

Implementing Systems-Level Change for Health Equity: A Partnership Summit



February 25-26, 2016
New York, NY

Summit Report



HEi Health Equity Initiative
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Summit Allied Organizations (SAOs) are organizations that share with HEI a strong commitment to advancing health equity, supported the 2016 Summit's goals, and contributed to several strategic aspects of the Summit.



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2016 Health Equity Initiative's Summit Organizing Committee

Renata Schiavo, PhD, MA

Samantha Cranko

Alka Mansukhani, PhD

Upal Basu Roy, PhD, MS, MPH

Lenore Cooney

Carmelo Cruz Reyes, MPH

Lalitha Ramanathapuram, PhD, MPH

Divya Padgaonkar

Welcome and Foreword

It was a great honor to welcome such a diverse group of participants to Health Equity Initiative's inaugural partnership *summit*! The energy, ideas, and seeds for collaboration that sprouted from the summit validated our vision on the importance of building a global community that engages across sectors and disciplines to advance health equity!

Like all the *Summit's* participants, at HEI we all care about our communities, neighborhoods, and cities! We know that despite some progress health disparities continue to compromise the ability of our communities to thrive; they also will have long lasting consequences for future generations. These disparities are linked to many factors: poverty; race; ethnicity and culture; as well as inadequate access to social support, affordable and nutritious food, safe neighborhoods, quality health care services, and a built environment that supports physical activity. The list goes on, and should show us that sometimes we may ask of others more than we ask of ourselves. Achieving health equity must begin with an understanding that we are all part of the solution across our different professions and disciplines, and that communities must be involved in identifying priorities, and developing community-based definitions and indicators of progress.

This is a timely conversation as, even with strides forward, the movement for health equity has remained largely in the realm of a few professional settings. We need broader community and citizen engagement on this issue! We need a place where everyone across sectors and communities feels "THIS IS OUR ISSUE!" This is why we created [Health Equity Initiative](https://www.healthequityinitiative.org), so that we could provide the kind of space in which to ignite a social movement for health equity.

Our work has been focusing primarily on three areas: building community, capacity, and communication resources for health equity. We invite you to explore our website and highlights of accomplishments at www.healthequityinitiative.org.

We are unique in our dedication to bridging the silos across professions, communities and stakeholders on health equity issues and to building ONE community for health equity. As a non-profit membership and member-driven organization, our community embraces professionals from all sectors and committed citizens who wish to leave a healthier world to their children and grandchildren. As such, we

are an untraditional membership organization. We are a social movement, in which we hope all can feel included

This *Summit* was inspired by the same [principles](#) of inclusiveness, teamwork, entrepreneurship, and stakeholder engagement that drive all of our work at Health Equity Initiative. Over the course of a day and a half, we were able to start a much-needed dialogue on how we can work together within our communities and professions to create change. Our outstanding speakers and facilitators represented multiple disciplines and perspectives – public health, healthcare, urban planning, development, community - and more. We also learned a lot from our attendees. Our consensus workshops brought together senior and junior professionals from diverse sectors, academics, and community leaders to map trends that affect us all, and ultimately to pinpoint common priorities, strategies and action steps toward health equity.

This report summarizes and synthesizes the proceedings and outcomes of the work we did together. We sincerely hope that it will support and foster the continuing discussions and activities that will follow in many organizations and communities. Finally, this work would not have been possible without the dedication of our summit organizing committee, and the support of our outstanding Summit Allied Organizations (SAOs) and sponsors. I am grateful to all.

"Health equity" is a key issue of our times. It provides a lens through which to examine health, social and economic issues, and to identify a range of priorities within and beyond the boundaries of health disparities. Thank you all for joining us!

Renata Schiavo, PhD, MA,
Founder and President,
Board of Directors
Health Equity Initiative

Renata Schiavo



Executive Summary

Implementing Systems-Level Change for Health Equity: A Partnership Summit

This inaugural *Summit*, ***Implementing Systems-Level Change for Health Equity: A Partnership Summit***, was convened on February 25-26, 2016 in New York City by [Health Equity Initiative](#), a nonprofit membership and member-driven organization dedicated to building and sustaining a global community that engages across sectors and disciplines to advance health equity.

A first-of-its-kind event, the *Summit* offered professionals, community leaders, and students across sectors and disciplines a forum to explore the systemic issues that perpetuate health inequity and to exchange ideas for creating opportunities for better health among underserved and vulnerable populations. The *Summit* attracted more than 100 professionals and community leaders from the fields of public health, healthcare, architecture, urban design, transportation, parks and recreation, information technology, and community and international development, among others.

Summit participants engaged in the following:

- Hearing perspectives on health equity from a range of experts from diverse sectors and disciplines
- Developing an agenda and related priorities for systems-level change using a participatory/consultative process
- Learning of and discussing the effects of social impact interventions on systems-level change for health equity and/or specific social determinants of health
- Pledging new partnership-based endeavors moving forward

The *Summit* explored four main themes that are all of great importance to health equity and to building a culture of health (see Keynote speech summary on page 6). These include the role of urban design in promoting health equity; the importance of community and patient engagement to strengthen ownership and sustainability of all health equity-related interventions and results; the link between health equity and socioeconomic development; and, finally, strategies to communicate about health equity and to engage different groups and stakeholders in the health equity movement.

This report summarizes the summit's proceedings and outcomes, and points to several

important directions for future interventions and capacity building efforts. A number of important topics emerged as relevant to all four main themes of the Summit, and more in general, to advancing health equity. These include:

- The need to foster understanding and defining of “health equity” in a way that is meaningful to each key stakeholder group; this may involve learning about the “language” of multiple sectors and establishing community- and sector-specific priorities and definitions
- The strong interdependence of entrenched drivers and outcomes of poor health, poverty, and inequality as fundamental to interventions to promote health equity as well as to advance other social justice issues
- The role of community and patient engagement not only in information dissemination, but also in the actual planning, implementation, and evaluation of health equity-driven interventions
- The importance of participation in the urban planning process by professionals outside of design fields and communities themselves
- Capacity building and training as a pre-requisite for action in areas such as advocacy and communication for policy and social change, cross-sectoral collaborations and partnerships, community capacity to participate in intervention planning, and strategies for non-designers and communities to contribute to urban planning
- The importance of health equity-related efforts in fields outside health-related professions

Key conclusions and/or recommendations from the *Summit* are summarized on page 22, as well as in the reports of each plenary and roundtable session and consensus workshop. Other special topics included discussions on engaging youth on health equity issues as well as the work of Health Equity Initiative's Public Policy Member Committee on child mental health disparities as an example of the need for systems-level change.

Overall, the work of the *Summit* confirmed that there is far more to health than health *care*, and that we need to enlist a wider range of allies in advancing health equity.

Keynote

Building a Culture of Health

Speaker: Dwayne Proctor, PhD, Senior Adviser to the President and Director of Achieving Health Equity Portfolio, Robert Wood Johnson Foundation

About a decade ago, the United States as a nation started to understand that health means much more than not being sick. And, that it's driven by far more than what happens in the doctor's office. Put simply: there's more to health than health *care*.

This concept, which is also reflected in the key issues explored by the Health Equity Initiative's summit, is at the heart of the Robert Wood Johnson Foundation's work. Health equity and socioeconomic factors are in fact intrinsically linked. This keynote presentation aimed to share RWJF's goal of building a [Culture of Health](#) and what may be the role of *Summit's* participants in this effort.

Specifically, as Dr. Proctor said "Our communities in particular—how much and where we work, where we live, how we raise and educate our children and other opportunities—are strongly linked to health." For example, "a 25-year-old adult without a high school diploma can expect to live nine years fewer than a college graduate. Adults earning more than \$100,000 can expect to live more than six years longer than someone earning less than \$35,000. Since 2001, life expectancy has increased by more than two years for the wealthiest 5% of U.S. men and by nearly three years for women. During the same period, life expectancy has increased barely at all for the poorest 5%. Even beyond income and education, health is shaped by a host of other factors including behaviors, access to health care and policies that affect health."

If we look at virtually every community across the U.S, people's health is inextricably tied to their ZIP code. In New York City, "babies born just a few subway stops apart have expected lifespans that differ by nine years. These gaps just a few blocks or miles apart aren't only in big urban areas—in rural North Carolina there's a seven-year gap in life expectancy between just a few highway exits. In Richmond, Virginia, there is an eye-opening difference of 20 years of life fewer than six miles apart."

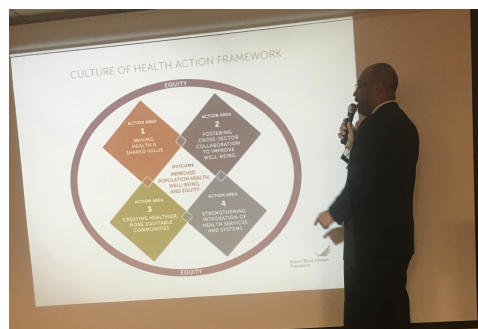
Neighborhood conditions affect health in many ways. For example, poorer neighborhoods generally have more pollution, fast-food outlets, and ads promoting tobacco and alcohol use. They often lack safe places to play and exercise. Residents of high-poverty neighborhoods are more likely to live in substandard housing that can expose children to multiple health hazards including lead poisoning and

asthma. They often have more crime, which can lead to health-harming stress.

"Differences between neighborhoods often did not develop by chance. In many cases, policy decisions have created barriers to opportunity. This is why systems change—and the Health Equity Initiative's work here—is so important," said Dr. Proctor. For example, a map of St. Paul, Minnesota, shows neighborhoods that were deemed worthy of mortgage lending in 1935. Back then, neighborhoods were ranked and color-coded with those deemed more risky outlined in red. This practice of "redlining" created a cycle of inequality, which residents of St. Paul and many other cities still find themselves in today.

Moreover, communities with weaker tax bases can't support high-quality schools, and jobs are often scarce in neighborhoods with struggling economies. Neighborhoods with unreliable or expensive transit options can isolate residents from good jobs, healthcare, childcare, and social services. And in many ZIP codes, stores and restaurants selling unhealthy food outnumber markets with affordable fresh produce or restaurants with nutritious food.

"More is needed to counter long-standing multi-generational drivers of poor health, poverty and inequality, which is why the Robert Wood Johnson Foundation is deepening its efforts to ensure that *everyone* in our nation has an equal opportunity to be healthy. It's what we are calling a Culture of Health, where everyone—no matter who you are, where you live, what your heritage is or what your income is—has the opportunity to live a healthier life," said Dr. Proctor. "A Culture of Health means that getting healthy and staying healthy become fundamental social principles that define American culture."



RWJF developed a *Culture of Health Action Framework*, which currently guides all of the Foundation's work and approach to grant making. The framework is based on the following mantras, which Dr. Proctor described in detail in addition to providing relevant examples:

- *Making Health a Shared Value*
- *Fostering Cross-Sector Collaboration to Improve Well-Being*
- *Creating Healthier, More Equitable Communities*
- *Strengthening Integration of Health Services and Systems*

Given the many inequalities in the U.S.—and related root causes, measuring progress toward a Culture of Health needs to go beyond the traditional health measures. Culture is about the deepest thing one can measure. It's a set of norms and ways of thinking and doing things day-to-day that are especially powerful because people don't usually think about them! RWJF has recently translated the concept of the Culture of

Health into a set of 41 tangible measurements intended to resonate at all levels—from physicians to patients to policymakers.

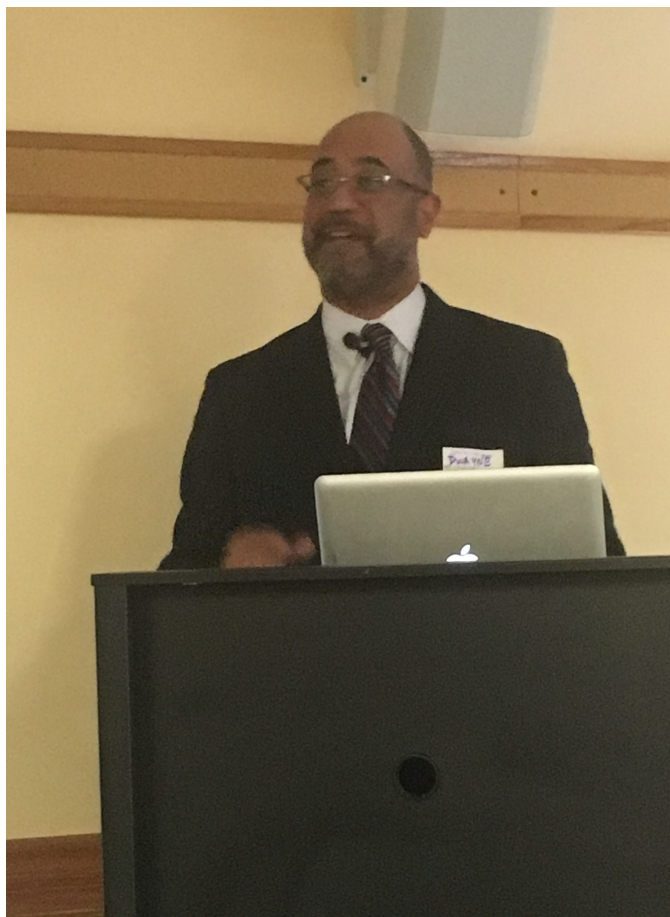
Ultimately, RWJF wants these metrics to mobilize action:

- Catalyzing dialogue
- Improving outcomes
- And achieving real and meaningful change in America's health

RWJF hopes others will also reconnect to their own values and principles in promoting health equity. "We envision a future in which everyone in America has the realistic hope and ample opportunity for the healthiest life possible. It's a **bold** and **audacious** dream," said Dr. Proctor. "Your efforts in this summit to develop an agenda for systems-level change for health equity is a Culture of Health at its best."

Key points:

- There is more to health than health *care*
- Health equity and socioeconomic factors are intrinsically linked
- Beyond income and education, health is shaped by a host of other factors including behaviors, access to health care and policies that affect health
- While some progress in addressing barriers to health equity has been made, more is needed to counter long-standing multi-generational drivers of poor health, poverty and inequality
- RWJF has been deepening its efforts to address inequalities and to Create a Culture of Health, which means that "getting healthy and staying healthy become fundamental social principles that define American culture"
- RWJF has developed A Culture of Health Action Framework, which is based on four specific action areas as well as a set of 41 tangible progress indicators



Plenary Session: Socioeconomic Development and Health Equity

Health is Wealth - Looking at health as the foundation of individual and community development

Speaker: Patricia Mae Doykos, PhD, Director, Bristol-Myers Squibb Foundation

Health is the foundation of individual and community development. Not just economic development! For example, poor health limits educational and economic progress at the individual, community, national, and regional levels. At the same time, poverty and low education are major causes of poor health. Therefore, health, education, income and other factors that contribute to adequate standards of living all work together as key enablers of progress in each of these areas and are highly interdependent.

The title of this presentation seeks to highlight a human development/community development approach to addressing issues of equity, which informs the work of the [Bristol-Myers Squibb Foundation \(BMSF\)](#). In fact, the Foundation is dedicated to promoting health equity and improving the health outcomes of populations disproportionately affected by serious conditions, including low-income groups, racial and ethnic minorities, the elderly, children, socially excluded groups, and resource limited communities. Key efforts focus “on strengthening community-based health care worker capacity, integrating medical care and community-based supportive services, and

mobilizing communities in the fight against disease”, said Dr. Doykos. Programs are closely linked and use the same strategic platform of leveraging and mobilizing community support and services to improve health outcomes. At the core of the work of the Foundation is its understanding of the almost inextricable “entanglement” of poor health and poverty, which can be defined as “poor health increasing the chance of poverty” just as “poverty increases the chance of poor health.”

These principles are also reflected in the United Nations Human Development Index that list health, education, and living standards as the three key components of human development, and includes four indicators for assessing progress: life expectancy, expected and mean years of schooling, gross national income pro-capita. In support of this approach, several examples highlight the strong interdependence of social factors with health. These include the association between cancer mortality rates and specific races and education levels, the interdependence of diabetes prevalence rate and income and quality of care.

In addressing multiple health issues, BMSF works to integrate health and socioeconomic development programs for vulnerable populations, so that they can help address what has been recognized as the “blind spot” of the Millennium Development Goals.

Key points:

- In addition to economic development, health is the foundation for individual and community development
- Health, education, and income are intrinsically related and interdependent
- We need a human/community development approach to addressing issues of equity
- In addressing multiple health issues, the Bristol Myer-Squibb Foundation works to integrate health and socio-economic development programs for vulnerable populations
- Implications of a systems-level change approach to health equity include identifying and addressing structural injustice; embracing equity and inclusion, as well as the interdependence of multiple areas and factors; and measuring for and capturing the impact on human development and quality of life.



Plenary Session: Urban Design and Health Equity

Design for Health: Architecture as a catalyst for change

Speaker: Peter Williams, MS, Founder and Executive Director, ARCHIVE Global

The world is rapidly urbanizing. In today's megacities, several issues affect health and well-being: socioeconomic marginalization, overburdened infrastructure, inadequate healthcare are just some of the many barriers to a healthy and productive life.

The number of people who live in inadequate living environments is rapidly increasing. For example, in Dhaka, Bangladesh, 3.4 million people live in slums, 30% lack access to sanitation, and 100,000 die of diarrheal disease annually. In Brazil, another large country, 1.2 million people live in slums, 30% not connected to sewer network, and 3.7 million work-hours a year are lost to gastrointestinal diseases. This is happening because of underfinanced public services, overburdened healthcare systems, poor resource allocation ... and complacency, inaction and lack of innovation in our responses.

Investing in healthy housing is key to saving treatment costs and preventing disease. Some times, this is as simple as replacing a dirt floor. In fact this simple intervention results in a 75% reduction in exposure to parasites causing diarrhea and stomach worms in children, a 90% improvement in cognitive abilities in children, and a 85% reduction in medical costs for families.

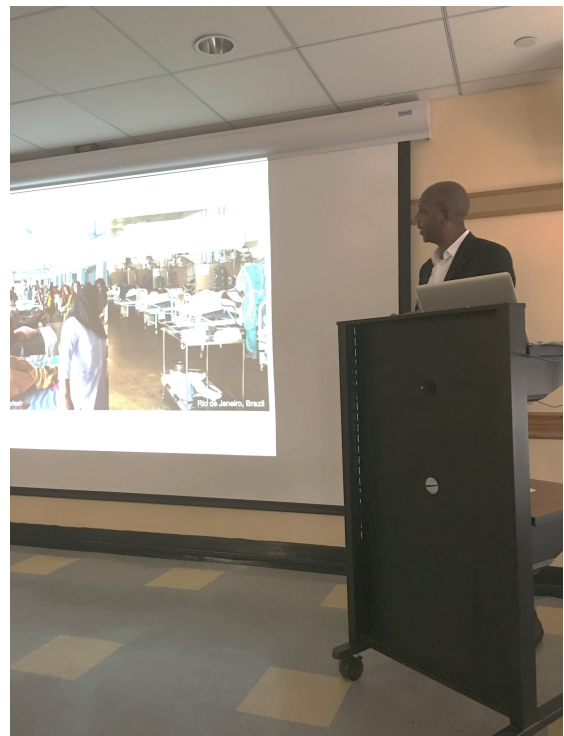
This approach is at the core of [ARCHIVE Global's](#) work across different country settings. "We know that health inequality is universal," said Mr. Williams. Even in developed countries, socioeconomic vulnerability, poor access to healthcare, and diseases of poverty continue to be common in places such as Camden, N.J. in the United States or London, U.K.

For example, in Camden, New Jersey, 18% of residents suffer from asthma, 60% are ill-equipped for asthma management and prevention, 52% of children live below the poverty line, and 40% of children with asthma report missed school days due to their symptoms. Because of ARCHIVE Global's work, ten Camden families were equipped with supplies and support for maintaining asthma-friendly homes, and 15 public agencies and local organizations engaged in roundtable discussions. Overall, there were fewer missed school days and emergency room visits due to asthma symptoms.

The current global housing crisis is intrinsically linked to health. New approaches are needed to prioritize improvements in the living conditions as a key strategy in combating diseases around the world.

Key points:

- The world is rapidly urbanizing, which is resulting in a global housing crisis with million of people living in slums and other inadequate kinds of housing both in developing and developed countries
- Investing in healthy housing is key to saving treatment costs and preventing diseases
- New approaches at the intersection of development, health and architecture are needed to prioritize improvements in the living conditions as a key strategy in combating diseases around the world



Plenary Session: Community and Patient Engagement

Soliciting Guidance through Public Deliberation: A step towards health equity?

Speaker: Marthe Gold MD, MPH, Senior Scholar, New York Academy of Medicine, and Professor Emerita, City College

So much of health is determined by social and environmental circumstances that, if changed, would move us toward equity. However, to change circumstances, policy-makers, local and federal, must be influenced by the needs of average citizens. Public deliberation is one of the methods for community engagement that has been used for securing input from a given population. Rooted in political philosophy and political science, the process involves allowing participants to weigh multiple, often competing arguments on moral or ethical social issues through the perspective of their own experiences. This method pursues legitimacy, transparency and accountability as the views are then compiled for decision-maker action.

It begins with convening people who may have a stake in the issues. Participants are first educated in a non-biased manner through educational material and/or experts and then engaged in a “deliberation.” Using their personal experiences, participants have a reason-based discussion on all sides of the issues. The dialogue is used to incorporate public perspective in the decision-making process of designing interventions.

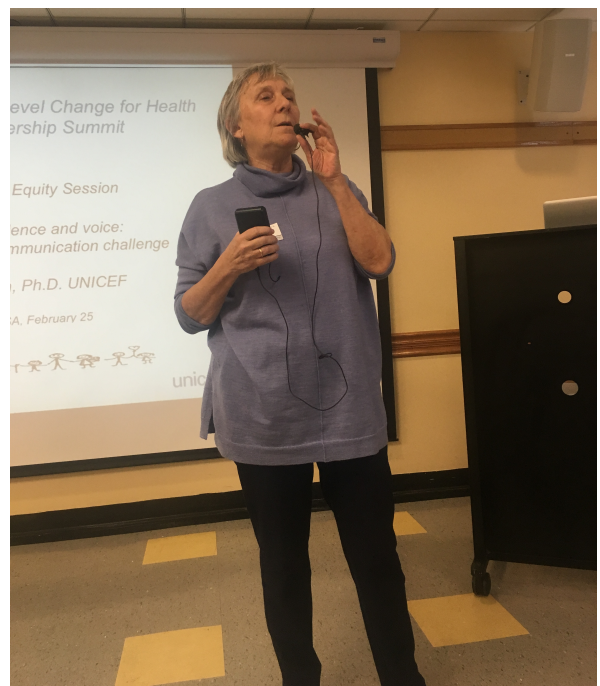
Recently, [The New York Academy of Medicine](#) used this process for an initiative entitled “Prioritize

Health!” which was supported by a grant from the Agency for Healthcare Research and Quality (AHRQ). A collaborative effort with the Sophie Davis School of Biomedical Information and Maimonides Medical Center in Brooklyn, New York, the project involved community members in a deliberative process aimed at assisting Maimonides in the selection of health programming for the diverse neighborhoods it serves. The main objective was to implement three public deliberation processes to educate participants and facilitate an informed discussion on evidence-based interventions directed at prevention. Project assessment focused on participant knowledge and attitudes with pre- and post-surveys while also gathering community input on how Maimonides can best contribute to reducing disease in South Brooklyn.

Results showed a dramatic increase in participant knowledge regarding chronic disease and the impact of social determinants of health and that participants preferred community and policy approaches to chronic disease prevention, as compared to clinical approaches. Participants reported feeling energized and that they were able to share their thoughts in an open environment.

Key Points:

- Health policy and practice must be influenced by the needs of average citizens in order to move towards equity
- Public deliberation is a method used for obtaining informed input from community members with a stake in the issue(s), using perspective from their own experiences
- The dialogue is used to incorporate public perspective in the decision-making.
- Example: Prioritize Health!



Plenary Session: Communicating about Health Equity

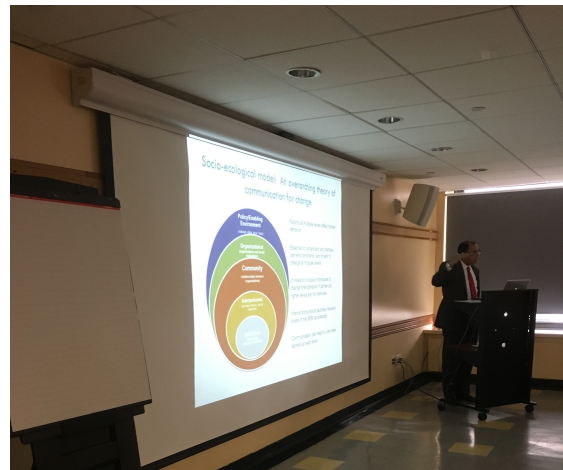
Negotiating evidence and voice: An on-going health communication challenge

Speaker: Rafael Obregon, Ph.D., Chief of Communication for Development
UNICEF

The conventional wisdom is that **equity is inefficient**. It is thought to be too costly and too difficult to go into poor, hard to reach communities. It is assumed that there is a “trade-off” - that there must be a choice between efficiency and equity. However, [UNICEF](#) argues that this trade-off is not necessary. Rather, since the needs are greatest among the unreached, and at the same time, we have new, innovative, efficient strategies and tools to reach the poorest, the benefits of concentrating on them can outweigh the additional cost of reaching them.

In this process it is important to focus on and monitor some of the key determinants of child deprivation, from social norms and policies to financial access and quality of care. An overarching theory of communication for change is the Socio-ecological model. This model factors in the multiple levels of human behavior and is essential to understand and address barriers and drivers of change. Communication can then help overcome these barriers at each level. For example, UNICEF Communication for Development (C4D) employs a mix of communication, media and community engagement strategies to support programmatic efforts to address equity issues.

Public health communication, as a field, has grown over the past three decades. There has been a push to implementing evidence-based interventions by examining what works, and whether it is replicable, scalable and/or cost-effective. In addition,



one of the core assumptions in development and health communications is the importance of increasing the citizens' voice. Doing so will make public institutions more responsive to citizens' needs and demands, and thus more accountable for their actions.

For example, as part of its Communication for Development work, UNICEF Uganda's U-Report has been using an innovative mobile-based application to enable Uganda's young people to offer their views on everything from economic empowerment to immunization. Intended to harness both the high level of connectivity and the proliferation of mobile phones, UNICEF worked to create U-report, a free SMS-based platform through which young Ugandans can speak on what is happening in their communities, and more importantly, use the platform to work together with other community leaders for positive change. Weekly SMS messages and polls are sent out to and from the community of U-reporters, who respond to the polls and exchange views on a wide range of subjects. On their own initiative, U-reporters can also raise awareness of relevant issues, provide feedback on community development, and engage in an ongoing dialogue with authorities and policy makers. U-report has seen great impact as decision makers have begun to listen, take notice and, where possible, act.



Key points:

- UNICEF believes that new, innovative, efficient strategies and tools to reach the poorest /most disadvantaged communities can enable us all to progress towards equity more efficiently
- There has been a push in health and development communication to implement evidence-based interventions, using citizens' voices to make public institutions respond to their needs. Example: UNICEF Uganda u-Report
- Global efforts to advance equity approaches can greatly benefit from lessons learned and experiences in the health and development communication field

Roundtable Sessions Summaries

The Summit roundtables were facilitated by presenters from multiple sectors and took place over a one-hour period divided in three 20 minutes sessions. There were a total of 8 roundtables, each with a different topic, which were attended by 100+ participants.

SOCIOECONOMIC DEVELOPMENT AND HEALTH EQUITY

"The Interface of Health Equity and Cultural Competence in the Ongoing New York Medicaid Reform Process (DSRIP)"

Presenter: Pablo Farias, MD, Lecturer, Harvard University School of Public Health

New York State's Delivery System Reform Incentive Payment (DSRIP) Program is an effort to restructure the complex health system serving the low-income populations of the state through the Medicaid program. DSRIP is focused on reducing avoidable hospital use, while also addressing population health and quality of health services. Its implementation is based on geographically organized Performing Provider Systems (PPS). As a systemic transformation process leading to payment redesign for healthcare providers, DSRIP represents a unique opportunity to advance health equity. Its focus on Medicaid recipients in low-income and diverse communities facing significant health disparities, confronts DSRIP with the full set of challenges posed by health equity. An important strategy to address these challenges is the development of cultural competence and health literacy interventions, such as implementation of culturally and linguistically appropriate service (CLAS) standards. Cultural competence seeks to improve the responsiveness and quality of health service provision; to address cultural and communication barriers in access to care; and to build engagement and participation of patients and their communities in addressing their health needs. This roundtable explored the ways in which the cultural competence framework can inform efforts to advance health equity in the health system reform process.



COMMUNITY AND PATIENT ENGAGEMENT IN HEALTH EQUITY

"Fostering Community and Stakeholder Participation on Health Equity Issues: Looking at Experiences from Developing Nations"

Presenter: Renata Schiavo, PhD., MA, HEI Founder and President; and Senior Lecturer, Columbia University Mailman School of Public Health; and Principal, Strategic Communication ResourcesSM

It is commonly found that communities and groups affected by health disparities share similar characteristics, such as a history of low socioeconomics and social discrimination, lack of access to essential services and goods, limited literacy and/or health literacy. Thus, community engagement is a staple strategy to encourage community ownership and sustainability of all interventions. This roundtable discussed examples of community engagement strategies and programs that were implemented in countries like Rwanda, Angola, and Brazil where participatory planning, human-centered design and community and/or stakeholder consensus processes were used to design suitable interventions and address health issues such as malnutrition, malaria, and chronic diseases. By using participatory methodologies that encourage communities to recognize their own voice and actively participate in the design, implementation, and evaluation of all health equity-related interventions, we could tap the unique experience of community members in a way that goes beyond information dissemination. Lessons learned from the international case studies discussed at this roundtable included the importance of the following: keeping an open mind and striving to address group-driven priorities; considering and overcoming potential bias that may exist toward specific groups, communities, and/or professionals sectors; as well as building capacity among communities, patients, and other key stakeholder as a pre-requisite for real empowerment and participation. Finally, setting the right expectations within communities and developing a shared vision of "success" are also important lessons. By including communities not only in the design, but also in the implementation and evaluation of all interventions, the long-term sustainability of and commitment to all efforts to advance health equity are likely to increase.

"Federal Collaborative Actions to Advance Health Equity within Communities"

Presenter: Michelle Davis, PhD., HEI Advisory Council Member, and Regional Health Administrator, HHS Region 2

Elimination of health disparities is a goal outlined in the National Prevention Strategy, and thus something public health agencies at every level should be working to advance. The National Partnership for Action (NPA) aims to increase the effectiveness of all programs that seek to reduce health disparities. Key areas of intervention of the NPA focus on increasing awareness of key health equity issues, and strengthening leadership. To this end each region in the US has Regional Health Equity Council, which may be structured differently to meet the needs of that specific region. The U.S. Department of Health and Human Services developed a NPA Toolkit for Community Action, which is available online, and was also distributed at the Summit



COMMUNICATING ABOUT HEALTH EQUITY

"Making Health Equity an Issue: Strategies from the Private Sector"

Presenters: Lenore Cooney, HEI Board member, and Principal, LCooney Consulting, and Founder and Former CEO, Cooney Water Group; & Samantha Cranko, HEI Vice President, and Executive Director, NYC Healthcare Lead, Golin

This roundtable discussed the importance of developing multiple messages for different audiences in order to speak to differing priorities and interests. There is very little health equity literacy nationwide, among both providers and patients. Funding is important, but it is difficult to appeal to a funder without fully understanding what they care about. We need to increase the demand for health equity at a

grassroots level and communicate that demand effectively. It is imperative to help other sectors understand the intrinsic benefits of health equity to themselves and the greater population. This is possible by bringing together those who push for change with those who can make the change.

"Health Equity: When Words are Barriers instead of Bridges"

Presenter: Isabel Estrada-Portales, PhD., MS, Senior Communications Specialist, NIH Office of Behavioral and Social Sciences

This roundtable discussed the negative effects that media campaigns can sometimes have on public health. In moving towards a shared language for health equity, it is important to ask how we can communicate positive messages to the media. The term "health equity" is often difficult to define, but it is necessary to educate people about its meaning in order to move forward.

Such efforts need to take into account that there are language barriers and education barriers, which at times may prevent people from speaking up or highlighting their issues to others. Advocacy involves the need for different methods and uses of iconography and media to reach different groups of people, and at a variety of reading levels, in order to promote inclusiveness, especially among at-risk groups. Through adequate advocacy efforts we can help give voice to those who may not have one and foster the kind of systemic change that also builds the capacity for communities to recognize their own stories and speak up for their own rights.



HEI PUBLIC POLICY MEMBER COMMITTEE

"Utilizing a community-driven research approach to online/digital screening assessments for mental health among children: A call to action from HEI Public Policy member committee"

Presenters: Friso Van Reesema, MPH, Co-Chair, HEI Public Policy Committee (PPC) and Director Care Management, Emmi Solutions; & Manik Bhat, Co-Chair, HEI Public Policy Committee (PPC) and CEO, Healthify. Doree Damoluakis, MPH who is a member of the PPC, also co-facilitate this workshop.

Mental health is an individual and public health crisis among children in the U.S. One in five adolescents has a mental health condition. Children with mental health issues develop greater long-term negative social and health outcomes. The roundtable discussed the need for better systems for screening children for early mental health symptoms, as well as, designing culturally and financially engaging and social justice-oriented interventions to engage youth, their parents, caregivers, communities and schools to prioritize mental health support and care.

The PPC's objective for the roundtable involved fine-tuning the committee's work, as well as engaging the HEI community in lively conversations, feedback and participation in our support of childhood mental and behavioral health. To this end, the roundtable facilitators and presenters shared a potential action plan to leverage technology and online assessments for behavioral health through the school system.

While caution was expressed by roundtable attendees on the overuse of assessments, many comments and ideas also focused on the use of social media to reach out and engage students in online assessment, as was shown successful in past HIV risk behavior campaigns. Other ideas discussed included aligning any form of assessments with other routine and wellness checks; considering cultural sensitivity and barriers to this kind of assessment, and using a team-based community approach, among others.

In summary, technology may provide a valuable option to conduct longitudinal screenings given the confidentiality, convenience and privacy of online tools, assessments and communications. Still, consideration should be given to additional systems-changing strategies such as the formation of committees for adolescent mental health, which will assess local situations, and help design adequate and community-friendly systems for (1) data collection, use, and dissemination; (2) capacity building and training for different professionals, so they can

adequately engage in child mental health issues and (3) overall child mental health programs and services to be implemented at the local level. The roundtable was valuable in providing constructive recommendations and cautions to keep the PPC moving forward with the development of a policy brief for improving mental and behavioral health disparities in children.



ENGAGING YOUNG PEOPLE ON HEALTH EQUITY ISSUES

"Youth Action: How Best to Engage Young Stakeholders in Eliminating Health Disparities"

Presenters: Alka Mansukhani, PhD., HEI Founding Treasurer, and Associate Professor, New York University School of Medicine; & Carmelo Cruz Reyes, MPH, HEI Board Member and Membership Committee Chair, and Senior Contract Manager, Public Health Solutions

This roundtable discussed the importance of training adults for better interactions with youth on health disparities issues. In order for adults to successfully engage youth, they must first earn their trust. Motivational Interviewing Training, for example, is one of the methods that could be used to provide adults with a set of skills to improve communication with youth as opposed to practicing a top-down hierarchical approach to engaging them in the health equity movement. Participants shared a number of other projects from their own experiences.

One main topic of discussion focused on the importance of engaging communities to communicate with elected officials about the importance of a change in the school curriculum, especially at the lower grades, to promote awareness of health equity, its many root causes, and also encourage the selection of healthy life choices among young people. Participants also spoke about the need for developing Community Advisory Groups, which should be made for youth and by youth, so these could provide a forum for young people to speak about their experience with health and health equity.

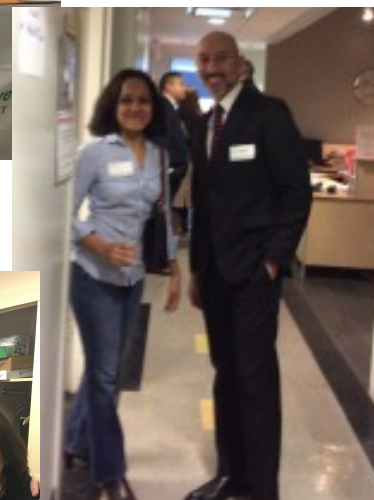
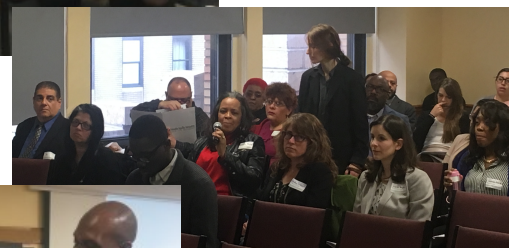
"Mobilizing the Next Generation of Health Equity Practitioners"

Presenter: Upal Basu Roy, PhD., MS, MPH, HEI Board Member and Secretary, and Director, Science Communication and Programs, LUNgevity. & Lalitha Ramanathapuram, PhD, MPH, Research Scientist and Program Coordinator, Department of Biology, New York University

While the concept of health equity has finally made its entrance in academic and grassroots dialogue, strategies that effectively engage youth in the health equity movement have yet to be clearly defined. Youth are different from adults in that biological effects such as those deriving from inadequate nutrition, and/or other social determinants of health, including income inequality, have unique and long-lasting effects. The purpose of this roundtable was to discuss meaningful and action-oriented strategies for engaging youth in the health equity movement, especially in a way that confers a more "active" role on youth rather than the traditional engagement just as a "passive" listener.



Participants recognized the importance of role models and mentors. Ideally, role models and mentors should be drawn from disadvantaged communities, so they can share their experience and act as the voice for such communities. Moreover, health equity should be addressed in schools and is currently lacking in school curricula. Other ways to engage youth such as social media and youth-friendly activities were also noted as empowerment strategies to help jump-start a youth-driven dialogue on health equity.



Interactive Consensus Workshop

Building Common Ground for Health Equity

Socioeconomic Development and Health Equity

Facilitated by: Lisa Weiss, MPH, Independent Communications Consultant; & Anthony Santella, DrPH, MPH, MCHES, Assistant Professor, Department of Health Professions, Hofstra University

Health equity is as much a socioeconomic issue as it is a fundamental human right and a key social justice issue for society today. Advancing health equity means increasing the economic wellbeing of our cities, communities and neighborhoods and enabling people to take advantage of social and economic opportunities. Healthy people are more likely to secure or change jobs, find lifetime partners, be attentive parents, start a business or relocate to a new city or country. (1).

By using a health equity lens to examine critical issues in cities or countries, we are able to identify and address major social and environmental factors that contribute to health disparities: poverty, race, social status, gender norms, built environment, for example. But we should also recognize and promote the obverse: the relationship of health equity to the ability of our communities to thrive and prosper. Doing so can supply another powerful

argument in support of health equity issues.

Workshop Summary

There are inherent challenges to gaining multi-sector support for health equity as a key determinant of community and economic development. While there is little question about the social justice argument for health equity, there has been far less public discussion of the material benefit to the community as a form of return on investment in health equity, especially in developed countries.



Priorities	Strategies	Actions
<ul style="list-style-type: none"> Sharply define the relationship between health equity and economic and community development; establish acceptance of the connection as a social norm Advance the concept among health and design professionals already involved in health equity issues 	<ul style="list-style-type: none"> Develop new and different ways to collect data, identify markers, and measure results; publish subsequent studies Develop allies outside the health field, especially among groups advocating on issues of poverty that have not yet included health equity in their analysis Mount a concerted effort to communicate the connection between health equity and community economic welfare across stakeholder segments 	<ul style="list-style-type: none"> Identify potential champions and allies beyond the public health sphere: business leaders, economists, policy makers, academia, urban planning, etc. Combine the contributions of the grass-roots (community) and social “tree tops” (business leaders, elected officials, etc.) - those most deeply affected who have a wealth of ideas together with those who control material resources Stimulate public debate about the connection between community health and community wealth. Establish publicly disclosed performance indicators on health, such as business leaders reporting on employee health, elected officials reporting on the health of their communities

Interactive Consensus Workshop

Building Common Ground for Health Equity

Urban Design and Health Equity

Facilitated by: Julia D Day, MSc, Project Manager, Gehl Studio, a Gehl Architects Company

A growing body of evidence points up the vital role of the physical environment and urban planning in advancing the health and well-being of our neighborhoods and communities. (2) Adequate urban planning – which includes safe streets for pedestrians and bicycles, parks and safe play spaces, well functioning public transit, buildings that encourage physical activity, among other features – contributes to a healthy lifestyle in both urban and rural settings and helps mitigate or prevent serious health conditions. It can also stimulate socioeconomic development and local job creation.

Workshop Summary

By the year 2050, an estimated 70 percent of the world's population will live in urban areas (3), making urban planning increasingly relevant to a broad range of stakeholders and disciplines in the advance of health equity issues. The involvement of many disciplines and sectors – public health, health care delivery, community development, CBOs, for example – will be required for strategies that incorporate the health equity paradigm as well as community perspectives into urban design.



Priorities	Strategies	Actions
<ul style="list-style-type: none"> Enlist a wider range of participants in health equity: professionals outside the design field, professionals in design and health who do not yet value health equity, the general public Develop new models for investment in urban design that focus on the needs of the socially at-risk communities Create a shared, accessible language for addressing urban design issues in the community 	<ul style="list-style-type: none"> Enlist community gate keepers; build working relationships and trust Engage a broad audience: young people, professionals in the field and those currently underrepresented in the planning profession, such as minorities and women; expose children to vocational opportunities in design and health equity Recognize and incorporate community members' everyday experience with design process into local planning Equip professionals and community members to tackle design issues from a health equity perspective Define and implement community engagement for all steps in the design process; create a shared vision of the value of community participation among the different government agencies involved in a project 	<ul style="list-style-type: none"> Engagement <ul style="list-style-type: none"> Go to where the people are, build relationships and employ social networking as a tool Develop an engagement strategy to undergird each process Be transparent about the purpose of engagement: to command, to collaborate or to build consensus? Pilot engagement approaches Recognize that engagement takes time and money Find ways to incorporate community feedback into policy ideas Focus on local context <ul style="list-style-type: none"> Local language with local speakers Tailor messages to the specific audience Invest in programing, not just infrastructure

Interactive Consensus Workshop

Building Common Ground for Health Equity

Community and Patient Engagement

Facilitated by: Samantha Cranko, HEI Vice President, Executive Director, NYC Healthcare Lead, Golin

Community engagement and mobilization on the design, implementation and evaluation of all interventions has been used successfully by several developing countries as a strategy to address a variety of health and social issues affecting vulnerable and underserved groups (4). Recent examples have illuminated how processes that extend beyond community health workers can encourage community ownership of relevant interventions and specific local solutions to key social problems and barriers. The Ebola crisis of 2014-2015 is a case in point (5), as are earlier Ebola epidemics (6). Moreover, several countries (Rwanda, Cuba) have been employing community health approaches to health to significant advantage (7).



In the United States, community participation has proved effective in reducing childhood obesity disparities in Nebraska (8). It has created valuable connections between community and clinic in improving quality of health care delivery (9) as well as local implementation of the Accountable Care Act. While more and more experiences are coming to light,

the fact remains that community engagement for sustainable development is all too often an afterthought in many instances. It is an under-utilized



approach to helping advance the movement for health equity, integral as it can be to many different professional fields and strategies. Institutionalizing community and patient engagement within organizational practice and policy can be an important step in the advance of health equity.

Workshop Summary

Fundamental to community engagement is building and maintaining relationships, as well as understanding community members in the context of where and how they actually live. Convening members only at isolated points in the process is not sufficient: they must be part of the entire intervention, from design through evaluation. To arrive at solutions that are truly local requires bringing the project to where the community is, both physically and psychically, and to find ways to empower the community -- and also those organizations that wish to involve patients -- through training and capacity building.

Priorities	Strategies	Action Steps
<ul style="list-style-type: none"> • Build and maintain relationships with patients and community • Ensure comprehensive long-term participation in every aspect of interventions • Build capacity for engagement in community 	<ul style="list-style-type: none"> • Increase training to empower community members <ul style="list-style-type: none"> - Educate organizations about patients as people for better communications - Reduce bias and preconceptions • Integrate community members in all projects from inception • Bring projects to where the community is, both physically and psychically 	<ul style="list-style-type: none"> • Develop resource/provide technical assistance for community training and education • Create patient and community panels for integration and maximum participation • Establish cross-sector collaborations

4) Schiavo, 2007-2016; 2009, 2013, 2014. 5) UNICEF, 2015a, 2015b, 2015c. 6) WHO, 2004a, 2004b. 7) Ministry of Health of Rwanda, 2013, Condo et al., 2014; MEDICC, 2016. 8) Robert Wood Johnson Foundation, 2015; Schiavo, 2015. 9) Equity of Care, 2015; Massachusetts General Hospital, 2014

Interactive Consensus Workshop

Building Common Ground for Health Equity

Communicating about Health Equity

Facilitated by: Glenn Ellis, Founder and President, Strategies for Well-Being

Health Equity remains a complex concept for many people to grasp. Awareness of health disparities and their root causes in the US increased only minimally over a full decade, while disparities have persisted and in some cases even increased among disadvantaged groups. Numerous initiatives around the concept of health equity in the US and internationally have begun to shine light on the issues and draw attention from the public, policy-makers and the groups most deeply affected by health disparities. Still, mobilization of a multi-sector movement has remained unrealized.

Well-designed communications interventions have the power to build bridges, bolster confidence, break down barriers and spur organizing at every level of community, organizational, policy and individual endeavor. (10) Various communications models exist for behavioral, social and organizational change (11) which are grounded in current approaches, theoretical models and experiences and recognize the many factors and groups that contribute to positive health outcomes. Beyond messages and channels, communications is actually an iterative, strategic and people-centered process for behavioral, social and organizational change.

Communications efforts in support of health equity must work to engage stakeholders. Key among them are policy makers and influential groups such as religious and community leaders, health care providers, employers, women's groups, and teachers, to cite just a few. These groups are critical to mobilizing communities and the general public and encouraging their participation in the decision-

making processes for policy and social change, through culturally competent and participatory approaches.

Workshop Summary

Communications interventions are fundamental to effecting social and policy change. It is critical, however, to recognize the challenge posed by the breadth of the topics embodied in the concept of health equity and the varying levels of awareness, acceptance and concern among the various stakeholder groups. Finding the most effective communications approaches requires an understanding of each group. It is clear that capacity building and communications training are needed for the adoption of health equity into policy and practice. Below are key priorities, strategies, and action steps highlighted by participants.



Priorities	Strategies	Action Steps
<ul style="list-style-type: none"> Define "health equity" and why it is important for each of the major stakeholder groups Effect social and policy change through communications interventions by sector 	<ul style="list-style-type: none"> Make "emotional intelligence" central to the communications process, tailoring approaches and messages to the needs of key stakeholders Recognize and address the need for communications capacity and understand the resources available for the design and implementation of interventions 	<ul style="list-style-type: none"> Research the current level of awareness and understanding of health equity among stakeholder groups Work collaboratively with stakeholder groups in developing communications approaches and messages Select the communications channels most appropriate to the needs and concerns of stakeholder groups.

Summit Poster Session

The Poster Session took place on the morning of the second day of the conference, Friday, February 26, 2016, from 8:30am – 9:45am.

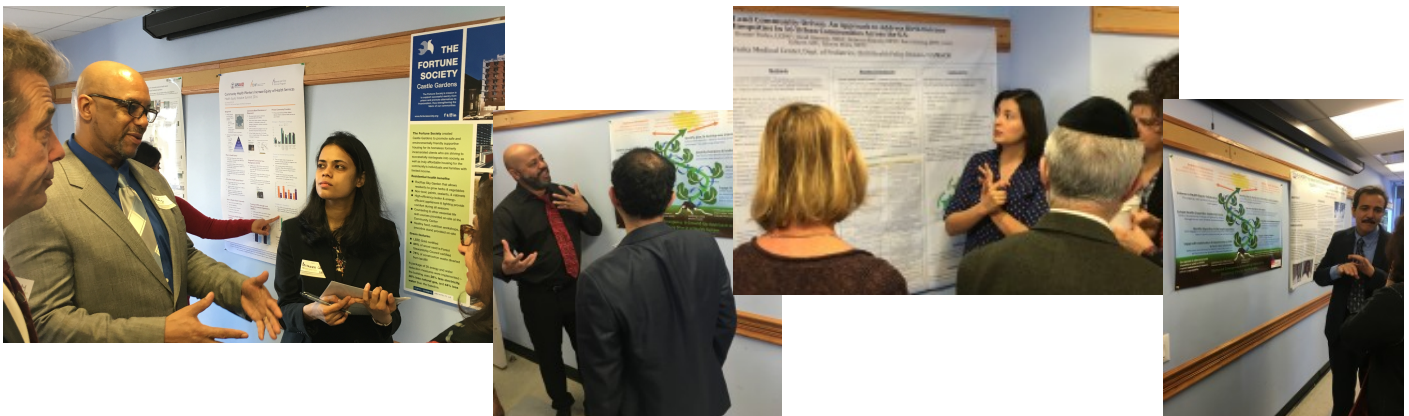
The peer-reviewed session gave professionals and students from numerous sectors and disciplines an opportunity to highlight and discuss results of social impact interventions on systems-level change for health equity and/or specific social determinants of health.

Common Themes and Strategies

Each poster underscored at least one major barrier to eliminating health disparities among vulnerable and disenfranchised populations in both developed and developing countries. All posters pointed up the need to tackle health inequity through socially impactful multi-sectoral systems-level changes across the four themes of the Summit: communicating about health equity, community and patient engagement, socioeconomic development and urban planning. Among the project featured were the assessment of a USAID program that aims to transcend barriers to optimum maternal and child health exacerbated by underdevelopment; achievements of New York City in fostering a public/private partnership in a bike sharing program; the importance of understanding and incorporating data to establish social determinants in developing strategies to reduce black infant mortality in the United States. A common theme of all the posters was the need to involve members of communities most affected by health inequity in the process of advocating for, establishing, and implementing initiatives that will lead to healthier populations.

Strategies. Several strategies for advancing, promoting, and implementing and evaluating social impact initiatives for health equity were on display. They included the following:

- Working towards establishing and fostering opportunities for health policy leaders who can uniquely identify with the experiences of populations most adversely affected by health inequity.
- Exploring public-private partnerships that effectively result in better health outcomes for vulnerable, disenfranchised populations.
- Using data-informed and community-driven approaches to understanding poor health outcomes among vulnerable populations and identifying the underlying causes of these poor health outcomes as they relate to social determinants of health (12).
- Encouraging multisectoral collaborations and partnerships in which communities mobilize for action and pool resources together to advance health equity. Community is defined here to include not only community residents but all types of business, institutions, and stakeholders in health equity issues, who live or operate in a geographical area, or belong to specific lay or professional communities (13).
- The importance of a community-specific definition of health equity that takes into account the unique priorities and social determinants of health that may relevant to a specific community and therefore inform action for health equity impact.



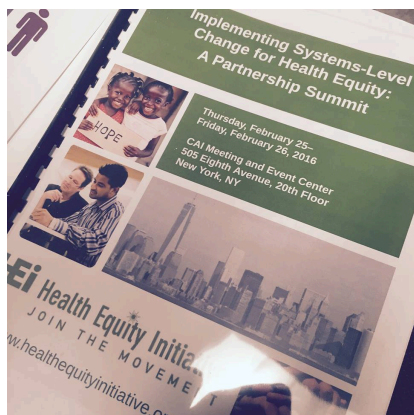
Summit Poster Session

	Title	Theme	Organization
1	Nurtured Emergence: A Ground Up Approach to Dissolving Silos in Health Systems	Communicating about health for policy and social change and/or awareness building	University of Texas Medical Branch, Center to Eliminate Health Disparities Authors: Kenneth D. Smith, Hani Serag, Shannon Guillot-Wright, Wei-Chen Lee, Christen Walcher
2	Diversifying the Health Policy Profession	Communicating about health for policy and social change and/or awareness building	RWJF Center for Health Policy at Meharry Medical College Author: Mariah Cole
3	The National Birth Equity Collaborative: Systems-Level Change for Equity in Black Birth	Communicating about health for policy and social change and/or awareness building	National Birth Equity Collaborative Author: Joia Creat-Perry, Shani Hunter, Carmen Green
4	Community Health Workers and Their Strong Role in Reducing Health Disparities in Maternal and Newborn Health in Ecuador and Honduras	Community and patient engagement and health equity	Maternal and Child Survival Program, ICFI Authors: Tanvi Monga, Jennifer Winestock Luna
5	Adopting a Trauma-Informed Care Approach for a Primary Care Safety Net Population.	Community and patient engagement and health equity	National Council for Behavioral Health Authors: Micaela Mercado, Cheryl Sharp, Laura Valez, Priya Gopalan, Patricia Batista, Alex Gensemer
6	RMNCH Rapid Health Systems Assessment: Recommendations for increasing quality service provision to underserved populations	Socioeconomic development and health equity	Results for Development (R4D) Institute Authors: Meredith Kimball
7	Data-Informed and Community-Driven: An Approach to Address Birth Outcome Inequities in 16 Urban Communities Across the U.S.	Socioeconomic development and health equity	CityMatCH Authors: Monica Beltran, Denise Pecha, Chad Abresch, Rebecca Ramsey, Kara Gehring, Carol Gilbert, Allis Miles
8	New York City Department of Transportation: Activating NYC Streets as Public Space	Urban planning and health equity	The New York City Department of Transportation Author: Burns Forsythe
9	Castle Gardens Project	Urban planning and health equity	The Fortune Society Author: Stanley Richards, Mark Ginsberg
10	Making the case for a multisectoral and multidisciplinary membership organization dedicated to health equity: Results from a 2013 online survey and follow up participatory planning	Multisectoral Collaborations and Partnerships	Health Equity Initiative Authors: Renata Schiavo, Alka Mansukhani, Samantha Cranko, Gustavo Cruz
11	Raising the Influence of Community Voices on Health Equity: The Health Equity Exchange Experience	Community Engagement/Communicating About Health Equity	Health Equity Initiative Authors: Renata Schiavo, Ohemaa Boahemaa, Brandy Watts, Elena Hoepfner, and Divya Padgaonkar
12	Building community-campus partnerships to prevent infant mortality: Lessons learned from building capacity in four US cities	Community Engagement/Multisectoral Collaborations	Health Equity Initiative Authors: Renata Schiavo, Isabel Estrada-Portales, Elena Hoepfner, Denisse Ormazá, Radhika Ramesh

Conclusions and Recommendations

The health equity movement is making progress but for the most part still remains in the realm of a few health-related and academic sectors. Because of its significant impact on current and future generations, health equity is a key social justice issue that demands the sustained engagement and investment of multiple stakeholders at different levels of society, so that together we can work toward eliminating health disparities.

Expanding upon its core action areas and dedication to multisectoral solutions, [Health Equity Initiative](#), a non profit membership and member-driven organization, organized this inaugural *Summit* to offer professionals, community leaders, and students across sectors and disciplines a forum to discuss the systemic barriers that contribute to health inequity and to exchange ideas focused on building and sustaining a global community that works to advance health equity. The *Summit* attracted more than 100 professionals and community leaders from the fields of public health, healthcare, architecture, urban design, transportation, parks and recreation, information technology, and community and international development, among others. The high level of diversity and participation further validated Health Equity Initiative's commitment and unique dedication to bridging silos and building ONE community for health equity across our professions, cities, and neighborhoods.



The timing of this *Summit* is highly opportune given that “health equity” is rapidly becoming “the next big thing” in a variety of media and organizations. Yet, as emphasized in discussions throughout *Implementing Systems-Level Change for Health Equity: A Partnership Summit*, our collective understanding of the roles of different professions, sectors, and professional and lay communities in advancing health equity is still in its nascent stage in many U.S. and

international settings. This is largely due to the intrinsic complexity of the concept of health equity itself along with several other factors cited throughout this report.

Such understanding, however, is key to the success of all types of multisectoral interventions and partnerships that aim at social and behavioral change, and ultimately to achieving health equity.

In an important step toward the participatory and consultative process needed to build community around health equity issues, the *Summit* provided many opportunities to share ideas, resources, and success stories as well as to identify key strategies, priorities and actions steps toward health equity. As outlined earlier, the *Summit* explored four main themes of great importance to health equity: a) the role of urban design; b) the importance of community and patient engagement; c) the link between health equity and socioeconomic development; and d) the art and science of communicating about health equity to engage groups and stakeholders in the health equity movement. The concepts and recommendations that emerged from each session or interactive consensus workshop are summarized within relevant sections of this report.

The *Summit* also contributed to a shared understanding of overall topics, strategies, and action areas that are critical to building a culture of health, progressing toward systems-level change for health equity. These are reflected within the conclusions and recommendations listed below.

1) Health equity remains a very complex concept for many people; therefore, it must be defined and made relevant across different professions, communities, and sectors. This may include focusing on shared values and benefits; speaking of the barriers vulnerable and underserved populations face in various contexts; and simplifying the language we use in communicating about health equity issues. Most important, however, is the point that everyone has a stake in health issues, regardless of their current beliefs or professional fields. 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.

2) Recognizing and embracing the strong interdependence of long-standing drivers and outcomes of poor health, poverty, and inequality, is an essential step toward addressing health equity as well as other social justice issues. For this, we need to sharply define the relationship between health equity and economic, community, and individual development, as well as to identify and highlight common root causes, so that the role of different stakeholders in health equity issues can be further clarified and may lead to broader multisectoral engagement both in the U.S. and globally. While there is little question about the social justice argument for health equity, this additional and somewhat less explored approach may provide another powerful line of reasoning in support of advancing health equity.



3) Community and patient engagement is key to advancing health equity and should have a broader scope other than just information dissemination in order to improve ownership and sustainability of all interventions. Fundamental to community engagement is building and maintaining relationships as well as understanding community members in the context of where and how they actually live. Convening community members only at select times is not sufficient to create change. Communities need to be involved in the design, implementation and evaluation of health equity-related interventions. Of equal importance is building capacity for engagement within community and patient groups as well as setting the right expectations to develop a shared vision for “success.” These priorities also coincide with lessons learned from community and patient engagement experiences in economically developing nations, which may be relevant within vulnerable and underserved population settings across different countries and cultures. The *Summit* highlighted several models and experiences to advance this agenda, and eventually heighten the influence of community voices on health equity.

4) The importance of the physical environment and urban design to advancing health equity calls for enlisting a wider range of participants outside the design field as well as community perspectives in urban planning. This may entail the development of new models for investment in urban design that focus on the needs of the socially at-risk communities, as well as a shared and accessible language for addressing urban design issues within communities. Ultimately, new approaches at the intersection of health, urban design, architecture and development are needed to improve the living conditions of at risk-populations

5) Capacity building and training should be a major focus and pre-requisite for action both within health and non-health sectors. Key topics to be considered for this kind of effort include:

- Communication capacity and training to promote the adoption of health equity into policy and practice
- Cross-sector collaborations and partnership development and management as principal strategies to broaden participation in the health equity movement and build a culture of collaboration within different communities and organizations
- Strategies for community and patient engagement and participatory planning to improve sustainability of all interventions by raising the influence of community members on health equity issues
- Resources and tools to enable participation in urban design by community members and professionals outside of design fields
- Monitoring and disseminating lessons learned and progress, specific to different groups and stakeholders, and promoting adoption of best practices in support of health equity



6) The importance of health equity-related efforts in fields outside health related professions emerged as a pivotal topic in numerous presentations and examples. The multitude of inequalities in the U.S. and globally mandates a new set of norms and innovative thinking – centered on people - that can only be generated by the input of different stakeholders.



The chief points arising from the work of the *Summit* appear to validate the importance of a new concept of “community”, one that is composed not only of community residents but also all the stakeholders who live, work, and operate in a given geographical area. (14) This includes all kinds of businesses, institutions, municipal services, policy makers, government services – all of which have reasons to care about the health and prosperity of that specific neighborhood, city, or locality (14). For this, we need to build capacity and willingness for understanding health equity as of benefit to all. For

this, we need to reconnect to the values that motivate our work and lives as well as our vision for the kind of world we want to leave to our children and grandchildren. We need to create appropriate forums to discuss perspectives on difficult issues such as poverty, race, and social discrimination, and how these impinge on health, social, and organizational outcomes. Finally, we need to remember that the concept of “equal opportunity” is what has inspired or shaped many political agendas, civil and human rights movements, founding legislations, and international declarations across issues and centuries (15).

The time to implement systems-level change for health equity is now. Through investments in integrated multisectoral interventions and capacity building and training, as well as endorsements by stakeholders and leaders across sectors and disciplines, increased community participation and engagement, bold communication strategies for behavioral and social change, innovative thinking, and supportive public policies, we can remove barriers to health equity. By broadening our overall commitment to community-driven cross-sectoral solutions, we can ensure that vulnerable and underserved populations both in the United States and internationally have the opportunity to stay healthy, effectively cope with disease and crisis, and ultimately thrive by reaching their own health and socioeconomic goals.

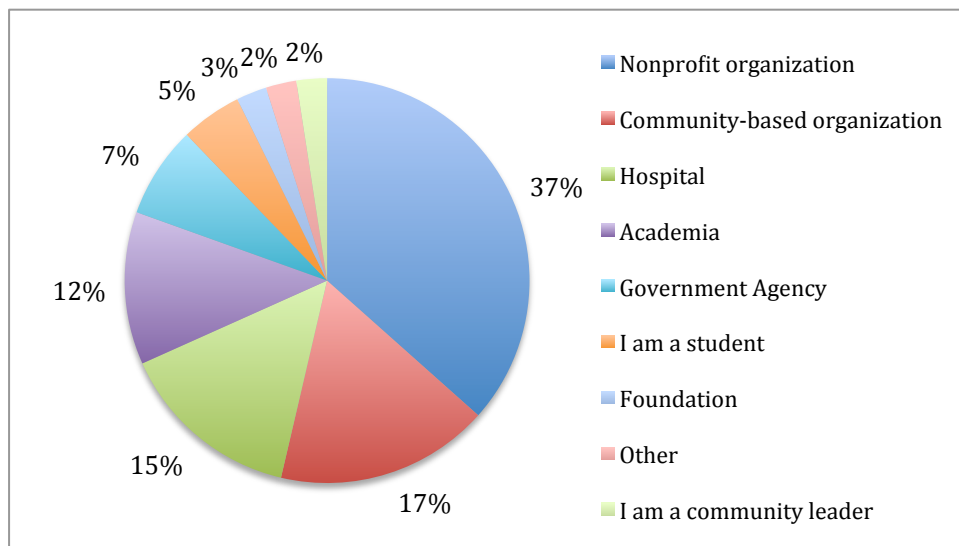
14) Schiavo, 2013 and 2016a.

15) Van Til, 1978; Roosevelt, 1999; Ng and Reshaw, 2008; Paes de Barros et. al; 2009; Cousins, 2014; United Nations, 2008, 2015

Summit-at-a-Glance



110+ participants
over
1 and ½ days



4 Types of Sessions



Plenary presentations



8 Roundtables



4 Interactive Consensus Workshops



12 Posters

Partial list of organizations represented at the summit:

A Step Ahead Foundation
Alberta Health Services
ARCHIVE Global
Bristol Myers Squibb Foundation
Bronx-Lebanon Hospital Center
Brooklyn Health Disparities Center
Carrabus Health Alliance
CityMatCH
Claremont Healthy Village
Community Coalition
Department of Health and Human Services Region 2
Diaspora Community Services
Emmi Solutions

Facebook
Food and Drug Administration
Gehl Architect Company
Golin
Harvard School of Public Health
Healthify
Hofstra University
LOY/Center for Healthy Living, Inc.
Maternal and Child Survival Program/ICFI
MEDICC
National Council of La Raza
National Institute of Health
National Birth Equity Coalition

New York University
NYC Department of Transportation
NYU School of Medicine
Peer Health Exchange
Public Health Solutions
Robert Fulton Terrace Tenants Council
Robert Wood Johnson Foundation
Rutgers University Institute for Health
RWJF Center for Health Policy at Meharry Medical College
Strategies for Well-Being
SUNY Downstate Center
UNICEF
UTMB Center to Eliminate Health Disparities

Summit Program-at-a-Glance

Thursday, February 25, 2016	
8:00am-9:00am	Registration and Breakfast
9:00am-9:15am	Welcome and Introduction
9:15am-10:00am	Keynote
10:00am-10:20am	Socioeconomic development and health equity
10:20am-10:40am	Urban design and health equity
10:40am-11:00am	Coffee Break
11:00am-11:20pm	Community and patient engagement and health equity
11:20pm-11:40am	Communicating about health equity
12:00pm- 1:00pm	Lunch Break
1:00pm - 2:00pm	Roundtable Discussions
2:00pm - 5:00pm	Summit Interactive Consensus Workshops: <i>Building Common Ground for Health Equity</i>

Friday, February 26, 2016	
8:30am - 9:45am	Poster Session
10:00am - 11:30am	Presentation of Consensus Workshop Results
10:00am - 10:20am	<i>Communicating about health equity</i>
10:20am - 10:40am	<i>Community and patient engagement and health equity</i>
10:40am - 10:50am	Coffee Break
10:50am - 11:10am	<i>Socioeconomic development and health equity</i>
11:10am - 11:30am	<i>Urban design and health equity</i>
11:30am - 11:45am	Conclusions and next steps
11:45am - 12:30pm	Discussion and Networking tables

For the full Summit Program, please visit: <http://tinyurl.com/gpxbjp3>

Attendee and Registrant List for Implementing Systems-Level Change for Health Equity: A Partnership Summit

February 25-26, 2016
New York, New York

Amanda Amodio
Memorial Sloan Kettering Cancer Center

Stephania Anderson
Consultant

Audrianna Atencio
National Council of La Raza

Meghan Bartels
National Association of Science Writers

Upal Basu Roy
LUNgevity/**HEI***

Lisa Bates
Center for the Study of Social
Inequalities and Health, Columbia
University Mailman School of Public
Health

Alycia Bayne
NORC at the University of Chicago

Rabbi Reuven Becker
LOY/Center for Healthy Living,
Inc.

Kenly Belt
Association of Community Cancer
Centers

Monica Beltran
CityMatCH

Manik Bhatt
Healthify

Ruth Browne
Arthur Ashe Institute

Natalie Charles
Diaspora Community Services

Roberto Claudio
Bronx-Lebanon Hospital Center

Sarah Cocuzzo
Peer Health Exchange

Mariah Cole
RWJF Center for Health Policy at Meharry
Medical College

Lenore Cooney
L Cooney Consulting/**HEI***

Elizabeth Cortes
Bronx-Lebanon Hospital Center

Samantha Cranko
Golin/**HEI***

Crystal Crawford
Cal Wellness

Joia Crear Perry
National Birth Equity Collaborative

Avantika Daing
Zomato

Doree Damoulakis
Columbia University Mailman
School of Public Health

Michelle Davis
Department of Health and Human
Services – Region 2

Julia Day
Gehl Studio

Daniel Dei
Bronx-Lebanon Hospital Center

Curran Dhar
New York University

Patricia Doykos
Bristol Myers Squibb Foundation

Glenn Ellis
Strategies for Well-Being

Maleka Embry
ARCHIVE Global

Mattias Ernst
ARCHIVE Global

Isabel Estrada-Portales
National Institute of Health

Tekisha Everette
Health Equity Solutions

Pablo Farias
Harvard University School of Public Health

Burns Forsythe
New York City Department of
Transportation

Lisa Foster
Facebook

Sara Gardner
Fund for Public Health New York

Joe Gattuso
Sudler & Hennessy/IntraMed

Marthe Gold
New York Academy of Medicine

Aviva Goldstein
Fund for Public Health New York

Ruben Gutierrez
Sudler & Hennessy/ IntraMed

Morgan Hewett
Facebook

Lisa Ighomuage
Bronx-Lebanon Hospital Center

Riksum Kazi
ARCHIVE Global

Karren Lane
Community Coalition

Katrina Mateo
NYU School of Medicine / CUNY School of
Public Health

Briana McIntosh
CWRU Prevention Research Center for
Healthy Neighborhoods

Kellie Mitchell
A Step Ahead Foundation

Smiti Nadkarni
Center for the Study of Asian-American
Health/NYU Prevention Research Center

Chidinma Okoli
University of Exeter, England

William Pilkington
Claremont Healthy Village

Lalitha Ramanathapuram
New York University

Aarthi Rangarajan
Ranal

Carmelo Cruz Reyes
Public Health Solutions/HEI*

Ashley Gomez
Columbia University Mailman
School of Public Health

Mark Hatzenbuehler
Center for the Study for Social
Inequalities and Health, Columbia
University Mailman School of
Public Health

Barbara Holmes
Bronx-Lebanon Hospital Center

James James
Claremont Health Village

Linda Kemp
Robert Fulton Terrace Tenants
Council

Alka Mansukhani
New York University School of
Medicine/HEI*

Lakia Maxwell
Brooklyn Health Disparities
Center

Micaela Mercado
New York University

Tanvi Monga
Maternal and Child Survival
Program/ICFI

Kim Nichols
African Services Committee

Denise Pecha
CityMatCH

Gwendolyn Primus
Bronx-Lebanon Hospital Center

Angelica Ramirez
Department of Health and Human
Services – Region 2

Jill Raufman
Albert Einstein College of
Medicine

Stanley Richards
Fortune Society

Carmen Green
National Birth Equity Collaborative

Debra Heiser
City of St. Louis Park

Erika Hood
CWRU Prevention Research Center for
Healthy Neighborhoods

Muhammad Javed
London School of Hygiene and
Tropical Medicine

Emma Klock
ARCHIVE Global

Patrick Masseo
Bronx-Lebanon Hospital Center

Trevon Mayers
Community Catalyst

Tamara Michel
Queens Library

Maria Murphy
Bronx-Lebanon Hospital Center

Rafael Obregon
UNICEF

Rachael Peters
Peer Health Exchange

Dwayne Proctor
Robert Wood Johnson Foundation

Carmen Ramos
Bronx-Lebanon Hospital Center

Lindsey Realmuto
New York Academy of Medicine

Danielle Roach
University of Illinois at Chicago

Katie Rubinger
Johns Hopkins Bloomberg School of Public
Health

Renata Schiavo
Strategic Communication Resources/
Columbia University Mailman School of
Public Health/ Journal of Communication
in Healthcare,/**HEI***

Dominique Sharpton
Education for a Better America

Kenneth Smith
UTMB Center to Eliminate Health
Disparities

Sara Stroman
S2 Stationary and Design

Jeanette Valentine
Rutgers University Institute of Health

Sandra Vassos
Association of Community Cancer Centers

Sean Walther
City of St. Louis Park

Jason West
City of St. Louis Park

Stacy Yeh
Alberta Health Services

Sharonjit Sagoo
U S Food and Drug Administration

Elena Schwolsky-Fitch
MEDICC

Madeleine Shea
CMS, Office of Minority Health

Laura Smith
City of St. Louis Park

Patricia Synnott
Institute for Clinical and
Economic Review

Tony Valentine
Bronx-Lebanon Hospital Center

Marline Vignier
Department of Health and Human
Service, Region 2

Lisa Weiss
Independent Communications
Consultant

Alfred Williams
Bronx-Lebanon Hospital Center

Lynna Zhongm
Center for the Study of Asian-
American Health/NYU Prevention
Research Center

Anthony Santella
Hofstra University

Hani Serag
University of Texas Medical Branch

Hina Sheikh
Community Coalition

Pamela D. Straker
Brooklyn Health Disparities Center,
SUNY

Reginald Tucker-Seeley
Harvard School of Public Health

Friso Van Reesema
Emmi Solutions

Vinita Vongviwat
Columbia University Mailman School
of Public Health

Margaret Weright
Bronx-Lebanon Hospital Center

Peter Williams
ARCHIVE Global

* Indicate officers/members of the board of directors of Health Equity Initiative