevent a large proportion of our population from contributing their fullest to our global world.

We moreover choose to work on equity because we recognize that we are interconnected and that this is our common journey. In the words of Rev. Dr. Martin Luther King, Jr,

*“[We] are caught in an inescapable network of mutuality, tied in a single garment of destiny.”*

This recognition of interconnectedness in our shrinking global world is critical to understanding why we need to achieve equity. There are economic, national security, and environmental reasons why we need to be concerned about equity. In 100 Million Healthier Lives, we acknowledge these and found ourselves



<sup>1</sup> <http://www.rwjf.org/en/library/infographics/new-orleans-map.html>

on a more fundamental understanding of interconnectedness, that we need each other to achieve our full potential for human destiny. The gifts we each bring to this table, the pieces of the puzzle we hold, the threads we bring to this garment of destiny we are creating together are **necessary**. Our wholeness and opportunity as a society requires that we release the trapped and untapped potential of people and places whose capacity to contribute to the creation of health, wellbeing and equity in the world is currently being stifled. This requires both removing the structural barriers that are trapping this potential and developing agency—the individual and community capacity to dream and act to create a better future for oneself and to engage in the processes of a living democracy. This requires all of us to transform our capacity and approach to be in relationship with one another in a way that promotes agency.

If we are able to recognize and respect the resourcefulness and potential of people who live in communities of inequity, if we see that a primary goal of our work is to create spaces and processes that unlock the leadership and contribution of everyone, from formal community leaders to people with lived experience, to address the challenges we face together we have the opportunity to together to create abundant, thriving communities of solution.

To address equity, we must begin by changing our mindsets, our behaviors and our actions. We need to see our work through an equity lens, understand the drivers of human thriving, the “leading causes of life,” and put these in place in our communities.<sup>2</sup> We must acknowledge the social, historical and structural drivers of poor health outcomes and develop solutions at the level of the person, the population, the community and society—the complex ecosystem that creates health, wellbeing and equity. We need to learn how to build new systems that promote equity and support the interconnectedness of the human family. We also need to do our work in ways that strengthen community capacity to assure the conditions necessary for health and wellbeing are available to all.

What holds us back is our belief that these problems are too big, too complex to solve. If we were alone, that might be true. However, people in every community are trying to address equity, often in silos. By bringing our pieces of the puzzle together, we realize we are far more abundant in resources and solutions than we imagined. By finding the bright spots within each community, we have the opportunity to ask why things are different—and to be able to view the system underneath it. Methods of improvement science and systems transformation that can help us to address complex challenges in a way that gets to outcomes and meaningful system change.

Change is not only possible, it is happening already. In communities across the country, people have found ways to dismantle a part of the system. From reduced reincarceration rates for youth from 60% to 5% to reduced community violence by 50-75% to elementary, middle and high school graduation rates of between 65%-100%, change agents across the world are showing that it is possible for people and communities experiencing inequity to become people of possibility and communities of solution.

The words of Policy Link’s Equity Manifesto<sup>3</sup> resonate deeply with our approach:

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<sup>2</sup> Gunderson, G, Cutts T and Cochrane, J. “The Health of Complex Human Populations.” White paper. <http://nam.edu/perspectives-2015-the-health-of-complex-human-populations/>

<sup>3</sup> PolicyLink, Equity Manifesto. [https://www.policylink.org/sites/default/files/pl\\_sum15\\_manifesto\\_FINAL\\_4app.pdf](https://www.policylink.org/sites/default/files/pl_sum15_manifesto_FINAL_4app.pdf)

It begins by joining together, believing in the potency of inclusion, and building from a common bond.

It embraces complexity as cause for collaboration, accepting that our fates are inextricable.

It recognizes local leaders as national leaders, nurturing the wisdom and creativity within every community as essential to solving the nation's problems.

It demands honesty and forthrightness, calling out racism and oppression, both overt and systemic.

It strives for the power to realize our goals while summoning the grace to sustain them.

It requires that we understand the past, without being trapped in it; embrace the present, without being constrained by it; and look to the future, guided by the hopes and courage of those who have fought before and beside us.

This is equity: just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Unlocking the promise of the nation by unleashing the promise in us all.

## Defining Equity

There are many definitions of equity in normal parlance and in the literature—these are some of our favorites:

“Just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Unlocking the promise of the nation by unleashing the promise in us all.” Policy Link, Equity Manifesto

“*Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. *Health inequities* therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.” World Health Organization<sup>4</sup>

In the financial world, equity refers to ownership in a business or a property. We adapt this concept to think about who has ownership in the change process and how the change process builds ownership and capacity in people with lived experience to improve health and wellbeing. Each of these definitions—and many others—offer key elements relevant to our work together; each adds nuance and texture. Rather than contribute a new definition of equity to the field, we invite people to ask generative questions:

***“Who isn’t thriving?” “What would it take for that to change?”***

***“Who is thriving within the same community? How could we change the system so that these bright spots become the new normal?”***

***“How can those with lived experience help us to understand the system that is producing inequity? How might they help to create and shape the solutions?”***

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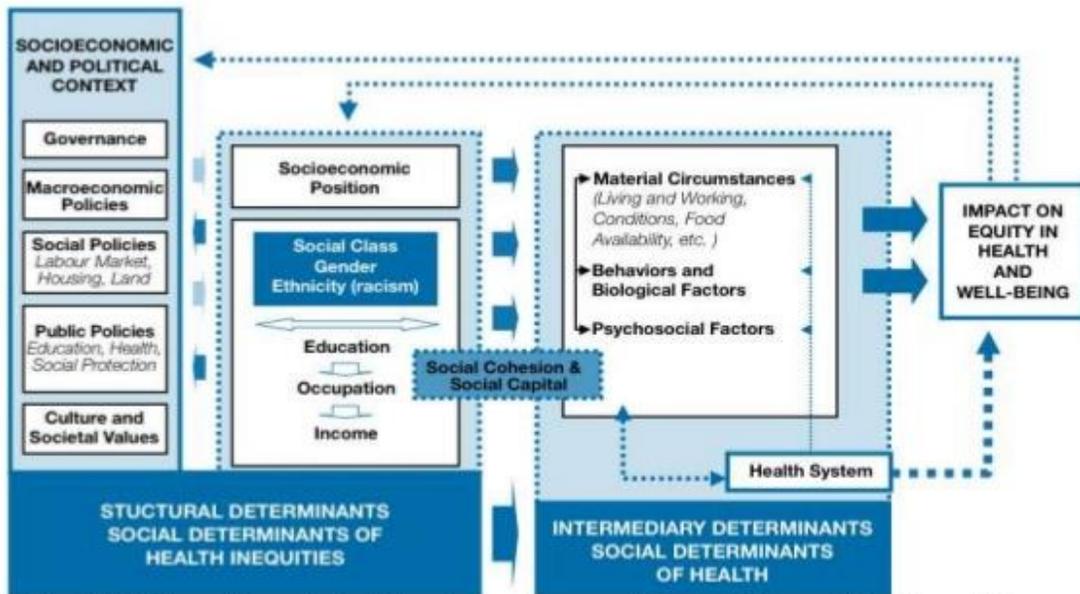
<sup>4</sup> <http://www.who.int/healthsystems/topics/equity/en/>

## Foundational Concepts

In 100 Million Healthier Lives, we acknowledge that everyone defines health for themselves. We ground ourselves in the dimensions of the adapted World Health Organization definition of “mental, physical, social and spiritual wellbeing.” We acknowledge that health care is but one driver of health, accounting for no more than 20% of health outcomes in developed countries, with social, behavioral and environmental factors influencing an additional 60%. The World Health Organization Commission on the Social Determinants of Health Conceptual Framework describes the complex interaction of the “system” of equity and its interaction with the health system. This framework acknowledges that socioeconomic and political context and socioeconomic position—the structural determinants and social determinants of health inequity. These determinants interact with material circumstances, behavioral, biological and psychosocial factors to drive health, wellbeing and equity, as shown below.

## World Health Organization Commission on the Social Determinants of Health Conceptual Framework

Figure A. Final form of the CSDH conceptual framework



Solar & Irwin (2010) [http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH\\_eng.pdf](http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf)

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Collaborative For Health Equity Cook County WHERE PEOPLE PLACE AND POWER MATTER

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## Leading for Abundance

### Leading from Within, Leading Together, Leading for Outcomes

To achieve 100 million healthier lives in a way that grows equity, we commit to 3 practices of abundant leadership: leading from within (the inner and reflective work of leadership), leading together (the skills of working together) and leading for outcomes (the skills of innovation, improvement, implementation and systems change). Each of these is described below.

### Leading from Within

We recognize that the journey to create equity will require us to transform our own thinking, create new partnerships, develop the ability to hold tension in generative ways; to do this, we need to develop new skills, ask open and honest questions of ourselves and others, and learn to listen with our whole beings, not just our minds, to a diversity of voices. We embrace the idea that it will not be simple and we may fail forward many times in this journey, but we will learn—and fail—our way forward together.

The Five Habits of the Heart, offered by the Center for Courage & Renewal based on the writings of Parker Palmer, offer us a powerful way to lead from within in our work on equity:

#### Five Habits of the Heart

1. An understanding that we are all in this together.
2. An appreciation of the value of "otherness."
3. An ability to hold tension in life-giving ways.
4. A sense of personal voice and agency.
5. A capacity to create community.<sup>5</sup>



The art of giving and receiving story, of asking ourselves and others open honest questions, the gift of tolerating discomfort to listen with our whole hearts, even when it makes us uncomfortable, the adoption of practices to create safe space for meaningful and challenging conversations—these are among the foundational practices we recognize are needed to create equity.

“The human heart is the first home of democracy. It is where we embrace our questions. Can we be equitable? Can we be generous? Can we listen with our whole being, not just our mind, and offer our attention rather than our opinion? And do we have enough resolve in our heart to act courageously,

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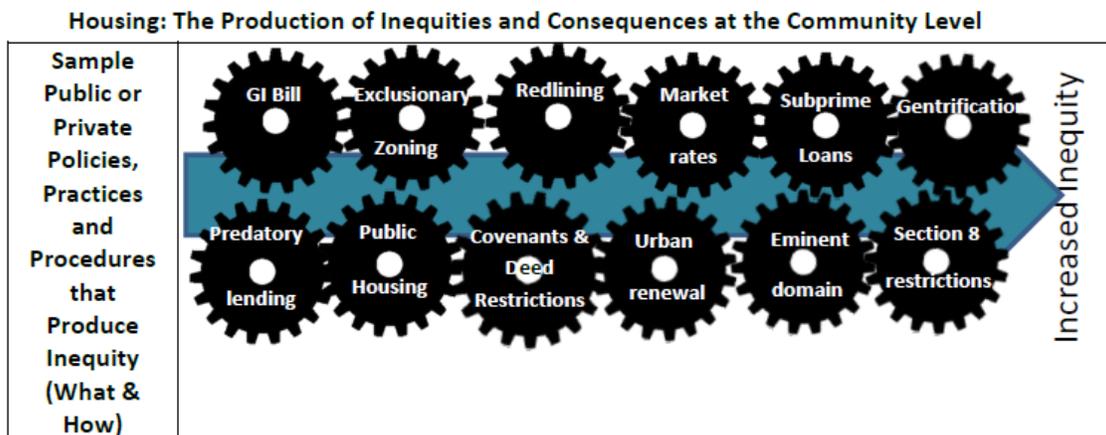
<sup>5</sup> Palmer, P. *Healing the Heart of Democracy* (2011)

relentlessly, without giving up, ever -- trusting our fellow [humans] to join us in a determined pursuit of a living democracy?"

-Terry Tempest Williams, "The Open Space of Democracy"

## Leading Together

Equity is not only a civil right, it is a human right. Equity in and of itself creates health and human development. Therefore, we found our compelling vision of health equity on a compelling vision of human life. We wish to posit that love and the capacity to love is what is most compelling about life; love is therefore necessary to achieve equity on our journey toward health and wellbeing. Second, to speak of health equity is to imply the communal nature of health and wellbeing. Health is not only an individual matter, the overwhelming body of evidence suggests that health and wellbeing outcomes are driven by social and structural context. The family<sup>6</sup>, peers<sup>7</sup>, community<sup>8</sup>, and larger society have a profound influence on our own beliefs, actions and opportunities. Our community drives our health outcomes. At the same time, historical context has led to structural inequalities which has created profound inequity, that represent a production system for inequity, as seen in housing below:<sup>9</sup>



To dismantle the system and structural factors necessary to create equity, we need to develop an unprecedented collaboration across sectors and with people with lived experience of inequity. To do this, we need to develop trust, skills of collaboration, sharing of assets, and community capacity to contribute to the solutions. Many different groups have been working to improve equity in myriad ways for decades.

<sup>6</sup> Brown, H. E., Atkin, A. J., Panter, J., Wong, G., Chinapaw, M. J., & Sluijs, E. M. F. (2016). Family-based interventions to increase physical activity in children: a systematic review, meta-analysis and realist synthesis. *Obesity Reviews*.

<sup>7</sup> Ramis, M. A., Chau, J. P. C., Lo, S. H. S., Sanders, L., & Chang, A. M. (2015). The effectiveness of peer-based interventions on health promoting behaviors in older people: a systematic review protocol of quantitative evidence. *The JBI Database of Systematic Reviews and Implementation Reports*, 13(9), 177-186.

<sup>8</sup> Sallis, J. F., Cutter, C. L., Lou, D., Spoon, C., Wilson, A. L., Ding, D., & Mignano, A. (2014). Active Living Research: creating and using evidence to support childhood obesity prevention. *American journal of preventive medicine*, 46(2), 195-207.

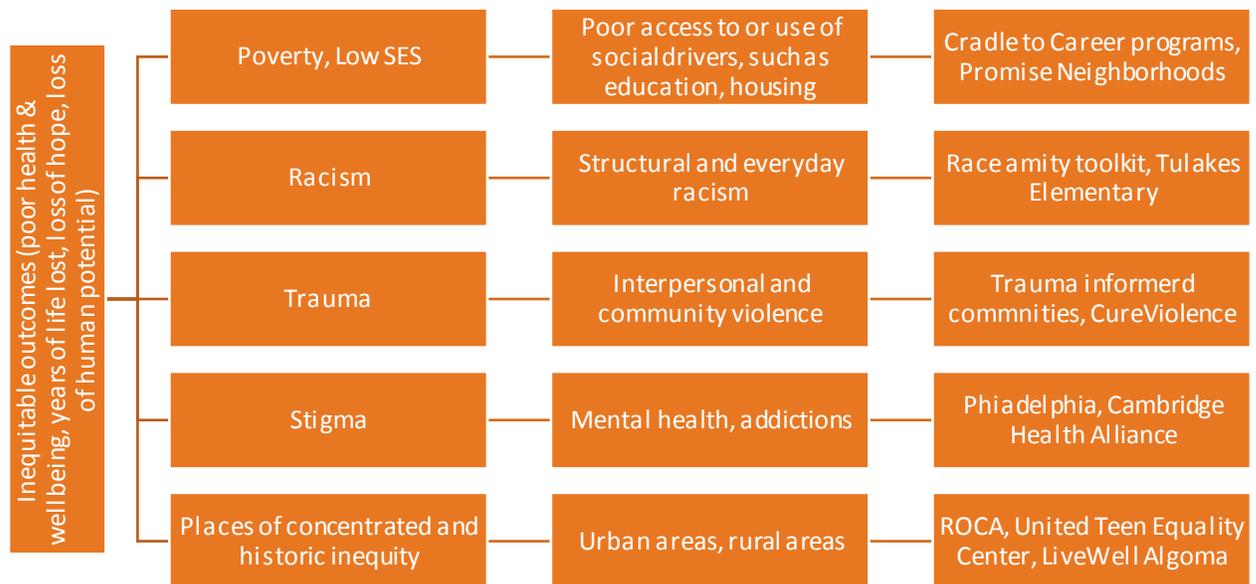
<sup>9</sup> Davis, R. et al. (2016). Countering the production of health inequities: a framework of emerging systems to achieve an equitable culture of health. *Report prepared for Robert Wood Johnson Foundation*.

Rather than supplant these efforts, we seek to contribute to the weaving of the rich tapestry of insight and opportunity created by our mutual efforts. We commit to walking and learning with others on this path and with people with lived experience, who are already offering critical leadership and insight for the journey.

## Leading for Outcomes

We have begun to apply improvement science and systems thinking to our approach to addressing equity. The below framing is not intended to be comprehensive; rather it reflects the approach we are taking. We use stories and mapping of the lives of people with lived experience to understand the system and then invite people with lived experience and partners who hold different pieces of the puzzle across sectors to help design and try out the solutions. Together, we have created the following driver diagram of what creates inequity. For each driver, we are identifying key opportunities for potential intervention, based on a bright spot and asset mapping approach.

Figure 1. Draft Driver Diagram for Inequity (with Bright Spots)



Several key areas of opportunity emerged from this analysis (see secondary drivers). Together, we must create a driver diagram of what creates equity. We will apply our best knowledge of innovation and design thinking, improvement, implementation, and policy and systems change to create changes.

## Generative Areas to Help Us Learn

A few generative areas of opportunity are emerging in this work. These do not represent a menu of options; rather, they represent areas where there is tremendous potential for us to learn how to do this work and opportunity to make substantive progress because there is tremendous movement and interest. Many other areas will emerge over time, relevant to the context of our global community.

In each area, relevant programmatic, policy and practice bright spots will be identified and those dedicated to learning about these areas will have the opportunity to exchange ideas and launch initiatives, as needed. The Equity Hub serves as a “hub of hubs” and therefore seeks to work in close partnership with other hubs and initiatives in achieving its goals.

Our members in 100 Million Healthier Lives are already working in all of these areas. Our goal is to create a support system to help them to accelerate their work through meaningful connection.

1. Transform neighborhoods of concentrated poverty to communities of solution – led by the *Equity, Social Determinants, Business and Communities of Spirit Hubs together*
2. Support all children to thrive, from cradle (including before birth) to career - *connected to work of the Child Health Hub; in partnership with Health Equity and Prosperity*
3. Address chronic homelessness (*already being led through Community Solutions and Veterans Hub*)
4. Interrupt the cycle of violence, mental health, addictions, incarceration and reincarceration – *Equity Hub in partnership with Health Equity and Prosperity*
5. Healthy birth outcomes connected with early childhood wellbeing (0-5); *supported by Child Health Hub.*
6. Faith health partnerships – led by Fred Smith, co-lead for the *Equity and Health Systems hub together in partnership with Stakeholder Health*
7. Accountable health communities that address the social and community drivers of health -- The role of health care systems in addressing equity and social drivers of health; *connected to work of the Health Systems Transformation Hub and the Pathways Community Hub Model.*
8. Seek peer health partnerships (barbershops and beauty salons, livable neighborhoods) – multiple innovative efforts already under way; we will learn from these.
9. Mental health, trauma and addictions - *supported by the Mental health hub.*

As we learn together what it takes to improve equity in any one of these areas, we will share this learning across our broader community in a way that acknowledges the challenges and the opportunities in the process and helps to make the path easier for others.

## Guiding Principles for Our Work

We adopt the following guiding principles for our work together.

*Table 1 Guiding Principles*

<p><b>1. APPROACH THE JOURNEY TO EQUITY AS A PROCESS TO UNLEASH TRAPPED AND UNTAPPED HUMAN POTENTIAL</b></p> <p>Through a strength-based approach, focus on growing the leadership of people and communities experiencing the greatest health inequities in a way that grows their leadership, confidence, agency and contribution to the process and the solutions.</p>
<p><b>2. HUMAN INTERCONNECTEDNESS SERVES AS A FOUNDATION</b></p> <p>When we approach this journey toward equity recognizing that we are interconnected as a human family and a global community, we realize that the unleashing of trapped and untapped human potential benefits us all.</p>
<p><b>3. THINK IN TERMS OF MOVEMENTS</b></p> <p>We will not achieve equity through one effort or one focused strategy (even though we will have those); we need to build a generative, growing movement of people, organizations and communities that both adds a growing set of unusual solutions and has the ability to capture minds and hearts. Asking generative questions is one example of how we will continue to invite new ideas and people and solutions to the movement.</p>
<p><b>4. EMPLOY A STRENGTH AND ABUNDANCE-BASED APPROACH</b></p> <p>We will build on strengths and recognize abundance as we focus on potential solutions. We will focus on developing and unleashing community capacity, and build on and connect where useful the hundreds of people, organizations and communities who are already working on creating equity. A systematic process of uncovering strengths and assets will help us to accomplish this work.</p>

**5. IDENTIFY AND UPLIFT BRIGHT SPOTS (POSITIVE DEVIANCE)**

Rather than focus on what doesn't work, we will identify bright spots and pursue a positive deviance methodology to learn from them and spread and scale these learnings through the 100 Million Lives Movement. This is not simply about the spread of best practices; it is founded on the recognition that people and communities with lived experience have been solving these challenges for hundreds of years; our ability to draw out this insight, our approach to seeing and growing communities of solution is one way to unlock the potential of people and communities to address health, wellbeing and equity. A bright spot library will help us to do this.

**6. DEVELOP UNPRECEDENTED COLLABORATION**

We will develop unprecedented collaboration among members of 100 Million Healthier Lives and others who are committed to working on equity together. We will build on each other's strengths, assets and lessons learned rather than reinventing the wheel. We will above all partner with people with lived experience who can guide us on this journey. We will begin by creating a map of aligned efforts already taking place in equity to explore opportunities for unprecedented collaboration.

**7. BUILD UNITY IN DIVERSITY IN OUR APPROACH**

We believe everyone holds a piece of the puzzle. We can only see the whole picture if we are able to create an environment which welcomes diverse viewpoints and insights and appreciate dialogue as crucial to the journey.

**8. CULTIVATE UNUSUAL PARTNERSHIPS**

To create a health and wellbeing system, we need to understand where life and health is created and seek innovative partnerships that are generative for all parties to address health and wellbeing. Whether it is partnerships with faith communities, business, or education, we recognize that sustaining partnerships will require that the relationship be generative for all involved. This means we need to understand what matters to each other and build measurement systems that support our mutual goals.

**9. APPLY IMPROVEMENT SCIENCE TO INNOVATE ON COMPLEX PROBLEMS**

It is possible to bring our understanding of the science of transforming complex adaptive systems and apply it to create improvement and transformative change. Without being able to see the system, we cannot be successful as most systems which have been in place for hundreds of years have mechanisms to preserve the status-quo.

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