

Training for Health Equity: Lessons from Health Equity Initiative's Experience



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Suggested Citation: Nguyen, L., Basu Roy, U., Faroul, L., Schiavo, R. (2022). Training for Health Equity: Lessons from Health Equity Initiative's experience. New York, NY: Health Equity Initiative. <https://www.healthequityinitiative.org/reports.html>

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Credits: The authors are grateful to Lenore Cooney, Radhika Ramesh, MA, and Lalitha Ramanathapuram, PhD for their review of earlier versions of this report and their insightful comments. Thank you!
Graphic Design and Layout: Carly Nocchi and Nicole Carberry

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Executive Summary

Health Equity Initiative (HEI), a member-driven nonprofit organization, was established in 2011 with the aim to advance health equity in national and global settings. By understanding the importance of multisectoral approaches and community-driven solutions in addressing health inequities, HEI has dedicated its efforts to bring people and organizations together from both the public and private sectors and across professions and communities, build capacity for integrating health equity across different types of professional and community endeavors, and advocate for removing social and policy barriers that prevent people from achieving a healthy life. Education, advocacy, and community- and capacity-building opportunities have become HEI's key offerings, through which the organization believes participants can be empowered to integrate health equity into their own work and communities.

Since 2011, HEI's team has conducted extensive training and capacity building programs in a variety of interactive formats, including workshops, webinars, panel series, and summits, which were specifically designed to accommodate a variety of national and international organizations as well as community leaders and local community-based organizations (CBOs).

As of early 2020, the organization's in-person or online training and capacity building programs had reached 1,100+ participants both in the United States (90%) and other countries. Topics have included multisectoral partnerships development and management, community engagement, LGBTQIA+ issues and health equity, racism and health equity, gender equity, the link between socioeconomic development and health, strategies to implement a social determinants of health agenda in professional settings, population health and its value proposition, health equity and health communication, and the role of urban design in advancing health equity, among others.

All programs were very interactive and provided participants with opportunities to discuss strategies and brainstorm ideas to address systemic barriers to advancing health equity. All events were also designed to further engage participants in the health equity movement.

This report focuses on the findings from data collected from 261 respondents who participated in evaluation surveys and represent approximately 24% of all participants in the training programs up to early 2020. The participants include students, and professionals from academia, information technology, public health, medicine, housing development, urban design, as well as non-profit organizations and large corporations. The surveys and comments collected showed that people from different backgrounds were interested, and gained new knowledge, in areas such as implicit bias and how it effects health, the importance of community engagement and grassroots-level leadership, and more.

The findings in this report provide specific recommendations to be applied to future HEI events and workshops, and also have implications for other efforts on training for health equity:

1. Focusing on expanding reach to more individuals and organizations outside of public health and healthcare, by tapping into existing networks. For example, in the case of HEI, community-based organizations and urban planners and architects have been reached.
2. Centering professional, personal, and community development events on participant-driven content.
3. Highlighting recent successes in the health equity movement and promoting a shared understanding of the importance of health equity.
4. Expanding leadership training.

These recommendations also provide an implementation framework for other organizations interested in integrating health equity training in their organization goals.

Introduction

Founded in 2011, Health Equity Initiative (HEI) advocates for equity in health for all. HEI seeks to engage individuals and organizations—in the public and private sectors—active in the many social areas that help determine the health of communities across the globe. HEI champions transformative change through dissemination of knowledge, generating involvement of leaders in institutions and affected communities, and building capacity at every level to identify and reduce barriers to a healthy and productive life for all.

Key to our efforts is offering training for organizations and individuals, so that they can view their work through the lens of health equity, and introduce and sustain systemic changes that advance equity for all. Given the central role of community engagement in advancing health equity, our training efforts are directed to both professionals and community leaders. In fact, since its inception, HEI has pioneered and advocated for a community-driven and multisectoral approach to health equity. Community engagement is central to this approach as it provides a participatory framework to mobilize community members, effectively collaborate with and empower community-based organizations and leaders, leverage community assets, and sustain resources and skills resulting from capacity-building efforts in support of health equity.

For the purpose of this report and the organization's work on capacity-building, health equity is defined as "providing every person with an equal opportunity to stay healthy and/or effectively cope with disease - regardless of their socio-economic condition, race, gender, ethnicity, age, social status, and other socially determined factors. Achieving health equity is accomplished through identifying and addressing community- and group-specific barriers that prevent people from leading healthy and productive lives."⁽¹⁾ This definition resonates both in national and international settings. In fact, goal 3 of Sustainable Development Goals, adopted by the United Nations General Assembly in December 2015, emphasizes the need to ensure a healthy life for all people of all ages regardless of socioeconomic background to sustain the development of each nation.⁽²⁾ Health equity, with its "no one should be left behind" foundation, is a means to achieve this goal and serves as an important indicator of overall social welfare.

Of great importance is the concept that equity in health is more than just access to essential health care ⁽³⁾. As the COVID-19 pandemic has highlighted, achieving health equity may mean providing people with essential economic and social resources.⁽⁴⁾ These include, but are not limited to, financial stability, education, and safe and inclusive local environments. Moreover, there is an increasing understanding that the nature of health equity—and the key barriers to achieving it—are specific to each community. The root causes of health inequities can be traced to multilevel social determinants of health, such as education, physical environments, access to healthcare, and many others; hence, eliminating health inequities requires the involvement of all community stakeholders. Only multi-sectoral collaborations and partnerships will provide comprehensive and systematic evidence and lead to community-driven and evidence-based solutions.⁽⁵⁾ A health equity lens is needed in developing and implementing all kinds of professional and community-based endeavors. Initiatives that link community development and health care have been scaled up and are increasingly seen as critical health interventions, such as on-site health services for residents at affordable housing developments.⁽⁶⁾

To help meet the capacity building needs for a multidisciplinary approach to health equity solutions Health Equity Initiative has designed and implemented extensive professional development and capacity-building programs since the organization's inception in 2011. We have also implemented a variety of interactive formats, all designed to meet the needs of a diverse range of national and international organizations, importantly, to integrate community leaders' voices into the content and format of the training offerings. Training sessions conducted between 2012-2020 reached more than 1,100 participants from multisectoral organizations, hailing from both the United States (90%) and other countries. Through this approach to training, HEI hopes also to engage new allies in the health equity movement.

This report summarizes key learnings from HEI's training programs and provides a framework for future directions in strengthening the capacity of organizations, communities, and their leaders in bringing a health equity lens to their work and community efforts.

Methods

A total of 1,100 participants from different professions, organizations, and communities attended training events from 2011 to 2020. Of these participants, 261 participated in the evaluation surveys, representing a response rate of 24%. All electronic (Survey Monkey) and paper surveys contained a section on informed consent that was completed by participants and informed respondents about the use of the data for futures studies, reports, and other forms of dissemination. Participation was voluntary, with participants being able to withdraw participation or skip any question at any time. Quantitative replies to the surveys were analyzed using Survey Monkey analytical tools and compiled using Microsoft Excel. Qualitative replies were analyzed using principles of thematic analysis and coding by a team of three coders. Further details on the evaluation process can be found in the Appendix.

KEY LEARNINGS

Section 1: Respondents demographics/profile

Participants in HEI’s training programs draw from a variety of fields including public health and healthcare, community development, global health, and urban planners – highlighting the multisectoral nature of our community.

HEI is unique in its multisectoral approach to health equity, which is reflected in the variety of professions and sectors represented in its membership; participants in training programs also demonstrated this diversity. While the majority of the 261 participants across different events are from the fields of public health and healthcare, many other sectors were also represented. These include: community development, global health, urban planners involved in park development, and international development.

Non-profit organizations were the most represented organization type in all events, followed by academia and community-based organizations. Most participants were non-HEI members and worked in the United States, with approximately 3% to 12% of participants working in international settings, and approximately 6% to 11% working both in the United States and globally. Table 1 summarizes key demographic characteristics of evaluation survey respondents.

Table 1. Demographic characteristics of all survey respondents.
 * denotes combined results from workshops and webinars

Characteristics	Workshop/Panel series and webinars*	2016 Summit	2018 Summit
Type of organization	n=48	n=41	n=52
Nonprofit organization	36%	34%	35%
Academia	26%	12%	4%
Community-based organization	17%	17%	6%
Local Department of Health	13%	0%	10%
Coporation	11%	0%	8%
Government Agency	11%	7%	8%
Hospital	9%	15%	10%
Foundation	9%	2%	2%
International Organization	4%	0%	4%
I am a community leader	0%	0%	2%
I am a student	0%	5%	10%
Others	9%	7%	4%

**Table 1. Demographic characteristics of all survey respondents.
* denotes combined results from workshops and webinars (contd.)**

Professional Field	n=48	n=41	n=52
Public Health	75%	73%	75%
Healthcare	29%	24%	19%
Community Development	27%	15%	12%
Global Health	10%	0%	0%
Parks and Urban Planning	8%	0%	0%
International Development	6%	0%	0%
Biological Sciences	6%	0%	0%
Transportation Systems	4%	5%	0%
Safety	4%	0%	0%
Pharmaceutical	2%	0%	0%
Medicine	0%	2%	6%
Nursing	0%	2%	0%
Psychology	0%	0%	0%
Social Work	0%	5%	2%
Information Technology	0%	0%	4%
Urban Planning	0%	0%	8%
Housing Development	0%	0%	8%
Others	13%	13%	12%

Working Settings		n=37	n=52
The United States		87%	83%
International Settings		3%	12%
Both		11%	6%

Section 2: Reasons for participation

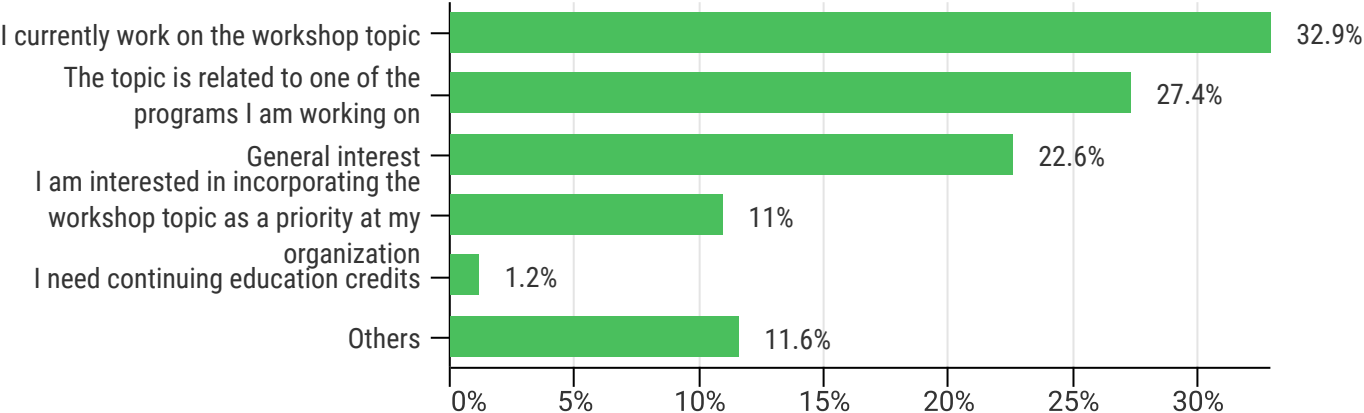
Most participants attended HEI’s training sessions because their current professional role involved learning about health equity or for expanding their knowledge about health equity. Other participants attended specific events related to their field of interest.

Figure 1 shows that the most common reasons survey respondents indicated for attending Workshop/Panel series and Webinars were “I currently work on the workshop topic”, followed by “The topic is related to one of the programs I am working on” and “General Interest.”. Instead, “gaining new knowledge” was indicated as the most common reason for

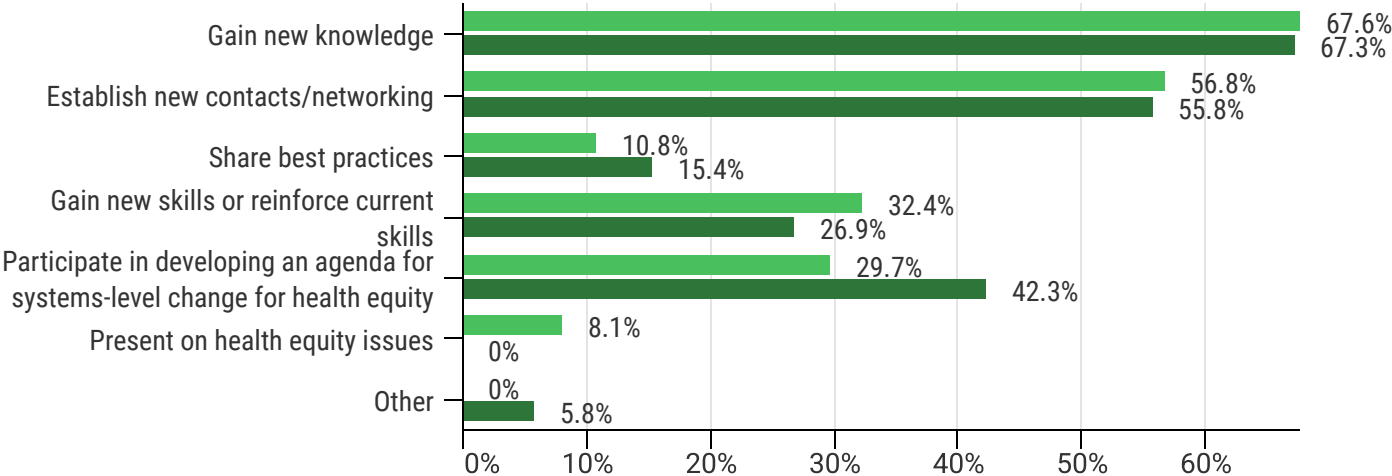
participating in both Summits, followed by “establishing new contacts/networking”. Other reasons for participation in Workshop/Panel series and Webinars included “I am studying Media Technology and Health Communication in my MPH classes,” or “Health equity issues have been predominant in my public health department.”

Figure 1. Reasons to attend the events

Workshop/Panel Series and Webinars (N=164)



2016 Summit (N=37) & 2018 Summit (N=52)



Section 3: Assessing Awareness and Message Recall: Key Learnings from Capacity Building and Training Programs


Participants reported learning about new themes related to health equity such as the Role of Community Engagement, Implicit Bias, Intersectionality and Social Determinants of Health, and LGBTQIA issues and health equity.

In answering open-ended questions, survey respondents reported the top new facts they learned from their participation in HEI 's capacity building and training programs.

Table 2 organizes all replies in key categories that emerged across event types and includes samples of respondents' quotes.

Table 2. New Facts Being Learned at HEI Capacity Building and Training Programs

Name of topics	Quote examples
Definition of health equity	<p>"I learned that health equity is more than access to health care"</p> <p>"Health equity is not only about poverty but also a path of individual perception and poverty"</p>
Multi-sectoral collaborations/partnerships	<p>"Fostering cross-sectoral collaborations [is key] to improve well-being"</p> <p>"Learning how to choose partnerships that work for everyone involved and also preparing a partnership plan that maps out how to have a successful partnership is key to success"</p>
Community engagement in advancing health equity/intervention planning/design and beyond	<p>The idea of providing technical assistance to community members before engaging them so that they understand how to contribute to the process and feel empowered to share their voice"</p> <p>"Community Engagement is being recognized, by so many. If we are to improve health equity, it must be recognized by all as a key social justice issue"</p>
Urban design influences health	<p>"The relationship between land use and health is new to the health equity space"</p> <p>"Perceived safety is a factor influencing physical activity. Actions described have begun to reverse childhood obesity."</p>
Communicating about health equity	<p>Communicating with different sectors needs to be appealing to organizational self-interest"</p> <p>"[Learning] ways to include new social media into current practice and better reach the vulnerable populations"</p> <p>"It is important to tailor the message of health equity based on the audience"</p>
Global influences on local work	<p>"Learned several concepts that are lessons from international public health that could be applied to my work."</p> <p>"International work is driven largely by donor interventions and follow a top-down approach"</p>
Roles of unconscious bias in health equity	<p>"Implicit/unconscious bias is one of the main aspects of health disparities & insecurity among communities of color."</p> <p>"Unconscious bias leads to errors, it costs lives, it costs the US\$, & negates our values. Power concedes nothing without demand."</p>
Government's role in advancing LGBTQIA+ issues	<p>How gender/sex rules have changed on birth certificates in NYC is a great example of the role of NYC Department of Health in giving trans community members a voice"</p> <p>"I was recently wondering how the gender mark-up worked on birth certificates in New York City, so I am so happy that I got to learn it today!"</p>
Need for grassroots-level community leadership	<p>"Importance of building a platform for community leaders to build awareness of poverty, racism etc. and their influence on health equity.</p> <p>"Evidence-based practices developed and approved by government agencies are not always tailored to and do not always engage residents of the communities we serve. "</p>
Intersectionality and Social Determinants of Health	<p>"Complexity of race, racism and/or discrimination's influence on health equity... and related application on eradicating unconscious bias. We need to keep in mind that all these are inter-related and fixing one aspect doesn't fix the entire system"</p> <p>"Black women, no matter what socioeconomic status, still experience worse infant mortality rates compared to other ethnic groups".</p>



Across sectors, most frequently mentioned areas of learning included **Intersectionality and the Social Determinants of Health, Role of Unconscious Bias in Health Equity, Communicating about Health Equity, Definition of Health Equity, and LGBTQIA+ issues.** Respondents' comments centered around bias and the marginalization of vulnerable groups across all three categories and in references to racism, xenophobia, gender bias, and LGBTQIA+ issues.

Overall results indicate that there might be several gaps in health equity-related issues in the knowledge and practice of survey respondents, including among those working in academia, local departments of health, and other government agencies. This suggests the need for additional training on health equity, especially from a multi-sectoral perspective. (Figure 2). There were some differences in the responses by HEI members and **non-HEI** members. In the training sessions, non HEI-members seemed to have been exposed to/learned about new areas including

Intersectionality and Social Determinants of Health, Community engagement in fostering health equity, Roles of unconscious bias in health equity, Communicating about health equity, and Definition of health equity, all of which are foundational areas in advancing health equity.

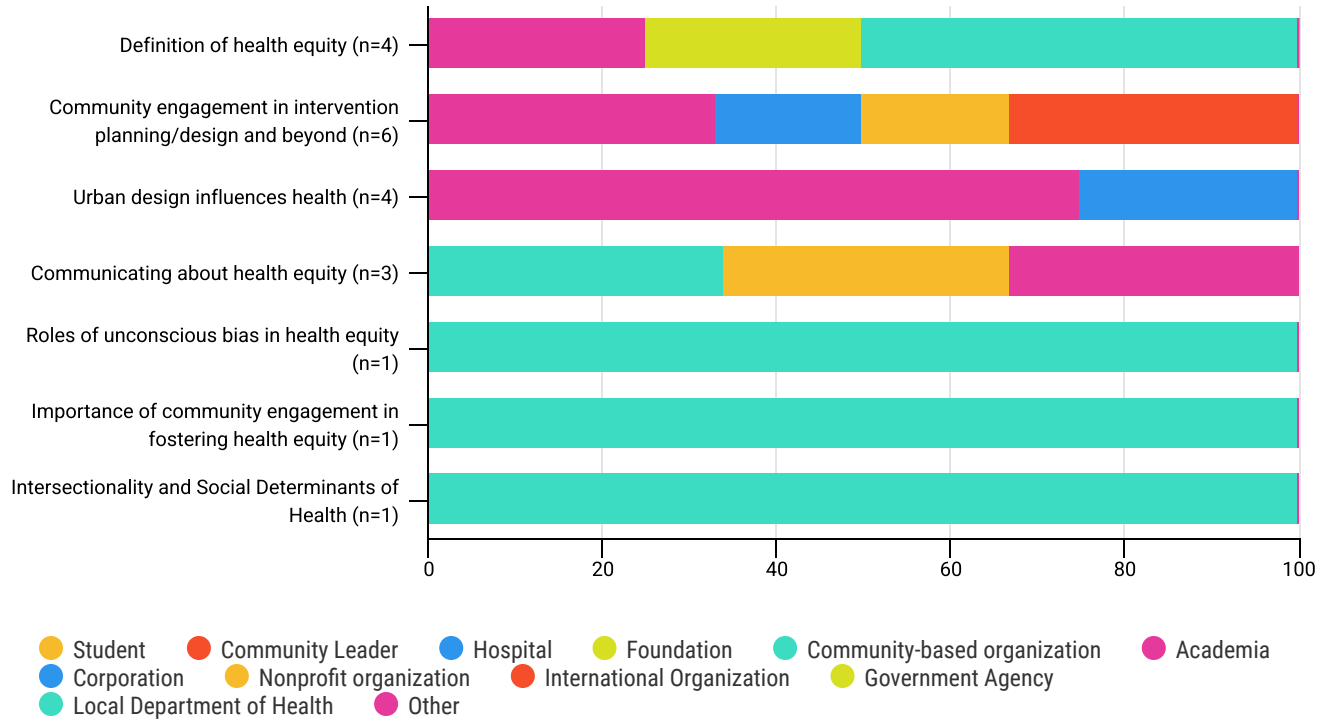
Interestingly, the central role of government in advancing LGBTQIA+ issues was new for many non-HEI members despite existing literature on the role of government policies in both progress and marginalization of LGBTQIA+ community members (depending on the country of study).(7) In contrast, HEI members reported having learned new concepts on urban design influences on health and Community engagement in intervention planning/design and beyond, which might reflect more practical concerns in implementing the health equity agenda.



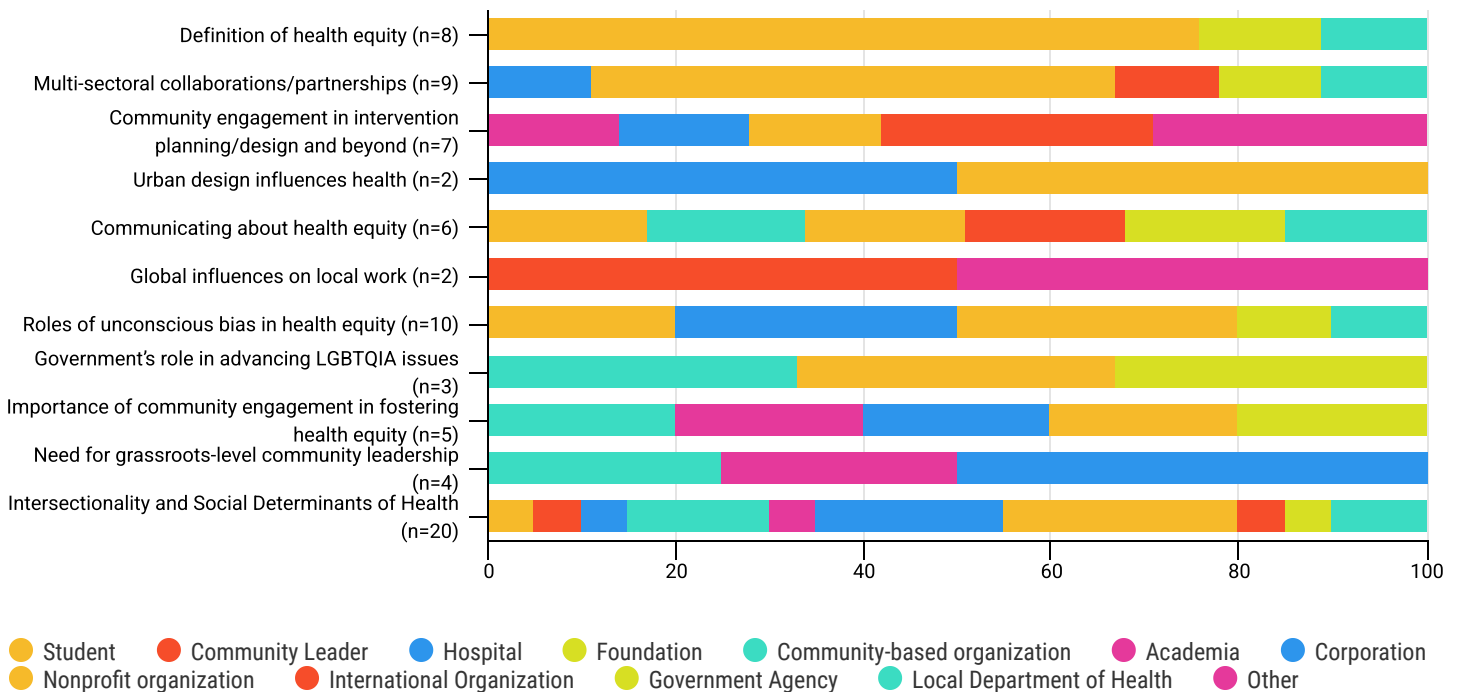
“Diversity and inclusion at every level is central to changing system-related inequity. The voice of the community needs to be loudest.”

- “Health Equity Initiative Summit 2018”

Figure 2. New facts learned by survey respondents by professional fields
Workshop/Panel Series and Webinars



2018 Summit



B. Most Interesting Topics as Related to Professional and Community Development

Respondents to the evaluation surveys were also asked to identify topics from HEI’s training and capacity building programs that are most relevant to their own professional or community development goals. Table 3 summarizes replies to open-ended questions and categorized them according to the most common themes that emerged from the replies.

Table 3. Most Interesting Topics as Related to Professional and Community Development

Name of topics	Quote examples
LGBTQIA issues and health	“The case study on the revision of the NYC birth certificate was very interesting! Shows how "bureaucratic" procedures have human meaning + are more complex than one might imagine.”
Unconscious bias and health	“Unconscious bias is complex. Several organizations are addressing it and it was helpful to learn about their approaches.” “The use of language and profiling individuals is important for both the user (unconscious bias) and the receiver (discrimination).”
Socio-economic development and health	“Socio-economic development and health equity are inter-linked and need to be discussed together” “The relationship between economic development and health equity is unquestionable and decides access to basic services driving health equity”
Community engagement	“Involving and centering communities in projects about their well-being. Having representation of all community members. True diversity is critical, not "just the black & the whites”
Communicating about health equity	“Communicating health equity and using appropriate language when speaking to different audiences”
Building a culture of health	“Building a culture of health through a health equity lens is not always easy but needs to be done at a societal, community, organizational, and individual level”



“To address poverty & health, we really need to talk about racism & power. Be comfortable with being uncomfortable, name the issue don't shy away from the obvious elephant in the room. Otherwise, unconscious bias will continue to contribute to the outcomes we want eliminate. Deconstruct existing system of oppression.”

- “Health Equity Initiative Summit 2018”

Respondents who participated in the Health Equity Initiative Summit 2018 indicated that the effect of unconscious bias on health, the link between socioeconomic development and health, and multisector engagement and collaborations, were the most interesting topics as related to their professional and community development goals. This applies across all organizational types, including non-profit organizations, corporations, local department of health, hospitals, community-based organizations, and students.

Some variations in replies were observed across professional fields and years of experience of respondents.

In looking at the two summits, respondents who participated in the 2016 Summit selected “Communicating about health equity” as the most interesting topic, which also drew the most attention across the widest range of respondents across professional fields and length of experience. Survey respondents who participated in the 2018 Summit selected “Socioeconomic development and health” and “Unconscious bias and health” as topics of interest. The appeal of these broader issues among 2018 Summit attendees might suggest that the perception of the definition and scope of health equity may have expanded in the intervening years.



“We can't trust systems to bring change to us, change the world - it must be US.”

- “Health Equity Initiative Summit 2018”

Figure 3. Most interesting topics according to professional fields

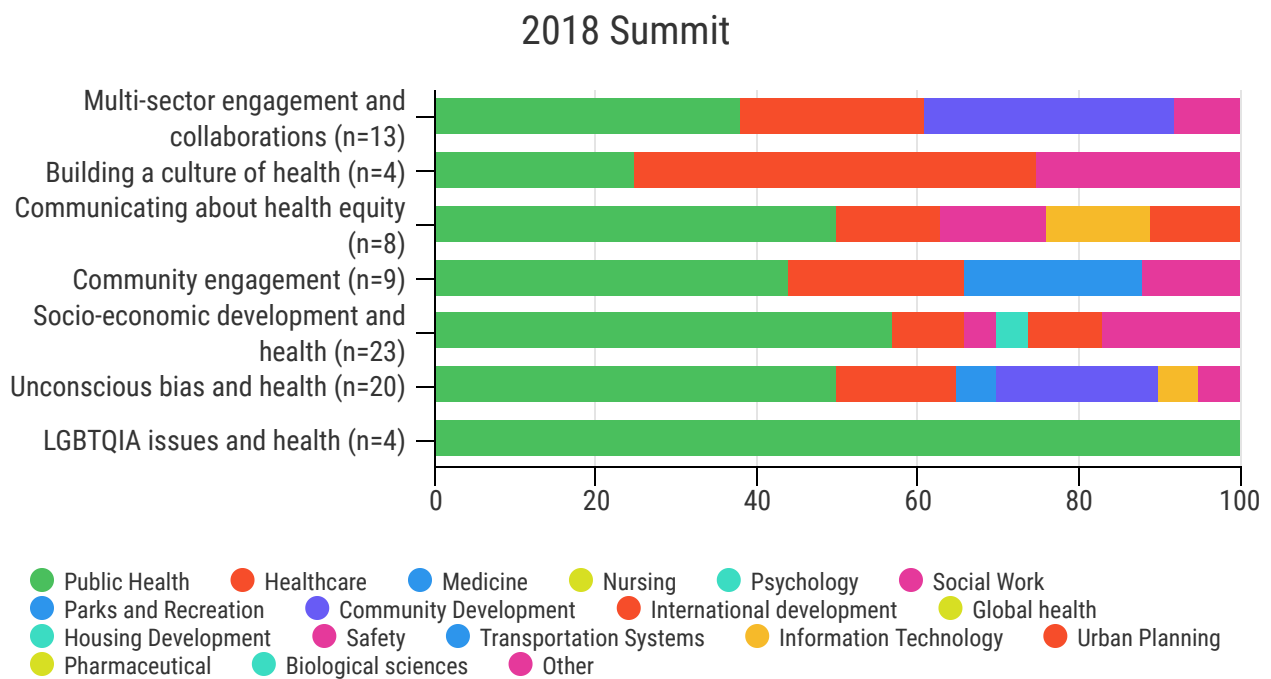
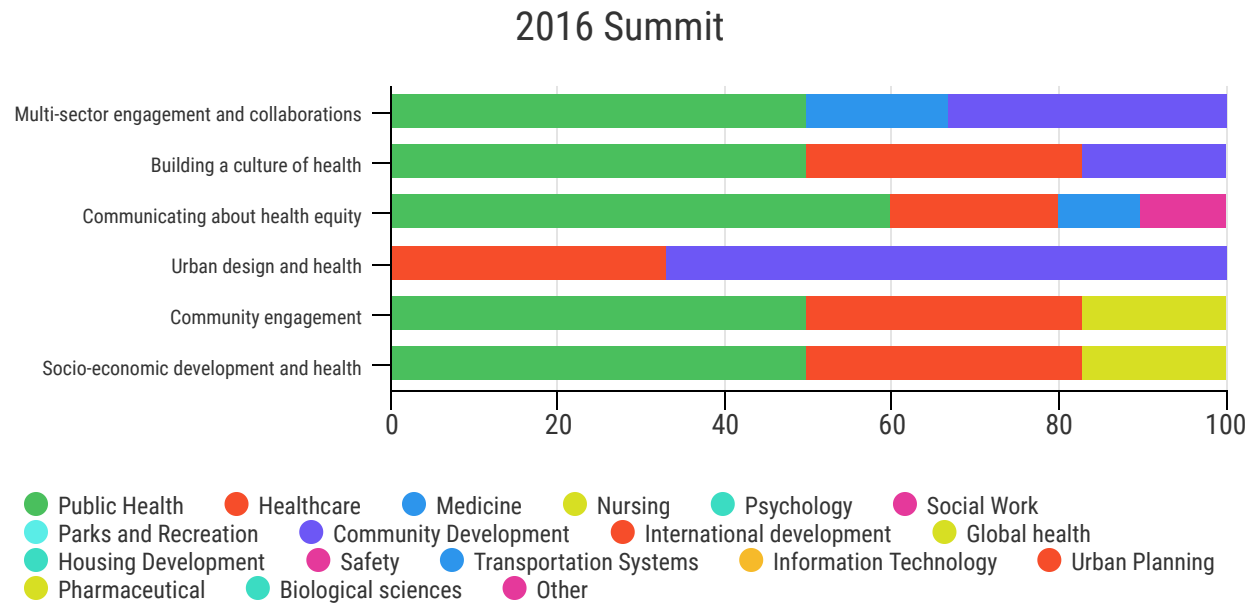
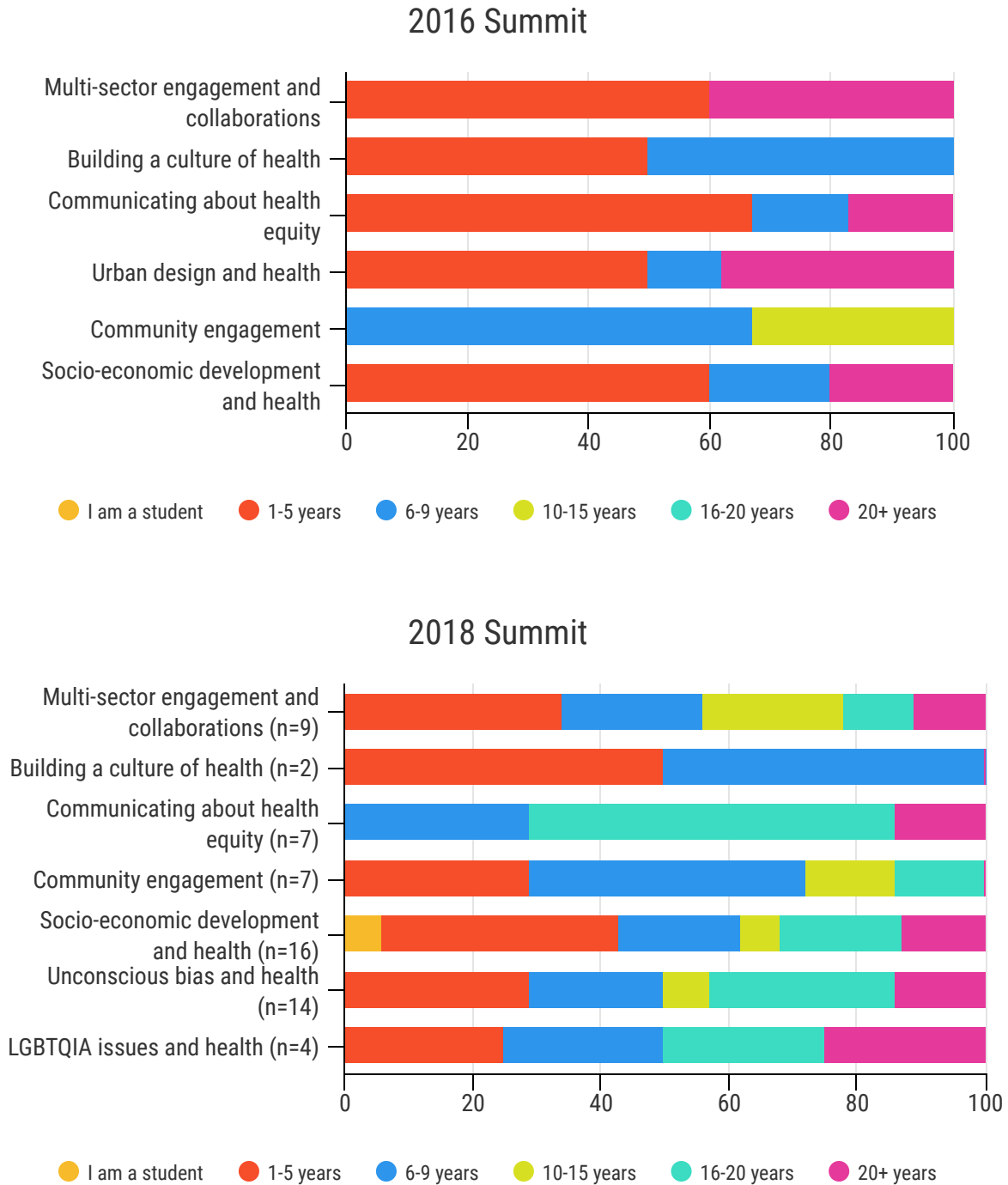


Figure 4. Most interesting topics according to years of experience



Section 4: Participants’ recommendations for future trainings topics

Post-event evaluation surveys provided respondents with an opportunity to rate the quality of all events and suggest topics for future capacity-building and training programs. In their replies to open-ended questions, they indicated that interactivity, including participation and discussion, was highly valued across types of programs.

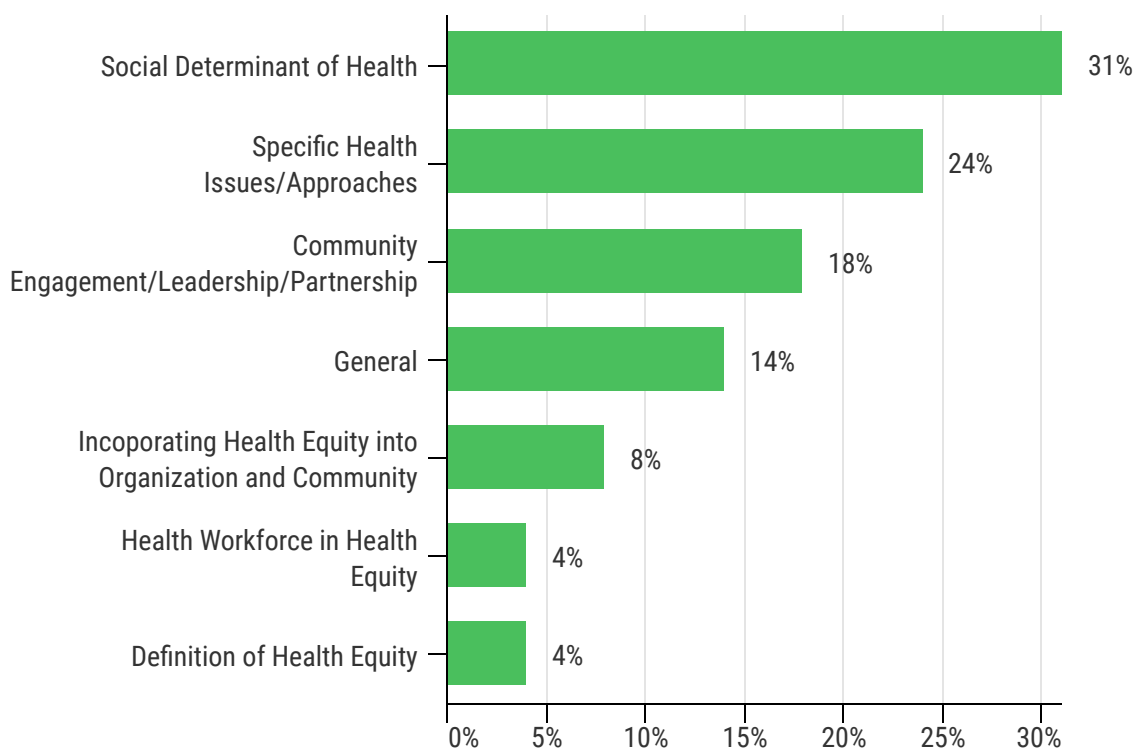
A summary of respondents’ aggregated rating of all events is included in the Appendix. Participants also provided suggestions for potential topics for future capacity-building and training programs. (**Table 4**). An in-depth examination of key social determinants of health was cited as a priority area by most survey respondents. Specific health issues/approaches were also recommended.

These included teen pregnancy, family planning, nutrition, emergency preparedness, obesity, and telemedicine. It’s unclear if these suggestions pertained to applying a social justice and health equity lenses in addressing these issues. More than 17% of participants suggested continued focus on “community engagement, leadership and partnership”. Other topics included success stories in this country or others” (in Health Equity and Health Communication workshop), or “evaluation of programs covered in the presentation” (in Brown Bag Talks Evaluation).

Table 4. Suggestions for topics for future training and capacity building events

Name of topics	Quote examples
Definition of health equity	“Define health equity in more detail and how different organizations and sectors approach it”
Specific health issues/approaches	“Issues of reproductive health and preconception health – example, if planning to start a family the importance of folic acid intake for women”
Social determinants of health	“How community members can mobilize to improve social determinants of health” “Cultural determinants of health disparities”
Incorporating health equity into organizations and communities	“Concrete steps to incorporate health equity into your organization, more specifics and details, how to collaborate with communities one policy, systems and environmental change when they are more concerned about immediate needs.”
Community engagement and leadership and partnership	“Expanding and sustaining partnerships with individuals from different organizations, who traditionally haven’t had a seat at the table”
Health workforces in health equity	“How to encourage public health workers to further educate themselves and to act on that education”

Figure 5. Suggestions for topics for future training and capacity building events (n=52)



DISCUSSION AND RECOMMENDATIONS FOR FUTURE TRAINING AND CAPACITY BUILDING PROGRAMS

Central to Health Equity Initiative’s mission is to provide training, tools and networks to organizations and communities to achieve equity in health. Through training programs, seminars, workshops, conferences, and other kinds of forums we introduce new knowledge and experiences, as well as help identify opportunities for long-term cooperation in developing knowledge and practices regarding health equity.

This report summarizes the results of the evaluation process for the capacity building and training program implemented by HEI from 2011 to early 2020. The report provides useful insights on future training topics and key capacity building needs across different sectors. It also provides a useful framework for future training efforts and events by Health Equity Initiative, its partners, and other organizations that seek to become involved in the health equity movement.

Key actions areas that emerged from this evaluation process, include:

1. Focusing on expanding reach to more individuals and organizations beyond the areas of public health and healthcare, by tapping into existing networks and the power of the low hanging fruit.

While participants in Health Equity Initiative’s capacity building programs include professionals and community leaders from multiple sectors and disciplines (e.g., community development, global health, international development, urban planning), the majority of the participants worked in public health and/or healthcare and were affiliated with organizations based in the United States. Focusing on reaching out to, and partnering with, individuals and organizations in new sectors and in other countries can expand concepts and approaches, and further promote the importance of multisectoral involvement in advancing health equity. In the case of Health Equity Initiative, such increased outreach efforts started with community-based organizations and urban designers given the organization’s well-established networks in these two fields.

2. Centering professional, personal, and community development events on participant-driven content.

Several training needs and topics for future programs were identified by evaluation participants. These include intersectionality and social determinants of health, and community engagement in intervention planning/design. Bias—racial and gender-based—was also identified as a common concern and topic of interest.

Exploring such specific topics at future events can foster meaningful conversations and commitments across sectors and help engage professionals and community leaders on shared goals. To make sure we are listening to a diversity of perspectives, our training and capacity building programs will continue to be driven by—and centered around—the needs, interests, and work of attendees.

Interactive formats such as the consensus workshops and innovation think tanks we have previously implemented, or many others, are key to provide participants with opportunities to reflect on key health equity issues and/or their own experience with these themes, co-develop solutions to common challenges, and jump start a process that ideally would help establish new collaborations or strengthen existing partnerships.

Finally, students are also another important constituent in the health equity movement. In designing future capacity building programs, student-led training events should be considered to help influence future professionals.

3. Highlighting recent successes in the Health Equity Movement

Many non-HEI members who participated in our events expressed issues with fully understanding what health equity actually is. As this concern applied across sectors, including public health, healthcare, community development, and urban planning,

creating opportunities for conversation about health equity and what it may look like for specific groups and communities, can help generate new ideas and inspire more professionals and community leaders to view health equity as key to community well-being.

4. Expanding and refocusing leadership training efforts

Respondents expressed interest in learning how to incorporate health equity in their workplaces, how to encourage others to educate themselves on the topic, and how to address social determinants of health within their communities. They are seeking concrete tools and strategies for effective leadership in their

communities or workplaces. While several leadership training programs already exist, they do not always take into account the kinds of multisectoral perspectives that are needed to address health equity issues.

For the most part, leadership training efforts are also not inclusive of mentorship programs to help participants implement key learnings from training sessions. In moving forward, leadership training programs need to extend to providing resources for and facilitating the implementation process, while at the same time helping leaders to stay on mission, remain in close contact with the communities their organizations attend or seek to reach, and network with each other and share ideas.

CONCLUSIONS

In summary, Health Equity Initiative's training programs and capacity building efforts are not only intended to connect local professionals and stakeholders but also to reach, teach, and learn from current and future partners and associates. Ultimately, we hope that our efforts will ensure that future policies, programs, and interventions are created through the lens of health equity and are inclusive of local communities across gender, race, income, education, and other identities. As an organization, we remain committed to delivering resources and opportunities for networking and collaboration, and to join others in our collective quest to achieve equity, whether it be in housing, healthcare, medicine, urban design, or education or social justice in general. This report provides some useful insights from participants in past programs, which we hope will help shape not only our own capacity building efforts but also those of other organizations that are engaged in training for health equity.



“Injustice anywhere is a threat to justice everywhere.”

- Dr. Martin Luther King Jr.

APPENDIX

A. Materials and Methods

In this report, we synthesized evaluation data from training and capacity building events organized by Health Equity Initiative from 2011 to early 2020. Data were collected through both pen-and-paper and online evaluation surveys on Survey Monkey (<https://www.surveymonkey.com/>, San Mateo, CA, USA) There were four types of events included in the analysis: (1) Health Equity Brown Bag Talks, (2) Interactive Workshops, (3) Webinars and (4) Summits.(8-11) Details of each type, name of events, year of events and number of participants included in this report are described in Appendix Table A1.

A total of 1,100+ participants from different professionals, disciplines, organizations, and communities attended these and other training and capacity building events not included in this report. Of these participants, 261 participated in the evaluation surveys. Survey data (through online surveys or through manual entry of pen-and-paper surveys) were collected after each event and included both multiple choice and open-ended questions to assess key learnings from these activities. Additional variable included demographic and occupational characteristics of respondents, professional experiences related to health equity, and quality of the events. Descriptive analysis was performed to summarize and compare responses of participants who participated in 1) Summit 2016 (n=43); 2) Summit 2018 (n=52) and 3) Other events (n=166). The analysis of quantitative data was conducted using Survey Monkey data analysis tools and additional excel tables. Qualitative data were analyzed using principles of thematic analysis and coding by a team of three coders. Sub-group analysis was used to examine differences in responses across a few variables including HEI member status, type of organization, professional field, and years of professional experience.

B. Overview of events included in this report (Tables A1 and A2)

Table A1. Summary of events

Types of events	Name of event
Health Equity Brown Bag Talks	<ol style="list-style-type: none"> 1. Think National, Act Locally towards Health Equity 2. Health Equity: Strategies from Low-Income Countries 3. Reaching Underserved Populations in Urban Settings: Perspectives on Culturally Competent Interventions 4. Multi-sectoral Perspectives on Advancing Health Equity in Urban Settings 5. Influencing Health Equity-related Policy in Urban Settings
Workshops	<ol style="list-style-type: none"> 1. Evaluating Outcomes of New Media-based Public Health Programs 2. Strategies for Successful Multi-Sectoral Partnerships 3. Health Communication in the New Media Age: What Has Changed and What Should Not 4. PPE Campus Community Partnership Development 5. Health Equity and Health Communication: Strategies to Reach the Underserved 6. Communication for Behavioral Impact (COMBI) 7. Implementing a Social Determinants of Health Agenda 8. Health Equity Initiative Workshop CPH credits: Implementing the Social Determinants of Health Agenda 9. Implementing the Social Determinants of Health Agenda: New Trends, Strategies, and Case Studies
Webinars	<ol style="list-style-type: none"> 1. Addressing Health Disparities: Population Health and the Value Proposition 2. Improving the Physical Environment to Advance Health Equity: Case Studies in Community Engagement 3. How to See Health + Space: Urban Design for Non-Designers 4. Strategies for Urban Designers to Engage Local Communities
Summits	<ol style="list-style-type: none"> 1. Health Equity Initiative Summit 2016 – Implementing Systems-Level Change for Health Equity: A Partnership Summit 2. Health Equity Initiative Summit 2018 – Engaging New Allies in the Health Equity Movement: A Partnership Summit

Table A2. Participant rating of different events

Characteristics	Workshop/Panel series and webinars	2016 Summit	2018 Summit
	Average	Average	Average
Quality of event	4.2	4.0	4.3
Relevance of information to your own professional goals	4.3	4.3	4.4
Relevance of information to your community or the community you service	4.3	4.3	4.5
Method of presentation/ facilitation	4.0	3.8	4.2
Relevance of information to your organization		4.2	4.2
Interactivity		4.2	4.2
Opportunities for engagement/ participation/discussion		4.5	4.1
Opportunities for new contacts/partnerships		4.4	4.0

• Rate each characteristic of events on a scale of 1 to 5 with 1 being "very poor" and 5 being "excellent"

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Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build a global community that engages across sectors and disciplines to advance health equity. By bringing together and enlisting the efforts of the public and private sectors, professions and communities that have both a stake and an influence on social determinants of health, HEI advocates for improving conditions and achieving equity in health for all. We focus on championing transformative change to advance health equity, supporting knowledge, engaging communities and leaders, and building capacity to address barriers that prevent people from leading a healthy and productive life.

Bridging Silos, Building ONE Community for Health Equity!