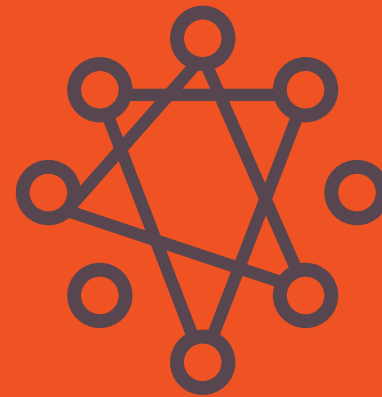


A Conversation Guide for Health Equity



What This Conversation Guide Is and How to Use It

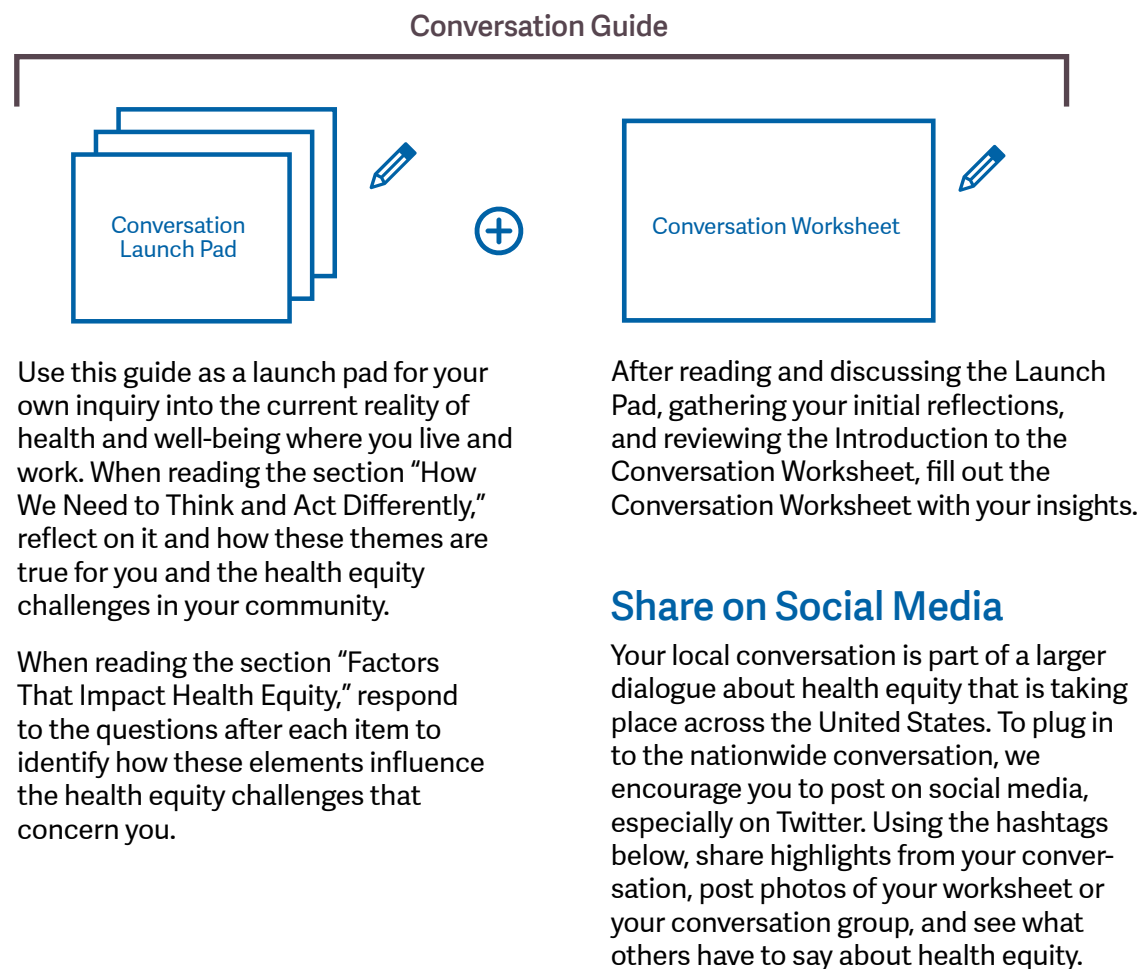
Purpose

The purpose of this guide is to provide a tool that anyone can use to convene, host, and facilitate a conversation with members of their community on how to collaborate and act to achieve health equity.

Content

The guide is based on interviews with thought leaders, representing many of the sectors and systems that have played a role in the health and well-being of individuals and communities. It presents a unique analysis of what was said during these conversations. First, it outlines how we need to think and act differently in order to successfully address health inequities. Then, it points to the factors – and the relationships among them – the interviewees stressed as hindering or contributing to health equity.

Instructions



Share on Social Media

Your local conversation is part of a larger dialogue about health equity that is taking place across the United States. To plug in to the nationwide conversation, we encourage you to post on social media, especially on Twitter. Using the hashtags below, share highlights from your conversation, post photos of your worksheet or your conversation group, and see what others have to say about health equity.

 **#PromoteHealthEquity**
#CultureofHealth

Background

A Culture of Health

Building a “Culture of Health” is the new vision and strategic focus of the Robert Wood Johnson Foundation. The purpose of this approach is to start a nationwide movement in the United States to create the conditions in which everyone – no matter what their background, heritage, socioeconomic status, or current state of well-being – has an equal opportunity to live longer, healthier lives.

➔ For more information, visit the Robert Wood Johnson Foundation’s [Culture of Health](#).

The Health Equity Lab

The Health Equity Lab is one initiative targeted toward building a Culture of Health. It focuses on making progress on one of the most important and difficult challenges in the United States today – the reality that everyone does not have equal opportunity to achieve optimal health and well-being. The Lab is designed to look at this issue systemically, with equity as its core operating principle. The goal is to boldly shift the dynamics that have produced and continue to perpetuate health inequities in the US. Everyone agrees on the need to improve our health care system. Participants in the Lab will look beyond that need to focus on what makes people healthy – or unhealthy. They will examine the social factors that influence health, such as:

- The soundness and safety of our neighborhoods
- The quality and strength of our relationships, including our relationship with ourselves
- The collective will and ability to remove barriers to achieving health equity

“The best qualities of human leadership need to emerge quickly.”

A New Kind of Leadership

Part of what makes it difficult to make progress on the challenge of health equity is that it exists beyond the influence of any individual institution or sector. To address complex social issues, it’s not enough to have strong leadership within an organization or industry; it requires collective leadership within and across industry, sector, and geographic boundaries. System leadership – people working together to create lasting, significant change in a social system – is an approach for fostering and harnessing this kind of collective leadership.

The Health Equity Lab will build a community of system leaders who are deeply committed to bringing about health equity in the US. These leaders will come from various sectors, such as health, business, education, government, finance, entertainment, science, medicine, technology, faith, media, and nonprofit. It will also include those who can authentically represent communities or population groups most affected by inequities. Through their various – and sometimes dramatically different – perspectives on the nature of the challenge, these system leaders will bring important insights and ideas to accelerating health equity.

➔ To learn more about system leadership, read [The Dawn of System Leadership](#) by Peter Senge, Hal Hamilton, and John Kania (Stanford Social Innovation Review).

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Conversation Launch Pad

Insights from the thought leader interviews shed light on a variety of answers to the question at the top of many people’s hearts and minds: Why, despite our best efforts, have we been unable to make progress on achieving health equity in the US?

The themes that emerged from these insights are summarized below, in two sections (“How We Need to Think and Act Differently” and “Factors That Impact Health Equity”). Quotes from interviewees are used to emphasize each theme. Use these topics and quotes to inform and spur your own conversation on health equity.

First, capture your individual reflections on each theme directly in this Launch Pad and on the Conversation Worksheet.

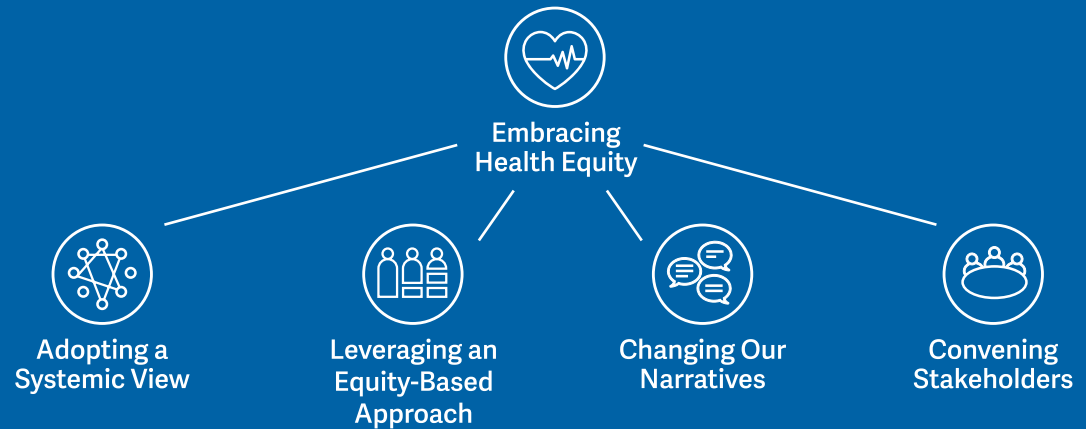
Second, discuss your responses with others to develop a shared understanding of the health disparities you are concerned about and to decide how you can take steps together to address them.

“Why, despite our best efforts, have we been unable to make progress on achieving health equity in the US?”

Thought Leaders

Themes

How We Need to Think and Act Differently

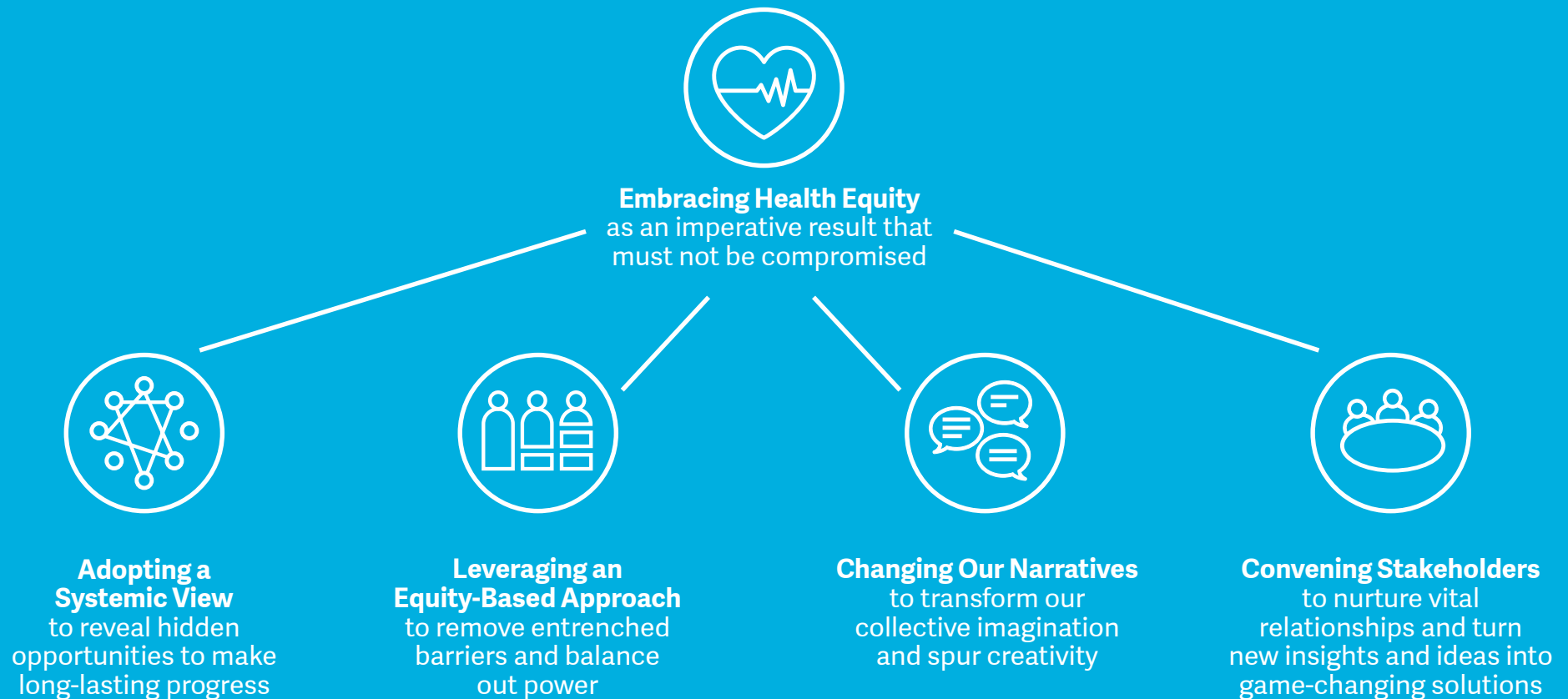


Factors That Impact Health Equity



How We Need to Think and Act Differently

The interviews surfaced four interrelated themes that, when combined, can be leveraged to accelerate progress toward health equity.



Embracing Health Equity

Health equity exists when all people have the resources they need to maintain their health. The idea of health equity acknowledges that these resources will be different from person to person and community to community, given the impact of different historical legacies, physical and social environments, and structural barriers.

To successfully achieve health equity – by addressing the factors that impede it, and uncovering the resources required and desired by individuals and communities to attain it – we need to suspend our current understanding of what we think we know about how to achieve health and well-being. In fact, we may be called to deeply examine certain unfamiliar structures and systems that produce inequities. Examples of structural issues that demand our attention include:

- Neighborhoods with disproportionately high concentrations of obesity, diabetes, and heart disease, but limited access to affordable, nutritious food
- High rates of asthma among residents in social assistance housing placed near where air and water quality are negatively affected by contaminated industrial land
- Family and intimate partner violence fuelled by economic decline and diminishing opportunities

➔ For more examples of health disparities and ways people are responding, refer to the Robert Wood Johnson Foundation's [Culture of Health Action Framework](#).

“Assure the possibility to be healthy is available to everyone, everywhere.”

“What is it that we are willing to let go of to get what we want? What do we need to let go of to have health equity?”



How am I affected – either positively or negatively – by issues of health equity?

Adopting a Systemic View

Taking a systems view of health equity – that is, looking at the system as a whole and the interconnections among the parts rather than focusing on the individual parts themselves – creates an opportunity for new understanding and novel responses to emerge. It is a long-term commitment to inquiry, action, learning, and iteration.

A systems view prompts us to ask questions we may never have before:

- What does health equity mean? How does its meaning shift for different people and communities?
- What are the root causes of equity? Inequity?
- What perpetuates the state of health disparities today?
- What is my role in contributing to health inequity?

While the latter is an uncomfortable question to ask – and answer – doing so allows for the creation of a new reality. Often, in answering this question:

- We realize that, because of the ways in which systems operate, some of our actions may have unintended consequences. For that reason, we may need to let go of some former practices and re-focus our work and priorities in new directions.
- We tap into sources of insight, wisdom, and motivation for change that inspire and inform our thinking in critical ways.

As we start to envision a new future, we ask different kinds of questions, for example:

- What do we want the purpose of the system to be?
- What do we want it to produce?
- How do we make it robust and strong?
- How can we ensure that the voices of those most impacted are informing our work?

“Systems thinking is an incredibly powerful motivator, because it reveals relationships among silos and better solutions.”

“Your program can be at odds with what it takes to actually solve the problem we want to address.”

 What thoughts and feelings do the questions posed by this theme bring up for you?

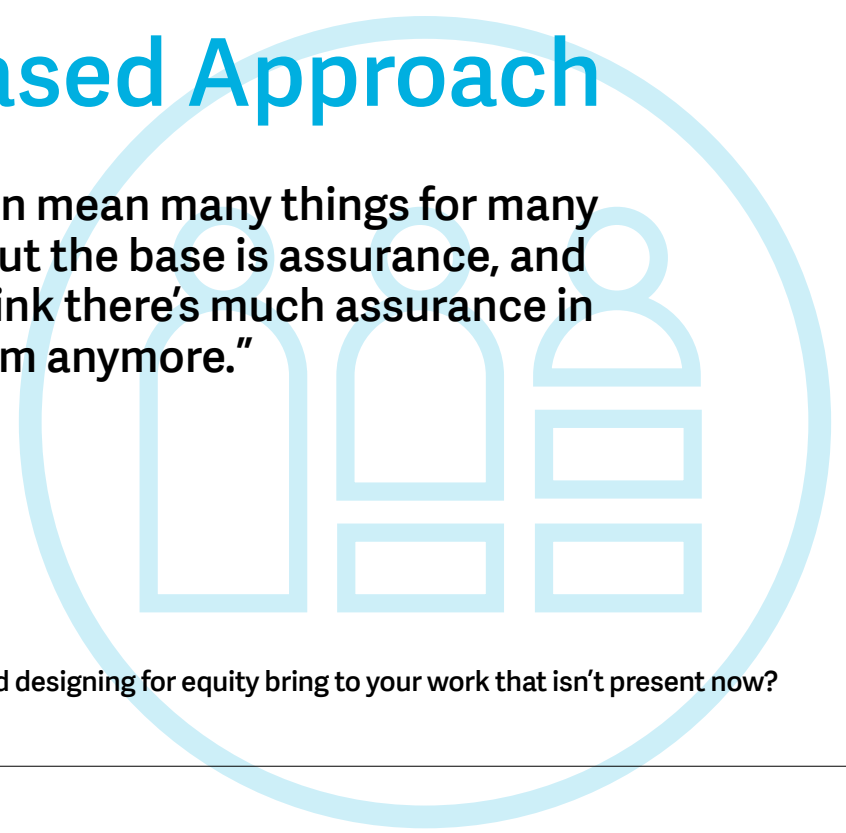
Leveraging an Equity-Based Approach

“If we don’t understand what provides for equity to begin with, we can’t provide health.”

Equity is both a desired state and a practice where all people have what they need to lead happy, productive, healthy, and meaningful lives. Equity is more than equal access and equal treatment. Equity as a practice is responsive to past history, legacies of oppression, and other structural barriers. In equitable practice, all people may not receive the same thing (equality) but rather receive what they need to get to the same place: a good, safe life not adversely impacted by unequal treatment or lack of access or birth circumstance. Unfortunately, equity has not always been a central focus of initiatives in the US. The result is that while we have invested significant human, financial, and intellectual resources to achieve systemic change, we have produced few meaningful, long-lasting results in this area.

Instead of *hoping* that equity will be the result of our work, we must make it the core “design principle” of initiatives seeking to address disparities. This means going beyond simply having the intention to do good things to employing the value of equity such that it disrupts the unintentional perpetuation of inequity and disempowerment. For example, making decisions through an equity lens could influence: the range of diverse stakeholders that are engaged, hiring practices and staff team composition, distribution of resources, leadership opportunities, and decision-making protocols, to name a few areas of possible disruption to the status quo.

“Equity can mean many things for many people, but the base is assurance, and I don’t think there’s much assurance in the system anymore.”



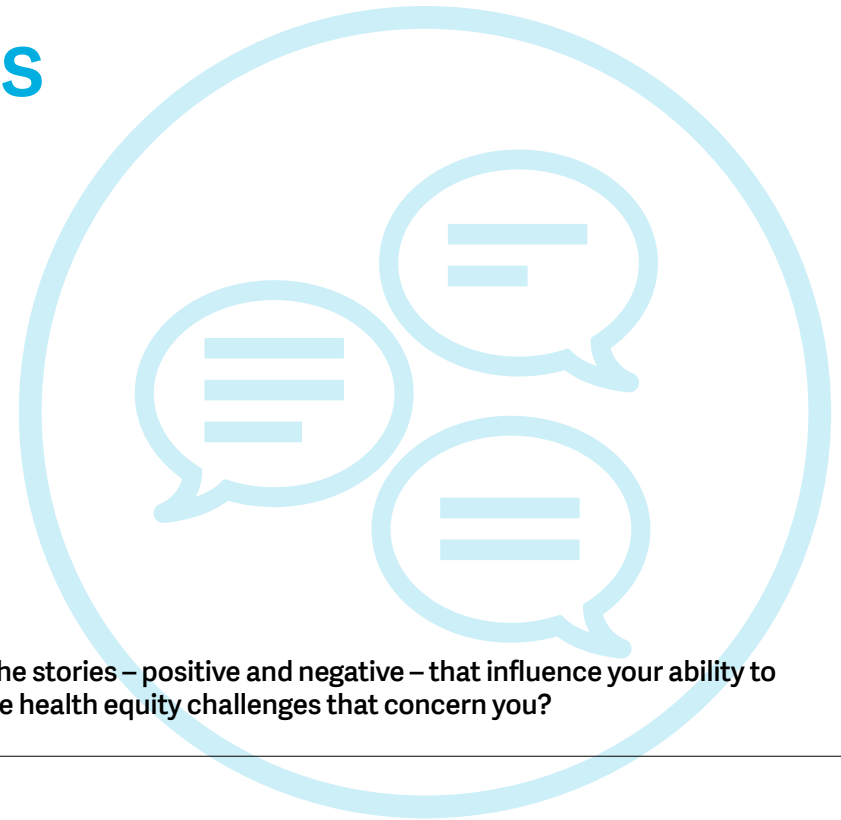
 What could designing for equity bring to your work that isn’t present now?


Changing Our Narratives

“Can we deepen change by changing our stories? We think stories will be one of the first things that will change when we’re beginning to make impact.”

The stories we are born into tell us what is possible for us and those around us. They shape our values and culture, the decisions we make, and the opportunities in front of us. For example, there is a growing story of vilification of the “have-nots” in our country. Poverty is personalized in America, leading people to feel a sense of shame that is very damaging. These narratives create real barriers to achieving health equity.

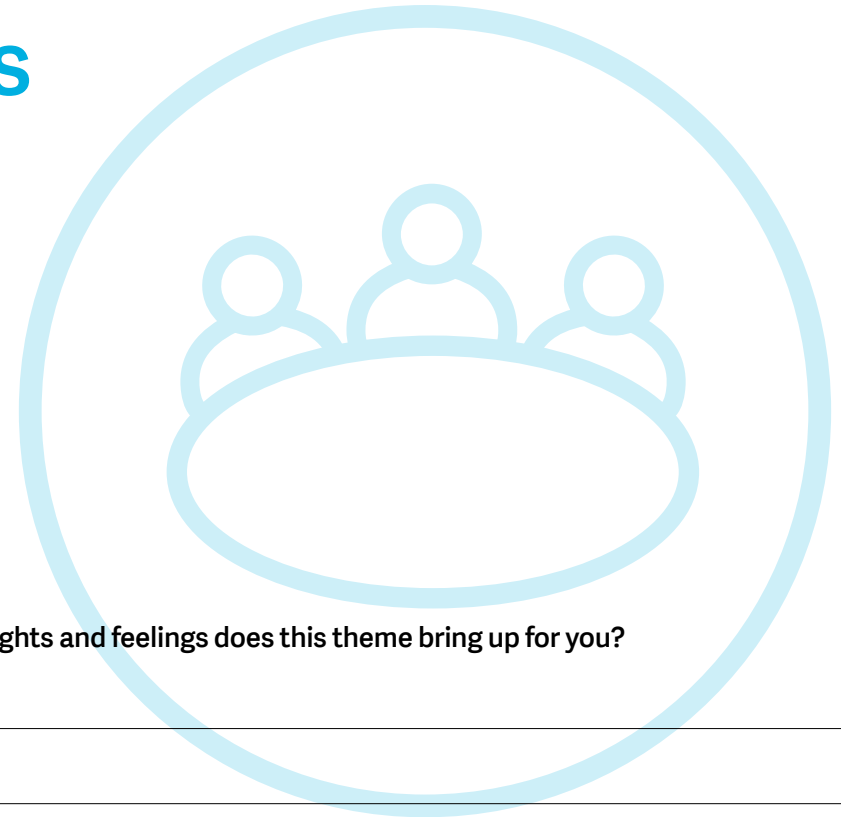
The good news is that as stories change, culture changes. Today, we need a story that creates a sense of urgency for change in the area of health equity. However, if we rely only on the “Western scientific methodology” as the story for how to intervene in this realm, we are going to fail. By taking a more expansive approach that weaves in stories, wisdom, and insights about achieving and maintaining health from all cultures, identities, and worldviews, we are more likely to co-create robust, successful, and long-lasting solutions.



 **What are the stories – positive and negative – that influence your ability to address the health equity challenges that concern you?**

Convening Stakeholders

“We are at a moment in history when we have to find new ways of solving problems and getting people out of their separate zones, and thinking and working together for the health and well-being of the larger community we’re part of.”



Progress on our most challenging issues happens when we intentionally convene, organize, and orchestrate people to get things done. When we take some risk to invite in and work with others we don’t normally collaborate with, and when we meaningfully engage across systems and levels of power and hierarchy, we stack the odds in favor of meaningful, long-lasting change. The pace of progress in bringing about real change in the domain of health equity can be thwarted by the judgments we make of people and their motivations, agendas, and intentions.

Making a commitment to convening and collaborating differently requires substantial investment in the social infrastructure that connects us. Often, this is in the form of initiatives designed to “orchestrate the whole” – not to provide any direct services, but to connect, link, weave, and amplify what already exists. Essentially, the purpose of “convening” is to create a health equity “ecology,” where the connections among all parts of the system are intentional and strong. In this kind of healthy, interconnected whole, groups can notice and respond to system break-downs much more quickly.

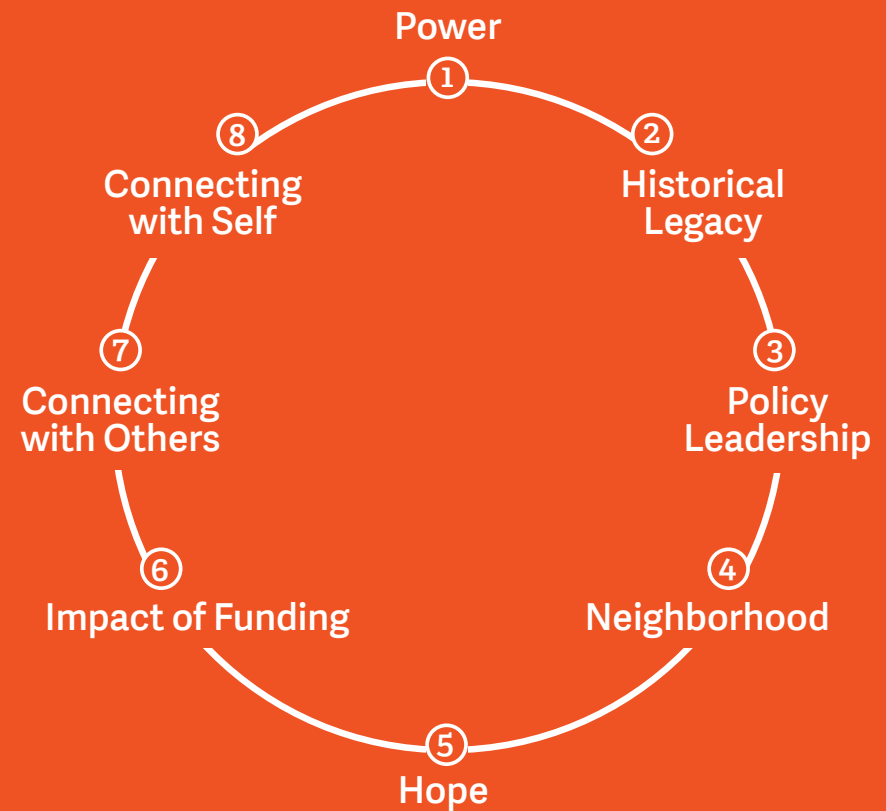
 What thoughts and feelings does this theme bring up for you?

Factors That Impact Health Equity

In addition to the four overarching themes, eight factors that impact health equity repeatedly emerged from the interview process. Rather than thinking about these factors in isolation, interviewees spoke about their interdependence – the relationships among them and how those relationships create or thwart the conditions that make health equity possible.

The interviews revealed the existence of complex power dynamics, certain legacies still playing out from the very founding of the country, and the fragile relationships people have with each other. You may find these factors – and how they influence one another – more or less present, depending on where you live and work.

As you read about each of the factors, consider: Are these factors at play within the health equity challenges you are concerned about? How are they related to one another and where might the leverage points for change exist?



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Power

“Building power needs to happen to bring change on the determinants of health. That is not somebody else’s power, it is everyone’s. Sometimes people talk about power as someone else having it, but it’s about the triple aim of health equity – organizing people, power, and narrative.”

➔ For more on “power to,” “power with,” and “power within,” visit [Participatory Methods: Methods & Ideas](#) by the Institute of Development Studies.

The dynamics of power shape health equity in the United States today.

When individuals, groups, or institutions use their “power over” others to unilaterally respond to the challenges associated with health disparities and the social determinants of health, the result can be further divisions. These barriers to meaningful collaboration then limit the possibilities for achieving breakthrough outcomes. Little to no progress is made, and in some situations, health equity becomes more deeply entrenched as a political issue.

In contrast, when individuals, groups, or institutions support the concepts of “power to,” “power with,” and “power within,” they contribute to the acceleration of health equity. These approaches are producing promising examples of people who are no longer waiting for formal power to move on the health equity challenges and opportunities that matter to them.

- “Power to” refers to the ability to act to effect change.
- “Power with” refers to joining with like-minded people to take collective action.

- “Power within” refers to a sense of confidence that comes from realizing that something can be done to change one’s circumstances.


Unless we nurture these alternative forms of power, we won’t gain traction on the important challenges we face, and the country may even find itself at risk of political unrest. Communities must co-create solutions that work for them and avoid “cookie-cutter approaches” that may be equal but not equitable.

It is becoming clear that civic engagement is a key ingredient in a culture of health and health equity. But the challenge is that many Americans do not know how to get involved in influencing change in powerful political and bureaucratic institutions.


Efforts to strengthen the three positive uses of power listed above could go a long way toward making progress in this area. We need to create the conditions in communities to ensure that people’s voices are heard and that they are able to play a role in bringing about the future they want.


Power

Questions to spark your health equity conversation

 How do the dynamics of “power over” contribute to the health inequities you are concerned about?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 Can you point to examples where the dynamics of power to, with, and within are being utilized to achieve health equity? What can be learned from these examples?

 What would it take to begin to change the power dynamics that are hindering progress on the health equity challenges that concern you?

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Historical Legacy

“This country was founded and built on a culture of violence.”

Real progress on the achievement of health equity will only be made when the country’s history with colonization and violent displacement of indigenous peoples, and with slavery of both African and indigenous peoples, is addressed.

This requires honest conversations about the consequences of racism and social and economic oppression, and about the ways in which the disruption of social systems manifests in health inequities.

Further, it requires meaningful action to disrupt and dismantle structural and institutional racism. Not addressing this reality weakens our relationships with one another, puts the American economy at risk of being much less competitive than it currently is, and puts our health at risk as well.

Specific attention to healing the wounds of historical legacies is crucial to the country’s ability to move forward in a meaningful way and our ability to achieve equitable health outcomes. This process includes telling a more truthful, painful, and shameful part of the country’s story.


Interventions aimed at healing painful historical legacies must also be grounded in

local and cultural context. That is, there is no one approach that will create opportunities for individual and collective healing and well-being; rather, solutions must be customized.

Through these efforts, a more complete view of the country’s history would be visible to people in power. This could spark both the desire and the capacity to undo the systems that perpetuate inequity.

Historical Legacy

Questions to spark your health equity conversation

 What are the historical legacies that need to be healed where you live, work, and play?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 What are the most common health challenges around you? What is the history of how these came to be?

 How can you work with others to begin to break the chain of consequences associated with hundreds of years of painful and destructive legacies?

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Policy Leadership

“A good leader sees the importance of working together rather than being a savior.”

The complex nature of health inequities highlights the need for “system leadership” in the policy domain, that is, a new way of developing and enforcing policy that takes into account the many facets of what is required for individual and collective health and well-being.

Examples exist of formal leaders who are experimenting with policies designed to bring about health equity:

- The combination of having both a deep understanding of the social determinants of health and a culture that is committed to equity can result in institutions and organizations that behave in ways that bring about health and equity.
- Numerous policies are emerging that are designed to support people in making healthy food choices, including policies that tax sugary foods and drinks.
- Many private sector companies are driving health equity through their procurement and purchasing policies.

There are also examples of where policy leadership has fallen short and contributed to health inequities:


- Policy makers often develop laws and regulations that impact individual and collective well-being in isolation of one another and do not take into account the cumulative consequences of these policies on the social determinants of health.
- This obstacle to health equity highlights the need for public policy makers, funders, academics, and others who inform policy in areas such as education, housing, land use, food and agriculture, and media and entertainment to develop and apply a comprehensive understanding of how health is achieved and maintained.

Policy Leadership

Questions to spark your health equity conversation

 What local policies exist that act as a barrier to health and well-being? What ones exist that support health and well-being?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 How can you work with others to co-create policies that enable people to be healthy where they live, work, and play?

 What do you need to learn about in order to be effective in influencing policy change? What knowledge do you have to share with others about how to effectively influence policy change?

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Neighborhood

“I don’t think we pay enough attention to looking at healing communities.”

“Develop the infrastructure of the community from the bottom up and that serves to develop short- and long-term solutions.”

In many parts of the US, your zip code is a greater determinant of your health than your genetic code. As such, evidence is building that intervening at the neighborhood level is the right scale for significant impact.

Neighborhoods that have experienced the most positive change have done so, in part, because of informal “bottom-up” structures that mobilize transformation. That is, community-building initiatives, informal networks, and peer groups drive the process from within and develop both short-term and long-term solutions. External, formal support is utilized as necessary, but residents are in control.


Programmatic responses that ignore the reality of the social and economic conditions in a neighborhood are not as effective as they could be. For example, heavily investing in kindergarten while ignoring other social determinants of health in a neighborhood lessens the “return on investment” of the kindergarten investment.

Where issues compound – where there is “concentrated disadvantage” – a more comprehensive approach needs to be taken.

By creating equal opportunities for residents to live healthy lives, we can help reduce the 10–15 year difference in life expectancy between wealthy and disadvantaged communities.

Neighborhood

Questions to spark your health equity conversation

 **What conditions in your neighborhood or community most negatively impact health? What strengths exist that could be used to bring about health equity?**

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 **What would a vibrant, healthy, flourishing neighborhood look like?**

 **What could your role be to bring about these changes? What do you have energy for?**

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Hope

“It starts with centering yourself (mindfulness) and finding hope within yourself. This is not a hopeless situation; it is a difficult one, but not hopeless.”

Maintaining optimism and staying persistent in one’s efforts to bring about health equity can be daunting, especially because it may take generations to accomplish in some places. However, it is critically important to remain hopeful so that commitment and tenacity do not fade.

Many people find inspiration and hope in examples of “positive deviance” – that is, people or programs that succeed where most others don’t. It is not hard to find stories where people are “doing it for themselves.”


By leveraging and connecting these stories, we can counter the individual and collective sense of hopelessness that can be caused by entrenched and persistent challenges.

Especially in times when it feels as though slow or no progress is being made, mindfulness practices can help us connect with a sense of hope. In its simplest form, this means noticing when fear, anger, or despair have begun to cloud our perception and action; pausing to reconnect with the current moment; and focusing our attention to create the opportunity for new insights and breakthroughs.

Hope also seems to come about and grow in circumstances where people are genuinely in control of their path. It needs to be a core element of any approach to health equity, as it enables the kind of grit and persistence required to develop solutions that will make a difference. However, while personal persistence in the face of oppression is necessary, it is not enough to gain traction on complex social challenges. Systems-level interventions offer a means of making real shifts in stuck situations.


Hope

Questions to spark your health equity conversation

 What stories can you point to that make you feel hopeful?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 What practices help you maintain hope? What practices to maintain hope can the group participate in collectively?

 If substantial progress toward achieving health equity happens over the next 20 years, what will have happened?

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Impact of Funding

“How can we learn and be in relationship with community and listen to community in a way where you are working hard to kill power dynamics?”

As a key actor in the health equity arena, funders have a lot of direct and indirect influence on how resources flow through the system.

Funding that supports the achievement of health equity comes from philanthropic foundations, government allocations, and private-sector investment. The way these financial resources flow can unwittingly contribute to the creation and perpetuation of health inequities, for example, by underinvesting in Native American communities or by failing to use specific health data from marginalized communities to inform their organizations’ investment strategy.

Most institutions don’t have a strategy for breaking the cycle of inequity or for examining how their decisions have reinforced it. Moreover, funders may not find a lot of what communities need and want to be desirable.

For these reasons, the entire funding model needs to be reimagined. This includes everything from identifying funding priorities to removing arbitrary rules that unintentionally exclude up-until-now marginalized communities from applying for grants.

We also need to squash the impulse on the part of funders, and therefore their

grantees, for short-term solutions – those that produce results in the short term but have no long-lasting effect on the root causes of health inequity.


At the same time, funders have improved in their explicit efforts to engage “end users” (beneficiaries), but not necessarily in ways that marginalized and oppressed people can take advantage of. For example, people living on low incomes are constrained by time, access to transportation, and other realities that can make it challenging for them to meaningfully and consistently participate in initiatives.

Flexibility is key to effective funding, and at every juncture, funders must ask: How is our approach demonstrating true partnership and dismantling power dynamics?

Funders must keep investing in things that actually work; be informed by the “end users” they are serving; expand the definition of health care to non-medical needs; and pay attention to the social determinants of health.

Impact of Funding

Questions to spark your health equity conversation

 For the health equity challenges you are most concerned about, how do funding approaches help or hinder your efforts?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 What would you most like to see change when it comes to funding approaches?

 How can funders and grantees work together better?

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Connecting with Others

“We often try to change the system by pushing on the ‘hard system,’ but you need alternatives to that. The ‘soft system’ is where the work is now.”

In our well-intentioned efforts to address health inequity, we often get caught up in interventions and programs, and run the risk of losing the human element.

Overwhelmed by the immediacy and urgency of the challenges, we often think the answer is more information, more research, more evaluation. The truth is that we need to focus instead on relationships.

We must start with empathy. For example, when using the terms “the unfortunate” and “the underserved,” who are really talking about? We have to build relationships with people at a human, not an abstract, level.

Doing so requires connecting with those we haven’t been in relationship with before. It means working with people we haven’t previously thought to include, those with opinions we disagree with, and even those we may not trust.

We connect with others by doing things together. Thus, we need to work on shared projects, especially with people we wouldn’t normally collaborate with.

We also have to address the mental models that divide us.

- The “success to the successful” dynamic – in which people who have

an initial advantage become more successful over time at the expense of those without advantage – has bred entitlement among those who have had the most opportunity. People often fear losing the advantages associated with privilege.


- This fear in turn leads to discrimination and the belief that “others aren’t as deserving.” We must adopt the belief that opportunity is not a zero-sum game and that we can create success for everyone.

One of the components of health is the ability to connect with one another.


- Communities where people are more connected with each other tend to be healthier than ones where they aren’t.
- Recent research also points to the importance of community for individual health and longevity.
- The power of connection is an asset we need to foster, so everyone can have a system of support in their homes, schools, or neighborhoods.

Connecting with Others

Questions to spark your health equity conversation

 Who are the people, committees, groups, and organizations you have never collaborated with that should be invited into this conversation?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 What prevents you from connecting with others in a more human way? How can you overcome this?

 Why is it important to be in relationship with one another in order to address health disparities? What one relationship will you pursue or strengthen in order to help achieve health equity?

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Connecting with Self

“Often people are more motivated by how they’ve been contributing to a problem rather than looking at how others have been successful.”

True for people in most dominant cultures, many Americans are brought up with a sense of self-importance and a focus on achievement.


This cultural trait creates tremendous social disharmony. By restoring harmony – in ourselves, with others, with nature – we can begin the healing process.

Ways to restore this kind of harmony include incorporating mindfulness and connection with nature into our practices and ways of being. In truth, in many communities, it may be more about opportunities to re-connect with the land and re-discover rituals that were used to keep individuals and communities in harmony, but that were intentionally disrupted.

Another element of connecting with self is developing awareness of how we have contributed to the problem we are seeking to solve. Far from being discouraged by this question, people tend to be motivated by their answers and by the opportunity to take responsibility for systems change.

Connecting with Self

Questions to spark your health equity conversation

 What are your “proudest prouds” when it comes to your efforts to bring about health equity? What are your “sorriest sorries”?

Refer to the reflections you capture here as you create your own connection circles on the Conversation Worksheet.

 How do you contribute to the health equity challenges you are trying to solve?

 How do you stay motivated and rejuvenated in order to sustain your commitment to addressing health inequities?

Introduction to the Conversation Worksheet

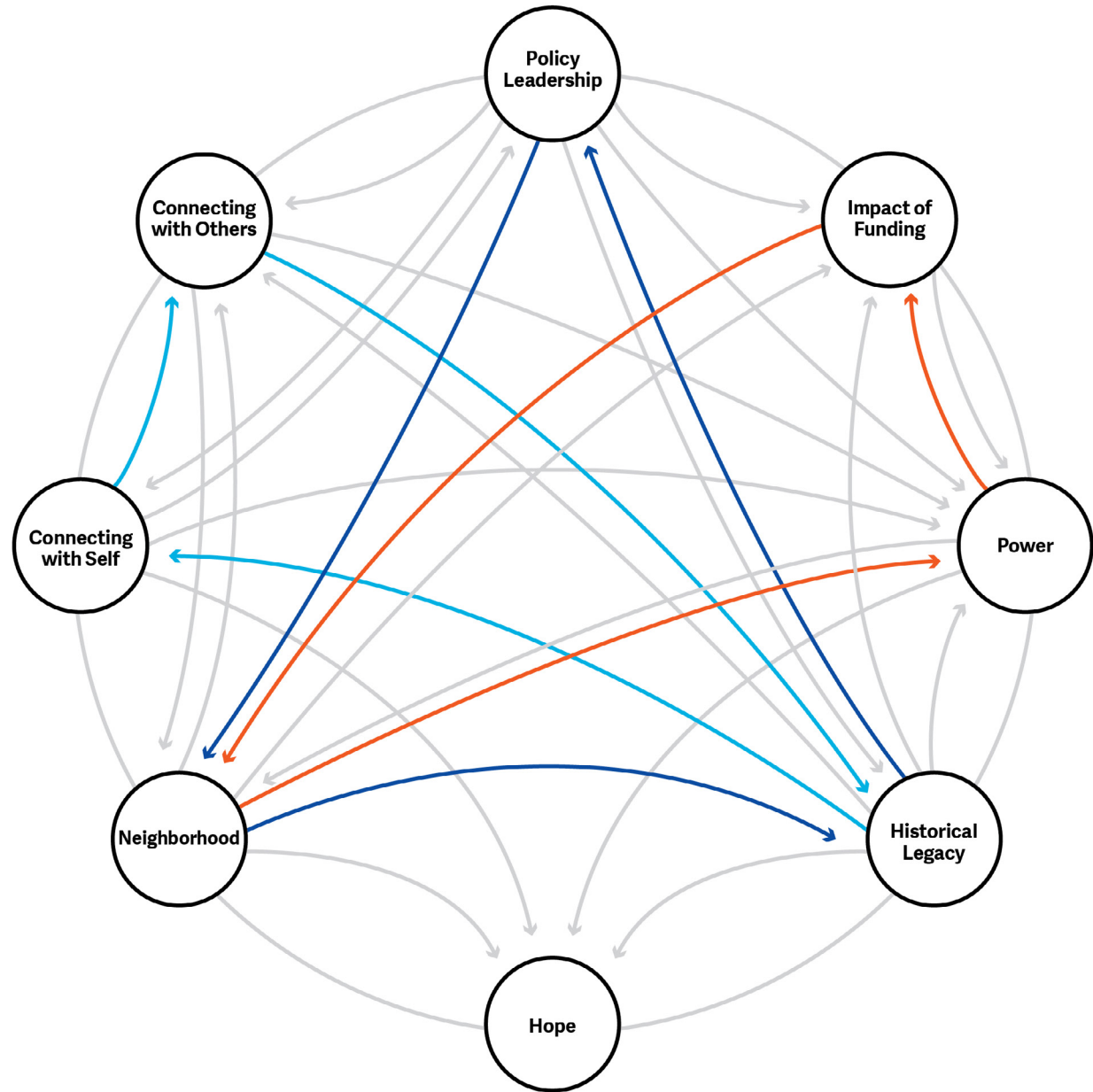
The following section introduces the “connection circle” as a systems thinking tool that you can use to deepen your own conversations about health equity. Use the responses you have just captured – along with those of your friends, colleagues, and neighbors – to identify new insights and opportunities for collaborative action to achieve health equity where you live and work. In the following pages you will find examples of connection circles and instructions on how to use the conversation worksheet.

Health Equity Connection Circle

All of the people who were interviewed made statements about the relationships they saw and experienced between the various Factors That Impact Health Equity.

One way to illustrate these kinds of relationships is to draw a "connection circle." Connection circles show the ways in which the different factors in a system are inter-related and influence each other.

A few of the most striking connections (or loops) that emerged in discussions of the health equity system are described on the following page. These examples show hypotheses of how the factors relate to one another and may reveal previously unseen opportunities to intervene in the complex challenge of health equity in the US.



Loop 1



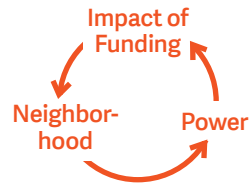
The historical legacies that have produced systemic racism can, in turn, lead to the creation of a wide range of policies that inadvertently entrench concentrated inequities in certain neighborhoods across the US. This reality can be reversed when policy-making institutions and policy makers intentionally uncover their blind spots and see the impact of their decisions. This process can give rise to the development of game-changing policies that explicitly respond to the unique needs of different neighborhoods and dismantle the consequences of harmful historical legacies.

Loop 3



The consequences of historical legacies of slavery, racism, and colonialism are many. Among them is the way these systems disconnected people from their culture, language, and ways of knowing, including how to be healthy and maintain well-being. The result is significant trauma, which in part can be healed through efforts to reconnect with self. As people reconnect with themselves – and proudly reclaim their identities – they are often able to reconnect with others. As these connections grow and strengthen, they can serve to heal the trauma that undermines health and well-being in communities across the US and change the path for the future.

Loop 2



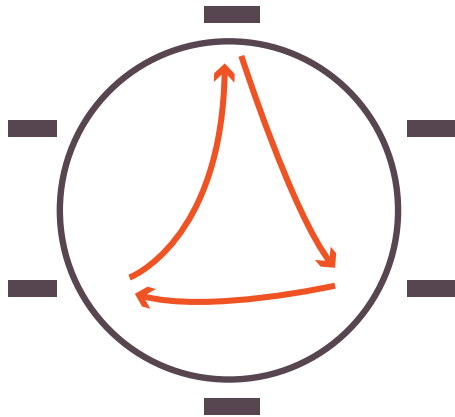
A significant barrier to achieving health equity is the misalignment that exists between what neighborhoods need and want for residents to be healthy and what funders invest in according to the focus of their strategic priorities. This results in both unequal power dynamics between philanthropic organizations and their intended beneficiaries, and initiatives that do not address local needs. As such, funders are making efforts to more meaningfully engage communities in their strategy, design, and funding decisions. This engagement can provide insights that allow for more relevant funding, which in turn can strengthen the power of neighborhood to influence policies and practices.



Conversation Worksheet Instructions

How to Create a Connection Circle (based on the work of the Creative Learning Exchange)

- Share your responses to the questions posed for each of the Factors That Impact Health Equity.
- Focus on insights and observations about the relationships between and among the eight factors.
- Discuss how these factors cause other factors to increase or decrease over time.
- Draw an arrow from the cause to the effect.
- Look for loops among the factors.
- Document what new and different actions you might take – individually and collectively – as a result of noticing the relationships between the factors.




 Use the Conversation Worksheet at the end of this document.

Conversation Worksheet
Health Equity Lab A project of ReosPartners

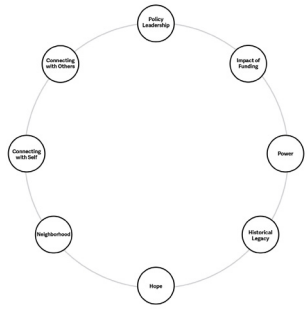
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Watch this video to learn more about Connection Circles: [Introduction to Connection Circles](#) by the Creative Learning Exchange.

Based on your reflections, draw your own connection circles.



#PromoteHealthEquity
#CultureofHealth

Questions to spark your health equity conversation

Are these factors at play within the health equity challenges you are concerned about?

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You can also refer to the questions and your reflections found in the Conversation Launch Pad.

- ➔ For more information, visit [Making Thinking Visible: Connection Circles](#) by the Creative Learning Exchange.
- ▶ Watch this video to learn more about Connection Circles: [Introduction to Connection Circles](#) by the Creative Learning Exchange.

Appendices

Appendix 1

Interview Protocol

Personal biography

- What is it about your personal story that has shaped what you do and the perspective you have?
- Can you tell us a little about your background?
- What were your first-hand experiences with the issue of health equity?
- What were the high and low points of working on health equity?
- What enabled those “peak” experiences?
- What caused the low points?

Core of interview

- How would you characterize the current situation?
 - » When you look at the current situation of health equity, what catches your attention? What keeps you up at night? What energizes you?
 - » If you could ask a clairvoyant only three questions about the future of health equity in the US, what would you most want to know?
 - » If things turn out badly with regards to health equity over the next 20 years, what would have happened? What would the story have been?
 - » If things turn out well with regards to health equity over the next 20 years, what would have happened? What would the story have been?

- What are the areas where innovation is most needed?
 - » What important upcoming decisions will the US (your state/region/sector) have to make regarding health equity in the near future? What are the upcoming forks in the road?
- Where are the biggest challenges/problems/obstacles you see in the current situation? What’s not working? Why do you think it’s not working? Can you tell me a story or two to illustrate the roots of these challenges? What connections do you see between “fixes” in one area and negative outcomes in another?
- Where are things most stuck?
- What previous efforts have been made to address these problems? What happened? What are your learnings from these efforts? What external forces affected the success of these efforts?
 - » What are important lessons from past efforts at addressing health equity?
 - » What are important examples of situations when the US (your state/region/sector) has failed in addressing its challenges or in realizing its potential? In these examples, why did we fail?
- Who, what, and where are the “positive deviants”—that is, people, situations, or places that have been successful in making change happen? Why do you think that is the case?

- » What are important examples of situations when the US (your state/region/sector) has succeeded (or is succeeding) in addressing its challenges or in realizing its potential? In these examples, why did we succeed?
- What is your role in the current situation? What has hindered your capacity to address the concerns you are expressing? How are you unintentionally contributing to the patterns you are concerned about?

Aspiration

- What would you most like to see?
- What do you have energy for?
- What would you like to do to help address the challenge of health equity?
- What is the legacy that you would like to leave?
- What do you want your epitaph to be?

Concluding questions

- Who else should we talk to?
- What advice do you have for us?
- Are there any pitfalls that we might not be aware of?
- Is there any question you wish I had asked but didn’t?

[Appendix 2](#) Partners



Reos Partners is an international social enterprise that helps people move forward together on their most important and intractable issues.

We design, facilitate, and guide processes that enable teams of stakeholders—even those who don't understand or agree with or trust one another—to make progress on their toughest challenges. Our approach is systemic, collaborative, and creative.

We partner with governments, corporations, and civil society organizations on challenges such as education, health, food, energy, environment, development, justice, security, and peace. Our work is pragmatic, professional, and tailored to the needs of the specific situation.

Our name comes from the Greek "rheos," which means "flow."

www.reospartners.com



Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives.

www.rwjf.org

www.cultureofhealth.org

For more information about
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 @ReosPartners

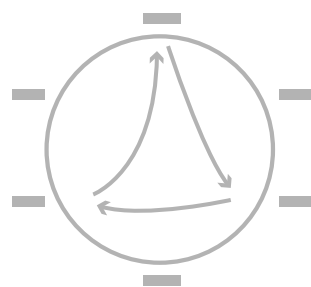
 @RWJF

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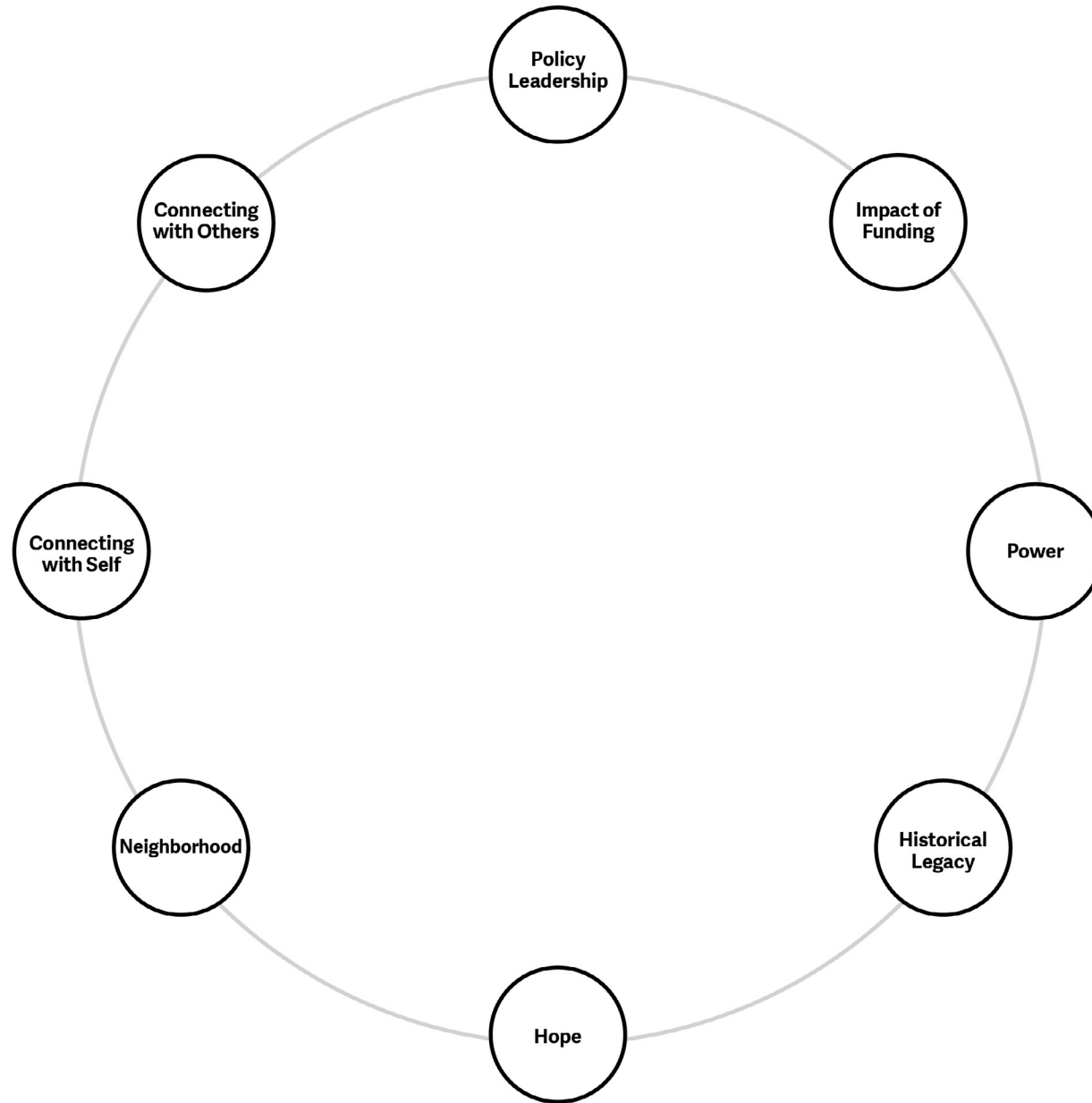
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