FHCQ | Social Needs and Health Equity Steering Committee
Advancing Equity Workgroup
July 15th, 2022| 2:00 – 3:00 p.m.
Virtual

MEMBERS PRESENT

Abigail Berube, MPH, Washington State Hospital Association

Annie Hetzel, Office of the Superintendent of Public Instruction

Jessica Martinson, MS, Washington State Medical Association

Karie Nicholas, MSc, Foundation for Health Care Quality

Krista Lynch, MA, Washington Health Care Authority

Michael Garrett, MS, Consultant

Sofia Aragon, JD, BSN, RN, Washington Center for Nursing

Yogini Kulkarni-Sharma, MHA, Molina

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. With several new members present, members introduced themselves and their current interest in addressing equity in healthcare.

DISCUSS: WORKPLAN AND FOCUS AREAS

Mr. Locke shared the group's workplan to walk through each focus area. Currently, the workgroup hopes to focus on **defining health equity, encouraging organizations to develop actionable equity plans, endorsing demographic data collection and equitable use of data,** and **cataloguing existing health equity initiatives in Washington.** Workgroup members discussed additional ideas and themes for each category.

- Defining Health Equity:
  - In addition to describing the importance of health equity, we should define health equity and key terms to make sure we are all on the same page. Several organizations have health equity definitions that we can look into, including the AMA, AHA, Oregon health authority, and WHO.
    - Perhaps we can focus on some additional health equity terms and guidelines for framing equity.
  - Additionally, workgroup members discussed the equity concerns with the phrase "color-blind" and discussed other ways to clarify the harms that can be perpetuated from insufficient equity initiatives. Instead, the workgroup chose to move beyond the superficial.
  - Workgroup members discussed how intentionally focusing on the most marginalized groups can raise outcomes for the entire population.
- Equity Plans:
  - We should be careful how we endorse equity planning, as different organizations will have different equity needs (example of Seattle Urban Indian Health Institute having a different equity plan than a big employer like Boeing)

- o   We should prioritize examples of health equity plans that drive change and use examples from Washington state.
- Demographic Data and Equity
  - o   Demographic data on disparities should be a baseline, but we should also consider other data fields where we may see disparities in care, including nativity, socioeconomic status, and education status.
  - o   Other barriers beyond demographic data contribute to equity as well – including social need, cultural barriers, etc.
  - o   In addition to data collection, how we use data ethically is important. How can systems pivot and respond to disparity data, and how we avoid re-traumatizing populations and data misuse.
- Cataloguing WA-State Health Equity Initiatives
  - o   Cataloguing health equity initiatives in WA is important.
  - o   Some programs to consider reaching out to include:
    - ▪   The Department of Health
    - ▪   The Washington Health Alliance
    - ▪   The Health Care Authority's previous work on data and social need
    - ▪   The Governor's Office of Health Equity
  - o   Our workgroup can conduct partner mapping in order to foster alignment across programs.

NEXT STEPS AND GOOD OF THE ORDER

Mr. Locke invited final comments on the draft workplan and summarized next steps. The workgroup's next meeting will focus on defining health equity, key terms, and common pitfalls to avoid. Mr. Locke invited comments via email between meetings and thanked everyone for attending. The next workgroup meeting will be held on Friday, September 16th from 2:00 – 3:00 PM.