MEMBERS PRESENT

Jessica Martinson, MS, Washington State
    Medical Association
Karie Nicholas, MSc, Washington Association of
    Community Health

Michael Garrett, MS, Consultant
Sami Bailey, Washington Association of
    Community Health

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed the group to the Advancing Equity workgroup, an ad-hoc workgroup of the Social Needs and Health Equity Steering Committee. Members introduced themselves and their current interest in addressing equity in healthcare.

> **Action:** Adopt June 17th Minutes

REVIEW: WORKGROUP CHARTER AND SCOPE

Mr. Locke shared the previous charter as discussed at the workgroup's June meeting. As several members were absent and new members were present, the workgroup reviewed their potential scope.

- At the June meeting, workgroup members focused on priorities related to data collection and sharing. At this meeting, workgroup members discussed additional activities to ensure equity is a priority for organizations.
    - Members added a priority to develop a call to action for incorporating equity principles into the organization's mission, vision, and values. Members also discussed how to ensure equity principles are actionable
    - Workgroup members discussed ensuring equity for both patients and **staff.** Often organizations forget about equity for their workers, which in turn impacts the health of patients.
    - Members expanded the aim to include all impacted partners, including patients, providers, plans, employers, and policy-makers.
- Members discussed the language around sociodemographic data collection. New language was added to emphasize ethical and non-stigmatizing collection of standard and respectful demographic data as well as responsible use.
- Members discussed equitable policy changes (including removing race-based medical calculations in the eGFR and organ transplant lists), examining new policies/resources for their impact on equity, and re-examining past policies.

DISCUSS: POTENTIAL DELIVERABLES AND NEXT STEPS

Mr. Locke turned the workgroup to review potential deliverables and see how the new changes in scope could be incorporated into future work.
- Members discussed removing implicit bias from the discussion on org culture. Implicit bias does exist, but it is a more individual impact and our recommendations are for broader policy change.

- Members suggested changing language about "developing" standards to "adopting or endorsing" existing standards.
- Members suggesting addressing the "color-blind" mentality through a written report/introduction on the importance of equity in healthcare delivery.
- Members discussed the difference between developing equity initiatives for staff and for patients, and some of the considerations that will be needed to distinguish between the two.
- Members discussed policies for improving equity – including not letting patients discriminate about their providers, requiring a certain amount of health equity CME hours, etc.
- Members reviewed the "cataloguing health equity initiatives" section and considered how to partner with other state and national initiatives to help with alignment across organizations.

Following the discussion on deliverables, Mr. Locke also asked workgroup members to consider what topic to address first.
- Current deliverables focus on either organization policies or data collection/use
- Specific next steps depend on who is part of the conversation in order to leverage individual strengths.
- Workgroup members suggested inviting OHP, the Gravity Project, Fenway, tribal liasons, or the CWIS to give join specific conversations to help us develop granular recommendations.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments, then thanked everyone for attending. The next workgroup meeting will be held on Friday, August 19th from 2:00 – 3:00 PM.