Executive Summary

29 participants registered for a half-day, in-person Bold Challenges Pollination workshop on the topic of “Smart Health Care Systems for Equitable Access” held at the Michigan Union on May 9, 2022. Participants included a diverse group of 13 faculty from 6 departments, 4 external partners, 6 co-sponsor representatives, 1 staff member from Innovation Partnerships, and 5 faculty and staff from the Office of the Vice President for Research (OVPR). Jill Jividen from OVPR Research Development and Proposal Services facilitated the workshop.

All participants were sent an electronic survey after the workshop. Survey response highlights:

100% at least somewhat agree that the workshop:
- was a good experience overall
- enabled them to hear different perspectives about the topic
- is an experience that they would recommend to a colleague
- stimulated their thinking around interdisciplinary and engaged research projects
- helped engage them with industry or community partners

Participants were able to:
- hear many other perspectives on the topic
- think about more ways to collaborate with others
- generate ideas and have great conversations
- engage in a large group discussions and hear various perspectives on the research focus
- have fun thinking big and coming up with small, actionable ways to make progress on a huge complicated problem
Workshop Overview

U-M Sponsoring Partners
Remarks were given throughout the day by the following partners:

- Jing Liu, Managing Director, Michigan Institute for Data Science (MIDAS)
- Tabbye Chavous, Director, National Center for Institutional Diversity
- Rachel Dawson, Managing Director, Precision Health
- Trish Meyer, Managing Director, Institute for Healthcare Policy and Innovation
- Neeraja Aravamudan, Director, Edward Ginsberg Center
- Vicki Ellingrod, Director of MICHRI Education and Mentoring Program, Michigan Institute for Clinical and Health Research (MICHRI)

Other U-M units represented

- College of Engineering
- College of Pharmacy
- School of Public Health
- Medical School, Hospitals or Medical Centers
- STAMPS
- Kinesiology

External Partners in attendance

- Kate D’Alessio and Eleni Grams, Shelter Association of Washtenaw County
- Doug Campbell, Hope Clinic
- Courtney Webster, Nymbly

Activity I: Getting to Know Each Other
Participants created a “Me Sheet” to describe their expertise, assets, and why they attended, and then used this sheet to share a bit about themselves in a small group discussion. The sheets were posted to facilitate additional networking.
Activity II: Impromptu Networking
A series of short, paired conversations were held to continue getting to know one another and to begin surfacing focus areas (areas of shared interest). This included what ideas or interests participants brought with them and what has motivated their work related to the workshop theme in the past.

Activity III: Identifying Research Problems and Needs
Participants reviewed the ideas that they jotted down in paired conversations and prepared these ideas to share with the group. Participants shared these ideas first with their table and then individually reported out to the larger group. Sticky notes with these ideas were posted on the whiteboard and clustered into themes.
Activity IV: Sparking Exciting Solutions and Clustering Ideas
Themes were identified from the spark sticky notes and then participants were asked to come up with creative solutions to these research ideas. Participants shared their solutions with their table and reported out to the group. Sticky notes were placed in clustered themes on a separate white board. Participants placed star sticky notes to vote on the areas that most interested them.
The top themes identified from the star voting exercise were:

<table>
<thead>
<tr>
<th>Research question/idea</th>
<th>Participants interested in exploring further</th>
</tr>
</thead>
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| Innovative Health Practices and Delivery                                               | • Sean Meyer  
• Amy Kilbourne  
• Karen Farris  
• Eleni Grams  
• Mariel Lavieri  
• Donny Likosky |
| - Make team based care the norm                                                        |                                                             |
| - Health systems aligned with whole person care                                        |                                                             |
| - Free healthcare at point of delivery                                                 |                                                             |
| - Common payer system                                                                  |                                                             |
| - Bring healthcare to populations rather than relying on patients to come to them      |                                                             |
| - Simulation of a one-shot center                                                      |                                                             |
| Reduce Barriers & Promote Inclusion at both Small & Large -Scales                     | • Vicki Ellingrod  
• Haylie Miller  
• Doug Campbell |
| - Less technology, more in-person approach to build trust                              |                                                             |
| - Reduce universal barriers to collaboration across schools to research                |                                                             |
| - Reduce barriers to research participants (payment, parking, paperwork)                |                                                             |
| - Universal healthcare, medicare for all, simplifying insurance process                |                                                             |
| - Allow community health organizations to be the PI for research studies                |                                                             |
| Prioritize Community Support, Funding, & Access                                        | • Karen Farris  
• Kate D'Alessio  
• Emli Grams |
| - Make zip codes be equitable (cities, schools, housing access, healthcare payers)    |                                                             |
| - More stakeholder support to engage community partners (e.g., funds for research participants) |                                                             |
| - Commit long-term and bridge funding to community partners not just for new projects, but for continued and sustained engagement |                                                             |
| - Fund more community health workers and decrease turnover with social workers and care managers |                                                             |
| - Include community in decision-making research process (Community IRB)                |                                                             |
| Centralize Data Systems, Leverage Existing Structures, & Foster Broader Collaboration  | • Brian Denton  
• Drew Bennett  
• Amy Kilbourne  
• Sean Meyer  
• Sarah Reeves  
• Laura Scott  
• Donny Lokosky  
• Mariel Lavieri |
| - Reduce silos by bridging similar centers, majors, etc. and limit duplication         |                                                             |
| - Create a center for equitable early detection of chronic conditions and disease aimed at proactively identifying health concerns |                                                             |
| - Creating diverse datasets through community health organizations and free clinics    |                                                             |
| - Resources to validate clinical data and link clinical data across institutions       |                                                             |
| Appropriately Value, Understand, & Advocate Lived Experiences                         | • Kate D'Alessio |

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- Amy Kilbourne  
- Sean Meyer  
- Sarah Reeves  
- Laura Scott  
- Donny Lokosky  
- Mariel Lavieri  
- Kate D'Alessio
- Peer recovery analogies from people with lived experiences as a companion part of the clinical research care team
  - Caregiver-delivered home-based interventions plus telehealth education and support
  - Providing support advocates for individuals

**Address Systemic Racism in Healthcare & Challenge Prevailing Cultures**
- Address systemic racism in meaningful ways including hiring practices, priorities, and medical training

**Health Equity Focused Hiring, Training, & Education**
- Hire and train community ambassadors to connect with researchers or health system
- Train graduate students to recognize and address bias and health disparities
- Community programs centered on healthcare education to help the community become better informed patients
- Hire peer navigator or health coaches with lived experiences

- Mariel Lavieri
- Eleni Grams

- Laura Scott
- Donny Likosky
- Eleni Grams
- Vicki Ellingrod

- Neeraja Aravamudan
- Eric Scott
- Vicki Ellingrod