

# Health Equity Learning Lab Series: From Conceptual Theory to Concrete Practice

**LEARNING LAB  
SERIES TOOLKIT**

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## INTRODUCTION TO THE TOOLKIT

In order to achieve its aim of reducing infant mortality disparities through equity in Michigan, the PRIME Project proposed several activities. One activity was the development of a health equity learning lab. The PRIME Project enlisted the services of the Center for Health Equity for Mothers and Children (CHEMAC) for the creation of this lab. CHEMAC aims to develop effective implementation strategies to transform existing public health and health-related agencies so that every institutional action promotes- and never inhibits- the attainment of health equity for every individual it serves. This Toolkit documents the structure, format, and materials for a pilot version of this Health Equity Learning Lab Series.

To develop the Learning Lab, we, the authors, searched the internet and the published literature in search of models for equity attainment for public health agencies. In particular, we sought models that met the following criteria for an equity implementation model:

- The model addresses equity issues relevant to the earliest stages of the life course (e.g. maternal and child health focused);
- The model addresses the full range of contributors to equity, including historical contributors, institutional racism, and social determinants of health equity;
- The model incorporates community engagement and collaborative partnerships in the process of developing strategies;
- The model pays attention to principles of implementation science to ensure that the developed plan unfolds as intended with fidelity to the underlying science and intent
- The model is easily adaptable for use in public health agencies

Not only did we not find a model that contained these characteristics, we did not find any model that came close. CHEMAC has worked in collaboration with the Michigan Department of Community Health and PRIME project staff to develop a model that incorporates these elements and is designed along the structure of a Health Equity Implementation Learning Lab Series.

The purposes of this Health Equity Learning Lab Series are:

- to build the capacity of the Bureau of Family, Maternal and Child Health to reduce racial disparities in infant mortality;
- to create a model and training that would help staff incorporate a social determinants of health framework in their daily work;
- to create a model and training that would help staff more regularly and effectively use data to inform program, policies and practices;

- to develop a systematic process for how to think about determinants of racial disparities in infant mortality in a way that leads to new funding opportunities, programs and policies.

**LEARNING LAB PREREQUISITES:**

Social Justice Workshop

Undoing Racism Workshop

Unnatural Causes video

Race: the Power of Illusion video

**OVERALL GOAL****Goal:**

To foster institutional change that always promotes, -and NEVER inhibits- health equity

To incorporate equity thinking, perspectives and action into your day-to-day work

Minimum: To increase knowledge of applied approaches to promoting equity

Maximum: To achieve proficiency in incorporating equity thinking, perspectives and action into your day-to-day work.

**Equity Skill Levels:**

- Awareness
  - Have a thorough understanding of why equity is an important institutional goal and have knowledge of some approaches to promoting equity
- Functional
  - Able to “do”. You can identify opportunities to incorporate equity considerations in your day-to-day work, and you take advantage of emergent opportunities to promote equity
- Proficient
  - You create opportunities to address and promote equity

## **LEARNING OBJECTIVES**

By the end the Learning Labs Series, the participants will be able to:

1. Recognize contextual and environmental issues that impact on equity in specific health outcomes, i.e. breastfeeding rates,
2. Understand the interconnections and relationships between individual outcomes, socioeconomic context, and upstream/gatekeeper actions,
3. Envision and articulate what equity would look like at multiple levels across the social ecological framework,
4. Assess, modify and/or articulate and promote new policies, procedures, and work plan activities to collectively address equity within workplace settings,
5. Develop personal action plans for addressing equity in specific health outcomes, i.e. breastfeeding rates.
6. To process, synthesize, and systemize equity work into all action within the WIC Division,
7. To gather creative solutions to challenges and barriers to equity work,
8. To seek to sustain this work within the WIC institution.

## **LEARNING LAB FORMAT**

There are ten steps required to develop a Health Equity Implementation Plan. These 10 steps have been incorporated into a series of three Learning Labs. The entire series takes approximately 30 hours over 9 days, spread out in 3 consecutive days, 3 hour per day periods. This Toolkit documents the process and contains materials needed to design and conduct the Health Equity Learning Labs. We highly recommend that a health equity specialist to provide technical support for the participants through the Learning Lab process.

The 10 steps we have identified as requirements for a good health equity plan were translated into 10 lessons. Each lesson includes activities and summary exercises to ensure that the development of an equity implementation plan unfolds in an effective and efficient way. These Labs were developed for a maternal and child health agency (WIC); thus, there will be a need to develop and insert relevant program specific material according to the agency that is participating in the Labs. The content of this material should be guided by the participating agency's and stakeholders' mission, goals and objectives.

While the Health Equity Learning Lab Series is designed to be a group workshop facilitated by expert consultants, it may potentially be adaptable for group/self-moderated study. The Toolkit contains a list of materials needed to facilitate the Health Equity Learning Lab Series. Because it is a practice-based, applied model, it is less effective as an individual activity. Individuals may gain a valuable perspective by moving through the lessons but participation of the entire organization, in collaboration with community stakeholders and partners, is critical to fully develop and implement an effective equity plan. We suggest the use of an experienced equity implementation consultant and an experienced facilitator for the Health Equity Learning Lab Series to ensure that material is conveyed correctly and in ways that are responsive to the learners.

Each lesson denotes a major overarching activity/step toward developing an equity implementation plan. Since lessons build upon one another, these steps cannot be “cherry-picked”—that is all steps are important and necessary to achieve the development and transformation to an equity approach. The lessons move the participants through an equity learning process that includes exercises and techniques that they will need in order to translate health equity into the real-world environment of their unit/agency.

It is strongly recommended that the participants include several members of the community who participate in the services delivered by the agency and who are part of populations designated as “health disparity populations”. If this is not possible, then it is recommend that the agency contract with members of the community to develop case studies and data that represent common experiences, knowledge, attitudes, etc. (both positive and negative) relative to the services of the participating unit/agency and the related risks and outcomes.

## **LEARNING LAB DELIVERY INSTRUCTIONS**

The Health Equity Learning Lab Series is intended to be delivered as a multisession workshop led by an equity consultant and a facilitator. There is potential for adaptation to single session/self-facilitation, but great care should be taken and an equity consultant should be involved with this adaptation. There are three separate sessions or labs, each covering a few lessons of the ten that are included in the series.

It is ideal to have a small number of participants, 5-6 people or max of 20 who are divided into smaller groups. This aids the facilitators in monitoring the participants' understanding and to better respond to the group's unique needs and requests. Composition of the groups should be carefully considered. Since the labs are intended to change practice in an organization or unit toward equity, it is imperative all members of that unit are involved. Additionally, the ideal group would consist of an entire unit, broken into groups of 20 or less; community members; local, state and federal agency representatives; and if possible, other stakeholders who are partners in the attainment of your agency's goals. For the most comprehensive and potential sustainable equity work, all members of the socio-ecological framework relevant to the work of the agency should be involved, including community members.

Participants should complete all prerequisites for the labs, as this is intended as a culminating exercise in a unit's/agency's progress towards incorporating health equity promotion into their institution. It is critical that the participants have a basic understanding of health inequities that will be built upon with the Health Equity Implementation Learning Lab content. The participating group should complete all lessons and the corresponding exercises as subsequent exercises build upon previous ones. Participants should be encouraged to maintain a journal that contains their notes, thoughts and questions stemming from concepts learned during the lab.