Webinar Summary and Call to Action



Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Setting Health Equity Visions for Success: Part 1* on March 18, 2023. Panelists engaged in discussions about health equity success. Panelists highlighted the need to cocreate definitions of success that align with the needs and perspectives of the community the definition will be used to represent in research, policy, and laws. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

- > Colin Killick, Executive Director, Disability Policy Consortium
- > Jessica Owens-Young, Assistant Professor, <u>Department of Health Studies</u>, <u>American University</u>
- > Alice Setrini, Executive Director, Mary and Michael Jaharis Health Law Institute, DePaul University
- > Caryn Bell, Associate Director P4HE, <u>Tulane School of Public Health & Tropical</u> <u>Medicine</u>

Key Resources

- Funding Strategy Guide
- Multi-disciplinary Approach to Legal Strategies
- Disability and the Training of Health Professionals

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it <u>here</u>.

Key Takeaways

Cross-sector collaboration that takes action to advance health equity requires developing shared understanding and operationalized definitions of a wide variety of health-related terms to support cross-disciplinary translation. Populations who are closest to health equity issues know the needed solutions and should be at the forefront in all aspects of solution building. To reduce disparities in outcomes we need to broaden our definitions of health and operationalize success specific to the communities experiencing health inequities.



Webinar participants called for increased advocacy for the creation and expansion of <u>networks for centralized knowledge building</u>,

 $\underline{\text{resources}},$ and education on what

health equity is and how it impacts everyone. They noted they are overwhelmed by the endeavor of health equity and highlighted the need for <u>action</u> steps that would allow for <u>strategy building</u> and centering marginalized populations.

Call To Action



"People have this narrow definition of health... ... We [need to] think of health more broadly and functionally." colin

Killick, Executive Director, Disability Policy Consortium

Below we've summarized immediate action steps shared by the panelists and identified by webinar participants to be taken to advance health equity.

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> Act with purpose to work toward sustainable solutions to health equity



"My role to me as an academic is to facilitate the transfer of resources from people who have power to those who know what to do with it. I see myself as that conduit." Jessica Owens-Young, Assistant Professor, Department of Health Studies, American University

Define your role in health equity solutioning and leverage it to ensure that the voices of community members are centered. Act with purpose to <u>co-design approaches</u> that empower and embolden people closest to the problem in all phases of problem refinement and solution building. When designing projects, programs, and policies make intentional choices that create <u>meaningful community partnerships</u>. Acknowledge the multitude of culturally influenced definitions of health when designing projects by highlighting who is involved, why they will be involved, and how they will be involved. This will result in the creation of sustainable, impactful, solutions to health equity.



> Strategically leverage narrative stories for maximum impact

Storytelling and the leveraging of narrative stories for action centers persons with the lived experiences of health equity challenges and successes. When done through various forms of media, storytelling works to shift the public's understanding of health equity. Stories are starting to be widely read but more can be done to leverage the power of these stories regardless of the venue where they are shared. Maximize the impact of narrative stories by juxtaposing them with political initiatives to provide context for advocacy. This can be done in a positive light, highlighting health promoting community activities, or by using narratives to underscore an array of critical health equity concerns such as those in the disability community. Tying narratives to data further cements the story and shares the breadth of the problem.



"Folks are creating incredible art spaces, spaces for community gathering like learning, physical activity all on a shoestring. These are the stories that need to be told and promoted, and so that we can get them that those folks can advocate for proper funding to from

scale up those health promoting activities." Alice Setrini, Executive Director, Mary and Michael Jaharis Health Law Institute, DePaul University

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> Share resources to contribute to the ongoing pursuit of health equity

Effective collaboration does not only happen in synchronous settings like <u>webinars</u>, <u>workshops</u>, and <u>summits</u>. Collaboration continues on social media platforms such as <u>Facebook</u>, <u>Twitter</u>, and <u>LinkedIn</u> and asynchronously through the ongoing exploration and sharing of resources. Social media is also a powerful tool for storytelling and the sharing of lived experiences that have typically been missing from our equity narratives. P4HE houses a variety resource types on our <u>website</u>. Be a part of this by <u>suggesting resources</u> P4HE should include in our <u>library</u> and highlight on our <u>blog</u>.

> Create effective strategies by leveraging all available lessons in equity building

Broaden your approach and leverage all available knowledge by looking for inspiration in <u>historical</u> and cross-sector lessons. Apply strategies that have been <u>successful in influencing change</u>, even if they are not explicitly related to solutions for health equity. When looking for historical cross-sector examples of success ask: What are our current goals? What strategies have worked in the past? How might this approach align with the strategy we are trying to build? What lessons can be learned here?

Moving from History to Strategy



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State of the Science

The Curb Cut Effect

Curb cutting refers to the downward ramping on the edge of curbs that leads onto sidewalks and entryways that was advocated by and for people living with physical disabilities. While many sidewalks are designed with curb cuts in mind today, this was not always the case. The history of curb cutting illustrates the movement from problem identification through advocacy into legislation and action.

There are many lessons for health equity we can learn from the curb cutting effect. In addition to understanding this movement to action, it underscores that equitable solutions that may seem to only impact one group can have positive impacts on many people and on health equity at large. This means that we need more than plans to build health equity, we need remediation strategies to change systems that are already in place.

Medical Legal Partnerships

Medical legal partnerships are an example of a way in which <u>cross-sector collaboration can improve</u> health equity. The healthcare and the legal sectors form partnerships to work together to address systemic root causes of health inequities. Built off the understanding that many <u>social determinants</u> of health are intrinsically tied to a variety of legal issues, these partnerships combine the need for clinical medical services with services for legal assistance to <u>holistically</u> address <u>community health</u> needs through law and health systems. Medical legal partnerships serve many underserved communities, including seniors.

Definitions Impact Action



"Our [disability] community gets our quality of life defined for us and medical decisions and policy decisions are made about us, based on the presumption that our quality of life is low." Colin Killick, Executive Director, Disability Policy Consortium

Operationalized definitions allow for measurement and the creation of evidence that can be used to illustrate the impact of community health initiatives, programs, policies, and partnerships. The measurement and evidence can lead to additional funding opportunities and allow for the identification of areas for improvement. A definition of health equity that can be used to facilitate action among collaborators is critical, but the definitions used in programs, projects, and policies must be explicitly defined by the populations they are going to be affecting. This includes not only definitions of health equity but also health, success, <u>quality of life</u>, and <u>determinants of health</u>. Aligning definitions to specific populations will help to more accurately assess outcomes in a way

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that is reflective of their experiences. This is particularly important among communities who have been historically marginalized and underserved, including the disability community. Ableist definitions of health precipitate health disparities, sterotypes, and stigmatization of populations living with visible or invisible disabilities.

About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.



Foster the co-creation and spread of

knowledge.



Sharpen our research tools to focus on solutions: facts and stories.



Disrupt traditional research approaches.



Harmonize Challenge

our voices.



the status quo.



light on practices that are indefensible, irrationional and inconsistent.

To learn more about these issues, or Partners for Health Equity's calls to action, a resource library including a full recording of this, and all previous P4HE Webinars, can be found on the P4HE website.