

Module 3

Capstone Project

Wellspring: A Modular, Community-Designed Platform to Advance Health Equity in
Underserved Populations

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Introduction

World Research Organization, LLC (WRO) is a small company founded in 2014 as a health education consulting company. Health education consulting has emerged as a dynamic and increasingly indispensable sector within both global and U.S. healthcare systems. Health education consultants bridge the gap between complex medical knowledge, patient behavior, workforce training, and policy implementation. WRO's original mission was to address food insecurity, poverty, and health inequities among marginalized populations in rural and underserved urban areas. This response to hunger soon revealed a far deeper systemic issue during the 2018–2019 measles outbreak in New York. This viral outbreak, confined mostly to the ultra-Orthodox Jewish community, exposed how disconnected insular communities were from public health messaging. Currently, the 2025 measles outbreak originating in the Mennonite community, another insular population, is affecting thousands in 35 US states and all Canadian provinces (Centers for Disease Control and Prevention, 2025) (Government of Canada, 2025).

When WRO stepped in to support these groups, it became evident that vaccine hesitancy was not simply the result of misinformation or resistance, but rather a symptom of deep-rooted health illiteracy compounded by socio-economic inequities. Poverty, limited formal education, language barriers, and lack of trust in institutions have created a perfect storm where critical health knowledge is out of reach for millions. The recent 2025 measles resurgence only underscores how these disparities threaten not only the well-being of marginalized populations, but also the future resilience of North American public health as a whole.

WRO proposed a three-year strategic business plan in March 2025 that outlined its innovative approaches provided to those communities that are hardest to reach. The focus would remain on vaccine hesitancy despite recent significant governmental reductions to vaccine funding (Kaiser, 2025). This decision was made by WRO's executive team as WRO enjoys a clear niche market with very few competitors. Bureaucratic and larger institutions such as public health departments, universities, and for-profit communication firms are not as agile as WRO's team. WRO has hyper-local knowledge, is culturally sensitive, community centered, and offers a personalized approach to vaccine and health education.

WRO strategically chose to focus on vaccine education despite the uncertain trajectory of public health policy in the U.S. The company recognized both the urgent need and long-term value of restoring public trust in immunization as part of its commitment to health education and health equity. In the wake of government instability, rising misinformation, and shrinking public health infrastructure, the company identified a critical gap: many of the insular and marginalized communities it works with remain underserved, misunderstood, and vaccine hesitant. By centering its work on culturally tailored vaccine education, WRO positioned itself not only as a responsive partner in crisis mitigation but also as a stabilizing force committed to equity, prevention, and community resilience, regardless of the shifting political environment.

As part of its commitment to public health, WRO also proposed to develop peer navigator networks to address health illiteracy and inequity specifically for faith-based communities in May 2025. Peer navigation is based on the concept of patient navigators. This program is innovative because it redefines health outreach by centering community trust and the lived experience of peers rather than use top-down messaging. The overall objective is to train local,

non-clinical individuals from the community as a “wellness connector” to discuss a health issue in a non-threatening or judgmental manner. This strategy focuses on the different aspects that combine scientific knowledge, cultural sensitivity, and personal one-on-one relationships WRO has used in the past to great success.

The peer navigator model disrupts traditional healthcare hierarchies by turning local knowledge into a formal health asset. It is especially groundbreaking in reaching populations that are medically underserved, culturally distinct, or mistrustful of institutions, offering a bridge that’s both credible and compassionate.

The company’s decision to continue working in complex areas of public health is rooted in its strategic commitment to collaborative, community-centered practice. Rather than retreat from uncertainty, WRO has embraced complexity as an opportunity to co-create solutions with both its internal team and the communities it serves. Decision-making processes are grounded in shared learning, ethical responsiveness, and continuous dialogue, not only among staff but also with faith leaders, local educators, and community health advocates. This approach ensures that interventions are not only evidence-informed but also socially and culturally aligned, allowing the company to navigate challenges in insular populations with agility, relevance, and sustained impact.

However, WRO recognizes that these efforts are not enough. What is the best way to reach communities that do not have the health literacy necessary during outbreaks, epidemics, pandemics, or other health emergencies? WRO is committed to its vision of health equity through a strategic, collaborative, ethical, and responsible approach, pioneering creative strategies that meet people’s health education needs while ensuring the company’s financial sustainability and continued growth.

WRO is actively responding to the challenges and opportunities in health education consulting. By aligning its strategies with these intersecting forces, the company ensures that it directly addresses these complex realities by offering a scalable, culturally responsive, and low-tech platform that meets communities where they are while navigating systemic gaps in access and communication.

The outcome of the work WRO has done in the past few months has culminated in the development of an innovative project to address pressing health education needs to support communities during a time of deep public health uncertainty and disruption. By doing so, WRO offers a steady, trusted source of health education that adapts to people’s realities while strengthening local capacity and resilience.

The Landscape of Health Education Consulting: Emerging Roles and Market Opportunities

The global health education consulting industry is experiencing substantial growth. The Global Healthcare Education Market Size was valued at USD 108.6 billion in 2023 and is expected to reach USD 246.8 billion by 2033 (Spherical Insights, 2023). The market size is growing at a CAGR of 8.56 percent from 2023 to 2033. The North American market is expected to grow the fastest in the coming decade (Spherical Insights, 2023).

For direct healthcare education itself, as per Market Research Future Reports analysis, the market size was estimated at USD 34.36 billion in 2023 to reach USD 68.4 billion by 2032. The Healthcare Education Solution Market CAGR is expected to be around 7.95 percent during the forecast period from 2024 to 2032 (Dey, 2025). A significant segment of this growth is attributable to education-focused services, including professional upskilling, patient education, and health communication strategy development.

In low- and middle-income countries (LMICs), there is an acute need for culturally tailored health education solutions that address maternal and child health, infectious disease prevention, chronic illness management, and vaccine literacy (Maani et al., 2023). International organizations like USAID, UNICEF, and the World Health Organization are increasingly partnering with consultants to implement community-based interventions. These projects frequently leverage mobile-first education, low-literacy materials, and hybrid models that combine traditional teaching with digital innovation (UNICEF USA, 2025) (World Health Organization, 2025).

Simultaneously, in more industrialized regions, especially in Europe and East Asia, national health systems are investing in digital literacy programs for clinicians and patients alike. For example, the European Commission's Susa project supports digital competence building for health workers, with consulting firms leading the design and delivery of curricula. In these regions, consulting firms occupy a critical role not only in education delivery but also in change management and technological onboarding (Isomursu, 2025).

The U.S. Context: Growth, Challenges, and Transformation

The U.S. health education consulting sector reflects many global trends while also confronting unique domestic pressures. With the healthcare industry representing nearly 20 percent of the national GDP, the demand for ancillary services, including consulting, is significant. U.S. healthcare consulting alone is valued around USD 9.8 billion, with health education and training forming a rapidly growing niche (Gupta, 2023).

Several forces are driving this growth. The first is workforce shortages. The U.S. faces a persistent shortage of nurses, primary care providers, and behavioral health professionals. Health education consultants are increasingly tasked with designing accelerated training modules, continuing education programs, and simulation-based learning for healthcare workers (Health Resources & Services Administration, 2025).

The second challenge, which is the sector where WRO operates, is health equity and disparities. Both public and private health systems are engaging consultants to improve cultural competency, deliver community-based education, and collect disaggregated data to identify disparities (Geller, Polsky and Burke, 2023).

The third factor is digital transformation. The COVID-19 pandemic catalyzed telehealth adoption, creating demand for consultants who can help both clinicians and patients navigate digital platforms. Some health education consultants develop telehealth onboarding tools, digital literacy workshops, and hybrid education formats (Giansanti, 2024).

The fourth challenge is also the space where WRO has achieved significant success. Misinformation and the lack of public health literacy has necessitated strategic, culturally resonant communication interventions. Consultants like WRO with expertise in health communication are essential in designing effective campaigns to help improve health literacy (Coughlin et al., 2020).

Why Addressing Health Equity in the United States Is Urgent and Essential

Health equity remains one of the most pressing and persistent challenges in the United States. Despite the country's economic strength and technological advancements in healthcare, deeply entrenched disparities continue to impact the health outcomes of marginalized populations, including racial and ethnic minorities, immigrants, rural communities, people with disabilities, and LGBTQ+ individuals (Tanne, 2024).

The legacy of structural racism, colonialism, and institutional bias continues to influence access to care and health outcomes. Discriminatory practices such as redlining, segregation of healthcare facilities, unethical medical experimentation like the Tuskegee Syphilis Study, and forced sterilization have eroded trust and created generational trauma in many communities. These historical injustices persist in modern health systems through implicit bias, funding gaps, and inequitable distribution of services (Shukla, Schilt-Solberg and Gibson-Scipio, 2025).

The U.S. is the only high-income country without universal healthcare (Statista, 2024). Over 25 million Americans remain uninsured, and many more are underinsured. These populations are disproportionately made up of Black, Hispanic, Indigenous, and immigrant individuals who face economic and bureaucratic barriers to accessing even basic care. Without insurance, patients often delay preventive services, skip medication, or avoid follow-up care, leading to worse health outcomes (Gunja, Gumas and Williams II, 2023).

Factors such as poverty, housing instability, food insecurity, unsafe environments, and limited education are primary contributors to poor health outcomes. These social determinants are not equally distributed with marginalized groups significantly more likely to experience adverse conditions (Kim, Vazquez and Cubbin, 2023). Effective health education programs must be designed to consider and address these intersecting barriers.

Healthcare systems often fail to accommodate patients with limited English proficiency, low health literacy, or cultural perspectives that differ from dominant norms. This results in misunderstandings, medical errors, and reduced adherence to treatment plans (Shukla, Schilt-Solberg and Gibson-Scipio, 2025). Marginalized communities are particularly vulnerable to misinformation due to digital divides, lack of access to trusted providers, and cultural or political alienation from mainstream health messaging. During the COVID-19 pandemic, these gaps were magnified, with vaccine uptake lagging significantly in communities that lacked tailored outreach (Shukla, Schilt-Solberg and Gibson-Scipio, 2025).

Health equity is inconsistently addressed across jurisdictions due to fragmented and politicized healthcare infrastructure. States vary in Medicaid expansion, public health investment, and community support systems. This fragmented system creates vast disparities in healthcare quality and access depending on geography and political climate (Levitt and Altman, 2023).

There is underinvestment in preventive and community-based solutions. The U.S. healthcare system disproportionately funds acute and specialist care, with minimal investment in preventive health, education, or community-centered services. As a result, many preventable conditions disproportionately affect underserved populations, driving up long-term costs and entrenching cycles of inequity (Yong, Saunders and Olsen, 2010).

Both macro and micro-level issues present ongoing challenges that affect WRO's sustainability, scalability, and visibility. However, these same factors also offer strategic opportunities to innovate, strengthen operations, and expand the company's influence in the health education consulting sector.

Macro-Level Issues Impacting Health Education Consulting

These systemic external forces shape both opportunities and risks and are considered foundational to strategic decision-making and growth planning for the company. The first are regulatory and policy shifts. The introduction of national and state-level mandates such as the CMS Health Equity Index, Medicaid Section 1115 waivers, and The Joint Commission's equity accreditation standards have rapidly increased demand for equity-focused consulting services. However, these policies vary significantly across jurisdictions, creating a fragmented regulatory environment (Geller, Polsky and Burke, 2023). As a result, WRO must maintain policy fluency, build flexible compliance tools, and design scalable consulting frameworks that can adapt to state-specific policy shifts.

The second are workforce shortages and education demands. Burnout, resignations, and workforce gaps, especially among nurses, clinical health workers, and behavioral health providers, have intensified demand for clinical upskilling, health equity training, and onboarding solutions. Yet, time constraints and staffing limitations often make traditional training models unfeasible (Kumar, Holt and Wong, 2025). Therefore, if WRO chooses to offer these services, the company must prioritize microlearning, asynchronous formats, and mobile delivery to reduce training burden while maximizing engagement and impact.

Another major issue is the digital transformations and technological expectations in healthcare. The expansion of telehealth, electronic health records, remote monitoring, and AI in healthcare has created parallel demands for patient and provider digital literacy education. Clients increasingly expect technology-enhanced, data-integrated deliverables (Sinha, 2024). WRO will need to invest in digital infrastructure and partnerships to offer hybrid delivery models, including chatbot-based learning and offline-capable mobile tools.

The fourth macro-level issue is the one WRO is most familiar with and has worked with for the past decade. Widespread health misinformation and historical and current community distrust, especially in marginalized and insular populations, undermine the effectiveness of conventional public health messaging. WRO already employs education strategies with culturally embedded tools such as peer education and faith-based partnerships to build trust and promote accurate health literacy (Shukla, Schilt-Solberg and Gibson-Scipio, 2025).

Another macro-level issue is climate change and emergency preparedness. The increased frequency of extreme weather events, public health crises, and disasters has amplified the need

for community-level resilience and trauma-informed care education (Conrad, 2023). WRO already incorporates emergency readiness and environmental health literacy into its offerings in insular communities to support long-term community resilience.

Finances are a constant challenge due to a fragmented and competitive funding landscape for health initiatives. Health equity-related grants are often short-term, siloed, and politically influenced. At the same time, larger consulting firms are moving into the equity space, increasing competition for public and philanthropic dollars. For WRO to remain financially viable, the company can diversify revenue streams by blending fee-for-service, subscription-based, and grant-funded models, while emphasizing its community authenticity, evaluation capability, and innovation.

There has been significant political backlash for DEI (diversity, equity, and inclusion) expectations. While demand for DEI training remains strong, increasing political polarization has led to resistance in some regions and institutions (Blackstock, Isom and Legha, 2024). Although the populations WRO works with are insular, WRO recognizes that the company may work with different groups in the future. Therefore, WRO will refine its messaging, tailor delivery to client contexts, and frame DEI within health outcomes, access equity, and legal compliance frameworks to maintain broad relevance and impact with the groups the company works with.

Understanding these macro-level issues allows WRO to proactively design services, partnerships, and infrastructure that meet the realities of 2025 and beyond. By grounding the company's strategy in this macro-environmental analysis, the company will be able to position itself not only to compete effectively, but to lead with integrity, adaptability, and impact.

Micro-Level Issues Impacting Health Education Consulting

While external forces shape the landscape, these internal dynamics ultimately determine how effectively WRO can respond to market needs, build relationships, and scale impact. The first constraint is that WRO operates with a lean team where staff often hold overlapping roles across program design, community engagement, and client delivery. High demand for culturally competent consultants, especially during public health campaigns or grant cycles, can stretch the company's internal capacity. The company hires part-time or contract specialists during peak periods.

Because of the company's small size, there is an outsize reliance on the founder. Key operational and strategic knowledge is concentrated in one individual, creating a bottleneck for scalability and succession planning. This will require the company to develop a mentorship system as well as fully document core processes, tools, and knowledge assets for current and future employees.

WRO's programs are built from scratch, resulting in inefficiency and limited reusability. These programs are high impact, but the company lacks consistent frameworks for collecting, analyzing, and effectively communicating this data to funders.

One of the biggest factors affecting WRO is limited visibility and brand recognition. Despite strong results, the company is not widely visible beyond existing clients and partners. This reduces the ability to attract new contracts of thought leadership opportunities. Another factor

that affects WRO is much of the work depends on building trust within insular and religious communities. This means building trust-time building into project scopes and timelines that do not always align with grant timelines or project scopes. WRO's personnel must engage community partners early and continuously. This always requires WRO to advocate to funders for flexible timelines and co-design models.

WRO's revenue has limited financial predictability due to its dependence on a limited number of short-term contracts. In addition, WRO currently lacks a fully integrated digital infrastructure for learning delivery, client management, and evaluation. This limits the company's scalability and ability to meet client expectations for tech-enabled services.

Growth Rationale: Why World Research Organization, LLC Must Innovate

The landscape of healthcare in 2025 presents both unprecedented challenges and transformative opportunities for companies like WRO. With systemic inequities laid bare by the COVID-19 pandemic, growing regulatory attention to disparities, and a wave of innovation reshaping public health outreach, companies like WRO that have cultivated trust and efficacy at the grassroots level now face a pivotal decision: to scale or risk obsolescence. The rationale for strategic growth focuses on market forces, mission alignment, financial sustainability, and competitive positioning for WRO.

Escalating Demand for Equity-Focused Services

Health systems, government agencies, and philanthropic funders are increasingly prioritizing equity-driven programming. With CMS's new Health Equity Index, Medicaid Section 1115 waivers encouraging community-based interventions, and The Joint Commission's new standards for culturally and linguistically appropriate services, the need for qualified equity consultants has never been greater (Geller, Polsky and Burke, 2023).

WRO is uniquely positioned to deliver these services. However, without its scaling operational capacity and geographic reach, the company risks missing out on high-impact opportunities. Growth is essential not only to meet this demand but to ensure that local, culturally competent voices remain central in the design and delivery of these initiatives.

Expanding Social Impact and Community Reach

At the heart of any health equity consulting firm like WRO, is a commitment to improving outcomes for historically marginalized populations. Scaling operations allow a company like WRO to replicate successful models of culturally tailored education, community engagement, and trust-building in new settings. This expansion multiplies social impact, whether by launching mobile health education units in new counties or equipping clinical health workers with tools to navigate vaccine hesitancy.

In an era where digital access shapes health outcomes, leveraging technology is no longer optional but essential for reaching underserved populations with timely, accurate, and culturally relevant health education. WRO must integrate adaptable, low-barrier technological solutions to

bridge gaps in communication, access, and trust, particularly among communities historically excluded from mainstream health systems.

Amplifying Credibility and Influence

Size often translates to influence. As WRO grows, the company will gain a seat at policy tables where funding priorities and regulations are shaped, opportunities to publish case studies, white papers, and evaluation data, and greater and improved visibility among potential clients, partners, and funders. This influence enables WRO to advocate not only for their business but for the communities the company serves, promoting ethical standards, equitable funding practices, and inclusive design principles across the broader consulting landscape.

WRO recognizes that health education consulting is no longer a niche service. It is a strategic necessity in both the global and U.S. healthcare landscapes, filling critical gaps that neither public health agencies nor private clinics can address alone. WRO realizes that for the company to thrive in this complex environment it will need to offer flexible, community-rooted, and evidence-based services across sectors. In this context, resilience is not just about continuity; it is about the ability to adapt, localize, and scale education strategies in real-time.

Thus, WRO proposes an innovative solution: Wellspring, an adaptive, AI-enhanced educational engagement platform.

Proposal for Wellspring: A New Approach to Technology and Resilience in Health Education Consulting

Most health education efforts are vulnerable to systemic shocks. Rapidly shifting public health needs require consistent and agile content updates. Underserved or insular populations WRO currently services require culturally specific and often offline communication tools. WRO and its lean team experience burnout delivering repetitive events or would need to hire significant staff during a crisis. Finally, low-bandwidth settings or insular groups eschewing use of the internet disrupt digital education modules.

WRO and other health education consulting companies in this sector need a sustainable, technology-enabled solution that works in both crisis and stability as well as enhances their operational resilience and amplifies their social impact.

Wellspring is a modular, adaptive health education delivery and engagement platform with the following core features. The first is AI-powered personalization which tailors content in real-time to user literacy levels, preferred language, and cultural background. It also tracks progress and adapts learning pathways for different stakeholders: nurses, community health workers (CHWs), patients, and caregivers.

The second feature is its offline and low-bandwidth capability. This allows full use in rural or low-tech environments with downloadable content via QR codes or portable devices. It also enables synchronization once online connectivity is restored, ensuring continuity of engagement and data collection.

The third feature is one where WRO has had challenges with; collecting and evaluating data. With a dashboard, there is the ability to provide real-time insight into program performance, identifying drop-offs in engagement or hotspots of misinformation. This helps WRO or other health education consultants proactively intervene and redirect resources to high-need areas.

The fourth feature is embedded behavioral nudges. This feature incorporates behavioral science techniques to reinforce content such as timing, positive reinforcement, and contextual reminders via SMS or WhatsApp. The goal is to help drive long-term behavior change in both patients and professionals.

The fifth feature is the auto-generated “Train-the-Trainer Toolkit.” This feature automatically creates facilitator guides, culturally appropriate print handouts, and slide decks tailored to the local community. It also empowers community champions to deliver education without heavy consultant oversight.

Use Case Scenarios

Wellspring is ideal for an outbreak response. During this current measles outbreak in an insular community such as West Texas Mennonites, Wellspring can deliver offline vaccine education materials while local educators use toolkit guides to hold small, trusted gatherings.

Wellspring can be used in a maternal health campaign in a rural immigrant community with CHWs (community health workers) using low-bandwidth mobile versions of the platform to educate mothers on prenatal care, with personalized follow-up nudges via WhatsApp.

Wellspring can also be used for workforce upskilling. An example is a regional hospital can deploy the platform to provide DEI and trauma-informed care training to staff through modular lessons and automated assessments.

The Strategic Value to WRO and Other Health Education Consulting Firms

Wellspring enhances operational efficiency and mission impact by increasing reach, reducing provider burnout, improving client retention, and boosting grant competitiveness. WRO can expand into underserved or disconnected areas without requiring any staff physical presence or patient advanced digital literacy. This application offers health systems and nonprofits a flexible, ready-to-deploy solution that adapts to their unique community contexts. By automating routine training and follow-up, Wellspring allows WRO and other consultants to focus on strategy and innovation. Perhaps most importantly, Wellspring aligns with funder priorities on equity, scalability, data-driven impact, and crisis preparedness.

How Wellspring Works

Wellspring is a modular health education platform designed to reach underserved communities with trusted, culturally grounded, and engaging health information, even in places with little or no internet.

The health topics such as vaccines, pregnancy, or diabetes are broken into bite-sized modules. These modules are story-based and will include voice notes or audio-dramas, WhatsApp messages, visual explainers, and quizzes. They may also include illustrated comics or printable flyers. The content will be personalized and adapted to the audience. Users can get content matched to their literacy level, language, or topic interest. The platform adapts what it shares based on feedback or completion.

Wellspring will deliver the content across platforms through trusted channels including SMS and WhatsApp or other messaging apps and community radio. In off-line populations such as those in rural or low- or no-internet areas, WRO will offer an offline mobile app or USB drives. Peer educators of local health workers will receive in-person toolkits.

For tracking impact and feedback, Wellspring shows who is using it, which modules are working, and what needs improvement. It will gather data like completion rates and stories of what people learned or shared. WRO will continue to update, improve, and expand Wellspring. Based on data and feedback, new content can be swapped in, changed, or added to keep the platform fresh and relevant. The modular system makes it easy to add new topics, languages, or delivery formats.

Decision-Making: The Strategic Rationale for Building Wellspring

While WRO has had success in working with marginalized and insular populations in the past decade, alarming funding cuts and a complete reorganization in public health necessitate new initiatives. With the company's decision to stay in vaccine and health education and the starting of a peer navigator program, WRO created Wellspring as a scalable, community-driven platform to deepen its impact.

Wellspring is a bold, modular health education platform designed to meet the pressing needs of marginalized communities through culturally resonant, tech-enabled delivery. Currently, WRO delivers one-off trainings, workshops, and toolkits. Wellspring offers a scalable digital product that can serve more communities with less recurring staff input. While the scope may seem ambitious, it is precisely the experience and proximity of WRO's small, community-based health equity consultancy that make this company ideal for leading this kind of innovation.

Wellspring will offer WRO significant market differentiation. Few small firms have both cultural expertise *and* a digital learning product. Wellspring sets WRO apart in grant competitions, public health contracts, and philanthropic innovation portfolios. Wellspring will be the intellectual property and the proprietary platform of WRO. This will help WRO's revenue pathways by allowing the company to explore revenue through licensing, co-branding, training programs, or platform-as-a-service offerings to NGOs and health departments.

Wellspring helps WRO with team growth, and most importantly, capacity. Developing Wellspring allows WRO to invest in internal capacity; content development, user engagement, and data analytics while attracting tech partnerships and advisory support.

WRO's strategic decision to remain focused on health equity, despite a volatile public health landscape, combined with its deep-rooted commitment to community collaboration, directly gave

rise to the development of Wellspring. By choosing to work within the complexities of health misinformation, cultural mistrust, and systemic exclusion, the company recognized the limitations of traditional outreach methods and the need for more adaptable, locally driven solutions. Through ongoing collaboration with team members, community partners, and frontline stakeholders, a clear pattern emerged: effective health education must be flexible, culturally resonant, and accessible through trusted channels. These insights informed every aspect of Wellspring's design, from its modular structure to its emphasis on low-tech, co-created content, positioning it as both a strategic response and a product of meaningful, equity-focused collaboration.

Implementation Plan: Rolling out Wellspring

The implementation of Wellspring follows a phased, strategic approach designed to ensure relevance, sustainability, and community ownership at every stage. WRO will build the minimum viable product (MVP) with offline content, dashboard, and an AI personalization engine. In the pilot phase of implementation, WRO will create a basic, working version of Wellspring that includes just enough features to test with real users, deliver real health education content, collect feedback and data, and prove that the concept works. The company will choose vaccine confidence for the measles as it reflects an urgent need in the communities it currently serves. The goal of the pilot phase is to create and test a basic, functional version of Wellspring in one or two marginalized communities, proving feasibility, gathering feedback, and establishing early impact metrics.

The process begins with a focused planning phase, during which the consulting team conducts stakeholder mapping, baseline needs assessments, and platform design specifications. This is expected to take one to two months.

Following planning, the building phase focuses on developing the platform's MVP. This includes establishing the modular digital infrastructure, integrating low-tech delivery channels such as WhatsApp and SMS, and curating culturally resonant content formats including audio storytelling, visual guides, and peer-to-peer scripts. Simultaneously, WRO will lay the groundwork for monitoring and evaluation systems to capture user engagement, knowledge change, and feedback loops.

The launching phase introduces Wellspring in pilot settings, in one urban and one rural target community that WRO works with already. During this period, WRO will test usability, gather community feedback, and make iterative improvements. Importantly, this phase is supported by close collaboration with local facilitators and organizations, ensuring that the platform operates in a trusted, human-centered context.

Central to the entire implementation is community co-design, which begins in the planning stage and intensifies during pilot testing. Through workshops, interviews, and informal engagement, peer navigators of the community help shape the language, tone, delivery formats, and dissemination strategies. This co-creation model ensures not only cultural and linguistic relevance but also deeper buy-in and trust from users.

Wellspring's MVP will serve as a proof of concept demonstrating that localized, multimedia health education can be effective, engaging, and scalable in underserved environments.

Scaling Wellspring: A Strategy Rooted in Equity, Modularity, and Impact

Scaling Wellspring requires more than just expanding its digital reach. It demands a deliberate, equity-first approach that respects community voices, leverages partnerships, and adapts flexibly to diverse environments. For WRO, the opportunity lies not in scaling rapidly, but in scaling responsibly, effectively, and sustainably.

The first step toward meaningful scale begins with a measurable and well-structured pilot. By launching Wellspring in insular communities WRO already works with, the platform can be tested under real-world conditions. Central to Wellspring's design is its modular architecture, which allows for seamless replication. Rather than being locked into one delivery method or health topic, Wellspring will consist of interchangeable educational modules that can be adapted to suit different regions, languages, or community priorities. This flexibility reduces development time and enables a rapid but thoughtful response to public health needs. By leveraging low-code and no-code tools, the platform can also be adapted by non-technical partners, helping to expand the ecosystem of implementers without compromising fidelity or core values.

Scaling Wellspring also requires a partnership-first approach. Community-based organizations, local clinics, schools, and faith institutions are trusted messengers and natural distribution hubs. By training peer navigators as part of WRO's collaborative strategy, Wellspring can expand its footprint while reinforcing its commitment to localization. This also opens the door to offering Wellspring as a service package, complete with platform access, content modules, and implementation training, to public health departments, hospital systems, and nonprofit coalitions.

Strategic funding will fuel this growth. Pilot-phase data will be used to apply for innovation grants from sources such as the National Institute of Health (NIH) or the Centers for Disease Control and Prevention (CDC), as well as philanthropic organizations focused on health equity and community empowerment. Simultaneously, Wellspring will pursue blended sustainability, developing tiered service packages for paying clients alongside grant-funded initiatives in underserved areas.

A strong data and feedback infrastructure is vital to responsible scale. The platform's built-in monitoring tools will provide both real-time insights including usage analytics, completion rates, and qualitative stories that illuminate impact. These data will not only inform platform refinement but also serve as persuasive evidence in grant reporting, partner updates, and public-facing communications. Importantly, Wellspring's growth strategy includes ongoing user feedback loops ensuring that each new deployment refines, not just replicates, the model.

To support replication at scale, the firm will develop a Wellspring Playbook. This will be a set of visual guides, training materials, impact templates, and implementation checklists that enable partners to launch their own localized versions of the platform. Whether used in rural clinics, urban faith networks, or mobile health teams, the playbook will ensure fidelity to the model while allowing for flexibility in application.

Ultimately, scaling Wellspring is not about pushing technology. It is about spreading trust, knowledge, and dignity. It is about bringing reliable, culturally relevant health education to those who need it most, in ways they are most likely to accept and use. By staying rooted in community, using modular design principles, and leveraging real-world data, WRO can lead a movement toward more inclusive, effective health learning.

Conclusion

The development of Wellspring represents a bold, necessary evolution for WRO; a small but deeply committed health equity consulting firm. By transforming years of grassroots expertise, trusted community partnerships, and culturally resonant education strategies into a scalable, digital-first platform, this innovation directly addresses some of the most pressing challenges in public health today: health misinformation, cultural misalignment, digital exclusion, and systemic mistrust.

Unlike generic health tech solutions built from the top down, Wellspring is designed from the ground up by those who know the communities best, with input from the communities themselves. This ensures not only adoption but authentic engagement, especially among populations like ultra-Orthodox Jews and Mennonites that are historically underserved or hard to reach.

By modularizing content, localizing delivery channels, and integrating storytelling, Wellspring can serve more people with greater impact and sustainability without sacrificing cultural sensitivity or relational trust.

More than a product, Wellspring is a proof of what a small, mission-driven firm like WRO can achieve when pairing frontline knowledge with adaptable technology. Its success will not only improve outcomes in the communities the company serves, but also offer a replicable, equity-first model for how health education can evolve in the 21st century.

Wellspring blends modular technology with human insight to deliver health education that's as adaptive as it is equitable. Most importantly, Wellspring is built with and for the communities most often left behind turning local wisdom into lasting health equity.

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Appendix 1

Summary of World Research Organization Three-Year Strategic Plan; Module 1-LOI 4

The World Research Organization (WRO) developed a comprehensive three-year strategic business plan aimed at addressing vaccine hesitancy within insular and marginalized communities across the United States. Rooted in a deep understanding of the socio-cultural and historical barriers that fuel distrust in vaccination, WRO outlined an approach grounded in community engagement, culturally tailored messaging, and strategic partnerships. Drawing on its many years of field experience, WRO identified core challenges such as misinformation, healthcare inaccessibility, religious concerns, and linguistic barriers and presented a targeted outreach strategy. This includes multilingual educational materials, training programs for peer educators, and trust-building initiatives with religious leaders and community influencers. Through these interventions, WRO positions itself as a vital bridge between public health institutions and underserved populations.

To ensure measurable impact and sustainability, WRO integrated market analysis, competitive differentiation, and a scalable operational plan into its strategy. With the rise of preventable disease outbreaks such as measles and growing vaccine misinformation exacerbated by socio-political polarization, the demand for culturally competent vaccine education has become more urgent than ever. WRO's approach diverges from traditional top-down public health messaging. The organization's rollout plan emphasizes gradual, community-driven expansion from local hubs to a national presence, with structured implementation phases, risk mitigation strategies, and key performance indicators guiding its progression.

Financial viability remains central to the success of this initiative. In response to recent cuts in public health funding, WRO's financial sustainability model is based on revenue diversification, including private sector partnerships, consulting services, and foundation grants. Recognizing the unpredictability of governmental support, WRO outlined adaptive funding strategies, leveraging relationships with academic institutions, local faith-based organizations, and healthcare providers. Its evaluation framework employs both quantitative and qualitative methodologies to measure changes in vaccine literacy and uptake, ensuring accountability and continuous improvement. This strategic plan reflects WRO's commitment to public health equity, offering a replicable model for addressing complex vaccine challenges in diverse U.S. communities.

Appendix 2

World Research Organization Collaborative Problem Solving and Decision Making: Module 2-LOI 4

The World Research Organization (WRO), a health promotion consulting firm, has been addressing vaccine hesitancy and health disparities among insular, faith-based communities in the United States. With many years of experience, WRO operates at the intersection of public health and community trust, focusing on under-vaccinated populations such as ultra-Orthodox Jews and rural Mennonites. In response to the largest measles outbreak in 25 years and growing vaccine skepticism driven by socio-political shifts, WRO introduced a three-year strategic plan anchored in culturally responsive outreach. Central to this strategy is the development of a Peer Navigator Network, a novel, community-led model grounded in the principles of trust, relatability, and localized knowledge. Drawing from the Patient Navigation model championed by Dr. Harold Freeman, WRO's approach aims to equip respected community members with the tools and training to offer empathetic, accurate, and accessible vaccine education and logistical support.

The implementation strategy is methodical and deeply rooted in collaborative community co-design. Beginning with stakeholder engagement, including faith leaders, local clinics, and trusted partner organizations, WRO laid a foundation of legitimacy and alignment with community values. The training of peer navigators emphasizes not only scientific literacy and communication skills but also faith-compatible messaging, self-care, and cultural sensitivity. Tools such as Navigator Manuals, visual aids, and scenario-based role-playing exercises ensure that outreach is both effective and respectful. Community engagement tactics are tailored: for example, in ultra-Orthodox Jewish communities, WRO works with institutions like Hatzolah and hosts gender-segregated home discussions, while in Mennonite communities, it leverages sewing circles and home visits. In both cases, the program reduces practical and emotional barriers to care, such as transportation challenges or theological concerns, offering voluntary support framed as an extension of community responsibility rather than external intervention.

Evaluation and scalability are integral to the project's long-term viability. WRO embeds a continuous monitoring and feedback loop to assess peer navigator performance, community receptivity, and shifts in vaccination attitudes and uptake. The model's flexibility allows it to adapt to evolving community needs and misinformation trends, while also planning for broader application across additional congregations. By carefully documenting outcomes and fostering a sustainable structure, potentially including navigator certification and cross-community learning, WRO envisions expanding the Peer Navigator Network beyond the pilot phase. Ultimately, WRO's initiative represents not just a pragmatic public health intervention, but a transformative, ethical commitment to health equity, trust-building, and culturally grounded care in communities often overlooked by traditional healthcare outreach.

Decision making played a pivotal role in WRO's choice to prioritize the Peer Navigator Network as a frontline strategy. Faced with limited resources, political headwinds, and urgent public health threats, WRO adopted a values-driven, effectual decision-making approach, choosing to build upon existing community assets rather than impose external solutions. This course of action was guided by the ethical imperative to serve the greater good; balancing pragmatism with

principle to reach underserved populations in a manner that is both respectful and impactful. The decision reflects WRO's commitment to context-sensitive solutions that uphold autonomy, dignity, and evidence-based care.