NH Health Equity Field Assessment

Prepared by the Behavioral Health Improvement Institute
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Contents

Acknowledgement

To the twenty-five key informants who contributed their time and wisdom to this report, we offer our thanks for your generosity, and our admiration for your efforts in the service of health equity across our state.

Executive Summary

Assessing NH's Health Equity field using the Field Assessment Tool (FASST)

The Field Assessment Tool (FASST; Fauth, Phillips, & Nordstrom, 2016) was developed by the Behavioral Health Improvement Institute to inform strategic allocation of resources within the Endowment for Health's priority areas ("Targeted Initiatives"). The FASST is used to estimate field development across seven domains: Shared Purpose, Leadership and Community Support, Shared Knowledge, Quality Programs and Services, Adequate Funding and Support for Policy, Adaptive Capacity, and Equity. The data source for the FASST is interviews with key informants engaged in the relevant targeted initiative or field in NH. Interview responses are first quantitatively scored and placed along a developmental continuum, from Preparation, to Action, to Maintenance. A thematic analysis further contextualizes the quantitative scores. This report represents the first use of the FASST to assess the conditions of NH's Health Equity (HE) field.

The Health Equity field is straddling the boundary between Preparation and Action stages of development

Eight years after the Endowment identified HE as one of its Targeted Initiatives, the field is beginning to transition from Preparation into the Action phase of development. As has typically been the case, **Shared Purpose** leads the way among the seven FASST domains, with informants perceiving moderate support for the urgency of equity issues in NH, despite some differences in priorities across the stakeholders involved in the field. Within the Shared Purpose domain, limiting components include hesitation among historically excluded communities to trust in the benefits of engagement, and weak governance structures to coordinate efforts across the broad array of HE activities.

The COVID pandemic tested **Adaptive Capacity** like few other events in recent memory, presenting necessity and opportunity for feats of adaptation among organizations with strong capacity, while sometimes amplifying disparities with players who were not as well positioned to advocate for pandemic support.

Leadership & Community Support was the third FASST domain to score within the Action phase, on the strength of innovative efforts in a half dozen communities around the state, and a perceived readiness among leaders in other communities to take collective action. Opportunities for persons of color to participate in decision making are widely seen as not yet adequate.

Adequate Funding & Support for Policy received the highest *and* lowest component ratings across this FASST administration, pairing recognition of sophisticated policy expertise in multiple NH advocacy groups and strong funding commitments from NH philanthropic organizations, with abysmal perceptions of the political climate in the NH legislature and at best nascent efforts to develop shared measurement platforms.

The **Equity** domain examines drivers of equitable policies for FASSTs in all of the Endowment's priority fields, in this case indicating growing recognition of the root causes of racial disparities, yet relatively poor levels of culturally competent practices and policies, weak inclusion of historically marginalized populations in decision making, and an underdeveloped data infrastructure to monitor progress.

Shared Knowledge suffers from little routine practice of knowledge sharing within NH's HE field. On a larger scale, some suggest there is a limited scholarly knowledge base from which to derive best practices, and consequently a lack of consensual competencies on which to base professional practice standards. These same limitations also impinged on respondents' willingness and capacity to rate **Quality Programs & Services**.

Recommendations for HE field development

Harness the prevailing sense of urgency for HE with a more comprehensive framing of the overall strategy being used to address NH's equity challenges;

Strive to share power with populations most impacted by health disparities;

Promote models for what cultural and Linguistic Competence looks like at an operational level;

Continue efforts to improve collection and use of Race, Ethnicity, and Language (REaL) data in New Hampshire.

NH's Health Equity Field

Endowment for Health's field building activities

The Endowment for Health (EH) is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially the vulnerable and underserved. EH engages in "field building" by providing resources to develop systems-change capacity within its priority areas. Howard and Wu (2009) define a field as "a community of actors who engage in a common set of core practices with a common goal for their work" (p. 10). EH's field building involves creating strong coalitions and networks, enhancing the NH knowledge base, growing leadership and advocacy capacity, developing shared measures and data-based decision making, and supporting other systems change capacities. EH currently supports five fields: children's behavioral health, early childhood, health equity, healthy aging, and health policy.

Highlights from New Hampshire's Health Equity Field

From the Endowment's launch in 2001, equity has been a high priority, initially via a grantmaking theme then called, *Social/Cultural Barriers to Accessing Health.* In 2014, the Endowment's *Social/Cultural Barriers* theme evolved into the Health Equity Targeted Initiative. Since then, EH (along with other philanthropic partners) has channeled support toward several key activities:

Welcoming NH is an advocacy and training coalition to support integration of immigrants and refugees.

The *Equity Leaders Fellowship* strives to support aspiring leaders of color with professional networking and mentoring, and to advance collective impact on priority issues for communities of color.

Race and Equity in NH Series strives to enhance the capacity of NH's communities to advance health and racial equity.

The *Leadership Learning Exchange for Equity* (L2E2) facilitates intensive, multi-session dialogues among NH leaders to shape more equitable and inclusive leadership practices.

Building advocacy capacity for *Environmental Justice*.

NH Equity Reporting Fellowships offer extended training to journalists reporting on issues of race.

In 2010, the NH Health and Equity Partnership pooled the resources and expertise of the Endowment for Health, the Foundation for Healthy Communities, the UNH Institute for Health Policy and Practice, the NH Minority Health Coalition, and the NH DHHS Office of Minority Health and Refugee Affairs to explore issues related to the well-being of the state's racial, ethnic, and linguistic minorities. The following year, the Partnership published a broadly conceived plan to expand access to care; improve the environments where NH residents live, learn, work, and play; elevate public awareness and policy to promote Health Equity; and improve data quality and availability concerning health disparities (State Plan Advisory Workgroup, 2011).

Emerging out of the 2011 Plan, the NH DHHS Office of Minority Health and Refugee Affairs commissioned a report on the status of health equity in NH. Calculating a ratio of minority : non-minority numeric indicators to derive a "Disparity Index," the resulting *Health Equity Report Card* (NH Center for Public Policy Studies, 2013) demonstrated disparities in social determinants of health, access to care, and well-being. Recommendations were offered for community education, policy, and reinforcing the 2011 Plan's call for more comprehensive and accurate Race, Ethnicity and Language ("REaL") data.

The figure on the next page depicts some of the milestone events in the recent history of NH's HE field.

Milestone Events in NH's Health Equity Field

2001	EH identified a theme grant area then called *Social/Cultural Barriers to Accessing Health.*
2011	NH Health & Equity Partnership publishes a *Plan to Address Health Disparities and Promote Health Equity in NH.*
2011	NH Alliance for Immigrants and Refugees establishes *Welcoming NH* initiative to help integrate new Americans.
2013	*Health and Equity in New Hampshire Report Card* documents health disparities in NH by race/ethnicity.
2014	EH *Social/Cultural Barriers* theme evolves into the Health Equity Targeted Initiative.
2015	Equity Leaders Fellowship launched by and for leaders of color; 93 fellows as of 2022.
2017	Inaugural Race & Equity Symposium: *Race & Equity in New Hampshire: Building Foundations for the Future* - convenes six sector workgroups.
2019	Race & Equity Symposium 2.0: the six workgroups present their Draft Action Plans for feedback.
2020	Governor's COVID-19 Equity Response Team delivers an *Initial Report and Recommendations*.
2021	EH publishes *Health Equity: State-Level Promising Practices, Policies & System Reforms.*

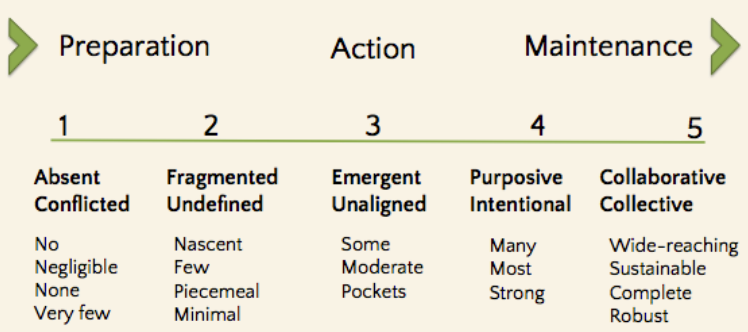
FASST Method

Key Informant Interviews

FASST ratings and qualitative themes are developed based on key informant interviews. BHII and EH collaborate to identify the most knowledgeable and involved informants, with the broadest perspectives on the field. Twenty-nine potential informants were identified, of whom twenty-five (including one couple who contributed a combined interview) ultimately participated in hour-long, semi-structured Zoom interviews with one of two experienced evaluators in March and April of 2022.

Quantitative Scoring

FASST includes a set of quantitative, anchored rating scales for each interview question. The item-level rating scales were built on the template shown below. The rater makes a judgement about which of the descriptors in the scale best fits the (video-recorded) interview response. Item-level scores can be averaged across all interviewees, and domain-level scores, in turn, represent an average across all items within a Domain. For the HE FASST, seven interviews were first independently scored by both the interviewer and a second rater. Both raters then came together to review and achieve consensus on the ratings, to help calibrate the use of the scales in the HE context. Having attained strong inter-rater reliability, the remaining interviews were scored by their respective interviewers alone.



Qualitative Themes

In parallel with quantitative scoring, raters culled qualitative themes from the key informant interviews for each FASST item, using thematic analysis. The qualitative themes supplement and elaborate the quantitative ratings and resulting recommendations.

Understanding the Findings

Once the item- and domain-level scores have been calculated as described above, they are classified into one of three stages of field development used by the EH. The Preparation stage is characterized by absent, conflicted, fragmented, or undefined field properties. Field properties in the Action stage are underway and emergent, but not yet comprehensive or stable. The Maintenance stage is characterized by mature, sustainable field properties with collective, wide-reaching impacts. Scores in the lowest, middle, and highest portion of the five-point scale map onto the Preparation, Action, and Maintenance stages, respectively. The FASST charts in the remainder of this report display the average score for each item/domain along the five-point continuum through the placement of a colored circle. Preparation, Action, or Maintenance stages of development are bounded by dashed vertical lines. Qualitative themes contextualize the ratings and provide the basis for a narrative explanation of the findings.

Field Assessment Tool Domains and Items

In 2015, EH commissioned what is now the Behavioral Health Improvement Institute (BHII) at Keene State College to develop a field assessment tool. The Field Assessment Tool (FASST; Fauth, Edwards, & Nordstrom, 2016) assesses seven domains: Adaptive Capacity, Adequate Funding and Policy, Equity, Leadership and Community Support, Quality Programs and Services, Shared Purpose, and Shared Knowledge. The FASST has since been used each year with one of EH's priority areas.

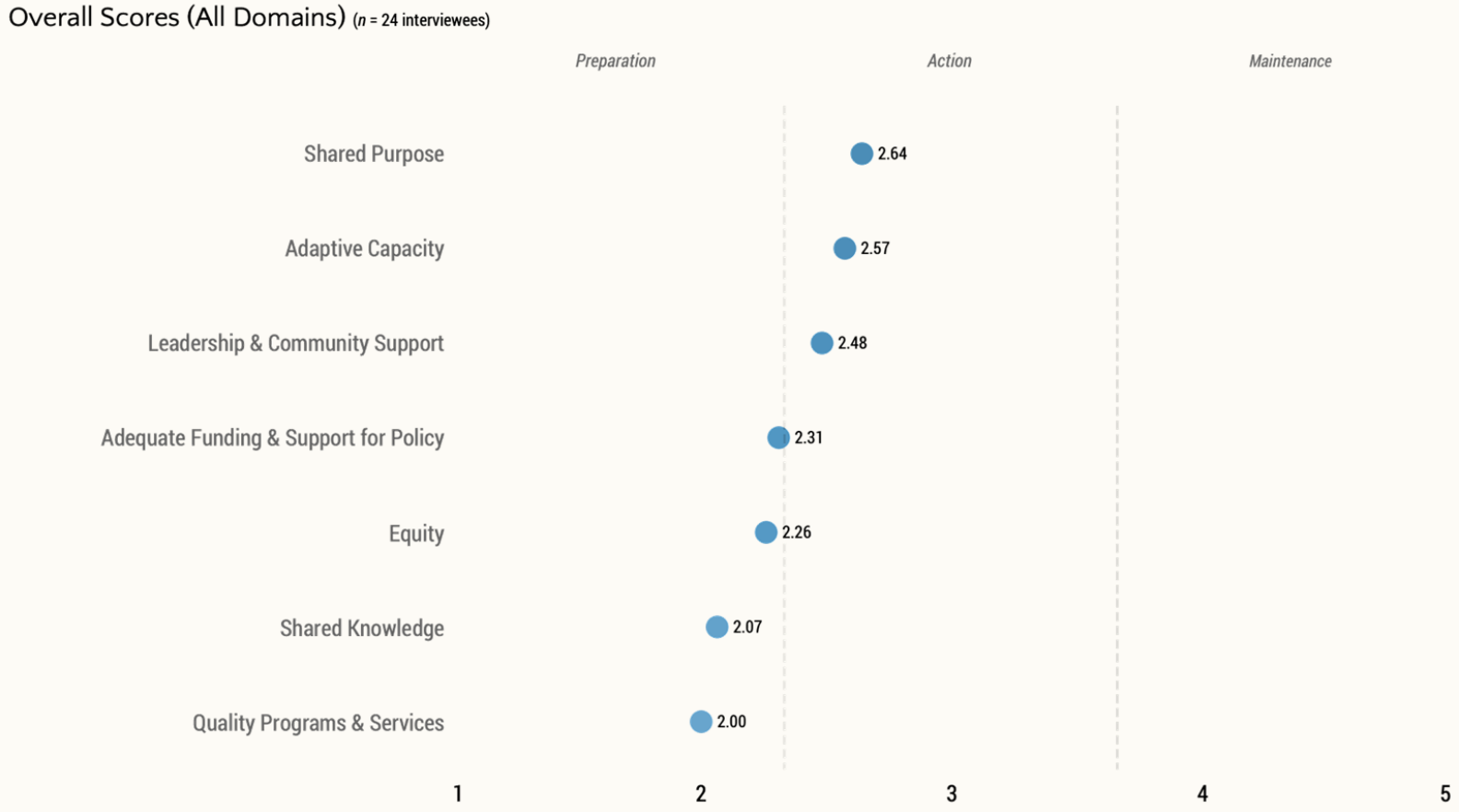
Domain	Item	Definition
Shared Knowledge	Applied Knowledge	The extent to which scholarly theory and research, and/or local, credible information is leveraged to support efforts in the field
	Knowledge Sharing & Dissemination	Effective sharing of relevant knowledge among field actors and to external audiences
	Professional Standards	Presence and use of standards of practice in the field, such as practice guidelines, credentialing processes, and reporting standards and platforms
Leadership & Community Support	Knowledgeable, Ready, Supportive Leaders	Identifiable leaders/exemplary organizations that are knowledgeable, actively supportive, and ready for collective action
	Diverse, Representative, Knowledgeable Actors	A representative, knowledgeable, and culturally competent set of field actors
	Empowered Beneficiaries	The group(s) whose needs the field is intended to address are engaged and empowered to self-advocate at all levels of the field
	Aware, Supportive & Engaged Communities	A receptive community atmosphere/context that supports effective field action; communities that are aware of field issues/needs and supportive of field efforts
Adaptive Capacity	Monitoring	Ability to monitor and assess external environments in order to identify needed shifts relevant to field strategies, tactics, and needs
	Adaptation	Ability to alter strategies and tactics in response to new information in a timely manner
	Flexibility of Resources	Degree to which resources are reallocated, shared, leveraged among higher- and lower-resourced actors to successfully cope with changing conditions
Shared Purpose	Outcome/Goal Consensus	Agreement on a set of clearly articulated shared goals, with a process for collaborative, ongoing revision
	Shared Values	Common values that guide the public face and private actions of field actors
	Strategy Alignment	A portfolio of coordinated, complementary, and purposive strategies to achieve shared goals
	Network Connectivity	A network of highly engaged, interactive actors who seek to leverage collective resources and capacities
	Trust	The extent to which actors feel that others in the field with whom they interact are reliable, support field goals/actions, and are open to discussion
	Governance Structure & Process	The level of intentional hierarchy and centralization of leadership, and formality of process, within the network that helps to facilitate and sustain communication, cooperation, and decision-making
Quality Programs & Services	Reach	The percentage of the relevant population of the field's potential beneficiaries who are reached by evidence-based and promising practices
	Implementation	The extent to which drivers of high-fidelity, high-quality implementation of program and services are in place in the field, such as training, coaching, and evaluation/performance monitoring

Domain	Item	Definition
	Comprehensiveness	The extent to which the array of programs and services in the field is sufficient to meet the needs of potential beneficiaries
	Linkages	Presence of linking mechanisms that allow beneficiaries to successfully transition from one related program to another
Adequate Funding & Support for Policy	Shared Measurement	Existence and utilization by field actors of shared measures and a common data sharing platform, to monitor progress and inform decision making
	Funding	The availability and security of the resources and funding to support effective collective action in the field
	Technology	Existence and utilization of needed technologies to support effective action in the field
	Policy Environment	Presence of an enabling policy environment to support effective action in the field
	Policy Knowledge	Field actors have the knowledge necessary to inform and shape an enabling policy environment
	Policy Advocacy	Presence of a sustainable advocacy infrastructure to support effective action in the field
Equity	Equity Lens	An equity perspective, including recognizing root causes of disparities, is infused throughout the field's vision, values, goals, and strategies
	Equity Related Data and Shared Measures	Equity-related data, including disaggregated data about vulnerable populations in the field, and shared measures are available and used by field actors to understand ingrained and emergent issues facing communities of color and to guide strategy and action
	Informed Policy Makers	Leaders and decision-makers understand the importance of cultural competence, social determinants of health, and health equity to the field
	Inclusive Participation	A growing quantity and variety of partnerships with representatives from vulnerable populations, in particular communities of color, are fostered / valued in the field
	Cultural and Linguistically Competent Programs	Culturally and linguistically appropriate programs are accessible to vulnerable populations in the field

Overview of all Domain Scores

The chart below displays the average domain scores across items for the HE field. Overall, the field straddles the Preparation and Action stages of development. As we've seen with other fields, the Shared Purpose domain leads the way, closely followed this year by Adaptive Capacity. The items within the Quality Programs & Services domain were answered by fewer respondents than in the other domains, because many respondents expressed uncertainty about what programs and services were relevant to the HE field.

In the pages that follow, we'll explore each of these domains in greater depth, in the order depicted in the chart below.



Shared Purpose

Shared Purpose is the degree to which the field is 1) galvanized around a shared vision; and 2) works systematically, collaboratively, and effectively. This domain consists of items related to governance, strategy alignment, goal consensus, trust, network, and shared values. Shared Purpose was the highest rated of all FASST domains, placing it in the lower half of the Action phase.

Informants identified **Shared Values** as the area in which the HE field has the most consensus. Commonly identified values shared by players in the field include justice, an inherent right to dignity, and inclusion.

Network Connectivity - the extent to which field actors pool their resources and capacities to achieve shared goals – was the next highest rated item in this domain. Informants identified the Race & Equity Series and the Health Equity Workgroups as leading exemplars of connectivity, while noting that the field as a whole suffers from insufficient incentives to enhance and deepen collaboration. One informant characterized collaboration in this field as more "transactional rather than relational." Another noted that marginalized populations often feel most secure "staying in their lane," [rather than reaching out to collaborate].

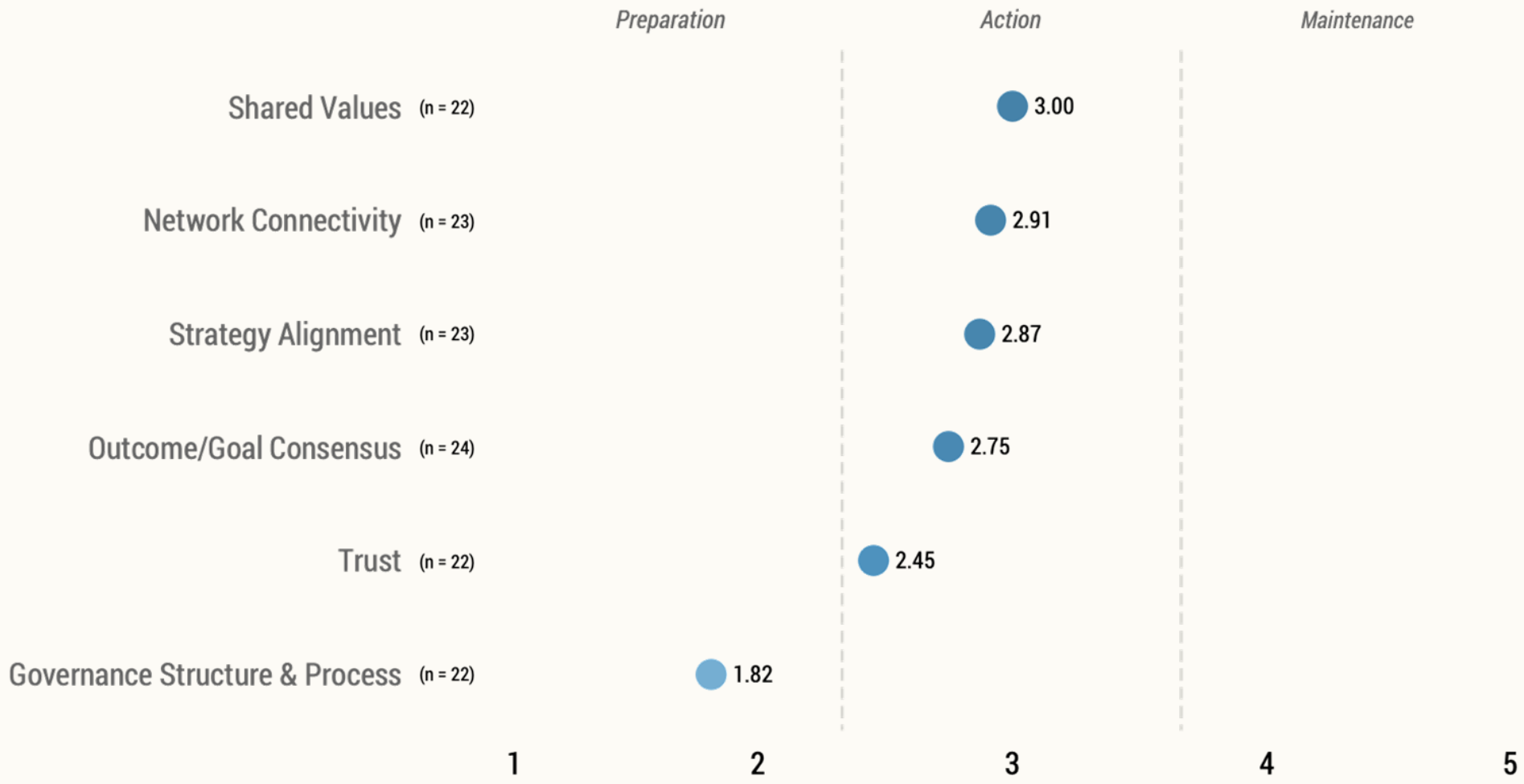
Strategy Alignment was also rated as in the "Action" stage. Common strategies identified by informants include community education, policy advocacy, direct outreach, and leadership development within the BIPOC community. These strategies were described as complementary, though not often actively coordinated.

Outcome/Goal Consensus is also in the "Action" stage. Two commonly named goals were 1) highlighting disparities in health and well-being access and outcomes; and 2) elevating the visibility, voices, and political power of marginalized and underserved populations. Some informants expressed skepticism that the health equity field was sufficiently cohesive to represent with common goals; they instead shared the focused goals with which they were most directly engaged. Others cited the goals of the New Hampshire Equity Collective (formerly the Health and Equity Partnership), a public-private partnership with a decade-long history in New Hampshire, which espoused three goals: culturally effective organizations, workforce diversity, and improved collection and use of race, ethnicity and language (REaL) data.

Interviewees identified several fault lines across which **Trust** falters, including between the BIPOC and the European White communities, between historically marginalized communities and dominant social structures/agencies, and among subgroups within historically marginalized populations. A point of emphasis was that excluded populations have more to lose by trusting: that their voices and concerns will be co-opted by more powerful players; that their presence will serve only token representation; or that they will be disadvantaged in the competition for limited resources. Consequently, they often feel compelled to define their interests narrowly ("what's in it for me?"), a posture that does not lend itself to deep collaboration.

There is a broad consensus that there is a vacuum of **Governance** in the HE field. Multiple respondents acknowledged EH's role in supporting the development of the HE field, while characterizing these efforts as more akin to facilitation than governance. As one informant noted, New Hampshire's cultural inclination toward decentralization can resist governance.

Shared Purpose (*n* = 24 interviewees)



Adaptive Capacity

Adaptive Capacity addresses the degree to which field actors monitor and adapt to barriers and take advantage of emergent opportunities in an ever-shifting environment. This domain includes items addressing adaptation, monitoring, and flexibility of resources. Interview data located this domain in the lower half of the Action stage.

The context of the COVID pandemic so dominated participants' reflections that it tilted the meaning of this domain away from detecting and maneuvering around subtle winds of change, to responding to a crisis. From that perspective, informants noted many impressive instances of adaptation, particularly among organizations that were well equipped to meet the challenge.

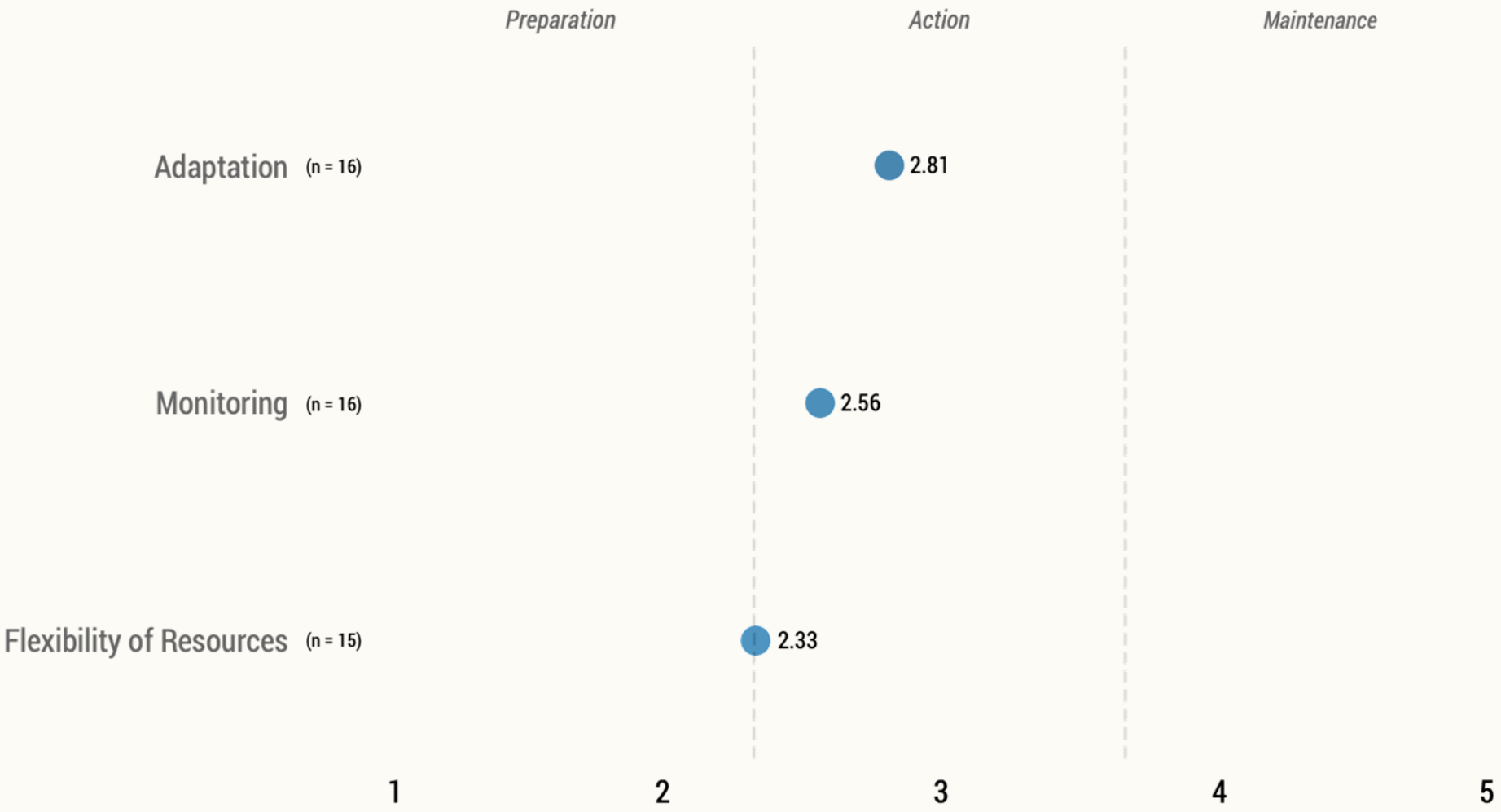
Defined as the ability to alter strategies and tactics in response to new information, **Adaptation** was identified as well into the "Action" phase.

From our previous experience with the FASST, we've learned that advocacy and backbone organizations are often regarded by field actors as important resources for **Monitoring** developments that warrant a response. No such monitoring resource was identified by HE informants, whose comments were scored as in the lower portion of the Action stage.

When reflecting on **Flexibility of Resources**, informants acknowledged that there was a large influx of funding related to COVID, but it was usually temporary, and disproportionately directed toward organizations with the greatest capacity to advocate for it. Thus, pandemic funding sometimes replicated or amplified the very disparities the HE field is striving to address.

A frequent theme in this portion of the interview is that existential insecurity tends to inhibit adaptation. Named examples of these barriers to agility and learning include immigrant communities striving to conform to expectations rather than innovate, non-profits feeling compelled to chase funding that may not align optimally with their priorities, and fear of acknowledging failure suppressing openness to corrective feedback.

Adaptive Capacity (*n* = 24 interviewees)



Leadership & Community Support

Leadership and Community Support reflects the degree to which formal and informal leaders actively support the field and include representation from grassroots and racially and ethnically diverse actors. This domain includes items addressing empowered beneficiaries, diverse actors, knowledgeable leaders, and engaged communities. Interview responses in this FASST placed this domain near the lower boundary of the Action stage.

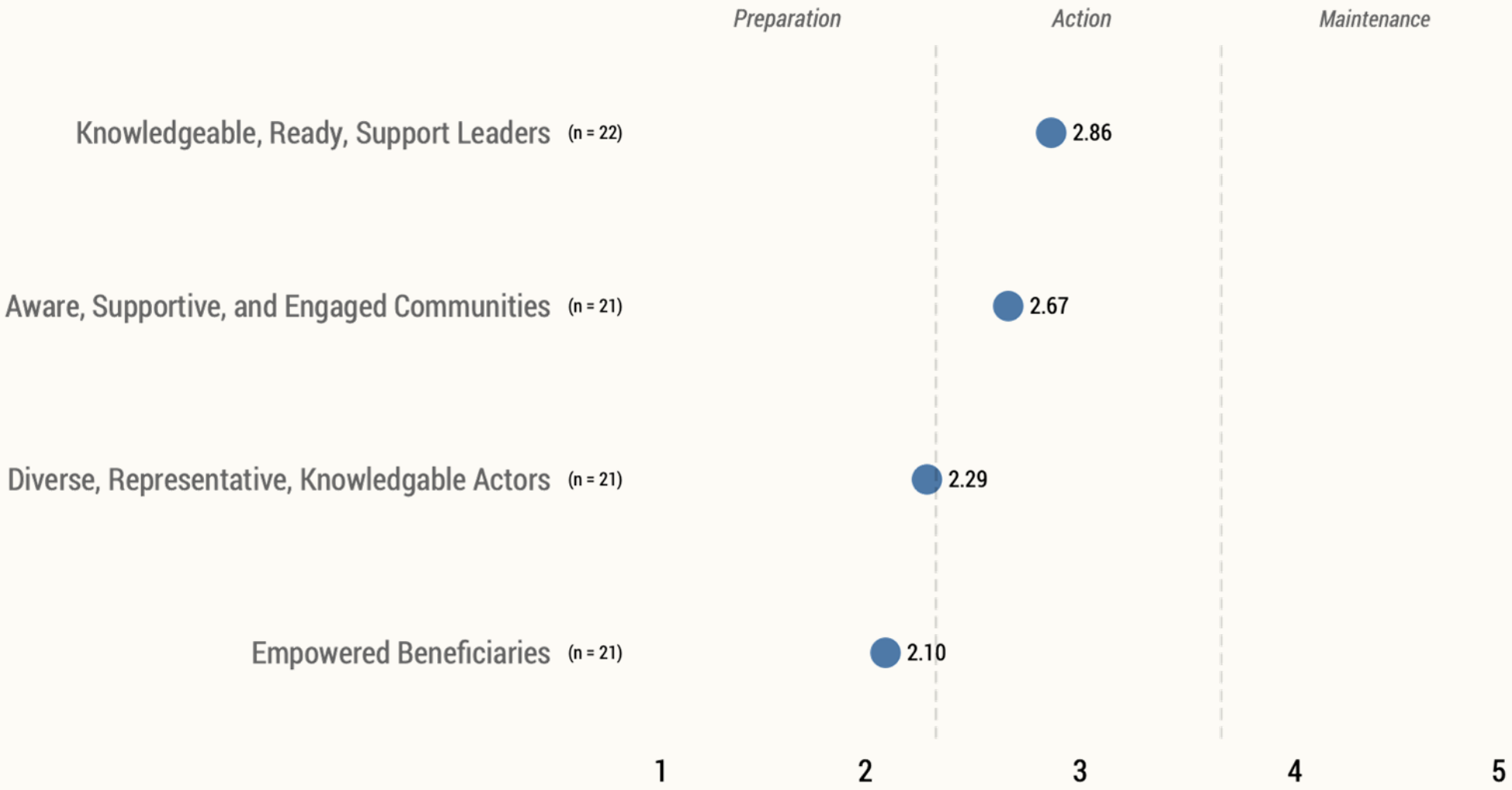
Informants identified pockets of **Knowledgeable, Ready, and Supportive Leaders** who understand the concept of collective impact, yet have insufficient vision, operational knowledge, and/or infrastructure to bring the work to fruition.

Over a half dozen locations were named by different informants as exemplary **Aware, Supportive, and Engaged Communities**, including the cities of Manchester, Nashua, and Concord, as well as smaller population centers of Portsmouth, Dover, and Keene. Still other towns were cited for emergent efforts, suggesting a growing disposition to act across the state. Formally established public health departments seem to confer an advantage in formulating and implementing equity policies. There is some suggestion that schools are sometimes on the leading edge of equity initiatives, ahead of the broader communities in which they reside.

Informants found the representation of **Diverse, Representative, and Knowledgeable Actors** to be improving, though still less than adequate. Too many of NH's practitioners and agencies have yet to implement best practices in cultural and linguistical competence (CLC), which could reflect a need for training and coaching, or, alternatively, insufficient incentives to adopt best practices of which they are already aware. These HE FASST interviews suggested a combination of both insufficiencies in NH, and an eagerness to see them addressed.

Empowered Beneficiaries is a frequently cited aspiration in the HE field, yet it must contend with several structural challenges. First, excluded or underserved populations may have little bandwidth (time, resources) to engage in advocacy. Where engaged, they are said to lack channels or spaces where they feel invited to express their needs, and feel they may be dismissed if their advocacy does not "fit the mold" of accepted tactics. Moreover, many communities carry a multi-generational history of trauma and marginalization when interacting with dominant power structures, which saps their confidence in engagement. In the Adequate Support for Funding and Policy section that follows, we note barriers to members of indigenous populations asserting their identity because government agencies decline to recognize their tribal affiliation, or its existence in our state. Beyond the profound disempowerment of cultural invisibility, these persons are denied access to resources specifically designed to address their needs, either because they are not recognized as eligible, or because such resources are not provided in states where they are invisible.

Leadership & Community Support (*n* = 24 interviewees)



Adequate Funding & Support for Policy

The Adequate Funding and Support for Policy domain reflects the degree to which the resource and policy environment supports the field. This domain includes items addressing policy knowledge, technology, policy advocacy, funding, policy environment, and shared measurement. Interview responses in this FASST placed this domain at the higher boundary of the Preparation stage. Within the domain, policy environment and shared measurement are rated lower than the other four items.

Informants recognize sophisticated **Policy Knowledge** in several agencies across the state, including New Futures, Planned Parenthood, the American Civil Liberties Union, and the American Friends Service Committee. There was a consensus that not enough of this knowledge is currently being brought to bear on equity challenges.

With respect to **Technology**, the expansion of broadband access during the pandemic has ameliorated travel-related barriers to engagement in the HE field. Growing reliance on virtual formats has, however, disadvantaged populations who continue to lack broadband access, equipment, or comfort with its use.

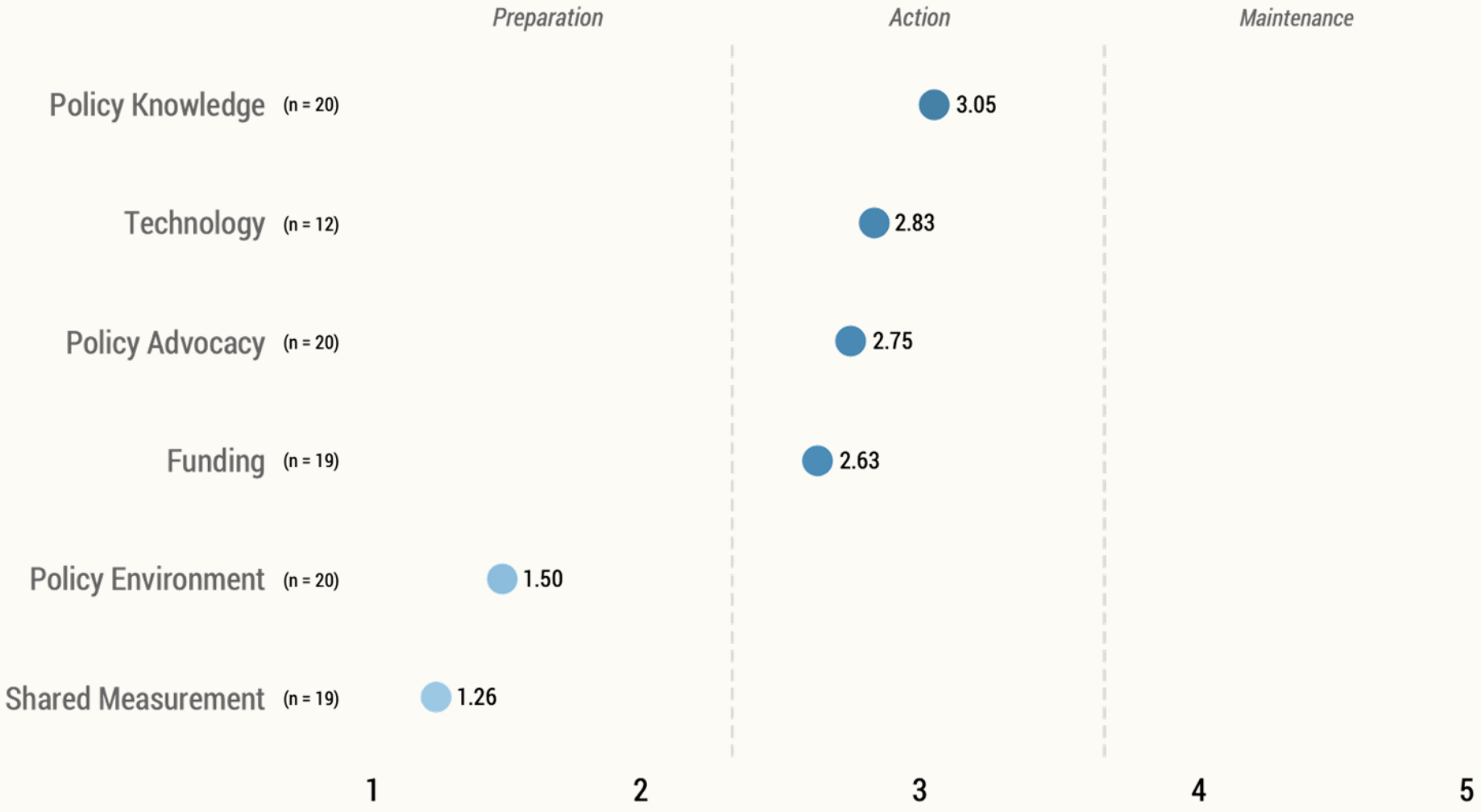
New Hampshire's **Policy Advocacy** capacity is widely perceived as strong, but – as with Policy Knowledge - not powerfully directed toward health equity concerns. Where there are skilled health equity advocates in the state, their efforts currently face a hostile reception in the legislature. Moreover, the voices advocating for HE in NH are often those of privileged persons, rather than those of the most affected populations. Respondents emphasized the desirability of supporting persons with lived experience as the face of advocacy efforts.

Thanks to growing commitments from several NH philanthropic organizations, **Funding** has been improving in the HE landscape. It must be noted, however, that access to grant funding privileges agencies with well-developed capacities for securing and managing such funding, which tends to reinforce traditional power disparities. More than one FASST informant expressed some concern about the availability of grant support for important and innovative work at the community level, sharing the sense that applying for and managing grant funding feels like "an insiders' game." Also, while philanthropic funds have provided important support for discrete projects, HE actors must typically depend on other sources to support critical infrastructure and ongoing operations. FASST informants urged state government to step forward with reliable, ongoing budgetary support for these longer-term needs.

The state's **Policy Environment** lags behind most other indicators in this domain, scoring in the Preparation phase. Informants described the HE Policy Environment as having taken a dramatic downturn over the past several years, as measured by rhetoric surrounding "divisive concepts" and related initiatives in the legislature and the broader public stage. Recent and enduring (national) controversies related to enumeration of population characteristics in Census data have strong implications for equity, because BIPOC community advocates depend on census data to render them visible and allocate representation and resources accordingly. To elaborate with one example from these interviews, because NH contains no federally recognized Native American tribes, residents of the state who identify as Native American often have limited options for claiming that identity in the contexts where demographic information is collected. Indigenous populations from unrecognized tribes can feel unseen and underrepresented in the state. The nearest Indian Health Services facilities, intended to offer culturally and linguistically competent care and substantially supported by federal funds, are in neighboring states, and designated for members of recognized tribes.

While **Shared Measurement** is reportedly being actively discussed in the Race and Equity workgroups, persistent deficits in the collection and use of high-quality race, ethnicity, and language (REaL) data contributed to this item attaining the lowest rating within its domain.

Adequate Funding & Support for Policy (*n* = 24 interviewees)



Equity

The Equity domain is meant to capture the degree to which everyone has a fair opportunity to achieve their full health potential. EH emphasizes equity throughout its field-building work, so these questions are included in every FASST. Items designed to tap the equity dimension appear within each of the other FASST domains: equity lens in Shared Purpose, equity-related data in Shared Knowledge, informed policy makers in Funding and Policy, inclusive participation in Leadership and Community Support, and culturally and linguistically competent programs in Quality of Programs and Services. Interview results yielded an overall rating for this domain at the higher boundary of the Preparation phase, largely on the strength of growing acknowledgement across the State concerning the importance of the field (see Equity Lens, below).

Equity Lens reflects the extent to which informants experience their environments as recognizing the root causes and fundamental unfairness of racial and ethnic disparities in well-being. Interview respondents perceive noteworthy progress in recent years in public awareness of these matters. In particular, they hear decreasing claims that New Hampshire is a "white state," which has previously functioned to deflect responsibility for contending with racial disparities.

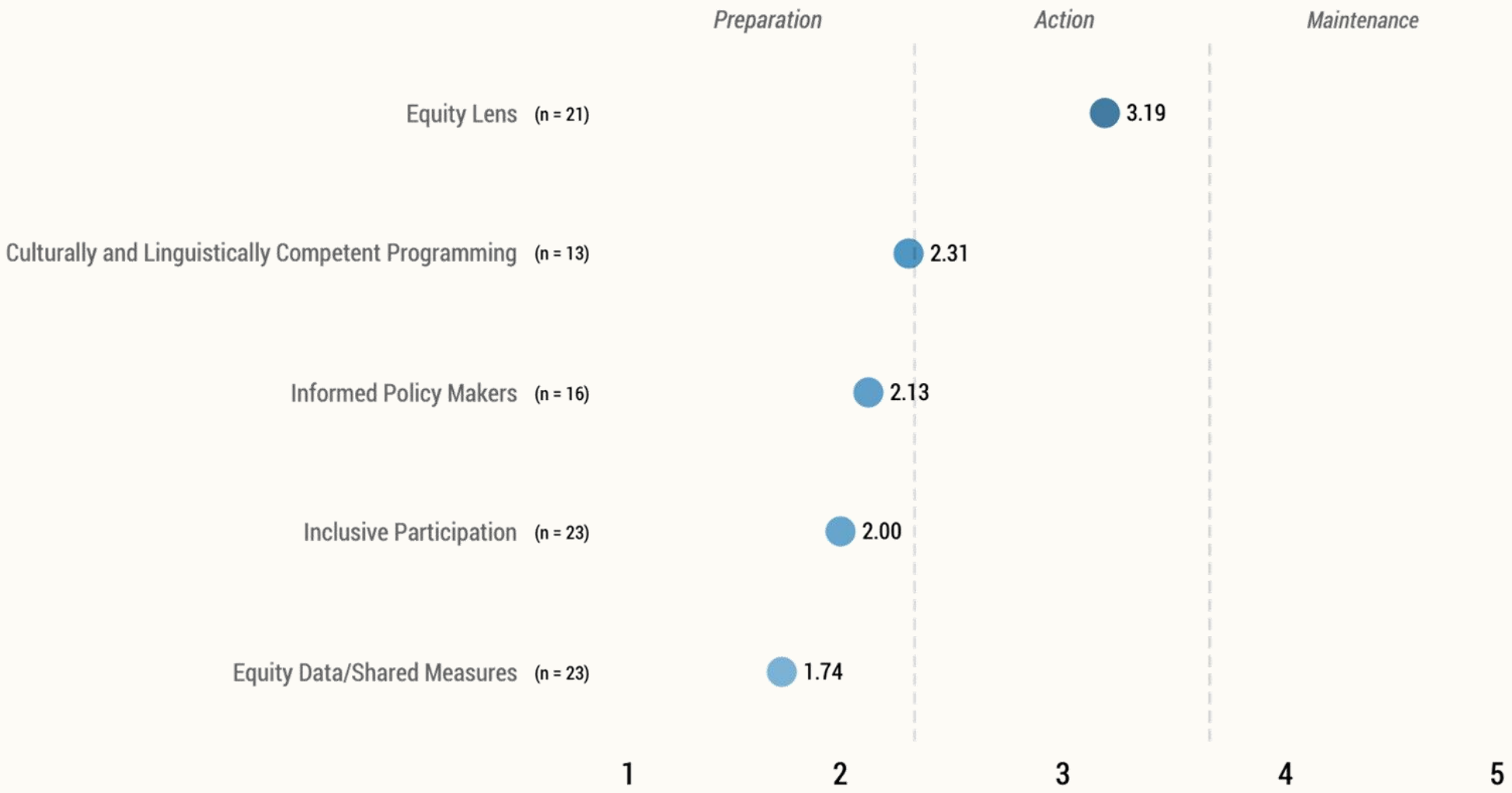
Progress toward **Culturally and Linguistically Competent Programming** includes expansion of language translation services, refugee resettlement services, and community health worker programs.

Informants indicate that New Hampshire's legislature does include HE **Informed Policy Makers,** but they are currently in the minority. Several informants suggested that state legislators might benefit from training by some of the more progressive municipalities within the state.

Informants recognize efforts to enhance **Inclusive Participation**, beginning with greater racial diversity in boards and other leadership roles. The "leading edge" of inclusion efforts is moving beyond mere representation, to meaningful involvement in decision making.

Equity Data/Shared Measures is the least developed item within this domain. HE shares with most of NH's social services landscape an underdeveloped data infrastructure, lacking common measures as well as workforce and technical capacities for data collection, management, analysis and reporting. In the HE field, these common limitations are compounded by profound skepticism among the populations most affected that they would derive any benefit from access to such data. The result is active resistance to reporting disaggregated race/ethnicity within even the limited datasets where it is potentially available. NH's public health professionals are urgently calling for data that could fill in an accurate picture of our state's health disparities, and some suggest that funders insist on such data collection as a condition of funding. The COVID pandemic provided one instance of greater commitment to collecting race/ethnicity data to illustrate disparities and facilitate access to care.

Equity (*n* = 24 interviewees)



Shared Knowledge

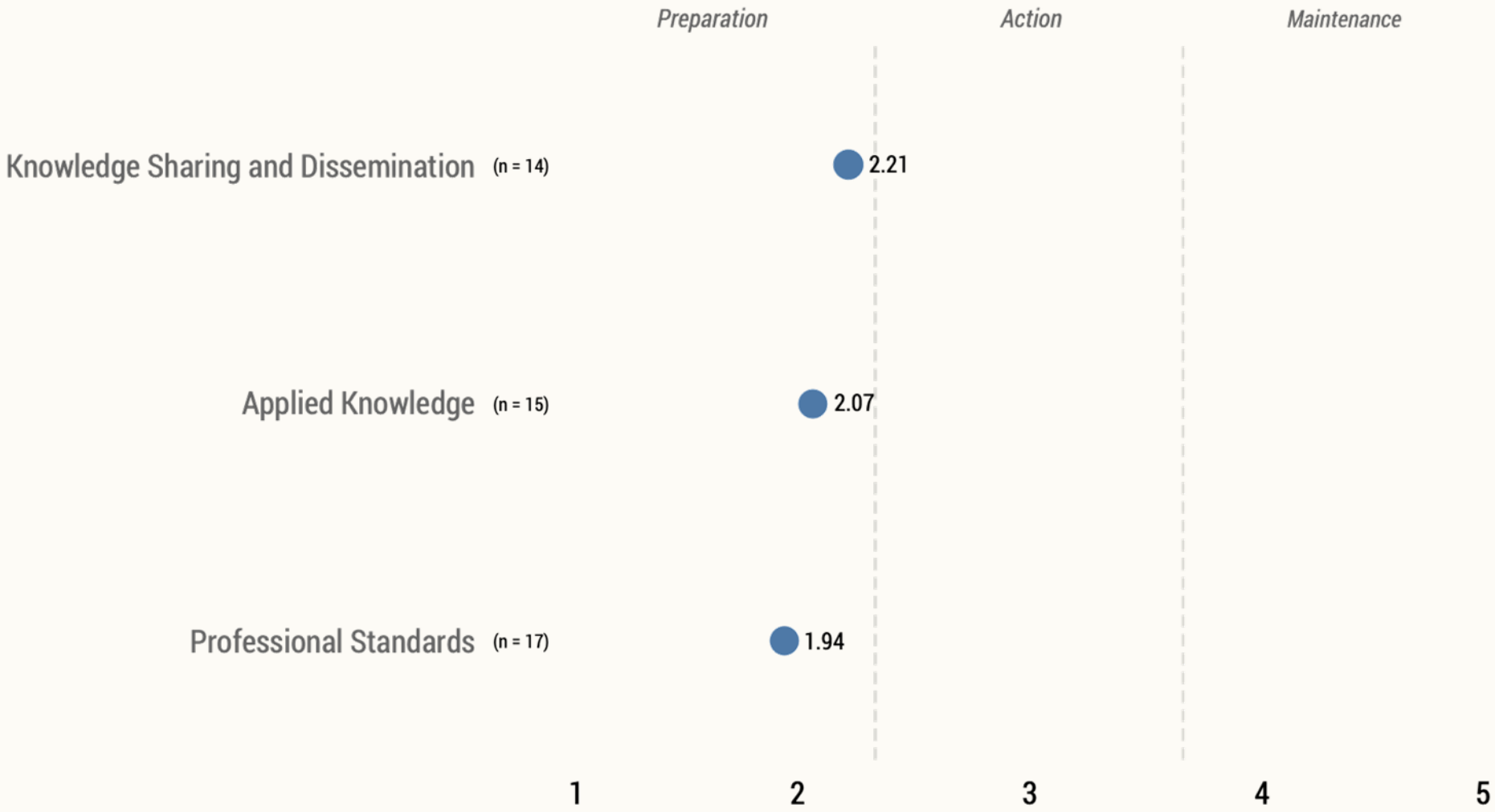
Shared Knowledge is the degree to which applied knowledge exists, is used to guide action, and is translated into professional standards that advance well-being. The domain includes items that address knowledge sharing, applied knowledge, and professional standards. At the higher end of the Preparation stage, Shared Knowledge is the second-lowest rated domain in this HE FASST.

Knowledge Sharing and Dissemination reflects the existence of forums where local learning is shared across actors within NH's HE field and disseminated to their stakeholders. Informants describe information sharing as occurring primarily within workgroups and on some listserves, and thus as informal and inward facing, rather than outward reaching.

Applied knowledge is the extent to which scholarly theory and research and/or local, credible information is leveraged to support efforts in the HE field. It became clear during these interviews that the relevance of scholarly knowledge to NH's HE work is somewhat controversial: some informants referenced the existence of published frameworks and best practices in the HE literature, while others emphasized substantial experiential expertise among field actors within the state. There appears to be broad agreement that much remains to be done to support wider adoption of high-quality equity practices in the state.

Professional Standards can help to support the penetration of evidence into practice. Standards can include training and credentialing for individual practitioners, as well as credentialing/accreditation at the agency level. FASST informants did not report any credentialing that supports culturally and linguistically competent care specifically, although educational and health professionals are sometimes able to accrue continuing education credits for diversity, equity, and inclusion training. While "one-off" equity-relevant professional development events are widely available and even mandated in some settings, these do not offer the ongoing engagement necessary to support practice improvement. From the perspective of workforce development, what is needed are more career pathways and incentives to usher people from historically marginalized communities into the healthcare workforce.

Shared Knowledge (*n* = 24 interviewees)



Quality Programs & Services

Quality Programs and Services indicates the availability of effective, comprehensive, and coordinated HE services and supports. This domain includes items that involve the reach, quality of implementation, linkages among, and comprehensiveness of HE trainings or services. Quality of Programs and Services resides near the furthest reaches of the field development theory of action (it is what all the other field development domains are meant to support), and is consequently often among the last domains to demonstrate improvement.

For this FASST assessment, Quality Programs and Services was the lowest rated domain. As noted at the beginning of the report, the items within this domain were answered by relatively few respondents, in part because informants expressed uncertainty about a defined array of programs and services offered within the HE field. For all of these reasons, we suggest caution in interpreting scores in this domain.

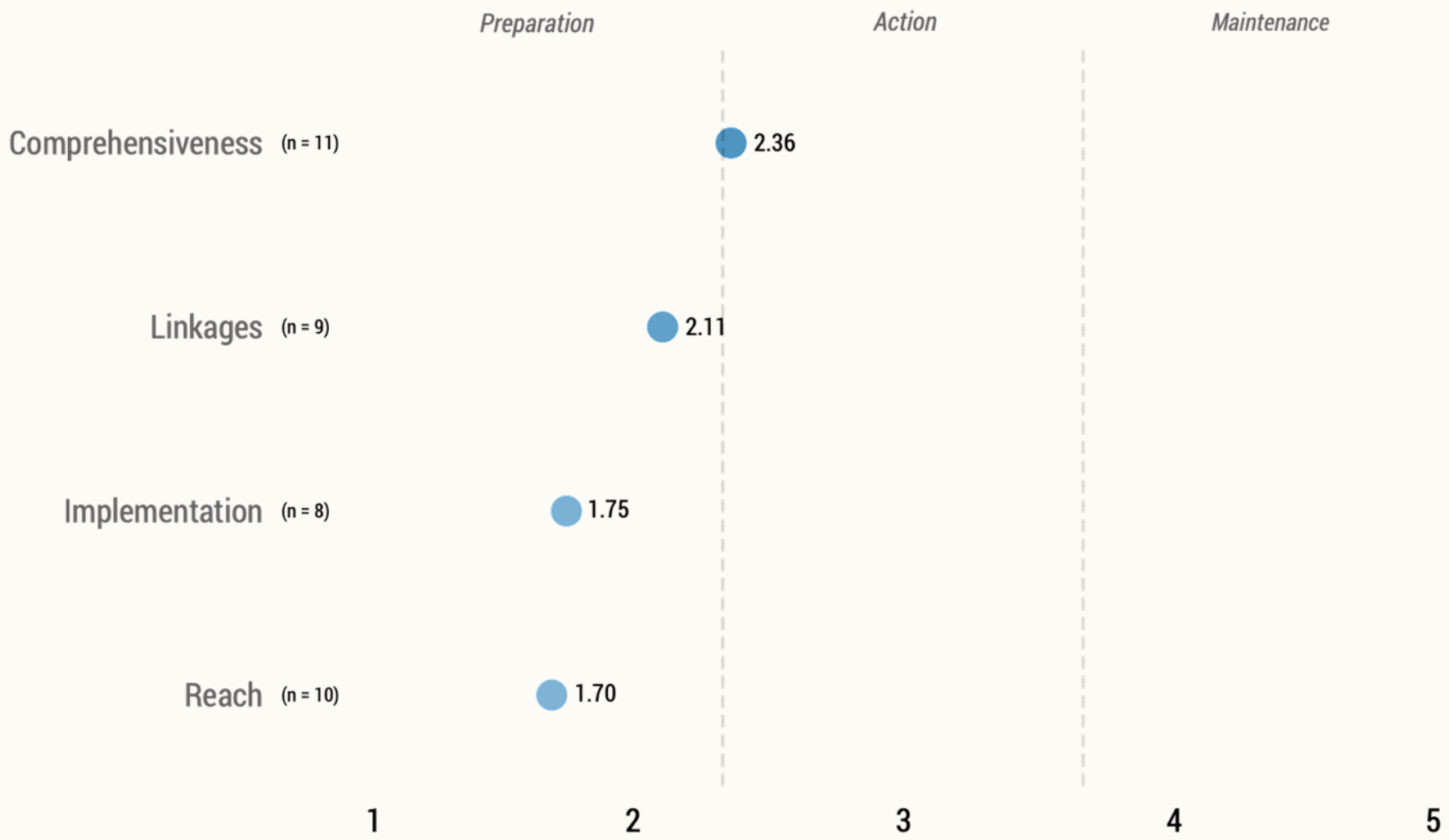
The **Comprehensiveness** of the service array represents the sufficiency of services across the entire scope of need. Those who responded to this item generally perceive the *comprehensiveness* of the HE field to be adequate. The central limitations in HE revolve, instead, around trustworthiness, access to the full array of services, and culturally and linguistically competent care, including a more representative workforce.

Linkages increase the likelihood of individuals and families successfully transitioning between services, by reducing communication and scheduling burdens. In the HE field, exemplary linkage efforts cited by informants tended to be located in federally qualified health centers and community health worker programs, rather than in larger hospitals.

Evidence of equity-related service **Implementation** is relatively scarce. Informants were able to identify some features designed to support culturally and linguistically competent care in select schools and health centers. One informant added that, "the current political environment is actively suppressing some of these efforts."

Reach represents the penetration of high-fidelity services into the target population. The (10) respondents who answered this question reported that, except for a few more urban communities, high-quality services are not reaching underrepresented groups.

Quality Programs & Services (*n* = 24 interviewees)



Conclusions & Recommendations

Conducting roughly two dozen FASST interviews in a relatively concentrated period, as one of this report's authors has done for several years, typically fills us with admiration for the dedication of NH's field actors, and a shared sense of urgency for their mission. This first FASST targeting the Health Equity field has conferred an additional residual impression, of the suffering directly experienced or otherwise "carried" by those whom we interviewed. These conversations were suffused with trauma of intergenerational proportions, fueling mistrust, frustration, impatience. And yet, these key informants have remained engaged – many of them for decades – in NH's health equity field.

Appreciating this burden of trauma is important because it flares easily, renders trust fragile, and presents myriad threats to the most well-intended collaborations. Power dynamics penetrate every corner of this field: policy, funding, data, and workforce development. Informants shared their impressions that some community partners feel unable to contribute their best wisdom to their HE work because they perceive pressure to behave in accordance with expectations, not to "make waves" and potentially jeopardize their relationships and opportunities. One of our informants related the aphorism that, "Collaboration happens at the speed of trust." The work of building trust in NH's HE field is under way, to be sure, and must remain a central focus.

This assessment of New Hampshire's Health Equity field offers a snapshot of field development in 2022. It describes the work as arrayed across the Preparation and Action phases, with Shared Purpose, Adaptive Capacity, and Leadership & Community Support domains providing strengths upon which to build. Priorities emerging from this HE FASST that we propose for focused attention are as follows.

Harness the field's sense of urgency with a more comprehensive framing of strategies. The HE field encompasses a diverse array of sectors and activities. The strengths of this diversity might be more readily appreciated by observers if they perceived a rationale linking all of the strategies together. Informants are animated by the strategy in which they are involved, but few claim to grasp the larger picture. We speculate that more explicit framing could bolster the HE field's existing strengths in Shared Purpose, and perhaps particularly support the weakest element of that domain, Governance Structure & Process. Addressing this challenge might be an excellent opportunity for the emerging HE backbone organization.

Strive to share power with populations most impacted by health disparities. Trust "fault lines" are particularly evident between policy professionals and community activists. Cultivate forums where impacted communities feel invited to express their needs. Consider whether philanthropic organizations could offer technical support for grant application and management, to reduce barriers to engagement for agencies with less grant experience

Promote models of what Cultural and Linguistic Competence (CLC) looks like at an operational level. NH has resident expertise as well as access to national models for CLC practice, yet informants report that agencies crave a better understanding of how to implement such standards. How might progress be made in closing that gap – in health services, workforce development, other policy areas?

Continue efforts to improve Race, Ethnicity, and Language (REaL) data in New Hampshire. Adopt standardized best procedures for collecting and using social determinants of health and REaL data. Best practices have been articulated for what data should be collected, how it should be collected, training of data collectors, and use of the data to instigate action. This recommendation has been included in HE-related reports going back to the 2011 New Hampshire Health & Equity Partnership's *Plan to Address Health Disparities and Promote Health Equity*, yet it has proved resistant to enactment.

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