

# ENGAGING NEW ALLIES IN THE HEALTH EQUITY MOVEMENT: *A PARTNERSHIP SUMMIT*

HIGHLIGHTS AND RECOMMENDATIONS  
FROM THE 2018 SUMMIT'S INNOVATION  
THINK TANKS



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# ACKNOWLEDGEMENTS

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**We'd also like to thank our Summit Allies Organizations!**

Summit Allied Organizations (SAOs) are organizations that share with HEI a strong commitment to advancing health equity, supported the 2018 Summit's goals, and contributed to several strategic aspects of the Summit.



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# FOREWORD AND INTRODUCTION

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# WELCOME AND FOREWORD

## Message from the President, Board of Directors

Dear Colleague,

It was a great pleasure to welcome so many professionals and community leaders from U.S. and global organizations to our second bi-annual Summit, *Engaging New Allies in the Health Equity Movement: A Partnership Summit* on February 23 in New York City.

This year's Summit built upon the same kinds of interactive elements that worked so successfully during our 2016 inaugural Summit and explored three very important root causes of health inequities: racial disparities/racism, poverty, and gender and LGBTQIA+ issues. Our other track was dedicated to strategies for multisectoral partnerships via community and public engagement. This latter track also resonated throughout the issues-specific panels and innovation think tanks, as we all know that racism, poverty, gender and LGBTQIA+ issues need to be addressed across society.

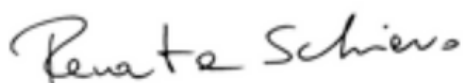
As a member-driven multisectoral volunteer organization, we value the input and determination of members of our community and the larger health equity movement. For this reason, the only kind of Summit we would commit to organizing was one in which your voices would be heard. Our Innovation Think Tanks provided participants with a forum to reflect on the main themes of the Summit and to provide input on strategies and priorities.

We are pleased to present you all with this report, which summarizes key highlights and recommendations from the Summit's Innovation Think Tanks. Think Tanks' participants highlighted the commonalities among the Summit's themes, and their impact on health equity, underlined the widespread social discrimination that unfortunately targets and negatively affects many groups both in the United States and globally, and proposed priorities, strategies and actions for implementation in our communities, cities, and professions. We hope that the input and recommendations from our esteemed Summit participants will be helpful in your work and future endeavors.

Just as the Summit, this report is dedicated to our younger generation: To each little girl who goes to bed hungry at night, to each little boy whose parents need to have the kind of conversation no parent should ever have - that the world's prejudiced views toward the way he looks or talks may hinder to disadvantage; to all runaway teenagers who are neglected by their families and friends and unfortunately forced into homelessness due to their sexual orientation; and to all young girls whose dreams are crippled by gender discrimination.

We hope that the ideas and recommendations we discussed at the Summit will contribute to forging a path forward, strengthen our resolve, and further unite our movement across intersecting social issues and our different professions and communities.

Thank you to our sponsors for enabling us to further this vision. Thank you to our 2018 Summit Organizing Committee and to everyone who was able to join us!



Renata Schiavo, PhD, MA, CCL  
Founding President, Board of Directors, Health Equity Initiative

# ABOUT THE SUMMIT

*Engaging New Allies in the Health Equity Movement: A Partnership Summit* built on the elements that worked successfully in HEI's 2016 Summit and encompassed new themes that were selected to extend the reach of the health equity movement. The Summit took place on February 23, 2018 in New York City at the Schomburg Center for Research in Black Culture, New York Public Library. It brought together public health and healthcare professionals, community leaders, economists, communication specialists, government staff, philanthropy professionals, policymakers, urban planners, architects, IT specialists, grantmakers, academics, students, educators, and many others dedicated to furthering the health equity movement.

The Summit served to engage and inform attendees through two pathways:

- 1) Four interactive panel discussions with leading experts from multiple sectors and disciplines on important determinants of health and strategies for multisectoral partnerships for health equity (see the list of speakers on page 23).
- 2) Engagement and consensus building on the key Summit themes via a consultative process facilitated by multiple Innovation Think Tanks

The Summit focused on the following four topics that are key to advancing health equity:

- Strategies and Models for Multisectoral Partnerships for Health Equity
- Race, Racism, and Health Equity
- Poverty and Health Equity
- Gender, LGBTQIA+, and Health Equity

## Here is a partial listing of organizations that were represented at the Summit:

Albert Einstein College of Medicine  
American Heart  
Association/American Stroke Association  
ARCHIVE Global  
AmeriHealth Caritas  
Associated Medical Schools of New York  
Be More America  
BronxWorks, Inc.  
CADCA  
CipherHealth  
City of Pasadena  
Columbia University Mailman School of Public Health  
CORE Group  
Community Service Society of New York  
County Health Rankings and Roadmaps

Fannie E. Rippel Foundation  
Gehl Institute  
George Washington University School of Public Health  
Hispanic Health Network  
Healthfirst  
Humanity & Inclusion  
Jhpiego  
JustActions  
Latino Commission on AIDS (LCOA)  
La Nueva Esperanza, Inc.  
March of Dimes  
Monash University South Africa  
National Institute for Children's Health Quality  
New York Cares

New York University School of Medicine  
NYC Dept. of Health and Mental Hygiene  
Office of Minority Health Resource Center,  
HHS Office of Minority Health  
Patient Advocate Foundation  
Peer Health Exchange  
Pennsylvania Department of Health  
Planned Parenthood of New York City  
Racial Equity Coalition  
Robert Wood Johnson Foundation  
Roosevelt Park Ministries  
Sentrix Health - Sudler & Hennessey  
The Fortune Society  
The Pew Charitable Trusts  
The Trevor Project  
University of Alabama  
U.S. Dept. of Health and Human Services

# ABOUT THE INNOVATION THINK TANKS

The Summit's Innovation *Think Tanks* reflects Health Equity Initiative's commitment to innovation and community and stakeholder engagement. The *Think Tanks* provided Summit participants with an opportunity to reflect on the Summit's four main topics and/or their own experience with these themes, co-developing solutions to common challenges, and jump-starting a process that ideally would help establish new or strengthen old partnerships.

The *Think Tanks* each focused on one of the following four topics just as the rest of the Summit:

- Strategies and Models for Multisectoral Partnerships for Health Equity
- Race, Racism, and Health Equity
- Poverty and Health Equity
- Gender, LGBTQIA, and Health Equity

Facilitated by experienced leaders in a variety of cross-sectoral fields and disciplines that are key to the health equity movement, the Think Tanks relied on strategies and methods for participatory planning and human-centered design to elicit information exchange and consensus building among summit participants. The ideas that resulted from each consensus process were presented by the Think Tank facilitators and one designated group member per each Think Tank in a Summit's plenary session. Multiple and simultaneous Think Tanks took place on each topic. This report highlights key recommendations and ideas that emerged from the Innovation Think Tanks.

This report highlights key recommendations and ideas that emerged from the Innovation Think Tanks. The report is complemented by the mind maps that were developed by Think Tank participants to illustrate mind associations and ideas that emerged on each theme. - To view and download the Mind Maps, please click [here](#).



# HIGHLIGHTS AND RECOMMENDATIONS FROM THE 2018 SUMMIT'S INNOVATION THINK TANKS

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# EXECUTIVE SUMMARY

The health equity movement has been steadily growing over the last few years. Awareness of health inequities and the many determinants of health has been fueling such growth as well as a renewed commitment to advance health equity – especially within the fields of public health and academia.

However, the movement has stayed primarily in a few professional sectors, with many others steadily joining (e.g., healthcare, urban design, architecture, housing, education, community development, mass media) but still in a more fragmented and sporadic way. Several examples of community-driven solutions for health equity have also been emerging over the last few years, and hopefully will be inspiring action in many more communities. Yet, the main aim of the movement should be to make sure that families, communities, and professionals across the United States and globally talk about health equity at the dinner table -- and at places of work, worship, and leisure -- and act on solutions to improve health and social outcomes for all. Similarly, in clinical settings, healthcare organizations (e.g., hospitals, clinical practices) should integrate population health and health equity principles in providing care – especially to the underserved. Ultimately, comprehensive change across health and social systems is needed.

For health equity to become a reality, specific demands need to be made of a variety of key decision-makers, so that they can consider and hopefully implement adequate policies, funding, and interventions to address health inequities. This can only result from widespread social mobilization on this issue, and from everyone's willingness to become engaged in the health equity movement and to help remove existing barriers to equity.

We should remain hopeful that by bringing new allies to the table, we would continue to make progress toward health equity.

This is complex and difficult work that requires collaborations across communities, professions, and stakeholders.



Health Equity Initiative's 2018 Summit, Engaging New Allies in the Health Equity Movement: A Partnership Summit (New York, NY, February 23, 2018) convened professionals and community leaders from multiple sectors and disciplines from both U.S. and global organizations. This is the second groundbreaking, multisectoral, multidisciplinary, and bi-annual Summit organized by Health Equity Initiative. Key themes of the Summit included how social discrimination in the form of gender-, race-, class/poverty- and LGBTQIA-based biases acts as a barrier to health equity, how health and human rights intersect, and how to develop systems-level change grounded in a multisectoral and multidisciplinary partnership approach that aims at engaging sectors not commonly used to considering health equity implications in their work.

In addition to four eminent panel discussions, which engaged leading experts from multiple sectors (see page 23 for a list of speakers), one key component of the Summit consisted of Innovation Think Tanks in which Summit participants discussed the four main themes of the Summit (strategies for multisectoral partnerships; race, racism, and health equity; poverty and health equity; and gender/LGBTQIA+ issues and health equity).

## EXECUTIVE SUMMARY

They also collectively developed action plans, including proposed priorities, ideas/strategies, and actions, via a participatory and consultative process. A more detailed description of the Think Tanks' process can be found on page [06](#).

This report summarizes recommendations from the Innovation Think Tanks and highlights key themes that emerged across these consultations. Several recurring themes were identified and speak of the common and unjustifiable consequences of social discrimination among different target groups. Participants also identified a set of recurring strategies to address issues of racism, poverty and gender/LGBTQIA+ discrimination, which are all key barriers to health equity. Such strategies include community engagement, multicultural representation, tailored communication strategies, and the development of specific mechanisms and processes to encourage participation of vulnerable and underserved groups in health equity-driven interventions, and to address conscious and unconscious bias.

Finally, Innovation Think Tanks' participants identified and agreed upon priorities and strategies for long-term sustainability of multisectoral partnerships, such as the importance of leadership buy-in and reflecting community voices in all efforts, which are also reported within this document. Detailed summaries by theme are also included. The report is complemented by the Mind Maps participants developed in association to the four themes of the summit, which can be found and downloaded [here](#).

The recommendations in this report have implications for the work of Health Equity Initiative's membership and the broader community, and for all kinds of professionals and community leaders who seek to implement strategies for multisectoral solutions to social and health issues, and ultimately, to advance health equity for all.



## Strategies and Models for Multisectoral Partnerships for Health Equity

Given the multitude and complexity of the many influencing factors, and social, economic, geographical, gender, and racial barriers that contribute to health disparities, health equity can only be achieved by increasing collaborations and multisectoral partnerships across sectors, disciplines and communities. "We must learn about the language of multiple sectors, so we can effectively communicate across different communities and organizational cultures and effect social and policy change through communication interventions. Ultimately, our goal should be to enable each community and sector to arrive at its own definitions of health equity as well as their own priorities in achieving it." (1)

Several Innovation Think Tanks were dedicated to this topic at the 2018 Summit to allow participants to think of priorities, innovative ideas and strategies to bridge existing silos among different professions and communities and mobilize for the common goal of achieving health equity.

Think Tanks' participants provided input on potential strategies and models to create a culture of multisectoral partnerships for health equity as well as on training needs on this topic among different groups and professions.

### Think Tanks' Summary & Recommendations

Developing partnerships is necessary in order to amplify community voices and achieve lasting change. When a partnership is formed, a common problem needs to be clearly defined. Fundamental to the long-term sustainability of all partnerships and interventions, is ensuring that barriers are understood and that the chosen approach is relevant to the group. Senior management and community leaders need to support and buy into the idea of multi-sectoral partnerships for these to be truly successful. Internal transparency, open communication, and trust amongst the group are key to foster long-term collaborations.



For additional information on the Summit Think Tanks, and to download the mind maps developed by the Think Tank Participants, visit <http://www.healthequityinitiative.org/hej/programs/hej-summit-2018/innovation-think-tanks-and-mind-maps/>

#### References:

1. Schiavo, Padgaonkar, Cooney, & Reyes and Health Equity Initiative, 2016.



## Strategies and Models for Multisectoral Partnerships for Health Equity



### Priorities

- Seek leadership buy-in on the importance of multisectoral partnerships within your organization.
- Make sure that community voices are reflected in all aspects of the planning process.

### Ideas/Strategies

- Focus on ensuring barriers to health equity are understood and clearly defined.
- Customize partnership development approaches and interventions to make sure they are relevant to specific groups of partners.
- Analyze needs and priorities of different stakeholders and prioritize community engagement for long-term sustainability of all efforts.
- Develop pilot programs and assess results and lessons learned.
- Use technology to amplify community voices by sharing relevant stories.
- Strengthen partnerships with churches, community centers, and other organizations that can serve as a liaison with the community.
- Strive to engage multiple sectors that may have been less involved in health equity (e.g., education, policy, health insurance).

### Actions

- Partnership development and management:
  - Make sure that when a partnership comes together a common problem is identified and defined.
  - Encourage internal transparency and trust amongst the group.
  - Establish key ROIs at the onset of the partnership.

## *Race, Racism, and Health Equity*

The physiological and psychological impact of racism on the health and well-being of the groups being discriminated against is well documented within existing literature and discussed by many professional societies and organizations. Racial and ethnic disparities are not linked to genetics or biological characteristics but rather to the way people may be unfairly perceived because of their racial or ethnic identity. Unfortunately, the color of one's skin still plays a role in the way people may be viewed, valued or treated by others, and is associated with a fictitious and damaging hierarchy of human value that too often prevent people from thriving and achieving better health outcomes. Racism influences many social determinants of health, such as access to employment and adequate housing, stress levels, and educational attainment, among others. It limits social, economic, and health-related opportunities among communities of color, and create many forms of disadvantage that persist across generations. Racism is too often the root cause of many of the health and social inequities we observe both in the United States and globally.

The Innovation Think Tanks on this theme looked to solicit participants' ideas and input on how we might address racism in our own institutions and/or within the context of population health or clinical interventions. Specific questions focused on how 1) we can promote and encourage understanding of the connection between racism and health equity across different professions and communities; and 2) best acknowledge the negative role that a deep-rooted history of social discrimination has been playing on the patient and population health outcomes. Key topics that emerged from the discussion included workplace discrimination, gaps in education, and unconscious bias, among others.

### **Think Tanks' Summary & Recommendations**

Tackling the issue of racial and ethnic health disparities requires a comprehensive restructuring of the educational, economic, and policy systems.

For example, incorporating comprehensive modules on "health equity" and "social discrimination" in school and academic curricula would be an important step forward in eliminating racial health disparities. Similarly, supporting economic development in underserved communities is key to help mend the economic gap that leads to poor health as the result of limited resources (e.g., lack of access to essential services). Public resources should be increasingly distributed on the basis of "need" to remove existing barriers to health equity among communities of color.

However, for such changes to occur, everyone should first discuss racism in their own institutions and within the context of population health and clinical interventions. Promoting and encouraging understanding of the connection between racism and health equity across different communities is an integral part of achieving better health. Discrimination is something that happens every day in a variety of contexts and should be addressed collectively by professional and lay communities. More formal support mechanisms against discrimination are much needed in a variety of institutions.

Community engagement and mobilization can help define and prioritize key issues and also increase trust so that different organizations can effectively work with community members to advance health equity. Making sure that community and/or organizational committees in charge of decision-making are inclusive of representatives from multiple cultures is key to reflecting the diversity of needs of different communities as well as to consider "diversity" in all interventions.

For additional information on the Summit Think Tanks, and to download the mind maps developed by the Think Tank Participants, visit [www.healthequityinitiative.org/hej/programs/hej-summit-2018/innovation-think-tanks-and-mind-maps/](http://www.healthequityinitiative.org/hej/programs/hej-summit-2018/innovation-think-tanks-and-mind-maps/)

## *Race, Racism, and Health Equity*



### Priorities

- Foster much needed change in the education and policy systems
- Address unconscious bias
- Raise awareness of issues of wealth and resource distribution
- Support economic development in at risk communities
- Deconstruct systems of oppression
- Leadership engagement

### Ideas/Strategies

- Engage communities to address health and racial disparities.
- Tailor messages to different groups, so they can relate to the importance of ending racial and health disparities.
- Carefully craft all communications and language.
- Champion multicultural representation at organizational and intervention levels.

### Actions

- Incorporate "Health equity" in the school curriculum
- Involve communities in the decision making processes
- Provide funding for initiatives that seek to bridge the economic and social gaps between races.

## Poverty and Health Equity

Though the link between socioeconomic status and healthcare access is more established, there's still much progress to be made on increasing awareness of the interconnection between poverty and health equity. Inequalities in health status and access continue to prevail, as those that are in dire need of resources have no access to them (1). Health disparities are often determined and/or exacerbated by lack of shelter, food, essential services (e.g., transportation), and education. Poverty is a very strong determinant of health - just as health equity is a strong determinant of socio-economic development and everyone's prosperity (2).

The Innovation Think Tanks on this topic largely focused on the health inequalities due to poverty and the so-called "diseases of poverty." Participants discussed and evaluated barriers to adopting healthy behaviors, and strategies to address poverty-related barriers in our quest for health equity. Reducing the stigma of poverty was another important topic. Key themes that emerged from the discussion highlighted the importance of policies and interventions that would help change the current status quo in which people from low socioeconomic status are often neglected. This would require comprehensive system-change to address the needs of communities living in poverty.

For additional information on the Summit Think Tanks, and to download the mind maps developed by the Think Tank Participants, visit [www.healthequityinitiative.org/hej/programs/hej-summit-2018/innovation-think-tanks-and-mind-maps/](http://www.healthequityinitiative.org/hej/programs/hej-summit-2018/innovation-think-tanks-and-mind-maps/)

### Think Tank Summary & Recommendations

Community engagement emerged as a key strategy to tackle health inequities when associated with low socio-economic status. Providing incentives and training for community participation is essential to make sure community members could effectively participate in intervention design and implementation. This would also result in shared knowledge, skills-building, capacity-building, and sustainable funding at the community level.

Moreover, it's important to think of health as being more than just "physical health". Spiritual and emotional health are just as important but somewhat less acknowledged within the health equity dialogue. A broader understanding of ideas "health" and "illness" will allow professionals and communities to effectively tackle the issue of health disparities as related to poverty.



#### References:

1. Global Future Group, 2014
2. Schiavo, Padgaonkar, Cooney, & Reyes and Health Equity Initiative, 2016

#### Priorities

- Educate and spread awareness of available resources on health and health equity
- Eliminate stigma and discrimination as related to poverty
- Break poverty-related barriers and bias within institutions • Change legislation and policies to help people who live in poverty

#### Ideas/Strategies

- Create linkages between health and social services
- Engage communities in the dialogue on the connection between poverty and health equity (and vice versa)
- Engage parents to be role-models of good health for their kids
- Prioritize a healthy start by involving school systems, heads of households, recreational centers, community based organizations, child care centers, food outlets and others who can influence the health and well-being of children and their families

#### Actions

- Create incentives for people who live in poverty to participate in intervention design and adopt healthy behaviors
- Listen and ask the right questions when working with communities
- Build capacity for participation and healthy behaviors at the community level



## Gender, LGBTQIA+ and Health Equity

Despite progress, members of the LGBTQIA+ population continue to experience worse health outcomes than heterosexuals (1). Health disparities in this populations are often linked to systematic discrimination (and related high rates of stress), low rates of health insurance coverage, and lack of cultural competence in clinical and community settings.

This Innovation Think Tank primarily focused on securing input from summit participants on several topics including gender/sexuality bias, workplace discrimination, lack of representation, stigma and stereotypes. Most importantly, the Think Tank sought to secure participants' input on key priorities, ideas, and strategies to limit discrimination as related to existing gender norms and sexuality bias, and consequently, its contribution to health inequities. This think tank also analyzed examples of how gender identity and LGBTQIA+ issues may intersect with racism and poverty, such as in the case of lack of access to adequate housing/homelessness, workplace discrimination, and the necessity of laws such as the Equal Employment Opportunity Commission.



### Think Tank Summary & Recommendations

In order to uproot social discrimination relating to the LGBTQIA+ community, we must increase LGBTQIA+ presence both in professional and lay settings, open the conversation about their needs, and make sure they feel heard. Fundamental to this effort is to make sure the community is a safer space to amplify the LGBTQIA+ voice and presence.

The process of creating safe spaces should also prioritize the work environment. One reoccurring issue has been the prevalence of unconscious bias in the workplace, which often results in hostility toward people who identify as LGBTQIA+. By opening the conversation and educating others whenever one gets a chance to do so, everyone can contribute to promote awareness of LGBTQIA+ rights and prevent misunderstandings and hostility. In all instances, it's key to engage those who identify as LGBTQIA+ and incorporate their recommendations within our own conversations, so that we can prevent the trauma of using narratives and information that does not result in effective change, thus, discouraging their contribution.

For additional information on the Summit Think Tanks, and to download the mind maps developed by the Think Tank Participants, visit [www.healthequityinitiative.org/hei/programs/hei-summit-2018/innovation-think-tanks-and-mind-maps/](http://www.healthequityinitiative.org/hei/programs/hei-summit-2018/innovation-think-tanks-and-mind-maps/)

#### References:

1. Kates et al., 2018

#### Priorities

- Normalize the presence and perception of LGBTQIA+ via inclusion and engagement programs
- Break barriers and undoing bias

#### Ideas/Strategies

- Create safer space for dialogue within communities and institutions
- Think beyond institutions; engage communities

#### Actions

- Include cultural sensitivity training within professional and other settings
- Increase LGBTQIA+ engagement in community decisions and follow up on agreed action steps



## CONCLUSIONS, RECOMMENDATIONS, AND NEXT STEPS

This is an exciting time of innovation and transformation for the health equity movement. At Health Equity Initiative, we envision a strong focus on community-driven solutions that will continue to engage a multitude of communities, sectors and professions on advancing health equity. Health equity is the key issue of our time not only because health is a fundamental human right, but also because health is a key determinant of socio-economic development and contributes to everyone's prosperity (1).

We are already seeing many transformative experiences taking place across communities and organizations, including those described by the recipients of Health Equity Initiative's 2018 Community Leaders Scholarship (Watch the "Community Voices for Health Equity" video [here](#). These stories, and many others, speak of innovation, hard work, overcoming obstacles, and community resilience. Most importantly, they speak of a vision for transformation that may lead to healthy, thriving, united, and prosperous communities. Yet, they are too often isolated experiences that rely on the good will and efforts of just a few great individuals and organizations. Our collective challenge is to make sure this vision becomes "commonplace" across our communities and institutions, and that we understand that no single sector or profession can address health inequities alone. In other words, we need to collaborate and find mechanisms to make it easy for all to participate in the movement for health equity.

As a step toward the above vision, our 2018 Summit, Engaging New Allies in the Health Equity Movement: A Partnership Summit, served to convene leaders and organizations across sectors and disciplines from both U.S. and global settings.



Summit participants joined together in New York City to gain new knowledge from eminent leaders via the Summit's four panel discussions, and to develop a shared vision on important themes for the health equity movement via the consultative process the Summit's Innovation Think Tanks facilitated. Key recommendations and conclusions that emerged from the Think Tanks (see detailed descriptions and topic-specific recommendations on pages 7 – 11) across the Summit's four main themes of 1) Strategies for multisectoral partnerships; 2) Race, racism, and health equity; 3) Poverty and health equity; and 4) Gender, LGBTQIA+ and health equity, are summarized below, and are complemented by the Mind Maps developed by Think Tank participants, which can be viewed and downloaded [here](#).

*1) Make sure that community voices are reflected in all efforts. Prioritize vulnerable, underserved and marginalized communities.*

Community engagement emerged as a key strategy to advance health equity, establish multisectoral partnerships, and address social discrimination. Think Tanks' participants associated the process of amplifying community voices with long-term sustainability of all interventions, increased diversity and cultural competence in the workplace and

## CONCLUSIONS, RECOMMENDATIONS, AND NEXT STEPS

community settings, increased transparency and trust within participant groups, and the development of narratives and programs that would meet the needs of specific communities.

*2) Build capacity and incentives for community participation. Encourage multicultural representation.*

Creating safer spaces for dialogue and participation of communities that are unfairly affected by social discrimination and other kinds of conscious or unconscious biases is a key priority in both institutional and community settings. Building trust, listening and asking the right questions, and actually following up on community recommendations, are essential steps to breaking down barriers to health equity and eliminating stigma and discrimination as associated to racism, poverty, gender norms, and LGBTQIA+ biases. Multicultural representation within professional and lay settings as well as decision-making processes is fundamental to amplifying community voices, and creating the right conditions for community leadership and participation.

Ultimately, we must make sure they feel heard; carefully craft the kind of language and messages that we all use to talk about social discrimination and its root causes, so that we do not contribute to creating further harm; tailor communications to engage different groups in eliminating stigma and discrimination; and make sure that when institutions engage with communities they actually follow through, build capacity for strategic participation, and effectively empower communities to design, implement and evaluate health equity-driven interventions that address their needs and priorities.

*3) Promote systems-change to address social discrimination as associated with racism, class/poverty-, or gender/LGBTQIA+ biases.*

For health equity to become a reality, comprehensive change across social and health systems is needed to address social discrimination and other key barriers to health for all. If successful, this transformation should promote social accountability as a new social norm, so that everyone would become aware of their role in promoting a culture of health and championing this issue within their institutions and communities. No effort is ever too small. Examples of sectors and action areas that should be prioritized as part of this transformation that emerged from the Think Tanks are included [here](#).

First, the importance of revisiting education and economic policies to provide better opportunities for all, and to support educational attainment and economic development among underserved and marginalized communities. Second, a renewed focus on building awareness among communities and the general public on health equity resources as well as the importance of becoming engaged in breaking and undoing all forms of bias. Third, the significance of a healthy beginning, which requires the mobilization of schools, head of households, community-based organizations, recreational centers, child care centers, primary care providers, and all kinds of stakeholders to ensure the health and well-being of children and their families, regardless of race, class, socioeconomic status, gender identity, and other social factors.

Ultimately, social mobilization is key to advancing the health equity movement and eliminating stigma and discrimination.

## CONCLUSIONS, RECOMMENDATIONS, AND NEXT STEPS

*4) Think outside of the box and engage sectors and leaders who may have been less involved in advancing health equity.*

The health equity movement can only thrive if we continue to engage new people, sectors, and disciplines. For this we need to prioritize reaching out to these sectors and leaders, who perhaps haven't engaged yet in the health equity movement. It's only by inviting them to the table that we can hopefully make progress in removing the barriers to health equity they may have consciously or unconsciously created. Some examples of leaders and sectors to be prioritized by the effort include the education field, policymakers, hospitals, and healthcare insurances. It is also important to strengthen ties with religious leaders, community centers, and other community-based organizations, which can serve as community liaisons and ensure community representation.

*5) Increase awareness of the link between health inequities and social discrimination by providing training and resources within key settings (e.g., schools, workplace).*

Increasing awareness of the link between health inequities and social discrimination requires formal mechanisms to encourage dialogue, address stigma and bias, and spark new ideas and social norms. Some potential action areas include integrating modules on "health equity" and "social discrimination" in academic and school curricula, so that future generations would be better prepared to address these issues, as well as offering cultural sensitivity training in professional settings. By increasing exposure to arguments and resources in support of health equity, we would be able to identify and recruit new champions to the movement. An example of a school-based program is *In Sickness and in Wealth*, for which students of the United Nations International School (UNIS), one of Health Equity Initiative's partners, and KIPP Academy in the Bronx, NY developed a poster exhibit on health disparities in NY. The exhibit was displayed at the Summit and can be viewed [here](#). Other resources for encouraging dialogue among students can be also found on Health Equity Initiative's [website](#).



*6) Encourage the long-term sustainability of multisectoral partnerships via well-designed strategies and processes.*

Partnership development and management is both a science and an art. Effective skills and training, including the one provided by Health Equity Initiative via its workshop program, are much needed for long-term sustainability. Think Tank participants agreed upon several priorities and strategies for successful multisectoral partnerships, which include the importance of securing leadership buy-in, making sure that community voices are included, and developing pilot experiences as a proof-of-concept as well as to assess results and lessons learned with a much more modest investment. Fundamental to partnership development and management is to identify and define a common issue to be addressed by partners, encourage trust and transparency via suitable processes and open communication, and establish Return on Investment (ROI) parameters at the onset of the partnership. Developing a shared vision for success is key to long-term collaboration and to engaging additional partners in the health equity movement.





# CONCLUSIONS, RECOMMENDATIONS, AND NEXT STEPS

## Conclusions and Next Steps

This is a critical time for the health equity movement. Not only because we have an opportunity to unite across our different sectors and disciplines, but also because health equity is a very suitable lens to amplify our collective voice against any kind of social discrimination, and any effort that seeks to divide our communities between “us” versus “them.”

Leaders and organizations from U.S. and global settings convened in New York City at our February 23 Summit to rekindle their passion for health equity, gain new knowledge, commit to continue their much needed work, establish new connections for potential partnerships, and provide input on the Summit’s themes.

The Summit’s Innovation Think Tanks clearly pointed to many commonalities within the manifestations, consequences, and root causes of social discrimination and their impact on health equity – regardless if such discrimination is related to race-, poverty, gender /LGBTQIA+ - or other biases. They also re-affirmed the need for collaborating across sectors and communities to advance health equity, and to champion inclusiveness and community engagement on all issues contributing to health inequities.

The recommendations and actions in this report are the frame for moving forward that emerged from the Summit’s Innovation Think Tanks. This is just the beginning of a process that Health Equity Initiative hopes you will continue and refine in your own organizations and communities. In fact, bold and robust actions are necessary to continue to advance health equity and support transformative change. This will require the commitment and action of many stakeholders, and will require continuity and perseverance.

By championing health equity in our organizations and communities, sharing resources and information within our networks and social media, making sure to prioritize and integrate community voices in all of our efforts, asking questions and recognizing the expert in everyone, committing to evaluating and learning from the results of our efforts, standing up against any form of social discrimination and educating others on its contribution to health inequities, we can all contribute to health equity no matter how small our initial efforts may be. Many great examples of community-driven and multisectoral solutions for health equity already exist. Our collective challenge is now to make sure that these efforts become “commonplace” and that social accountability for health equity is a new social norm. We hope this report will help advance this vision.

### References:

1. Schiavo, Padgaonkar, Cooney, & Reyes and Health Equity Initiative, 2016.



# APPENDIX

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# SUMMIT PROGRAM AT-A-GLANCE

## MORNING

8:00 - 9:00 AM	REGISTRATION
9:00 - 9:10 AM	WELCOME & INTRODUCTION <i>Renata Schiavo, PhD, MA, CCL</i>
9:10 - 9:45 AM	KEYNOTE <i>Tonya Lee Lewis, JD</i>
9:45 - 10:30 AM	PANEL 1 - STRATEGIES AND MODELS FOR MULTISECTORAL PARTNERSHIPS
10:30 - 11:15 AM	PANEL 2 - RACE, RACISM, AND HEALTH EQUITY
11:15 - 11:30 AM	COFFEE BREAK
11:30 - 12:15 PM	PANEL 3 - POVERTY AND HEALTH EQUITY

## AFTERNOON

12:15 - 1:00 PM	PANEL 4 - GENDER, LGBTQIA, AND HEALTH EQUITY
1:00 - 2:00 PM	LUNCH BREAK
2:00 - 3:15 PM	INNOVATION THINK TANKS
3:15 - 3:30 PM	COFFEE BREAK
3:30 - 5:20 PM	THINK TANK PRESENTATIONS AND DISCUSSIONS
5:20 - 5:30 PM	CONCLUSIONS & NEXT STEPS <i>Renata Schiavo, PhD, MA, CCL</i>

## SUMMIT SPEAKERS, MODERATORS, AND FACILITATORS

### Speakers

#### *Welcome & Introduction*

**Renata Schiavo**, PhD, MA, CCL, Founding President, Board of Directors, Health Equity Initiative, and Columbia University Mailman School of Public Health, and Long Island University

#### *Keynote*

**Tonya Lee Lewis**, JD, Entrepreneur, Producer, Writer, and Health Equity Champion

#### *Strategies and Models for Multisectoral Partnerships*

**Susan Beane**, M.D., Healthfirst

**Renata Schiavo**, PhD, MA, CCL, Founding President, Board of Directors, Health Equity Initiative, and Columbia University Mailman School of Public Health, and Long Island University

**Ella Auchincloss**, MTS, ReThink Health, an Initiative of the Fannie E. Rippel Foundation

Moderated by: **Michelle Kahane**, MIA, MBA, The New School for Public Engagement

#### *Race, Racism, and Health Equity*

**Dwayne Proctor**, PhD, MA, Robert Wood Johnson Foundation

**Keith Maccannon**, MBA, AmeriHealth Caritas

**Anurag Gupta**, JD, M.Phil, Be More America

Moderated by: **Glenn Ellis**, MPH, CHCE, Board Secretary, Board of Directors, Health Equity Initiative, and Strategies for WellBeing, LLC

#### *Poverty and Health Equity*

**Khalil Cumberbatch**, MSW, The Fortune Society

**Guillermo Chacon**, Latino Commission on AIDS (LCOA), and Hispanic Health Network

**Jennifer Olmsted**, PhD, Drew University

Moderated by: **Carmelo Cruz Reyes**, MPH, La Nueva Esperanza, Inc.

#### *Gender, LGBTQIA, and Health Equity*

**Gretchen Van Wye**, PhD, MA, NYC Department of Health and Mental Hygiene, and Columbia University Mailman School of Public Health

**Sam Dorison**, M.Sc., LL.M, The Trevor Project

**Maureen Shaw**, MA, Writer & Opinion Journalist

Moderated by: **Upal Basu Roy**, PhD, MS, MPH, Co-Vice President, Board of Directors, Health Equity Initiative, and LUNgevity Foundation, and The Solution Lab, Inc.

### Innovation Think Tank Facilitators

#### *Strategies and Models for Multisectoral Partnerships*

**Friso van Reesema**, MPH, Member, Board of Directors, Health Equity Initiative, and CipherHealth

**Samatha Cranko**, FleishmanHillard

**Pam Bolton**, MHS, MBA, JustActions

#### *Race, Racism, and Health Equity*

**Erika Hood**, M.Ed., See You At The Top Consulting, Health Improvement Partnership - Cuyahoga

**Marline Vignier**, MPH, CHES, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Minority Health, Region II

#### *Poverty and Health Equity*

**Alka Mansukhani**, PhD, MS, Founding Treasurer and Co-Vice President, Health Equity Initiative, and New York University School of Medicine

**Sarah Ruel-Bergeron**, RA, ARCHIVE Global

**Talimiriam Shmulovich**, Talmiriam Coaching

#### *Gender, LGBTQIA, and Health Equity*

**Doree Damoulakis**, MPH, Independent Public Health Project Manager and Research Analyst

**Lalitha Ramanathapuram**, PhD, MPH, MS, Parker Institute for Cancer Immunotherapy at Memorial Sloan Kettering Cancer Center



# PHOTO GALLERY





# PHOTO GALLERY





# PHOTO GALLERY





## REGISTRANT AND ATTENDEE LIST FOR ENGAGING NEW ALLIES IN THE HEALTH EQUITY MOVEMENT: A PARTNERSHIP SUMMIT

Tina Ahmadinejad Crozer Keystone Health System	Amanda Amodio Memorial Sloan Kettering Cancer Center	Adriana Andaluz NYC Department of Health & Mental Hygiene	Victoria Anwuri Washington University, Institute for Public Health
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Autumn Baidouri AmeriHealth Caritas	Susan Beane Healthfirst	Larissa Begault Gehl Institute	Olivia Benjamin ARCHIVE Global
Bree Bode Roosevelt Park Ministries	Pamela Bolton Just Actions	Claudia Boykins Northern Manhattan Perinatal Partnership	Elisabeth Brodbeck Icahn School of Medicine at Mount Sinai
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Shonta Chambers Patient Advocate Foundation	Angela Chandra New Jersey Chapter, American Academy of Pediatrics	Michelle Chen Charles B. Wang Community Health Center	Daniel Chong NYU Langone Medical Center
Lenore Cooney L Cooney Consulting/HEI	Christine Cortalano Icahn School of Medicine at Mount Sinai	Samantha Cranko FleishmanHillard/ Board Emerita, HEI	Phylicia Cross AmeriHealth Caritas
Khalil G. Cumberbatch The Fortune Society	Doree Damoulakis Independent Public Health Manager/Researcher	Anuka Das MPH Candidate, Columbia University Mailman School of Public Health	Juliana David New Jersey Chapter, American Academy of Pediatrics
Caitlin Deliso NYC Department of Health & Mental Hygiene	Stephanie Demmons Planned Parenthood of New York City	Cynthia Devine Wilmington University	Samuel Dorison The Trevor Project
Nerisusan Duliepere Community Service Society of New York	Judith Dunaway City of Pasadena	Leslie Eaddy American Heart Association/American Stroke Association	Glenn Ellis Strategies for Wellbeing/HEI
Leah Farchmin CADCA	Latisha Liz Faroul MHA Candidate, Seton Hall University/HEI	Kaytura Felix Robert Wood Johnson Foundation	Taylor Frazier Community Service Society of New York
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Tonya Lewis Lee Healthy You Now/Tonik Production	Tony Lewis County Health Rankings and Roadmaps	Vickie Louissant NYC Department of Health & Mental Hygiene	Keith Maccannon AmeriHealth Caritas
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\*only select affiliations are listed





# HEALTH EQUITY INITIATIVE

Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build and sustain a global community that engages across sectors and disciplines to advance health equity.

***Bridging Silos, Building ONE Community for Health Equity!***

**[www.healthequityinitiative.org](http://www.healthequityinitiative.org)**

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