



COLLECTIVE IMPACT FORUM



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Fall 2016 Collective Impact Webinar Series



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- We want to hear from you! Keep close to your computer to answer polls and ask questions.



Robert Albright
*Associate Director,
Collective Impact Forum*

Poll:

**How many people are watching today's
webinar at your location?**



Thank you for joining

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1

Ask a question

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2

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Moving Equity from Theory to Practice

Agenda

Welcome and Equity Overview

Ashlee Young, MPH, CHES

Evaluation Associate, Interact for Health

Equity Journey Panel

Christopher King, PhD FACHE

Trustee, Consumer Health Foundation

Nancy Csuti, Dr.PH

Director of Research, Evaluation & Strategic Learning, The Colorado Trust

Jaime Love, M.Ed, CHES

Program Officer and Equity Committee Chair, Interact for Health

Discussion Guide

Questions and Closing



Poll:

What role(s) do you play in collective impact?

Poll:

Where are you on your equity journey?

What is Equity?

- Providing all people with fair opportunities to attain their full potential to the extent possible (CommonHealth ACTION, adapted from Braveman and Gruskin, 2003)
- 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 (PolicyLink)

What is Equity?



Why having an Equity Lens matters?

- Philanthropy can leverage power and privilege to disrupt the drivers of inequality
- Philanthropy has the flexibility to make a difference where equity is concerned, vs. institutions that are bound by other things
- Equity values the lived experience and is not a top down approach. Puts “Real” people at the center
- Equity addresses power dynamics
- Using disaggregated and qualitative data helps to create an equity lens

Consumer Health Foundation

Consumer Health Foundation's Equity Journey

Christopher J. King, PhD, FACHE

Former Chair and Current Trustee

Consumer Health Foundation

Twitter: @prvniskey

Our Vision

We envision a region and nation in which everyone has an equal opportunity to live a healthy and dignified life. By everyone, we mean all people regardless of race, ethnicity, immigration status, gender identity, sexual orientation, disability, age or income.

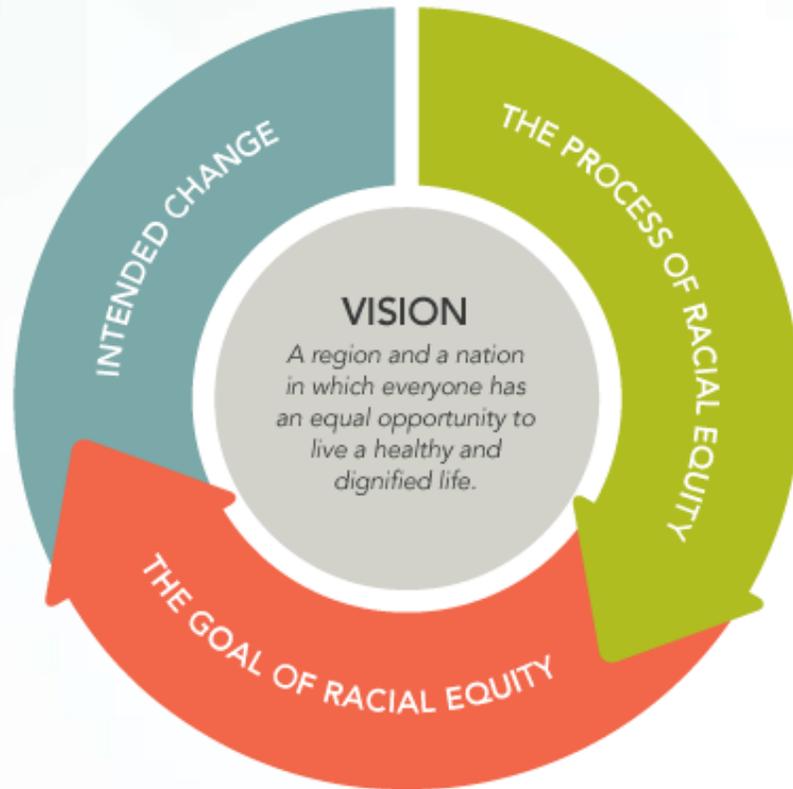
About Us

- Washington D.C. region
 - District of Columbia
 - Northern Virginia
 - Maryland Suburbs
- Group Health Association conversion in 1994
- Early focus on health care
- In 2009, shifted to an advocacy funding strategy
- New portfolio to focus on the social determinants of health
- Now working at the intersection of health equity, racial equity and economic justice
- Grantmaking = \$1 million per year

What we mean by Equity

- Racism is a “principal threat”
 - A historic and enduring means for structuring opportunity with significant implications for health
- Explicit commitment to addressing structures and systems that contribute to disparate health outcomes for **people of color**
- Equity is a goal and a process
 - Goal: absence of systematic disparities in health or its social determinants between social groups with different levels of underlying advantage
 - Process: assurance of the conditions for optimal health for all people of color so that they too can achieve optimal health

Equity: A Goal and a Process



■ THE PROCESS OF RACIAL EQUITY

- Board and staff education on racial equity
- Diversity and inclusion at the level of board governance
- Diversity and equity assessments and accountability mechanisms at the operational level

■ THE GOAL OF RACIAL EQUITY

- Grantmaking
- Capacity Building
- Strategic Communications
- Strategic Partnerships
- Mission-Consistent Investing

■ INTENDED CHANGE

- Policy and practice change at the systems level
- People of color are organized and effective advocates for this change
- Grantee partners have more diverse organizations and place greater emphasis on racial equity in their strategic plans
- The nonprofit and philanthropic communities are more aware of racial equity concepts and practices
- Increased investments in low-income communities of color

Two Milestones

- 2004-2005 Community Speakouts
 - Lack of cultural and linguistic competency
 - Experiences of daily discrimination
 - Poor social conditions in communities of color
 - Lack of access to high-quality education, good-paying jobs, health food and affordable housing

Aha Moment

What role do we want to play?

Safety-net foundation?

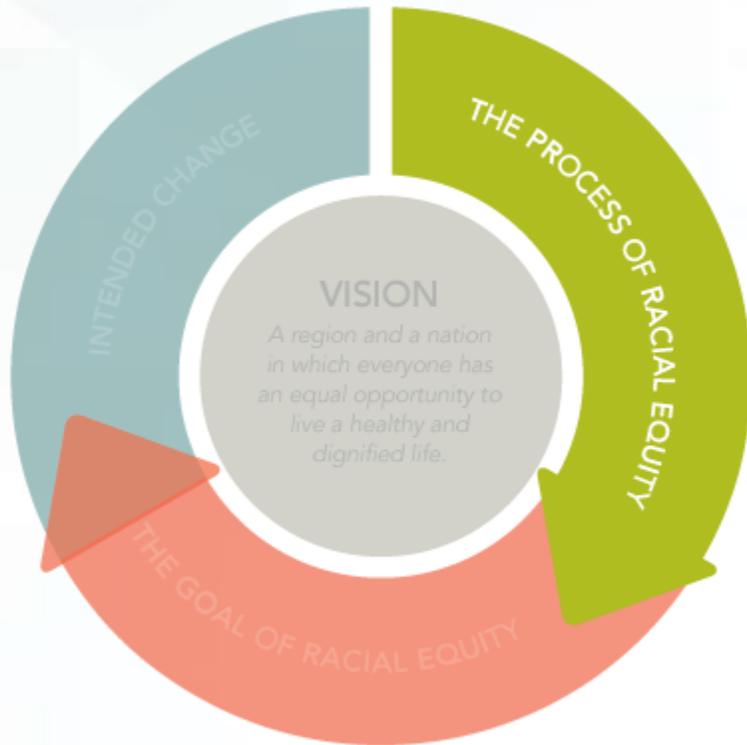
Or

Change agent focused on root causes?

Two Milestones

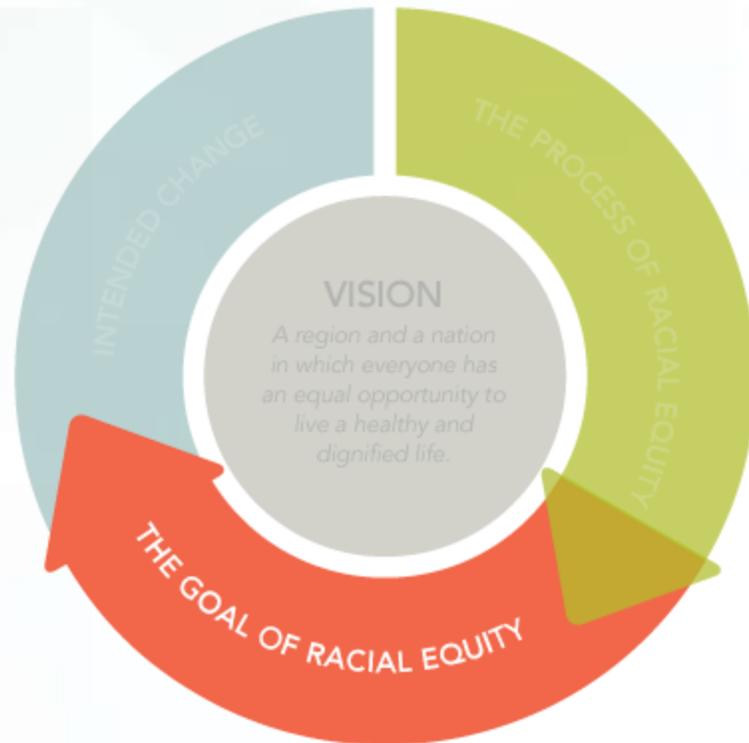
- 2007 Assessment by the Philanthropic Initiative for Racial Equity and Applied Research Center (now Race Forward)
 - Main finding: Clarify the use of terms such as vulnerable and underserved
 - Who are you talking about?

The Process of Racial Equity



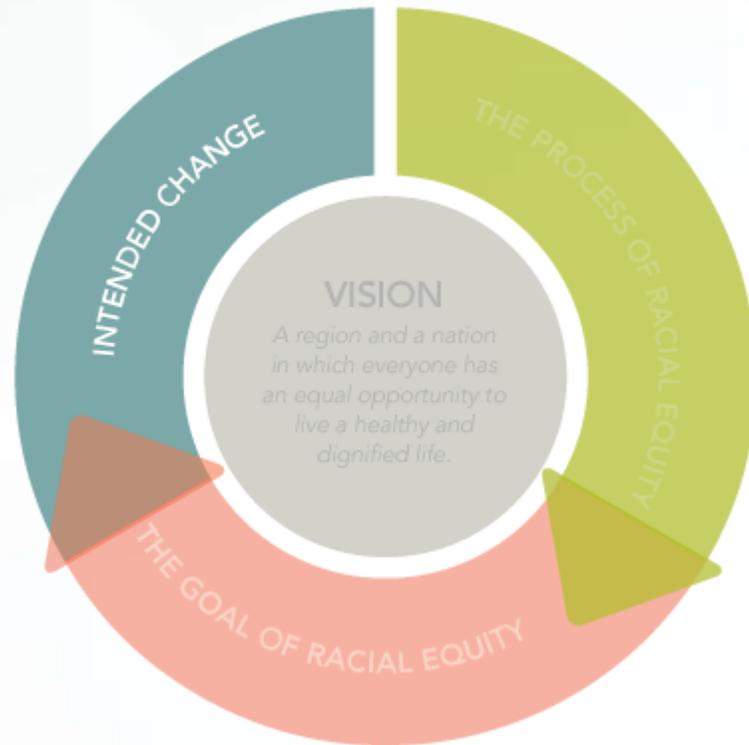
- Education
 - Documentaries
 - Retreats/board development on racial equity
 - Learning journeys
 - Conferences, meetings, trainings
- Governance
 - Board diversity
 - Diversity matrix
 - Community call for board members
 - Recruiting practices
 - Inclusion
 - Leadership
 - Annual board evaluation
 - Operations
 - Hiring and orientation
 - Internal diversity and equity indicators
 - CEO and staff performance
 - Vendor diversity

The Goal of Racial Equity



- Grantmaking: A focus on advocacy for systems change
- Capacity Building: Field building approach, including racial equity trainings
- Strategic Communications: Racial equity workgroup of WRAG
- Mission-Consistent Investing: Maximizing the totality of our resources

Intended Change



- Policy and practice change at the system level
- People of color are organized and effective advocates for this change
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Advancing the Field

- “Partners” - Capacity Building
 - Advocacy
 - Special Projects
- Convener
- Mission Consistent Investing
- Peer Support
- Telling our Story

Advancing the Field

The Foundation Review

Volume 6
Issue 1 *Racial Equity*

Article 5

2014

Integrating Racial Equity in Foundation Governance, Operations, and Program Strategy

Yanique Redwood
Consumer Health Foundation

Christopher J. King
Consumer Health Foundation



ARTICLE IN PRESS

The Health Care Institution, Population Health and Black Lives

Christopher J. King, Ph.D., FACHE, Yanique Redwood, Ph.D., M.P.H.

The ongoing existence of institutionalized racism and discriminatory practices in various systems (education, criminal justice, housing, employment) serve as root causes of poor health in Blacks Lives. Furthermore, these unjust social structures and their complex interplay result in inefficient utilization of health services and reactive or futile interactions with medical providers. Collectively, these factors contribute to racial disparities in health and treatment represents a significant portion of the nation's health care expenditures. In order for health care systems to optimize population health goals, racism must be recognized as a determinant of health. As anchor institutions in their respective communities, we offer hospitals and health systems a conceptual framework to address the issue within internal and external constructs.

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<http://dx.doi.org/10.1016/fj.jma.2016.04.002>

INTRODUCTION

While some may argue we live in a post-racial era, a body of scholarship corroborates the presence of structural racism in contemporary settings.¹⁻⁵ Most recently, a series of events have elevated social consciousness about the Black experience in America.⁶ Consequently, the *Black Lives Matter* movement gained momentum in 2013, serving as a catalyst

sensitive conditions.¹⁴⁻¹⁹ Such racial disparities have a significant financial impact and are estimated to cost \$35 billion in excess health care expenditures and \$10 billion in illness-related lost productivity.²⁰

In response to these disparities, many health care institutions have demographically stratified and analyzed health outcome data and incorporated best practices to create interventions to reduce or eliminate disparities in care. However, due to broader structural contexts, significant disparities persist. We assert that these trends will remain intractable until structural racism and its effects (bias, discrimination) are recognized as root causes of poor health. This approach is especially relevant as health reform is incentivizing health care leaders to find new and more creative ways to promote wellness, reduce readmissions, and manage the health of populations. By applying a racial equity lens in how they are governed and operated, hospitals, as anchor institutions, can advance their population health goals.²¹

Using health reform as a springboard, we articulate why this approach is important and close with a conceptual framework to stimulate thought and organizational practices that (1) promote racial equity within health care settings; and (2) contribute to the advancement of historically marginalized communities of color.

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The Colorado Trust

Moving Equity from Theory to Practice

2016 Collective Impact Forum

Webinar

Nancy Csuti, DrPH
Director of Research, Evaluation & Strategic Learning
The Colorado Trust

What's in a name?

- Vision changed in 2012 w/ new CEO
- Disparities vs. Inequities
- Community-engaged
- Community- informed
- Community-led
- Community-driven
- Resident-driven

- Four grantmaking areas – advocacy/policy; data/information; **community partnerships**; PRIs

What do *we* know about equity?

- 2014 – interviewed D&I firms that were recommended to us, selected VISIONS, Inc.
 - Non-profit
 - Tailored the interview presentation to our organization
 - All staff voted
- Nov 2014 – Trust board & staff began journey into D&I work
- Continue with VISIONS through end of 2016
 - Post 2016 will transition off VISIONS and toward a local firm that can further push us out of our comfort zone

Accomplishments & Lessons Learned

- Accomplishments:
 - Internal D&I team created
 - Role in hiring, revised hiring policies and procedures
 - Maternity/ family leave policy
 - Grants management & operations
 - Everyone's using the language
 - Larger, more authentic role for grantees

Accomplishments & Lessons Learned

- Lessons Learned
 - It's personal and requires individuals be willing and able to change
 - It takes a long time (forever)
 - It's uncomfortable and surprising at times
 - Not everyone is on board (staff transitions)
 - Impacts all aspects of one's life
 - POC and white staff experience the journey differently
 - It requires great trust
 - D&I can't focus just on race



Guidelines For Effective Cross-Cultural Dialogue

- “Try on”
- It’s okay to disagree
- It is not okay to blame, shame, or attack, self or others
- Practice “self-focus”
- Practice “both/and” thinking
- Notice both process and content
- Confidentiality
- Be aware of intent and impact

Three Dimensions of Change

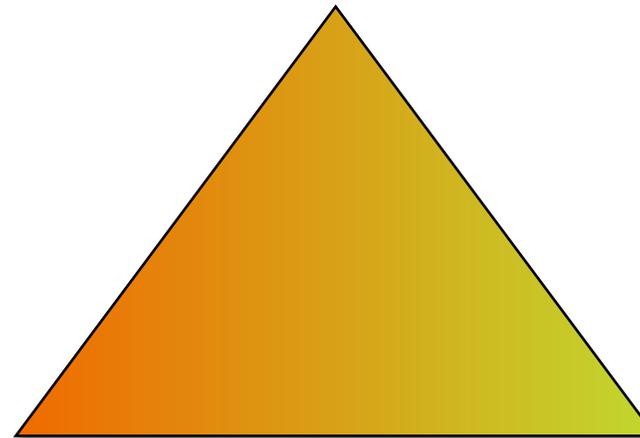
Individual and Organizational

What: Concept

Why: Linkage

How: Strategies

Cognitive



Affective

Process
Emotions
Environment

Behavioral

Expectations
Actions
Results

Institutionalized Equity

IMPLICIT BIAS

- Replicates business as usual
- Unaware and un-strategic
- Exclusive of stakeholders
- Not attentive to race, gender, income and other inequities
- Ignores barriers to access
- Does not consider racial impacts
- Has an either/or approach

EXPLICIT EQUITY

- Builds in decisionmaking that is equity driven
- Fosters active engagement and empowerment of stakeholders
- Gives distinct, specific and sufficient attention to key disparities/inequities
- Supports and implements strategies to remove barriers
- Systematically analyzes potential impacts on disadvantaged groups

Where we are now & next steps

- Transitioning away from VISIONS in 2017 while looking for more focused, local talent to help push us some more
- Increased budget for 1-1 coaching with VISIONS for 2017 while reducing the all staff meetings
 - About 50% of staff use the 1-1 coaching
- Looking into other aspects of diversity & inclusion beyond race (namely gender and disability issues) to push us out of comfort zones
- Continue to orient new staff to D&I work
- Figuring out transitions on D&I team

Interact for Health

INTERACT FOR HEALTH

A Catalyst for Health and Wellness

Jaime Love, M.Ed, CHES

Program Officer and Equity Committee Chair
(513) 458-6615, jlove@interactforhealth.org

Interact for Health

Interact for Health improves the health of people in the Cincinnati region by being a catalyst for health and wellness.

We accomplish our mission by promoting healthy living through grants, education, research and policy. We are a regional foundation that serves 20 counties in Ohio, Kentucky, and Indiana.

Priority Areas

Healthy Promotion

- Healthy Eating
- Active Living
- Mental and Emotional Wellbeing
- Healthy Choices About Substance Use
- Empowering Communities

Protecting the Healthcare Safety Net

- School Based Health

Equity Framework

Overarching Goal:	To review and reflect on Interact for Health’s current grantmaking and catalyst work using a health promotion and equity lens and identify opportunities for strategic investment that will help us achieve our mission					
	I. Build a Common Understanding & Framework: To develop a common language & understanding of equity & health promotion					
Phases:	II: Internal Review – Look back at what we have done (baseline)	III: External Review – Look outward at best practices & community needs	IV: Reflect & Change – Review information from Phases II & III	V: Institutionalize Learning & Equity (internal)	VI: Share our Learnings (external)	
Phase Goals:	To review, analyze, & clarify the impact of Interact’s current portfolios & catalyst work	To identify health promotion best practices & strategies & describe our region’s gaps & areas of opportunity	To analyze and prioritize information gathered in Phases II & III and identify opportunities for strategic investment*	To institutionalize strategic learning** & equity*** in Interact’s processes & strategies	To communicate learnings & our plan of action to external key stakeholders & the community	
Internal Processes to Review:	<ul style="list-style-type: none"> • Board appointments and Board Committees • HR Strategies • Vendors and Consultants • Internal Committees • Work environment/culture • Peer review/feedback • Investment portfolio 					

Interact's Equity Journey

Our Journey

- June 2015 Board Presentation by Consumer Health Foundation

Learning Journey

- LA October 2015
- Atlanta February 2016

Workshops/Conferences/Trainings

- PolicyLink Equity Conference
- Implicit Bias Staff Workshop
- Securing the Future
- CommonHealth ACTION staff workshop

Organizational Accomplishments

- Formation of Equity committee
- Equity Value Statement
- Board Matrix
- Board member joined Equity Committee
- Book Club

Ongoing Equity Efforts

- Equity Delegation
 - Amanda Nevarro, PolicyLink
 - Nathanael Smith, Partnership for Southern Equity
 - Consulting with PolicyLink

Lessons Learned

What Has Worked

- Talking about it has worked well
- Having a committee dedicated to equity that represents different teams within the organization
- Learning journeys
- Staff trainings
- Hearing from experts in the field
- Leadership buy-in on some levels
- Equity Committee buy-in
- Open forum discussions

What Has *Not* Worked

- Balance between internal and external work
- Institutionalizing equity into processes and strategies
- Having two black people being the loudest champions
- Leadership not seeing the value of continued staff learning and internal reflection

Tools

> GEAR Introduction



<http://www.policylink.org/equity-tools/gear/introduction>

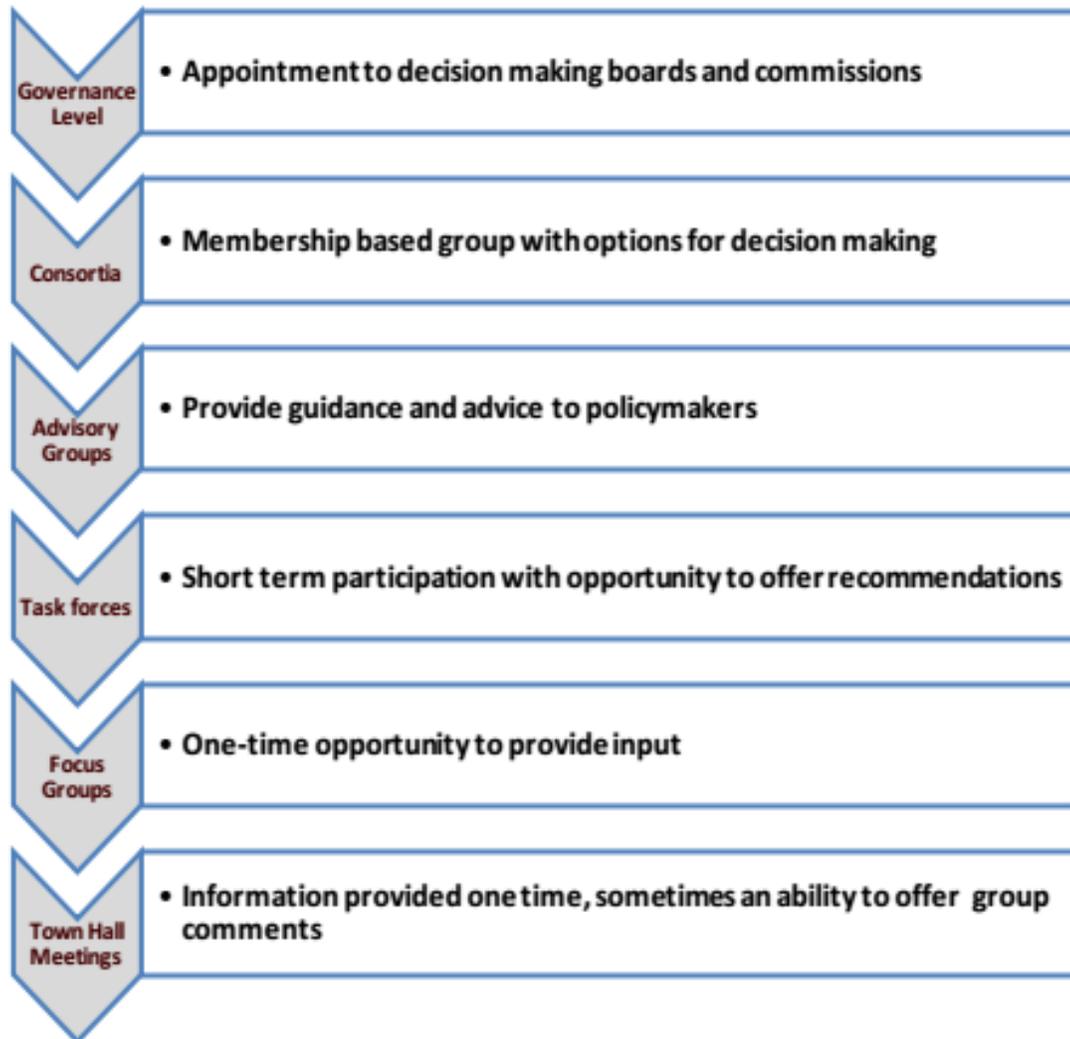
The screenshot shows the National Equity Atlas website. The header includes 'Data to Build an Equitable Economy', 'National Equity Atlas', and navigation links like 'About the Atlas', 'Data Summaries', 'Indicators', 'Reports', and 'Data in Action'. A main banner features a photo of diverse children with the text 'The Face of America is Changing' and a button 'Begin with the U.S. Summary'. A sidebar on the right mentions a webinar: 'Webinar: Explore New Ancestry Breakdowns'.

<http://nationalequityatlas.org/>

Tools

Community Engagement Ladder

**Ascending
Value**



**Descending
Value**

Collective Impact and Equity

- Authentic community engagement must be embedded as an essential element of the collective impact framework
- Systems and policy change are integral to advancing racial equity
- Choosing the right backbone: a backbone must...
 - Embody a leadership voice and pattern of behaviors that live and breathe equity
 - Have the courage, capacity, and credibility to take on the biggest problems in our nation, starting with structural racism
 - Be adept at using a disciplined approach such as Results Based Accountability for moving from talk to action
 - Be flexible
 - Hold themselves and the collective impact partnerships they shepherd accountable for achieving results

Frameworks to Address Equity

Internal

- Training
- Policies
- Work culture

External

- Organizing and advocacy
- Grantmaking
- Research and data collection
- Partnerships
- Regional and cross-sectoral collaboration
- Community engagement

Discussion Guide

Please take 5 minutes now to reflect on the two-page discussion guide

Questions

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Thank you to our speakers!



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*Nancy Csuti,
The Colorado
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*Jaime Love,
Interact for
Health*



Continue Your Journey in Our Upcoming Webinars

[The What, the Why, and the How of Building Capacity for Collective Impact](#)

November 1, 2016

[How to Integrate Continuous Learning into Collective Impact](#)

November 29, 2016



Join the Collective Impact Forum – A Free Online Community for Collective Impact Practitioners, Partners, and Funders

The screenshot shows the homepage of the Collective Impact Forum. At the top left is the logo for the Collective Impact Forum, which consists of a teal circular icon with radiating lines and the text "COLLECTIVE IMPACT FORUM". To its right is the FSG logo. The top navigation bar includes links for "ABOUT US", "PROFILE DIRECTORY", "BLOG", and "LOGIN". A search bar is located to the right of the "LOGIN" link, followed by social media icons for Facebook, LinkedIn, Twitter, YouTube, and Google+. Below the navigation bar is a teal horizontal menu with the following items: "WHAT IS COLLECTIVE IMPACT", "GETTING STARTED", "FEATURED STORIES", "COMMUNITY", "RESOURCES", and "NEWS & EVENTS". The main content area features a large background image of a group of people. On the left side of this area, the text reads "Welcome to the COLLECTIVE IMPACT FORUM". Below this, a paragraph states: "This is the place for those practicing collective impact to find the tools, resources, and advice they need. It's a network of individuals coming together to share experience and knowledge to accelerate the effectiveness and adoption of collective impact." At the bottom of this section is a teal button that says "LEARN ABOUT THE COMMUNITY". On the right side of the main content area, there is a section titled "Visit Our Community" with the text "Select your role to visit the collective impact community most relevant to you." Below this text are three rounded rectangular buttons, each with an icon and text: "FUNDER OF INITIATIVES" (with a teal circle icon containing a white 'F'), "BACKBONE ORGANIZATION" (with a teal icon of three people), and "PARTNER ORGANIZATION" (with a teal icon of two hands shaking).

Sign up at

www.collectiveimpactforum.org