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Organizer 1:  Good afternoon, everybody.  I would like to welcome you to \_\_\_\_\_\_\_ session.  It is very nice to be here, and I hope you are enjoying this wonderful conference.  (Inaudible).  My name is \_\_\_\_\_\_\_, and I am a community health educator for Vanderbilt Ingram Cancer Center in Nashville.  I work very close with the Hispanic and African American community.  I also want to introduce \_\_\_\_\_\_, who works for Meharry-Vanderbilt Alliance, and she is going to be doing voice recording and also taking some notes.

Organizer 2:  And I will be taking up the notes that you take during the session.  If anyone has any problems being digitally voice recorded, please let me know after the session.  You can do so in private.  Thank you.

Organizer 1:  I would like to remind everybody if you need to take any phone calls, you are welcome to step out and come back to us.  I would also like to invite you to attend ... (inaudible).  It is going to be located on the second and third floor of this building.  Now, we are going to start with \_\_\_\_\_\_\_\_.  He will be doing a quick introduction.

Organizer 3:  Thank you.  I am sure many of us are familiar with the term "health equity," and this session is supposed to be ... (inaudible) ... activities to change and improve health equity.  How many of you are public health \_\_\_\_\_\_\_?  A lot of y'all.  I had this great debate with \_\_\_\_\_\_\_ at one point over the notion that we could eliminate health disparities, or the opposite of health equity, and we argued back and forth about it.  There was a prevailing movement among the public health community that you couldn't fully eliminate them, but you could decrease them.  I was arguing that we should eliminate them.  We have been back and forth about that.  The reason why I say that is - if you look at definitions of health equity, and the cartoon slides that you just saw were better than anything I could say, but that gets to the issue.  If you talk about health disparities and health inequalities, you are talking about making things equal.  Should people who smoke have higher rates of lung cancer?  When you talk about equity, is it fair, that people who smoke have higher rates of lung cancer?  So, there is an ethical value to that.  So, equity gets to the ethics.  What is the right thing to do?  What is the moral piece of this, in terms of our work.  If you are talking about the morality of it, you want to give people the opportunity to be the most that they can be.  In terms of their health, that means giving them a chance to be healthy for as long as possible and do the work that they need to do.  If we have instances where a certain population, for whatever reason, doesn't have that opportunity, then we have a problem, and what we should be doing is not what some call "mission impossible," but it should be a mission that we can accomplish.  So, with that, we have a series of questions.  We want to engage you in a conversation about how to use your institution to deliver that.  Then, we will talk about strategies for using your institution to answer that question, how to achieve health equity, and get away from health inequity and inequality.  So, the first question - is health equity still a key issue for your institution and your community?  In other words, do you think people still care about it?  The next question is - what are the innovative ways researchers can contribute to achieve health equity for the members of their communities?  The next question after that is - how can academic and community partners best address the issue of health inequality?  The last question is - what policies should academic and health organizations and community partners advocate in the issue of health equity, and more importantly, how can your organization address the issue of health equity at your own institution?  We have some ground rules, I guess, we have to go over.  We want you to work at your table in your small groups.  There are two sheets of paper.  One is colored, or it may not be colored.  We sat them at your table earlier.  It is your job for the next 12 minutes to discuss the answer to your two questions, and then we are going to have some report out.  You're doing work that is going to change the world.  The second question at your table we will have you address and do the same.  Pick one question and give me the answers, and then we will do the same for the second question.  You may begin.

(TABLES CONVERSING)

Organizer 3:  Alright.  Who answered question #1?  Who wants to be first?

Participant:  Question #1 is - is health equity still a key issue at your institution and your community?  We all said "yes."  We talked about some of the barriers that went along with continuing that conversation in our institutions in our communities.  One of those was, "We know we talk the talk, but do we walk the walk?"  Do we actually institute these practices in our institution?  We talked about access to care being a big problem that arises around health equity, especially with underrepresented groups, that there are often structural barriers to that access, and that those barriers are not only just access to healthcare, but access to knowledge, access to researchers, access to being involved in studies.  Finally, community engaged research is a long process that is not always reflected in traditional milestones, so things like publications and some things that would show up like that.

Organizer 3:  The other group - who is going to tell me what you all thought about that?

Participant:  We answered "yes" and "no."  So, health equity is a key issue for the institution, for sure, but it often feels like the institution is paying lip service to the idea and not necessarily putting their money where their mouth is in terms of supporting the programs that are supposed to address health equity; however, we have had a recent change of administration that has also changed the institution's interest.  So, a new CEO has come in and is changing the dialogue at the university, so there is some hope that comes with that.  So, health equity is not specified as one of the frontline priorities for the institution, but special populations are, which goes along with that.  So, there is some recognition there.  On the community side, there is a knowledge gap for communities that are not able to, or not empowered to navigate the healthcare system, or who don't have access to do that.  So, there is an issue there in understanding what health equity is.  We also talked about different church and faith-based collaborations within a community, and with some communities, you can include local government and aldermen getting them involved, the Mayor and state and federal representatives, in order to move policies forward.  So, there are communities that have that sort of support.

Organizer 3:  Now, let's open it up to the larger group.  Let me just remind the group of the question - is health equity a key issue for your institution and your community?  Anybody want to add any other thoughts?

Participant:  I am just curious how people are framing "key issue," because when I first heard that ... (inaudible).  I know it is at my institution, but it doesn't show up on any mission statement.  (Inaudible).

Participant:  Our institution has five priority areas, and special populations are one of those areas.  Health equity itself is not.

Organizer 3:  Let me ask a different question.  For those of you who are in communities or working at health science centers, has the conversation about population health and population health management been driving any conversations about health equity?  Yes, no, maybe?  So, this notion that we are moving from a fee-for-service healthcare system to a value-based system ... so, a lot of health systems are starting to look at populations and how population health can be managed, but nobody is looking at health equity in terms of that, or are they?

Participant:  (Inaudible).

Organizer 3:  Anybody's institution seen health equity go from being an issue to now not being an issue?

Participant:  I have seen a flip-flop between disparity and \_\_\_\_\_\_\_ ... (inaudible).

Organizer 3:  But nobody has seen their institution say, "Look, this is not a priority anymore - we've got to make money?"  I'm talking about the environment of the institution.

Participant:  I'm kind of torn, because it is part of our medical school's mission.  It is on paper.  It is in writing.  But in terms of actual follow-through and action, ehhhh, maybe not so much.  So, it is hard for me, coming from my institution, to answer that, because if you look on our website, it looks like it is something we totally care about, but if you look at actually how we are doing it and going about trying to have health equity ... I don't know if that matches.

Organizer 3:  So, would that be a "lip service" kind of comment ... or "paper service" kind of comment?

Participant:  Yes.

Participant:  One thing is that from the clinical care side, we don't have time to even ask questions about populations.  You've got to check all these boxes.  So, really conceptualizing how we are really dealing with equity ... it doesn't come up.  It is not that you can't, but people seem really busy focusing on checking the boxes.  It is not even that it is lip service, but you've got to keep the doors open.  I think it is kind of that learning system model, where the system itself is trying to learn and answer questions.  So, to do that, I think the system would have to ask themselves questions and really target questions around it.  We don't ask the questions.

Organizer 3:  Any other comments?

Participant:  Many of the social determinants or structural determinants are outside of the health delivery system.  So, I think to be fair to our institutions, they may not have the institutional leverage within the institutions, although they should have the leverage to bring the \_\_\_\_\_\_\_\_, but they do have the ability to influence the structural determinants.  Some of the inertia that I am sensing that is being described here is a lack of really knowing what the effective interventions are ... (inaudible), but system and community-level interventions that are likely to reduce or eliminate health inequity and how we can implement them in the healthcare setting ... (inaudible).

Participant:  I think also it is important to realize and state that health equity is a huge problem.  So, for me, if the institution is going to say they want to make an impact on health equity, you have to do it in some sort of manageable chunks.  I know there is a difference between health equity and health disparity, but if you say, okay, there is a definite disparity in prostate cancer among men (I actually heard that in one of the most recent sessions), and we are going to do the best we can possibly do in prostate cancer research, that kind of leads more to having a definitive impact on health equity as opposed to saying you want to impact health equity, but not have any type of manageable or actionable goal as to how to achieve that.

Organizer 1:  Want to move to question #2?

Organizer 3:  We are going to skip #2 and go on to #3.  Who had question #3?  Why don't you read question #3 for us?

Participant:  Okay.  What are innovative ways for researchers to contribute achieving health equity for members of the community?  We said education through backyard reading (?).  This was your idea, \_\_\_\_\_\_\_.  You will be able to explain it better.

Participant:  A member of the research team goes out into the community or the neighborhood and explains research and educates ... (inaudible).

Participant:  We had researchers taking CHW (?) training ... (inaudible).

Participant:  I think we have to talk about partnering with community health workers, which is super effective, but I think understanding some of the curriculum that CHWs themselves are training on would be very helpful for the researchers.  I know I went through the community health worker training in Buffalo, and it kind of opened my eyes to a lot of things that I didn't know, because I am not from the community, and I think that is an important thing when it comes to community engagement.  We always talk about training - well, there is a great curriculum within the CHW association, so actually having researchers saturate themselves in that from the other point of view.

Participant:  Next, we had purposeful use of social media.  So, we are at the point now where pretty much everybody can acknowledge that social media is here to stay and it is important, but making sure that the way researchers use social media is thoughtful and targeted to whatever demographic they are trying to reach, and that it is fun and interactive.  The last one was action-oriented dissemination.

Participant:  So, this one goes back to \_\_\_\_\_\_\_\_'s point, making sure that research makes it back to the community.  I think it is important that you make sure that a community can actually do something with it.  So, it is one thing to talk to them about nutrition, but if they don't have that food in their home or they don't know how they should prepare that food, it is not really helpful.  So, it is making sure that we are not only communicating the results, but leaving the community with something they can actually do.

Organizer 3:  Next group?

Participant:  The first one, we said to identify trusted nontraditional partners in the community, such as barber shops and places you might not normally think of, and invite their involvement at all levels of the research, all the way from the beginning to the outcomes ... (inaudible).  The second one is ... (inaudible).  The third is actively allowing researchers time to cultivate active awareness of their own identify and how that can influence and impact the way they approach research, including dissemination, like what is the space they are in and how does that impact ... (inaudible).

Organizer 3:  Okay, great.  To the group as a whole - what are innovative ways researchers can contribute achieving health equity for members of the community?  Any other thoughts?  Alright.  So, the next option at this point is to either stay where you are at, or you can get up and switch groups if you don't like the people you are with.  Do you want to switch groups or stay with the same?  Okay.  Take this time and answer the second question at your table.

(TABLES CONVERSING)

Organizer 3:  Alright, question #4 - how can academic and community partners best address the issue of health equity?  Who had question #4?

Participant:  We had three issues for this.  The first was long-term commitment.  The second was alignment.  The third was helping communities to gain or express their power.  With regard to long-term commitment, there is a typical cycle of funding, which has two-year, three-year or maybe five-year goals, which are not consistent with the long-term goal of reducing or improving health equity.  So, there needs to be an intentional long-term commitment.  (Inaudible) ... because NIH is funding a 10-year study or a 15-year study, or even a multigenerational study to help us understand whether or not we have that impact on health equity in the long-term.  So, that would have to come from the organization.  In terms of alignment, we all work in organizations ... (inaudible), so it is important again to be intentional about finding out how our different stakeholders, faculty members and community organizations are working ... (inaudible).  Then you, of course, need good financial alignment with that, putting money behind some of these issues.  Even persons who are not on board initially follow the money, so if we have that alignment, we can ... (inaudible).  Then, empowering communities - this is kind of a round-about conversation about dissemination, not only making sure communities can use the information, but making sure that we do what we need to do when we disseminate the research, and then we also talked about helping communities understand where they are on the disparity totem pole.  (Inaudible) ... opening their understanding ... (inaudible).

Organizer 3:  Who else had #4?

Participant:  We did.  The first one was bidirectional learning and this was your idea, so if you want to talk?

Participant:  Yes, forming a partnership with communities.  They have to come to the table as equals.  They are not there to tell the community what to do and how to do it.  They really have to be open to bidirectional learning, and to learn how to ... (inaudible).

Participant:  The next one we had was understanding needs and then prioritizing those needs.

Participant:  When you partner with a community member or organization, instead of allowing the researcher to lead whatever the topic is going to be, I think researchers should be open to figuring out what the need is in that specific community, and sort of address the larger health equity issues by targeting specific needs.  Sometimes you find that if you focus on what the community REALLY needs, it kind of filters into some of those other issues that you want to address.  (Inaudible).

Participant:  Then, the last thing we had was taking \_\_\_\_\_\_ interventions out of the clinic and into the community.  We talked about doing health screenings at somebody's church because that might be where they are talking with their girlfriends or their family members.  If you had somebody right there to do the analysis, it might lead to a deeper conversation ... (inaudible).

Participant:  Our librarians in Salt Lake City ... 60% of the questions they get are about health, and they are asked by people who have no insurance or no Internet at home, and they are the library using the Internet.  So, our librarians are reliable sources for medical information.  (Inaudible).  One particular \_\_\_\_\_\_\_\_\_ had no resources nearby, so they started bringing to the library "As a social worker night" or "As a nurse night."  (Inaudible).

Organizer 3:  Anybody else?

Participant:  So, we said a lot of things they have already said, so I will skip over the ones that have already been said.  The first one was build relationships that allow a common language and information sharing.  Our second one is having bidirectional information flowing through this and also help researchers not become defensive when ... (inaudible).  Allow enough time to build connections ... (inaudible).  Then, make communication relational rather than translational ... (inaudible).

Organizer 3:  Alright.  We will move on to question #5.  Who wants to start with question #5?

Participant:  What policies should academic, health organizations and community partners advocate in the issue of health equity?  We responded to that through the lens of workforce and workforce development.  Each funding opportunity is really an opportunity to develop and expand the workforce and create opportunities for and create new people in the workforce at every level for growth and professional development and for professional advancement.  So, related to that, NIH and PCORI grants fill out a report on the recruitment of women and minorities into clinical studies.  I don't believe we have to fill out a similar report that describes our workforce, but that might be a source of information that could be used to enhance diversity and development.  We should be advocating for the diversity of ownership that comes out as a result of the small business grants that come out of NIH, and we should look at the recruitment, retention and training opportunities in every grant.  Most of the institutions may be the largest employers in the community.  So, everybody may say on their website that it is a diverse workforce, but this is the opportunity to measure it.  I don't think we are in the political climate where regulatory response would be there, but I think in the industry, if academic health \_\_\_\_\_\_\_ decided we are going to do something about it, and we had the data sources and the mandate ... (inaudible).

Organizer 3:  Who else had question #5?

Participant:  So, we basically said having minority representatives on Board levels, administrative levels, that have the capacity and ability to make the decisions that impact the whole body, having policies in place locally, government-wise, like for grocery story placement and things like that to help with access to food ... (inaudible) ... policies that support followup care that would help with transportation, childcare, voucher programs and stuff like that, to help support retention and meet people where they are to increase involvement and completion of studies and stuff.  Consider the ability to make their appointments as part of care ... (inaudible).  Have faculty and clinicians be mandated to receive training in health equity as well as possibly the whole institution, maybe in an annual training that they do once a year.  So, have policies in place that explains and expands equity awareness throughout the institution.

Organizer 3:  Anybody else?

Participant:  So, our response to question #5 was really just putting your money where your mouth is in terms of policy.  We came up with three points.  The first is establishing leadership at the highest levels of the organization that are expressly focused on health equity issues.  We talked about Vice President of Community Engagement ... (inaudible) ... really showing that this is a priority for the organization.  (Inaudible).  The second is once policies are developed, have partnerships that hold you accountable as another way to ensure the policies are around health equity ... (inaudible).  Then, finally, be intentional about having community members at the table ... (inaudible) ... that you are trying to increase health for communities, and they should be a part of that conversation.  (Inaudible).

Organizer 3:  Okay, great.  Any other last comments?  It sounds like we have all the answers and we can now solve the problem of health equities.  We will be preparing this and sending this ... (inaudible).  Thank you for your participation.