

# RISE TO HEALTH COALITION



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## Overview

**What is the Opportunity?** There are limited opportunities to access and learn existing impactful strategies and actions to advance equity in health care. Moreover, individuals and organizations engaged in health equity work are currently operating in silos. The result is uncoordinated activity and action contributing to a lack of consensus, clarity, direction, and impact.

**Why should I/we Participate?** Individuals and organizations can expect benefits including:

- Support, inspiration, and community for advancing equity
- Knowledge of bright spots
- Catalytic connections
- Actionable resources and support to take practical action
- Collaboration to remove barriers that are too big for individuals or organization to remove alone
- Technical assistance, coaching and learning communities
- Coordination across efforts and initiatives to increase collective impact
- Interactive hub offering mechanisms for engagement and participation, tools and how to guides, success stories, webcast, progress and measurement, blogs, and other resources

**What is Rise to Health: A National Coalition for Equity in Health Care?** We unite people and organizations toward action and shared solutions for systemic change and structural impact.





**Who is leading Rise to Health Coalition?** [Click here](#) to learn more.

**Who is funding Rise to Health Coalition?** We gratefully acknowledge Founding Supporters Genentech, a member of the Roche Group; the Commonwealth Fund; the American Medical Association (AMA); and the Institute for Healthcare Improvement (IHI) for their generous funding support of the Rise to Health Coalition.

**What is our Vision?** Our vision is a transformed health care ecosystem where all people have the power, circumstances, and resources to achieve optimal health. To meaningfully advance toward our vision, the Coalition is designed to:

- **Mobilize and equip** individuals, health care organizations, and health care industry actors with concrete skills and tools;
- Sustainably change **mindsets and narrative** within health care, and;
- Influence and fundamentally change **policy, payment, education, standards, and practices**.

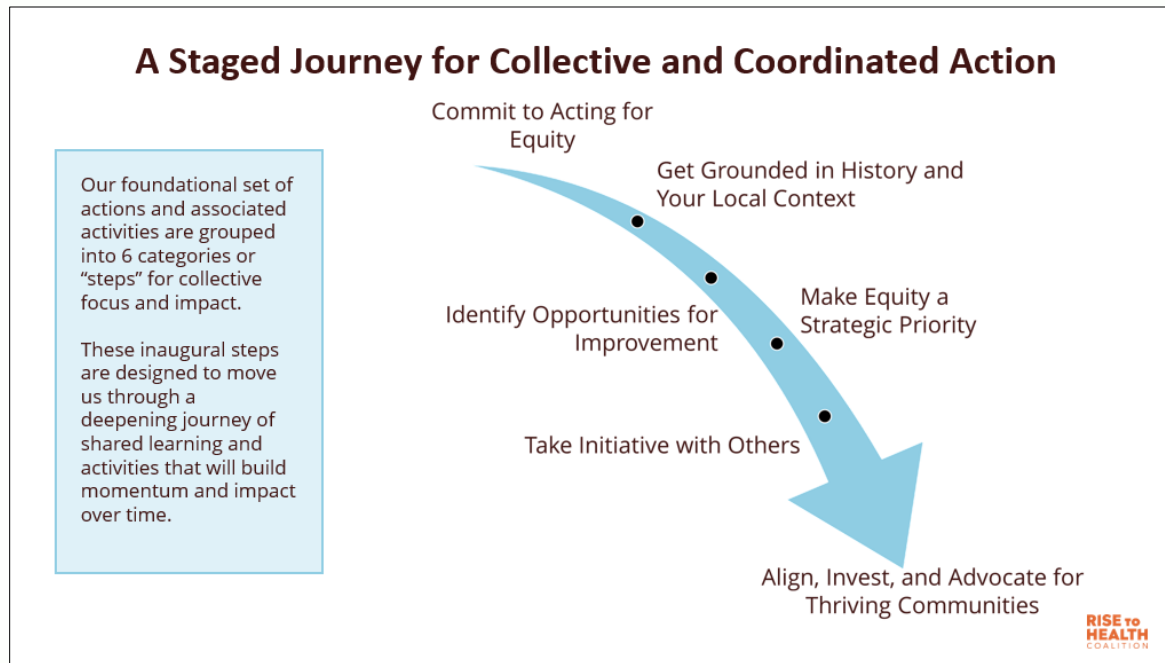
**What is our Impact?** To achieve our long-term vision, the committed actions will impact four areas:

 <p><b>Access:</b> Ensure that health care is inclusively designed for and equitably accessible to every individual and community.</p>	 <p><b>Workforce:</b> Build and sustain a diverse, inclusive, and thriving health care workforce equipped to advance racial justice and health equity for patients, communities, and staff.</p>
 <p><b>Quality &amp; Safety:</b> Redesign health care systems to reliably deliver equitable, high-quality, and safe care for every single individual and community, with a goal of eliminating unjust differential harms and improving care for all.</p>	 <p><b>Social &amp; Structural Drivers of Health:</b> Advance together to leverage our collective strengths, resources, and power to address structural and social drivers of health inequities.</p>

**Who is our Audience (i.e., Pillars)?** We are mobilizing five audiences or “Pillars” ([individuals](#) practitioners, [health care organizations](#), [professional societies](#), [payers](#), and [pharmaceutical/biotech/research organizations](#)) for coordinated action to advance a more equitable health care ecosystem. However, we recognize that to achieve the

collective impact we seek, we need individuals and organizations outside of these sectors to engage and collaborate with us. We invite all who are interested to participate and collaborate. Coalition “**animators**,” representing community activists and organizers, public health professionals, educators, regulators, policymakers, and of course, patients and members of the community—are equally critical for our success and are encouraged to join us.

### **Actions and Activities: What are they?**



**What are the Pillar Actions?** A foundational set of practical actions for collective engagement, learning, and action for equity in health care; with a goal of increasing momentum and impact for equity in health care over time. These include common actions that apply to all health care sectors (i.e., audiences or “Pillars”), as well as actions unique to each Pillar based on the specific assets and/or levers of that audience to enact change. Taken together, these actions form a broad organizing framework for coordinating and aligning activity around high-impact practices within and across health care sectors. Critically, these actions will also help identify gaps where further investment

is needed, including but not limited: to addressing gaps in knowledge, research, improvement practices, policies, standards, incentives, measures, and evaluation.

**What are the Pillar Activities?** An initial set of specific and high-impact activities carefully developed through the same iterative process as the actions above. These activities are informed by the four Coalition impact areas and [principles for truth, racial healing, and transformation](#). In addition, they incorporate high-leverage actions from [A Matter of Trust: Commitment to Act for Health Equity](#), and the [In Full Health principles](#) for advancing equitable opportunities in health innovation. Activities are broken into three tiers, representing starter level activities (Tier 1) for immediate action to more advanced activities (Tier 3) that may require additional time and planning. Additional activities may be added over time.

**Pillar action development process:** The Rise to Health Coalition actions were developed through a structured, evidence-informed, and iterative 18+ month process that included conversations with leaders with deep knowledge and experience in each of the five Pillars of the Coalition. These actions were further refined with input from the Coalition's Strategic Advisors and finally confirmed by the Coalition's leadership team.

**Our Guiding Values**<sup>1</sup> in developing these actions include:

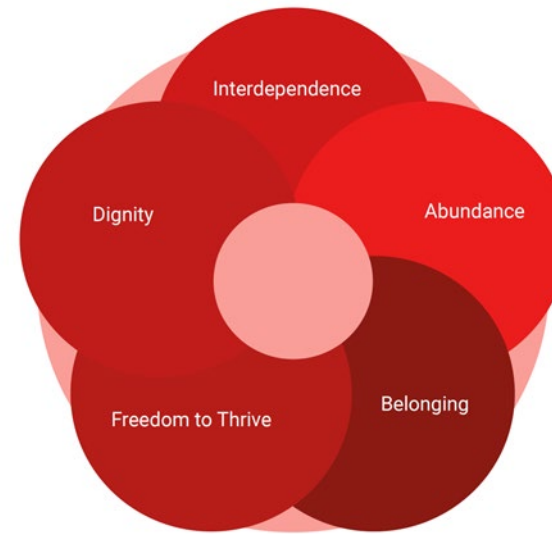
**Interdependence:** We believe that cooperation and collective action are needed to transform inequitable systems.

**Belonging:** We believe that improving health for individuals and communities that experience health inequities benefits everyone.

**Abundance:** We believe there are enough resources to achieve optimal health for everyone.

**Dignity:** We believe there is inherent worth and value of all people.

**Strength:** We honor community knowledge and practices while acknowledging the structural inequities that lead to disparate health outcomes.



## **Our Principles for Change**<sup>2</sup>

**Recognize that inequities harm all of us** – The inequities in our health care ecosystem have mortal consequences for all of us. Improving the system for those who would benefit most inevitably leads to a better system and outcomes for everyone.

1. **Right the injustices of the past** – Examining, acknowledging, and addressing past harms is necessary for our collective healing.

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<sup>1</sup> *Race forward*. Race Forward. (2023). <https://www.raceforward.org/>

<sup>2</sup> American Medical Association. *The AMA's strategic plan to embed racial justice and advance health equity*., Chicago, Illinois: American Medical Association; 2021 (<https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity>)

2. **Transform harmful narratives** – Narratives that elevate our shared humanity, that are deeply felt, and which make equity commonsense, have power to inspire individuals and organizations to take action.
3. **Center and integrate the voices and ideas of those most harmed** – Pragmatic solutions must be prioritized and designed through collaboration and leadership with people and communities that have been systematically excluded from decision-making opportunities.
4. **Apply strategies that address root causes of inequities** – In order to achieve health equity, we must reallocate resources to address the root political, structural, and social causes that produce differential harms and outcomes.
5. **Build solidarity and coordinate efforts** – To solve for complex, deeply rooted, and interconnected social problems such as racism or classism, we must come together across differences to build strength and power through community, relationship, shared understanding, and coordinated effort.
6. **Adopt a "Race AND" approach** – We lead with racism but never to the exclusion of other "isms (i.e., forms of oppression) because not doing so (i.e., colorblind efforts) inevitably leaves communities of color behind. Therefore, we seek to address all areas of oppression, such as classism, sexism, homophobia, xenophobia, and ableism, with consideration for their overlapping impacts with racism.
7. **Implement an "inside-outside" approach to organizational transformation** – To achieve positive and equitable external impacts, it is necessary to begin by embedding equity within your organization.

### **Actions and Activities: What it Looks Like**

**What does participation and taking action look like?** Visit our website at [www.RiseToHealthEquity.org](http://www.RiseToHealthEquity.org) to learn more about how you and/or your organization can participate and contribute to our collective effort to achieve an equitable health care ecosystem. The actions are grouped into categories in a suggested sequence that begins with a public commitment to advancing equity followed by getting grounded in foundational history and education. This is important because, for example, to make equity a strategic priority, staff across the organization will need to collectively understand how a hierarchy of human value has been embedded in the organization and society more broadly; your organization may need to "Get Grounded" as part of the process to establish your organization's vision and strategic goals. Similarly, an organization will need to establish resource capacity and strategic goals



before implementing strategies that benefit diverse communities. As a result, taking the action(s) listed below will be an iterative, cyclical process. These actions will inevitably take time, commitment, and openness to learning and collaborating with others in the health care ecosystem.

**What On-Ramps and Mechanisms of Learning and Support are offered?** The Rise to Health Coalition is continually identifying, refreshing, aligning, and sharing the strongest existing resources, programs, and associated technical supports available to help participants advance their work in leadership, equity, and justice. These include:

- **Promising practices and actions** - Toolkits, guides, webinars, affinity workgroups
- **Professional development experiences** - Online education, courses, and modules
- **Action communities & networks** - Learning collaboratives, convenings, and communities of practices
- **QI, data, and measurement supports** - Individual and organizational self-assessments
- **Guidance on advocating for system and narrative transformation in health equity and social justice** - Power building and organizing skills, storytelling, messaging, business case

### Action Categories – Definitions and Explanations<sup>3</sup>

#### Commit to Acting for Equity

We are all at different stages of learning, understanding, and taking action to address inequities in health care. Understanding and publicly committing to equity as a core mission of your work in health care is a critical first step toward building a community of aligned people and organizations.

In taking this step, you are also committing to take action in at least one or more categories. You have the option to share what actions you are taking, for shared accountability and transparency.

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<sup>3</sup> Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (<https://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>)

### **Get Grounded in History and Your Local Context**

This process includes intentional efforts to build a strong and shared foundation for health equity work in your organization. This includes:

- Understanding and sharing the history of inequities and racism in your organization and local context to center conversations and learning around consistent language, frameworks, assumptions, values, and norms to support their pursuit of equity.
- Recognizing the history of racism and other forms of oppression in your organization and acknowledging specific harms emerging from this history.
- Identifying the risks for causing unintentional harms despite good intentions.

### **Identify Opportunities for Improvement**

This step creates an opportunity to understand where to begin to act by exploring how inequities occur in your context in the present moment. Ensure your effort is informed by available data and/or the lived experiences of people and communities being harmed.

### **Make Equity a Strategic Priority**

Senior management articulates a vision for equity and acts on this vision by building equity into all high-level decision-making.

- Incorporate explicit equity goals into strategic and financial plans, align performance incentives to these goals, and ensure dedicated resources (e.g., financial, staffing, informational) to achieve these goals.
- Identify and use specific and measurable short- and long-term goals for equity to track progress and impact.

## Take Initiative

Once you and/or your organization are grounded in your local history of racism and other forms of oppression, have identified opportunities for improvement, and have used this data to develop a strategic plan in partnership with people and communities with lived experience, it is time to take action to redress these past or ongoing harms.

- Select one or more [Coalition actions](#) to engage in.
- Share about your promising or novel work to contribute to our collective understanding.

## Align, Invest, and Advocate for Thriving Communities

Advocate for and adopt strategies that align organizational interests with those of local and diverse communities.

## How to Engage

**How can my organization informally or formally participate in this effort?** There are two primary ways to engage. First, as a **participant**. Second, as a **named partner**.

**Participants:** Includes participants from the five focus audiences (i.e., Pillars) of the Coalition and participating animators.

- **Informal Participant** – Any organization within and/or outside of the health care ecosystem is welcome to view and engage with one more of the actions and activities for a particular Pillar. This could involve joining a particular learning community or sharing a valuable resource with your staff. This is a good option for organizations that are still early in their journey and testing the waters.
- **Formal (Named) Participant** – Your organization formally applies to join the Rise to Health Coalition, as part of a community of people and organizations coordinating action on the ground to advance equity and social justice. This includes a signed commitment by your organizational leadership to take at least one action within each Pillar category (e.g., committing to acting for equity, getting grounded in history and your local context, etc.) within the next 1.5 years (i.e., Summer 2023 to the end of 2024), and to share the results of your

efforts with your community and the broader Coalition. In recognition, your organization will be listed alongside names of other formal participants on the Rise to Health Coalition full website.

**Partners (Named):** Includes partners from the five focus audiences (i.e., Pillars) of the Coalition and collaborating animators.

- **Amplification Partner** – Your organization spreads the words through targeted promotion and outreach about the Coalition and associated events to your audiences and networks (e.g., newsletters, email, and social media).
- **Implementation Partner** – Your organization uses their unique assets to support the design, content, and programmatic delivery of the Coalition (e.g., organizations with specific experience/expertise in equity, measurement, etc.).
- **Convening Partner** – Your organization collaborates with the Core Leadership Partners to lead at least one of the Coalition Pillars through the 1.5-year journey of collective and coordinated action.
- **Core Leadership Partner** – Your organization provides overall core strategic and operational leadership of the Coalition.
- **Funder** – We welcome individuals and organizations interested in financially contributing to Rise to Health.

**How can I and/or my organization share and align our existing work with the Coalition?** If you have not already, start by [joining](#) our community. In the coming months, we will be creating additional pathways and opportunities for you and others across the ecosystem to connect, share, collaborate, innovate, and learn from each other. There are still many gaps in existing knowledge, research, improvement practices, policies, standards, incentives, measures, and evaluation. To achieve the collective impact we seek, we must begin to systematically identify, share, and align around the strongest solutions from the field—from individual to grassroots and community-led to institutional and national efforts. You will soon be able to submit your work and any emerging strong practices for consideration to be shared on our Rise to Health Coalition website.

**Where can I learn more?** Please visit our website: [www.RiseToHealthEquity.org](http://www.RiseToHealthEquity.org) to learn about our measurement and evaluation strategy, opportunities for amplifying your work at a national level, and much more.

## Full Set of Actions and Activities

### INDIVIDUAL PRACTITIONERS

Category: Commit to Acting for Equity	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>Commit to taking action</li> </ul>	<ul style="list-style-type: none"> <li>Sign up for the Rise to Health Coalition: <a href="http://www.RiseToHealthEquity.com">www.RiseToHealthEquity.com</a> <ul style="list-style-type: none"> <li>Optional: List name, organization, and actions taken</li> </ul> </li> </ul>
Category: Get Grounded in History and Your Local Context	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>Get grounded in the collective history of racism and other inequities present in your environment</li> </ul>	<ul style="list-style-type: none"> <li><b>“Starter” or Tier I activity:</b> Engage in educational and professional development opportunities that equip health care professionals to advance racial justice and health equity</li> <li><b>“Starter” or Tier I activity:</b> Use self-assessment tools to identify areas for improvement</li> <li><b>Tier II Activity (6 mos):</b> Identify and join an interprofessional equity community for mutual learning, support, practice, advocacy, and/or collective effort</li> <li><b>Tier III Activity (12+ mos):</b> Identify historical and contemporary examples of inequitable harms in national, local, and organizational policies and practices</li> </ul>
Category: Identify Opportunities for Improvement	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>Work with your local team to identify inequities present in your work that matter to marginalized people who are being harmed</li> </ul>	<ul style="list-style-type: none"> <li><b>“Starter” or Tier I activity:</b> Learn about strong practices for taking action to address inequities, including communication, shared decision-making, and interprofessional collaboration</li> <li><b>“Starter” or Tier I activity:</b> Identify and report inequities in patient care using patient safety/sentinel event mechanism at your institution or externally</li> </ul>
Category: Take Initiative with Others	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>Work with your local team to identify inequities present in your work that matter</li> </ul>	<ul style="list-style-type: none"> <li><b>“Starter” or Tier I activity:</b> Identify potential solutions with the team, prioritize them and test one of them to address the inequity.</li> </ul>

<p>to marginalized people who are being harmed</p>	<ul style="list-style-type: none"> <li>• <b>Tier II Activity (6 mos):</b> Learn how to measure, evaluate, and share your equity work, including through storytelling</li> <li>• <b>Tier II Activity (6 mos):</b> Know what resources are available to you for help and support if experiencing harm in doing equity work, and share these resources with your interprofessional equity community</li> <li>• <b>Tier III Activity (12+ mos):</b> Evaluate your impact and share your learning</li> </ul>
<b>Category: Align, Invest, and Advocate for Thriving Communities</b>	
<b>ACTIONS</b>	<b>COALITION ACTIVITIES</b>
<ul style="list-style-type: none"> <li>• Work with your local team to identify inequities present in your work that matter to marginalized people who are being harmed</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> Build momentum for this coalition by inviting your colleagues and your organization to participate</li> <li>• <b>Tier II Activity (6 mos):</b> Participate in civic engagement (e.g., by voting, local policymaking, community organizing)</li> <li>• <b>Tier III Activity (12+ mos):</b> Advocate for reforms to address social and structural drivers of health at the national, state, and/or local levels</li> <li>• <b>Tier III Activity (12+ mos):</b> Advocate for reforms to diversify the health care workforce</li> </ul>

## HEALTH CARE ORGANIZATIONS

<b>Category: Commit to Acting for Equity</b>	
<b>ACTIONS</b>	<b>COALITION ACTIVITIES</b>
<ul style="list-style-type: none"> <li>• Commit to taking at least one action from each category</li> </ul>	<ul style="list-style-type: none"> <li>• Sign up for the Rise to Health Coalition on the website: <a href="http://www.RiseToHealthEquity.org">www.RiseToHealthEquity.org</a> <ul style="list-style-type: none"> <li>○ Your organization will be recognized by name along with others who are joining this effort</li> <li>○ Optional: List actions your organization is taking</li> </ul> </li> </ul>
<b>Category: Get Grounded in History and Your Local Context</b>	
<b>ACTIONS</b>	<b>COALITION ACTIVITIES</b>
<ul style="list-style-type: none"> <li>• Facilitate increasing knowledge among all staff and board members about the history of racism and other forms of oppression (sexism, ableism, classism, ageism, xenophobia, anti-Semitism, etc.) at the national, local, and organizational levels</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> Provide educational and professional development opportunities that equip health care professionals to advance racial justice and health equity</li> <li>• <b>“Starter” or Tier I activity:</b> Examine and identify historical and contemporary examples of inequitable harms in national, local, and organizational policies and practices, including reviewing organizational archives</li> </ul>

- Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience

- **Tier II Activity (6 mos):** Identify the ways in which the organization has advanced social justice
- **Tier II Activity (6 mos):** Survey staff to learn how your organization’s physical spaces promote well-being (e.g., reconsider who is pictured, accessibility of your infrastructure, etc.)
- **Tier III Activity (12+ mos):** Write and publish a statement detailing the organization’s policies and practices that have caused harm and contributed to health inequities, accompanied by specific organizational commitments for redress

**Category: Identify Opportunities for Improvement**

**ACTIONS**

**COALITION ACTIVITIES**

- Collect and stratify key clinical data, measures, and indicators by relevant sociodemographic factors (e.g., Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation or Gender Identity (SOGI) to identify inequities
- Gather qualitative data (e.g., individual and community experiences) to understand the full scope and context of inequities

- **“Starter” or Tier I activity:** Stratify key quality, safety, patient experience, and other patient-reported outcome data and indicators by relevant sociodemographic factors (e.g., REALD and SOGI) to systematically identify harmful variation in health care delivery and outcomes
- **“Starter” or Tier I activity:** Add an equity prompt to all harm-event reporting systems (e.g., patient safety/sentinel events) to increase detection of inequities
- **Tier II Activity (6 mos):** Develop and use standard processes for partnering with marginalized communities to gather qualitative data about community strengths, opportunities, challenges, inequities, and needs to inform and guide priorities and foster accountability for impact
- **Tier II Activity (6 mos):** Identify existing institutional-level contributors to inequitable patient access, such as insurance contracting decisions or capital expenditures for new clinical sites
- **Tier II Activity (6 mos):** Examine data comparing key sociodemographic factors (i.e., race, ethnicity, payer) between people cared for by the organization and the relevant community that organization serves (the neighborhood, city, state, or region)
- **Tier III Activity (12+ mos):** Report on qualitative and disaggregated quantitative data to increase transparency and accountability for addressing identified inequities
- **Tier III Activity (12+ mos):** Collect gold standard REALD/SOGI data for organizational leadership and staff at each stage of the career pathway,

including hiring, retention, career advancement, and compensation, and make this publicly available

**Category: Making Equity a Strategic Priority**

**ACTIONS**

- Explicitly embed equity into organizational strategic, financial, and resourcing goals and plans
- Build and sustain a diverse, inclusive, and thriving health care workforce, including senior leadership and boards

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** For C-suite leaders: know your workforce (equity) data
- **“Starter” or Tier I activity:** Set and align performance incentives to organizational equity goals
- **Tier II Activity (6 mos):** Assess the organization’s budget model and ensure it will advance health equity
- **Tier II Activity (6 mos):** Identify and engage key community-based organizations as partners for planning and implementing initiatives designed to address social and structural drivers of health
- **Tier II Activity (6 mos):** Develop goals, strategies, processes, and policies (e.g., charters) to ensure leadership (e.g., board of directors, board committees) are representative of the full diversity of the community served by the organization
- **Tier II Activity (6 mos):** Create and/or revise incentives for staff, including the board and executive leadership, to meet organization’s goals for equity, including diversification of the workforce
- **Tier III Activity (12+ mos):** Ensure senior leadership and board membership reflects the diversity of the community served by your organization
- **Tier III Activity (12+ mos):** Commit to paying all employees and contractors a living wage
- **Tier III Activity (12+ mos):** Adopt hiring, retention, career advancement, compensation, and mediation policies and processes to build and sustain a diverse workforce

**Category: Take Initiative with Others**

**ACTIONS**

- Apply the Healing ARC (Acknowledge, Redress, Closure) framework to address identified inequities
- Systematically embed equity into the process, structure, and operations of all

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** Use the Healing ARC framework:
  - Acknowledge: Talk to patients/community members affected by inequities to understand their strengths, opportunities, challenges, barriers, and needs and transparently share data



hospital activities (e.g., clinical, quality and safety, research)

- Redress: Design and test interventions to close inequitable gaps; use quality improvement (QI) methods to test and evaluate impact of interventions; if a social determinant is exacerbating the observed inequity, build partnerships to address the social and structural drivers of health (SSDOH)
- Closure: Share results and learning with the affected patients/community members to determine if success has been achieved and ensure sustainability
- **“Starter” or Tier I activity:** Address inequities identified through harm-event reporting using equity-informed, high-reliability practices to drive system-level improvements
- **Tier II activity:** Systematically embed equity into all hospital operations, including quality and safety, to eliminate harmful variation in health care delivery and outcomes
- **Tier II Activity (6 mos):** Systematically embed racial and health equity in research processes, practices, and infrastructure at your organization
- **Tier II Activity (6 mos):** Actively participate in research designed to establish an evidence base that advances the understanding of the impact of social drivers, environmental influences, and other underlying mechanisms that produce disparate health outcomes
- **Tier II Activity (6 mos):** Invest in accessible and plain-language communications, language interpretation and translation services
- **Tier II Activity (6 mos):** Provide incentives for staff who engage in educational and professional development opportunities that equip them to advance racial justice and health equity
- **Tier III Activity (12+ mos):** Address organization-level contributors to inequitable access to health services
- **Tier III Activity (12+ mos):** Fulfill nonprofit hospitals’ community benefit requirement by making meaningful improvements in access for those with public or no health insurance, such as increasing access to elective ambulatory clinical and ancillary services, non-emergent hospital diagnostic and outpatient services, and social services and home/community care upon discharge

**Category: Align, Invest, and Advocate for Thriving Communities**

ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health outcomes</li> <li>• Engage in collective advocacy to address root causes of health inequities</li> <li>• Publicly share equity data and indicators for transparency and mutual accountability</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> Align organizational priorities with those of community partners</li> <li>• <b>“Starter” or Tier I activity:</b> Advocate for reforms to address social and structural drivers of health at the national, state, and/or local levels</li> <li>• <b>“Starter” or Tier I activity:</b> Make organization data on senior leadership diversity publicly available and easily accessible</li> <li>• <b>Tier II Activity (6 mos):</b> Advocate for reforms to diversify the health care workforce</li> <li>• <b>Tier II Activity (6 mos):</b> Make investments that support thriving communities: hire locally and create career pathways to build wealth, invest in built environment and purchase locally to support marginalized people and businesses</li> <li>• <b>Tier III Activity (12+ mos):</b> Measure and publicly report results of investment in local community</li> <li>• <b>Tier III Activity (12+ mos):</b> Ensure equitable geographic distribution of new capital expenditures (e.g., ambulatory and specialty clinics, urgent cares, hospitals) to ensure that marginalized communities in your region have fair access to your services</li> <li>• <b>Tier III Activity (12+ mos):</b> Publish data comparing key sociodemographic factors (i.e., race, ethnicity, payer) between people cared for by the organization and the relevant community that organization serves (the neighborhood, city, state or region)</li> </ul>

**PROFESSIONAL SOCIETIES**

**Category: Commit to Acting for Equity**

ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Commit to taking at least one action from each category</li> </ul>	<ul style="list-style-type: none"> <li>• Sign up for the Rise to Health Coalition on the website: <a href="http://www.RiseToHealthEquity.org">www.RiseToHealthEquity.org</a> <ul style="list-style-type: none"> <li>○ Your organization will be recognized by name along with others who are joining this effort</li> <li>○ Optional: List actions your organization is taking</li> </ul> </li> </ul>

### Category: Get Grounded in History and Your Local Context

#### ACTIONS

- Facilitate increasing knowledge among all staff and board members about the history of racism and other forms of oppression (sexism, ableism, classism, ageism, xenophobia, anti-Semitism, etc.) at the national, local, and organizational levels
- Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience

#### COALITION ACTIVITIES

- **“Starter” or Tier I activity:** Provide educational and professional development opportunities that equip health care professionals to advance racial justice and health equity
- **“Starter” or Tier I activity:** Examine and identify historical and contemporary examples of inequitable harms in national, local, and organizational policies and practices, including reviewing organizational archives
- **Tier II Activity (6 mos):** Identify the ways in which the organization has advanced social justice
- **Tier II Activity (6 mos):** Survey staff to learn how your organization’s physical spaces promote well-being (e.g., reconsider who is pictured, accessibility of your infrastructure, etc.)
- **Tier III Activity (12+ mos):** Write and publish a statement detailing the organization’s policies and practices that have caused harm and contributed to health inequities, accompanied by specific organizational commitments for redress

### Category: Identify Opportunities for Improvement

#### ACTIONS

- Collect and stratify key quantitative data regarding organizational leadership, staff, and membership for relevant sociodemographic factors (e.g., REALD and SOGI) to identify inequities
- Gather qualitative data (e.g., individual and community experiences) to understand the full scope and context of inequities in key conditions that your society addresses

#### COALITION ACTIVITIES

- **“Starter” or Tier I activity:** Disaggregate key measures (e.g., health care professional career entry and advancement requirements such as licensure examination pass rates and residency/training completion) to inform areas for action
- **“Starter” or Tier I activity:** Review all major clinical pathways, algorithms, guidelines etc. to identify those that have caused or perpetuated health inequities in access or outcomes
- **Tier II Activity (6 mos):** Develop and use standard processes for partnering with marginalized communities to gather qualitative data about community strengths, opportunities, challenges, inequities, and needs to inform and guide priorities and foster accountability for impact
- **Tier II Activity (6 mos):** Examine data comparing key sociodemographic factors (e.g., REALD and SOGI) of members and the comparable demographics of the overall professional community represented by that organization

- **Tier III Activity (12+ mos):** Establish shared principles for data collection and analysis to minimize burden on communities and individuals who have experienced harm
- **Tier III Activity (12+ mos):** Collect gold standard REALD/SOGI data for organizational leadership, and staff at each stage of the career pathway, including hiring, retention, career advancement, and compensation, and make this publicly available

**Category: Make Equity a Strategic Priority**

**ACTIONS**

**COALITION ACTIVITIES**

- Explicitly embed equity into organizational strategic, financial, and resourcing goals and plans
- Build and sustain a diverse, inclusive, and thriving health care workforce including senior leadership and boards

- **“Starter” or Tier I activity:** For C-suite leaders: know your workforce (equity) data
- **“Starter” or Tier I activity:** Set and align performance incentives to organizational equity goals
- **Tier II Activity (6 mos):** Assess the organization’s budget model and ensure it will advance health equity
- **Tier III Activity (12+ mos):** Ensure senior leadership and board membership reflects the diversity of the community served by your organization
- **Tier III Activity (12+ mos):** Commit to paying all employees and contractors a living wage
- **Tier III Activity (12+ mos):** Develop goals, strategies, processes, and policies (e.g., charters) to ensure leadership (e.g., board of directors, board committees) are representative of the full diversity of the community served by the organization
- **Tier III Activity (12+ mos):** Create and/or revise incentives for staff, including the board and executive leadership, to meet organization’s goals for equity, including diversification of the workforce
- **Tier III Activity (12+ mos):** Adopt hiring, retention, career advancement, compensation, and mediation policies and processes to build and sustain a diverse workforce
- **Tier III Activity (12+ mos):** Identify and engage key community-based organizations as partners for planning and implementing initiatives designed to address social and structural drivers of health

Category: Take Initiative

**ACTIONS**

- Systematically embed racial and health equity in processes, practices, and infrastructure at your organization
- Address organization-level contributors to inequitable access to health services (e.g., racist clinical algorithms, inequitable advancement within the specialty)

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** Create policies and procedures guiding editorial boards and editorial staff to ensure research publications are representative and address root causes of inequities
- **“Starter” or Tier I activity:** Address organization-level contributors to inequitable access to health services (e.g., racist clinical algorithms, inequitable advancement within the specialty)
- **Tier II Activity (6 mos):** Collaborate with staff to revise practices and policies guiding hiring, promotion, advancement, compensation, and mediation practices to achieve equitable outcomes
- **Tier II Activity (6 mos):** Participate in or support research designed to establish an evidence base that advances the understanding of the impact of social drivers, environmental influences, and other underlying mechanisms that produce disparate health outcomes
- **Tier III Activity (12+ mos):** Invest in accessible and plain-language communications, language interpretation and translation services
- **Tier III Activity (12+ mos):** Remove systemic barriers to the profession to develop a diverse pipeline of clinicians and leaders equipped to advance health equity

Category: Align, Invest, and Advocate for Thriving Communities

**ACTIONS**

- Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health outcomes
- Engage in collective advocacy to address root causes of health inequities
- Publicly share equity data and indicators for transparency and mutual accountability

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** Align organizational priorities with those of community partners
- **“Starter” or Tier I activity:** Advocate for reforms to address social and structural drivers of health at the national, state, and/or local levels
- **“Starter” or Tier I activity:** Make organization data on senior leadership diversity publicly available and easily accessible
- **Tier II Activity (6 mos):** Advocate for reforms to diversify the health care workforce
- **Tier II Activity (6 mos):** Make investments that support thriving communities: hire locally and create career pathways to build wealth, invest, and purchase locally to support marginalized people and businesses

- **Tier III Activity (12+ mos):** Measure and publicly report results of investment in local community
- **Tier III Activity (12+ mos):** Report on qualitative and disaggregated quantitative data to increase transparency and accountability for addressing identified inequities
- **Tier III Activity (12+ mos):** Publish data comparing key sociodemographic factors (e.g., REALD and SOGI) of members and the comparable demographics of the overall professional community represented by that organization

## PAYERS

Category: Commit to Acting for Equity	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Commit to taking at least one action from each category</li> </ul>	<ul style="list-style-type: none"> <li>• Sign up for the Rise to Health Coalition on the website: <a href="http://www.RiseToHealthEquity.org">www.RiseToHealthEquity.org</a> <ul style="list-style-type: none"> <li>○ Your organization will be recognized by name along with others who are joining this effort</li> <li>○ Optional: List actions your organization is taking</li> </ul> </li> </ul>
Category: Get Grounded in History and Your Local Context	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Facilitate increasing knowledge among all staff and board members about the history of racism and other forms of oppression (sexism, ableism, classism, ageism, xenophobia, anti-Semitism, etc.) at the national, local, and organizational levels</li> <li>• Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> Provide educational and professional development opportunities that equip health care professionals to advance racial justice and health equity</li> <li>• <b>“Starter” or Tier I activity:</b> Examine and identify historical and contemporary examples of inequitable harms in national, local, and organizational policies and practices, including reviewing organizational archives</li> <li>• <b>Tier II Activity (6 mos):</b> Identify the ways in which the organization has advanced social justice</li> <li>• <b>Tier II Activity (6 mos):</b> Survey staff to learn how your organization’s physical spaces promote well-being (e.g., reconsider who is pictured, accessibility of your infrastructure, etc.)</li> </ul>

- **Tier III Activity (12+ mos):** Write and publish a statement detailing the organization’s policies and practices that have caused harm and contributed to health inequities, accompanied by specific organizational commitments for redress

**Category: Identify Opportunities for Improvement**

**ACTIONS**

- Collect and stratify Healthcare Effectiveness Data and Information Set (HEDIS) measures and any other relevant clinical indicators by relevant sociodemographic factors (e.g., REALD and SOGI) to identify inequities
- Gather qualitative data (e.g., individual and community experiences) to understand the full scope and context of inequities

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** Disaggregate key measures (e.g., HEDIS measures) to inform areas for action
- **“Starter” or Tier I activity:** Develop and use standard processes for partnering with marginalized communities to gather qualitative data about community strengths, opportunities, challenges, inequities, and needs to inform and guide priorities and foster accountability for impact
- **Tier II Activity (6 mos):** Establish shared principles for data collection and analysis to minimize burden on communities and individuals who have experienced harm
- **Tier II Activity (6 mos):** Examine data comparing key sociodemographic factors (e.g., REALD and SOGI) of members and the relevant community that organization serves (the state, region, or country)
- **Tier III Activity (12+ mos):** Collect gold standard REALD/SOGI data for organizational leadership and staff including key measures for hiring, retention, career advancement, and compensation, and make this publicly available
- **Tier III Activity (12+ mos):** Report on qualitative and disaggregated quantitative data to increase transparency and accountability for addressing identified inequities

**Category: Make Equity a Strategic Priority**

**ACTIONS**

- Explicitly embed equity into organizational strategic, financial, and resourcing goals and plans
- Build and sustain a diverse, inclusive, and thriving health care workforce, including senior leadership and boards

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** For C-suite leaders: know your workforce (equity) data
- **“Starter” or Tier I activity:** Set and align performance incentives to organizational equity goals
- **Tier II Activity (6 mos):** Assess the organization’s budget model and ensure it will advance health equity

- **Tier II Activity (6 mos):** Identify and engage key community-based organizations as partners for planning and implementing initiatives designed to address social and structural drivers of health
- **Tier II Activity (6 mos):** Develop goals, strategies, processes, and policies (e.g., charters) to ensure leadership (e.g., board of directors, board committees) are representative of the full diversity of the community served by the organization
- **Tier II Activity (6 mos):** Create and/or revise incentives for staff, including the board and executive leadership, to meet organization’s goals for equity, including diversification of the workforce
- **Tier III Activity (12+ mos):** Ensure senior leadership and board membership reflect the diversity of the community served by your organization
- **Tier III Activity (12+ mos):** Commit to paying all employees and contractors a living wage
- **Tier III Activity (12+ mos):** Adopt hiring, retention, career advancement, compensation, and mediation policies and processes to build and sustain a diverse workforce

**Category: Take Initiative with Others**

**ACTIONS**

**COALITION ACTIVITIES**

- Systematically embed racial and health equity in processes, practices, and infrastructure at your organization
- Advance equitable benefits, networks, and incentive structures

- **“Starter” or Tier I activity:** Report stratified HEDIS data publicly and give anonymized provider reports to the individual provider organizations
- **“Starter” or Tier I activity:** Provide technical support to providers to help address specific identified inequities
- **Tier II Activity (6 mos):** Invest in technology and infrastructure to support providers to collect data stratified by key sociodemographic factors (e.g., REALD and SOGI)
- **Tier II Activity (6 mos):** Actively participate in research designed to establish an evidence base that advances the understanding of the impact of social drivers, environmental influences, and other underlying mechanisms that produce disparate health outcomes
- **Tier II Activity (6 mos):** Invest in accessible and plain-language communications, language interpretation, and translation services



- **Tier II Activity (6 mos):** Provide incentives for health care professionals who engage in educational and professional development opportunities that equip them to advance racial justice and health equity
- **Tier II Activity (6 mos):** Provide financial support (e.g., grants) to providers for embedding equity into operations, including quality and safety, to eliminate harmful variation in health care delivery and outcomes
- **Tier III Activity (12+ mos):** Address organization-level contributors to inequitable access to health services (e.g., reduce persistent incentives to ‘cherry pick’ healthy patients)
- **Tier III Activity (12+ mos):** Create and implement payment and risk adjustment structures that center health equity; reward systems for reducing inequities
- **Tier III Activity (12+ mos):** Identify a minimum set of drugs that would be fully covered, inclusive of health (e.g., housing, food, transportation, community health workers, home visits, and peer support)
- **Tier III Activity (12+ mos):** Coordinate with other payers and Medicaid agencies in local, regional, or state all-payer collaborations on illnesses/conditions that disproportionately impact marginalized communities
- **Tier III Activity (12+ mos):** Cover telehealth and enable technology for those who do not have access
- **Tier III Activity (12+ mos):** Expand coverage to include non-clinical interventions that address social and structural drivers of health (e.g., housing, food, transportation, community health workers, home visits, and peer support)

**Category: Align, Invest, and Advocate for Thriving Communities**

**ACTIONS**

- Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health outcomes
- Engage in collective advocacy to address root causes of health inequities

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** Align organizational priorities with those of community partners
- **“Starter” or Tier I activity:** Advocate for reforms to address social and structural drivers of health at the national, state, and/or local levels
- **“Starter” or Tier I activity:** Make organization data on senior leadership diversity publicly available and easily accessible

- Publicly share equity data and indicators for transparency and mutual accountability
- **Tier II Activity (6 mos):** Advocate for reforms to diversify the health care workforce
- **Tier II Activity (6 mos):** Make investments that support thriving communities: hire locally and create career pathways to build wealth, invest in built environment, and purchase locally to support marginalized people and businesses
- **Tier III Activity (12+ mos):** Measure and publicly report results of investment in local community
- **Tier III Activity (12+ mos):** Collaborate with policymakers, standards developers, public/private coalitions, and others to equitably reform industry-wide rules, regulations, and norms related to topics such as coverage and payment, data privacy, and technological infrastructure
- **Tier III Activity (12+ mos):** Publish data comparing key sociodemographic factors (e.g., REALD and SOGI) of members and the relevant community that organization serves (the state, region, or country)

## PHARMACEUTICAL, BIOTECH, AND RESEARCH ORGANIZATIONS

Category: Commit to Acting for Equity	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Commit to taking at least one action from each category</li> </ul>	<ul style="list-style-type: none"> <li>• Sign up for the Rise to Health Coalition on the website: <a href="http://www.RiseToHealthEquity.org">www.RiseToHealthEquity.org</a> <ul style="list-style-type: none"> <li>○ Your organization will be recognized by name along with others who are joining this effort</li> <li>○ Optional: List actions your organization is taking</li> </ul> </li> </ul>
Category: Get Grounded in History and Your Local Context	
ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Facilitate increasing knowledge among all staff and board members about the history of racism and other forms of oppression (sexism, ableism, classism, ageism, xenophobia, anti-Semitism, etc.) at the national, local, and organizational levels</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> Provide educational and professional development opportunities that equip health care professionals to advance racial justice and health equity</li> <li>• <b>“Starter” or Tier I activity:</b> Examine and identify historical and contemporary examples of inequitable harms in national, local, and organizational policies and practices, including reviewing organizational archives</li> </ul>

- Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience

- **Tier II Activity (6 mos):** Identify the ways in which the organization has advanced social justice
- **Tier II Activity (6 mos):** Survey staff to learn how your organization’s physical spaces promote well-being (e.g., reconsider who is pictured, accessibility of your infrastructure, etc.)
- **Tier III Activity (12+ mos):** Write and publish a statement detailing the organization’s policies and practices that have caused harm and contributed to health inequities, accompanied by specific organizational commitments for redress

**Category: Identify Opportunities for Improvement**

**ACTIONS**

**COALITION ACTIVITIES**

- Regularly assess the impacts of organizational investment, product development, and/or purchasing decisions on marginalized communities
- Gather qualitative data (e.g., individual and community experiences) to understand the full scope and context of inequities

- **“Starter” or Tier I activity:** Regularly assess your top 5-10 revenue-generating products for accessibility, affordability, and relevance for marginalized people
- **“Starter” or Tier I activity:** Develop and use standard processes for partnering with marginalized communities to gather qualitative data from health innovators, investors, patients, and caregivers about community strengths, opportunities, challenges, inequities, and needs to inform and guide priorities and foster accountability for impact
- **Tier II Activity (6 mos):** Identify what percent of business is in drugs/diagnostics that treat conditions that disproportionately impact marginalized populations to inform areas for action
- **Tier II Activity (6 mos):** Identify organization-level contributors to inequitable access to health products and technologies
- **Tier III Activity (12+ mos):** Evaluate organizational and industry-wide funding for marginalized communities to assess for equitable allocation
- **Tier III Activity (12+ mos):** Regularly assess research activities for equitable representation of participants by relevant sociodemographic factors (e.g., REALD and SOGI)
- **Tier III Activity (12+ mos):** Collect gold standard REALD/SOGI data for organizational leadership and staff including key measures for hiring, retention, career advancement, and compensation, and make this publicly available

**Category: Make Equity a Strategic Priority**

ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Explicitly embed equity into organizational strategic, financial, and resourcing goals and plans</li> <li>• Build and sustain a diverse, inclusive, and thriving health care workforce including senior leadership and boards</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> For C-suite leaders: know your workforce (equity) data</li> <li>• <b>“Starter” or Tier I activity:</b> Set and align performance incentives to organizational equity goals</li> <li>• <b>Tier II Activity (6 mos):</b> Assess the organization’s budget model and ensure it will advance health equity</li> <li>• <b>Tier II Activity (6 mos):</b> Identify and engage key community-based organizations as partners for planning and implementing initiatives designed to address social and structural drivers of health</li> <li>• <b>Tier II Activity (6 mos):</b> Develop goals, strategies, processes, and policies (e.g., charters) to ensure leadership (e.g., board of directors, board committees) are representative of the full diversity of the community served by the organization</li> <li>• <b>Tier II Activity (6 mos):</b> Create and/or revise incentives for staff, including the board and executive leadership, to meet organization’s goals for equity, including diversification of the workforce</li> <li>• <b>Tier III Activity (12+ mos):</b> Ensure senior leadership and board membership reflects the diversity of the community served by your organization</li> <li>• <b>Tier III Activity (12+ mos):</b> Commit to paying all employees and contractors a living wage</li> <li>• <b>Tier III Activity (12+ mos):</b> Adopt hiring, retention, career advancement, compensation, and mediation policies and processes to build and sustain a diverse workforce</li> </ul>

**Category: Take Initiative with Others**

ACTIONS	COALITION ACTIVITIES
<ul style="list-style-type: none"> <li>• Systematically embed racial and health equity in processes, practices, and infrastructure at your organization</li> <li>• Invest in health innovations developed specifically to improve health in and/or eliminate inequities experienced by marginalized communities</li> </ul>	<ul style="list-style-type: none"> <li>• <b>“Starter” or Tier I activity:</b> Apply design and data justice approaches that value and foster accountability to marginalized community members who will be impacted by solution implementation</li> <li>• <b>“Starter” or Tier I activity:</b> Advance access to drug coverage and health care affordability through pricing, distribution channels, and alternatives to commercial pharmacies for at least one illness/condition that disproportionately impacts marginalized communities</li> </ul>

- **Tier II Activity (6 mos):** Prioritize resources and support for innovators designing from, within, and for marginalized communities
- **Tier II Activity (6 mos):** Develop processes to ensure that a proportionally representative population of potential users and stakeholders are engaged in an equity-centered participatory design process
- **Tier II Activity (6 mos):** Invest in research to establish an evidence base that advances the understanding of the impact of social drivers, environmental influences, and other underlying mechanisms that produce disparate health outcomes
- **Tier II Activity (6 mos):** Invest in accessible and plain-language communications, language interpretation, and translation services
- **Tier III Activity (12+ mos):** Revise research recruitment policies and processes to ensure equitable representation of participants by relevant sociodemographic factors (e.g., REALD and SOGI)
- **Tier III Activity (12+ mos):** Use equity-centered participatory design processes for problem framing and prioritization, root cause analysis, solution development and testing, evaluation design, market selection, and implementation planning
- **Tier III Activity (12+ mos):** Conduct trials in new geographical locations, cultivate trusted messengers, commit to supporting trial participants with health needs and access to medications that are part of the trials after the trial ends, and plan for community engagement

**Category: Align, Invest, and Advocate for Thriving Communities**

**ACTIONS**

- Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health outcomes
- Engage in collective advocacy to address root causes of health inequities
- Adopt strategies that support asset ownership and wealth development within marginalized communities

**COALITION ACTIVITIES**

- **“Starter” or Tier I activity:** Align organizational priorities with those of community partners
- **“Starter” or Tier I activity:** Advocate for reforms to address social and structural drivers of health at the national, state, and/or local levels
- **“Starter” or Tier I activity:** Make organization data on senior leadership diversity publicly available and easily accessible
- **Tier II Activity (6 mos):** Advocate for reforms to diversify the health care workforce
- **Tier II Activity (6 mos):** Make investments that support thriving communities: hire locally and create career pathways to build wealth, invest

in built environment and purchase locally to support marginalized people and businesses

- **Tier III Activity (12+ mos):** Measure and publicly report results of investment in local community
- **Tier III Activity (12+ mos):** Collaborate with policymakers, standards developers, public/private coalitions, and others to equitably reform industry-wide rules, regulations, and norms related to topics such as coverage and payment, data privacy, and technological infrastructure
- **Tier III Activity (12+ mos):** Use strategies that include institutional investment in and co-investment with fund managers from marginalized communities, models that prioritize the long-term health of businesses such as builder capitalism, supporting employee and community business ownership models such as revenue-based financing, and protecting founder and user rights to data and intellectual property through broader use of debt capital
- **Tier III Activity (12+ mos):** Transparently share your top 5-10 revenue-generating products for accessibility, affordability, and relevance for marginalized people