

Introduction to the ACT Center's Project Lifecycle Checklist on Integrating Health Equity



What you should know before using this checklist

- The Center for Accelerating Care Transformation ([ACT Center](#)) created this checklist in 2023 to support our goal of **advancing equity in health care research**. The ACT Center is part of Kaiser Permanente Washington Health Research Institute ([KPWHRI](#)) and oversees the [Learning Health System Program](#) at Kaiser Permanente Washington.
- The checklist is **customized for a health care research environment** and covers the typical phases in a research project — from scoping and planning to analysis and dissemination. It provides **key questions and example activities and resources** to help ensure equity is integrated into all phases of a project.
- Your organization is **welcome to use this checklist** to guide specific projects or to adopt it for standard use in your organization. You can also feel free to adapt it to fit your needs and setting.
 - **If you choose to adopt the checklist (with no changes)** for use in your organization, please retain the ACT Center copyright statement below.
 - **If you choose to adapt this checklist** for your particular setting, please include the following attribution in your materials:
 - “This resource was adapted from the [Project Lifecycle Checklist for Integrating Health Equity](#) developed by the Center for Accelerating Care Transformation ([ACT Center](#)).”
 - To request a modifiable version of this checklist (in Microsoft Word) to adapt for your organization, please email us at act-center@kp.org.
- We plan to **review this checklist annually** and will post updated versions in the [ACT Center resource library](#). If you have feedback or ideas for improving the checklist, please email us at act-center@kp.org.

Learn more about the ACT Center

Visit our website: act-center.org

Connect on LinkedIn: [in](#)

Contact us: act-center@kp.org

Interested in other tools to support equitable research?

Check out our [Checklist for Inclusive Communications](#)

Project Lifecycle Checklist: Integrating Health Equity



Purpose

The purpose of this checklist is to provide practical activities and tools for advancing health equity across the different phases of a research project.

The shared definition of health equity that we use at the ACT Center is: *Health equity is the absence of socially unjust, unfair, and avoidable health disparities. Health equity is inextricably linked with racial equity.*

How to use this tool

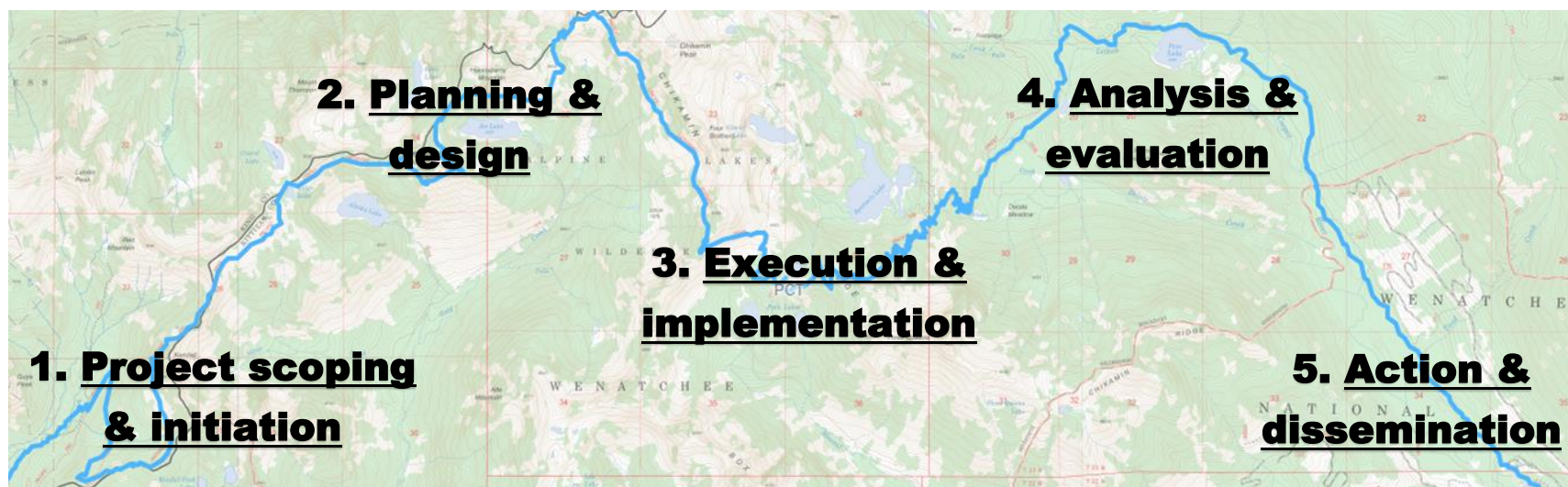
Project teams are responsible for using this checklist throughout the lifecycle of a project. This tool was designed to advance health equity by reflecting on key questions, related example activities, and resources organized by project phase. Teams should have a structured discussion using this tool for each project phase.

Use the key questions and example activities/resources for the project phase you are in to guide a group discussion with your project team. Document your reflections, commitments, and next steps for integrating equity in the space provided at the end of each section. Make a plan for when your team will revisit commitments and reflect on the next project phase.

Best practices include embedding health equity conversations into regular team meetings, creating calendar reminders to revisit this tool periodically, and writing agendas to include health equity commitments as standing items.

If you have feedback or ideas for improving this checklist, please let us know by emailing us at act-center@kp.org.

[Clickable roadmap to the different project phases covered in this checklist](#)



Getting started: Think about circumstances when you might choose not to engage on a project

As a first step, consider developing a set of values or characteristics that all projects should embody. Your team might also want to create list of “no-gos” to help determine when not to engage on a project, for example:

- × The project is likely to exacerbate disparities or do harm.
- × We have good reason to believe the project is at odds with the priorities of diverse and inclusive communities.
- × Partners are not willing to engage in conversations about health inequities.
- × Partners are not interested in the perspectives of patients and/or communities (e.g., not willing to consider the potential of engaging these groups, not willing to consider changes plans based on patient/community feedback).
- × Some fundamental part of the project violates a principle we hold (e.g., a project about high-deductible plans).
 - This point could serve as a “gut check” and an opportunity to discuss as a team. We don’t all hold the same principles.
 - Consider whether the project is consistent with organizational mission, vision, and values.

1. Project scoping and initiation: Project selection, proposal development, scoping

Category	Key questions	Example activities/resources
Positionality	<p>What roles do our individual demographics, experiences, and values play in our selection of this topic and/or interest in being on this project team?</p> <p>How do our identities influence, and potentially bias, our understanding of this topic? What can we do to mitigate our biases and bring other perspectives into our work?</p>	<p>Positionality wheel</p> <p>Information on positionality and intersectionality</p> <p>Tips and resources for writing a positionality statement</p> <p>Reflexivity exercises</p> <p>Quick Guide to Power Analysis</p>
Historical and political context	<p>Thinking upstream, what are the root causes of disparities in this topic? What historical and/or political events may have created disparities over time?</p> <p>How might biases have shaped current evidence and practices?</p> <p>What do we need to understand about the community that will be affected by this project? How will we learn about local context to inform our work?</p>	<p>Include non-academic sources of information to learn about a topic (i.e., news articles, documentaries, perspective pieces, etc.).</p>
Problem identification	<p>Is this topic a priority for patients and/or the community? How do we know?</p> <p>How will this project advance equity? What dimensions of equity does this project address?</p> <p>Are there equity-focused specific aims or research questions we can add to this project?</p> <p>Does any aspect of this project exacerbate inequities?</p> <p>Could this research be misused or misinterpreted to cause harm or negatively affect people/groups?</p>	<p>Include and cite diverse scholars, especially Black and Indigenous scholars who are often not recognized for their contributions.</p> <p>Explore current inequities as an explicit part of the exploratory literature review.</p>
Population	<p>Who will benefit from this project? Is there a way to expand benefits to lower-resourced groups?</p>	<p>Example: Include patients from federally qualified health centers (FQHCs) in</p>

Category	Key questions	Example activities/resources
Population (cont.)	<p>What population subgroups should be considered in this project?</p> <p>Which population subgroups experience disparities within the chosen outcome(s)?</p> <p>What support might we need for translation and interpretation?</p> <p>What support might we need to ensure multicultural validity?</p>	<p>addition to patients from integrated health systems or other health care organizations.</p> <p>Tip: Use local data whenever available.</p> <p>An Implementation Checklist for the National CLAS Standards</p>
Funder/partner engagement	<p>Do my funders/partners approach this topic with an equity lens?</p> <p>Have we made equity goals explicit among all key people?</p> <p>Are there partners with equity expertise we could engage with?</p>	<p>The Data Equity Framework illuminates the importance of funding and motivation in centering equity in data work.</p>
Community engagement	<p>Have we included partners from the community or population the project aims to serve?</p> <p>What influence can community or patient partners have? How do we ensure authentic engagement/avoid tokenism?</p> <p>Are there opportunities to share power with community members or historically underserved groups?</p> <p>What constraints do we have in terms of resources and time that may limit our ability to engage affected and interested patients/community members? How will we mitigate those?</p>	<p>Powercube power analysis and strategies for building, shifting, and influencing power</p> <p>Social change grid</p> <p>Reflections on equitable implementation in communities</p>
Accountability	<p>Have we clearly documented our goals related to centering equity in this project?</p> <p>Is our commitment to centering equity explicit in our project plan or proposal? Are there ways it could be strengthened or made more explicit?</p> <p>How will we hold ourselves accountable?</p>	<p>Develop SMARTIE goals (SMART goals + IE = inclusion and equity).¹</p>

¹ This idea came from Taryn Bogdewiecz, Kathy Cebuhar, and Stephanie Kirchner at the University of Colorado Practice Innovation Program

Category	Key questions	Example activities/resources
Budgeting	<p>What resources need to be allocated to ensure the project is able to effectively engage patient partners, communities, and stakeholders?</p> <p>Consider what resources will be needed to be responsive to patient/member/community suggestions as the project evolves.</p>	

Reflections on integrating equity during project scoping and initiation

<i>Enter team reflections here</i>

Commitments for integrating equity during project scoping and initiation

Commitment	Action Steps	Who is responsible

Planning for accountability and next steps

Enter these dates into team agendas or set calendar reminders.

Date to revisit our commitments	
Date to discuss the next phase	

2. Planning & design: Protocol and material development, measure selection

Category	Key questions	Example activities/resources
Key people engaged in design	<p>How will we engage affected and interested patients/community members (e.g., surveys, focus groups, co-design partners)?</p> <p>How will we include and recruit representative perspectives in project/intervention design?</p>	<p>Consider using a Net-Map tool to engage community members in defining complex networks and power structures to inform strategic planning and project design.</p>
Protocol development	<p>Have we ensured equitable access in all intervention protocols?</p> <p>Have we made an effort to make the intervention available to people whose primary language is not English?</p> <p>Have we considered the need for cultural adaptation/tailoring?</p> <p>Have we considered physical and mental access to the intervention?</p>	<p>Equitable implementation: Weaving equity into selecting change strategies and Practical Guidance for Embodying Equity in Implementation</p> <p>An Implementation Checklist for the National CLAS Standards (CLAS = Culturally and Linguistically Appropriate Services)</p> <p>Consider ways to integrate structural competency into the project/intervention design.²</p>
Material development	<p>Have we reviewed our materials for bias?</p> <p>Have affected and interested patients/community members with lived experience reviewed and provided feedback on our materials and protocols?</p> <p>Have we translated all patient and community-facing materials into relevant languages?</p>	<p>Checklist for Inclusive Communications Program for Readability in Science and Medicine (PRISM) Toolkit and Training</p> <p>Consider using in-house communication services at your organization and asking them to review for equity and inclusion.</p>

² “The idea of ‘structural competency’—a play on and extension of cultural competency- ‘emphasizes recognition of the complex ways that matters such as rising income inequalities, decaying infrastructure, poor food distribution networks,’ among other social and economic factors, lead to poor health. This model ... promotes looking at forces beyond the patient–doctor interaction” [Wear D, Zarconi J, Aultman JM, Chyatte MR, Kumagai AK. Remembering Freddie Gray: Medical Education for Social Justice. Acad Med. 2017 Mar;92\(3\):312-317. doi: 10.1097/ACM.0000000000001355. PMID: 27580436.](#)

Category	Key questions	Example activities/resources
Measure selection	<p>Do our data collection plans include capturing demographic data?</p> <p>Do we have measures that capture specific equity outcomes?</p> <p>Have we selected balancing measures that may detect unintended consequences?</p> <p>Does the analysis plan allow us to look at what worked, for whom, when, and whether there is differential impact?</p> <p>Have we selected measures that matter to the population affected? How do we know?</p> <p>At the end of the project, what do we want to be able to say about the impact the initiative had on health equity? What do we need to do in how we structure the project, data collection, and analysis to be able to tell that story?</p> <p>Are there specific segments of populations we want to make sure we learn about in this project? If so, how can we be explicit in our plans to capture the data we need (e.g., specific variables, sampling strategy)?</p> <p>Are our data collection plans responsive to cultural context? Is there potential for harm?</p>	<p>Federal Committee on Statistical Methodology (FCSM) Equitable Data Toolkit</p> <p>A Toolkit for Centering Racial Equity Throughout Data Integration</p> <p>We All Count practical tools for embedding equity in measure selection and analysis. We recommend using the Methodology Matrix in this phase.</p>
Operations	<p>Have we built in payment for community/patient partners into our budget?</p> <p>Are we working with POC, LGBTQIA+ vendors where possible?</p> <p>Have we budgeted appropriately to translate all patient and community-facing materials into relevant languages?</p> <p>Have we built in enough time in our timeline to obtain feedback from affected and interested patients/community members throughout the process, including in interpretation of results?</p>	<p>Consider creating a list of BIPOC and LGBTQ+ owned restaurants in your areas to help project teams find and work with those vendors.</p>

Reflections on integrating equity during planning and design

Enter team reflections here

Commitments for integrating equity during planning and design

Commitment	Action Steps	Who is responsible

Planning for accountability and next steps

Enter these dates into team agendas or set calendar reminders.

Date to revisit our commitments	
Date to discuss the next phase	

3. Execution & implementation

Category	Key questions	Example activities/resources
Key people engaged in implementation	<p>Do we have a mechanism to collect feedback from affected and interested patients/community members early and often during implementation?</p> <p>Do we specifically ask partners and patients/community members for feedback related to equity concerns?</p> <p>Are there roles lived experience partners could play in implementation or evaluation?</p>	<p>Examples: Hire people with lived experience to conduct interviews or recruit participants.</p>
Implementation	<p>Have we been responsive to feedback and made appropriate changes to implementation procedures?</p> <p>Is there any additional work we need to do based on feedback from key people and/or end-users?</p> <p>How are we holding ourselves and our partners accountable to our equity goals?</p>	
Measurement	<p>Do we have a way to measure whether there are disparities in implementation?</p> <p>Is a team member accountable for monitoring data stratified by demographic characteristics?</p>	
Accountability	<p>How are we doing in carrying out our equity-related commitments and goals?</p> <p>Where have we faced challenges? What can we do to overcome challenges?</p> <p>Are there activities we need to resume or re-commit to?</p>	<p>Add equity-related commitments and goals to the agenda for the project's regular meetings.</p>

Reflections on integrating equity during execution and implementation

<i>Enter team reflections here</i>

Commitments for integrating equity during execution and implementation

Commitment	Action Steps	Who is responsible

Planning for accountability and next steps

Enter these dates into team agendas or set calendar reminders.

Date to revisit our commitments	
Date to discuss the next phase	

4. Analysis & evaluation

Category	Key questions	Example activities/resources
Key people engaged in analysis and interpretation	<p>How are affected and interested patients/community members included in the analysis process?</p> <p>Are the results reflective of the problem as it is experienced by patients/community members?</p> <p>What recommendations do affected and interested patients/community members have to take action on these results?</p>	Facilitate sense-making conversations with affected community members.
Evaluation	<p>Were specific health equity gaps observed in the results or during implementation? How will those be shared and with whom?</p> <p>What will the team do to hold themselves and partners accountable for any unintended or adverse findings?</p> <p>What assumptions or biases might be “baked in” to the analysis or results?</p> <p>Did the team adequately identify and measure health equity gaps? What lessons can be learned?</p>	<p>Center for Community Health and Evaluation Equity in Evaluation Tool</p> <p>We All Count practical tools for embedding equity in measure selection and analysis</p>
Recommendations	<p>What recommendations for action arise from the analysis and results?</p> <p>Who are the decision-makers and people who hold power that will need to take action on your recommendations? How will you encourage/challenge action?</p>	Refer to your power analysis (part 1, “Positionality” section) to identify decision-makers and key personnel.

Reflections on integrating equity during analysis and evaluation

<i>Enter team reflections here</i>

Commitments for integrating equity during analysis and evaluation

Commitment	Action Steps	Who is responsible

Planning for accountability and next steps

Enter these dates into team agendas or set calendar reminders.

Date to revisit our commitments	
Date to discuss the next phase	

5. Action & dissemination: Communications, presentations, publications, etc.

Category	Key questions	Example activities/resources
Key people engaged in dissemination	<p>How are affected and interested patients/community members included in dissemination activities? Think broadly about inclusion in presentations, publications, etc., leveraging member's strengths and interests.</p> <p>Do community/patient partners feel seen, heard, and respected in dissemination products and activities? How do you know?</p>	<p>Community-Centered Dissemination Toolkit</p>
Presentations, publications, and products	<p>Have you included clear commitment to health equity as a part of your presentation?</p> <p>Does your presentation include a positionality statement from the project team or leads?</p> <p>Is the presentation clear about where we centered equity in the work and where we need to improve?</p> <p>Have you disseminated results in mediums affected populations can experience? Are the mediums you've chosen broadly accessible?</p> <p>Is there clear recognition of the contributions of community/patient members of the team? Is the value brought by key peoples' input clear?</p> <p>Have products been translated to relevant languages of affected populations?</p> <p>Have you left time in presentations for feedback?</p> <p>Have you cited POC, LGBTQIA+, community research in dissemination products/activities?</p>	<p>Positionality statements should be tailored to the audience and the topic. Here is an example of guidance on positionality statements.</p> <p>Presentations should be designed and presented with diverse audiences in mind (non-academic learners, people with disability, people without content knowledge). Learn more: Equal Access: Universal Design of Your Presentation</p> <p>Guide for Diversifying Your Citations</p> <p>Cite Black Authors</p> <p>Cite Black Women</p> <p>Indigenous Studies Portal</p>

Category	Key questions	Example activities/resources
Dissemination	<p>How and who will share the results back to community partners and affected communities?</p> <p>What non-academic venues should hear your results and how will you reach those audiences?</p>	<p>We All Count practical tools for embedding equity in measure selection and analysis. We recommend using 3 Steps Toward Distributing Data Products Equitably and Reverse Engineering Data Viz for Equity in this phase.</p>
Action	<p>Has the team considered ways to benefit the community beyond dissemination of products/results?</p> <p>Did the team share results with identified decision-makers?</p> <p>What actions did decision-makers commit to taking?</p> <p>Who on the team will monitor whether recommended actions were taken/implemented?</p>	

Throughout the dissemination process, remember to honor these essential principles:

- ✓ Clearly and honestly communicate where we centered equity in our work and where we need to improve.
- ✓ Include a positionality statement from the project team or leads.
- ✓ Disseminate in places/languages/formats that are broadly accessible and available to the affected population.
- ✓ Consider ways to benefit the community beyond dissemination of results or products.
- ✓ If patient or community partners are involved in the work:
 - Share results back to partners (ideally early and often).
 - Provide meaningful opportunities for partners to engage in dissemination activities.
 - Highlight the contributions of patients and/or community partners in all dissemination products.

Reflections on integrating equity during action and dissemination

<i>Enter team reflections here</i>

Commitments for integrating equity during action and dissemination

Commitment	Action Steps	Who is responsible

Planning for accountability

Enter these dates into team agendas or set calendar reminders.

Date to revisit our commitments	
--	--