



Implementing Change

Facilitator's Guide

Finding Answers

Disparities Research for Change



Robert Wood Johnson Foundation

Session 6 Overview

Objectives

At the end of this session, participants will be able to:

1. Explain the relationship of pilot-testing to gaining momentum and support for equity activities.
2. Identify evaluation considerations for an equity-based quality improvement activity.
3. Identify best practices for implementing an equity activity.

Section	Slides	Length
Welcome	1-4	5 minutes
Discussion of Exercise 5: Spreading Your Message	5-6	25 minutes
Pilot-testing, Measurement, and Evaluation	7-15	10 minutes
Operationalizing the Roadmap	16-23	40 minutes
Training Series Wrap-up	24-27	10 minutes

1

Facilitator:

Slides 1-4:
5 minutes



Hello again everyone and welcome to our final session, Implementing Change.

Introduce facilitators if different from past sessions.

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Facilitator:

Slides 1-4:
5 minutes



On our Roadmap, you can see that today's session is our sixth and final session. We'll focus on best practices for implementing your equity activity and tie together all the material we've covered in this training series.

3

Facilitator:

Slides 1-4:
5 minutes

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Agenda

- Welcome
- Discussion of Practice Exercise 5: Spreading Your Message
- Pilot-testing, Measurement and Evaluation
- Operationalizing the Roadmap
- Training Series Wrap-up
- Exercise 6: Workplan
- Final Feedback Survey

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Here's our agenda for today:

- We'll start by discussing exercise 5: Spreading Your Message.
- Then we'll talk briefly about pilot-testing your activities and provide some tips for evaluation.
- Next, we'll have a discussion about how to operationalize what we've learned over the course of the series and we'll identify some best practices for disparities reduction.
- We'll close with a wrap-up of our training series and talk about what comes next. You should decide before this session if/how you will be following up with participants after the training series ends.
- We'll also ask you to complete a final survey on your experience with the training series.

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Facilitator:

Slides 1-4:
5 minutes

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Learning Objectives

1. Plan for and address issues related to equity during pilot testing and evaluation
2. Develop a plan for how you will operationalize the six steps of the Roadmap in your practice

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By the end of today's session, you will be able to:

- plan for and address issues related to equity during pilot testing and evaluation
- develop a plan for how you will operationalize the six steps of the Roadmap in your practice

So let's see who's with us today.

Take roll.

If you're presenting this as a webinar, give applicable technical reminders. Don't forget to mute your lines during presentations.

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Facilitator:

Slides 5-6:
25 minutes

Discussion of Exercise 5: Spreading Your Message

Let's get started talking about the exercise 5, Spreading Your Message. You brainstormed key messages for different audiences, and then you drafted two items -- PowerPoints or emails, for example -- that you might use to secure buy-in from staff, leadership or partners.

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Facilitator:

Slides 5-6:
25 minutes

Discussion of Exercise 5: Spreading Your Message

Share one of the materials you drafted.

- What are the strengths in this approach?
- Is the key message clear?
- Any suggestions for improvement?

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Call on each team to present one of their drafts.

As we share, keep in mind the questions on the slide so that you can give feedback.

Afterward, ask for the group to give feedback:

- o What are the strengths in this approach?
- o Is the key message clear?
- o Any suggestions for improvement?

Total 25 minutes for this discussion; needs to be split between number of teams chosen to present.

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Facilitator:

Slides 7-15:
10 minutes

Pilot-Testing, Measurement, and Evaluation

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Today's main session is on implementing change. First, we'll briefly cover pilot-testing, measurement, and evaluation.

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Facilitator:

Slides 7-15:
10 minutes

Pilot-Testing

A few tips related to equity



- Test with your priority population
- Run a test with patients and staff who were not involved in planning
 - Spreads knowledge
 - Incorporates diverse perspectives
 - Avoids champion burnout
- Run tests with diverse patients
- Identify early wins
 - Process measures
 - Manage expectations

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As you know, we pilot-test to learn what works and what needs tweaking. This helps ensure the success of the activity when you're ready to implement it across your organization.

Since you're all familiar with pilot testing, we want to focus on a few tips related to equity specifically.

<Click>

Be sure to test the activity with the priority population you designed the intervention for--you tailored it for them!

<Click>

Conduct the pilot test with patients and staff who were not involved in earlier planning phases. This will help spread knowledge about your equity program to new parties and get their diverse perspectives. It will also relieve some of the burden on your equity champions and help avoid burn out.



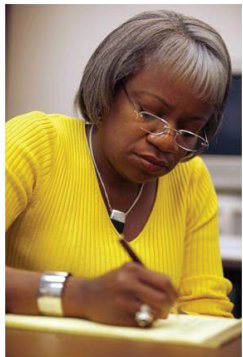
8

Facilitator:

Slides 7-15:
10 minutes

Pilot-Testing

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<Click>

Run tests with a diverse set of patients to identify needs that may differ across populations. For example: Do older patients need different versions of forms, possibly with a larger font?

<Click>

Remember that pilot testing can help you identify early wins, which can build momentum for your team.

Finally, don't forget that it takes time to see changes in the disparities outcomes you identify through your REL-stratified data. Your early wins will likely be process-oriented. Make sure you let all your stakeholders know this, so you can manage expectations.

Again, we're not covering everything related to pilot-testing here, but these are some important tips to keep in mind related to your equity activities.

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Facilitator:

Slides 7-15:
10 minutes

Pilot-Testing

Evaluation



- Test your data collection methods during pilot phase.
- Strike a balance between adherence and adaptability.
- Make the case for [sustainability](#).

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Use the practice-run to pilot not just the activity, but also your approach to data collection for ongoing evaluation.

<Click>

As you process feedback, strike a balance between adherence to your original plan and the flexibility to adapt on the fly. Finding Answers has found that many programs find that balance through an iterative process--use your PDSA cycle.

<Click>

The data you collect during the pilot test can help make the case for institutionalizing the program later. We'll talk more about sustainability in a few minutes.

Now, we will go over some tips for evaluation as it relates to your upcoming equity activities.

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Facilitator:

Slides 7-15:
10 minutes

How Data Sets You Up for Success

DATA AND MEASUREMENT ROLES



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As we mentioned earlier, stratified data can be useful for making the case for equity. When you do a pilot test and then your full intervention, data allow you to tell the story of if and how your intervention worked, and the impact on your patients. We'll now provide an overview of some key data and measurement considerations as you look ahead to the planning of your intervention.

Data and Measurement will be important throughout the intervention process and sets you up to tell the most complete story.

- Uncover disparities
- Measure the progress and impact of your intervention efforts
- Tell (and revise) the story of how your patients are experiencing care in your organization

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Facilitator:

Slides 7-15:
10 minutes

Gathering Data to Tell the Story

- Make the case: why data will further your equity goals
 - Leadership, Providers, Front-line staff, Patients
- Consider how perceptions of equity can impact your process for collecting complete, valid data
 - Communication, training
- Collect other data to further explore disparities
 - Insurance status/income, zip code, health literacy, gender

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Gathering REL data is an ongoing process.

- If you need to build your capacity to collect and analyze race/ethnicity/language (REL) data, use the data you do have to **make the case** for why collecting and analyzing REL-stratified data will further the goals of the organization.
 - Some staff may feel that “categorizing” people and drawing attention to race fuels discrimination. But you can’t fix what you don’t talk about. Link your REL data to the shared goal: to ensure that everyone (of all races and ethnicities) gets the best care.
- Understand how people’s perceptions of equity may impact data collection and how you prepare for it.
 - Communication/Training: if staff feel embarrassed to ask patients their race, prepare them with responses that allow them to feel more comfortable explaining why you are collecting the information.

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Facilitator:

Slides 7-15:
10 minutes

Gathering Data to Tell the Story

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- Let patients know why you're collecting data-- e.g., via waiting room posters.
- Are there ways to collect data that make it easier for patients? (Language barriers, health literacy).
- Training staff to ensure consistency
- Think about other types of demographic data you may want to collect (or may already have) to explore disparities: income, insurance status, education, zip code, gender, health literacy, sexual orientation, occupation, etc.

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Slides 7-15:
10 minutes

The Beginning of the Story

- Be open to data questions you hadn't considered that may reveal different intervention opportunities
 - Be flexible in choosing measures and targets
 - Cast a wide net: access, outcomes, care processes
 - Explore patterns within as well as across patient groups
- Be creative in interpreting what you find
 - Confirm significance with basic statistical tests
 - Compare with historical data or external benchmarks
 - Be prepared to see what you didn't expect

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If your audience has already started examining their data, they may require less discussion of these concepts but will likely still benefit from a brief reminder. These concepts often cause people to declare prematurely that they have “no disparities” to work on.

- Being open to not seeing what you want or expect, and adjusting your data questions as appropriate (i.e. choosing different stratification categories, using different denominators)
 - What are you looking for? What will you do if you don't see what you thought you would?
- Be creative in interpreting what you find:
 - Confirm significance (basic statistical tests)
 - Choose something to which to compare your data so you know whether your project is working! Use control groups or historical data; benchmark against national/regional/local data like provider public reports, public health information.

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Facilitator:

Slides 7-15:
10 minutes

Putting Data in Context

- Root cause analysis
- Priority matrix
- Qualitative information
 - Focus groups
 - Staff/patient surveys
 - Interviews
- What else do you want to collect to tell the story?

- Having multiples sources of data ensures that you get a more complete picture and have the context you need to: a) solidify your question—what you know already and what you want to know; b) most effectively address that need, and c) get buy-in.
- [Examples on slide of other sources of data for context]
 - Root cause analysis (session 3)
 - Conducting focus groups, staff/patient surveys, and interviews
- What else do you want to collect to tell the story?

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Slides 7-15:
10 minutes

Putting Data into Action in Designing and Implementing

- Give the intervention the best chance of success. Make equity data part of your workplan (who, when, how).
- Choose intervention process measures. Don't let the intervention worsen disparities or a failed implementation drive your outcome.
- Share equity data to maintain buy-in and motivation

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- Once you select the intervention, identify process measures (project management data) to help you:
 - o Track your progress as you implement your intervention
 - o Course-correct as you go to avoid worsening disparities and prevent implementation failure from being a reason for any undesired outcomes.Using process measures helps give the intervention the best chance of success.
- Make data, including process data, part of your workplan. Delineate the people responsible, timelines, and data sources to help with accountability.
 - o For example, a process measure might be “Send outreach letters to 100 non-English speaking patients.” Think about who is responsible for drafting/sending those letters, how you’ll identify patients, and when the letters need to be sent.
- Share data to show people how their efforts are making a difference.

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Facilitator:

Slides 7-15:
10 minutes

Considerations for Every Step

- Involve patients and the community
 - Buy-in for collecting
 - How to analyze (community partners especially)
 - Input on interpreting
 - Suggesting solutions
- Use what you have
 - Data you already collect
 - Align equity efforts with other QI
- Document success with “data” other than outcome measures
 - Collect stories too!

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Cross-cutting considerations:

- Involve patients: clarify for them why the data is being collected; seek their input on what the data might mean; involve them as you come up with solutions
- Involve community: community-based organizations, public health agencies, regional quality organizations, or your community advisory board can be valuable thought partners at all phases of using data [examples on slide]. These partners may be able to provide access to data and knowledge outside the clinic, or help with data activities themselves.
 - Examples: Public health departments may have done community needs assessments that would be helpful.
 - A partner may have already analyzed some data for the department of health that can help inform your design.
 - A food pantry may be willing to share an attendance list with you.

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Facilitator:

Slides 7-15:
10 minutes

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- Sustainability: Use what you have. Working with data for quality improvement is very rewarding but can be administratively demanding.
 - Try to use measures you already collect for other programs (e.g. public reporting, payor requirements)
 - Align equity activities with larger quality improvement efforts (e.g. health homes, meaningful use, care coordination programs) when possible.
- Remember to document your success in other ways besides just outcome measures.
 - Stories help show success. Whenever possible, seek patient, staff, and provider testimonials to supplement quantitative data.
 - Stories can be powerful accompaniments to data (especially in getting buy-in). They can also help paint a fuller picture of disparities in conversations with leadership and external stakeholders.

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Facilitator:

Slides 16-23:
40 minutes

Operationalizing the Roadmap

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Now we're going to look at how to operationalize the steps of the Disparities Roadmap. Let's start by looking at how far we've come over the past 6 sessions, and reviewing the big-picture themes from our 6-step Roadmap. Then we'll have a discussion about how you'll operationalize the roadmap steps in your organizations.

Keep in mind that after our session today, you'll develop a workplan to guide your intervention planning and implementation. We want to make sure that everyone has ideas for how they can bring all six steps of the Roadmap to life in their day-to-day work.

17

Slides 16-23:
40 minutes



First, we discussed how quality and equity are related. We learned that a rising tide does not lift all boats: general quality improvement might not reduce disparities; in fact it could make them worse. We talked about how you can build on your quality improvement expertise to effectively reduce disparities.

<Click> We brainstormed strategies to foster a strong culture of equity--a generalized commitment to disparities reduction across the organization, which serves as the foundation for effective and **sustainable** equity activities.

<Click> Then we diagnosed disparities issues by conducting a root cause analysis with an equity lens. We looked over Finding Answers' Key Considerations document--a list of issues that often impact disparities--and used it to inform our fishbone diagrams and priority matrices.



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Facilitator:

Slides 16-23:
40 minutes



<Click> We discussed how to design an equity activity by combining levels, strategies and modes. Using the FAIR Toolkit helps you think outside the box and helps you build an effective intervention that will meet the needs of your priority population.

<Click> Last session, we went over the best ways to approach stakeholders -- whether they are leadership, staff, patients or community partners--to get their buy-in to the activity you have so carefully designed.

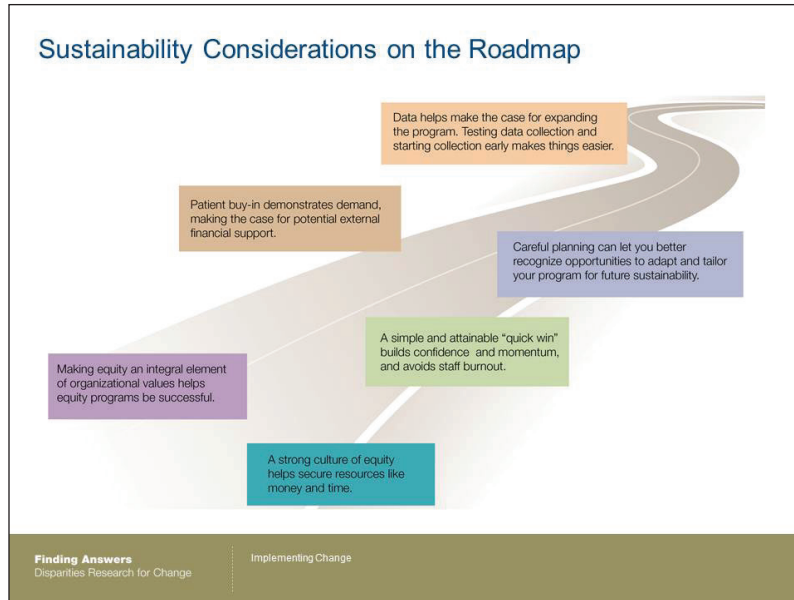
<Click> And today, we've touched on how to take your activity for a test run and measure its impact to pave the way for ongoing success.

<Click> Now that you've had practice with all 6 steps you're ready move forward with your equity initiatives.

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Facilitator:

Slides 16-12:
40 minutes



We've mentioned sustainability throughout the training series. Planning for sustainability is interwoven throughout the roadmap and your process. Finding Answers created this graphic to highlight some key considerations for sustainability at each step, all of which we've mentioned before. You can see that sustainability is dependent on a strong culture of equity, the degree to which your disparities activity is integrated with your QI work, buy-in from all appropriate stakeholders, and how you use data to support your efforts.

This graphic is available on the Finding Answers website and as a handout for today's session.

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Facilitator:

Slides 16-23:
40 minutes

Operationalizing the Roadmap

Discussion



- Think about the six steps of the Roadmap: what pieces do you think you already have in place in your practice?
- What have you already done successfully? What does it look like in practice?
- What is something that's worked for you that you would recommend to others on the line?

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Let's open up the floor now, and take some time to discuss how to operationalize these six steps in your practices.

Discussion Questions: Thinking about the six steps of the Roadmap (which we just reviewed): what pieces do you think you already have in place in your clinic? What have you already done successfully?

- o How can you tell? What do they look like in practice?
- o What is something that has worked for you that you would recommend to others here?
- o Who here feels they do not have such a strong presence of/support for [whatever was just mentioned] in their practice? What are the roadblocks?
- o What are your ideas for taking what's worked for others on the line and implementing in your practice?

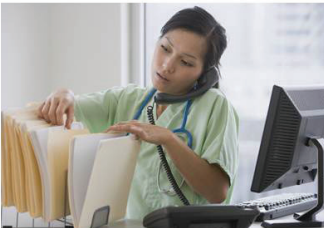
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Facilitator:

Slides 16-23:
40 minutes

Operationalizing the Roadmap

Discussion



- How can other QI tools be tailored to help improve equity?
- Think about existing QI initiatives that might be tailored to reduce disparities.
 - Who can share an example that they are excited about?
 - What QI projects might be difficult to tailor for disparities reduction?

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Discussion Questions: The overarching idea of this training series is that we want to build on successful quality improvement techniques and find ways to tailor them to help improve equity.

Think about quality improvement tools and approaches that you use, but we did not cover in the sessions: how can they be tailored to help improve equity?

During your SWOT analysis and self-assessment, we asked you to think about existing QI initiatives that might be tailored to reduce disparities.

- o Who can share an example that they are excited about? How are you planning to tailor this project to include a focus on equity? How might you use the Roadmap tools to guide this process?
- o What QI projects do you have that might be difficult to tailor for disparities reduction? Ideas from the group for this example?

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Facilitator:

Slides 16-23:
40 minutes

Operationalizing the Roadmap

Discussion



- How would you like to connect with other organizations/practices working on equity?
- What kind of assistance do you think you might need?
- At what stages of the process do you anticipate needing the most assistance or guidance?

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Discussion Questions: As you think through the task ahead of you – to develop, implement and evaluate a disparities intervention—what kind of assistance do you think you might need?

- o Which aspects of creating and implementing a disparities intervention do you anticipate you will need the most help with? Has anyone else on the line had experience with [whatever was just mentioned]?
- o At which stages in your process do you think you will need the most support?

Discuss the ways in which you will facilitate peer learning after the training series has ended. Float the idea of connecting audience members via phone or email (“call buddies”), use the forum if you have one, ask for other suggestions, etc.

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Facilitator:

Slides 16-23:
40 minutes

Operationalizing the Roadmap

Discussion



- What's the hardest sell for your disparities work?
- Who has encountered a similar challenge? What have you tried? What might you do differently next time?
- Who has approached this successfully?

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Discussion Questions: We've talked about a number of ideas that are often "tough sells" to clinic leadership or staff. For example: finding a way to solicit ongoing input from patients; setting aside time to do strategic planning with multiple stakeholders (which you started in your exercises); protecting staff time for disparities work.

Thinking specifically about the work you want to do for disparities--what do you think is the hardest to sell?

- o Who has encountered a similar challenge? What have you tried? What has been successful? Or not successful? When it wasn't successful, what did you learn you might do differently?
- o Who has approached this successfully?

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Facilitator:

Slides 16-23:
40 minutes

Best Practices to Reduce Disparities			
Finding Answers: Disparities Research for Change			
Practice	Rationale	Possible Strategies	Outcome
Collect and stratify race, ethnicity, and language (REL) data in tandem with other equity efforts	REL data is an important part of reducing disparities, but it is not necessary to put all equity efforts on hold until REL data is available.	Use qualitative methods (e.g., surveys, interviews) to identify disparities if quantitative data isn't available. Continue to foster a culture of equity across the organization while REL data collection is in progress.	Disparities efforts are not stalled. The organization is primed to address disparities once REL-stratified data is available.
Foster a culture of equity	Success is more likely if staff recognize that disparities exist within the organization and view inequality as an injustice that must be redressed.	Share feedback with providers and incentivize disparities reduction. Include equitable health care as a goal in mission statements. Build a work force that reflects the diversity of the patient population. Institute a Community Advisory Board and develop ties with community-based organizations.	Staff, patients, and community members share a definition of equitable care and value equity in health care delivery.
Appoint staff and protect their time for equity programs and hold them accountable for results	Without staff time and effort, equity programs are unlikely to reach their full potential.	Include equity goals in job descriptions and performance reviews. Prepare for leadership and staff turn over by cross-training staff and documenting institutional knowledge. Identify equity champions to lead the effort.	Staff is not overtaxed and remains committed to the program over time.
Target multiple levels and players across the care delivery system	The causes of disparities are complex; solutions need to address multiple factors.	Avoid focusing exclusively on patients - design programs that intervene with providers, organizations, community groups, and policies, as well as patients.	Programs effectively address the multiple causes of disparities. Improvements are systematic and comprehensive.

Here you can see Finding Answers' Best Practices table, one of your handouts for today. The table outlines the important steps you really, really don't want to miss if your equity programming is to be successful.

You'll recognize all of them from earlier sessions. Highlight any that came up in discussion that just finished.

It's good reference material for you to share with others in your organization, and to keep on hand as you start to fill in your workplan.

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Facilitator:

Slides 24-27:
10 minutes

Wrap-up

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Great discussion! Let’s wrap-up and look at next steps, following the equity training.

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Facilitator:

Slides 24-27:
10 minutes

Post-Training Series Timeline		
Intervention Planning and Design	August – December 2015	Booster Training Session Peer Groups
Intervention Implementation	January – August 2016	One-on-One Appointments Quarterly calls for technical assistance
Assessment and Spread	September – December 2016	Ongoing support as needed

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Describe the ways in which you will follow up with participants after the training series, e.g., scheduled follow-up calls for additional guidance and troubleshooting, site visits, etc.

Here's what's coming up next:

Over the next [insert time frame], you will develop, implement and evaluate an intervention to reduce disparities. You'll use the tools from this training series-- a culture of equity action plan, root cause analysis, priority matrix, and the others-- to plan a comprehensive project.

Also encourage them to use any feedback they received from you (facilitator) or other participants in the training session.

Pause for any questions/feedback.

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Facilitator:

Slides 24-27:
10 minutes

Coming up next...

Exercise 6: Workplan

Equity Improvement Initiative Work Plan for (practice name here)

Instructions: This tool will help you keep track of progress on your practice's equity program. The Roadmap steps have been included into groups of goals that you will meet throughout the initiative. Your name will be used to add any additional tasks and sub-tasks necessary to meet each goal. Your TA goal progress will help you adapt the work plan to your specific needs. This work plan will be the same for the TA providers will keep track of your progress between quarterly (or bi-monthly) calls.

TASKS	SUBTASKS	PERSONS RESPONSIBLE	STATUS	TIME FRAME
LINK QUALITY AND EQUITY: ROADMAP STEP 11				
Enrich Equity Data				
Link quality and equitable care for your practice				
Improve data collection processes for existing and upcoming QI projects and ensure that they capture the impact of the project on racial/ethnic disparities				
Identify opportunities to share existing and upcoming QI projects for equitable racial/ethnic groups				

- Write a workplan for developing, implementing and evaluating an equity activity over the next year.
- Please send me your workplan for review.

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Sample talking points if you plan to connect regularly with your audience.

[When will first calls occur and how frequently.]

Between now and your call, we would like you to develop a workplan for planning, implementing, and evaluating an equity activity over the next year.

- o The template for this workplan is [on the Finding Answers website or insert alternative location]. If you have a format you prefer, feel free to use that. Make sure that it includes concrete steps and deadlines for planning and implementing your disparities work.
- o The conversation we just finished about operationalizing the themes from this training series will help get you started on your workplan.
- o Refer to your SWOT and self-assessment as you go.



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Facilitator:

Slides 24-27:
10 minutes

Coming up next...

Exercise 6: Workplan

- Write a workplan for developing, implementing and evaluating an equity activity over the next year.
- Please send me your workplan for review.

- o We're happy to answer questions as you plan--we are here to help!

Please give your completed workplan to [insert name(s)] by [insert date and time]. Any questions about the workplan?

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Facilitator:

Slides 24-27:
10 minutes



Remember to complete the last feedback survey-- thank you for your feedback, it means a lot to us.

Thank you for your participation in this series. We've loved hearing your ideas and learning about your work, and we hope you've enjoyed hearing from each other.

We look forward to speaking with you soon. In the meantime, let us know if there are other ways we can help as you continue along THE ROAD TO EQUITY!