Setting Health Equity Visions for Success: Part 2
Webinar Summary and Call to Action

PARTNERS for **ADVANCING HEALTH EQUITY**

Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Setting Health Equity Visions for Success: Part Two* on April 18, 2023. Panelists engaged in discussions about health equity from the perspective of healthcare providers, highlighting the importance of understanding patients' lives beyond their health records. The whole person view they shared holds implications for researchers, philanthropists, advocates, community members, and policymakers as well as health care practitioners. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

> **Caryn Bell,** Associate Director, P4HE, Tulane School of Public Health & Tropical Medicine

> **Dr. Michael J. Hasselberg,** Chief Digital Health Officer, University of Rochester Medical Center

> **Dr. Christy Valentine Theard,** President/CEO, Healthy Blue Louisiana

Key Resources

- Understanding the Patient Experience: A Conceptual Framework
- Public Health Action Kits
- Whole Person Care

Your Voice

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

Key Takeaways

Achieving success in health equity requires collaboration between a variety of key players that share a common vision for improving health outcomes for all. Part two of "*Setting Health Equity Visions for Success*" discussed approaches for more effectively working with individuals in a variety of health focused spaces. Whether they are patients, participants, or collaborators, taking a whole person approach increases respect, builds trust, and furthers sustainable health equity solutions. Professionals from different sectors can collaborate with individuals to identify and share practical strategies for dismantling systems and barriers to advancing health equity by centering holistic identities in conversations about health inequities.

Webinar participants defined equitable healthcare as improved healthcare quality, access, and outcomes for all, where service providers are respectful, bias-free, and available no matter patients' race, age, socioeconomic status, and geographic location. Participants highlighted barriers to equitable healthcare, including systemic exploitation and racism, preconceived biases, lack of inclusion in decision making, and cultural blindness. Individuals seeking care were noted as experiencing advocacy challenges related to prohibitive costs of care, limited education related to health, and language and communication barriers.

Below we've summarized immediate steps to be taken to advance health equity.

Call To Action

› Actively search for gaps in equity and leverage strategies that that account for the gaps.

"A lot of times [equity gaps] are a blind spot. People don't know that the way they may be behaving is actually causing a disparity in outcomes." Dr. Christy Valentine Theard, President/CEO, Healthy Blue Louisiana

Examine health outcomes by race, ethnicity, age, geographic location, and socioeconomic status, to uncover equity gaps. This includes examining the interconnectedness of these factors. Researchers can account for disparities in health outcomes according to these potential drivers of inequity when considering methodological approaches, designing studies, and evaluating data. Evaluate how specific approaches to healthcare may contribute to health disparities by centering patients' voices. Flaws in service delivery and health policies can be confronted by implementing changes to close equity gaps. Changes could include equity-focused training requirements and policies, such as culturally sensitive care.
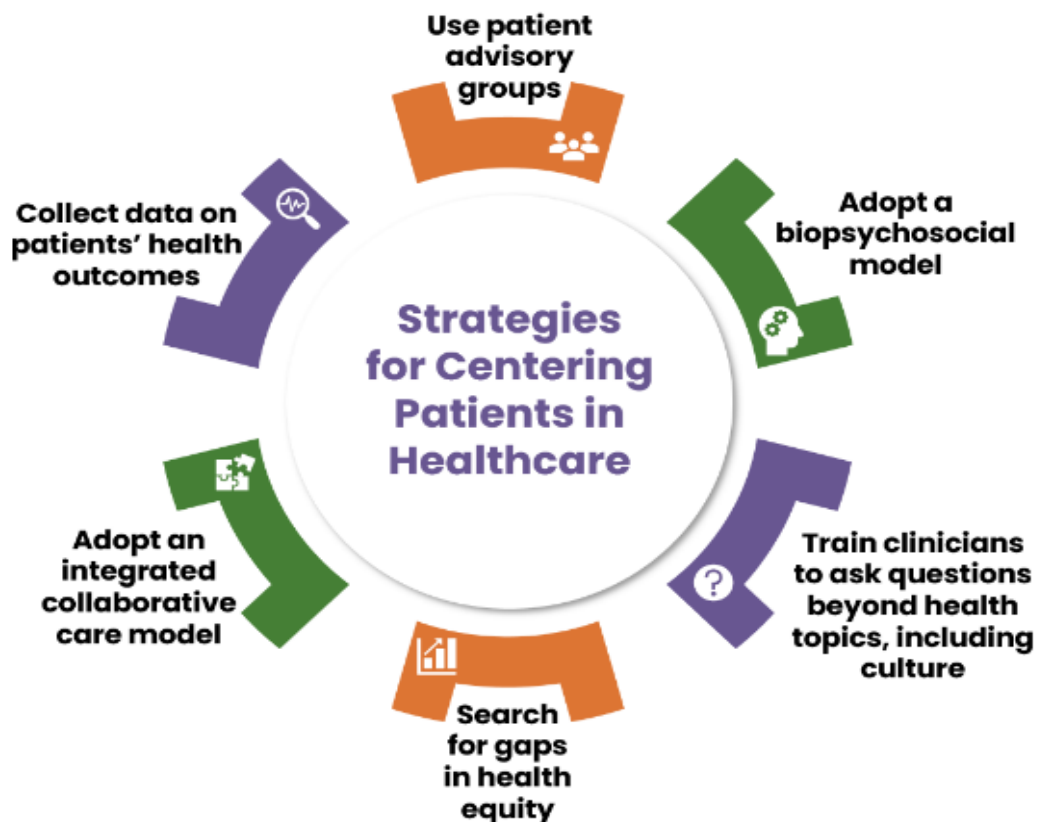
> Ask questions to understand people on a deeper and more holistic level and deliver services that will be most beneficial to them.

"[Collecting] the data around social determinants of health and potential health inequities was a challenge on our clinician side… helping [providers] to understand the importance of 'Why would we want to ask about food insecurities?' and 'Why would we want to ask about financial insecurities?'" Dr. Michael J. Hasselberg, Chief Digital Health Officer, University of Rochester Medical Center

Value information that emphasizes whole people with entire lives rather than individuals for treatment or study. Educate clinicians, researchers, community service providers, and practitioners on the importance of asking patients about more than just their health needs. To offer services and solutions that entirely meet the needs of the whole person, we need to inquire about barriers to receiving health care, such as financial/employment insecurity, food insecurity, and transportation insecurity. Incorporating data on these barriers in research studies, advocacy, and clinical care will enhance existing knowledge on the contributing factors to health disparities. Leverage whole-person understanding in conversations with funders and policy makers seeking to make effective, sustainable, change for health equity.

Health Equity Barriers from a Whole-Person Lens

- Financial/Employment Insecurity
- Food Insecurity
- Transportation Insecurity
- Housing Insecurity
- Limited Access to Technology/Internet (e.g., Telehealth)
- Uninsured or Underinsured

"We have to look at patients as whole people… They're whole people, and they have whole lives." Caryn Bell, Associate Director, P4HE, Tulane School of Public Health and Tropical Medicine

Account for individuals' current situations when considering services that will truly be of service to them. Open your mind to the thoughts and feelings about the healthcare they desire and what health equity looks like to them. Research available resources, gaps, and commonly used services in local communities. Consider this by identifying and executing solutions that provide flexible and adaptable healthcare practices and make services more accessible to patients depending on their current circumstances and needs. This includes telehealth appointments and sliding fee scales, which can lessen costs and limit transportation barriers. Adapt healthcare delivery by implementing models that consider other potentially impactful influences on patients' health outcomes beyond physical and biological factors.

> **Design services that reflect patient viewpoints and cultures.**

"Instead of telling [people] what's best for them, [ask] them what they see for themselves in healthcare." Dr. Christy Valentine Theard, President/CEO, Healthy Blue Louisiana

Gather information about patients' experiences and health outcomes through their own viewpoints. Create patient advisory groups composed of patients that represent different demographics and lived experiences, such as rural communities, communities of color, and older adults. Utilize the lived experiences, perspectives, suggestions, and guidance provided by such groups to inform the design of healthcare programs, treatments, and practices, and policy considerations. Health professionals should "want to hear those voices around 'How do we design [services] to meet the community needs?'" Dr. Michael J. Hasselberg, Chief Digital Health Officer, University of Rochester Medical Center

Respect the cultures that people value and celebrate in healthcare service delivery and policy considerations to completely address factors impacting their health. Designing culturally responsive health equity solutions requires learning about patients' cultural backgrounds. Accounting for how culture impacts daily lives can enhance service delivery and potentially health outcomes. People engage with various cultural elements that can impact the ways we collaborate for heath equity across all settings including food and diet, communication and social norms, holidays, hobbies, values, and religion. *"You have to respect the culture, and I think that that goes hand-in-hand with respecting people, right? Because culture is part of people's lived experiences and can be a part of their identity."*

Caryn Bell, Associate Director, P4HE, Tulane School of Public Health and Tropical Medicine

State of the Science

Public Health Detailing

Public health detailing was mentioned in the webinar chat as a potential provider education method. As part of this method, health department representatives or other health professionals visit healthcare providers to deliver trainings or presentations, detailing recommendations and resources, like "action kits", for improving clinical practices. Such trainings or presentations suggest practice changes to target specific health outcomes, such as practices to promote judicious opioid prescribing. In New York City, representatives from the Department of Health and Mental Health Hygiene implemented a public health detailing program to educate providers on improving delivery of clinical preventive services. The collaboration between government health officials and healthcare providers through public health detailing programs allows for easy transfer of information and increasing awareness of the best practices to advance health outcomes and health equity for all.

Biopsychosocial Model

The biopsychosocial model looks at the interconnections and interactions of biological, psychological, and sociological factors to understand health, illness, and healthcare delivery. The model recognizes the importance of thinking beyond biological and physical mechanisms to capture health across factors that include self-esteem, social skills, coping, and mental health, socioeconomic background, relationships, religion, cultural norms, and social networks. To apply the biopsychosocial approach, healthcare providers must gather additional data about patients' personal and life circumstances and provide treatment informed by the intersections of biological, psychological, and sociological information. Researchers should expand upon existing literature to further evaluate the effectiveness of this model, which can inform policymakers on the potential benefits of standardizing the biopsychosocial model across healthcare systems.

Integrated Collaborative Care Model

The integrated collaborative care model incorporates behavioral health services alongside physical health services. By offering "whole-person care," clinicians can use this model to treat mental health conditions that have comorbid physical health effects under a single treatment plan. The collaboration between primary care providers and behavioral health providers allows for more effective coordination and execution of care that can work together to improve health outcomes. For communities that disproportionately experience behavioral health issues, and thus, the co-existing physical health issues, the integrated collaborative care model can help to reduce health inequities by addressing these individuals' needs concurrently. Conducting further research on the effectiveness of this model could influence policymakers to focus on the intersection of physical health and behavioral health in writing and implementing policies to advance health equity.

About P4HE

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

Foster the co-creation and spread of knowledge.

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

Disrupt traditional research approaches.

Harmonize our voices.

Challenge the status quo.

Shine light on practices that are indefensible, irrational and inconsistent.

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

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