

Healthier Washington

Health Innovation Leadership Network Meeting

9 a.m.-noon Friday, July 20, 2018

Cambia Grove | Suite 250 | 1800 9th Avenue | Seattle

Web access: <https://attendeegotowebinar.com/register/4128466441636555779>

Agenda

Meeting Objectives:

- Advance HILN's leadership role to address equity as part of a multi-year action agenda focused on wellbeing; and
- Define the direction of the Healthier Washington equity roadmap.

9:00 a.m. Welcome and Introductions

Sue Birch & Bill Robertson, Health Innovation Leadership Network Co-Chairs

9:15 a.m. Healthier Washington and Equity | Investing in Equity to Advance Wellbeing

Doug Bowes, United Healthcare

Drew Martin, Institute for Healthcare Improvement

Diane Oakes, Acora Foundation

David Wertheimer, Bill & Melinda Gates Foundation

- The business case for investing in equity
- Power mapping exercise

10:30 a.m. Break

10:40 a.m. Healthier Washington and Equity | Communities Leading the Way

Kennedy Soileau, Health Care Authority

Marya Gingrey, HealthierHere

HealthierHere Consumer and Community Voice Committee

- Integrating community voice into health systems transformation
- Equity application exercise

11:30 a.m. Advancing and Integrating Equity to Create a Healthier Washington

Laura Kate Zaichkin, Healthier Washington Coordinator

Drew Martin, Institute for Healthcare Improvement

- Developing the Healthier Washington equity roadmap

11:45 a.m. Next Steps

Sue Birch & Bill Robertson

12:00 p.m. Adjourn

| <u>Name</u> | <u>Organization</u> |
|--------------------------|--|
| Sue Birch, Co-Chair | Health Care Authority |
| Bill Robertson, Co-Chair | MultiCare |
| Chris Ackerley | Ackerley Partners, LLC |
| Peter Adler | Molina Healthcare Washington, Inc. |
| Teresita Batayola | International Community Health Services |
| Brian Bonlender | Department of Commerce |
| Doug Bowes | UnitedHealthcare Community Plan |
| Antony Chiang | Empire Health Foundation |
| Ann Christian | Community Mental Health Council |
| Eileen Cody | House of Representatives |
| Phil Colmenares | Premera Blue Cross |
| Sean Corry | Sprague Israel Giles, Inc. |
| Winfried Danke | CHOICE Regional Health Network |
| Regina Delahunt | Whatcom County Health and Human Services |
| Greg Devereux | Washington Federation of State Employees |
| Sue Elliott | Arc of Washington |
| Michael Erikson | Neighborcare Health |
| Andre Fresco | Yakima Health District |
| Nancy Giunto | Washington Health Alliance |
| Mike Glenn | Jefferson Healthcare, Port Townsend |
| Paul Hayes | Harborview Medical Center |
| Ross Hunter | Department of Early Learning |
| Nancy Johnson | Colville Business Council |

| <u>Name</u> | <u>Organization</u> |
|------------------|---|
| Mike Kreidler | Office of the Insurance Commissioner |
| Maura Little | Cambia Grove |
| Pam MacEwan | Health Benefits Exchange |
| Tom Martin | Lincoln Hospital and North Basin Medical Clinics |
| Jason McGill | Office of the Governor |
| Tammy Moore | Summit Pacific Medical Center |
| Peter Morgan | Family Health Centers |
| Martin Mueller | Office of the Superintendent for Public Instruction |
| Steve Mullin | Washington Roundtable |
| Diane Narasaki | Asian Counseling and Referral Service |
| Diane Oakes | Washington Dental Service Foundation |
| Richard Pannkuk | Office of Financial Management |
| Kathleen Paul | Virginia Mason Medical Center |
| Ann Rivers | Washington State Senate |
| David Rolf | SEIU 775 NW |
| Joe Roszak | Kitsap Mental Health Services |
| Bill Rumpf | Mercy Housing Northwest |
| Peter Rutherford | Confluence Health, Wenatchee |
| Joel Sacks | Department of Labor and Industries |
| Marilyn Scott | Upper Skagit Indian Tribe |
| Preston Simmons | Providence Regional Medical Center |
| Joe Smith | Kaiser Permanente Washington |
| Diane Sosne | SEIU 1199 NW |
| Aren Sparck | Seattle Indian Health Board |

| <u>Name</u> | <u>Organization</u> |
|-------------------|--|
| Hugh Straley | Dr. Robert Bree Collaborative |
| Cheryl Strange | Department of Social and Health Services |
| Jurgen Unutzer | University of Washington, Department of Psychiatry |
| Joe Valentine | North Sound Accountable Community of Health |
| Lisa van der Lugt | Washington Commission on Hispanic Affairs |
| Janet Varon | Northwest Health Law Advocates |
| Ron Vivion | Washington State Council on Aging |
| Rick Weaver | Central Washington Comprehensive Mental Health |
| David Wertheimer | Bill & Melinda Gates Foundation |
| Caroline Whalen | King County |
| John Wiesman | Department of Health |



Health Innovation Leadership Network: Communities & Equity Accelerator Committee Roster

| Name | Organization |
|-----------------------------|--|
| Antony Chiang, Co-Champion | Empire Health Foundation |
| Winfried Danke, Co-Champion | CHOICE/ Cascade Pacific Action Alliance |
| Sofia Aragon, Co-Champion | WA Center for Nursing |
| Bertha Lopez | Yakima Memorial Hospital |
| Victoria Fletcher | Washington Center for Nursing |
| Sybill Hyppolite | SEIU Healthcare 1199 NW |
| Lisa Segerstrom | Washington State Hospital Association |
| Aren Sparck | Seattle Indian Health Board |
| Shareka Fortier | MultiCare Connected Care |
| Janet Varon | Northwest Health Law Advocates |
| Jessie Dean | Health Care Authority |
| Leah Tuzzio | Kaiser Permanente Research Institute |
| Michael Itti | Washington State Commission on Asian Pacific Islanders |
| Nora Coronado | University of Washington Medicine |
| Paj Nandi | Department of Health |
| Rick Ludwig | Providence |
| Sam Watson-Alvan | Office of Rural Health |
| Sarah Kwiatkowski | Community Health Plan of Washington |
| Torney Smith | Spokane Regional Health District |
| Vicki Lowe | American Indian Health Commission |

Staff:

Katharine Weiss, Health Care Authority: Katharine.weiss@hca.wa.gov

Power Mapping to Build Collaboration

Engaging stakeholders is a meaningful way to meet the needs of the community. This exercise is to help us identify stakeholders to help advance the development of a Healthier Washington equity roadmap and clarify the role of stakeholders who are crucial to achieving equitable system transformation.

Goals of Stakeholder Mapping:

- Map out relationships between people/roles to demonstrate the value of relational power
- Figure out connections and relationships that you can access to solve problems, enhance your programs, develop resources, or engage to improve outcomes.

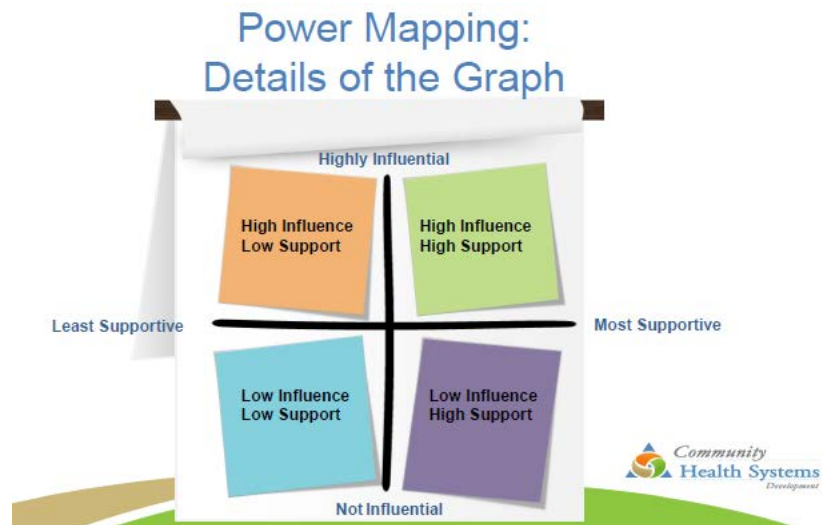
With your group, go through the following steps. Designate someone to take notes beneath each step.

1. Choose one example improvement you are or we could collectively work toward

2. Assess the current structure

3. List roles and/or individuals

4. Plot the names along a simple matrix



5. Discuss leveraging current roles and/or building new collaborative relationships



Robert Wood Johnson Foundation

Application ID: 73335

Applicant: Washington

Solicitation: States of Solutions - Phase I 2018 Request for Proposals

Phase: Phase I

Title: States of Solutions: WA - Advancing and Integrating Equity to Create a Healthier Washington

Status: Submitted

Submitted on: Jun 15, 2018 12:41 PM ET

Submitted by: Laura Kate Zaichkin

States of Solutions - Phase I 2018 Request for Proposals

Eligibility Criteria *

* Indicates required

To be eligible for this award, the applicant must meet the following list of criteria. Please reply to each eligibility requirement.

1. Applicants must be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or non-functionally integrated Type III supporting organizations. *

Do you meet this eligibility requirement?

Yes

No

2. The applicant organization must be based in the United States or its territories. *

Do you meet this eligibility requirement?

Yes

No

3. Type of organization: *

Select one response below.

Lead organization for an existing multi-organization collaboration

Single organization operating on behalf of community stakeholders or partners

Other (Specify below)

States of Solutions - Phase I 2018 Request for Proposals

Applicant Organization *

Instruction:

Provide the following information about the applicant organization.

* Indicates required

Name of State *

Name of Lead Organization *

Name of Key Contact *

Key Contact Address *

Key Contact Address (line 2)

Key Contact City *

Key Contact State / Territory *

Key Contact Zip Code + 4-digit extension *

Key Contact Phone Number *

Key Contact Email Address *

States of Solutions - Phase I 2018 Request for Proposals

Project Summary

Instruction:

Provide the information requested below.

* Indicates required

Proposed Project Title *

States of Solutions: WA - Advancing and Integrating Equity to Create a Healthier Washington

Project Start Date

04/20/2018

Number of months anticipated to complete project

12 months

Project Summary *

Briefly summarize your proposed project in no more than 3,000 characters including spaces.

Healthier Washington is the state's public-private health transformation movement to advance better care, smarter spending and healthier populations. Washington state's health transformation journey began nearly five years ago with a focus on improving how we pay for services, ensuring health care focuses on the whole person, and building healthier communities through a collaborative regional approach.

We have seen success in shifting the system in Washington state. A new "pH" has created an evolved environment for health transformation strategies and action. Because of our collective public-private, state and community-based work to spread value-based models, integrated care delivery, and clinical-community linkages, we are positioned to consider what's next for transformation. This culture shift allows for an evolved Healthier Washington, focused on inspiring a social transformation that puts wellbeing and equitable health for all at the forefront.

Our statewide and community leaders wish to advance this movement with a greater focus on health equity. This is not a new focus; health equity is a foundational principle of Washington's work. If all systems affiliated with individual and population health truly led with equity, we would see healthier outcomes and populations across all groups. An equitable Washington is a healthier Washington. But we have not realized this aim in a widespread, measurable and actionable way.

Our States of Solutions project, "Advancing and Integrating Equity to Create a Healthier Washington," aims to create and implement a Healthier Washington equity roadmap,

focused on statewide culture change and community-driven and community-oriented action. This effort will:

- Conduct an equity readiness assessment of communities and key statewide public and private organizations, building upon existing evaluations;
- Provide statewide and community forums for dialogue to understand, recognize and address contributors to inequity, including but not limited to racism and its impact on health;
- Collectively define and improve a specific area of equity in Washington state, including a focus on social determinants of health; and
- Identify measurable indicators at the statewide and community levels to monitor integration of equity in state health transformation efforts.

With the support of technical assistance, Washington state will take foundational steps to realize health equity, defined as:

Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged. We will proactively pursue the elimination of health inequities and preventable differences in health among groups based on socioeconomic status, source of income, gender identity, sexual orientation, race and ethnicity, tribal membership, language, immigration status, age, religion, the job they have, education, disability, housing status, the neighborhood they live in or any other socially determined circumstances.

States of Solutions - Phase I 2018 Request for Proposals

Project Information Questions*

* Indicates required

Leadership

1. Describe the organization that is serving as the lead applicant.*

Maximum 700 characters - approximately 100 words.

The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through Medicaid, the Public Employees Benefits Board Program, and, beginning in 2020, the School Employees Benefits Board Program. As the largest health care purchaser in the state, we lead the public-private Healthier Washington effort to transform health and health care, helping ensure Washington residents have access to better health, better care, with smarter health care spending.

2. Describe the organizations who are coming together to convene your States of Solutions collaboration. What state level constituencies do you represent?*

Maximum 700 characters - approximately 100 words.

This collaboration will leverage partnerships that champion, implement and sustain health transformation in Washington State:

- Health Innovation Leadership Network: HILN executives represent providers, business, health plans, consumers, philanthropy, community, government, tribes and other partners. Members are charged with serving as Healthier Washington ambassadors, as well as accelerators of health transformation and associated culture change.
 - Accountable Communities of Health: Nine regional ACHs bring together leaders from multiple sectors with a common interest in improving health and equity. As ACHs align partners, priorities, resources and action, they support an improved health system.
-

3. What is your collaboration's vision or dream for a States of Solutions in your state? What motivates you to improve equity in your state? Is there a specific focus area you've identified for your work? What could be achieved through participation in this initiative? *

Maximum 1300 characters - approximately 200 words.

Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged.

While health equity has served as a foundational principle of Healthier Washington since its launch, there is much work to do to acknowledge, implement, measure and advance equity in an intentional and applied way as the state continues to advance health transformation. A strong motivator is our collective vision to realize and sustain improved health outcomes among populations experiencing significant health- and health care-related disparities and among those groups that have been historically marginalized and underserved.

A Healthier Washington equity roadmap will work at two levels:

- At the statewide level, state public and private organizations will take specific and measurable action, collectively and individually, to accelerate culture change to advance health equity, focused first on cultural humility and anti-racism applied efforts within individual organizations.
- At the community level, ACHs will develop actionable plans for improving health equity in their regions and address the root causes of poor health—the social determinants of health.

4. Are there trusted champions from these organizations who can play a major leadership role? Are there community members with lived experience of the inequities you hope to address on your leadership team? Please describe some of these leaders. *

Maximum 1300 characters - approximately 200 words.

The Healthier Washington Communities & Equity Accelerator Committee was created as a sub-committee of HILN to address and mitigate health disparities, as well as ensure health equity is a focus in community health improvement activities. The public-private committee includes four workgroups: data disaggregation, equity and community engagement support for ACHs, employment and housing supports, and workforce development.

This work cannot operate within the committee alone. The Communities & Equity Accelerator Committee championed a proposal to HILN to commit to equity action domains of data, workforce, and community linkages with a particular focus on engaging those with lived experiences.

Healthier Washington faces an opportunity to authentically and regularly engage people and their families in the design, implementation and sustainability of health transformation. This is an area we hope to address thoughtfully. There is recognition that transferring decision-making power and authority to the communities we serve, leading with humility, and investments of resources and time are critical to authentic community engagement. ACHs are making progress with authentic community engagement through consumer council models and other strategies to elevate consumer voice.

5. How will this effort be aligned or connected with existing priorities and initiatives in your state in a way that enhances and supports them?*

Maximum 700 characters - approximately 100 words.

Healthier Washington is supported through multiple initiatives, including foundational legislation, a federal State Innovation Models grant, an 1115 Medicaid Transformation waiver and philanthropic support. This project to build a Healthier Washington equity roadmap will be in service to all partners implementing and sustaining health transformation, ensuring their efforts take a more standardized approach that measures and incorporates specific equity elements into the work. If this project is successful, concrete equity action will be incorporated into efforts around value-based payment, integrated care delivery and clinical-community linkages.

Partnership Across Multiple Levels

6. What other state-based agencies or organizations will be active participants in developing a States of Solutions?*

Maximum 500 characters - approximately 70 words.

The lead agencies advancing Healthier Washington are Health Care Authority, Department of Health and Department of Social and Health Services. The Washington State Commission on Asian Pacific American Affairs is engaged in the Communities & Equity Accelerator Committee. These do not include the dozens of other State agencies and statewide organizations committed to advancing equity through HILN and ACH efforts.

7. How many local communities do you anticipate will be partners in your effort?*

Maximum 500 characters - approximately 70 words.

We will partner with Washington State's nine Accountable Communities of Health, which include every county in Washington, for this project's community focused efforts. These community organizations each convene hundreds of partners and organizations across a number of communities within their regions, including providers, consumers, health plans, business, area agencies on aging, tribes, local public health, housing agencies, philanthropic organizations, local government, and more.

8. How will you partner with people with lived experience of the kinds of inequities you intend to address in your initiative?*

Maximum 700 characters - approximately 100 words.

Washington faces an improvement opportunity to authentically and regularly engage people and their families in the design, implementation and sustainability of health transformation. This is an area we hope to address more thoughtfully. Several statewide and community organizations engaged in Healthier Washington efforts serve as models for intentionally partnering with communities, and we aim to learn from, adopt and scale existing approaches. This effort will aim to engage those with lived experience, drawing upon existing leaders and the ACHs' network of community members.

9. What local/state based philanthropic groups or investors might be willing to support or sponsor this effort and your overall journey toward health equity? Are they at the table?*

Maximum 700 characters - approximately 100 words.

Actively engaged organizations include:

- Empire Health Foundation, focused on investing in measurable and sustainable health improvements, including social determinants of health. EHF is largely focused on the eastern region of the state.
- Acora Foundation, dedicated to improved oral health.
- Bill & Melinda Gates Foundation, focused on addressing inequities in health, education and more.

Acora has offered to advance equity efforts through support for HILN training and education opportunities. While other specific philanthropic support has not been acquired, we are committed to ensuring this work is aligned with and complementary of other efforts.

Previous Experience and Capacity

10. What previous experience does your state-level collaboration have with statewide or multi-community collaboration to improve health, well-being and/or equity?*

Maximum 1860 characters - approximately 300 words.

The Healthier Washington effort and its associated public-private state and community partnerships have formed and implemented health transformation over the last five years. Championed by the Governor and led by the Health Care Authority in collaboration with other State agencies and public-private partners, Healthier Washington has realized much success. Examples include:

The state has been recognized as a market mover and market leader in paying for value. This is demonstrated by achieving our Healthier Washington goal of 30 percent of state-financed payments being value-based.

Nearly 200,000 Medicaid beneficiaries receive integrated physical and behavioral health services under managed care in two regions of the state. By 2019, nearly all Medicaid beneficiaries will receive integrated services, as Washington state's population centers and all of eastern Washington are expected to have fully integrated physical and behavioral health services under managed care. Those regions and providers that have integrated are performing better on most measures of quality than providers in regions that have not integrated physical and behavioral health under managed care.

The Practice Transformation Support Hub has onboarded and assessed more than 300 provider practices. The focus on integrated, team-based care has advanced our goals toward whole-person care, and the state's mission to integrate physical and behavioral health in clinical practice.

Washington state is first and only in the nation to certify patient decision aids, advancing tools that encourage shared decision making between providers and patients. To date, HCA has certified 13 patient decision aids.

To date, the nine Accountable Communities of Health have earned nearly \$150 million in incentives to support local providers, public health and community based organizations.

11. What is your collaboration's bandwidth to lead this initiative and do others in your state have the bandwidth to participate? *

Maximum 700 characters - approximately 100 words.

The proposed project is aligned with efforts State agencies, HILN and ACHs have already committed to. We are seeking TA support to add expertise, structure and enhanced intention, particularly for the statewide culture change components that are proposed.

12. What funding is available to support implementation? If none, how would you get additional funding? *

Maximum 1300 characters - approximately 200 words.

Several resources are available to support this effort:

- The Health Care Authority has committed staff support to advancing Healthier Washington equity efforts, including staffing the HILN subcommittee and ACH partnership.
- State Innovation Models grant funding has been provided to ACHs for 2018 equity action plan deliverables.
- An October learning symposium, expected to attract hundreds of partners engaged in implementing the state's 1115 Medicaid Transformation, will have a heavy focus on equity, and is resourced adequately.
- The Acora Foundation has generously offered to support cultural humility and anti-racism training for HILN.

We suspect more resource may be needed for convening and implementation. We are in the process of working with our partners to identify areas of alignment for investment partnership.

STATES OF SOLUTIONS

Phase I Request for Proposals

OVERVIEW

States of Solutions is an exciting opportunity, made available through the generous support of the [Robert Wood Johnson Foundation](#), for states in the United States to receive technical assistance from [100 Million Healthier Lives](#) to coordinate and accelerate their equity and population health improvement journeys. *States of Solutions is a signature program of the 100 Million Healthier Lives movement (convened by the [Institute for Healthcare Improvement](#)) and supports the Robert Wood Johnson Foundation's vision for a Culture of Health.* 100 Million Healthier Lives accompanies change makers at every level to develop unprecedented collaboration, innovative improvement, and system transformation to achieve breakthrough results in health, wellbeing and equity. States of Solutions offers change makers within states (state agencies, community coalitions, networks of communities, etc.) to come together to accelerate improvement in health, wellbeing and equity together.

To create an environment that fosters healthy, equitable, sustainable wellbeing, system change at multiple levels is required. States serve as natural units of innovation and system change with shared governance, policy and payment systems.

Many states are already engaged in several efforts to improve population health, wellbeing and equity, from Medicaid waivers to State Innovation Model grants to State Health Improvement Plans to more informal responses of statewide coalitions to the opioid crisis. However, states often find that these efforts aren't coordinated, are sometimes not strategic in addressing those who might most benefit from help, and don't lead to measurable sustained impact.

States of Solutions was developed in response to requests for support from numerous change makers from 15+ states for technical assistance in strategically planning and implementing a coordinated population health strategy across sectors that would achieve meaningful, measurable impact, especially in the people and places that are not currently thriving. These change makers often express a hunger to achieve equity in the process of creating change, which they describe as both improvement in the lives of those who suffer from poor outcomes and a growth in leadership from these residents—but don't know how to begin to address complex issues such as racism, poverty and a tangled web of social determinants and systems that reproducibly

perpetuate poor health and life outcomes. States of Solutions has been designed to help states who are hungry to improve population health in an equitable and sustainable way to substantially accelerate their journey.

States of Solutions Phase I will support motivated state-based actors (spanning governmental agencies, community-based networks, and statewide coalitions) to come together in a planning process to coordinate and accelerate their journey to achieving improved population health with an equity lens—the opportunity for all people to reach their full health potential and contribute to the wellbeing of their community. For more detail about how equity is approached in 100MLives, please refer to the [100MLives Equity Program Brief](#). ***All motivated state teams that submit a complete application will be accepted into States of Solutions Phase I. Phase I will support state teams to develop an equity action plan and get ready to apply for Phase II.***

States of Solutions Phase II will support states that are ready to take action to achieve meaningful impact in a wide range of issues they choose to focus on that answers the question: “Who [in this population] isn’t thriving? What would it take for that to change?” There will be a separate application process for Phase II. States need to have participated in Phase I to apply for Phase II. Phase II will ask states to demonstrate their readiness through an effective equity action plan, demonstrate the deep engagement of stakeholders at multiple levels (including people with lived experience, state based agencies, local communities and funders) and demonstrate the ability to take on meaningful, measurable improvement. Phase II states will receive \$25,000 to support convening and coordination costs.

States will have substantial discretion in designing an approach that best fits their context, where they are on the journey to improving equity, and in engaging communities in a way that feels appropriate for their context. Some states might address the opioid epidemic, while others take on birth outcomes, homelessness, chronic disease outcomes or systems to address social determinants in a coherent way. In all cases, we will encourage states to build on and strengthen existing networks, assets and efforts.

The aim of States of Solutions Phase I is **to help participating states plan to substantially accelerate their journey toward health equity**. Each Phase I state will be asked to identify a state improvement team. Participating state teams in States of Solutions Phase I will receive technical assistance as needed to support them in the following activities:

1. Build an **unprecedented collaboration** across the state to improve population health outcomes through an equity lens:
 - a. Engage other state-level agencies across sectors
 - b. Connect with local communities motivated to take action to address health, wellbeing and equity together
 - c. Partner with residents
2. Engage in **innovative improvement** by applying an **equity lens** to their existing initiatives and work;
 - a. Understand who and where people aren't thriving within the state
 - b. Assess the priority drivers of inequity within the major population health priorities in the state
 - c. Understand the lived experience of residents who are not able to reach their full health potential through human-centered design approaches;
 - d. Map the systems that are perpetuating inequity in health outcomes through the lens of system change agents;
 - e. Identify a specific area of inequity in which they wish to make measurable progress, based on feasibility and importance;
 - f. Map stakeholders and assets to identify existing state-based actors, initiatives and assets to address the specific area of population health and equity;
 - g. Identify *bright spots* within the state and across the country who have addressed the specific area of inequity, leveraging the wealth of bright spots and networks accessible through 100 Million Healthier Lives to see if any of them might be adaptable to local context;
 - h. Develop and implement an equitable measurement system, leveraging the wealth of measurement assets and tools available through 100 Million Healthier Lives;
 - i. Develop an equity action lab to take rapid, coordinated action in a series of 100-day cycles to test different strategies to addressing equity
3. Develop a pathway for sustainable **system change**
 - a. Map the systems that are perpetuating inequity in health outcomes through the lens of system change agents
 - b. Identify effective policies and levers to disrupt these systems
 - c. Develop a policy *action lab* – an abbreviated focused effort to take coordinated action across actors on a particular policy priority
 - d. Identify supporting funders and leaders who are willing to support the development of this work in the long term

All states who complete an effective application for Phase I will be invited to join; in addition, at least two states will be selected for deeper support during at-scale implementation (Phase II) if they demonstrate readiness. Each Phase II state will receive \$25,000 to support convening and coordination costs during implementation. In addition, each state will be asking to identify matching funds locally during Phase I to support long-term sustainability of their equity action plan. States will progress from Phase I to Phase II at their own pace, based on their readiness and in consultation with the 100 Million Healthier Lives team that will be accompanying them.

Key Dates and Timeline

| | |
|--|---|
| March 20 th , 2018 | RFP released and states begin to apply for Phase I |
| March 20 th - April 20 th , 2018 | Application period for Phase I |
| March 26 th 2-3PM ET | Optional informational webinar for States of Solutions RFP |
| April 10 th 2-3PM ET | Optional informational webinar for States of Solutions RFP |
| April 20 th – August 20 th , 2018 | Phase I learning collaborative |
| August 20 th , 2018 – April 15 th , 2019 | Phase II begins (rolling admission based on state-level readiness as demonstrated in the state’s Phase II plan and agreement with 100 Million Healthier Lives team) |

IDEAL APPLICANT

All state teams who complete an applicant for Phase I will be accepted and supported in the planning process. The qualities of the kind of applicants who will be selected for Phase II funding are described below.

An ideal state lead applicant would be an organization or network that is:

- Committed and motivated to advancing health, well-being and equity across the state with strong leadership commitment to the work
- Experienced with collaboration and have relationships with groups at multiple levels of the state (e.g., state-wide, regional, county, community)
- Able to convene or strengthen a collaboration of organizations across sectors in the state to advance improvements in equity

- Have state-wide reach through organizational relationships and influence, and the capacity to effect change through those relationships in at least 30% of communities across your state.
- Able to align, build on, and connect with existing priorities and initiatives in your state
- Committed to meaningfully engaging residents of your state who are affected by the issues you choose to focus on
- Aware of its need to address the drivers of inequity, such as racism, poverty, social determinants, mental health, etc., and willing to engage in difficult conversations to do so
- Able and willing to use data and relationships to drive improvement
- Knowledgeable about how to create sustainable system change within your state
- Able to garner local support and funding to sustain equity efforts in the state
- Ready to adapt best practices that are relevant at the state, regional or local level
- Willing to actively engage in a “learn and do” virtual collaborative and coaching calls which will facilitate the planning process for each state.

We are not looking for “perfect states that have it all figured out or have all the necessary elements together”—we are looking for states that are hungry to be effective in their improvement efforts, and committed to substantially accelerating their journey toward equity, and willing to roll up their sleeves and engage in the process.

TECHNICAL ASSISTANCE

Participating state collaborations will receive technical assistance, including biweekly collaborative phone calls, monthly coaching, and where feasible, in-person visits from an experienced, multidisciplinary team at 100 Million Healthier Lives to help them plan to substantially advance their progress toward improving equity. The lead applicant will:

- PHASE I
 - Participate in a cross-state peer learning and action collaborative offered by the 100MLives States of Solutions team.
 - Participate in stakeholder, asset and key system mapping and policy mapping of their state as it relates to improving an identified area of inequity in alignment with the State Health Improvement Plan or other statewide priorities;
 - Convene key stakeholders to be part of a statewide improvement team, if one doesn't already exist – including statewide agencies, major groups, key leaders across networks, major funders, and community residents with lived experience of inequity
 - Coordinate a planning process with the statewide improvement team to apply an equity lens to their work. Example activities might include:
 - Carry out an equity analysis at the state level using existing data
 - Carry out an equity readiness assessment of communities and key statewide agencies
 - Learn to effectively hold dialogues to address challenging contributors to inequitable health outcomes, such as racism.
 - Identify bright spots within and beyond states with the help of the 100MLives States of Solutions team.
 - Develop and implement a theory of change about how to improve a specific area of equity together with key stakeholders across the state
 - Use improvement methods to begin to identify ways to make measurable progress toward equity
- PHASE II
 - Act – States that are ready to act and have garnered matching funding support will advance to Phase II where they will:
 - Launch Equity Action Labs and/or other strategies to substantially accelerate the pace of improvement in addressing equity, adapted for state readiness and context
 - If desired and funding allows, engage communities in a cross-state equity improvement collaborative
 - Engage in peer to peer equity bright spot site visits

JOIN THE JOURNEY!

Remember, to become a State of Solutions, you don't need to "have it all figured out"-- you just need to be ready to roll up your sleeves and get to work on addressing equity and social determinants together with partners and those who are most affected by inequity. ***We are eager to work with you on your equity journey in a way that is meaningful, joyful and impactful!***

For more information, email 100 Million Healthier Lives at 100MLives@ihi.org.

The Impact of Racism on Health: Annotated Bibliography

Paradies, Yin et.al., "Racism as a Determinant of Health: A systematic Review and Meta-Analysis." PLoS ONE: September 2015.

A meta-analysis of the epidemiological evidence documenting the impact of racism on health. The analysis determined that racism was associated with poorer mental health including depression, anxiety, psychological stress and various outcomes. Racism was also associated with poorer general health. Age, sex, birthplace and education level did not moderate the effects of racism on health. Ethnicity significantly moderated the effect of racism on negative mental and physical health.

["Health Equity Data Analysis Final Report,"](#) *Statewide Health Improvement Partnership*; Saint Paul-Ramsey County Public Health (2017).

Saint Paul- Ramsey County Public Health was selected as a location for a pilot to learn and understand the how to conduct a Health Equity Data Analysis at a local level. The analysis looks at different health outcomes by population groups and considers individual factors as well as system factors. The report finds connections between the social determinants of health and health outcomes. Racism is highlighted as a having a negative impact on health. Racism impacts an individual's education levels, poverty status, neighborhood health, employment, health behaviors and the quality of health a person receives.

Barajas, Joshua. ["New study gives broader look into how police killings affect black Americans' mental health,"](#) *PBS New Hour*, June 21, 2018.

The article summarizes a recent study that demonstrates the negative impact of police violence on the mental health of the black American population. The study shows that having a reminder of structural racism, as demonstrated in police violence, influences the health of black Americans.

Chou, Tina, Asnaani, Anu, Hofmann, Stefan. ["Perception of Racial Discrimination and Psychopathology Across Three U.S. Ethnic Minority Groups,"](#) *National Institute of Health*, January 2012.

This study examines the association between racial discrimination and the lifetime prevalence rates of psychological disorders in the three most common ethnic minorities in the US: Asian Americans, Hispanic Americans and African Americans. The study found the perception of racial discrimination is associated with anxiety problems, major depressive disorder, agoraphobia, post-traumatic stress disorder and substance abuse disorders.

Thayer, Zaneta ["Racism Hurts Your Health—and Your Children's, Too,"](#) *The New Republic*; January 27, 2015.

This article summarizes the research that highlights the effects of racial discrimination on mental and physical health. Racism has an impact on not just an individual person's health but also the health of a generation. The article provides several suggestions on next steps for combating this issue.