Final Report

Health Equity and Prosperity
An American Freedom and Justice Project
Led by the Institute for Alternative Futures

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Introduction

Many of the questions roiling through 2015 changed how people saw their potential futures. The Institute for Alternative Futures (IAF) tracked those changes through its work with government, business and non-profit organizations. Questions arising in 2015 included:

- Whose lives matter?
- Will rising inequality create new instability?
- What will happen to people displaced by globalization and technology?
- Are networks becoming more powerful than conventional organizations?
- Can we reconcile our history and policies with our ideals?

These questions were framed in the contexts of alternative forecasts, scenarios and visions that were central to IAF work with the Robert Wood Johnson Foundation over many years.¹ Thus when the 2015 Request for Proposals (RFP) arrived from the Foundation in “The Open Box: Leaders Improving Systems for Equity and Well-being,” IAF saw the opportunity to help multi-sector leaders shape their vision for health equity and prosperity in a way that would create positive answers to the questions above. While the RFP emphasized changing systems, the initial impetus was to work toward a Culture of Health envisioned by the Foundation and described in a scenario that IAF developed in 2012 as part of the 40th Anniversary for the Robert Wood Johnson Foundation.

The questions raised by the RFP were more focused than the societal questions surrounding IAF’s work in 2015, but they pointed to potential answers for those larger questions.

- How might multi-sector partnerships support a diverse movement to raise opportunities for everyone to pursue a healthier life?
- Who can engage in a conversation on health equity and prosperity that leads to vision and action?
- How do we reach and engage people who are not part of this conversation?

IAF gathered partners to propose a process for answering these questions. This report offers both answers and larger lessons from the project. IAF holds responsibility for the report but draws on the insights of the many partners and advisors who have contributed to the work. We are grateful for these contributions.

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Cultures change and leadership has a primary function to bring about cultural change that enables people to thrive in communities, organizations and societies that evolve rather than devolve. Evolution, according to the eminent psychiatrist George Vaillant, is now primarily a cultural rather than a biological phenomenon for our species and it relies on our capacity for love, joy, faith, hope and awe. Therefore, leaders must work with these positive emotions in order to create greater cooperation in bringing about change.

The working hypothesis in designing the Health Equity and Prosperity Project was that culture recapitulates psyche. The psychological dynamics between unconscious and conscious functions can thus shape the group cultures that form as well as individual behaviors. By forming a culture that expresses the positive emotions, leaders have an opportunity to reshape the larger social environment which plays a determining role in health and wellbeing, particularly for children.

Thus, what are called the social determinants of health can be recognized to include cultural dynamics. These dynamics set the context for psychological development by inviting expression of positive emotions and inhibiting their negative opposites. These negative emotions—hatred, anger, fear, despair and indifference—are known to create stress that reduces the potential for learning. This has grown particularly clear when Adverse Childhood Experiences (ACEs) destroy the prospects for learning in the next generation.

Today leaders face a primary task in learning how culture change can improve the environments that children will grow up in. In all our project meetings therefore, we sought to develop positive meeting cultures for leaders to replicate. Much of culture, like psyche, works unconsciously to shape thought and behavior with emotions playing an important role. By priming emotional responses it may be possible to bring positive emotions into consciousness and overcome implicit bias which divides people into “self” and “other.”

At a time when cultural divides emphasized rich and poor, black and white, native born and immigrant as well as Republican and Democrat, the Health Equity and Prosperity Project sought to create unity in diversity with multi-sector leaders. The meetings reported on below were designed to make interpersonal emotional experience the basis for dialogue. Then dialogue has the power to bring unconscious beliefs into mutual awareness in order to enable shared vision and action. In theory, the cultural change this brings should be marked by love, faith, joy, hope and awe. Perhaps the best evidence for having created this change in practice came from a poem that was created and recited during the August 2016 Assembly for Health Equity and Prosperity:

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3 Sapolsky, Robert M., Behave. 2017.
What it means to love

What it means to love
We spend our lives searching for this
Perhaps, running from it
Typically co-dependent instead of it
And in general not understanding it...at all

Some would say that love is a feeling
If that’s true then it has no root
A vapor, when the tide goes out to sea
Others would say that love is a commitment
If that’s true, then it’s a contract in many ways

And what of loves ingredients: Patience, Kindness, Forgiveness, Compassion, Resilience, Hope and Bravery?

I would argue that love is a garden
It must be Learned, Taught, Cultivated, Pruned, Relished, Defended and Shared
The garden is a place to live love of others, and also ourselves
Allison Luke

Surely, the culture that supports a young woman standing before hundreds of diverse people at a meeting to read this poem must be based on positive emotions. How else could she have the faith to counter the fear of ridicule one might have in a room filled with others? There is a strong tendency to form in groups (us) and out groups (them) that can divide people. Yet there is also a way to reframe “us” into a more inclusive group using positive emotions. It is crucial to do this when bringing people from different sectors together.

This report will include other, less eloquent evidence supporting the theory that leaders can bring about a Culture of Health that arose from the Health Equity and Prosperity Project. This evidence appears particularly important when we recognize the cultural divides that have grown and the signs that many people are sinking into despair. This report offers reasons for hope and expressions from many leaders who gathered from different walks of life to affirm their visions for health equity and prosperity.
Background

RWJF Open Box Initiative, and IAF Partners

The Health Equity and Prosperity Project was prompted by the Robert Wood Johnson Foundation’s Open Box initiative. The initiative aims to advance health equity in service of a Culture of Health, by convening leaders from a variety of sectors to promote policies, practices, and systems that offer opportunities for everyone to pursue a healthier life.

The Institute for Alternative Futures (IAF) was selected as one of several grantees under this initiative. For this project, IAF worked in partnership with non-profit organizations already dedicated to health equity, including the Institute for Healthcare Improvement’s 100 Million Healthier Lives, Thought Leadership and Innovation Foundation (initially the Samueli Institute), Community Initiatives, National Collaborative for Health Equity, Academy Health, Prevention Institute, Health Advocates In Reach and Research, the Center for Health Equity at the University of Maryland, and the Stanford Center for Population Health Science; along with the for-profit business Healthy Companies International.

Initial Underpinnings of Meeting Designs Used in this Project

How might we build multi-sector partnerships in a diverse movement to support and raise opportunities for everyone to pursue a healthier life? Who do we engage in a conversation on health equity and prosperity, and how do we engage those who are not part of this conversation?

As we explained in the introduction to this report, we followed the eminent psychiatrist George Vaillant by assuming that building a Culture of Health requires working with positive emotions like our capacity for love, joy, faith, hope and awe, in order to create greater cooperation in bringing about change. To foster such emotions and help with developing deep and boundary-crossing conversations, we experimented with a number of methods throughout the project. Below we briefly summarize the theoretical underpinnings of these methods.

Using Dialogue as a Disciplined Approach to Bring Different Perspectives and Information Together into a Larger Context and Shared Orientation

In public parlance, dialogue often just means an exchange of views. However, in its purer form, dialogue is the art of thinking together in a way that creates social capital through trust and intimacy. The more disciplined approach of using questions to discover deeper questions goes back to Plato and more recently to physicist David Bohm and organizational theorists Peter Senge and C. Otto Scharmer.4

Dialogue as a method depends on active listening and discovering questions that invite silent searches for meaning. People discover meaning together in the form of new questions that call up unconscious assumptions which lie as hidden reasons for behavior and expectations. It is unconscious assumptions that form into implicit bias. Dialogue can thus be used to bring different, even opposing perspectives and information together into a larger context and shared orientation. Furthermore, developing dialogue can serve as the basis for engaging people with tensions that include moving between vision and action planning.

*Grounding Dialogue by Using Personal Stories to Build a Shared Language*

To bring contrasting, different perspectives into an effective dialogue, we need to first develop a grounding in shared experience and language. Without such grounding, we risk misunderstanding because words carry multiple meanings that sometimes evoke unconscious emotional content that often provokes argument or alienation. People are often talking past each other, sometimes assuming agreement when others are either confused or silently negating what was said.

An emotional connection can be formed among people coming from different backgrounds when people reveal stories that are so deeply personal they create vulnerability. The sharing of personal stories leads to empathy when these stories reveal formative events that helped shape what someone has become. Subsequent dialogue then can draw meaning from this emotional connection and participants’ lives. For a story telling method see: [http://workingnarratives.org/article/public-narrative](http://workingnarratives.org/article/public-narrative) (accessed 7/10/2017).

Another way to build shared meanings is the use of relevant theatrical dramas, which can provide emotionally powerful stories that bring people into subsequent conversations.

Both personal story telling and theatrical dramas then can create shared meaning by setting the emotional context for language and thus opportunities for dialogue to move past the boundaries of identification with one sector or another.

*Using Appreciative Inquiry to Generate a Psychologically Safe Space*

Appreciative Inquiry (AI) offers another positive way to have people work together on what works rather than what needs fixing. AI uses a strength-based approach for creative group work that begins with successful practices rather than problems (which create a deficit-based approach). Such a process can help participants discover their own leadership potential along with that of like-minded people drawn to health equity and prosperity. Thus, instead of having a group work on a problem, such as racism, an AI approach starts with success such as racial amity, and then builds on the many ways in which interracial cooperation can create greater success. For more on Appreciative Inquiry, see [http://www.davidcooperrider.com/ai-process](http://www.davidcooperrider.com/ai-process) (accessed 7/10/2017).
Preparations

Recruiting and Engaging Project Partners from Multiple Sectors

From the beginning as IAF recruited partners to shape the proposed project, the conversations raised tensions as people from different sectors drew different meanings from the terms “health equity” and “prosperity.” A partner said, “health equity” would evoke “pay equity” for CEOs and they would not engage in the conversation. Another partner asked, “can we separate greed from prosperity?”

Instead of approaching these terms as a barrier, we sought to strengthen the relationships between people from different sectors by establishing a creative tension in the health equity and prosperity conversation. A creative tension can lead people to see that there is a co-dependence between the terms as well as between the sectors.

What we learned was that we could establish and use this creative tension to develop cross-sector dialogue (as opposed to bringing business leaders to a traditionally nonprofit table) but that the business leaders who engaged in our conversation still held that the phrase health equity would limit the involvement of the private sector. After the Assembly held at Lincoln Cottage supportive business leaders advised that it could prove more effective to start with the private sector’s interests in wellness and wellbeing as an entry into health equity. This led us to test this proposition in the April 2017 Business Leaders Hub meeting, with the expectation that once we establish a mutual cross-sector interest in wellbeing, we can make a compelling case that health equity is integral to wellbeing for communities and ultimately for families and individuals.

Our initial efforts to bring business leaders into our conversation led us to include prosperity as an interest that can be mutually supportive with health equity. These conversations included non-profit and for-profit partners with the shared intention to reach out to CEO-level participants in the project. From our initial conference calls on, the tension remained between partners who believe social justice demands support for health equity, and those who believe that business needs to see how health equity connects to an organization’s vision, purpose and strategy. This creative tension helped enrich the dialogue between our partners over the meaning of the terms.

5 The challenge of engaging business with health equity was also noted at the March 7, 2017 National Academy of Sciences, Engineering and Medicine meeting on “Community-Based Solutions To Promote Health Equity” where the NAM Committee heard repeatedly that businesses have been missing from community-based health equity solutions.
Recruiting an Advisory Committee from Multiple Sectors

IAF formed an advisory committee, starting with Donald M. Berwick, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement. As the first advisor to agree to serve, he suggested that it would be valuable to recruit people who bring knowledge of different health equity challenges. As a result, the advisors we recruited offered an important diversity of expertise—on housing, financial planning and race. We reached out to people based on the different dimensions of inequity, seeking recommendations for groups and individuals to approach. The effort succeeded in enlisting an unusually diverse group of advisors, including:

- **Jennifer Tescher**, President & CEO, Center for Financial Services Innovation, [http://cfsinnovation.org/team/jennifer-tescher](http://cfsinnovation.org/team/jennifer-tescher), her background in banking offers an important perspective on wealth generation for populations that have historically suffered from discriminatory policies.
- **Kimberly McLain**, President & CEO, Foundation for Newark’s Future (affiliation changed during project, now she is CEO of the Newark Alliance), her experience with the attempted reforms of Newark’s public schools provides a valuable view of the challenge inner-city families face in the politics affecting educational improvement.
- **William Smith**, Ed.D., Founding Executive Director, National Center for Race Amity, [https://web.wheelock.edu/experts/expert/smith-william](https://web.wheelock.edu/experts/expert/smith-william), his work on positive race relations helped shape the project so that the ability to balance historical injustice with the alternative history of love and regard between the races became a key theme.
- **Megan Haberle**, Policy Counsel, Poverty & Race Research Action Council, [http://www.prrac.org/about_staff.php#haberle](http://www.prrac.org/about_staff.php#haberle), her knowledge of housing challenges offered an important, if largely untapped resource for the project.
- **Lena Hatchett**, Ph.D., Assistant Professor, Director, Community and University Partnerships, at Loyola University Chicago and Co-founder of Proviso Partners for Health [http://hsd.luc.edu/bioethics/aboutus/facultydirectory/people/lenahatchettphd](http://hsd.luc.edu/bioethics/aboutus/facultydirectory/people/lenahatchettphd), she provided valuable community experience in addressing health equity with deep cross-cultural understanding that she offered in the two assemblies and throughout the planning process.
- **Drew Martin**, Community Leader and 100MLives Equity Hub Leader, his lived experience growing up in public housing made his compelling story key to the Assembly held at Lincoln Cottage and his leadership in 100 Million Healthier Lives made him a vital contributor when forming the Business Leaders Hub.

Conducting Outreach and Feedback

The initial plans for outreach and feedback were ambitious. These were developed at the February 2016 Partners Meeting. The ideal individuals to recruit were characterized as change making experts in multiple sectors. They would be “attractors”—people you want to be around such as celebrities. We also wanted leaders who understand the connections between head and heart as well as between individual success and collective responsibility. This wish list led
our partners to first name people who would attract other leaders and corporations known for corporate social responsibility along with a feedback system for a major mobilization in society. However, the outreach for business executives to attend the August 5, 2016 Assembly did not begin in earnest until June, which may have been too late to get on the schedules for executive leaders.

For many leaders from different sectors, our approach to outreach consisted of personal phone calls that both assessed and encouraged commitment to health equity and prosperity. The personal nature of these conversations also helped test and develop the story telling and dialogue methods used throughout the project. In the process, IAF conducted scores of calls to recruit people to join the meetings conducted under this project. These calls often involved engaging in dialogue to identify aligned visions for health equity and wellbeing with diverse leaders from different sectors.

The feedback design began at the February 2016 Partners Meeting as well, with agreement on what the partners sought to accomplish with the project. This included:

- Propagate the health equity and prosperity conversation through a growing number of people in an effort aiming to reach 5 million people over the course of the project.
- Spur people to action.
- Link the conversation to diversity.
- Listen for narratives that can support a metanarrative.
- Identify counterparts for leaders from different sectors, and help them envision what their role can be toward producing health equity and prosperity.
The Meetings

Partners Meeting, February 2016

From the beginning the project team asked: Who do we engage in this conversation and how do we engage those who are not part of this conversation? In this first meeting on February 19, 2016 in Alexandria, Virginia, we sought to prototype and test a process we expected to use throughout the project.

Initially we tried using a process of holding four distinct forms of conversation drawn from C. Otto Scharmer’s work which includes dialogue leading to collective vision. IAF had experimented with the different conversational forms with multiple organizations over the prior year and used dialogue and vision over many years in diverse settings.

However, we found that a simpler conversational process works most powerfully for bringing people together when they are not part of a single organization and may be meeting only once. Our partners skipped over the debate in our initial gathering, finding that the stories people told at the beginning of the meeting meant that the time together was better spent moving through dialogue and vision into action. The body language of people leaning into each other showed that the strong interpersonal bonds were quickly formed in this process.

As one partner asked in this meeting: what does it mean when we engage in debate and dialogue with our colleagues and neighbors when we don’t know each other’s stories? The emotional connection formed when people revealed stories that were deeply personal and created vulnerability. These stories meant that subsequent dialogue on health equity and prosperity drew meaning from participant’s lives. These were not just abstract, conceptual discussions. The partners were quickly engaged in developing agreements on the vision, goals and action agendas that would define success for the project. They posed fundamental questions to each other, such as whose lives will get better because of what we do? What if we measured prosperity by whose life is getting better?

Many of the personal stories shared in this meeting supported the realization that inequity can bring tragedy and unfulfilled lives which mean lost individual potential and reduced prosperity for all. At the same time, remarkable stories about people who overcame those inequities revealed that there is great promise that can be tapped as we learn from successes. These stories thus strengthen the intention to expand opportunities for those facing inequities by using the examples of individuals and community bright spots showing we can overcome historic and current inequities.

The dialogue during this meeting brought different, even opposing perspectives and information together into a larger context and shared orientation. For example, the initial IAF

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proposal was to make freedom the context for health equity, using Abraham Lincoln’s Emancipation Proclamation as a historical example of righting inequity. One partner asked, can we add Martin Luther King, Jr. as another example of seeking justice? She quoted Dr. King’s statement: “True peace is not merely the absence of tension; it is the presence of justice.” Furthermore, Dr. King said: “Justice is love in calculation and justice is love correcting that which rebels against love.” Thus the partners adopted the subtitle for the project “An American Freedom and Justice Project” to include the tension between freedom and justice in the origins of the project.

Furthermore, the dialogues by the partners in this meeting brought one question to the fore that has guided the planning throughout the project: What are we doing today so that we are thriving in five generations?

Thus while we designed the partner’s meeting to test a process we expected to use throughout the project, we discovered in the questions and dialogue a different process that made our initial meeting a success. To replicate this success in subsequent meetings, we adopted this process, which begins with the sharing of personal stories and leads to dialogue. We saw that dialogue enables the development of shared visions, and then the development of action plans, as illustrated in the following figure. While our team focused on developing and refining the first two steps at the Assembly held at Lincoln Cottage, we applied all four steps in the August 2016 Assembly for Health Equity and Prosperity (described further below).

Lincoln Cottage Assembly, May 2016

Objectives
On May 11, 2016 thirty-one leaders from the private, philanthropic and non-profit sectors met in the Emancipation Room of the historic Lincoln Cottage in Washington, D.C. to conduct cross-sector dialogues on health equity and prosperity. The objectives for the assembly were:

- Participants discuss and help shape a shared vision for action on health equity and prosperity that can engage people from different sectors and communities.
- Leaders from different sectors deepen their understanding of solutions and appreciation for diverse perspectives on health equity and prosperity.
- Participants share how their respective sectors could understand the vision and commit to take action to help bring the vision alive.

Recruitment
IAF worked with partners and Foundation staff to identify and recruit leaders from the private, public and social sectors to come to the Assembly held at Lincoln Cottage. We sought leaders
from the non-profit, government and for-profit sectors inviting both large and small business leaders from different industries as participants.

**Meeting Design**

We planned our first multi-sector leadership meeting to be held on the hallowed ground where President Abraham Lincoln wrote the Emancipation Proclamation that symbolizes the expansion of freedom and justice which we seek through health equity. We designed the meeting to flow from stories to dialogue, vision, and action agendas. Then we sought agreement around which areas for health equity mapped by 100 Million Healthier Lives would be priorities for both the business and non-profit sectors. By design we mixed the for-profit and non-profit leaders at round tables to facilitate cross-sector dialogue and learning.

**Meeting Results**

One of the things we learned was that the process did facilitate cross-sector dialogue. Both the business and non-profit leaders shared stories and entered dialogue at the Lincoln Cottage that they subsequently reported was worthwhile. IAF drew a vision statement from the discussion that has health equity in the title while focusing on the areas where action is needed to realize the health potential of people across all sectors:

THE ASSEMBLY HELD AT LINCOLN COTTAGE DRAFT DECLARATION FOR HEALTH EQUITY AND PROSPERITY

*We who joined the May 11, 2016 Assembly at the Lincoln Cottage in Washington, D.C. declare that the health potential of our people must be supported in order that the pursuit of happiness, prosperity of our people and national security of our nation strengthen over the decades to come. Therefore, we resolve to: ensure that every child begins life well and has everything they need to thrive. To further ensure that all children thrive, we resolve to: interrupt the incarceration rate, undo neighborhood poverty concentrations and work to neutralize the racism that undermines our collective happiness and prosperity. We will act on these declared resolutions in the name of health equity and prosperity and in support of 100 million people living healthier lives by 2020.*

The dialogues leading up to this declaration began with emotionally meaningful stories that participants were invited to share. This began with a story from childhood in the 1950s during the “Great Migration” of African-Americans from the segregated south, which brought a young child to a northern elementary school. This young boy had a difficult stutter and he never made it through school, dropping out and dying in prison as a young man. The lost potential of this child can still be found in children today. Another story about “Patient Ruth,” a woman with no home, lousy food, no family, no job and no support system who would show up at a hospital, where doctors had no way to address “the dark tunnel of problems she faced every day.”
These stories created an emotionally meaningful context for the engagement with health equity and prosperity aims that the Assembly held at Lincoln Cottage addressed. While the stories are of lost potential, they highlight opportunities for resilience and change in our social systems where solutions are often hidden. These included the following topics which were mapped by 100 Million Healthier Lives for the meeting:

- Ensure every child begins life well and has everything they need to thrive
- Interrupt the school to prison pipeline for high opportunity (yet at-risk) youth
- End chronic homelessness
- Replace chronic hunger with sustained access to and enjoyment of healthy food
- Radically decrease the epidemic of violence in our communities
- Ensure our workplaces promote health and wellbeing
- Close the equity gap in chronic disease by leveraging trusted peers in the community
- Help veterans to thrive
- Assure income security for all

While the Assembly held at Lincoln Cottage chose to focus on the intentions stated in the Declaration, the discussion raised both questions and a broader set of interests that could be taken into the August 2016 Assembly for Health Equity and Prosperity. These questions include:

- What are the boundary issues that we need to cross through for health equity and prosperity?
- How do you think about higher purpose as a business?
- What can we do together that fits with what we will do alone?
- What can we co-design with communities to build behavior change from the inside out?
- How do we rally the money?
- What will your commitment to leadership be?

We also found business executives expressing that they are far less ready to engage over the term health equity than non-profit leaders. It therefore may be more effective to find business leaders who recognize what terms will attract support to health equity and build a critical mass of business interests around those terms. The phrase suggested in the vision statement above is ‘health potential’ while others have subsequently made a case for wellbeing, which is the approach taken in the April 2017 Business Leaders Hub meeting, described below.

By the conclusion of the assembly, it became clear to the participants that this effort cannot end as a conversation in the Emancipation Room of the Lincoln Cottage. The partners and social sector leaders who huddled right after this assembly determined to extend the invitation to all who want to lead in a journey to release the untapped potential in our communities.
Assembly for Health Equity and Prosperity, August 2016

Objectives
Hundreds of leaders from different sectors and communities came together on August 4-5, 2016 in a historic assembly on health equity and prosperity. The meeting was held at the University of Maryland, College Park and organized by IAF and partner organizations. This meeting served the following objectives:

1. Bring together unusual partners to share vision and action plans that can help engage others and expand the health equity and prosperity conversation.
2. Develop a systems change menu through plans in multiple action areas that can contribute to a Culture of Health.
3. Demonstrate that the methods developed in previous project meetings can be effectively used with a large number of diverse participants.

Recruitment
IAF and its partners sent announcements for the assembly through many networks and used targeted outreach to bring unlikely partners to the event. Examples of unlikely participants included executives from the business sector and high school students with their guardians from both urban and rural communities with concentrated poverty. The recruitment effort also worked to assure geographic inclusion that brought people from the West, Mid-West, North and South to balance the Mid-Atlantic region and local participants. IAF subsidized the travel and lodging costs for participants who could not otherwise join because they did not have organizations able to support them.

In all, the assembly brought together over 330 participants at the University of Maryland. They came from many walks of life to work together as an unusually diverse group. This diversity encompassed: sectors, including participants from governments, non-profits, businesses and communities; geography, with people representing all sections of the country; age, from teenagers to elders; as well as cultural, racial and sexual differences. Many people who had never been to college, but brought an enormous amount of lived experience to the table, joined in sharing vision and action plans with accomplished leaders from business, government and non-profit organizations. Those with advanced degrees learned from and with those whose paths never took them past high school. Together, people shared their stories and developed their vision and action plans for change.

Meeting Design & Results
We learned from previous meetings that emotionally powerful openings foster a higher level of trust for thinking together across boundaries in dialogue processes. For the concrete design of the meeting we assumed the following principles:

- Combine storytelling about life experiences with dialogue as a means to take conversation deeper and across boundaries that separate people into sectors, organizations and communities.
• Create a psychologically safe space for people to share emotionally meaningful experience.
• Encourage openness and responsiveness in conversations at tables.
• Use many short talks that pop up from the room rather than keynote speeches by experts who are presumed to know more than other participants.

We also engaged the services of a graphic facilitator to visualize the assembly’s discussions in real-time and thus assist with generating a shared, collective output. Selected drawings are shown in this section of the report.

Appreciative Inquiry—The design of the meeting used an Appreciative Inquiry process of discover, dream, design and deliver. The intention was to help participants discover their own leadership potential along with that of like-minded people drawn to health equity and prosperity. Their dreams were expressed as visions and poems with designs for change that were theirs to sustain. People left the assembly with their own designs for action plans and commitments for health equity and prosperity and an invitation to connect their efforts subsequently to the 100 Million Healthier Lives movement.

Dramatic Elements—Dramatic elements that provided emotional sharing included the Theater Delta presentation of Living, Surviving or Thriving. This script was created to include facets of health equity and prosperity that participants could identify through dialogue. The musical drama by the Children’s Theater of New York, Henry Box Brown, delved deeply into the historic context of race. These two dramas provided emotionally powerful stories that brought people into subsequent conversations which began with shared meaning that was personal and authentic. The third dramatic element came during the second day when young children and teens from Children’s Theater Company of New York took the stage and presented stirring quotations that spoke to the enduring hope of visionaries shaping our future with “the better angels of our nature.”

Personal Stories—Along with the dramatic presentations, the assembly design also employed short personal stories in “pop up” talks rather than keynote speeches. These stories provided highly personal revelations, such as Federico Spry telling about dealing drugs as a youth and spending years in prison before he became a business leader in his community. These deeply
personal stories encouraged participants at the assembly to develop and share their own stories and to share meaningful events in their lives which helped shape their perspectives and aspirations.

Creating a Psychologically Safe Space—The dramatic introduction to dialogue and the stories told in pop up talks helped form a psychologically safe space for people to share emotionally meaningful experience. This safety was spoken to in the assembly by a high school student who said: “I’ve never been to a conference before. I thought I would be bored and I wasn’t. I thought I’d experience at least a little bit of racism and I didn’t.” Many others, young and old, felt safe enough to share poems they wrote to express their aspirations in ways that spoke directly to their experience in the assembly. The poem presented in the introduction was one of many composed and shared by participants along with heartfelt statements that showed the assembly created a psychologically safe space for people from different walks of life.

Interviews after the assembly revealed that for many this meeting stood out as a singularly powerful shared experience between people who discovered deep meaning together.

Combining Dialogue and Vision—The benefits and guidance on how to conduct dialogue helped create the acceptance of a meeting culture that encouraged openness and responsiveness in
the conversations at 33 tables. People were given a vision exercise in which they were prompted to imagine remarkable success by the year 2020, then write letters or poems to describe what is accomplished for health equity and prosperity. Many people shared their visions with the full assembly in a stirring session that spoke to the inspiration of this unique gathering.

Working on Audacious Goals—People at the assembly were invited to work toward the audacious goal set by the project to have 5 million people join the health equity and prosperity conversation. 100M Lives organized a social media Thunderclap and a live Twitter Chat on August 5. This use of social media reached 3 million people that day and provided assembly participants an experience of working together on an audacious goal. As reported below, the conversation begun at the assembly continued to spread over the months that followed. The pathway for action that was laid out for the assembly was to create dialogue, work on our equity muscles and then act locally and collectively for health equity and prosperity.

Generating Commitments to Action—The assembly invited individual commitments through personal plans that people made to work in specific action areas, mapped out by 100M Lives to create systemic change. The assembly used a World Café format for each person to select one or two action areas to join and develop action plans in facilitated sessions. One group working on race
amity became so committed to their shared intention that they stayed together through the assembly. We cannot fully assess whether or not people have continued with their action plans. Interviews conducted months after the assembly with randomly selected participants indicate some people have made health equity discussions a part of their job. One person said he could not connect what he learned to his work for a national association but wishes he could. Another said she has continued work on health equity in her state agency, and was strengthened by the knowledge that many other states and organizations are working for the same ends.
Using Social Media Campaigns—The assembly invited millions of Americans to enter the health equity and prosperity conversation through social media. By hosting a live Twitter Chat, posting a page on Facebook and creating a Twitter Thunderclap, we engaged 3 million people on the second day of the assembly with messages that can be found on #healthequitynow, #100mlives and #onehumanfamily. Through the social media communications, the shared vision statements and dialogue, those participating in the Assembly for Health Equity and Prosperity have joined a larger movement that will carry forward the moral intention to act together with partners. The chart below presents the numbers from the social network effort.

**Social Media Impressions for #healthequitynow**

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<tr>
<th>Month</th>
<th>Impressions</th>
<th>Tweets</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>August, 2016</td>
<td>4,343,295</td>
<td>1,972</td>
<td>620</td>
</tr>
<tr>
<td>September</td>
<td>694,182</td>
<td>285</td>
<td>104</td>
</tr>
<tr>
<td>October</td>
<td>100,588</td>
<td>72</td>
<td>33</td>
</tr>
<tr>
<td>November</td>
<td>104,618</td>
<td>139</td>
<td>52</td>
</tr>
<tr>
<td>December</td>
<td>471,797</td>
<td>68</td>
<td>36</td>
</tr>
<tr>
<td>January, 2017</td>
<td>31,586</td>
<td>39</td>
<td>26</td>
</tr>
<tr>
<td>February</td>
<td>1,167,356</td>
<td>626</td>
<td>222</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,913,422</strong></td>
<td><strong>3,201</strong></td>
<td><strong>1093</strong></td>
</tr>
</tbody>
</table>

Impressions = the number of times our hashtag showed up on people’s Twitter newsfeed  
Tweets = the number of total tweets with the hashtag included  
Participants = the number of unique people each month who used the hashtag – unfortunately it doesn’t calculate from month to month.

The impressions counted by Twitter Analytics let us see that the use of #healthequitynow (which was previously unused) had spread well beyond the initial users of the hash-tag at the assembly as it has shown up in people’s Twitter home pages and is now used extensively. Thus, we have drawn 1,093 people into the health equity and prosperity conversation and their 3,201 tweets have been seen by 6,913,422 people.

Social media can be a good mobilizing tool for a network of people. We still need live events to form the network. Then we can use our social media to engage more people and some will convert from conversation to action. Many who are taking action in less organized ways came to the assembly where they felt part of a community, which subsequently led them to join 100 Million Healthier Lives.
Meeting Impact
The quotes below suggest that the event met the objectives for the assembly by providing a uniquely powerful experience for many participants.

“I have never been in such an engaged, enlightening and inspired environment in all my life. The road sometimes seems overwhelming, and what I appreciate about the Assembly is the energy that makes me feel we can do this.” Kathy Awkard, RN, Montgomery College of Nursing

“I expected a big group of business people who were uptight. At the beginning, the play was an ice breaker that invited us to share and then we went to different stations where people listened and respected each other. The conference was so different from what I expected because people not only talked, but acted on a movement. I talked with so many people from government and business and as an 18-year old, I wasn’t even the youngest there.” Tiffany Shields, High School Student

“The Assembly for Health Equity and Prosperity at the University of Maryland used narrative teaching with stories that show a regular person can have a healing hand in our communities. I was at a table for homelessness where I learned that home starts with you, with your body. We can reframe our sense of self to be healthy. Changing a person’s ability to love is healthy, so teaching people of color especially to love themselves is a part of health equity.” Allison Luke, Institute for Healthcare Improvement

I found the experience enriching, thought the art and theatre added immensely to discussions, and met some wonderful people. I live in North Dakota. The last 5 years and more I have been working to help bring health equity to North Dakota and to end hunger and food insecurity in our state. The populations that experience the most disparities in my area are American Indians/Native Americans. In fact, I live just 40 miles North of the historic gathering of indigenous peoples who are taking a stand to protect water. I was disappointed that there were no American Indian people represented there. I hope that my comments will bring light and then action to this situation. Karen K. Ehrens, RD, LRD, Healthy North Dakota Coordinator, Creating a Hunger Free North Dakota
Business Leaders Hub Meeting, April 2017

Purpose
We determined to create a Business Leaders Hub within 100 Million Healthier Lives to engage key change agents from the private sector in working for wellbeing in communities as a business strategy.

Meeting
An initial meeting was held with business executives and key anchor organizations already working on business engagement with population health, wellbeing and equity as a community-based strategy. Key insights from the meeting included:

- The social value and business value of wellbeing are two sides of the same coin;
- Wellbeing is undervalued in both society and business as other priorities—success, consumption and production—become our daily grind;
- Advancing wellbeing advances business success—we can make wellbeing work to unleash potential prosperity;
- Wellbeing is only sustainable when it is treated as an addition and not an alternative to business development and productivity. Boards focus on development and profit, but companies sometimes fail because of lack of emphasis on wellbeing;
- Successful strategies to incorporate wellbeing are ones that meet people and businesses where they are and use their frameworks and language to explain the value of wellbeing;
- Business prosperity can be a force multiplier for health equity and social good.

One focus point from the meeting is to meet the need for simple, powerful measures for wellbeing. The metrics will also need indicators of inclusiveness (from businesses size to demographics) and indicators that allow businesses to measure their own contributions in a context-specific way. We must work to find ways for business to understand their different impact as an employer, purchaser, investor, etc. We can also develop indicators of whether employees feel that the business/employer contributed to their health. This can help businesses to measure where they are in this journey, and how they can get to the next step. One size will not fit all. We want to measure both effort and actual impact.

The business sector has a crucial role to play in achieving the social health, health equity and wellbeing that are vital for a Culture of Health. There are already important business leadership efforts that a Business Leaders Hub can join.
Major Lessons Learned

Over the course of the Health Equity and Prosperity project, we found that the process we tested and refined works well. That is, working explicitly with positive emotions like our capacity for love, joy, faith, hope and awe, helped us create greater cooperation in bringing about change and create unity in diversity with multi-sector leaders. To foster such emotions and boundary-crossing, we found it effective to:

a. Start with the interests of the people we seek to recruit, rather than a definition or a position. This means listening to people from different sectors and asking questions to initiate collaboration. This works better than presenting our interests in the terminology or language we use. We can forge or limit potential partnerships and dialogue depending on the approach we take.

b. Use dialogue as a disciplined approach to bring different perspectives and information together into a larger context and shared orientation. By dialogue we refer to a method that helps people discover meaning together in the form of new questions rather than the public parlance understanding of dialogue as simply an exchange of views. Dialogue is very difficult to conduct in our culture for many reasons. But even the attempt to create dialogue creates better conversations. When people do engage in true dialogue, marked by open questions, silent reflection and deep exploration, then the impact spreads to those who are pulled into the creative thought that emerges.

c. Ground dialogue by using stories to build shared language, experience, emotional connections. The sharing of personal stories leads to empathy when these stories reveal formative events that helped shape what someone has become. Subsequent dialogue then can draw meaning from this emotional connection with participants’ lives. Another way to build shared meanings for larger groups is to use topically relevant theatrical dramas, which can provide emotionally powerful stories that bring people into subsequent conversations.

d. Use Appreciative Inquiry to generate a psychologically safe space and offer a positive way for people to work together. Appreciative Inquiry (AI) creates more enthusiasm and interpersonal energy than problem solving does. By focusing people on what is working the sessions invite ideas about further improvements and create an implicit bias toward working in collaboration to bring out the best in others. A problem orientation contains an implicit bias toward blame that invites fault finding.

e. Use vision as an expression of individual meaning offered as a reflection of collective intention. This is in contrast to developing vision as a single statement that all agree on. The creativity of people invited to share their visions is inspiring, so it’s better to let a
thousand flowers bloom than to arrange a display of words for everyone to admire and agree upon.

We therefore recommend adopting the process tested and refined in this project. This process begins with the sharing of personal stories and leads to dialogue. Dialogue then enables the development of shared visions, and then the development of action plans using appreciative inquiry, as illustrated in the following figure.

Additional specific lessons for the process developed in this project are offered in the following list that emerged for us based on the journey described in the previous section:

*Start with the interests of the people we seek to recruit, rather than a definition or a position.*

Discovering people whose interests align and hold potential as partners has been one of the most exciting aspects of this project. We found that we must start forming relationship from shared interests with the people we seek to recruit, rather than with a definition or a position we would impose. When you begin with definitions and frameworks, you invite debate and competition. When you initiate with a relationship, however, you invite dialogue and authentic collaboration. There is a time and place for each, of course. Building and maintaining multisector partnerships and a Culture of Health, however, is far more likely to succeed if it is rooted in a collaborative philosophy that helps with reformulating the “us” and “other” into a new “we.”

This includes the terminology or language we use, which can forge or limit potential partnerships and dialogue. For example, we can start with “health equity” when recruiting people from public health, non-profits and much of the government. But we found that “health equity” limits the involvement of the private sector. It was more effective to find business leaders who recognize what terms will attract support to health equity and build a critical mass of business interests around those terms. We found support for wellbeing in the April 2017 Business Leaders Hub meeting and found that when we *start with the private sector’s interests in wellness and wellbeing rather than health equity,* we found willing and engaged leaders and partners in that sector. Starting the conversation with wellbeing and making the case that for communities this means addressing health equity can help bring business leaders along more effectively than starting with health equity.

Recruiting tactics we deemed effective include:
• Using referrals and personal outreach to recruit alongside lists of contacts that partners offer. This helped us bring both large numbers of people together and people from different backgrounds so that we realized the strength of diversity.

• Making individual personal phone calls helps to both assess and encourage commitment to health equity and prosperity. The personal nature of these conversations helped us gain ideas based on the diverse views people contribute. We could then test and develop the story telling and dialogue methods used throughout the project. These calls often involved spending an hour or more engaging in dialogue to identify aligned visions for health equity and wellbeing with diverse leaders from different sectors.

*Pursue diversity in terms of sector as well as geography, age, culture, race, and gender, and educational attainment.*

We found that the *conversation on health equity and prosperity strengthens when we bring more people together who usually are not brought together.* The very different backgrounds of people who contributed their stories and visions was a hallmark of our project. For example, the diversity of participants at the August 2016 Assembly for Health Equity and Prosperity was striking. We made sure to have people whose lived experience included poverty and inequity when we held our meetings, including for the Business Leaders Hub.

So, we recommend looking for unusual participants such as young people, the formerly incarcerated, and people with experience in poverty who can enrich the discussion of those who typically go to meetings. This means subsidizing the travel and lodging costs for targeted participants who may not otherwise participate because they do not have organizations able to support them. Furthermore, assure diversity not only in terms of sector, but also in terms of geography, age, culture, race, and gender, and educational attainment. For example, those with advanced degrees can learn from and with those whose paths never took them past high school.

In conjunction with aiming for diversity, it is important to *bring people from different lived experiences together in a process that creates mutual regard* by respecting the need for psychological safety for those whose differences include experience with prejudice and inequity. Security is a basic need while the higher needs for love, faith, joy, hope and awe support true collaboration. This process, we found, should comprise storytelling and appreciative inquiry.

Also remember the children. Ensuring that children thrive is a goal that unites people across the sectors more than any other. Having children participate in events provides a powerful reminder of this shared intention and inspires hope when the children offer clear evidence that they represent future success.
Favor in-person events in inspiring places to engage and mobilize networks of people.

Social media can be a good engagement and mobilizing tool for a network of people. But we still need live events to form and sustain the network. Then we can use social media to engage more people and some will convert from conversation to action.

For choosing places to hold meetings, we recommend to find a setting with hallowed meaning that symbolizes the journey you intend to go on so you set the initial conditions in which people understand why the effort matters and what the deeper intention is for the work. For example, we selected the Lincoln Cottage as a historically significant setting for our meeting with leaders from the non-profit and for-profit sectors. As one person said: “We have stories of people coming from different worlds to be part of a movement that started with the Emancipation Proclamation.”

For the design of in-person interactions, we recommend creating emotional bonds first, especially when participants are not part of a single organization and may be meeting only once. Help meeting participants make emotionally authentic connections before working conceptually. Personal stories create a better basis for connecting with people we never would normally to form a community. Being in community makes us want to keep our word. Community forms from shared experience that helps build trust. In community, we can introduce tensions that invite creative new fusions of ideas that support higher-level interests.

Specific tactics that worked well for us include:

- Incorporate dramatic elements, such as interactive theater, to provide emotional sharing.
- Use many short talks that pop up from the room rather than keynote speeches by experts who are presumed to know more than other participants.
- Have graphic facilitators visualize meeting discussions in real-time and thus assist with generating a shared, collective output.

Furthermore, physically design for dialogue. Use circles in which people face one another for dialogue, shared vision and action plans. Mix for-profit and non-profit leaders at round tables to facilitate cross-sector dialogue. Designs for space and time should invite new relationships to form across the boundaries of sector, race, culture and life experience.
Conclusion & Next Steps

The Health Equity and Prosperity project has successfully demonstrated that a diversity of leaders from multiple sectors can collaborate in sessions designed to use positive emotions. Our lessons speak to how we might build multisector partnerships, whom we engage in a conversation on health equity and prosperity, and how we can engage those who are not part of this conversation. We anticipate that people acting through 100 Million Healthier Lives will continue to collaborate across sectors. The partners who committed to Health Equity and Prosperity—An American Freedom and Justice Project will continue this work because the need is clear and the opportunity is even more timely than when we began in 2015. The lessons we learned can serve us all. The positive emotions we worked with will continue to sustain our movement. The visions that inspired us will keep us motivated and the experience of working together will keep us hopeful.