

## Table of Contents

Introduction...	2
Organizing Framework and Coalition Aims...	3
Engagement...	6
Member Progress...	9
Facilitators of Action...	11
Bright Spots...	15
Suggested Changes to Design and Implementation...	16
Sustainability...	17
Key Learnings...	18
Key Recommendations...	19
Looking Forward...	20
Evaluation Framework and Methods...	21



# RISE to HEALTH COALITION

As one of the earliest large-scale US efforts focused on systems change, the Coalition acts as a live example for future health equity initiatives to learn from and expand upon.

**Rise to Health** is a national coalition committed to health care equity, uniting individuals and organizations to transform health care through coordinated and collective action.

Since November 2023, the Coalition's Measurement, Evaluation, and Learning (MEL) team has been assessing the Coalition's key programs and services. The evaluation aims to:

- 1) measure progress and outcomes
- 2) guide real-time improvements in implementation
- 3) share lessons with members, partners, and the broader field to inspire and inform other efforts addressing longstanding health disparities.

The evaluation employed a mixed-methods design. Data sources and methods included program records, pre- and post-assessments completed by participants in medium-touch activities and Groundwater experiences, monthly surveys completed by low-touch members engaging via the website, listening sessions, and follow-up surveys with 31 Coalition members, as well as interviews with 15 staff members and representatives from 9 convening partner organizations. More details on the evaluation methods are provided on pages 21-23.

This report presents results and insights from the implementation period, spanning from fall 2023 to December 2024, as well as progress toward the Coalition's short-term goal of having 455 members complete at least one action to promote equity in health care.



## Organizing Framework and Coalition Goals

Launched in July 2022, the Coalition’s initial efforts focused on identifying key partners, establishing governance structures, refining communication strategies, transforming narratives, creating a technical assistance infrastructure, and expanding membership. Although the Coalition is open to all, its activities currently prioritize five primary audiences (known as Pillars). These include health care organizations (HCOs), individual practitioners (IPs), payers, professional societies (PS), and pharmaceutical, research, and biotech entities (PRB). The Coalition’s activities are organized through a Pillar structure to offer customized resources and programs for each audience.

Building on the [IHI Framework for Health Care Organizations to Achieve Equity](#), the Coalition created a core set of practical actions for collective engagement, learning, and action to promote equity in health care. These actions, called the “Key Action Steps - A Staged Journey” (Fig. 1), act as a broad organizing framework for coordinating and aligning efforts around high-impact practices within and across Pillars. The full [list of actions and activities](#) for each pillar are available on the Rise to Health Coalition website.

Fig. 1. **Key Action Steps - A Staged Journey**





Goals

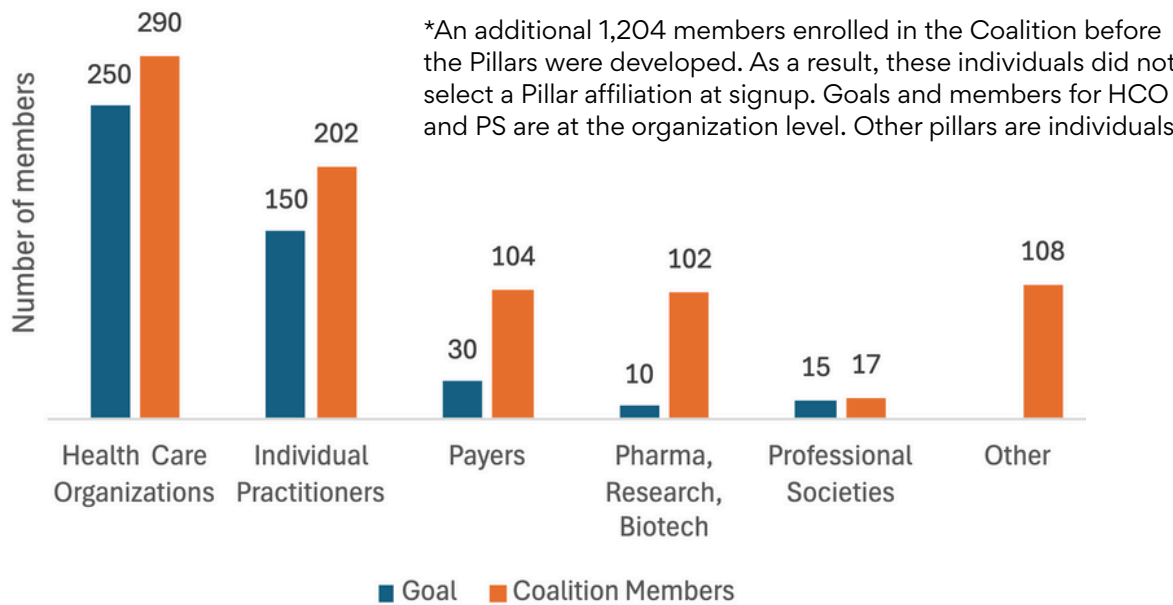
The Coalition’s initial efforts were developed and carried out in line with its long-term vision of transforming the health system. Its short-term goal as of October 2023 was for 455 Coalition members across the Pillar audiences to complete at least one action to promote equity in health care by December 31, 2024 (Fig. 2).

The HCO, IP, Payers, and PRB Pillars surpassed their individual goals.

Fig. 2. Pillar-specific Goals: Key Actions and Activities



Fig. 3. All pillars exceeded goals for number of members taking action\*





## Pillar Affiliations

Individuals who completed the online sign-up form chose a Pillar affiliation during registration. Those who enrolled through medium-touch activities without filling out the form are affiliated with the Pillar that manages their medium-touch activity. Of the 868 members for which an affiliation was available, the majority (56.7%) belonged to the HCO and IP Pillars.

## Planned Activities

The first Action Step, “Commit to Acting for Equity,” is completed when an individual joins the Coalition. **A total of 2,072 individuals committed to taking action** by completing the web-based Rise to Health Coalition sign-up form.

Members then participated in self-guided “low-touch” activities (via resources available asynchronously on the Coalition website) or “medium-touch activities,” including synchronous educational programs for each Pillar described in Fig. 4. By the end of 2024, approximately 18% of the membership participated in medium-touch activities.

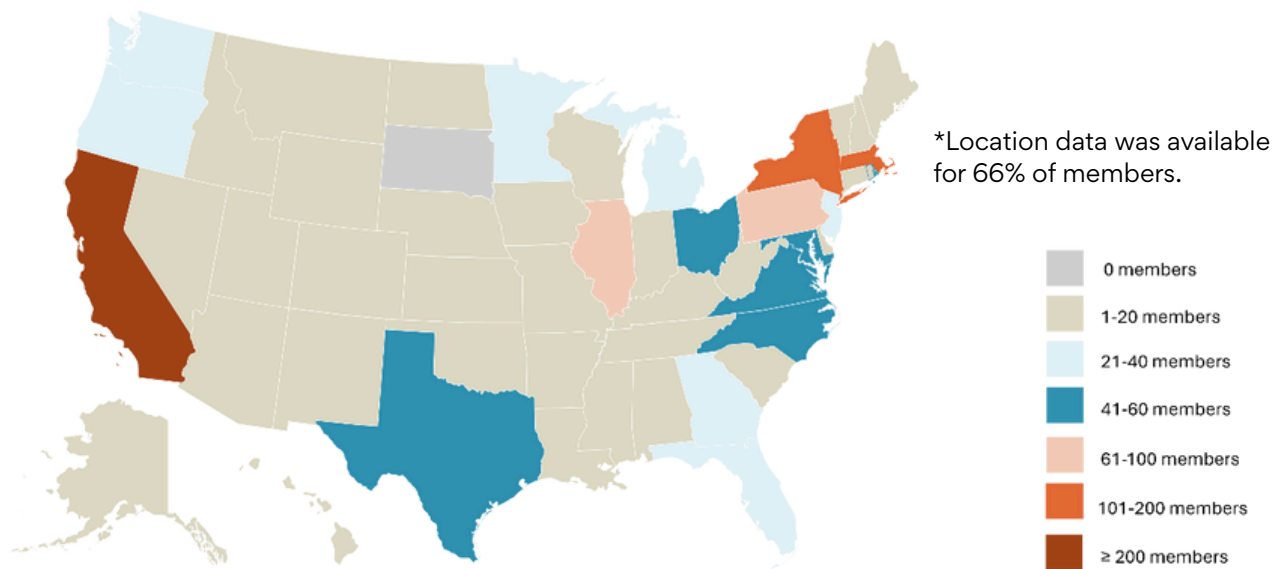
Fig. 4. **Medium-Touch Programs for Each Pillar**

Pillar Activity	Duration	Activities
HCO Learning Network	12 months	Structured at the organizational level and involved monthly all-team calls with the entire Learning Network, and optional monthly group coaching sessions (1 cohort)
Individual Practitioner Affinity Groups	6 months	Monthly calls, optional coaching (2 sequential cohorts)
Payers Roundtables	9 months	Six 60-minute round table sessions, optional 30-minute group coaching calls following each session (1 cohort)
PRB Fireside Chats	8 months	Monthly "fireside chats" with optional coaching (2 sequential cohorts)
Equitable Professional Societies Network (EPSN)	8 months	Learning Network with monthly team calls, and additional opportunities to join two action workstreams



As of December 2024, the **Coalition’s members were connected to 998 organizations** across the U.S. and Canada. While the Coalition initially aimed to engage organizations to take action and complete the Key Action Steps, it later broadened enrollment to include individuals and adjusted activities to reflect this change. By December 31, 2024, the membership comprised representatives from 49 U.S. states, the District of Columbia (Fig. 5), and three Canadian territories.

Fig. 5. **U.S. Coalition Members by Geographic Location \***

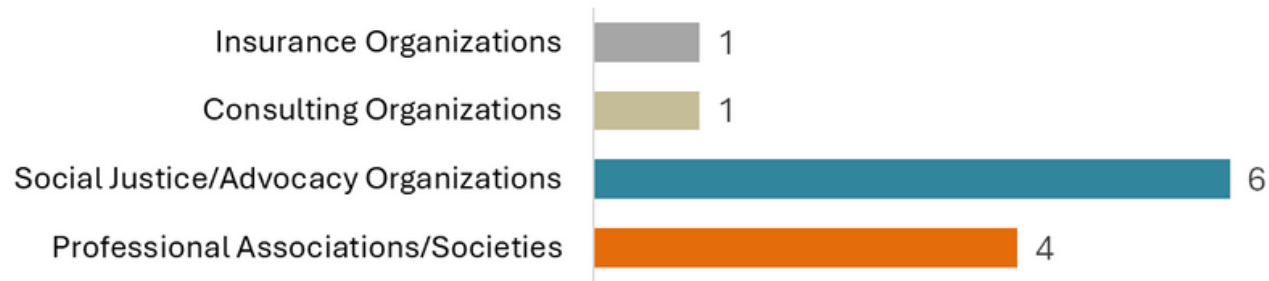


## Engagement

### Partner Engagement

At the Pillar level, the Coalition has involved six organizations as convening partners (Fig. 6). In this role, these organizations collaborate with the Core Leadership team to oversee each of the Pillars. Their presence and influence are vital as they represent and amplify the voice of each Pillar audience. The Coalition also engaged 34 advisors to help guide key decisions and a 28-member Stewardship Council to act as the Coalition’s governing body.

Fig. 6. **Number of Convening Partners Drawn from Diverse Organizations**





## Medium-Touch Member Engagement

The Coalition uses Pillar assessments to monitor the progress of participating members during their engagement in medium-touch activities. Each Pillar conducts an evaluation before starting their medium-touch activity and another after all sessions are completed. Participants are required to complete both assessments as part of their involvement. Over 50% of participants in the HCO Learning Network, PRB Fireside Chats, and IP Affinity Group Cohort 2 completed an initial assessment, and 82.3% of the 17 societies in the EPSN learning network completed the initial organization-level survey. Response rates were lower for the Payer Roundtables (17%) and IP Affinity Group Cohort 1 (12%). All medium-touch activities had low post-assessment response rates, ranging from approximately 3% to 24%.

## Facilitators of Member Engagement

Several factors supported engagement among medium-touch members (Fig. 7). Throughout the various Coalition sessions, many individuals reported that creating safe spaces, where members felt supported and not pressured to deliver immediate results, was essential for maintaining high engagement. Another key factor was the availability of IHI staff to answer questions and offer additional support to members when needed.

Fig. 7. **Facilitators of Medium-touch Member Engagement**



Partner organizations, funders, strategic advisors, and coaches have been essential in supporting and increasing member engagement. Their credibility, extensive networks, and expert marketing teams enable them to connect with the target audience and serve as trusted sources for Coalition members. For example, the Payer Pillar saw high participation in its Roundtables, with 80 to 100 attendees each session. This success mainly came from regularly scheduling their convening partner's existing workgroups, which included individuals who were not necessarily Rise to Health Coalition members.

Another key factor was the availability of Coalition staff to answer questions and offer additional support to members when needed. Staff also shared that their speakers bring fresh and interesting topics, which play a key role in encouraging strong participation. These presentations also involved non-members, sparking interest in the Coalition's work and inspiring their own equity journeys.



Likewise, coaching sessions have provided targeted support to organizations, helping them progress in their equity initiatives and the actions they are taking. The IP Affinity Groups benefited from the involvement of a health equity coach who is a subject matter expert with an extensive network and familiarity with IHI. Staff observed that funders have also given feedback and served as valuable thought partners.

Several staff members observed that the structure of Pillar medium-touch programs encourages engagement and progress. They emphasized how the thoughtful design of these activities helps build momentum and fosters meaningful participation. For example, the PRB Pillar began community-building activities early on to establish trust during the Fireside Chat cohorts. They also organized their training and medium-touch activities to facilitate sharing best practices among PRB companies.

The Fireside Chat format proved effective for companies needing to navigate various privacy laws, providing a safe environment for discussion. A few staff members mentioned that having a detailed plan, along with giving members a prospectus of the cohort and a master calendar of key dates and sessions at the start, helps keep participants engaged throughout the program.

### Timing

Many medium-touch members reported enjoying learning from their colleagues enrolled in the activities. However, they felt that the time allocated to each session was too short, as if the meeting ended just as the discussion was getting deep. They also mentioned a lack of additional opportunities to collaborate and learn from peers, expressing a desire to reorganize the activity to enable more effective peer discussions. Another specific suggestion from a participant was to extend the commitment to the Coalition to a year so they could see meaningful progress through the action steps.

Several participants noted that lasting systemic change cannot happen quickly, and some specifically pointed out that the Pillar-specific timelines and activities are too rapid. Others indicated that while they are working on some of the action steps, they doubt results will be visible by the end of their cohort. Some medium-touch members mentioned timing factors unique to their Pillar, while others discussed the pace of institutional and systemic change more generally. This was not a barrier to participating in Pillar activities but rather a factor to consider when planning future programs.



## Member Progress

### Low-Touch Members

Data from the Coalition check-in survey provides a snapshot of the actions low-touch participants were taking at different times (Fig. 8).

Fig. 8. **Top Actions Reported by Low-Touch Members, March-December 2024**



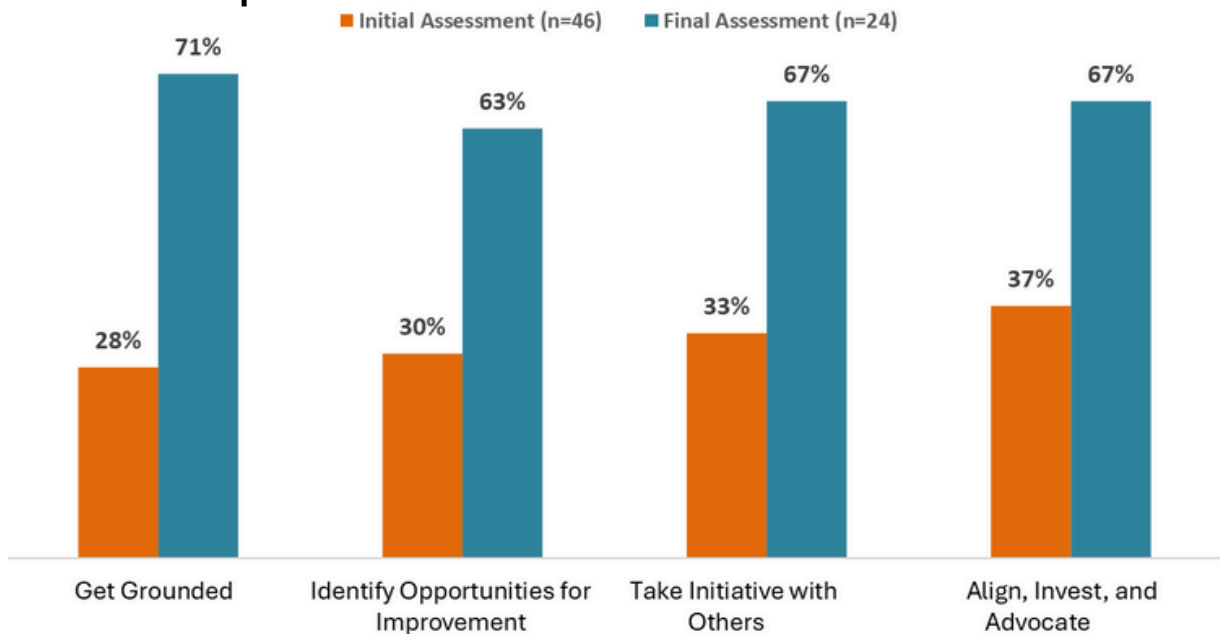
### Medium-Touch Member Progress

The Individual Practitioners (IP) Peer Affinity Groups offer a space for practitioners to reflect on their equity journey, connect theory to practice, and build supportive relationships to continue advancing equity. These groups aim to provide practitioners with a strong understanding of the history of racism in the U.S. and its effects on various systems, including health care. They also create a safe peer-to-peer environment for conversations about equity and support practitioners in their equity efforts and steps toward action and mobilization. During the period covered by this evaluation, two cohorts completed the program.

The IP Affinity Group’s initial and final assessments include four items to evaluate the stage of change for Action Steps and activities at the individual level. At the time of the first assessment, most respondents from Cohort 1 and Cohort 2 reported being in the “contemplation,” “preparation,” or “some action” stages across all Action Steps. By the final assessment, most reported being in the “substantial action” or “maintenance or sustainability” stage. The chart, (Fig. 9), shows differences in the proportion of respondents who reported substantial action or more, comparing the initial and final assessments.



Fig. 9. IP Respondents Progressed to "Substantial Action" or "Maintenance" on Four Coalition Action Steps

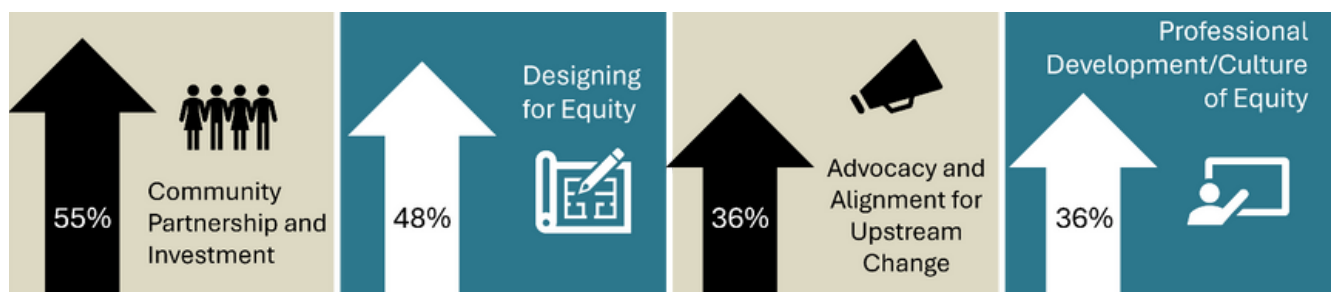


The Health Care Organizations (HCO) Learning Network functions as a medium-touch program for the HCO Pillar. It was organized at the organizational level, featuring monthly all-team calls with the entire Learning Network, along with optional monthly group coaching sessions. These sessions aim to empower health care organizations to create an anti-racist and inclusive health care delivery system where all patients, especially BIPOC patients and community members, feel respected and supported in achieving their best health.

In 2024, the Learning Network launched and included one cohort for a full year. Teams in the HCO Learning Network reported substantial progress in four activities (Fig. 10).

Fig. 10. HCO Learning Network Teams reported substantial change between the initial and final assessments, reporting "Some Action" on Action Steps/Activities.

Initial Assessment (n=11 teams), Final Assessment (n=4 teams)

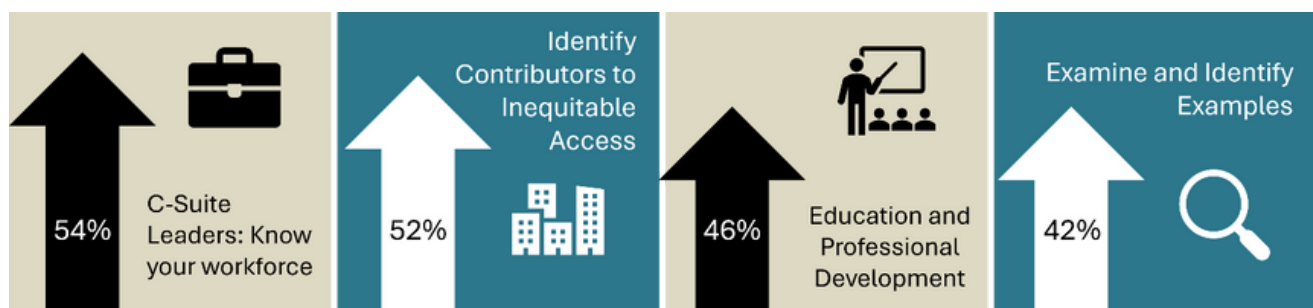




The Payers Pillar called their medium-touch activity Roundtables. These 60-minute sessions occurred virtually during monthly America’s Health Insurance Plans (AHIP) Health Equity Workgroup meetings. The Roundtables aim to bring together Payer organizations to identify shared solutions, common frameworks, and practices for spreading and having an impact. Participating Rise to Health Coalition members attended six sessions, with optional 30-minute group coaching calls after each meeting. Only a few Payer participants completed initial and final assessments, limiting the evaluation of their stage of change on Key Action Steps.

The Fireside Chats were the core activity for the Pharma, Research, and Biotech Pillar. These 90-minute Zoom sessions brought PRB organizations together through a structured journey for shared and coordinated efforts that boosted collective learning and activities (Fig. 11).

**Fig. 11. PRB Respondents Reporting “Some Action” on Action Steps/ Activities**  
Initial Assessment (n=27), Final Assessment (n=6)



Two PRB cohorts participated in six sessions held every six weeks, with optional one-on-one coaching calls in between. While all participants were asked to complete initial and final assessments, some questions were revised between the first and second cohorts.

## Facilitators of Action

A few staff observed that organizations actively participating in Coalition activities with vocal engagement in sessions often have a Medicaid business line, which aligns with Medicaid’s strong focus on health equity. Additionally, organizations with C-suite involvement tend to be those capable of taking meaningful action and implementing Coalition lessons within their organizations. Many participants who joined the Coalition were already taking action or were motivated by their passion for equity work. These individuals were eager to continue advancing equity within their organizations.



Medium-touch members identified several factors that helped their actions, including institutional support, positive group dynamics, the welcoming attitude of IHI staff, and their commitment to participating in a Pillar cohort, all of which contributed to their success (Fig.12). Other members noted that breakout groups and thought-provoking discussions increased their engagement with professionals in their fields. (As noted on page 8, some members requested even more opportunities for peer discussion and learning.) At the same time, the presence of subject matter experts in their cohorts has helped them advance with various equity initiatives.

Fig. 12. **Facilitators of Medium-touch Member Engagement**



### **The Coalition's Role in Facilitating Action**

Individuals often use the Coalition as a resource to boost their current efforts by seeking new ideas and support. Some staff members noted that while not all medium-touch members have progressed beyond the foundational stage of getting grounded, many are considering actions in other areas.

Often, people joining the Coalition are already deeply committed to equity work and have been involved in equity initiatives before joining Rise to Health. Staff highlighted that while participants are actively working toward health equity, their activities sometimes don't align with the categories established by the Coalition. This mismatch makes it harder to track and understand the specific initiatives they undertake, especially when members don't actively share during cohort sessions or fail to complete initial and final assessments.

Certain members have reported implementing the Groundwater Institute's (GWI) framework within their organizations, engaging in discussions on equity, and collecting REALD (Race, Ethnicity, and Language Data) and SOGI (Sexual Orientation and Gender Identity) data. During their sessions, the HCO Pillar emphasized the importance of strategic planning and encouraged organizations to complete the Organizational Equity Assessment, a low-effort, accessible action.

Additionally, the PRB Pillar highlighted that a large pharmaceutical organization on the East Coast has been actively involved across cohorts, even establishing an internal Peer Affinity Group to advance its equity efforts.



## Groundwater Immersive Experience

Cohort members were given an opportunity to participate in the Groundwater Institute's interactive workshops to help ground them in their equity journey. Following this experience, there were increases in self-reported knowledge of racial inequity and confidence in using data to support beliefs.

Before the workshops, 33% of respondents strongly agreed that socio-economic differences do not explain racial inequity (compared to 71% after the workshop), 91% strongly agreed that reducing racial inequity requires changes to systems and structures (compared to 100% after the workshop), and 67% strongly agreed that understanding discrimination against Black people is key to understanding discrimination against other groups (compared to 89% after the workshop). Many respondents initially reported being unable to support their beliefs with data, but most said they could do so after attending the workshop.

When asked to provide feedback about their experience, the sessions were described as transformational, eye-opening, and impactful by many, conveying a strong desire to implement the learned concepts in their workplaces. The results suggest that participation in the GWI workshops enhances participant understanding of racial inequities and better equips them to use data to promote equity and social justice.

“This has been transformational to me. My understanding of racial inequities has been greatly expanded as a result of Groundwater framing. Really well done... I have NEVER felt this way after a racial justice training.”

— Groundwater workshop participant

## Barriers to Facilitating Action

Staff, convening partners, and medium-touch participants identified several barriers that members face in their equity work. A common challenge mentioned by all three groups is a lack of leadership buy-in, which leaves participants feeling isolated and struggling to take meaningful action within their organizations. When individuals participate in the Coalition without support from their organization's leadership or other members, they often feel siloed, making it harder to drive change.



As one staff member noted, “...one of the things that some of the participants appreciate about the work that we’re doing together [is] because they don’t feel alone. We’ve heard from some participants that what’s challenging for them is feeling isolated at their organizations. They don’t have the support that they need.”

Additionally, a few convening partners suggested that more precise descriptions of the Coalition’s purpose could potentially boost leadership support for member participation. Employers are unlikely to approve time for the Coalition without a clear understanding of its value, making it crucial for potential participants to effectively “sell” the idea to their leadership. Other challenges include actions that are organized at the organizational level without flexibility to meet members where they are in their equity journey and participant hesitation to share openly, even during coaching sessions.

Without commitment from their leadership, participants struggle to drive meaningful change in their organizations and fields.

### **Overcoming Barriers**

To overcome these barriers, several staff emphasized the crucial role of leadership buy-in. One suggestion was to require organizational leadership involvement in the Pillar medium-touch activities. Another proposal involved leveraging existing connections to engage leaders more actively, remove barriers for participants, and boost overall engagement and support.

Additionally, several staff members highlighted the need for more funding and resources, noting that having dedicated personnel for equity work within organizations is essential. For example, in the PRB Pillar, coaching sessions have been highly effective in overcoming barriers to action, providing targeted support, and addressing specific questions or challenges participants encounter.

Offering incentives to participants could also increase engagement and commitment. Another recommendation was to integrate additional support into presentation materials, with a focus on emphasizing the importance of leadership buy-in. A few staff specifically mentioned adapting their sessions to align with members’ interests to boost engagement. (Fig. 13)



Fig. 13. **Staff identified crucial elements to include in health equity initiatives**



## Bright Spots

When asked about bright spots of their Coalition work, several Pillar staff shared that simply having individuals and organizations consistently show up and engage in the work is inspiring. PRB Pillar staff specifically pointed to an organization that has developed an internal equity group based on their experience in the Coalition. They also emphasized the in-person GWI experience as a highlight, sharing that it was motivating and crucial for the continuing success of the cohort for participants to meet and collaborate in that context.

Other bright spots included the active involvement of a CEO in one Pillar's medium-touch activity, members introducing the Groundwater analysis within their organizations, and participants openly sharing about their equity work and speaking up about equity issues in their spheres of influence.

Many convening partners noted that the Coalition has laid the necessary groundwork for future progress in health equity. A few partners also highlighted that participants can collaborate effectively as a team to advance health equity across various levels, which they view as a notable strength of the work. Several convening partners acknowledged and highlighted the generational nature of equity work, noting that structural change is challenging and requires time. Convening partners also collaborated on activations and presentations at key conferences nationally. Raising awareness of health equity was pointed out as an achievement, with more people becoming attuned to these issues and engaging in meaningful conversations about equity due to their participation in the Coalition—an essential first step toward lasting progress.



## Suggested Changes to Design and Implementation

Coalition staff and convening partners shared ideas on how they would redesign and implement the Coalition, or their specific Pillar. General suggestions for the Coalition from Pillar staff included more thoughtful data collection from the onset to address the current data gaps across Pillars. This includes having a backup plan for low survey completion and alternative ways for participants to provide feedback. Additionally, understanding which data was essential to collect from the beginning could have mitigated data gaps. A few staff also suggested having a whole project team for each Pillar at the onset to streamline implementation. Simplifying the registration process by merging it with the initial assessment was proposed to reduce barriers to recruitment.

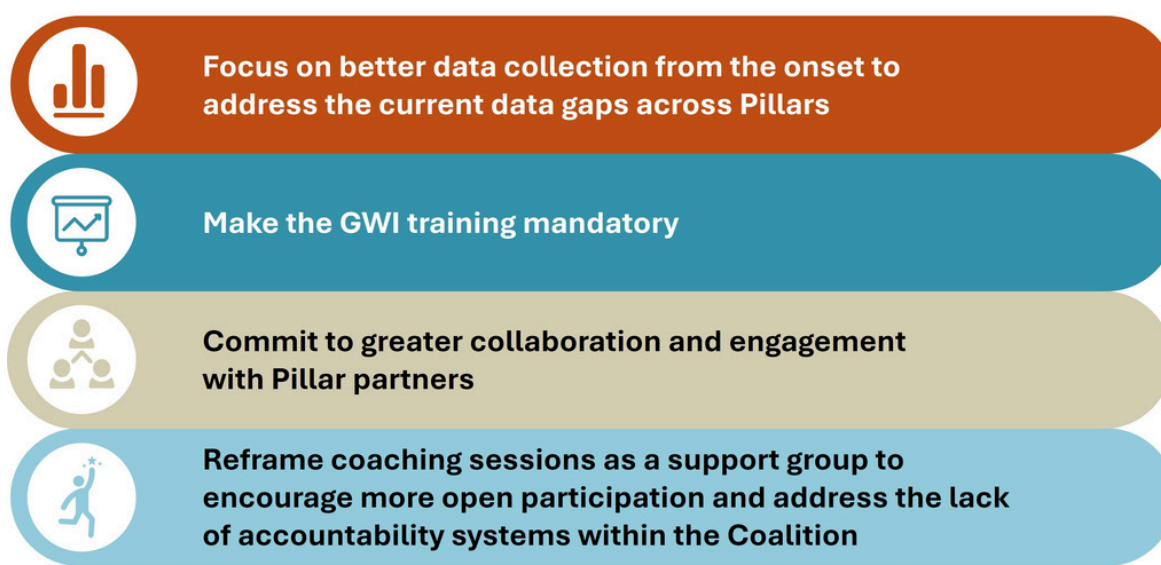
Other staff suggestions included making the GWI training mandatory due to its foundational role in grounding members in the work and securing funding to offer in-person sessions. They also emphasized the need to carefully select convening partners, set clear expectations for roles and data sharing, and ensure alignment with partners from the start.

To refine the design and implementation of the Coalition, most convening partners suggested greater collaboration and engagement with Pillar partners. Many partners also expressed a desire for more clearly defined roles for convening partners, greater involvement in the Coalition's brainstorming and development process, and increased collaboration across Pillars. A few partners also highlighted the possibility of utilizing the Coalition's extensive health equity resources to shift the recruitment focus towards broader outreach of health professionals.

In terms of activity improvements, staff provided several recommendations, including reframing coaching sessions as a support group to encourage more open participation and addressing the lack of accountability systems within the Coalition. A few staff also mentioned a desire to adjust their cohorts' timing to avoid low engagement in summer months and implement condition-specific action communities to drive measurable progress. They also suggested developing a fuller innovation cycle, taking into account the vast array of existing equity tools and resources. They stressed the importance of uniting different voices and fostering long-term action. Finally, while the Coalition attempts to reduce barriers to participation through the absence of cost or other participation requirements, a few staff felt these flexibilities sometimes made it easier for participants to deprioritize their commitment to the Coalition (Fig. 14).



Fig. 14. **Staff and convening partners suggest key improvements**



## **Sustainability**





The Coalition launched in July 2022, over a year after planning commenced. While there was broad support for similar activities between 2020 and 2022, a changing socio-political landscape led to a decline in national backing between 2023 and 2024. Data from administrative records, the Coalition check-in survey, listening sessions, interviews, and Pillar assessments highlighted a growing awareness of this shift among Coalition members and partners.

Data from staff interviews highlight the need for additional support systems to sustain the Coalition's equity work. A perceived challenge in maintaining progress is the lack of continuity after the cohort ends, which risks losing momentum, especially for individuals working alone without the support of others within their organization. The Coalition currently lacks formal spaces for debriefing and ongoing equity work. As one staff member pointed out, while it would be helpful to "have space for participants to vent, or just have a re-up on skills and tool reminders. Just offer an outlet. And we don't have a formal space to do that."

Staff also reported that the lack of dedicated funding for post-cohort activities presents a barrier. Some Pillars have proactively addressed this by creating contact lists and/or a community page to maintain connections. Additional funding in this area could help sustain momentum through regular calls and check-ins with Coalition staff.






## Key Learnings

<p><b>Action Steps and Activities</b></p> 	<p><b>Over 2,000 individuals across the United States and Canada</b> completed the Coalition’s first Action Step: <i>Commit to Acting for Equity</i>. Some members reported adoption of Steps 2-6 and progress towards implementing them.</p> <p>Coalition members and staff reported positive experiences participating in Groundwater Institute trainings offered as a part of Action Step 2: <i>Get Grounded in History and Local Context</i>.</p> <p>Members reported increased knowledge of racial inequities and greater confidence in supporting their beliefs with data following workshop participation. Many members and staff described the training as transformative.</p> <p>Many partners, Coalition staff, and members felt the Action Steps and Activities were comprehensive. Additional work may be needed to better align them with the work and pace of Coalition members.</p>
<p><b>Engagement</b></p> 	<p><b>The Coalition’s synchronous educational programs have provided a pathway to stronger member engagement through tailored support and activities like community-building sessions.</b> Fewer opportunities exist to engage members who are not participating in synchronous programs.</p> <p>The Coalition has engaged a network of diverse partners who provide critical support and enhance its work. There remains an opportunity to increase partner involvement in decision-making processes.</p> <p><b>Leadership buy-in and engagement are needed to promote progress at the individual and organizational levels.</b></p>
<p><b>Challenges</b></p> 	<p><b>The Coalition was conceived, planned, and implemented between 2020 and 2024, a timeframe accompanied by dramatic changes in local, regional, and national support for equity initiatives.</b> Shifts in the larger socio-political environment introduced unexpected challenges related to member enrollment and participation.</p>
<p><b>Bright Spots</b></p> 	<p><b>The Coalition laid the groundwork for future progress in health equity.</b> Raising awareness of health inequities and providing guidance on actionable steps toward equity in health care is an achievement in itself.</p> <p>Coalition staff and convening partners reported several bright spots, including collaborative efforts, meaningful conversations around equity, the formation of internal equity groups within members’ organizations, and increased leadership involvement in equity work</p>



## Key Recommendations

<p><b>Action Steps and Activities</b></p> 	<p>Equity work takes time. Extending the length of synchronous educational programs to a year or more could allow participants time to adopt, implement, and measure progress through the Key Action Steps.</p> <p>Tailoring Action Steps and Activities to individuals and organizations who are earlier in their equity journey may allow the Coalition opportunities to reach new populations who are not yet members. The Coalition could also explore options that involve a shorter commitment, paired with foundational activities identified as important to the success of the Coalition, such as the Groundwater workshops.</p>
<p><b>Engagement</b></p> 	<p>Facilitating connections between members by creating a list-serv or another communication mechanism can provide new pathways for members to take ownership of their relationships and continue supporting each other in their ongoing equity work.</p> <p>The Coalition's advisors and partners bring a wealth of resources and knowledge. Regularly incorporating advisor and partner feedback may strengthen the Coalition's capabilities, encourage ownership, and deeper engagement among partners and members, and fill gaps in expertise among the Coalition's staff.</p> <p>Member and partner engagement challenges are not specific to the Coalition. Similar initiatives have overcome such challenges by investing in innovative partner engagement or community-based participatory methods to strengthen partnerships and improve member engagement.</p> <p>Leadership support is integral to advancing equity. Parallel programming or engagement opportunities for organizational leaders may facilitate participation of team members in Coalition activities, the adoption of the Key Actions and Activities, and foster cross-sector transformation.</p>
<p><b>Sustainability</b></p> 	<p>While some members support maintaining the current level of activities, there may not be dedicated funding or sufficient external support to sustain them all. The coalition could consider new ways to leverage partner resources or use available funding to address the long-term goal of health system transformation.</p>



## Looking Forward

The Coalition continues to support its members in deepening their understanding of equity in health care and moving toward concrete actions to promote health equity. The data collected so far illustrate the impact the Coalition has made and the value members have gained through their involvement. While the Coalition's work has faced challenges, we have gained valuable insights from the first two years of implementation. The recommendations in this report address the key areas evaluated so far, providing actionable suggestions to help Coalition staff plan their next steps.

We've assembled dedicated partners and funders to advance equity and justice in the health care ecosystem and recognize the following organizations for their generous contributions:





## Evaluation Framework and Methods

The evaluation sought to address the following learning questions:

### Primary Questions

- To what extent are Pillars and the Coalition reaching and engaging their intended audiences?
- To what extent and by whom are the Key Actions being implemented and maintained within each Pillar or the Coalition?

### Secondary Questions

- To what extent were Pillar and Coalition-level activities carried out as planned and adjusted when needed?
- What is each Pillar and the Coalition learning about the implementation strategy and Key Actions?
- What contextual factors—micro, meso, and macro levels—are helping or hindering progress, and how can each Pillar and the Coalition build on or address these?
- To what extent do members have the knowledge and skills to promote racial equity within each Pillar and the Coalition?
- What bright spots or early signs of a more equitable health care system do Coalition members report?
- What evidence shows that the results are linked to the Coalition?

The evaluation scope did not include narrative transformation. During this phase of the Coalition, partners designed narrative themes, messages, and stories. Future work could explore testing, implementation, and effectiveness of these narrative structures with members across the healthcare ecosystem.

The evaluation used a mixed-methods design. Data sources and methods included:

### Signup form

To “Join” the Coalition, members filled out a membership form on the Rise to Coalition website, which included choosing a pillar, providing organization details, and selecting a location.

### Pillar Enrollment Logs

Staff for each pillar kept a log of member participation in medium-touch activities.

### Individual and Organizational Assessments

Members, or a team representative for the HCO Learning Network, completed initial assessments before starting activities and final evaluations afterward. These tools enabled members to reflect on their stage of change in relation to Action Steps and activities, rating their progress from contemplation to sustainability on a five-point



scale. The assessments also gathered data on members' experiences, barriers, and facilitators related to adopting and completing Key Action Steps.

### **Groundwater Experience Surveys**

The Groundwater Immersive Experience (GIE) and Groundwater Experience (GWE) workshops are two of several foundational courses offered by the Coalition to provide members with an opportunity to learn more about the history and local context. GWI staff administered pre- and post-workshop surveys to assess changes in knowledge about racial and other inequities and confidence to use data to support their beliefs. Evaluators compiled and analyzed all GWI survey data. Across Pillars and sessions, 107 participants completed the pre-survey, and 87 completed the post-survey. The surveys measured self-reported knowledge of racial inequity and confidence in using data to support beliefs on a 5-point Likert scale. They also collected feedback on workshop satisfaction and suggestions for improvement. The surveys remained anonymous to protect participant confidentiality.

### **Coalition/Pillar Surveys**

Evaluators compiled and analyzed data from the Coalition Check-in survey and initial and final Pillar surveys (referred to herein as Pillar assessments). The primary purpose of these surveys was to track the progress participating members made over the course of their engagement in the Coalition. The surveys also collected data on member experience as well as barriers and facilitators to the adoption and completion of Key Action Steps.

For the Professional Societies pillar, evaluators conducted pre-, mid-point, and post-assessments using individual and organization-level surveys, including the Health Equity in Organized Medicine Survey to measure progress on the Key Actions. The HEIOM survey is a web-based survey initiated in 2023 and sent to all the organizations in AMA's Federation of Medicine, which includes 54 state/territory associations, 150 specialty/professional interest societies, and 350 county/city associations, as well as all other organizations participating in the EPSN. The survey was developed to better understand specific actions that these organizations are taking to advance health equity, gather insights into these actions, and identify barriers and resources needed to further progress. Learn more: <https://www.sciencedirect.com/science/article/pii/S0027968425000367>

### **Listening Sessions**

Evaluators conducted four virtual listening sessions to explore perceived barriers and facilitators related to enrollment in the Coalition and the adoption of the Coalition's Key Action Steps. These sessions took place in April and December 2024. Eligible participants included Coalition members who participated in one or more Pillar-led synchronous educational programs, referred to here as medium-touch activities, and who pre-registered for a session. A total of 31 individuals participated across both



sessions: 22 through an on-camera session and nine who completed a follow-up survey to share their insights.

### **In-depth Interviews**

Evaluators conducted in-depth interviews with Coalition staff and convening partners to gather their perspectives on Coalition planning activities, the development and execution of the Key Action Steps, and the Coalition's medium-touch programs. Staff interviews took place virtually from April to December 2024. Participants included Coalition staff who held management or director-level roles at IHI from December 2022 to December 2024 and were involved in developing or implementing Coalition-level or medium-touch programs led by the Pillars. Convening partner interviews occurred from September 2024 to January 2025. Partners were eligible if their organization served as a convening partner for a Pillar-led medium-touch activity and they were nominated by Pillar staff. A total of fifteen staff members and nine convening partner organizations participated, representing four of the five Pillars.

### **Qualitative Findings Framework**

We report qualitative findings using a framework that classifies responses based on the proportion of participants expressing similar views, defined as:

Most  $\geq 75\%$  of respondents

Many  $> 50\%$  but  $< 75\%$  of respondents

Several  $> 20\%$  but  $< 50\%$  of respondents

Few  $< 20\%$  of respondents

No respondents

*A detailed description of the evaluation design, methods, tools, and analysis plan is available upon request to [info@risetohealthequity.org](mailto:info@risetohealthequity.org).*