



**Steps 3 & 4:** We then explored having conversations with communities in a way that generates meaningful insights, builds positive relationships & creates trust to then co-create solutions for improving population health & equity in practice.

**Steps 4, 5 & 6:** We then explored case examples of co-created projects that are having a positive impact

**EMBEDDING LEARNING:**  
Between Module 1 & 2, use your learning in practice to progress your leadership projects



**2**

**3**

**4**

**5**

**6**

Developing leadership  
through experiential learning  
& project work to embed  
learning into practice



**FIND** areas of inequalities using quantitative data. At a minimum, exploring disparities in constitutional standards based on deprivation, sex, age & ethnicity. If possible, expanding to other aspects.



**OPEN** conversations with those communities & cohorts who are experiencing those inequalities. This qualitative data enhances our knowledge about the problem(s) & its causes



**CO-CREATE** ideas about potential solutions to specific problems identified. This idea generation should be done in collaboration with a mix of stakeholders, both citizens & professionals.



**UNITE** your co-design group around a small subset of ideas that we will prototype. We do not have unlimited resources and therefore we need to select 1-3 ideas that we will robustly test.



**STUDY** the impact of your tested ideas. This requires both quantitative & qualitative methods. This should be proportionate to the test and should help decide whether to continue or not.



#### ONGOING MEASUREMENT

As a learning health care system, we need continuous monitoring of our interventions and inequalities metrics. This helps create accountability for us as a system, ensuring that our efforts are continuing to make impact and that we can continue to identify new or exacerbating inequalities.

**1 & 7 ... (ie this is a continuous cycle)**

**Steps 1 & 2 :** In Module 1, we started by reviewing the data and exploring the various data sources readily available, reviewing the basic data itself to gather insights about needs, trends, inequalities and gaps. We explored the strengths but also the limitations of using this, and hence the need for Step 3.