CREATING SAFETY, JOY AND ABUNDANCE TOGETHER
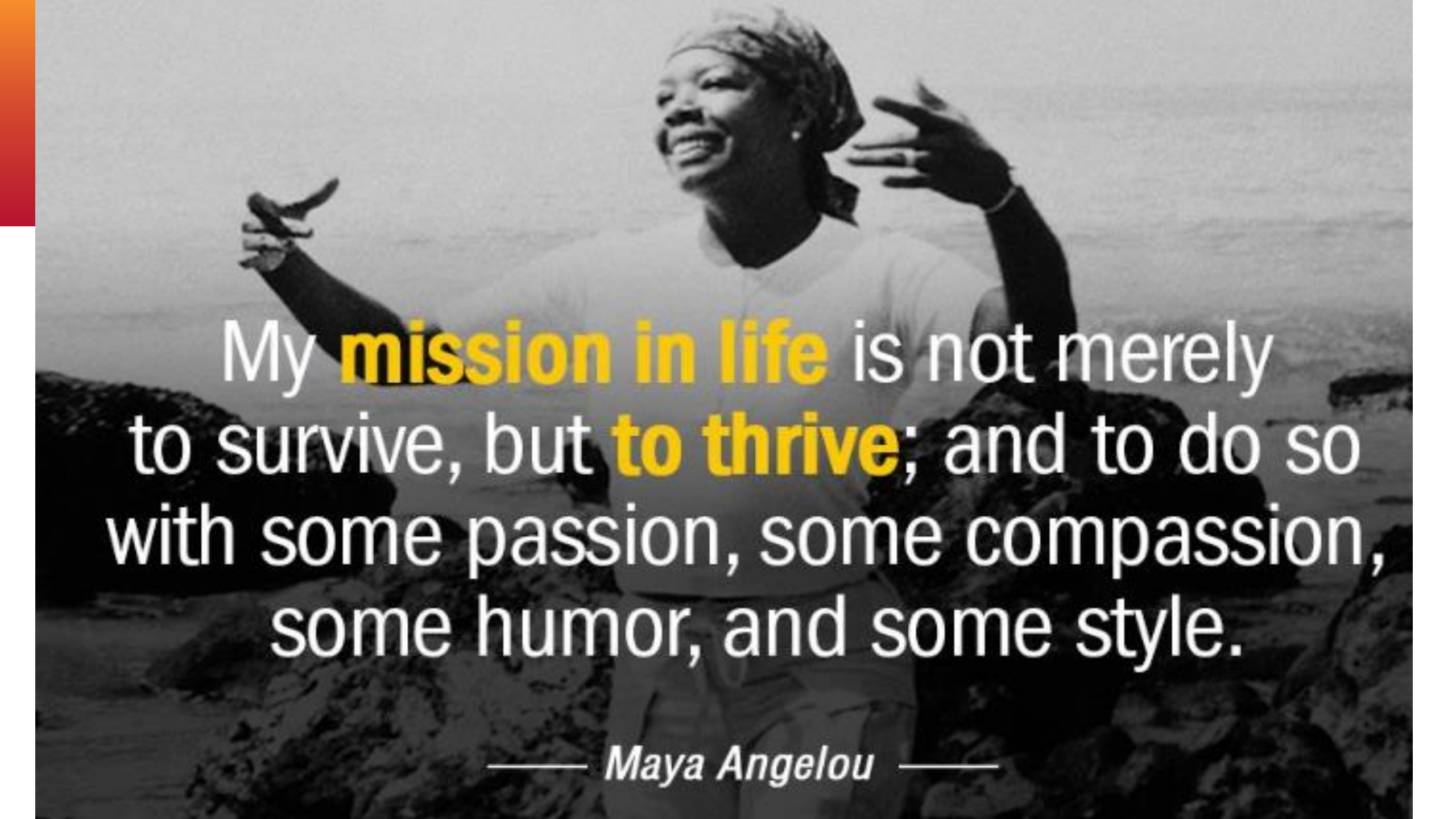
SOMAVA SAHA, MD MS, FOUNDER AND EXECUTIVE LEAD, WELL-BEING AND EQUITY (WE) IN THE WORLD
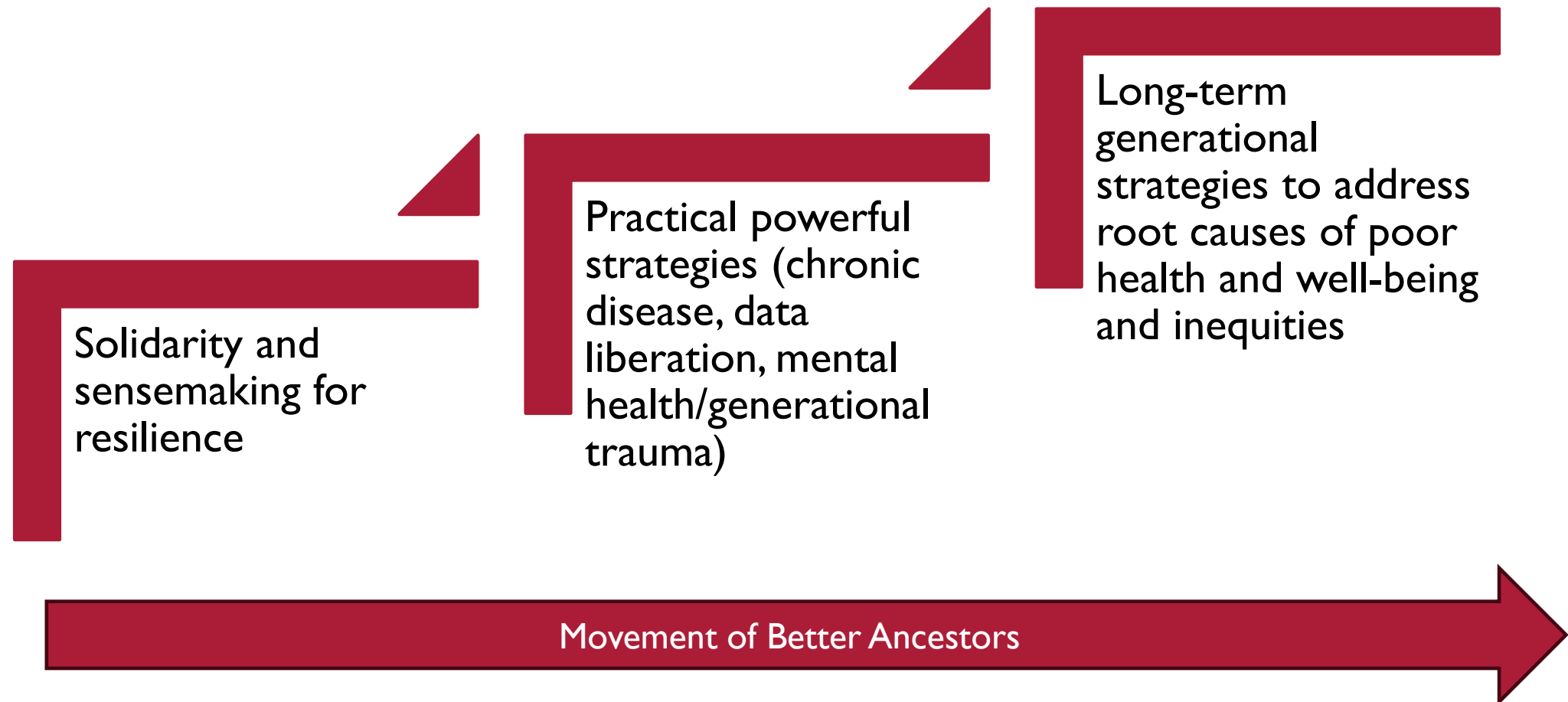
My **mission in life** is not merely to survive, but **to thrive**; and to do so with some passion, some compassion, some humor, and some style.

—— Maya Angelou ——

THREE BUCKETS

Solidarity and sensemaking for resilience

Practical powerful strategies (chronic disease, data liberation, mental health/generational trauma)

Long-term generational strategies to address root causes of poor health and well-being and inequities

Movement of Better Ancestors

CHEEKY CHANGEMAKING
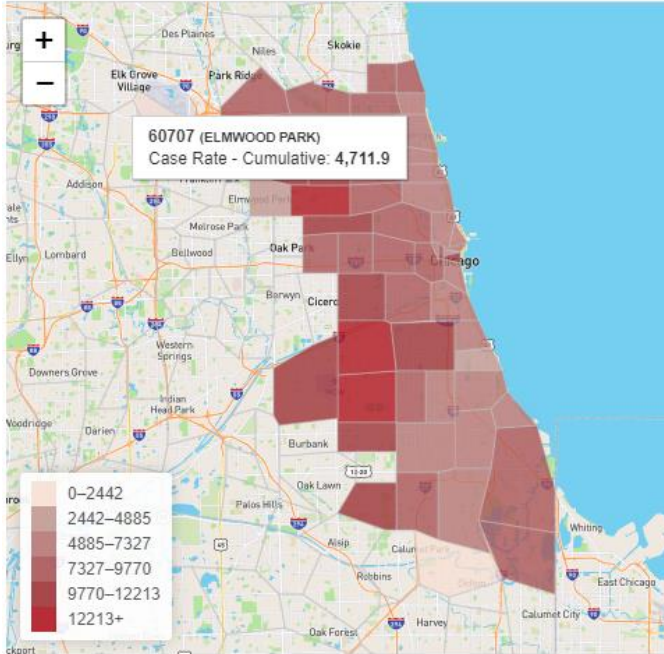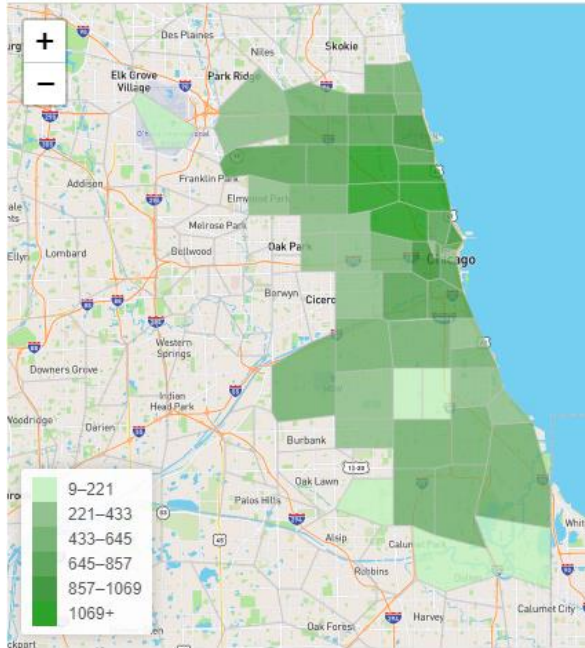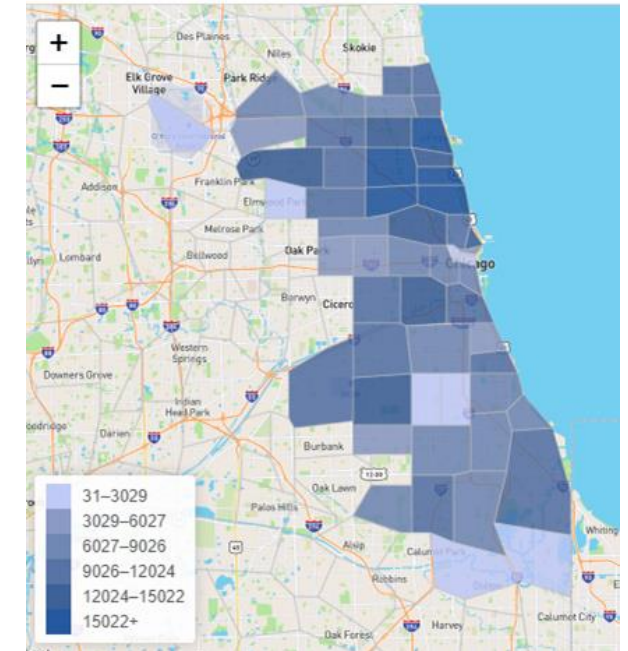
THE NEW REDLINING – HOW CAN WE BE BETTER ANCESTORS?

COMMUNITIES RISE PARTNERS -2400+ CBOS ON THE GROUND WHO BRING DEEP DECADES LONG EXPERIENCE TO REACHING HARD TO REACH COMMUNITIES

Overall Measures

Well-being of People

Well-being of Places

Equity

Loneliness

September 12, 2021   November 07, 2021   January 02, 2022   February 27, 2022   April 24, 2022

N = 1,096
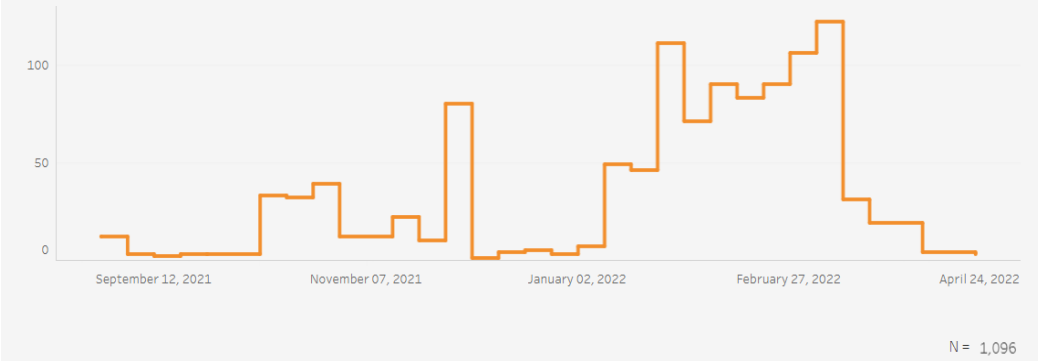
Basic Needs

Center for Popular Democracy	2,025
Chromatic Black	431
Fresno	5,282
Hawai'i Public Health Institute	230
Latino Health Access	0
Meals on Wheels America	136
Migrant Clinician's Network	428
National Councils on Aging	1,221
Public Health Institute-CACHE	81
USAging	2,016
We in the World-Win	0
Total	11,850

Need Food: **1,632.0**
Need Housing: **1,514.0**
Need Rent: **1,334.0**
Need Utilities: **1,505.0**
Need Childcare: **996.0**
Need Employment: **1,057.0**
Need Finances: **1,314.0**
Need Transportation: **1,217.0**
Need Personal Safety: **1,118.0**
No assistance needed: **1,795.0**

Inability to Afford a $400 Emergency Expense, by Race/Ethnicity (2017)

Hispanic

Black, Non-Hispanic

2+ Races, Non-Hispanic

White, Non-Hispanic

Other, Non-Hispanic

Hispanic
Affordable to Pay $400 Bill_By Race: 23.11 Percent

0.00   5   10   15   20   25

Percent
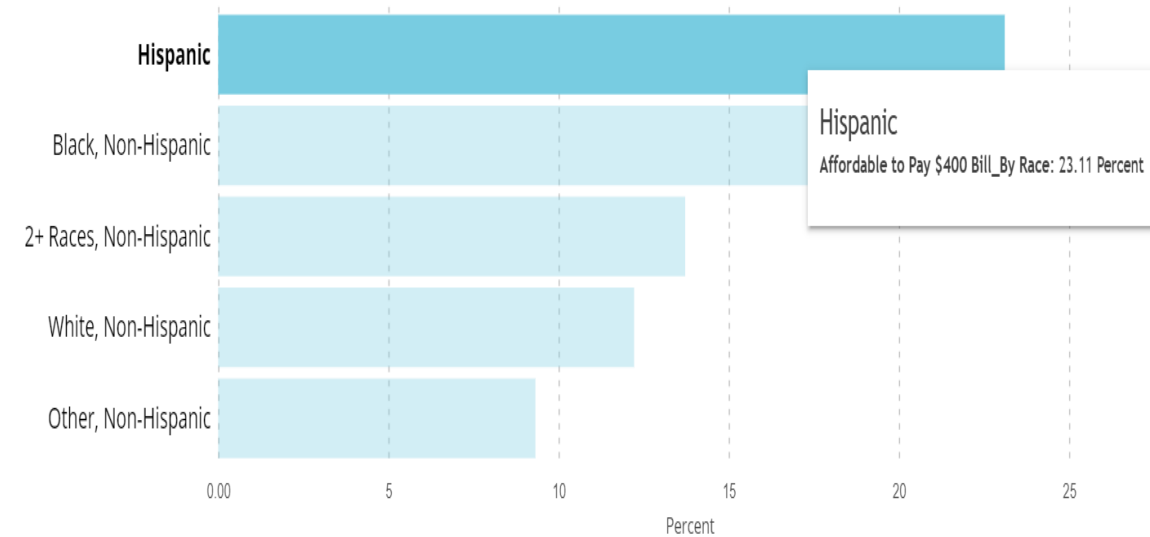
NATIONAL WELL-BEING DATA & COMMUNITY DATA COLLECTION

Realtime data system – data back within 48 hours to communities

Collecting our own well-sampled data
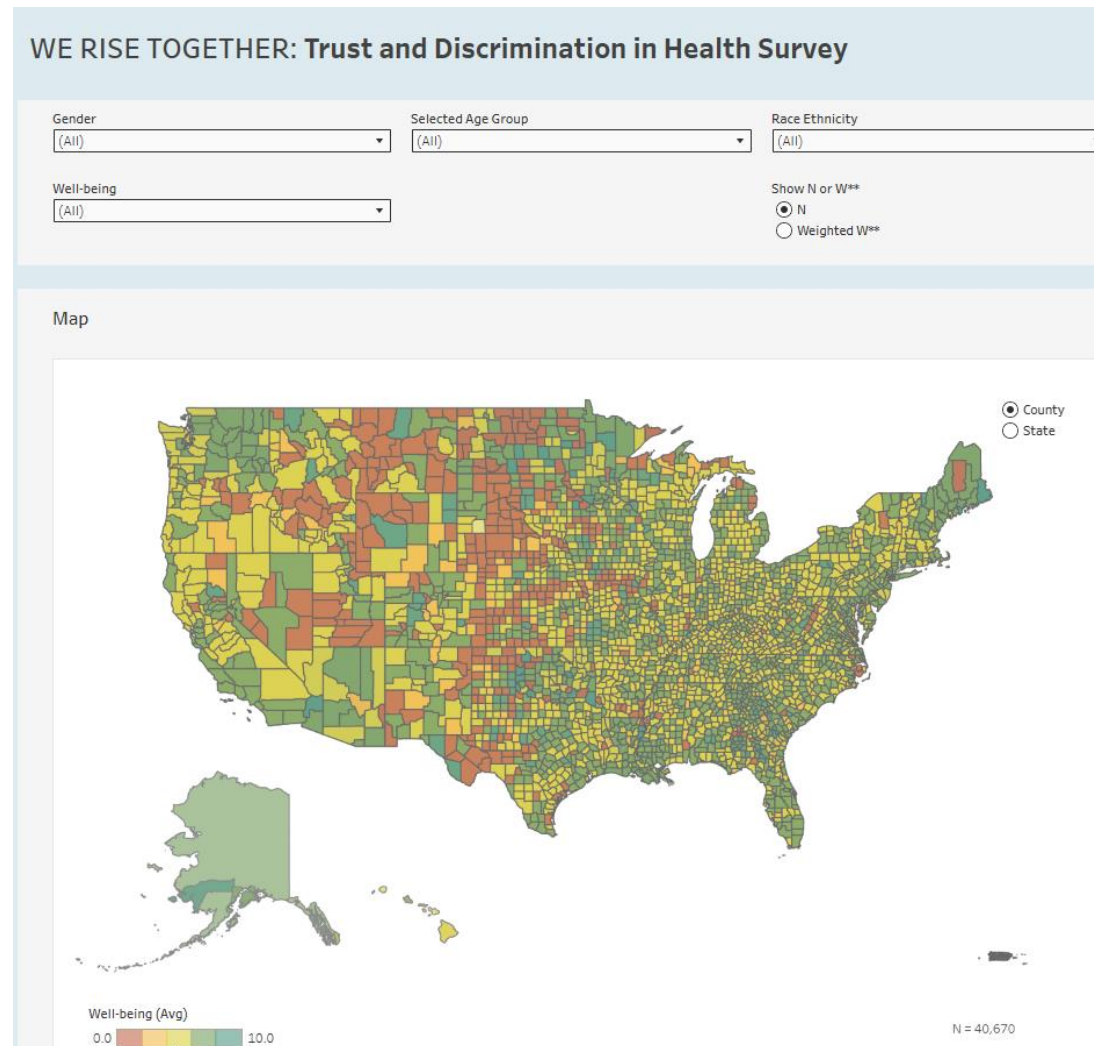
DELAWARE OUTCOMES

% DSAMH Patients who are Suffering

n=8423

(x-axis: Baseline, February, March, April, May)
(y-axis: 0%, 5%, 10%, 15%, 20%, 25%, 30%)
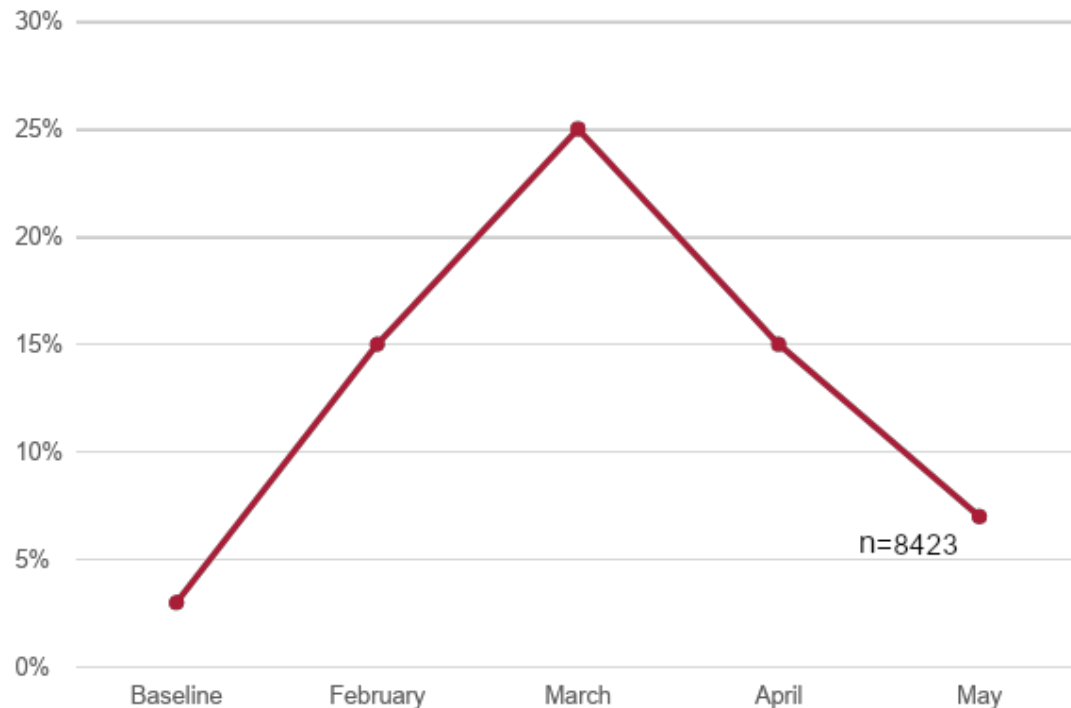
- One of only three states where overdose rates didn't increase in 2020 (23% increase on average across nation)
- Reduced incarcerations (diversion)
- Reduced homelessness among the most vulnerable
- Data systems across sectors
- Improved access for everyone leveraging telehealth and online supports (Support Wall)

WHAT THE WIN DATA COOPERATIVE WILL DO

1. **Build shared stewardship for an equitable data infrastructure that can be grounded in the wisdom of communities and partners whose work is to build and safeguard the data commons.**

2. **Elevate frameworks, approaches and tools that advance a data democracy, starting with WIN Measures reorganization.**

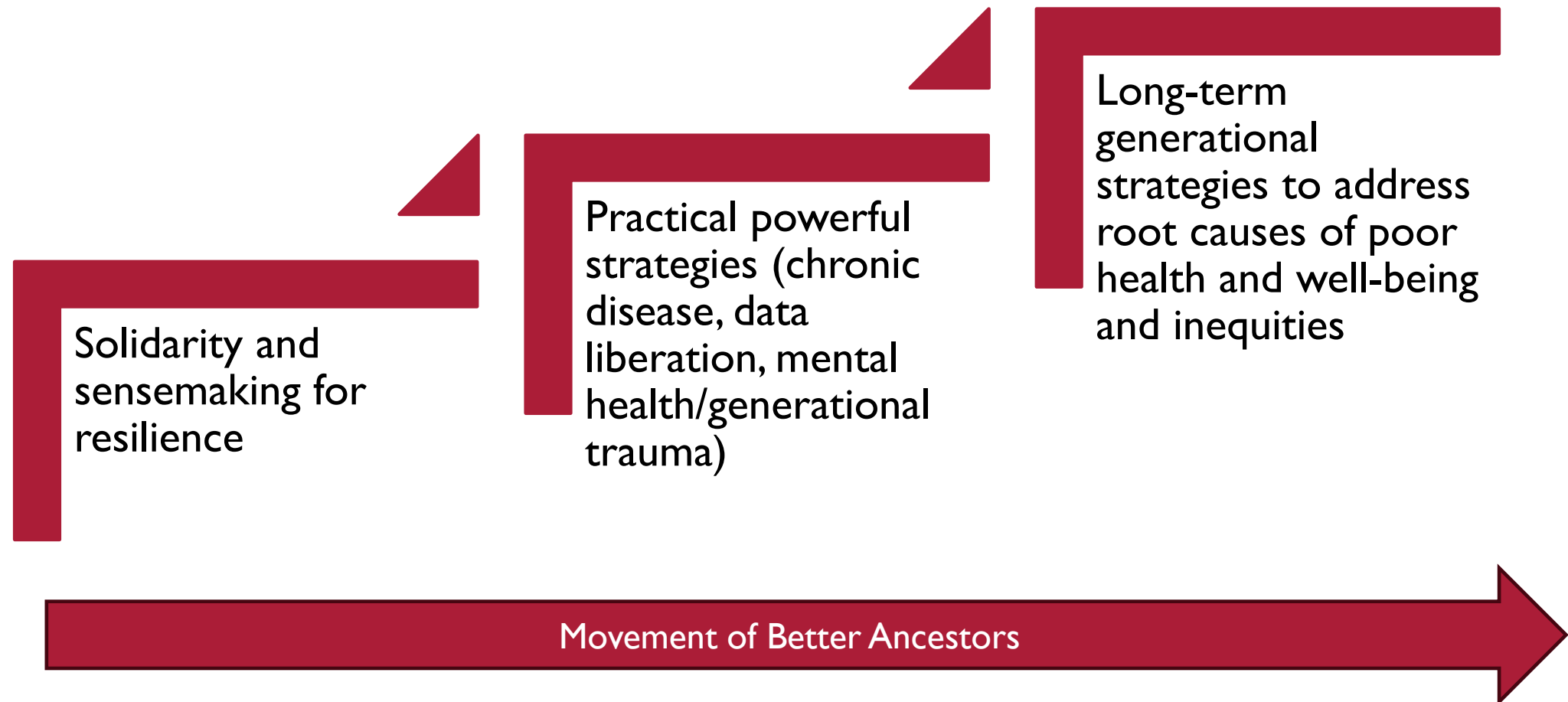3. **Leverage our real-time data pipeline to build infrastructure, tools, and research necessary for truth-telling, strategy and transformation across sectors.**

4. **Develop data pipelines for organizations and communities** that are in data deserts or need data infrastructure to power their efforts and collect our own data for resilience and renewal.

5. **Accelerate better change across communities through data storytelling and policy integration.** Through quarterly cooperative meetings, data digests and reports, we will illimunate both threats to well-being, multisolvers for well-being and policy opportunities to advance well-being.

6. **Power a new generation of data activists** – Power 10,000 well-being and equity data activists– communities, researchers, policymakers, reporters, system changers, and well-being and equity architects who use the data to create meaningful change to advance well-being and equity.

THREE BUCKETS

Solidarity and sensemaking for resilience

Practical powerful strategies (chronic disease, data liberation, mental health/generational trauma)

Long-term generational strategies to address root causes of poor health and well-being and inequities

Movement of Better Ancestors

2. INVEST IN EMERGENCY AND RECOVERY SUPPORTS IN A WAY THAT ADVANCES LONG-TERM EQUITABLE RECOVERY AND RESILIENCE
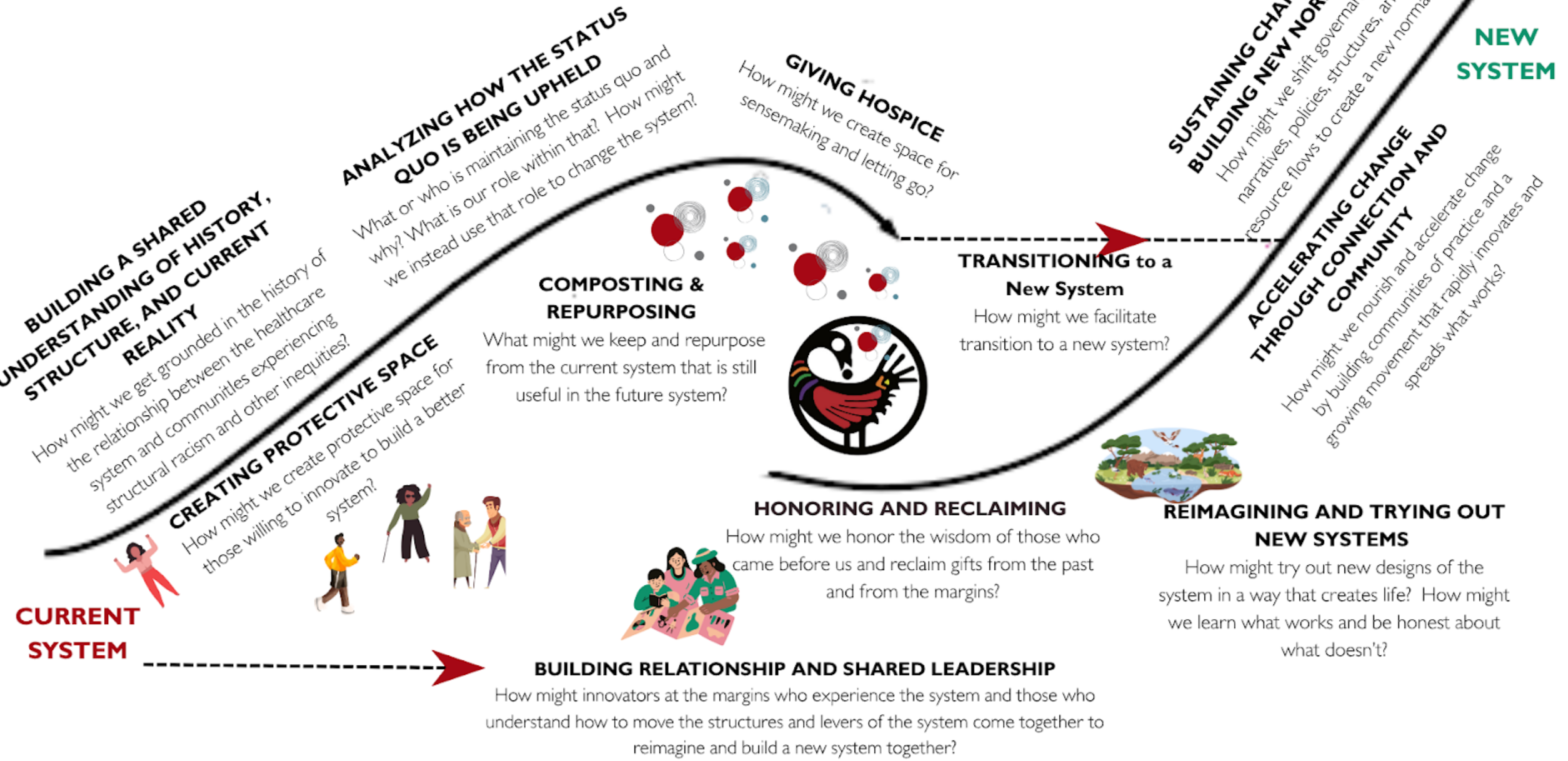
- Giving people food →

- Building the capacity of community assets (food banks, faith communities etc) to distribute healthy food →

- Making fresh healthy food affordable where people shop in local markets

INTERRUPTING THE CYCLE OF GENERATIONAL POVERTY IN THE SOUTH OF TEXAS

BETTER ANCESTOR SYSTEM CHANGE MODEL

BUILDING A SHARED UNDERSTANDING OF HISTORY, STRUCTURE, AND CURRENT REALITY
How might we get grounded in the history of the relationship between the healthcare system and communities experiencing structural racism and other inequities?

ANALYZING HOW THE STATUS QUO IS BEING UPHELD
What or who is maintaining the status quo and why? What is our role within that? How might we instead use that role to change the system?

GIVING HOSPICE
How might we create space for sensemaking and letting go?

SUSTAINING CHANGE BY BUILDING NEW NORMALS
How might we shift governance, narratives, policies, structures, and resource flows to create a new normal?

NEW SYSTEM

CREATING PROTECTIVE SPACE
How might we create protective space for those willing to innovate to build a better system?

COMPOSTING & REPURPOSING
What might we keep and repurpose from the current system that is still useful in the future system?

TRANSITIONING to a New System
How might we facilitate transition to a new system?

ACCELERATING CHANGE THROUGH CONNECTION AND COMMUNITY
How might we nourish and accelerate change by building communities of practice and a growing movement that rapidly innovates and spreads what works?

CURRENT SYSTEM

HONORING AND RECLAIMING
How might we honor the wisdom of those who came before us and reclaim gifts from the past and from the margins?

REIMAGINING AND TRYING OUT NEW SYSTEMS
How might try out new designs of the system in a way that creates life? How might we learn what works and be honest about what doesn't?

BUILDING RELATIONSHIP AND SHARED LEADERSHIP
How might innovators at the margins who experience the system and those who understand how to move the structures and levers of the system come together to reimagine and build a new system together?

BEING BETTER ANCESTORS IN HEALTHCARE: RECLAIMING MISSION OVER MARGIN

01 **Care - Divest from toxic debt collection practices that create barriers to care (do no harm)**

- Take down signage about patients being responsible for their bills,
- Do not send bills to the poorest zip codes in your area (make that part of a sliding scale)
- Remove RevUp and other predatory algorithms from your revenue cycle processes

02 **Civic Life - Advocate for policies that secure mission over margin**

- Advocate for an uncompensated care pool so that everyone–not just safety net sites–can share in care of the uninsured
- Advocate for oversight over private equity investment in nonprofit healthcare
- Advocate with communities for strategic policy priorities, (eg affordable, universal, community-grounded healthcare)

03 Community - Relationship and restorative investment in communities

- Join community tables (SVI >= 7)
- Align community benefit and anchor strategies to community priorities
- Drive community benefit and anchor strategies to balance charity care with upstream investment in wealthbuilding in communities