# HEALTH EQUITY INNOVATION SUMMIT

November 12th, 2024

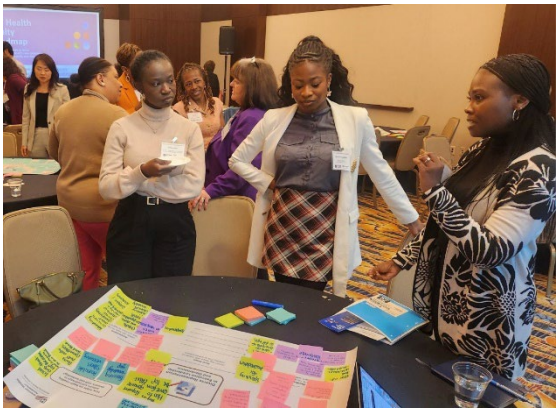
On Nov. 12, the AHA's Institute for Diversity and Health Equity hosted its "*Moving Beyond Compliance: Disability Health Equity Innovation Summit*," in Washington, D.C.

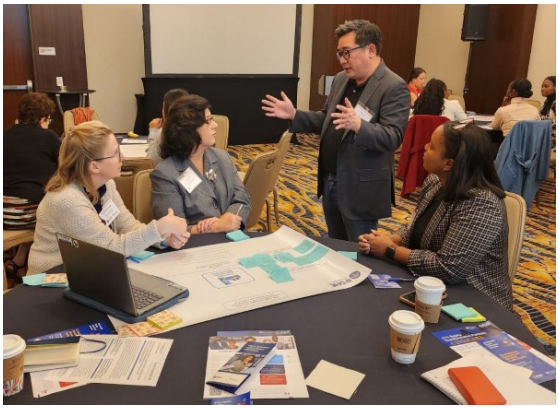
This one-day event brought together disability advocates, clinical leaders, public policy directors and more to explore challenges and co-develop solutions to eliminate health inequities impacting individuals with a disability.

Around 25 individuals were in attendance for this convening and represented various hospitals and health systems including Grady Health System, University of Maryland Medical System, Mass General Brigham and more.

A fireside chat moderated by Joy A. Lewis, senior vice president of health equity strategies and executive director at IFDHE, included discussion on the meaning of innovation and how it is essential to advancing health equity in the disability space.

Speakers included Dan Berland, director of federal policy at the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Sam Crane, board chair of the Autistic Self Advocacy Network (ASAN).





## Here's what was discussed:

- Every healthcare professional and support staff member involved in the care of a patient with a disability should use a standardized set of questions to collect essential information. This ensures that no critical details are missed and helps enhance the quality and consistency of care across all levels of interaction.
- There is a need to include individuals who have been affected by a disability at the forefront of policy making discussions to ensure that policies are inclusive, equitable and effectively address the diverse needs of all individuals.
  Ensuring all hospital staff are aware of policies affecting the care of patients with disabilities is essential for providing quality, efficient and equitable care. This also enhances patient trust and satisfaction.

**The Americans with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities, has a history or record of such an impairment (such as cancer that is in remission), or is perceived by others as having such an impairment (such as a person who has scars from a severe burn).*

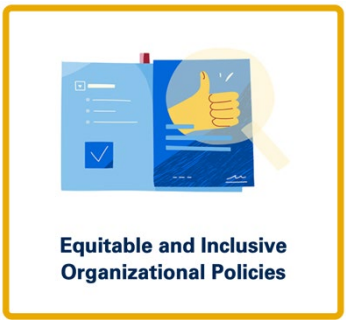
**Introduction to the Americans with Disabilities Act*. (2024, November 14). ADA.gov. https://www.ada.gov/topics/intro-to-ada/

Attendees were guided through an interactive session to accelerate health equity, using each of the six levers as a framework.

## Top Takeaway from Each Lever:

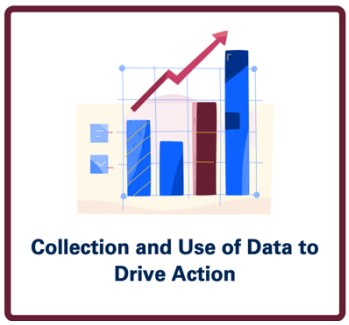

### Lever 1

Disability is not monolith; hospital staff should be trained to understand a patient's disability identity and lead with care that centers the patient and their needs.



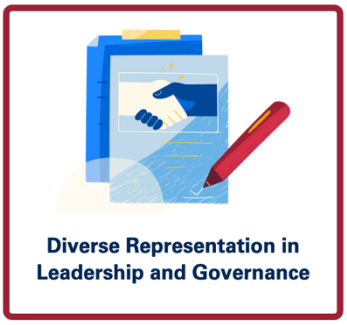

### Lever 2

Rather than creating new policies, hospitals should leverage existing resources, partner with community organizations and invite those with lived experiences to be involved in policy improvement measures.




### Lever 3

To improve quality of care for individuals with a disability, hospitals and health systems should standardize procedures to gather patient experience
feedback throughout the course of their stay.

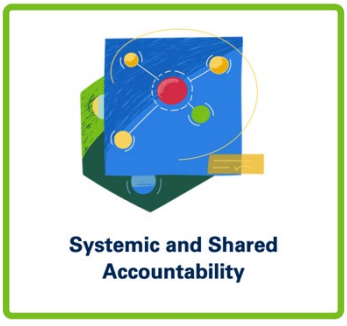



### Lever 4

Advocate for individuals with disabilities to be included in hospital and health systems' leadership discussions and set targets to increase disability representation in these roles.


### Lever 5

Collaborate with the community to assess social determinants of health and their impact on health systems data to produce patient centered solutions.




### Lever 6

It is important to promote accountability within an organization and commit to becoming culturally aware in the disability space.