

Addressing Stigma & Bias Workgroup Meeting
Thursday, October 15th, 2020
Meeting Minutes

Materials:

August Minutes, September Agenda, Action Plan Worksheet

- 4:00 Approve October Minutes | [Anita Sulaiman](#)
Approved
- Qs: Anita (AS): *Is Ginny supposed to attend these meetings? What about Alex?*
Amy (AE): *I think I am the Bree representative.*
Steve (SL): *No (for Alex).*
AS: *Ok. Then, everyone is in attendance.*
- 4:05 Recap of Action Items | [Anita Sulaiman](#)
 - December 10 Patient Safety Round Table | [Steve Levy](#)
 - Invitees
 - *6 prospective attendees. Talked with Nov. 13 participants. MultiCare: have them recommend invitees.*
 - *AS: Timeline (for when to give names)? SL: 2nd week of November..*
 - *Next step: invite Nov. 13 webinar speakers; ask for names of peers (other health plans, Equity Officers) to invite (Week of Nov. 16)*
 - *Spoke with Kim Conner at Washington State Independent Living Council (WASILC) who is excited about attending.*
 - Topic discussion: Ideas?
 - *AS: (1) What is our understanding of stigma & bias? People have different ideas of what they are. Ask participants: What is your understanding of (a) stigma (b) bias. They are not the same thing. → Do you know what it is? How does it present itself?*
 - *AS: (2) How are stigma & bias being perpetuated in our health systems?*
→ *What do these actually look like?*
 - *SL: Like the idea. That will lend to: How do we fix/address it?*
 - *AS: Agree. It starts with a good problem identification; like medicine – starts with a good diagnosis.*
 - *LuAnn (LA): How can we avoid stigma & bias?*
→ *How do we recover when we stumble into it/make a mistake? If the patient perceives stigma/bias? How can we say things differently?*
 - *AS: In writing recent blog, talked to gay friends. I shared that every time he goes to a medical facility, regardless of reason – could be for a cold – he is asked to do a STD/AIDS test. Heterosexual providers do not realize how offensive that is. So, he looked for openly gay Dr. Why put people through that?*

- LuAnn: Shared her experiences & perspective as a physician. Suggestion: Practice dialogue i.e. say something deliberately shocking, see how people respond & how we could respond differently.
 - AS: Healthpact, precursor to PFAC (FHQC): (Also in consulting work when going into a health system, trying to explain something.) Did a forum, roundtable; presented skit. Can be a little outrageous, but gets the point across, as LA described. Seems outrageous, but that is what is happening in the real world.
 - Group discussed ways to communicate better. AS: Discuss: How to make it ok to ask qs if you don't know. People tiptoe around these issues.
 - AS: Mentioned experience facilitating on "Conversations On Race & Culture" with City of Bellevue. We could do: "**Conversations On Stigma & Bias**".
→ People get that this is meant to be a dialogue. Recommend: House Rules: Helpful. E.g. No stupid qs, no judgment. Send out before event, so everyone feels it is a safe space. LA: Suggestion: Breakout groups, so people can practice.
 - SL: 12/10 date could be fluid, depending on how this develops.
 - **To-Do: Email SL with any other Safe Table topic suggestions | Group**
- Podcast: Patient Experience - Update on finding interviewees | [Steve Levy](#)
 - Naomi Kirtner (Conference Planning Committee) is seeking participant(s). Topic: hear from a patient who has experienced stigma or bias in a healthcare setting.
 - AS: Deadline for confirming a patient? SL: No date has been set yet. Likely Q1 2021.
- October 9th: Webinar Report: Final attendees, feedback? | [Jessica Martinson/Amy Etzel \(co-presented\)](#)
 - Registrants: 131; Attendees: 37. Dropoff is typical. Session is recorded & link sent out. People watch at later times. Very engaged group – qs, chat, Q&A.
 - Nov. 13 webinar: Currently 33 registrants. Would love help with that.
 - AS: Do we know why there is such a big difference (dropoff)?
 - Jessica (JM): People get double booked, sign up to get a link to recording...
 - LA: We can see if people are looking at the recording later.
 - JM: **That page has Google Analytics as it's on Vimeo. Can check the traffic. Does not have direct access, but will try to share at next meeting.**
 - AS: Would be nice to track # of post webinar views.
 - AE: (Reasons | cont'd) Esp. Friday events, people burned out.

Oct 9 Webinar links:

- You can [watch the recording here](#)
 - The Bree Collaborative [LGBTQ Health Care Report and Recommendations – Checklist](#).
- November 13th webinar - Update | [Steve Levy](#)
 - Webinar ready to go: health equity initiatives in the 4 orgs. Would like help promoting it. **80 registrants as of 11/13.**
 - Presenters & topics:
 1. Sarah Dryfoos-Guss, MultiCare (Health Equity & Outreach Program Manager): Key components of an inclusive strategic planning process with multiple stakeholders.
 2. Paula Houston, UWMC (Chief Equity Officer): Workforce training program – faculty & staff; 5 key concept areas for the training.

3. *Neena Makhija, Seattle Children's, Center for Diversity & Health Equity/CDHE (Diversity & Health Equity Consultant); Alicia Adiele, (Director): How they consult & partner with departments across the institution to support them in examining health disparities through data collection, developing interventions, & move towards eliminating health disparities.*
 4. *Cynthia Ricks-Maccotan, CHI Franciscan (Violence Prevention Coordinator): How equity shapes their community health work, specifically in youth violence prevention & in faith community partnerships to increase access to credible messengers & decrease health disparities.*
- 4:20 Project Plan Updates & Annual Review | [Anita Sulaiman](#)
 - Project Plan Updates (See Action Plan Worksheet): some items highlighted in red
 - Note: **Goal #1:** Create Awareness Campaign around stigma & bias (Deliverable Column)
 - "Surveys post webinar"? *JM: evaluation results from the webinar; can share.*
 - *AS: Would be great to have metrics.*
 - *To-Do: Send webinar survey results to group | Jessica*
 - (To-Do Column)
 - "Invite speakers to engage with group"? (Entry by Kinsey)
 - *To-Do: Delete | Steve*
 - "Webinars – Recordings available" *AS: Added this because these are resources – What are we doing with them?*
→ *Idea: Can we create a place on the website to house our resources –for ASBW?*
 - *SL: We have ASBW page. Can put everything there & acknowledge orgs involved.*
 - *JM: Have the links on their website, hosted in Vimeo. Can share. Note: Co-sponsored by ____.*
 - *AS: That is good visibility for the orgs that do the work. So much goes into it. Pity if after all that, it is forgotten post event. Great recognition of the effort that went into producing these.*
 - *JM: Will paste link to On-Demand page. May be able to pull Vimeo link from that.*
 - *SL: Need to archive resources, beyond links & webinars. We may be duplicating WSMA, but we have a different audience.*
 - *JM: We have a LBGTQ Toolkit, but not a library of resources. A qs that came up in last week's webinar that was not answered was: What curriculum are people using to educate physicians & staff on LBGTQ issues? **Schwartz Rounds** Model mentioned. Need to check with him if there is an off-the-shelf version available.*
 - *LA: Bree recommendations are good too.*
 - *JM: AE had that last page that is full of resources. Also, Dr Amish Dave focused on the Human Rights Campaign Health Equity Index. Used to assess how LBGTQ-friendly your org is. Virginia Mason received the highest level. Interesting – they have 100% & said they still have a long way to go. Not a perfect tool.*
 - *AS: Shared work as Amnesty International member championing human rights. In recent blog, also mentioned Universal Declaration of Human Rights – the idea that human rights, & equity, is important. Happy to hear this is being done in healthcare. (Status column):*
 - *AS: Blog: Not easy to ask someone to write a substantive blog piece. Given the opportunity we have to elevate this topic, I chose to go beyond word count guideline from Kinsey & did a good amount of research to write a piece with depth & breadth. It was posted in Friday 5 & website. What are we doing to promote? Friday 5: Easy to miss; may not get to it with workloads & busy schedules. We need to do a better*

- job of increasing exposure. Could ask Steering Committee (they sit at the top of big orgs) to disseminate for us. Need to do more than just capturing in meeting minutes.
- *To-Do: Everyone on ASBW team to promote Blog, & each other's work.*
 - *To-Do: At SC Meeting: Ask members to help promote the work we are doing | Anita*
 - *SL: This is an important topic you are bringing up i.e. exposure to community re: what we are doing. The Foundation & Coalition have been weak on that; we are not getting enough publicity. How do we do a better job?*
 - *AS: Happy to help with that. Have had to learn in my different capacities. There are things we can do. It will be a lot of work. Glad we are focusing attention on this now.*
 - *LA: CHPW had a program on Health Equity. Shared a **graphic** that nicely illustrated equality vs equity (silhouettes looking over fence). Useful in conversation about health equity.*
 - *JM: Shared a **graphic** illustrating the differences between inequality, equality, equity & justice.*
 - *LA: These really illustrate why we need to do things differently.*
 - *AS: Not only that, they illustrate the things we do not even think about (that contribute to inequality & inequity); that are not obvious.*
 - *On the topic of improving visibility, exposure, collaboration, web presence, we can use graphics like this. This just proves there is so much more to be done.*
 - *SL: Do we need permission to post these?*
 - *JM: Probably. Has seen it posted without attribution. Good practice. Can search for original creator.*
 - *AS: Good qs. Eg. of famous **Gorilla Video**, showing a group of people passing around a basketball. Audience is later asked: Did anyone see the gorilla? Wanted to use that for a training. Asked the producer; he declined to give permission. Even though this video is easily found online & has been widely used.*
 - *LA: That is a good illustration of how we are totally blind to what we are not seeing.*
 - *AS: Agree. We tend to zero in on a few things. As a Girl Scout, played something called Kim's Game – where you are taken to someplace like the school's Sports Room (it houses all the sports equipment) & given 30 seconds to look around. You are then asked to list the things you saw. It is amazing how many you do not see. It is this sort of thing that we can use to illustrate how stigma & bias can be so pervasive. We are sidetracking a bit, but it is ok because this is a very good discussion.*
 - *Panel discussion (Nov 13 webinar): Completed*
 - *"Ginny to possibly write 2nd blog post: AE: Thinks she is looking for details. AS: Saw email re: Interim role; probably busy time for her. Sent email asking if she is looking at a specific angle. No response yet.*
 - *To-do: Follow up with Ginny – Still planning on writing a Blog post? | Anita*
 - **Goal #2:** Identify behavioral health sub-topics:
 - LGBTQIA+ Healthcare
 - Suicide Prevention
- Status: All confirmed.
(Status Column)
- *"LBGTQ report, recommendations & checklist: Info sent to workgroup (On website?) AS: This should be highlighted.*
 - *AE: That is the **Bree Recommendations & Supplemental Checklist**.*
 - *SL: This goes back to what we discussed on resources to go on the website.*
 - *AS: Have things I want to add. Will send **links**; for going forward.*

- Looked up LGBTQIA+ again because a lot of people do not seem to know what this acronym is supposed to stand for, some ask why there is a +... If there is such an issue, why are we not addressing it? Is that not our job?
- Recommend these resources: (i) [Glossary from the UC Davis LGBTQIA Resource Center](#) (ii) [What does LGBTQIA+ stand for exactly?](#)
- **Goal #3:** Determine areas where tools & resources already developed by BREE Collaborative can be implemented

Links to WSMA stigma resources:

- [Archived sessions from WSMA's Continuing Professional Development webinar series](#)

Other resources to include on site:

- LuAnn: [Images of equity vs. equality](#)
- Jessica: [Equity/Justice image](#)
- Anita: [The Invisible Gorilla video](#)
- Jessica: Dr Dave's slides (i) LGBTQIA+ & Meanings (ii) Genderbread Person 2.0 (shared in webinar). In pdf sent to SL on Friday.
- *To-Do: Update Stigma & Bias page on website with resources, webinars, etc. & attribute to sources (include items from today) | Steve*
- **Goal #4:** Promote training for providers that will address stigma & provider bias, particularly towards people within the target communities
(Deliverable Column)
- "Provide organizations an opportunity to present at a WPSC steering committee": SL: Doing this. Anyone who wants to present at the SC is welcome to.
- AS: We should advertise that.
- SL: We try to have educational component in SC meetings. Welcome suggestions for orgs to highlight.
- JM: UW has great curriculum, covering a broad range of topics. Is UW's program available to the public?
- SL: Paula Houston (Chief Equity Officer, UW) is on 11/13 panel. We could invite her to speak at a SC meeting. We are doing similar thing with Psychological Safety group. They are developing a toolkit. Could modify that for use by other institutions.
- SL: We could pose the qs to Paula after her presentation: Will they share their curriculum? AE: Volunteered to ask the qs. A lot of orgs have opened up resources to the public in this pandemic. Might be worth asking.
- SL: Aside from whether something is protected or not, the point of the Coalition is to not reinvent the wheel. We want to raise the bar for everyone in the state.
- AS: Agree. Especially with budgets being cut.
- *To-Do: At panel event: Check with Paula re: UW curriculum (see note above) | Amy*
- *To-Do: Send Steve any recommendations for presenter; he will follow up | Group (Additional Item)*
- AS: On mental health: Propose an [educational video](#) produced by the Singapore Institute of Mental Health. Shows pairs of people – interviewers asking interviewees qs like: Would you hire someone with mental health issues? Interviewees balk at the idea. It goes from pair to pair & cycles back to the first pair. The interviewer then discloses that he/she has a mental health condition. You can see the interviewees are shocked & visibly moved. It is a great tool for creating awareness.
- Group agrees.

- *LA: With COVID-19, there are more people with mental health issues.*
- *AS: In recent blog, included stats on just how many are struggling with mental health. The numbers are staggering, & that was back in May.*
- *LC: It is good to see that every group of people has issues with stigma & bias.*
- *AS: Suggested this a long time ago when I was at Swedish, as a member of the state's Pandemic Working Group (for SARS) – I brought up the case of Singapore. They handled SARS very well. Instead of trying to look for what works, they have already done it. Really helpful.*
- *LA: We did it for COVID too. They did a really good job.*
- *AS: Can learn from Taiwan too.*
- *AS: Idea for next meeting: Do not know much about each of you. Would love if we start with everyone giving a brief introduction of themselves – as a person & as a professional. Get to know each other a little bit more.*
- *LA: Great idea. Everyone else: Agree.*
- *SL: Since we are all at home, bring wine. AE: It is the end of the day!*
- *Group: Laughter & agreement. :D*

- *Annual Review: Progress of workgroups.*
- *Deferred to November meeting.*

- 4:50 Next Steps and Action Items

Next meeting November 19, 4:00 – 5:00 PM

(Have a glass of wine & let's learn more about each other's backgrounds.)