

| Assessing Team and Organization Key Stakeholder Alignment  | Next Steps   |
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| <p><b>Are initiative participants and key stakeholders (e.g., team members, organization leadership) operating from the same definitions of “health equity”, “disparities”, “inequity”, and “equitable care”?</b></p>  | <p>Discuss the following questions and use the team’s responses to identify next steps.</p> <ul style="list-style-type: none"> <li>• What resources, if any, were used to create the definitions?</li> <li>• Were patients and/or representatives of community-based organization partners consulted and involved in deciding which definitions and concepts to use?</li> <li>• Have all team members and/or key stakeholders been meaningfully involved in selecting and learning the definitions of key concepts?</li> </ul> |
| <p><b>Diverse transdisciplinary teams grounded in critical theoretical paradigms that center on explicit power analysis will experience fewer challenges in negotiating worldview differences than transdisciplinary teams that do not share that perspective.</b></p> <p><b>Are initiative participants and key stakeholders (e.g., team members, organization leadership) grounded in, and operating from the same critical theoretical paradigms?</b></p> <p><b>Do participants agree on the need to focus the work of creating a culture of equity on explicit power analyses?</b></p> | <p>Discuss the following questions and use the team’s responses to identify next steps:</p> <ul style="list-style-type: none"> <li>• What resources and processes, if any, were used to learn about critical theories and power analysis?</li> <li>• Are team members and key stakeholders able to individually describe the critical theories utilized for creating cultures of equity and how to apply power analysis to the work?</li> <li>• Do participants agree on utilizing those theories and approaches?</li> </ul>   |
| <p><b>Have initiative participants and key stakeholders (e.g., team members, organization leadership) discussed the following questions:</b></p> <p><b>Is the team/organization:</b></p> <ul style="list-style-type: none"> <li>* Replacing a focus on cultural competence with a focus on critical consciousness?</li> <li>* Hiring and supporting implementation teams that model a culture of equity?</li> <li>* Emphasizing relationships as a vehicle for change?</li> <li>* Ensuring equity-focused implementation and operations?</li> </ul>  | <p>Utilize the discussion to identify areas for improvement. Create specific, measurable, realistic, and timebound goals to address improvement needs.</p>   |
| <p><b>Initiative participants and key stakeholders (e.g., team members, organization leadership) should discuss whether the organization’s activities to create a culture of equity have...</b></p> <ul style="list-style-type: none"> <li>* adequate funding and personnel support.</li> <li>* long-term evaluation periods.</li> <li>* support for experimentation, including failure.</li> </ul>  | <p>Utilize the discussion to identify areas for improvement. Create specific, measurable, realistic, and timebound goals to address improvement needs.</p>   |

| Assessing Common Root Causes of Problematic Relationships with Surrounding Communities and Patients Living with Inequities  | Next Steps   |
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| <p><b>How is the initiative actively working to recover historical memory to understand the etiology of oppression as well as the lived experiences of those experiencing oppression?</b></p> <p><i>Note: Recovering historical memory requires partnering with the patients, families and members of excluded communities living with and impacted by health inequities. It involves learning more about their perspectives and experiences regarding the multi-sectoral healthcare system, its organizations (especially your own), and the roles that they play creating health and healthcare inequities.</i></p> | <p>First, conduct a self-assessment of your organization’s history of positive and negative impacts on the patients and families of excluded communities living with and impacted by health inequities. Include your organization’s positive and negative impacts on community-based organizations. Work hard to research the complete history of the entire organization, not just the more recent past and not just certain parts of the organization.</p> <p>Next, respectfully partner directly with community-based organizations and the patients and family members of excluded communities living with and impacted by health inequities. Ask them about their memories and perceptions of how your organization has impacted them and the community in which they live and work.</p> <ul style="list-style-type: none"> <li>• Seek guidance from those experienced in doing such work. You may do more harm than good by attempting to gain guidance without adequate preparation.</li> <li>• Remember to fairly and adequately reimburse participants for their expertise and time.</li> <li>• Ideally, approach participants with an offer of tangible resources or an inquiry of how you can be helpful to them.</li> </ul>  |
| <p><b>Does your organization or initiative view marginalized individuals and communities through a strengths-based perspective that values their resilience, knowledge, and lived experiences as critical for reducing health and healthcare inequities?</b></p>  | <p><b>Discuss the following questions and use the team’s responses to identify next steps.</b></p> <p>Employing a strengths-based perspective requires:</p> <ul style="list-style-type: none"> <li>• Recognizing the imperative to partner with patients, family members, and community organizations to identify and eliminate the root causes of health and healthcare inequities. <ul style="list-style-type: none"> <li>○ Does your organization actively partner with patients, family members, and community organizations to conduct root causes of health and healthcare inequities? <ul style="list-style-type: none"> <li>▪ Why or why not? <ul style="list-style-type: none"> <li>• How can your organization improve?</li> </ul> </li> </ul> </li> </ul> </li> <li>• Valuing the lived experience and expertise of patients and communities living with health inequities at least as much, if not more than, those working within healthcare organizations and academic settings. <ul style="list-style-type: none"> <li>○ Does your organization give equal weight to the expertise of patients and community-based organizations when designing care delivery transformation activities to reduce and eliminate health and healthcare inequities? <ul style="list-style-type: none"> <li>▪ What examples support your answer? <ul style="list-style-type: none"> <li>• How can your organization improve?</li> </ul> </li> </ul> </li> </ul> </li> <li>• Ceding decisional authority and power to those with lived experience. <ul style="list-style-type: none"> <li>○ Does your organization share or cede decisional authority to patients and community-based organizations when designing care delivery transformation activities to reduce and eliminate health and healthcare inequities (e.g., having substantial patient and community-based organization representatives on governance boards with decision-making authority versus only on advisory boards)? <ul style="list-style-type: none"> <li>▪ What examples support your answer? <ul style="list-style-type: none"> <li>• How can your organization improve?</li> </ul> </li> </ul> </li> </ul> </li> <li>• Providing equitable and adequate compensation for those who shared their lived experience and expertise. <ul style="list-style-type: none"> <li>○ Does your organization provide financial compensation for patients and community-based organizations when they share their insights and expertise with you? <ul style="list-style-type: none"> <li>▪ If not, why not?</li> <li>▪ If so, what is the level of compensation (e.g., hourly rate of pay) for their expert insight and recommendations compared to what your organization typically pays other external consultants? If there are differences in compensation, can you explain why?</li> <li>▪ Does your organization pay less than the equivalent of the local minimum wage for the expertise and recommendations of patients and community-based organizations? If so, why? <ul style="list-style-type: none"> <li>• What examples support your answer? <ul style="list-style-type: none"> <li>○ How can your organization improve?</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li></ul> |

| Assessing Core Assumptions Underlying Your Team's or Organization's Work to Advance Health Equity  | Next Steps  |
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| <p><b>Has your team or organization reoriented its perspective and work from focusing on the “individual level” to the “structural level” of health and healthcare inequities?</b></p> <p><b>For example, instead of asking questions such as: “Why are African American and Black pediatric patients with asthma hospitalized more than our other patients?” your team and organization would ask: “Why is our health system less successful helping African American and Black pediatric patients with asthma stay out of the hospital?”</b></p> | <p>Use self- and group-reflection to consider the ways that individual, professional, and organizational socialization might reinforce racism, white supremacy, and other forms of oppression. Review and discuss the following resources and use the team's responses to identify next steps.</p> <p><a href="#">*Create Cultures of Equity: A Critical Approach To Understanding Systems of Oppression</a><br/>Ask how your health system or organization might be impacted by, and also reinforce, existing systems of oppression.</p> <p><a href="#">*Conducting a Root Cause Analysis with an Equity Lens: Key Considerations</a><br/>Gain practice orienting your worldview utilizing a structural perspective. Identify one or more health or healthcare disparities in your patient population. Then, identify or hypothesize potential root causes of each inequity for each of the following levels: policy, community, organization, microsystem, and care team members.</p>   |
| <p><b>What actions are your team or organization taking to create and advance cultures of equity?</b></p>  | <p>Discuss the following questions and use the team's responses to identify next steps.</p> <ul style="list-style-type: none"> <li>• What steps is the team or organization taking to de-naturalize structural level discrimination and oppression in the following contexts? <ul style="list-style-type: none"> <li>○ Inside the organization as experienced by employees.</li> <li>○ For patients, families, and the community-based organizations that serve them.</li> </ul> </li> <li>• What has the team or organization done to analyze and deconstruct the various circumstances that produce and exacerbate poor health?</li> <li>• How is the team or organization utilizing theories of critical consciousness to transform unjust conditions and power dynamics?</li> <li>• Who is held responsible and accountable at your organization for reducing inequities amongst employees? <ul style="list-style-type: none"> <li>○ How is accountability assessed or measured?</li> <li>○ What are the accountability mechanisms?</li> </ul> </li> <li>• Who is held responsible and accountable at your organization for reducing health and healthcare inequities within the patient population? <ul style="list-style-type: none"> <li>○ How is accountability assessed or measured?</li> <li>○ What are the accountability mechanisms?</li> </ul> </li> </ul> |