



Developed by
Frontline Solutions
International, LLC

OPEN BOX COORDINATING CENTER

LESSONS FROM THE OPEN BOX INITIATIVE

**ENGAGING CROSS-SECTOR
LEADERS ON HEALTH EQUITY**

2017

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The views expressed here do not necessarily reflect
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Executive Summary

From January 2016 to July 2017, The Robert Wood Johnson Foundation (RWJF) funded three grantees to learn, test, and share ideas for advancing health equity across sectors. As the Coordinating Center for the Open Box initiative, Frontline Solutions was engaged by the Foundation to connect, coordinate, and convene the three Open Box grantee organizations. This report highlights the learnings that were identified through the projects.

The three grantees each took distinct approaches in their projects. The Institute for Alternative Futures (IAF) designed the Health Equity and Prosperity project to encourage deep, boundary-crossing conversations through dialogue and personal storytelling. Reos Partners developed a Conversation Guide for Health Equity in response to dialogue interviews. They also used the Transformative Scenario Planning methodology to create several health system scenarios for the future of health equity. PolicyLink and FSG partnered to launch the Ambassadors for Health Equity program, an executive fellowship that brought together influential leaders from various sectors to advance systemic solutions for health equity.

Frontline synthesized the learnings from these three projects into six overarching lessons:

1

Executive leaders need to understand both the urgency of health inequity and relationship between health and their own specific work before they are ready to collaborate for health equity.

2

Successful attempts to engage new partners in health equity require casting a wide net and then collaborating with those who are willing to join the work.

3

Executive leaders are willing to commit time when invited to valuable, high-impact spaces for collaboration.

4

Leaders need access to tools and messages to talk about health equity within their organizations and networks and to stakeholders at large.

5

The ability to translate the meaning of “health equity” so that it can be understood in other sectors is critical for cross-sector collaboration.

6

Building a Culture of Health requires trust-based relationships, which in turn require time and organic development.

The Open Box projects demonstrated that cross-sector collaboration requires a cyclical process of moving from shared data to shared understanding and from shared action to shared learning. This process is driven by time, trust, translation, and transformative relationships. Organizations should consider learnings from the Open Box initiative in the development of programs to promote health equity across cultures.



Introduction

Open Box Initiative

The Robert Wood Johnson Foundation (RWJF) launched the Open Box initiative to learn, test, and share ideas for advancing health equity across sectors. Three grantees—the Institute for Alternative Futures (IAF), Reos Partners, and PolicyLink/FSG—were each funded to conduct Open Box projects from January 2016 to July 2017. Grantees convened leaders from different sectors to collaborate toward promoting policies, practices, and systems that offer opportunities for everyone to pursue a healthier life. Each grantee designed and conducted a project with a distinct approach to engaging leaders from a variety of sectors.

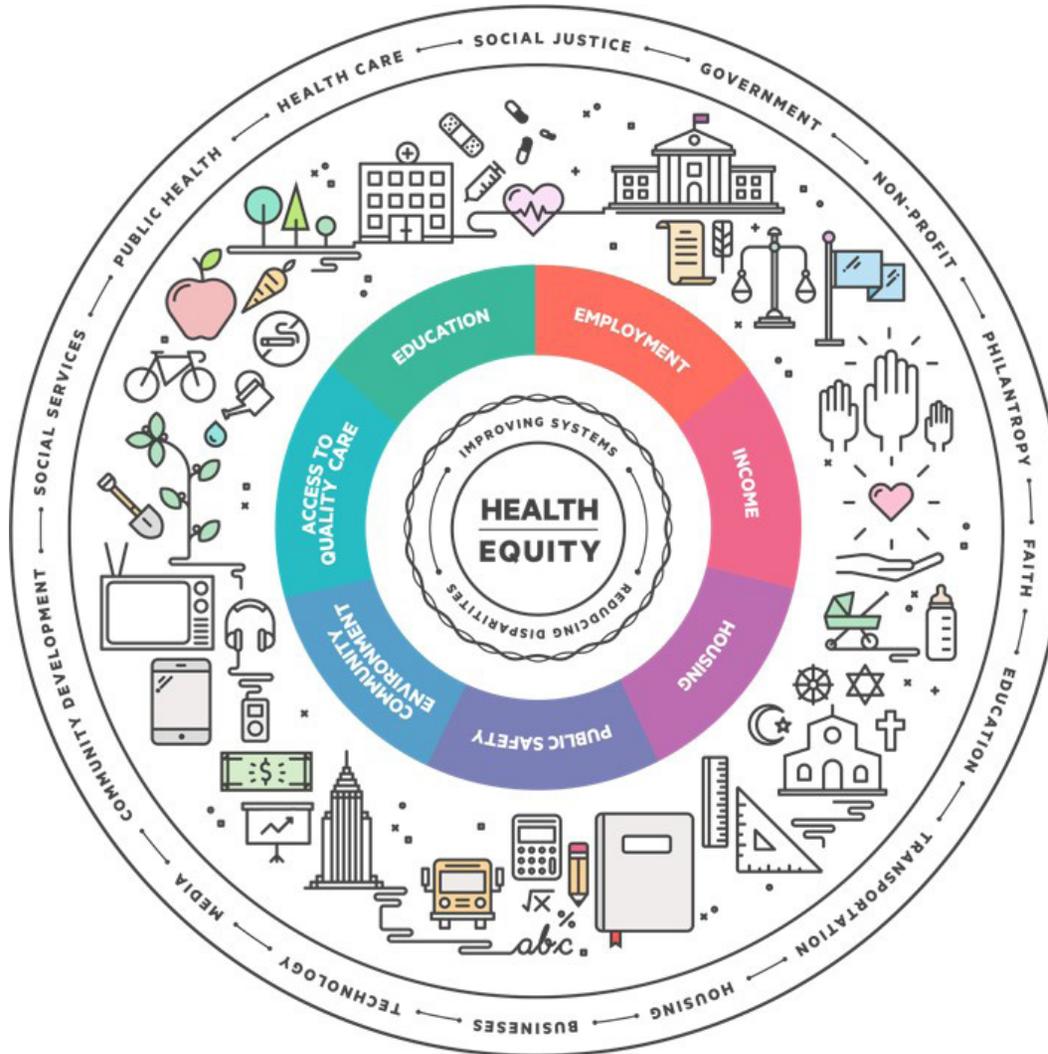
Open Box Coordinating Center

RWJF engaged Frontline Solutions as the Open Box Coordinating Center to connect, coordinate, and convene the three Open Box grantee organizations and to highlight the solutions that were identified through the projects. The Coordinating Center managed network-building activities, meetings, and overall administration across the three projects, beginning in December, 2016.

- [Conversation Guide for Health Equity](#)
- [Transformative Scenario Planning](#)
- [Health System Scenarios](#)



Systems Change Across Sectors





Methodology

The learnings outlined in this report are gathered from a series of activities and engagements that Frontline participated in and facilitated for the Open Box initiative. At every engagement, consultants listened to the ideas, thoughts, and conversations of the leaders involved, recorded key outcomes, and distilled important learnings. As Coordinating Center, Frontline undertook the following activities:

1

In-depth grantee kick-off interviews

2

Attendance at grantee events

3

Bi-monthly grantee check-in calls

4

Individual grantee meetings, interviews, and consultations

5

Open Box grantee sharing and synergy call

6

Open Box grantee convening



FRAMING OF LEADERSHIP

The term “leader” covers a broad range of individuals, from C-suite executives to youth organizers. In the request for proposals for the Open Box initiative, applicants were specifically asked to engage “senior-level leaders who have the ability to make the decisions for their own organizations and the influence to convene colleagues within their sector.” This report focuses on learnings that apply specifically to executive leadership. In keeping with the learning goals of Open Box, we use the term “leader” in this report as synonymous with “executive leader” or “senior-level leader.” This does not mean, however, that either Frontline or RWJF considers senior or executive leaders to be the only or the most important category of leadership.



Open Box Projects

The Open Box initiative encompassed three projects:

- 1** Ambassadors for Health Equity
- 2** Health Equity and Prosperity
- 3** Transformative Scenario Planning

1 POLICYLINK AND FSG - Ambassadors for Health Equity

The Ambassadors for Health Equity program was a year-long fellowship that brought together influential leaders from various sectors outside of the health field to advance systemic solutions for health equity. The fellowship was designed to empower ambassadors to share ideas and experiences, forge alliances, generate new solutions, and promote a Culture of Health within their own organizations and networks. Programming centered on a series of five in-person meetings and also featured webinars and coaching/workshopping sessions with health equity experts. Ambassadors were asked to do an application exercise to implement health equity in their organization's work.

People

- 13** Ambassadors
- 3** Health Equity Experts
- 5** In-Person Meetings

Tools*

- **Appreciative Inquiry**
- **Trends Mapping**
- **Systems Mapping**
- **Health Equity Coaching**
- **Application Exercises**

*For more information, please see **Appendix A**



2

**INSTITUTE FOR ALTERNATIVE FUTURES -
Health Equity and Prosperity:
An American Freedom and Justice Movement**

The Health Equity and Prosperity project was designed to foster positive emotions toward creating a Culture of Health and to develop deep, boundary-crossing conversations through dialogue and personal storytelling. The project took place as a series of meetings during the grant period, each engaging cross-sector leaders from all walks of life. These meetings included the Assembly at Lincoln Cottage in Washington, DC, the Health Equity and Prosperity Assembly in College Park, MD, and the Business Leaders' Hub meeting in Denver, CO. Project participants were encouraged to join the Institute for Healthcare Improvement's 100 Million Healthier Lives campaign.

People

300+ attended the Health Equity and Prosperity Assembly

20+ attended the Lincoln Cottage Meeting and Business Leaders Hub

3 MILLION+ people reached through social media with **#healthequitynow**

Tools*

- Appreciative Inquiry
- Dialogue
- Theatrical Drama
- Personal Storytelling

*For more information, please see **Appendix A**



3

REOS PARTNERS - Transformative Scenario Planning

Reos Partners kicked off their project by conducting dialogue interviews to gain an understanding of individual leaders' ideas about health equity. With information from these interviews, Reos created the [Conversation Guide for Health Equity](#) to stimulate cross-sector discussion on health equity. Reos then led leaders from the public, private, and social sectors through the process of Transformative Scenario Planning, a methodology that enables stakeholders to respond to a complex societal challenge. Using this method, stakeholders work together to construct a shared understanding of what could happen within a system and then act on the basis of this understanding. Reos engaged more than 20 leaders from various sectors in a series of three workshops to explore health inequities with a systemic lens and identify new ways to advance health equity. The team created several health system scenarios for the future of health equity. The Health System Scenarios report contains group reflection activities and opportunities for further collaboration for health equity.

People

27

Dialogue Interviews

20+

Scenario Team Members

3 Scenario Planning Workshops

Tools*

- Dialogue Interviews
- Scenario Planning
- Learning Journeys
- Paired Walks

*For more information, please see [Appendix A](#)



Key Learnings

This section outlines the **six overarching lessons** that emerged across Open Box projects. In some cases, the learnings overlap. In other cases, they may actually seem to contradict each other. Together, they embody the nuance and complexity of the understanding gained from the Open Box projects.

1 Executive leaders need to understand both the urgency of health inequity and relationship between health and their own specific work before they are ready to collaborate for health equity.

- Executive leaders needed to understand how their individual work affects health and could contribute to health equity.
- As executive leaders developed a more nuanced understanding of health equity, they began to see how health provides a useful frame to address inequity within their own sectors.
- The social determinants of health provided a useful model for broadening leaders' conceptions and definitions of health.

2 Successful attempts to engage new partners in health equity requires casting a wide net and then collaborating with those who are willing to join the work.

- Open Box grantees made a concerted effort to invite participants within and outside their networks to represent diverse sectors within their projects.
- Some invitees were hesitant or unwilling to participate in Open Box activities because of lack of interest in the topic of health equity or because the value proposition for participation was not strong enough.
- Other invitees were completely new to the concept of health equity, but were readily engaged because of their own interest in social good.
- “Friendly critics” who were skeptical about health equity provided perspective and nuance that helped advance participant conversations.



3 Executive leaders are willing to commit time when invited to valuable, high-impact spaces for collaboration.

- Setting clear expectations of participation and communicating purpose and value allowed leaders to make an informed decision about participation.
- The Open Box grant period extended over tumultuous months in American politics and society, limiting individual leaders' capacities for participation.
- Open Box project leaders sought to be flexible and responsive to the feedback of project participants.
- In-person meetings were critical for making meaningful connections among leaders.
- Leaders were able to contribute more consistently when Open Box programming involved work that their organizations were already doing.

5 The ability to translate the meaning of "health equity" so that it can be understood in other sectors is critical for cross-sector collaboration.

- While messaging was important, the skill of translation equipped leaders to identify what might be new or confusing messaging for different audiences and adapt it accordingly.
- Effective translation required asking others to define the words that they use to describe health and equity.
- Open Box project participants stressed that each company and organization has its own organizational culture that affects how leadership thinks and talks about health equity.
- When using alternative terms for "health equity," it is important to ensure that the emphasis on "equity" is not diluted.

4 Leaders need access to tools and messages to talk about health equity within their organizations and networks and to stakeholders at large.

- Open Box participants reported that [multimedia aids and concrete examples](#) helped them understand the urgency of the health inequity crisis in the United States.
- Open Box participants asked for tools and specific messages to help build impactful narratives about health equity in the United States.
- Open Box grantees employed an array of systems-leadership, learning, and relationship-building tools to facilitate meaningful collaboration (See Appendix A for more information).

6 Building a Culture of Health requires trust-based relationships, which in turn require time and organic development.

- Unprecedented collaboration through Open Box projects required deep and trusting relationships.
- Sharing personal stories, engaging in thoughtful dialogue, and group reflection fostered intimacy and built trust.
- Longer-lasting Open Box engagements led to deeper connections and relationships between leaders.
- Many leaders felt that they needed a full year to understand each other's work and identify the potential for collaboration.
- The most fruitful collaborations emerged at the very end of the Open Box grant period.



Cross-Sector Collaboration Cycle

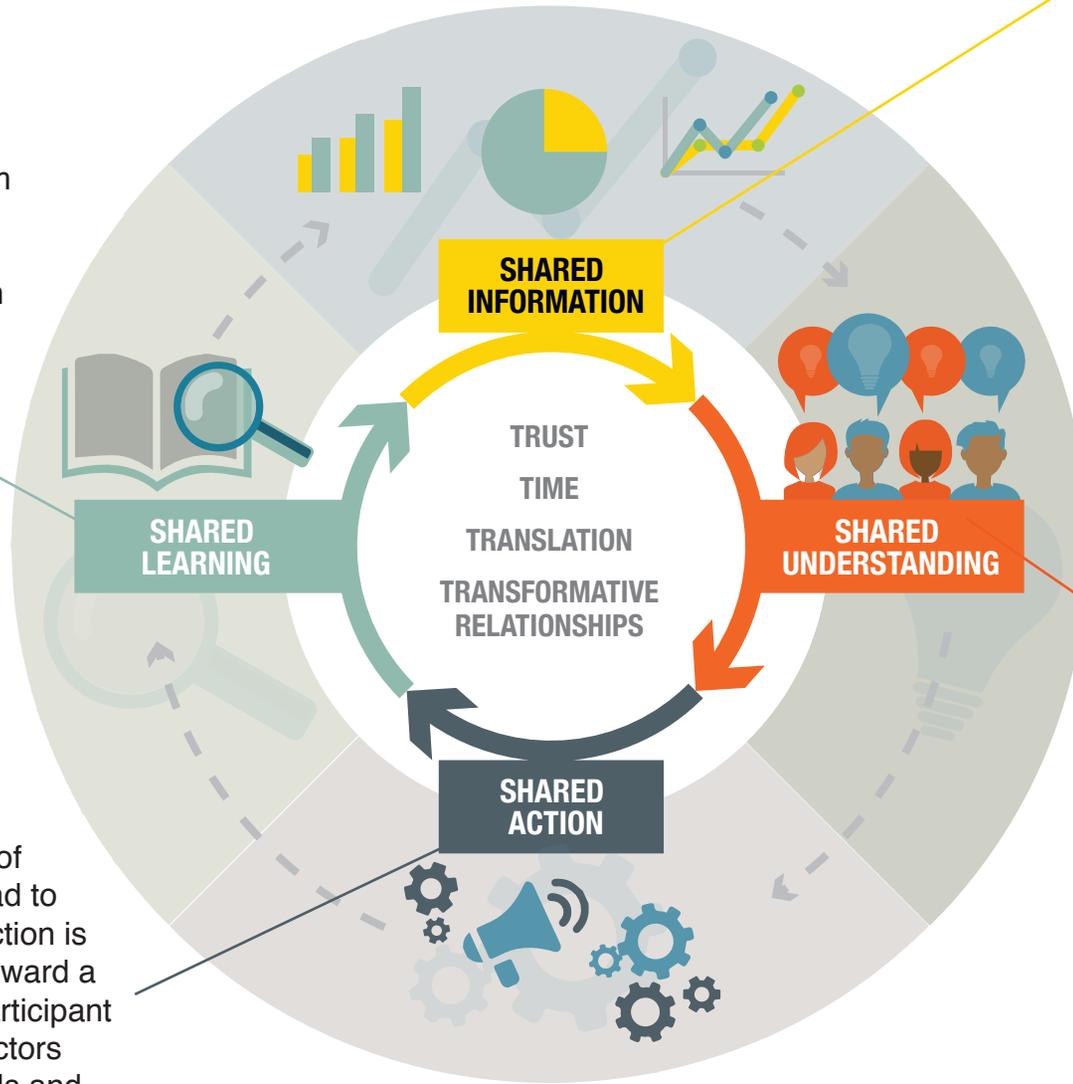
Most collaboration efforts aim for shared or collective action. The Open Box projects demonstrated that the process of cross-sector collaboration is multi-staged. When leaders agree on shared data and information, this paves the way for shared understanding of a problem at hand. Mutual understanding becomes the basis for shared action. The result of shared action is new learning, which in turn leads to shared information and completes the cycle.



CROSS-SECTOR COLLABORATION CYCLE

4 SHARED LEARNING

As shared action creates impact, the collaborative group learns new wisdom that completes the cycle. Each individual leader is also transformed through this process and enters the next cycle equipped with new wisdom.



3 SHARED ACTION

A shared understanding of the issue at hand can lead to shared action. Shared action is a coordinated strategy toward a defined goal, in which participant leaders from different sectors use their own unique tools and levers to achieve health equity.

1 SHARED INFORMATION

Across sectors, leaders often have their own set of data that supports their views on a systemic issue. Sharing data and considering the information and perspectives presented by leaders from other sectors and backgrounds is an early step in collaboration.

2 SHARED UNDERSTANDING

As leaders dialogue and consider differences in data and information, they have the potential to reach a shared understanding of the problem at hand. Like all steps in the shared action cycle, this requires time, building trust, entering into transformative relationships, and defining the meaning of terms like “health equity.”



The Open Box projects illustrated that moving along the collaboration continuum requires strong, transformative relationships. Time and trust are vital to facilitate an organic development of relationships to withstand potential conflict that may arise. Individuals and networks must be equipped with translation skills to listen to each other's perspectives, define terminology, and communicate thoughtfully. Collaboration is an iterative process that may cycle through these four phases.



Implications for Future Programs

Throughout the Open Box projects, grantees offered implications from their projects for the design of future cross-sector, health equity-focused programs. Suggestions that emerged include the following:

Clarify the vision and identify the target audience.

Set a vision for a successful program and do not aim too low.

Create definitions for health equity within the parameters of the program, the intended action, and the people involved.

While the term “health equity” can be considered divisive, most of the people who do not like it are those accustomed to others conceding power in their favor. We must not give up the term in order to make those who are privileged feel more comfortable.

Use the power of emotional connection.

Foster emotional connection between leaders, link that emotional connection to a conceptual framework, and create a shared vision. Each person’s greatest strength is the emotional capacity to connect.

Make sure the scope is realistic and focuses on the most vulnerable.

Work on one main thing. Any program agenda should be additive to an existing agenda. Race is an accelerator of vulnerability, and this should be a major consideration in deciding which area to focus on.

Avoid elitism.

Make sure that voices that may be more difficult to engage are included. Organizations with lower capacity and smaller budgets have less ability to be involved in collaborative programming.

Create a clear structure.

Cultivate clarity when examining ownership and roles within a collaborative program. Articulate intended results and benchmarks and build in revision systems.



Appendix A: Grantee Tools Inventory

Open Box grantees employed an array of systems-leadership, learning, and relationship-building tools to facilitate meaningful collaboration. These tools are summarized below by type and project. While this list is not exhaustive, it highlights the primary tools indicated by grantees as integral to their projects. Where relevant, links are provided for more information.

Systems Leadership Tools

APPRECIATIVE INQUIRY

[Appreciative Inquiry](#) is a strength-based approach for collective change that focuses on successful practices rather than on problems. PolicyLink and FSG used Appreciative Inquiry at an early ambassadors meeting in order to foster a collective cohort identity. Additionally, in the Health Equity and Prosperity project, this process was used in the Assembly at the University of Maryland and helped participants discover their own leadership potential and the power of working alongside like-minded people.

PROJECTS: AMBASSADORS FOR HEALTH EQUITY, HEALTH EQUITY AND PROSPERITY

SYSTEMS MAPPING

Participating in a [systems-mapping](#) exercise helped ambassadors to positively envision the larger health equity ecosystem. Ambassadors identified where they fit within the system and mapped out the intersections between their work and that of other participants.

PROJECT: AMBASSADORS FOR HEALTH EQUITY



Systems Leadership Tools

TRENDS MAPPING

Ambassadors learned to identify themes and patterns in health equity through a [trends-mapping](#) exercise. The exercise highlighted the challenges of focusing on solutions rather than problems. Ambassadors realized the importance of framing trends as a way to control the narrative on health equity.

PROJECT: AMBASSADORS FOR HEALTH EQUITY

SCENARIO PLANNING

[Transformative Scenario Planning](#) is a methodology for creating several potential scenarios for the future of a systemic issue like health equity. Stakeholders construct a shared understanding of what could happen in their systems, then have the opportunity to act on the basis of this understanding.

PROJECT: TRANSFORMATIVE SCENARIO PLANNING

DIALOGUE INTERVIEWS

[Dialogue Interviews](#) are in-depth conversations with different individuals involved in a complex system. Reos Partners used dialogue interviews to collect information about the state of health equity in the United States. Interviewees were invited to be part of the Health Equity Scenario Planning team.

PROJECT: TRANSFORMATIVE SCENARIO PLANNING



Learning Tools

APPLICATION EXERCISES

Ambassadors were asked to identify and conduct a project to infuse health equity into their own work. This project allowed them to apply principles of health equity and systems change that were presented throughout in-person convenings. Ambassadors were encouraged to use existing projects within their own organizations as application exercises.

PROJECT: AMBASSADORS FOR HEALTH EQUITY

HEALTH EQUITY COACHING

Three health equity leaders were embedded in the ambassador program to spur creative thinking and ensure that health equity remained at the core of learning and networking. These health equity experts attended convenings either in person or through teleconferencing and provided group and individual coaching on application exercises.

PROJECT: AMBASSADORS FOR HEALTH EQUITY

LEARNING JOURNEYS

The scenario team took [learning journeys](#) in the form of site visits to organizations in the Chicago area. This allowed the team to better understand additional perspectives that could contribute to scenario creation.

PROJECT: TRANSFORMATIVE SCENARIO PLANNING



Relationship-Building Tools

PERSONAL STORYTELLING

When people share formative, personal stories in a meeting or convening setting, they demonstrate vulnerability. This is often met with empathy from others, leading to emotional connections across different backgrounds. As a group shares and listens to personal stories, members of the group become grounded in shared experience and language that can support dialogue among contrasting perspectives.

PROJECT: HEALTH EQUITY AND PROSPERITY

THEATRICAL DRAMA

Theatrical dramas provide emotionally powerful stories that stimulate conversation. Like personal storytelling, theatrical drama creates shared meaning by setting an emotional context for dialogue to move past sectoral boundaries.

PROJECT: HEALTH EQUITY AND PROSPERITY

DIALOGUE

IAF's approach to dialogue depends on active listening and quiet searches for meaning. Dialogue builds trust and intimacy and creates social capital. A group discovers meaning as it asks questions together, uncovering the unconscious assumptions that form expectations and behavior. Dialogue can bring opposing perspectives and information together into a larger context and shared orientation. Dialogue can also help groups move from vision to action planning.

PROJECT: HEALTH EQUITY AND PROSPERITY

PAIRED WALKS

The scenario team was asked to take [paired walks](#) over lunch during scenario planning workshops. Each person was asked to choose someone who looked or seemed different from them. The pairs ate lunch together and then took a 30-minute walk in nature, where they asked each other a series of questions to collaboratively reflect on the scenario planning process.

PROJECT: TRANSFORMATIVE SCENARIO PLANNING



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