Submission Id: 4041

Title

Radical Welcome: Unexpected Healing Spaces in Community-Researcher-Clinician Partnership for Health Equity

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Voices of those affected by disparities must be included to address health equity, yet health systems suppress engagement by creating unwelcoming environments. How do health systems practice exclusion and what impact do unwelcoming environments have on both patient and clinician experiences? A Radical Welcome approach invites people who are traditionally labeled and blamed for their conditions - e.g., homelessness, substance use, incarceration, sex work- to co-create change in healthcare setting.

Objective: Describe how a virtual community engaged in community-clinician-researcher partnership for health equity became a healing space.

Study Design and Analysis: Mutual self-study case with monthly Story Healing (5, 3 hours each), health equity webinars (4, 90 mins each), 2 focus groups and 13 interviews (7 context and 6 content experts). Sessions were recorded and analyzed with qualitative methods.

Population Studied: 8 context (life experience) and 8 content (professional) experts, selected to maximize diversity in race, ethnicity, dis/ability, LGBTQ+, status within institutions, and experiences of trauma/ stigma.

Intervention/Instrument: Radical Welcome Observation Tool identifies challenges/accomplishments of engagement stages: Passionate Invitation, Radical Welcome, Authentic Sense of Belonging, Co-Created Roles, Prioritization of Social Issues, Individual and Collective Action.

Outcome Measures: Subjective participant descriptions of healing.

Results: While participants describe pain and moments of mistrust, an unexpected theme of healing emerged. The group developed a Radical Welcome practice that followed the stages of engagement by

sharing lived experiences and acknowledging power differences. To achieve mutual trust, respect, empathy and empowerment, the group focused on interpersonal relationships beyond roles. Shared healing began by taking risks, unlearning conventional roles, and being vulnerable and human together.

Conclusions: Unwelcoming environments and the trauma of exclusion in healthcare hurt patients and clinicians, yet this Radical Welcome intervention supported healing even in a virtual space. Radical Welcome elucidates the best and most challenging moments working with diverse groups, even when committed to the same goals. Continuous investment and re-engagement by all members creates authentic relationships that challenge the role of trauma and work to reimagine and reestablish welcoming healthcare spaces.