

Health Justice Update

ERIKA BLACKSHER. PHD

JOHN B. FRANCIS CHAIR IN BIOETHICS



scan
for our website



*Create a culture of
deliberative dialogue
and decision-making to
advance health and social justice*

Scholarship & Practice

Background

Health Justice

- Scholarship that examines questions of responsibility and justice raised by health inequalities in the US context with focus on health justice theory, intersectional health inequalities, and diversity and identity in health and healthcare.
- See John B. Francis Chair Snapshot (2024 Retreat folder) for details

Democratic Deliberation

- Scholarship and practice that contributes to the state of deliberation science, addresses questions in health research and policy, and develops new techniques for adapting deliberation to address diverse cultures and peoples and structural inequities.
- See John B. Francis Chair Snapshot (2024 Retreat folder) for details



scan
for our website

HealthCommons

the Idea

An initiative powered by the belief that democratic deliberation can help build the shared values, purpose, and civic practices we need to address tough population health challenges facing American communities

Blacksher E, Asada Y, Danis M, Gold M, Kassebaum N, and Saint Onge J. Building a 'we' with deliberative dialogue in pursuit of health for all. *American Journal of Public Health*. 2023;113(10):1110-1113.



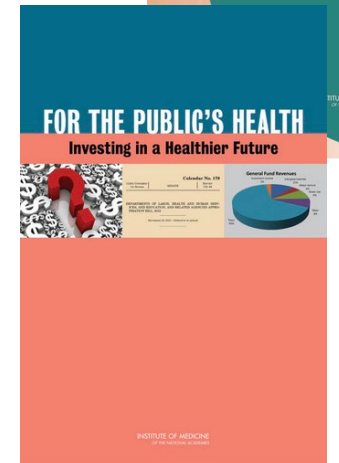
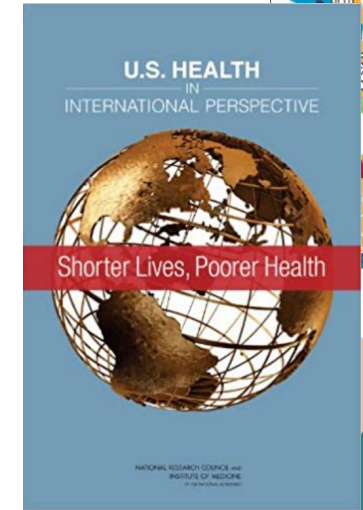
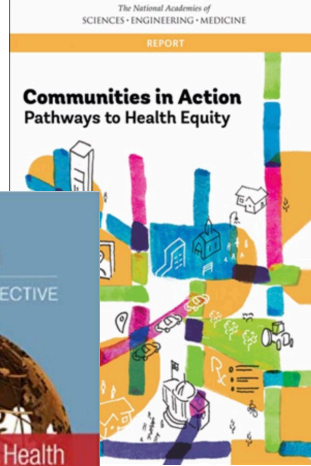
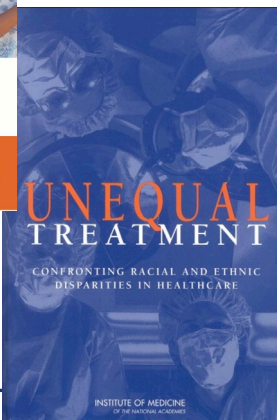
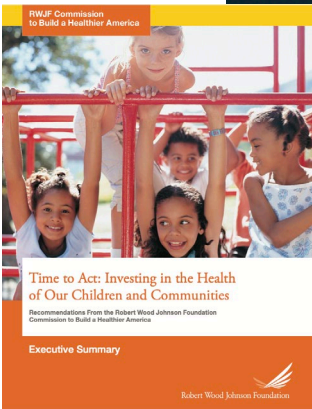
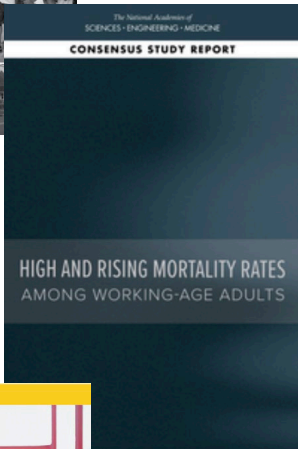
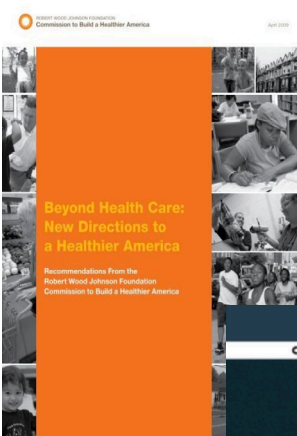
scan
for our website



US Population Health

the Challenges

- Sizable and enduring health differences by race, education, and geography
- US “health disadvantage” – shorter lives, worse health compared to other high-income countries, not fully explained by health inequities
- Rising midlife mortality and declining life expectancy
- Exorbitant healthcare spending (~\$4 trillion in 2020) crowds out spending on other social needs
- Poor health and health inequalities jeopardize US economy, national security, business viability, and more
- Poor health and premature death jeopardize people’s capabilities to be and do things they care about, to plan and pursue life projects
- Polarized and politicized public health dialogue and decision-making



scan
for our website



HealthCommons

the Vision

A network of organizations uses deliberative dialogue and decision-making at key junctures in the lifecycle of health equity action, stay connected through collaborative learnings, and spread the word about the value-added of *deliberative* public engagement.

Center for Practical Bioethics and the region become a hub of innovation in deliberative engagement in population health.



scan
for our website



HealthCommons

the Products

A tested community deliberation toolkit (model, materials, and metrics)

Train-the-trainer curriculum for onboarding new community partners

Deliberation consultation services(?)



scan
for our website

How do we get to the vision and products?

Design and build a community deliberation toolkit

Train community partners and test the toolkit

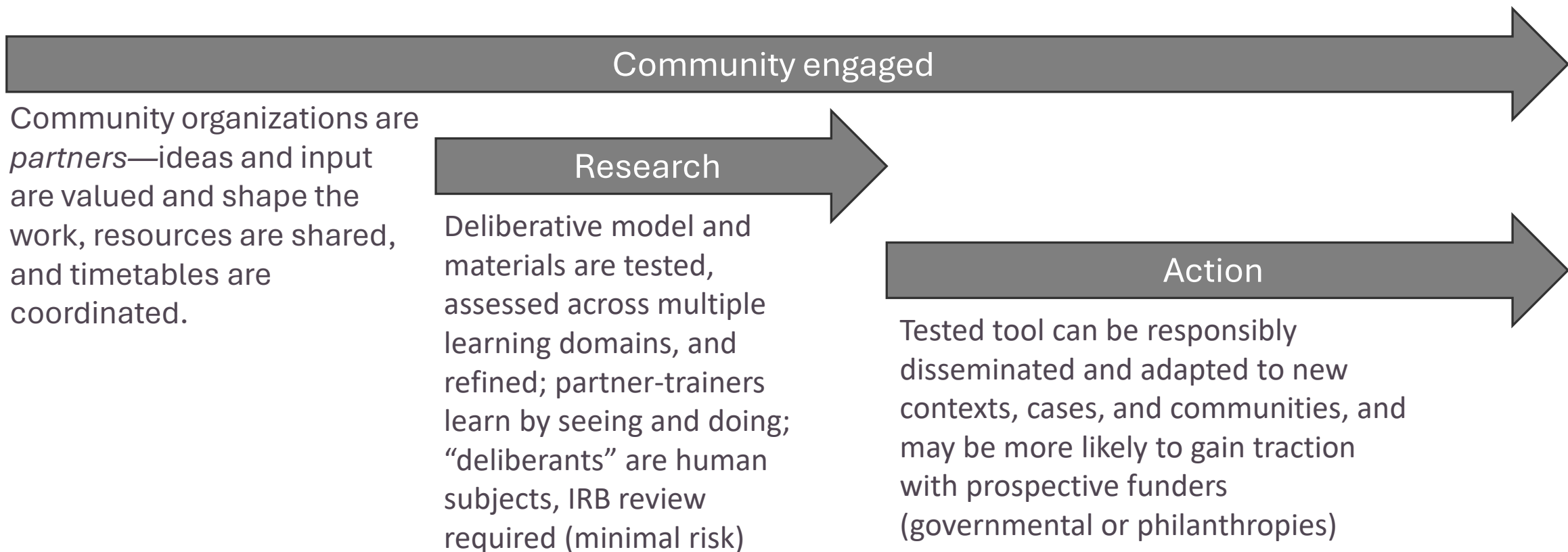
Launch toolkit and train-the-trainer curriculum



scan
for our website



Community-engaged research to action project



scan
for our website

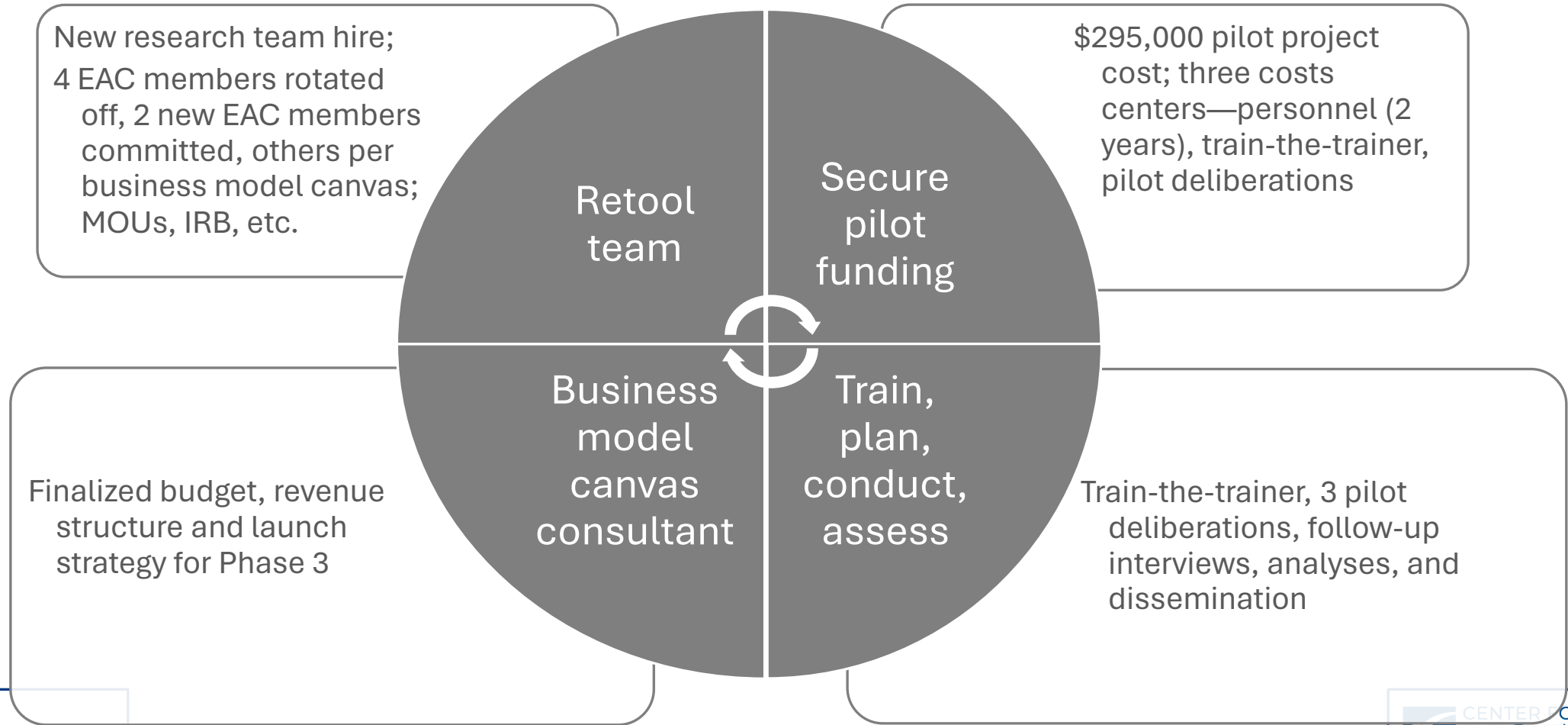
The People



scan
for our website

HealthCommons

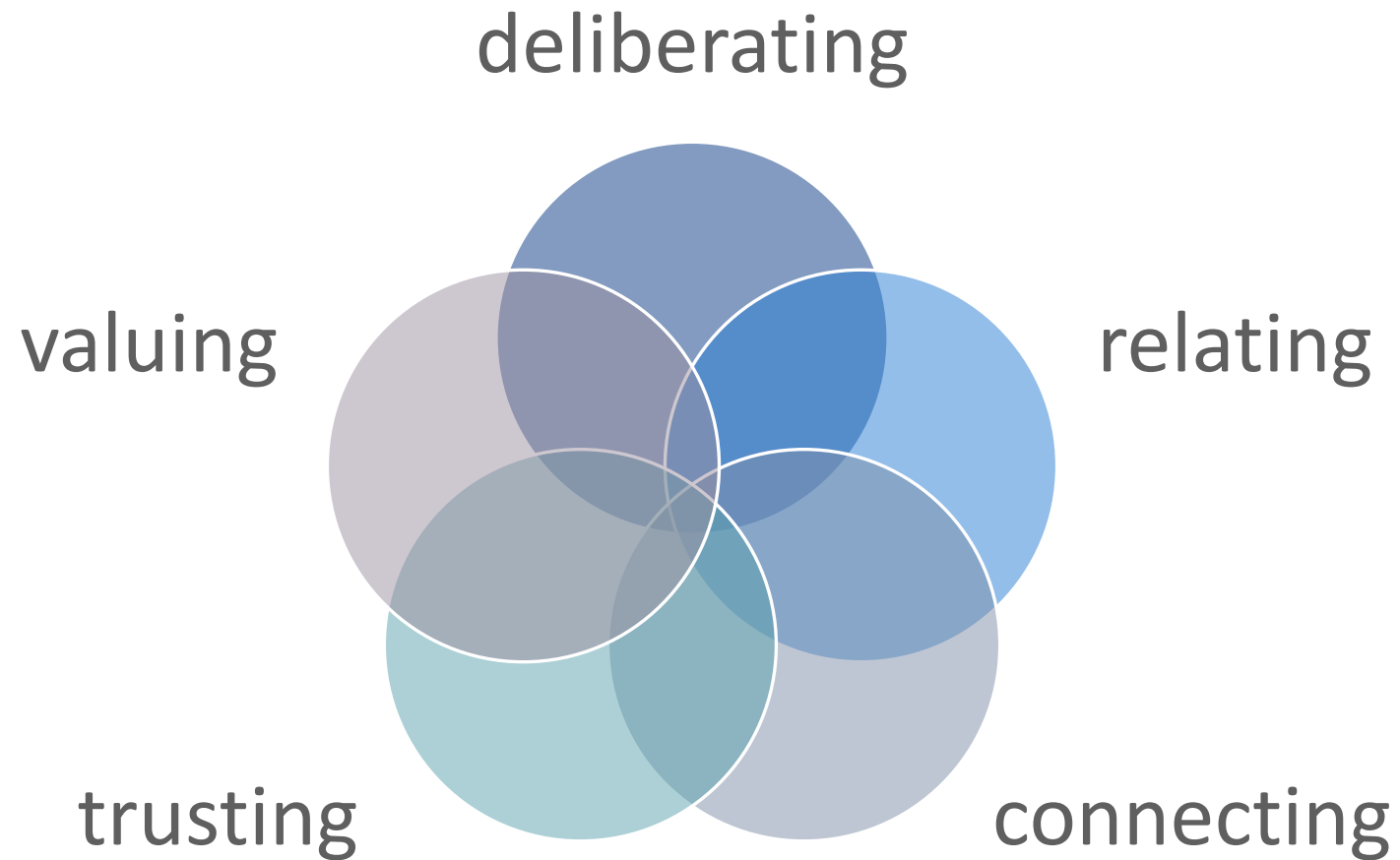
the Pilot Phase (Phase 2)



scan for our website

5 Learning Domains

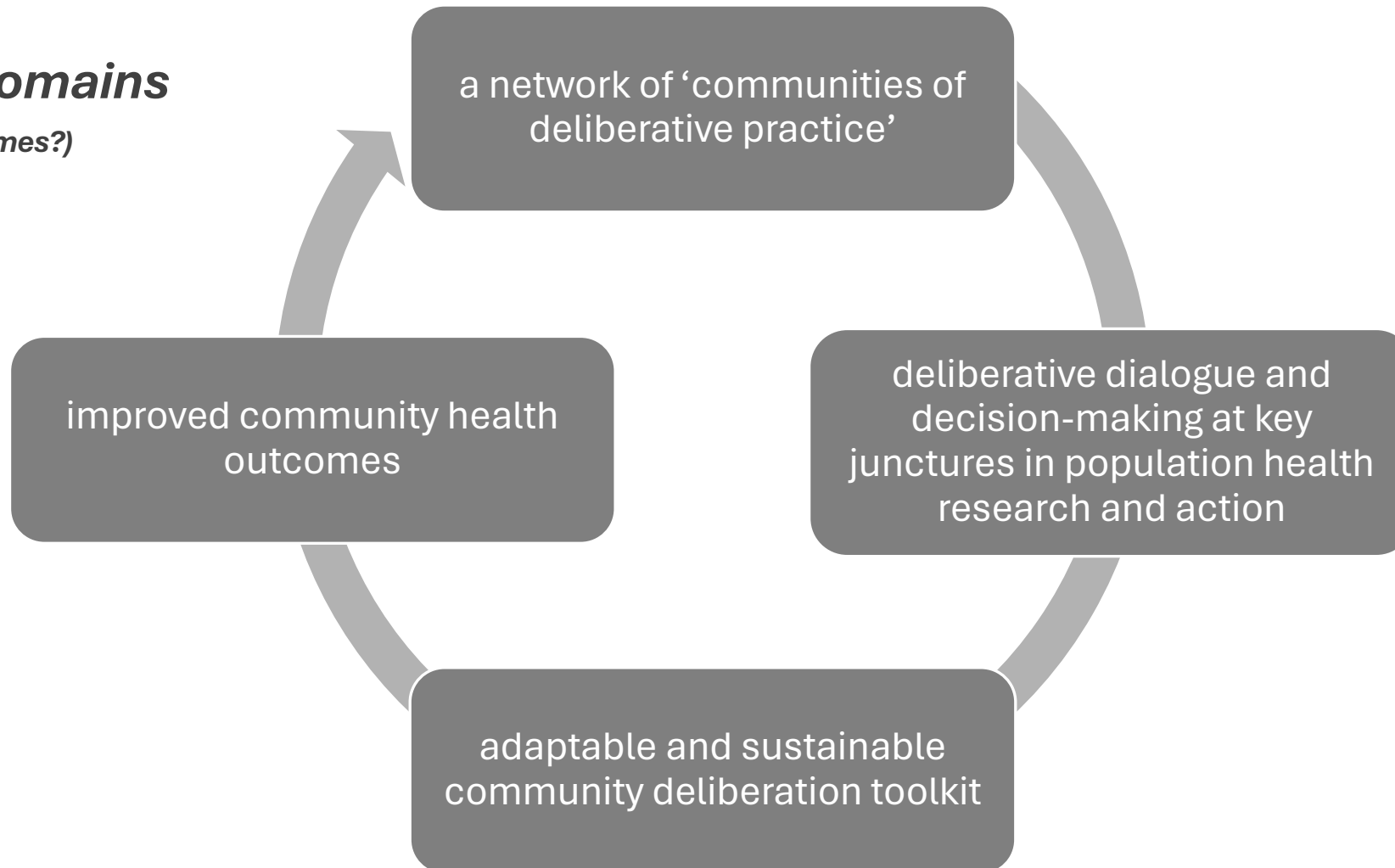
(proximal outcomes)



scan
for our website

Learning Domains

(longer-term outcomes?)



scan
for our website

By Q2 2026, pilot, assess, and disseminate results of pilot phase of HealthCommons

1. Retool team and develop train-the-trainer curriculum, by December 2024
 - a. Identify community partners, define respective roles and responsibilities, secure MOUs
 - b. Reconstitute expert advisory committee per needs of pilot phase and business model canvas
 - c. Hire and onboard research-project manager (subcontract)
 - d. Prepare and submit protocol for IRB review
 - e. Delineate key timeline and activity milestones for partner-trainees and pilot deliberations
 - f. Develop train-the-trainer curriculum for partner-trainees
2. Train partners and plan, conduct, evaluate, and disseminate results of pilot deliberations, by Q2 2026
 - a. Implement train-the-trainer curriculum
 - b. Conduct three pilot deliberations
 - c. Conduct follow-up interviews with subset of participants two weeks after each deliberation
 - d. Update toolkit on basis of lessons learned
 - e. Analyze results (pre/post-deliberation surveys, qualitative analysis of interviews and transcripts)
 - f. Disseminate results of pilot deliberations for diverse audiences (peer-reviewed, policymakers, community, philanthropy)
3. Secure proof-of-concept funding to support a minimum project cost of \$295,000, by July 2024
 - a. Significant project cost centers are: \$19,740 for train-the-trainer; \$66,680 for 3 pilot deliberations; and \$165,000 for personnel over two years
4. Identify and recruit a business model canvas consultant, TBD
 - a. Present finalized business model canvas to Board, including definition of a blended and braided revenue structure (e.g., a combination of program/service revenue, grants, and/or major gifts)
 - b. Define and detail project budget and service/program launch strategy
5. Launch the toolkit
 - a. Support inaugural partners and identify new partners
 - b. Adapt toolkit, as needed (e.g., develop new case studies)
 - c. Implement long-term evaluation strategy with CCHD



scan
for our website