

Health inequity is a pervasive issue in America, with marginalized communities facing disproportionate challenges in accessing quality healthcare and achieving optimal well-being. Throughout the course, I have gained valuable insights into practical strategies for driving change, incorporating design thinking principles, and receiving feedback to refine my social action simulation. This essay aims to reflect on my experiences, highlight three important lessons about effective change, discuss lessons learned from design thinking, address feedback incorporation, explore the evolution of my perspective on social change, and outline how I envision "doing good" in the future.

The first lesson I learned about effective change is empathy and how it plays a role in understanding the demographic we wish to address within our social issue. We accomplished this by doing empathy interviews to get firsthand experiences with health inequity, how it has affected people's lives, and what they wish to see change within the issue. The results that came out of this activity were to see cheaper or free health insurance alongside more translators in hospitals to prevent the language barrier. Furthermore, with this feedback, we can develop meaningful solutions by understanding the needs and experiences of those affected by a problem. Stanford Social Innovation Review (2008) notes that empathy is about "understanding the feelings and thoughts of others" and requires active listening and observation. For instance, during the empathy interviews where we had to reach out to our local communities, I realized the importance of listening to local residents' concerns when proposing infrastructure changes. By empathizing with their perspectives, we could collaboratively design solutions that genuinely addressed their needs. This approach ensures that interventions are tailored to the community's specific needs and fosters a sense of ownership and empowerment among community members.

The second lesson I learned is that in order to create lasting change, it is crucial to advocate for policy reforms that address the root causes of health inequities. Policy changes can have a widespread impact and promote systemic improvements. According to the World Health Organization (2019), adopting a systems thinking approach allows us to identify the interconnectedness of various factors contributing to health disparities. For instance, I learned to analyze the social determinants of health, such as access to education, housing, and employment, and advocate for policies that address these underlying determinants. By recognizing the interplay between social, economic, and political systems, we can drive meaningful change that tackles health inequities at their core.

The third lesson I learned is that to address health inequity effectively, it is essential to approach the issue with empathy and cultural competence. The work of Betancourt et al. (2003) highlights the importance of understanding diverse cultural contexts and tailoring interventions accordingly. Throughout the course, I learned to recognize my own biases and assumptions, actively listen to diverse perspectives, and cultivate cultural humility. For instance, when designing interventions, I considered language barriers, cultural norms, and historical factors that may influence health-seeking behaviors. By fostering empathy and cultural competence, we can ensure that interventions are respectful, inclusive, and responsive to the unique needs of diverse communities.

The first lesson I learned about design thinking and social action simulation taught me the importance of adopting a human-centered approach to problem-solving. By immersing ourselves in the lived experiences of those affected by health inequity, we can gain deeper insights into their needs, desires, and aspirations. This approach allows us to design interventions that resonate with the target population and increase the likelihood of success. For example, I

identified specific barriers to healthcare access in marginalized communities through interviews, surveys, and observations. By incorporating these insights into my social action simulation, I could propose practical solutions aligned with the lived experiences of those affected.

Secondly, design thinking emphasizes the value of iterative prototyping and testing to refine solutions. By creating multiple iterations of our interventions and seeking feedback from the community at Maryland Day, we uncovered potential flaws and areas for improvement for our project. This included adding more languages to our website to reach as many communities as possible to understand and use our website effectively. Also, this feedback was to provide the website in more accessible places such as public libraries for families who may not have access to technology or the internet. During the social action simulation, I regularly sought feedback from peers, experts, and community members, allowing me to refine and enhance my proposed interventions. This iterative process ensured that the final solutions were more robust, feasible, and aligned with the needs of the community.

Thirdly, design thinking encourages multidisciplinary collaboration, recognizing that diverse perspectives and skill sets can lead to more innovative solutions. This course allowed me to collaborate with individuals from different disciplines; I gained fresh insights and discovered new approaches to address health inequity. For instance, partnering with public policy majors, health professionals, and community activists allowed me to understand the issue from various angles and incorporate diverse expertise into my interventions. Moving forward, I will continue seeking and embracing multidisciplinary collaboration to drive meaningful change.

The feedback I received on my social action simulation was invaluable in shaping and refining my proposed interventions. If I were to continue this simulation and develop it into a project, I would incorporate the feedback in the following ways:

First, consider the suggestions and recommendations from the community at Maryland Day and the judges in our class. Their insights highlighted blind spots in our websites and how to offer alternative perspectives for our community toolkits and enhance the feasibility and effectiveness of our website by working directly with hospitals to retrieve their database on an active roster of health professionals.

Second, I would conduct additional research to address any gaps or areas of improvement identified in the feedback. This would involve analyzing existing evidence, exploring best practices, and seeking innovative approaches to strengthen the proposed solutions further.

Third, I would actively engage in ongoing dialogue with the community to ensure their voices are continuously heard and integrated into the project. This participatory approach would foster a sense of ownership and sustainability, ensuring the project remains relevant and impactful in the long run.

Over the semester, my perspective on social change has evolved significantly. Initially, I viewed social change as a top-down process driven primarily by policies and institutions. However, through course discussions and experiences, I have come to recognize the importance of grassroots movements, community engagement, and the power of individuals to drive change from the bottom up. I now understand that social change requires a combination of systemic reforms and community-led initiatives to create a more equitable society.

In the future, I envision "doing good" by actively engaging in initiatives that address health inequities. This approach is appropriate and effective because it combines systemic advocacy with community-driven interventions. We can create a more equitable healthcare system by advocating for policy changes that dismantle structural barriers and simultaneously working alongside communities to implement context-specific solutions. This approach recognizes the interdependence of policy reforms and grassroots efforts and aims to create sustainable change that uplifts marginalized communities.

Health inequity in America demands our attention and concerted efforts. Through the lessons learned about effective change and design thinking principles, I have gained valuable insights into addressing this pressing issue. By collaborating with communities, advocating for policy reforms, and fostering empathy and cultural competence, we can work towards reducing health disparities and creating a more equitable society. Incorporating feedback and continuously evolving our perspectives will ensure our efforts remain relevant and impactful. I am committed to "doing good" by actively contributing to initiatives that drive positive change and empower communities to achieve optimal health and well-being for all.

Works Cited

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