Flying Through Interference Webinar Transcript

Bobbi Silten: Welcome, everyone, to Flying through Interference. We're going to have a conversation today about getting the most out of your social impact strategies through lessons from a fabulous panel that we have of corporate changemakers who are focused on health equity. But we think that this conversation has value to anyone who's trying to create social impact. I'm Bobbi Silten, managing director at FSG, and I'm cohosting today with my colleague, FSG managing director and head of our corporate practice, Nikhil Bumb.

Nikhil Bumb: Thank you, Bobbi, and great to be here with everyone. Thank you for everyone who's joined. I'm looking forward to today's conversation.

Bobbi Silten: So a few housekeeping items before we get started. We want to hear from you throughout this conversation so share your questions in the Q&A box. We'll be preserving time at the end of each round for questions. We'll share the recording and slides on fsg.org. If you'd like to use live captions please follow the instructions on the slide, and if you're having any technical difficulties or need help, please share it in the chat or email us at info@fsg.org. Nikhil, you want to introduce your speakers?

Nikhil Bumb: Absolutely. Today, Bobbi and I are very excited to gather in conversation with four corporate changemakers. We have Diana Blankman of Sanofi U.S., and Sanofi Cares North America; Josette Gbemudo of Merck; Patti Doykos from Bristol Myers Squibb; and Reema Jweied-Guegel of AARP. We'll do proper introductions of each of them as we bring them shortly. But first a few notes about today's format. At FSG, when we first started talking about the concept of interference as it relates to social impact strategies it was really just that, a conversation. So as Bobbi said today, we really hope to re-create that same feeling by setting a format that is similar as if all six of us here were gathered around a table having a conversation. Sometimes we'll do that in pairs and trios and sometimes as a group. Finally, while Diana, Josette, Patti, and Reema all join this conversation as health equity leaders in their respective companies, the ideas we will discuss here and the concept of interference is not unique to health equity work and applies to all the ways in which each of us are trying to do this social impact work. So thank you all for joining our table conversation and back to you, Bobbi.

Bobbi Silten: Thanks so much, Nikhil. Let's talk a little bit about why today's topic is so important. A few years ago, FSG, we were doing some research on a guide called Centering Equity in Corporate Purpose and we had the opportunity to interview about 30 corporate leaders from around the world to better understand what needed to shift in order to effectively deliver strategies that center equity. Through this research we had an unexpected learning about strategy and its link to social impact and I want us to look at this visual to help us understand what that unexpected finding was. Oftentimes, when we think about strategy, we think that if we just get clear on the vision and the impact that we want to have that it is a straight line to outcomes. However, in execution, the road to impact often looks like this, and sometimes we may not ever achieve the impact that we were hoping to achieve. We call this noise interference, and we came up with this equation that says strategic intent, that's the intention that your strategies have minus interference, that's internal and external interference, equals your social impact. So the more that we can lower the interference the higher that we can drive social impact. So today we're going to learn more about this concept about interference and what we can do about it. So Nikhil, I'm going to turn it back to you to talk about our agenda for the day.

Nikhil Bumb: Thank you, Bobbi. If we can just hold on this slide for a second. Bobbi, I just really love this equation, and I remember the first time that you shared it with me. It sort of immediately clicked that strategic intent, as you framed it, what we set out in our strategies minus the interference is actually

what equals the impact that we're able to create. That can be challenging. So what's interesting is that while we all know that we face interference in our work, sometimes we find it, including within FSG, sort of hard to really put our fingers on it. And to address that interference the first step is to recognize it. Once you've recognized it then the second step is to name or diagnose it, and then finally, to create the enabling conditions to mitigate that interference. So in today's conversation we hope that you will first learn about how to recognize the interference limiting your organization's impact and ambitions, that you will also walk away with a few tools and concepts to help diagnose the type of interference you are encountering, and we'll specifically talk about the interference with a systems lens in relation to the six conditions of systems change. And lastly, we will share how you can develop the enabling conditions and learn from examples from our speakers of how they are applying it into their work and advancing their strategies. Bobbi, I know you'll be leading the discussion on enabling conditions, so we'll see you in a bit. All right. So if we move on now, I'm going to spend this first part of the conversation to really talk about the systems lens and how you identify interference. I first came to systems thinking in my training as an electrical engineer. I remember back in college and grad school we'd look at every machine and every circuit board as a system, and we'd talk about three things as we modeled that system. First, the tangible components. What are the capacitors, the resistors? Second, the interaction and flows between those components, and third, an intangible and elusive X factor that was often really hard to identify or account for but could significantly affect if and how the system behaved the way we thought it should and the way we were modeling it too. And when we talk about systems change in this context, with social impact work, we use a framework that's quite similar to those three ways. We call this the Six Conditions of Systems Change, and you'll see that these sit on three similar levels. There's the explicit, the semi-explicit, and the implicit. So let's talk through each of these levels one by one before we get to our speakers. When we think about the structural change, these are the policies, the practices, and the resource flows. These are the things that you can easily identify as the activities you're going to do through your strategy, the things that you can almost put your finger on and you can put your finger on quite easily. But examples of interference might be sort of the norms you have in your company around risk taking or perhaps the limited resources you have. That could be staff time. That could be dollars. It could also just be the buy-in and support you have for your initiatives from your executives. That's the structural level. When we think about the relational level, that starts to get a little less explicit, what we call the semi-explicit. Those are the relationships and the power dynamics. Things like the way that there are interorganizational siloes between different departments, or perhaps the perception of how say, for example, health equity might be an afterthought for folks in the business. How does that sort of lead to the way you're actually able to implement the things on the structural level? And the last level is what we call the most implicit, and it's mental models or the mindsets, but it's often where the most transformative change happens. While it's hard to put your finger on it, much like that elusive X factor, if you can challenge those mindsets and shift those mindsets, we feel that, and have found that, it can unlock a great way to mitigate that interference. So with that, let me introduce our speakers today who will be joining us for the first half of today's conversation talking about strategies to recognize and name some of this interference. Joining us for the first part of this conversation are Josette and Diana. If you can come on camera, wonderful. All right. So, Josette Gbemudo is the executive director of U.S. health equity at Merck. Joining her for this part of the conversation we also have Diana Blankman who is the head of corporate social responsibility at Sanofi U.S., and president of Sanofi Cares North America. So I'm going to quickly hand it over to both of you, but maybe I'm going to start with you, Josette. And I'd love to sort of hear from you. What did you think when you first heard about the concept of interference in the context of realizing your health equity strategies?

Josette Gbemudo: Great question, Nikhil. Just want to say a good morning, good afternoon, good evening, depending on where you are within the U.S. or maybe perhaps globally. So certainly happy to

be here with you all. Interference, I think often even for me when I started to grapple with this and take a journey back in looking at our health equity evolution within Merck itself, certainly this has been a journey that we've been on over the past few years. So as I went back in time to really unpack that journey and to think about the moment along the journey where interference really played a role. It's so easy to go, who were the naysayers? Who were the individuals? But it's really not about that, as you said. It's about looking at the systems, the processes, the belief structures that existed at that moment, and how we had to really lean into that to help really get us to the place that we knew we needed to go to. So we had to, you know, really look at the business choices and the trade-off decisions that most people hold onto dearly to understand how to really elevate the focus on health equity as a critical business transformational lever as opposed to a nice-to-have. We really needed to situate this, a critical must-have, that could ultimately bring and drive our business in a forward-looking fashion. We had to really think about the influencers and the influences that really guide how we prioritize our areas of focus. I would say that we sort of—my team and I unpacked this whole notion of interference. There were probably four or so areas that popped out. One was around the why and the business case. It was so clear and obvious to us that we needed to elevate the focus on health equity as not the trendy thing that seemed pretty exciting at this moment in time, but once again, going back to the terminology I used earlier as a business transformational lever, i.e., it's already part of our mission, i.e., if we look at our strategy and what we are aiming to deliver, thinking about how our products and services reach all populations, is so integral to our business. It's integral to our strategy. So really redefining health equity as philanthropic to something that had to be situated into the business, into the commercial enterprise. Showcasing the opportunity was such a major transformational shift. So being able to acknowledge the why and the business case, I'd say, is one very important interference that I think now that we were able to get into it and get after it, I think it's something that really acted and served as an accelerator for us. Another sort of interference was around data. What are we solving for? When you say health equity, it could seem esoteric. It could seem very sort of conceptual, but actually, Josette, where are the disparities that we need to be solving for? Where are our patients falling through the gaps? How can we show who we need to be, really, truly prioritizing from a patient, from a community, from a population health level? So being able to bring smart data to bear, bringing the analytics to bear, I think, certainly was such a critical part of how we got over this interference of what are we solving for. And then, certainly, I think another one was around ownership. Is this supposed to be fused into my everyday work, as in employees asking us, or is this something that is only done by those in the health equity team? So being able to define the call to action, being able to give people tangible resources and ways that this is integrated into the work that they're leading and doing was such a critical, critical, I would say, opportunity for us. Certainly, last but not least, another sort of big area was around a proof of concept. It's one thing to talk about health equity. It's another thing to integrate this into the business, show impact on our patients. So being able to really demonstrate that proof of concept was a critical piece, once again, in our journey. I would say those four big interferences. Why, what's the business case? Data, what are we solving for? Once again, how do you situate this where it is being owned by everyone not just the health equity team, was the third. And then finally, the proof of concept and how do we demonstrate impact in a timely fashion?

Nikhil Bumb: Very helpful, Josette. I won't recap those four because you just did. But what I'm sitting with a little bit is what you said right before that around really those underlying belief systems and how does that show up in the strategic choices and the trade-offs that people are making. Not just making, holding really dear. I think each of us who have been in companies know that those choices, as much as they seem like business decisions, come with a lot of emotion. So I'm sitting with that. With that, I'm going to do two things. One, I'm going to punch over to Diana, but before I do that, just flag for our audience that I have about two more questions for our panelists and then we'd love to open up for a

couple of questions, time depending, maybe about two from the audience. If you have them, please pop them into the Q&A. Diana, question for you. Building off of what Josette said, does knowing about this interference, whether it's the four types that Josette talked about or other ones, does knowing about interference change the way you work and lead?

Diana Blankman: Yeah, it's a great question, and again, first of all, hi, everybody. So happy to be part of the discussion today. I feel like I should just say what she said because everything that Josette just talked about is what we've gone through as well. I think the important thing there is that the hurdles you encounter when trying to implement a new program, especially one across the full value chain, are not new. But being able to put a name to the different aspects of interference, I know for me, really helped to individualize them, so to speak. Look at the different facets that surround each of them, and then develop appropriate solutions to move forward. The hurdles don't seem quite as daunting when you approach them one by one as opposed to really looking at the sum of the whole. I think the other thing here about interference is that one size does not fit all when you look at making an investment in the work. That includes, of course, the investment of time it takes to build the programs, but also address each aspect of interference and build the relationships needed to get it right. In my teams' case at Sanofi, we've gone, in the last five years, from being a very siloed function that was seen by the company and the employees as a nice-to-do that gave money away and had a few volunteer programs, to one that's really focused now around driving community-based solutions to equitable access to care and being seen as a true value-add to the company. You can imagine with such a dramatic shift to how things have always been done and seen that we encountered and still do, quite honestly, a lot of interference. As a result, we really needed to focus on changing mindsets and building basic awareness of the fact that CSR and social impact and health equity is not just done by one department, back to what Josette said earlier. It's really about how the company shows up in everything that we do, that equity is important to every aspect of the business, and each and every employee has a role to play in helping to solve some of these issues. Just to sum that up, I'll say that we learn to start with the basics around awareness and education before trying to jump immediately into a solution.

Nikhil Bumb: Thanks, Diana. I really appreciate that. I was fiercely taking some notes. I'm going to ask a question to both of you but also build on something that folks put in the chat or in the Q&A. I'm curious for both of you and maybe I'll ask Diana for you to just pick up on where you left off. Once you've identified that interference, you talked about how do you build that awareness, especially, you know, for all employees to see that they have a role, but how do you start to make that interference more explicit for others in the organization?

Diana Blankman: Yeah, so great question. In our case, in order to address some of the interference and issues we're facing, we knew we needed to enlist key stakeholders. We understood that shared participation throughout the organization was key. One of the signature efforts when we first introduced the strategy around health equity involved a signature partnership with the National Association of Community Health Workers. They identified workforce capacity as an issue for them. One of the solutions that they were looking at was building their first ever digital platform that would really help to unify community health workers around the country for the first time. So as we were looking at how do we engage with them and help them as part of the solution, we ultimately engaged more than 200 employees who volunteered their time over about a three-month timeframe to help build a roadmap for the platform. This did a few things. One, really gave our employees a sense of purpose and that they were really contributing to something meaningful. Gave them a better understanding of why this work is important for the business and the patients that we serve, but that also that they could be part of the solution, as I mentioned earlier. I will say that after the Purpose Studio last year we actually launched our first-ever trust inclusion and equity summit for senior leaders, which was solely geared towards raising

awareness and education on the importance of being health equity advocates. We not only had keynotes and panel discussions, but we also had a number of interactive workshops, again, getting people involved hands on so they understand the importance of the work and why their participation is absolutely key in helping us embed it throughout the organization.

Nikhil Bumb: Thank you, Diana. I remember seeing some photos from that summit. It looks excellent. Josette, same question to you. Once you see the interference, how do you make it explicit for others in the organization?

Josette Gbemudo: Another really good question. I would say it's very easy for a lot of folks who see the importance of health equity but yet have a hard time picturing how their work is driving towards collective and ultimate impact, to look at this as it's something else that someone else has to take on and do. So I think for us the very critical shift in this journey had to do with accountability, accountability, and I will say it one more time, accountability, i.e., we all are accountable towards the clear successes and impact that we're desiring. So the key is defining what success and impact is, right, obviously, having a clear strategy and roadmap. So to do that, we enlisted really an executive steering committee where we brought a cohort of leaders from different parts of the value chain. This wasn't just going to be leaders from our commercial enterprise. These are leaders from manufacturing, leaders from a research and development side of the business, to come and to really lay the stakes on how were their individual divisions going to own parts of the strategy and deliver on the intended impact that we want and that we believe we can ultimately achieve. So having the steering committee be not just advocates, but also key decision makers, leaders driving this, asking their teams as well how was this going to be implemented within your vertical organizations. I think that was another really important piece to how you acknowledge and make sort of interference more explicit in a way that you're not saying it's interference. You're just saying this is the opportunity that's before us. Let's get after this. And then the other thing that was another sort of critical piece of this puzzle was it's one thing to have leadership buy-in support and activation. I think you also have to think about the broad set of the rest of the organization. So we also created a cross-functional workgroup, bringing folks to the table. What challenges are you experiencing? What best practices? Oh, by the way, share that best practice, right, with another team that's also trying to fuse this and integrate this into their work. So creating that cross-pollination, that very organic environment for folks to come together so that once again there's ownership, there's accountability, and then the last thing I'll say is KPIs as well. Don't create the KPIs by yourself. Invite others to help create the KPIs that will be the KPIs that we all collectively use as a way to hold ourselves accountable and measure impact. So everyone once again starts to own this journey.

Nikhil Bumb: Yeah.

Diana Blankman: Nikhil, if I could just—

Nikhil Bumb: Please.

Diana Blankman: Chime in on that, they always say shared participation is shared accountability and I think that's so apropos in this case. Sorry, Nikhil.

Nikhil Bumb: No, I love that. I always love it when you all interrupt me and interact directly. So building on this because both of you have talked about how you engage senior leaders, business executives, and some of the ways to do that and I really—I'm going to write this down, shared participation builds shared accountability. I think that's very powerful, Diana. So question though from one of our attendees is what do you do when other challenges in the business emerge, right? So you've engaged the business executive, built that initial buy-in when other challenges in the business emerge. You had a bad quarter

or something else becomes more important, do they tend to forget? What do you do to keep them convinced?

Josette Gbemuda Do you want me to start, Diana?

Diana Blankman: Sure, sure.

Josette Gbemuda: I think part of it goes back to the intent. I think as an organization if you're viewing your focus on health equity as a bolt-on, as something you do after the fact versus, I think, the transformation and shift that we are—and we're certainly not at the other end of this journey. We are still very much in the thick of this journey which is why for us participating in the studio is helpful because you start to put a mirror to your face and to your organization and to think about ways things could be done better but if you are thinking about this as the bolt-on, then when you're making those very critical business decisions, trade-off decisions, to your point, bad quarter, then therefore the bolt-on could be bolted off, right? Versus if you have already sort of thought through how very much this is a critical part of, in our case, how we go to market, if you are not reaching the diverse spectrum of patients that can benefit from our innovations, then certainly I think we're missing out on a critical opportunity here. So when you start to really layer in the business component, when you start to think about how this is just integrated into your organic processes, then it becomes harder to disentangle because it just becomes so systemic so think about the natural processes so for us, data. Integrate health equity data from the very get-go. When you start to do that, you start to easily think about the sizing of disparities and how you have to get after those key disparities so it doesn't feel like you have to do that after the fact. You're doing it as part of how you're looking at your market so once again talking about it from the lens of a manufacturer but I think that same concept applies across the board. Integrate this, build on your critical existing sort of processes, and integrate it into those processes so that you're not sort of disentangling things at the end of the day because of, once again, you have a bad quarter or have a bad sort of next few months.

Diana Blankman: I don't have much to add other than to say we certainly have a long way to go as well. I don't know if there's one company out there that does this perfectly. The only other thing I'll say, and I agree with Josette, is when you set up this program from the very beginning, you need that buy-in from your leadership but you need the long-term buy-in so that when you have a bad quarter, your entire project is not derailed. So I think making that case and then having the strategy built out for what this looks like over a period of time is really important.

Nikhil Bumb: Yeah, thank you so much, Diana and Josette. I wish we had more time. I've noted so many nuggets from both of you but I'm going to invite Bobbi back and we will see both of you a little bit later as we wrap up. Bobbi, welcome back. Go ahead.

Bobbi Silten: I would just say what a great conversation. I took so many notes from that discussion. I really love what Josette said about elevate health equity as a transformational lever, and when Diana said a lot of the hurdles aren't new but breaking them down into individual pieces and kind of understanding them made it just much more manageable in terms of addressing them, so wonderful conversation.

Nikhil Bumb: Yeah, absolutely. Bobbi, as they were both sharing from their experience, I felt like it just really brought to life this quote that I read recently of "the current system is producing the exact outcomes that it was designed to do so if we want different outcomes, how are we going to design a different system?" I think that just highlights so much of the way they both talked about building shared accountability, looking at interference one by one, not one size fits all so just really powerful.

Bobbi Silten: So are we segueing now to the audience participation part?

Nikhil Bumb: We are.

Bobbi Silten: OK. So folks in the audience, you have a chance to weigh in here, and we have a Mentimeter survey, and you can either use the QR code or use the code at the top of the screen at menti.com, and here's the question that we have for all of you. What type of interference has created the greatest resistance in your work or organization? So we'll give the audience a minute here to respond and then we'll look at the results. I always love doing these surveys to just see how our audience is feeling.

Nikhil Bumb: I agree and it's also fun to watch the answers come in live.

Bobbi Silten: Yes. Wow. Look at this. Look how this is all happening in real time here. I see a lot in the bottom part of the inverted triangle here with power dynamics and mental models, and what's interesting as you think about the triangle, oftentimes what appears at the top, the policies, practice and resource flows are often a reflection of the bottom half of the triangle, power dynamics and mental models in particular. Nikhil, anything you want to add to this?

Nikhil Bumb: Agree completely with that. I think the fact that a lot of people are saying that power dynamics and mental models have created the greatest resistance both talks to some of the hard part of it. It feels more intangible but knowing that also perhaps if we can focus on thinking about how to shift those, then there's a power to unlock a lot of change and get the stuff at the top level much further.

Bobbi Silten: Wonderful. So I know you're going to dial off now and we're going to move to the second part of our conversation so I'll see you in a bit.

Nikhil Bumb: See you in a bit.

Bobbi Silten: All right, so now that you know about interference, one of the things we want to talk about is how interference increases the closer you get to the core business, and as social impact leaders this is a place where you might have less authority or less control, and you need to leverage more partnerships and the assets controlled by others. Also, as we heard in the conversation with Josette and Diana, sometimes these partners may have different goals, different accountabilities, so you need enabling conditions to help mitigate and manage that, and they become more important as you wade into the core business. So we're going to talk about this, the enabling conditions that help to address interference, and I'd like to now invite my panelists to join me. So, Patti Doykos and Reema Jweied-Guegel, if you would turn on your cameras and join me here. Wonderful. So Patti Doykos is the executive director of global health and health equity at Bristol Myers Squibb. She has over two decades of experience. Reema Jweied-Guegel is the director of enterprise strategic relationships at AARP, and she has a deep health and shared value background. I'm just checking to make sure that Patti was able to get her camera going here. Is she on?

Patti Doykos: I'm OK, Bobbi. Thank you.

Bobbi Silten: OK, wonderful, wonderful. We're humans. Not everything works as according to plan. It's so great to have both of you here today. We had a wonderful discussion about interference and now we're going to move on to enabling conditions. Patti, I'm going to start with you. What is it like to develop enabling conditions once you've seen it and named it? So share with our audience a bit about what it's like to develop those enabling conditions.

Patti Doykos: Thank you, Bobbi, and thank you, Nikhil. I add my thanks as the others have for the chance to share a little bit about what we've learned, and so grateful for everyone here that I've learned from as well on our journey but there's a couple things I would talk about. I think one is working the journey so really understanding where you are in your health equity journey, and then the other one goes around power dynamics and leadership changes and consistency in an organization. So I see interference really as more understanding where you are in your health equity journey and assessing where you need to go next, and what the next best opportunity is. It's not a linear thing of you go here and then you go there. You really have to look at what your organization is ready for, where the function is sitting, health equity is sitting or building towards sitting in the organization as well, and just really work that moment and work those conditions and try and strengthen those opportunities as you go forward. It's not an A to B to C to D operation at all, especially in such a large organization where we are trying to bring about ultimately change management. So will just share a little bit about our journey. We, like Merck, we're an HIV-AIDS company and learned a lot about sort of the playbook for comprehensively addressing health disparities in the social determinants of health, and that work there was done largely through the Bristol Myers Squibb Foundation Secure the Future initiative but the company was also a partner with PEPFAR so there was a business lever being pulled and partnership lever being pulled in that way. We took a lot of those lessons that influenced the foundation's other programs going forward but also brought the lessons to the business and shared them with them as well. Then we saw—Diana made the very important point of education and awareness is critical, and so our employee resource groups which became named People and Business Resource Groups who championed health disparities in our therapeutic areas for the communities they represented and they did extensive work lifting up the disparities, showing that there are solutions, that there was movement going forward so they played a key role with that. Then there was sort of a ragtag group of grassroots employees who came together to build the patient case, the science case, the business case, the reputation case, and the mission case. We just decided we had license to do this and socialize that with leaders. No one told us to do it, we just were very committed to health equity as an approach the company needed to take to get to the next level in its impact for patients and to be relevant frankly as a company in the long term as well. And then with COVID and with George Floyd, 2020, like many other companies we accelerated and deepened some of our areas' commitment in health equity from diversity in clinical trials focused on where the sites were, then leading 150-million-dollar health disparities initiative which has worked through philanthropic grants and corporate giving but also through IME programs, and we also had a big policy lever that we were pulling as well for that. Then supplier diversity was very important to that in terms of economic development and workforce as well, and workforce development was focused at the executive level so if you think about more inclusion and diversity at those tables, those lived experiences, those different perspectives where strategy is set, resources are distributed, priorities are set as well, was very important. And then we had an opportunity over the last few years to really look at a change management approach, and that's really where we are today, where we have just gotten through our board a new global health equity strategy and we have a couple of pillars we'll be sharing more with this externally in the first quarter of next year but that really does go to changing our infrastructure of health equity capabilities. Like any other capability, a company has to really excel in their field, and then also seeing where we do have therapeutic leadership, so in oncology and serious mental illness and then also in cardiovascular. And then the last thing I'll say about leadership is that along this journey there have been many leadership changes but there also have been some leaders who have been consistently present, and whether they were in a role to drive a particular chapter we were in or not, just continuously staying engaged with them to update them about where health equity was moving, seeing how we could be helpful to them in whatever function they were leading as well, and made sure that as we talked to them, we're really thinking about that sort of what's in it for them? What is helpful information? What's the framing that's helpful for them so whether it is the health equity business

opportunity that they're leaving on the table or the science opportunity that's being left on the table. We really learned to be mindful of who the leaders were, what their responsibilities were in the organization, and as they moved throughout, continue to stay engaged and be of service to them in terms of health equity.

Bobbi Silten: Thank you so much for that, Patti, really holistic approach, and I really like that emphasis on relationships if you go back to the systems change triangle, how important that piece of the puzzle is. Also, at the beginning you seem to be pretty far on your journey. For those maybe who are earlier in the journey, I think what you called out initially around readiness and then created the opportunities to build awareness and capability are just really valuable for anyone in the audience who is endeavoring to do this kind of work so thank you, Patti. Reema, I'm going to jump over to you now and here's a question for you. Do you find that enabling conditions look different at different levels in the organization, and specifically how does it look different when you move further away from philanthropy?

Reema Jweied-Guegel: It's a great question and like everyone else, before I start, thank you, Bobbi and Nikhil and FSG for asking me to be a part of this. This is a really fascinating conversation. I wish I could just say ditto to everything that everyone has said. I think I'm in a unique position because as an enterprise that's a social enterprise, so we're not quite nonprofit and we're not quite for-profit although we have both those arms within AARP. I think when you move away from the philanthropy approach, from that donor-driven model where the desire to create social impact is a little differently held within the strategy of our foundation, for example, and you think about centering, in this case, the health equity challenges as part of our social mission but maybe even more broadly social mission, any of our social impact work is already mission critical to the work that we do. I think that that helps the organization, the what's in it for every level of the organization, begin to gel around the concept of we are striving to do well by doing good. It's not window dressing. I can safely say that all of my colleagues at AARP, we may not all understand every aspect of, in this case, the health equity work we were doing which is now completely integrated and it's not in a standalone or appendage as I like to refer to it but it's completely integrated within the work of our strategic plan but that every level of the organization understands the why. It's not perfect. There's still a lot of work to be done but I think we have been pretty good about how do you scrub those silos? How do you look to leverage the different levels within the organization from people that you may not even consider at first blush that may have an opinion or an approach that could be helpful? So that's I think how it looks maybe slightly different once it's embedded within an enterprise strategy.

Bobbi Silten: I love this notion of everyone understands the why, right? Because oftentimes as social impact leaders, you can't be right there next to your colleagues but if they understand the why, that really informs good judgment if they have to make the call on their own so thank you for that. All right, this next question is for both of you. Patti, I'm going to have you go first. Where have you had to step back, take a step back and reexamine your approach to resolving interference that's getting in the way?

Patti Doykos: Thank you, Bobbi, for that great question. So I would say at the beginning of each chapter was where we needed to do it in anticipating the next chapter so for example, transitioning the work from a largely philanthropic lever, volunteer lever, and the Bristol Myers Squibb Foundation is a separate and independent charity from the company so bringing it over to the company side really required what we heard a number of times already, just need to create the business case and to demonstrate to our colleagues so that is their role every day in the organization, is to drive the business and drive the science, that mission and business both were being left on the table so that was one was that big change. The other one was to help them see what was happening outside the organization so essentially every stakeholder that is in health care and in the research ecosystems, whether it is Centers for

Medicaid and Medicare, the FDA, the medical societies setting guidelines and quality standards, patient advocacy groups, policy groups, every single one of them, health plans, they all have chief health equity officers now or someone who has a dedicated role to drive that. Even that was an important thing to make our colleagues aware of, is that we don't have to do this even remotely alone. Those stakeholders you're used to dealing with, they're also leaning into this and widening the path for patients who have yet to have the opportunity to benefit from medical innovation so that kind of normalized it in terms of for them like, oh, if this is a concern of every one of my stakeholders, then I need to pay attention to that. Then I think the last one was just embedding health equity considerations into standing business practices, and Josette's point to this earlier. There's no reason to create a new health equity process. You take the brand-planning process and embed health equity considerations. You take the study plan development process and embed health equity considerations. You take the medical evidence generation plan and you embed health equity. So just staying with the processes that the organization knows already and lacing into it, not bolting on, but lacing into that health equity considerations. Those were the big areas of change.

Bobbi Silten: Thank you so much, Patti, and I love this idea of the more you can integrate it into standing business practices, that it really reinforces through the how that this is not a bolt-on, that this is core to how you drive your business. Reema, same question for you.

Reema Jweied-Guegel: I love everything—sorry, didn't mean to cut you off. I love everything that Patti said and I would just say in addition to that, it would be understanding your role as a shepherd rather than a leader, and why I say that, because oftentimes if you're the megaphone if you will, if you're the one who's directing the way that the strategy is being written or the planning processes in place, and you seemingly have a mandate from above, you're still not doing the work you need to do when you're creating almost a silo in and of itself because people will look to you to be like, OK, well, she has the answers. Well, it's not my plan, it's the entire organization's plan. So having that shepherd approach I think is where you step back. It allows you actually to step back when you think of yourself in that role because you can see where maybe some of the headwinds are starting to be coming where interference might be bubbling up. There was a question earlier on in the chat about headwinds maybe not necessarily being bad all the time, so true. It's not bad all the time, and if you're in that role I think that' where you can take that opportunity to see it, name it, and then address it by influencing others that are going to own the solution if you will, own that, and have, to the point that Patti said, having that equity piece then laced throughout the different business units. I think that's critical.

Bobbi Silten: Thank you so much, Reema, and I love that shepherding concept. So I'm going to go to the audience questions here, and I think we're only going to have time for a quick one. Can you speak to the role of metrics and incentives to enable investment in social determinants of health and health equity by the core business? So question about metrics here so either of you can answer that question or both of you can.

Patti Doykos: Yeah, I think there's a couple kinds of metrics that are important. Process metrics for sure are important. So let's say we're working with our brand planning that all brand teams will have done a health equity business opportunity assessment, and then out of that they're going to see not only the business but the reach to patient opportunity that will come with that so that's the second outcome one, is reach to patients among populations that we haven't done particularly well in so are there new zip codes we're able to push in through a rurally focused initiative? Are we globally doing a better job in terms of low socioeconomic status so our low- and middle-income country strategy would be important for that. But setting North Star goals is really important for the organization, and then working with business insight analytics to actually create the system to pull in the needed information to validate your

progress against those goals but is it challenging to do but that's why we always emphasize both we have to change ourselves and do things differently. Let's know what that process change is, and then over time continuously get better at capturing the outcome goals.

Bobbi Silten: Yeah, and I think the more you can use, again going back to that using existing practices and systems rather than creating new systems, the more again it gets integrated into business reporting and just bolsters the business case. We have time I think for one more question here and this is about shared value. Can you share a shared value approach enabling and scaling a solution to narrow health disparities?

Reema Jweied-Guegel: I'll leave that to you, Patti.

Patti Doykos: OK, well, I mean I think that's what we're learning to do now in terms of our businesses, actually seeing the opportunity for them to live part of this. At BMS we have this saying of who are working for, this question that everyone asks every day, and so the health equity question is who aren't you working for yet? So as we develop strategies and tactics to get better at reaching who we're not working for yet, we really insist that they be approached in a way of creating systemic and structural change, and that they have a longer window, and if we do this with an external partner, we will want to think about organizations that have themselves scaled change before so maybe we can pilot something with a national organization that has a few chapters nationally but you do it with three or four to start out, see if you can get validation of your principle, proof of principle, but they're already in with a partner that's ready to go to scale. So it is important to choose mechanisms and partners that are scalable.

Bobbi Silten: I think that partnership point is so important. One of the things that we call out in the Centering Equity in Corporate Purpose guide is that you should be in relationship, right, be in relationship with the community you're trying to impact or people you're trying to impact, and it's not a one and done. It's being in dialog and so that whole partnership piece is so critical because the deeper you go into partnerships, the more aware you are of the change that's possible and also a deepened understanding of what the real needs are.

Patti Doykos: And that's also where public policy is so critical, to do work in that space because that's obviously public policy change as a way to scale interventions and solutions as well.

Reema Jweied-Guegel: So if I can just add—I know we're almost at time but I will jump on that last piece. So at AARP, absolutely, and in terms of the way that we have partnered, we do start small to scale big. We naturally are, you know, headquartered in Washington, DC, but we have offices all across the United States and in some states multiple offices so we're able to go down to the local level, and it is absolutely important that when we partner to scale, we figure out at community level first what mix of partners works, and then thinking through the sustainability piece. It's not a one size fits all absolutely and so this is the way that we have addressed kind of that combination of the health equity work, who are we working for, and then the piece around the sustainability.

Bobbi Silten: That's so spot-on, Reema, and I wish we could just continue this conversation but, alas, we have to conclude this part, and I want to invite back into the Zoom room, Diana, Josette, and Nikhil. So welcome back.

Nikhil Bumb: Thank you, Bobbi. And now we get to be in the part of the conversation where we're having a full dinner table conversation so it's great to be back. I was able to furiously write down a lot more than in the first part, and I appreciate so much, Reema and Patti, what you shared. I would love to comment on all of it but in the interest of time, I'll just say one thing before asking our panelists a final

rapid-fire question. I think what I'm really sitting with is that even though each and every one of you at our table today is leading health equity work, as Bobbi said at the start, really the interferences that you have all named, the enabling conditions that you are all creating are nothing as necessarily health equity specific. Whether it's about building in the metrics, getting proximate to the problem, to build the executive buy-in, everything can be applied to any industry, to any issue area, to any type of organization even if you're not a for-profit company. I think that really says something, and hopefully everyone joining today feels like they can take something away from this conversation to the work that you're doing in your various places, your different industries, and your different issue areas. So with that, our final question, we're going to ask each of you to in one sentence answer the following question, and Diana, I'm coming to you first and then Reema, Josette, and Patti so you all know your order. All right, so the question is what's one skill or piece of advice you would recommend to any corporate changemaker who is flying through interference, Diana?

Diana Blankman: One sentence. I would say approach everything that you do with humility and find your allies.

Nikhil Bumb: Wonderful. All right, Reema?

Reema Jweied-Guegel: I'm sorry. I wasn't ready. So, Diana, I agree with the humility. I'm going to add remain curious and transparent with the colleagues you have, that all relationships matter, and it's trust that is the currency that you are dealing in.

Nikhil Bumb: All right. Thank you, Reema. Josette?

Josette Gbemuda: Sure, just remember that it's a journey and so bring others along. Do not feel like you have to solve for this by yourself. The other thing, sorry, I know one sentence, sorry, I'm going to semicolon right there, and then the other second half of that is remember that half the battle is translating this to others, and once you've gotten really good at translating, you'd be amazed at the ahas and the clicks of, oh, I get it. I now see why this is so critical for us to invest in in the long run. OK, thank you.

Nikhil Bumb: That's wonderful, and as Bobbi said earlier, we're all human and some humans speak with semicolons. Patti, off to you.

Patti Doykos: Josette, I think we should give you several more *(53:27)* gems you're dropping for us today.

Nikhil Bumb: Patti, what's your one skill or piece of advice?

Patti Doykos: Love what everyone else has said. I would say just be in a continuous state of recruiting people, be willing to meet people where they are in their understanding, to bring them into this work and encouraging them that they do have a role and that they can really have great impact as they go forward, and this means not only internal people but also external folks so just that patient place of always being a sharer of information about health equity and recruiting folks to the cause.

Nikhil Bumb: Thank you, Patti.

Bobbi Silten: Well, thank you everyone. I just want to share my gratitude and appreciation for all of our panelists, Diana, Reema, Josette, and Patti, just amazing. As someone said, amazing nuggets just being dropped today and I have so many notes that I want to go back through once this is done. I want to just share appreciation for my colleague, Nikhil Bumb. We have been talking about doing this webinar for so long, we finally made it happen today. So glad to be in partnership with you on all things related to purpose and equity so thank you for that. I just want to also thank our terrific audience. I hope you got a

lot out of this conversation today. The questions are great. We're going to comb through them. Sorry we didn't get a chance to get to all of them today but we would love to spend more time with those questions, and certainly going to examine that Mentimeter survey a little bit more. So, Nikhil, I'm going to pass it back to you and let you have the final word here.

Nikhil Bumb: Thank you so much, Bobbi. You're so kind. So I'm just going to start by thanking you, Bobbi. It's always fun to do these things with you, to have these conversations and think about interference and to think about how we might continue to reduce the impact of that interference and learn from so many others. Also want to extend my gratitude to all of our fantastic panelists who joined and to the audience, and a special thank you to four FSGers who you all can't see but who have been doing tremendous work behind the scenes running up to and during this webinar so that's Njideka Ofoleta, Karen Mac, Mary Gaughan, and Alicia Dunn. Thank you for all of your behind-the-scenes partnership, and also a thank you to all the companies who were part of FSG's inaugural Purpose Studio community last year who contributed to this collective learning and to impact. Just before we close out, I will say that if you all who are attending today are encountering interference and would like to think through how to recognize it, to name it, and to create those enabling conditions that you heard from our panelists, please reach out. We love talking about this. We love thinking about how to embed the strategies and make them succeed for the long term. You can also reach out to us if you want to learn more about our upcoming Health Equity Purpose Studio so with that, thank you everyone. Thank you, our panelists. Thank you, Bobbi, and thank you everyone in the audience for joining, and enjoy the rest of your day.