



Patient Advocate Foundation



Access at Risk: Innovation for Health Equity in a Time of Uncertainty

Spring 2026 Innovation Summit Proceedings

Date of Event: May 14, 2026

Location: Virtual Event via Zoom

Host: Patient Advocate Foundation

Patient Advocate Foundation's Spring 2026 virtual Innovation Summit, *Access at Risk: Innovation for Health Equity in a Time of Uncertainty* brought together a wide range of people, including patients, family caregivers, health care providers, advocates, researchers, and community leaders. Together, they looked at how big changes in health access affect real people who need care. They also discussed clear steps that anyone can take to help.

The main goal of the summit: **find real ways to protect and expand healthcare access for everyone.** Every speaker was asked to clearly name a problem or issue and then point toward an action-oriented solution.

WELCOME AND INTRODUCTION

Gwen Darien, Executive Vice President of Patient Advocacy, Engagement, and Education at Patient Advocate Foundation

Gwen Darien opened the event by focusing on three key ideas that shaped the day:

- **The Moral Side of Health:** The values a society holds about who deserves care shape health outcomes just as much as social or structural factors do.
- **Every Policy is a Health Policy:** Decisions about housing, climate, and the economy all affect people's health, even when they are not designed with health in mind.
- **Health Equity is a Practice:** Health equity is not a goal you reach once and move on from. It has to be practiced every single day.



Hope is an action, and there's a multitude of ways to take action, from small, hyper-local action to federal action, to action within families and communities."



Gwen Darien

KEYNOTE ADDRESS: Too Close to Fail: An Examination of Political Determinants of Health

Daniel Dawes, JD, Senior Vice President of Global Health, Founding Dean, School of Global Health at Meharry Medical College

In his powerful presentation, Daniel Dawes challenged advocates to rethink the root causes of health inequities in America. He opened with a striking premise: "the most powerful prescription in America isn't written by a doctor, it's written by a politician."

To guide the audience, Mr. Dawes explained the framework of the Political Determinants of Health, which are the underlying processes that distribute public resources, structure societal relationships, and manage political power.

He cleared up a common point of confusion by separating social factors from political ones: "The social determinants of health tell us where people are in the river's path. Political determinants of health tell us who diverted the flooding water and why they did that." While social factors point out bad air or a nearby highway, political factors look at the decision-makers who put the highway in that neighborhood in the first place.

Dawes shared stark metrics to show the consequences of these decisions. The US currently ranks 183rd out of 195 countries in healthcare access, and racial and ethnic health disparities cost the country \$477.5 billion annually, a burden projected to cross \$1 trillion by 2030.

Looking back through U.S. history, he mapped out a clear cycle where periods of progress, which he called "health equity awakenings," are routinely met with political pushback and policy rollbacks. Though America is currently in a period of pushback, Dawes noted that history shows these setbacks are getting shorter each time.

Moving forward, Dawes argued that advocates must debunk the myth of the "zero-sum game," proving with data that fair health laws actually benefit the entire nation. When a broken policy causes one group to suffer, it ultimately drags down the life expectancy and economic health of the whole country.

Ultimately, Dawes emphasized that clinical fixes are not enough because "only policy can fix what policy broke in the first place." True action requires pulling "upstream" levers, such as tracking government spending and protecting voting access, because "where a government puts its money is the truest statement of its values. Budget allocations are health metrics."

He closed the session by urging the room to understand that the fight for health equity is not for the faint of heart.



We need folks to recognize that you need tremendous courage to continue to move the needle forward, and it is a long game. We need to persevere until the job is done and not give up hope so quickly. I want to urge you to continue standing with the marginalized until we have erased the margins."



Daniel Dawes

STORY EXCERPT: Your Lived Experience is Your Power

Alicia Roach, Site Lead for Oregon Prison Birth Certified Prison Doula and Lactation Educator, Ostara Initiative

Alicia Roach was incarcerated from 2008 to 2013, and she gave birth to her child while shackled to a hospital bed. Rather than let that traumatic experience define her, she used it as a starting point for systemic change. While she was still in prison, she wrote a formal proposal to provide professional doula services for pregnant people in Oregon prisons. Ten years later, that exact proposal became official state law.

Today, she leads the Oregon Prison Birth Project, a program that has proudly served 45 clients and supported 11 births. It provides continuous doula support from pregnancy all the way through the baby's first year of life, including the painful stretch of time when a mother is separated from her newborn immediately after birth.



Regardless of what we've been through, regardless of what we've been told, we still have the power to be of service to people that find themselves in the same situation as us."



Alicia Roach

Her advice for others was clear: if you have lived through a problem, you are already fully qualified to help solve it. Start local, find the groups already doing the work, write your idea down, and begin.

PANEL DISCUSSION: Civic Engagement for Healthier Communities

Quinton Law, Mayor of Moorestown Township, New Jersey, New Jersey Government Relations Director, American Cancer Society Cancer Action Network, Inc.

Andrea Martinez-Mejia, MPA, MA, Executive Director, Greater Newark Health Care Coalition, Secretary of the Board & Nominations Committee Chair, New Jersey Health Care Quality Institute

Brian Park, MD, MPH, Director, RELATE LAB, Medical Director / Director of Community Health Justice, Oregon Health & Science University Health Equity Organization

This panel looked at how real change happens when communities, government offices, and healthcare systems work together. The conversation was moderated by Caitlin Donovan, Senior Director of Outreach & Communications at Patient Advocate Foundation. Each speaker brought a different view on what community involvement looks like on the ground.

Brian Park compared his current work to that of a hospice nurse, but for a failing healthcare system rather than an individual patient. He stated that in many ways, the system no longer serves the people it was meant to help. Dr. Park's organization, RELATE LAB, builds health programs powered directly by communities. These programs center on the knowledge of people who have been harmed by the medical system.



We are really obsessed with being medically and technically right, but we often get it relationally wrong."



Brian Park

Park shared a story about a Spanish-speaking community member who misunderstood her prescription instructions. The label used the word "once," which means "one time" in English but resembles the number eleven in Spanish, leading her to believe she should take the medication 11 times a day. That single incident helped spark a statewide bill requiring prescription labels to be translated into 14 non-English languages. It remains the most inclusive law of its kind in the nation.

Park also challenged the audience to change how they think about time. Instead of asking only what we can do right now, he asked how we can be better ancestors by making choices today that leave a better health system for the next generation.

Quinton Law shared that he grew up using Medicaid in New Jersey. Over the years, he learned that getting good healthcare often meant having to advocate fiercely for himself. That personal experience now shapes Mr. Law's work in state government and as a local mayor. He pushed back against the idea that power is something regular people should stay away from:



We can't let our inability to do everything stop us from doing something. Those little wins across the state and across the country are what actually create the change we're seeking."



Quinton Law

Law's primary advice for advocates who feel stuck because of federal inaction is to go local. He suggests focusing heavily on your state or city. Learn the issue, find the specific legislation, look up your local state lawmaker, and ask for a meeting. The tools are already there, but what is often missing is the initiative to use them.

Andrea Martinez-Mejia has more than 20 years of experience in state and local government, including serving as Chief of Staff at the New Jersey Department of Health. Her advice for those who want to act but are not sure where to begin is simple: keep it small, keep it local, and stay consistent. Ms. Martinez-Mejia encourages people to go to a public meeting, send an email, and learn how their local city budget works.



At the end of the day, we want to make sure our communities are being taken care of."



Andrea Martinez-Mejia

STORY EXCERPT: Church, Community & Care: Rebuilding Safe Havens for Health

Valarie Worthy, MSN, RN, Co-Founder and VP of Community Outreach and Engagement, TOUCH The Black Breast Cancer Alliance

Valarie Worthy has been a professional nurse for 44 years and is a 27-year cancer survivor. She spoke passionately about her ongoing work connecting medical doctors with the Black church community in North Carolina. Ms. Worthy's approach is incredibly direct: bring the doctors out to places where people already naturally gather and start the conversation in a space people already deeply trust.

She explained that the church has long been at the heart of the African American community, serving as a central place for spiritual life, education, civic engagement, and mutual support. While that foundation has weakened over time, rebuilding it simply requires showing up where people are with total sincerity.



People look at your heart first before they look at your head. You've got to come in and be sincere about what you want to do — and it goes a long way to build trust in those communities."



Valarie Worthy

She shared words from a patient that she has never forgotten: "I don't care what people know until I know that they care." Worthy stated that this is a basic standard every single health professional should hold themselves to.

PANEL DISCUSSION: Beyond the Visit: Delivering Care Patients Need and Deserve

Aisha Harris, MD, FAAFP, Family Medicine Physician, Founder/Owner, Harris Family Health

Surani Hayre-Kwan, DNP, MBA, APRN, FNP-BC, FACHE, FAANP, Associate Director of the Primary Care Advanced Practice Provider Fellowship Program, Health Sciences Associate Clinical Professor, UC Davis Betty Irene Moore School of Nursing

Stephanie Toney, CCHW, RN, BSN, Founder & Visionary, Community Health Workers Strength

This panel highlighted dedicated healthcare workers who bring care directly to where people live, in their neighborhoods, local churches, rural areas, and community centers. The session was moderated

by Ashley Freeman, MPH, Manager, Stakeholder Outreach and Engagement at Patient Advocate Foundation. Each speaker talked about what it looks like to perform this essential work as resources shrink and community needs grow.

Aisha Harris made an intentional choice to return to Flint, MI to serve the community that raised her. Her clinic uses a direct primary care model, which allows her to treat both insured and uninsured patients seamlessly. Dr. Harris regularly hears the same worries from her patients right now: unpredictable insurance changes, the high cost of daily medications, and a deep fear of kidney disease. She sees kidney disease frequently in Flint, where diabetes and high blood pressure are common, and dialysis centers are an everyday part of the local landscape.

Harris's health work extends far beyond the clinic walls. She routinely gives health education talks at local churches, schools, and community events. She also works on policy changes alongside local hospitals, government offices, and area nonprofits. Finally, she simply shows up at health fairs and neighborhood events, not always as a formal speaker, but as a consistent, caring member of the community.



I think it's really important for people to know that it's not only you accessing healthcare that impacts your health, but it's also the community and the work that you do, the schools that you go to, the language that you speak, the churches that you go to. All these things impact your health."



Aisha Harris

When asked what keeps her going through tough times, Harris pointed directly to small wins, like a patient saying she feels 100% better. She knows that one person feeling better creates a positive ripple effect for their entire family, their job, and their neighborhood.

Surani Hare-Kwan has been caring for patients for more than 25 years. She still vividly remembers her first patient who received health insurance for the very first time in her adult life. The patient sat on the exam table and cried because she had never been able to see a health care provider with coverage before. That memory shapes everything Dr. Hare-Kwan thinks about our current moment, which she described as both scary and clarifying. She noted that it was depressing, but this is a familiar road, and providers will have to resort to what they know works: free mammograms, free vaccine clinics, and making healthcare as accessible as possible at the community level.

Hare-Kwan's clinic serves farm workers, people experiencing homelessness, people living with HIV, and anyone else who cannot afford traditional care. In addition to clinical work, she is training the next generation of nurse practitioners. She recently added a complete learning module to her curriculum focused entirely on community resources. It teaches students how to find programs, keep data updated, and advocate for funding when public budgets are at risk.



Advocacy really does matter, and people listen to us as healthcare providers because we are on the front lines. We see how the loss of one grant or one program is going to affect our patients' health long term."



Surani Hare-Kwan

Stephanie Toney reframed how people look at the role of Community Health Workers (CHWs). For too long, they were viewed as extra support, but not essential. She stated that this is no longer true; CHWs are now core medical infrastructure. The communities they serve face major challenges, including trouble navigating healthcare, unstable housing, lack of transportation, limited internet access, deep loneliness, and professional burnout. CHWs act as the vital bridge between those challenges and the systems that can help. Ms. Toney points to the importance of trust between patients and CHWs and profoundly states that, "during uncertain times, trust becomes everything."

Toney co-owns CHW Strength, which is structured as a community health worker cooperative. CHWs in this co-op contract directly with local service providers instead of waiting for a major health system to hire them. The co-op helps them manage contracts, licensing, documentation, and reporting. Her closing point was that communities do not need more outside programs. Instead, they need real investment in the solutions that communities have already built.



Communities are no longer waiting to be rescued. We are building solutions together. And innovation isn't always high-tech. Sometimes innovation looks like relationships. It looks like listening. It looks like showing up consistently over time."



Stephanie Toney

STORY EXCERPT: When Access Isn't Enough: How Systems Shape the Care We Receive

Kelly Rand, DrPH, MA, CPH, Assistant Professor/ Curriculum Instructor, HRSA Pathways Rowan-Virtua School of Osteopathic Medicine

Kelly Rand, a public health researcher and a person living with disabilities, spoke about how healthcare systems function in real life. After being hit by a car as a pedestrian, she spent months

dealing with a medical system that kept assuming nothing serious was wrong with her. Because of these assumptions, providers looked less, listened less, and treated less. Doctors eventually found that Dr. Rand had extensive injuries, none of which were new; they were the exact same ones missed and minimized at the start.



I had access to care. I went to the emergency room. I saw multiple physicians. I followed the plan. The issue wasn't whether care was available. The issue was how that care was delivered and what assumptions shaped it.”



Kelly Rand

Rand tied her personal experience directly to how the healthcare system is built. The system rewards speed over depth. It pays providers for doing procedures more than it pays them for listening to patients. It also splits care across many different doctors, with no single person responsible for the whole patient. When there are gaps between these providers, the patient is forced to navigate them alone, causing real harm to accumulate. She left the audience with something to think about: “Access without being heard, without being fully evaluated, without being taken seriously... it’s not real access.”

LIVE POLL RESULTS

Participants at the summit were polled multiple times throughout the event, painting a clear picture of what advocates are facing:

Poll Question/Topic	Key Finding
Biggest Threat to Health Equity for the Next 3 Years	4 in 10 people named unstable insurance coverage and the rising cost of care.
Top Priority for Collective Action	3 in 4 participants said expanding healthcare access and coverage is the number one priority.
System Readiness to Stop Inequities	2 in 3 participants rated the healthcare system's readiness at a dismal 1 or 2 out of 5.
Most Common Barriers to Patient Care	Insurance denials, prior authorizations, unaffordable costs, lack of transportation, and a system that moves slower than disease.

When asked to name one bold action to commit to in the next 12 months, participants repeatedly said: vote, act as a "committee of one," and remember that this medical system was not broken by accident, but built this way on purpose.

CALL TO ACTION

Jamie Trotter, MPA, Associate Director of Patient Advocacy and Engagement, Patient Advocate Foundation

Jamie Trotter wrapped up the main content of the summit. She tied together the day's themes and poll results into a direct, personal challenge. Her message was that everyone in the room already knows what needs to happen; the real question is what each person will choose to do next.

Ms. Trotter pointed to a major tension that ran through the entire day: the United States has the most advanced healthcare technology in the world, yet that technology routinely makes health gaps wider instead of smaller.



Innovation will not save us. People will. People in this room, people in the communities you came from, people who refuse to accept that the cutting edge has to cut unevenly."



Jamie Trotter

Trotter issued a specific, clear ask for each distinct group in attendance:

- **For Clinicians:** Talk openly to your patients about the real cost of care; practice shared decision-making; push your institution to measure equity instead of just patient volume.
- **For Advocates and Organizers:** Show up at next month's local city council meeting; officially respond to the federal comment period closing this summer; work to bring in the next 800 advocates.
- **For Funders:** Look incredibly closely at the specific line item you are thinking about cutting; fully commit to the community partner you have been considering.
- **For Community Leaders:** Intentionally reach the people who will pick up the phone when you call.
- **For Everyone Else:** Vote in every election, have these tough conversations at your own dinner table, and do not wait around for someone to give you permission to act.

She did not ask people to do everything. She asked for just one thing, whatever bold action you named, in the place where you have reach, within the next 12 months. Then, tell someone you did it so they know it is possible.

CLOSING REMARKS

Gwen Darien closed the summit by circling back to the core tension that shaped the whole day: how do we respond to the urgent crisis right in front of us while still working on the long-term, political, structural, and social changes that will take years to achieve? How do we hold those needs at once?

She called on the timeless words of Dr. Martin Luther King Jr.: “We are caught in an inescapable network of mutuality, tied in a single garment of destiny. What affects one directly affects all indirectly.” That deep connection, she said, is both our current problem and the foundation of everything we could build together.

SUMMIT SPEAKERS AND PANELISTS REFERENCES

- **Keynote Speaker:**
 - **Daniel Dawes, JD**, *Senior VP of Global Health & Founding Dean, School of Global Health, Meharry Medical College*
- **Welcome and Closing Remarks:**
 - **Gwen Darien**, *EVP of Patient Advocacy and Engagement, Patient Advocate Foundation*
- **Call to Action Lead:**
 - **Jamie Trotter, MPA**, *Associate Director of Patient Advocacy and Engagement, Patient Advocate Foundation*
- **Civic Engagement Panelists:**
 - **Quinton Law**, *Mayor of Moorestown Township, New Jersey, New Jersey Government Relations Director, American Cancer Society Cancer Action Network, Inc.*
 - **Andrea Martinez-Mejia, MPA, MA**, *Executive Director, Greater Newark Health Care Coalition, Secretary of the Board & Nominations Committee Chair, New Jersey Health Care Quality Institute*
 - **Brian Park, MD, MPH**, *Director, RELATE LAB, Medical Director / Director of Community Health Justice, Oregon Health & Science University Health Equity Organization*
- **Civic Engagement Moderator:**
 - **Caitlin Donovan**, *Senior Director of Outreach & Communications, Patient Advocate Foundation*
- **Delivering Care Panelists:**
 - **Aisha Harris, MD, FAAFP**, *Family Medicine Physician, Founder/Owner, Harris Family Health*
 - **Surani Hayre-Kwan, DNP, MBA, APRN, FNP-BC, FACHE, FAANP**, *Associate Director of the Primary Care Advanced Practice Provider Fellowship Program, Health Sciences Associate Clinical Professor, UC Davis Betty Irene Moore School of Nursing*
 - **Stephanie Toney, CCHW, RN, BSN**, *Founder & Visionary, Community Health Workers Strength*

SUMMIT SPEAKERS AND PANELISTS REFERENCES

- **Delivering Care Moderator:**

- **Ashley Freeman, MPH**, *Manager, Stakeholder Outreach and Engagement*, Patient Advocate Foundation

- **Community Storytellers:**

- **Valarie Worthy, MSN, RN**, *Co-Founder and VP of Community Outreach and Engagement*, TOUCH, The Black Breast Cancer Alliance
- **Alicia Roach**, *Site Lead for Oregon Prison Birth Project, Certified Prison Doula and Lactation Educator*, Ostara Initiative
- **Kelly Rand, DrPH, MA, CPH**, *Assistant Professor/ Curriculum Instructor*, HRSA Pathways, Rowan-Virtua School of Osteopathic Medicine

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- **Kelly Rand, DrPH, MA, CPH**, *Assistant Professor*, Rowan-Virtua School of Osteopathic Medicine
- **Robert Rock, MD, MHS**, *Health Justice Fellowship Project Director*, Social Mission Alliance
- **Beverly Rogers**, *CEO and Founder*, From Momma's House
- **Stephanie Toney CCHW, RN, BSN**, *Founder & Visionary*, Community Health Workers Strength
- **Reginald Tucker-Seeley, MA, ScM, ScD, FASCO**, *Principal and Owner*, Health Equity Strategies and Solutions

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RESOURCES

- **CHW Co-Op** | https://chw_co-op.circle.so/CHW_CO-OP_Company_Info
- **CHW Strength** | <https://www.chwstrength.com/>
- **Common Roadblocks to Care by PAF**
<https://education.patientadvocate.org/resource/common-roadblocks-to-care-2/>
- **Engaging with Insurers: Appealing a Denial by PAF**
<https://education.patientadvocate.org/resource/engaging-with-insurers-appealing-a-denial-2/>
- **Navigating Prior Authorizations for Medications by PAF**
<https://education.patientadvocate.org/resource/navigating-prior-authorizations-for-medications/>
- **Ostara Initiative** | <https://www.ostarainitiative.org/>
- **RELATE Lab** | <https://www.relatelab.org/community-organizing>

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