P4HE Level Setting Dialogue: Creating Organizational Change and Power Sharing for Health Equity

PARTNERS for ADVANCING HEALTH EQUITY

To kick off our quarterly learnings on Creating Organizational Change and Power Sharing for Health Equity, the P4HE Collaborative sat down with Evelyn Gallego, an expert in health data and equity. Ms. Gallego reflected on her work with EMI Advisors, the organization she founded and leads, to help ground the conversation in how data practices can support more equitable organizational change. This document offers a high-level overview of key themes and takeaways from the session, serving as a quick reference guide and setting the stage for deeper exploration of organizational change and power sharing for health equity.

P4HE's Working Definition of Organizational Change

Organizational change for health equity refers to the process of creating an environment that considers factors such as socioeconomic status, area of residence, race, or ethnicity, which affect health outcomes and enhance an organization's overall return. This process includes a comprehensive review and evaluation of strategic planning, collaboration, policy engagement, power sharing, and data-driven decision-making processes.

Key Takeaways

Why is organizational change important for advancing health equity? Health equity cannot be achieved through isolated interventions; it requires systems-level change that addresses feedback loops between institutions, policies, and people with lived experience. For example, shifting from a clinically focused approach to a person-centered model in health information exchange can lay the groundwork for aligning data systems with whole-person care and community priorities. Organizational change advances equity when it is rooted in inclusive practices shaped by community experience.

What systems, policies, practices, or cultural norms shape how change happens within organizations? Systems that promote or constrain innovation, along with the lived experiences of individuals who navigate them, shape how organizational change unfolds. Health equity operates within a complex adaptive system—one that includes clinical, social, environmental, political, and economic drivers. Change must be addressed at multiple levels: individual, community, and systems. To advance health equity, organizations must reconstruct foundational processes, such as how they collect data, design policies, procure services, and develop their workforce. This work requires collaboration and accountability across roles, teams, and sectors. The process also involves aligning data and care models with whole-person approaches that reflect lived experience.

Where does power reside in organizations, and how can it be shared? Power is not only positional; it is embedded in data governance, budget decisions, and the prioritization of

Want to hear how these ideas show up in practice? The session recording includes examples of policy shifts, data infrastructure redesigns, and community-led initiatives discussed during the dialogue.

partnerships. While formal authority often resides with leadership, meaningful change also depends on informal influence, especially at the local level where implementation happens. Entities that typically drive change include executive sponsors, governance bodies, and cross-functional teams. Change models, such as Kotter's 8-Step framework, can help clarify how leaders build urgency, coalitions, and cultural buy-in. But champions across roles and sectors, particularly those with lived experience or community ties, are equally critical. Mapping formal and informal power is essential for equity-centered change, as is building the coalitions to embed equity into organizational culture and decision-making.

What can organizations do to make equity-centered change last? Equity-centered change becomes sustainable when organizations embed equity in their values, governance, and accountability structures. Feedback loops are essential for learning, trust-building, and adaptation. They ensure that equity efforts evolve with community needs and organizational realities. Change is hindered when equity is treated as a one-off initiative or imposed without community co-design. The tendency to prioritize institutional definitions of health over community knowledge and lived experience is sometimes referred to as health imperialism. Recognizing and addressing this dynamic is key to building more inclusive and responsive systems. For a real-world example of shared governance in action, see the Gravity Project—a national collaborative that continues to shape how social needs data are defined and used.

What incentives exist for various sectors to engage in equity-centered change? There are both economic and reputational incentives for organizations across sectors to engage in equity-centered change. In healthcare, payment models that reward better outcomes rather than volume have encouraged attention to social drivers of health. Inclusive practices can also strengthen talent retention and brand reputation. People want to work for and support organizations that practice what they preach. Embedding equity can improve results, reduce costs, and strengthen organizational culture. Inclusive practices also help attract and retain talent and build public trust. The private sector plays a key role in scaling innovations that make this work possible.

What role do individuals play in shaping and sustaining equity-centered organizational change? Individuals with diverse expertise and influence across sectors sustain equity-centered change. Community leaders and advocates contribute lived experience and accountability. Researchers help determine what data organizations collect and guide how they interpret it to reflect real-world needs. Private sector innovators help scale tools and solutions that support whole-person care. These individuals help shift how systems define, deliver, and sustain equity.

Looking for more on Organizational Change?

Check out this quarter's Topical Exploration Blog and Resource List.