
PRESENT

Steve Levy, Anita Sulaiman (Chair), Dr LuAnn Chen, Amy Etzel, Nicholas Locke

MATERIALS

AGENDA

- 4:00 Approve December Minutes | [Anita Sulaiman](#)
 - Minutes approved without changes
- 4:05 Updates | [Anita Sulaiman](#), [Steve Levy](#), [Nicholas Locke](#)
 - AS opened the first meeting of the new year with a quote, ***“Of all the forms of inequality, injustice in healthcare is the most shocking & inhumane.”*** – By Dr MLK Jr, at the **Convention of the Medical Committee for Human Rights, Chicago, 1966**. In the spirit of MLK Day; very relevant to our work.
 - NL – Website built out on staging site. Have been gathering past 2020 meeting materials for all Coalition initiatives. Should finish website content material tomorrow (Friday, 1/22) & be able to distribute a link for beta testers. AS, SL & NL will find a time to meet after link is sent out.
 - SL – Podcast & Safe Table
 - Podcast: will request assistance from safe table attendees to find a contact for a patient story.
 - Safe table: 24 people RSVPed + our workgroup members are welcome to attend. Steve planning to facilitate (no other facilitator yet). AS & SL will meet next Monday to finish the planning & finalize details, including decision on a facilitator for the event on Thursday.
 - 2020 Action Plan Worksheet:
 - Quickly reviewed our action planning document from December 2020. Discussed outstanding deliverables & updates.
 - AS: MAPS-MCRC Clinic Director, Nehath Sheriff has accepted invitation to speak at SC meeting on 3/19. Also RSVPed for Safe Table.
 - AE: Contacted ICHS CEO. No response yet.
 - Status of a stigma & bias blog that Ginny had offered to write still not confirmed. AS: Suggested she submit mid-Jan., for publishing end-Jan (moving targets). No reply.
- 4:20 Review of ASBW Planning Document
 - AS: Inherited the Planning Document when accepted Chairperson role last year. With the start of a new year, think this is a good time to revisit it. This will be our roadmap. Started segment-by-segment discussion – Mission (verbiage changed, from “Purpose”, in presentation of YE Summary to the SC), Focus Areas, Goals, Key Strategies & Action Plan (see today’s meeting materials).
 - Discussion of new Mission statement:

Old:

Partnering with our sister program, the BREE Collaborative, the Addressing Stigma & Bias (ASB) Workgroup was created to raise awareness of access issues faced by certain segments of the population in Washington state related to health insurance coverage & policies within the healthcare system that contribute to stigma & bias.

The workgroup will identify and address barriers to access with a view to initiating a culture shift at the system level, improving patient safety, & reducing health disparities.

Proposed New:

To raise awareness of access issues related to health insurance coverage as well as policies within the healthcare system that contribute to stigma and bias faced by certain segments of the population in Washington state.

Partnering with our sister program, the BREE Collaborative, the workgroup will identify and address barriers to access with a view to initiating a culture shift at the system level, improving patient safety, and reducing health disparities.

- LAC & AE: it is more than health insurance coverage that affect stigma & bias.
- AS: Wondered why health insurance coverage was highlighted.
- AS: At Swedish Medical Center, as department head, to ensure delivery of linguistically & culturally appropriate services, emphasis was on “meaningful access”. “Meaningful” takes into account what matters to each patient.
- Discussed incorporating the following 4 areas in the new mission statement:
 - Quality of care & outcomes (e.g. black babies in neo-natal intensive care are 3x more likely to die if taken care of by white vs black physician)
 - Meaningful access
 - Cultural/culture shift centered on patient experience
 - Coverage
- Possible revision of 1st sentence:

“To raise awareness of stigma & bias issues related to quality of care and outcomes, meaningful access, patient experience and coverage faced by certain segments of the population in Washington state.”

- AS would like to keep the second part of the mission on partnering with the Bree & initiating cultural transformation. Other members agree this is good.

○ Focus Areas

- AS: Reconsider LGBTQIA+ Healthcare. What does the “A” mean? If you look it up, there are several meanings (asexual, allosexual...). Are we clear on what exactly these stand for/mean? What does it mean to our group? If we are going to be leading this work, we need to be clear on that. We might just do a better job of explaining what LGBTQIA+ is. Even people from that community are not sure what some of the letters stand for. Of the 2 focus areas, the group did good work with LGBTQIA+ healthcare. Not so much on suicide prevention.
- LuAnn: There’s the Bree recommendations on suicide; we should use as a resource.
- Adding mental health as a similar but discrete topic related to suicide care.
- LuAnn suggested adding racism as a focus area. AE: Under the impression that racism was inherent in all of these. AS: Racism is v important, esp. with all that has

been happening the past year or so. Qs: Will we be able to give it adequate attention, given last year, we only had 2 & we ended up focusing on only one. Group discussed whether we have bandwidth to take this on. LAC: Suggested including racism as links from other resources. Mentioned King county Medical Society. <https://kcmsociety.org> conference about unconscious bias (creating CME); will send us the link when it is available. AS: Racism will come up as a sub under the focus areas. Concerned about scope creep, considering we were not able to give fair coverage to the 2 focus areas identified for 2020.

- We will keep focus areas as is proposed & find ways to include racism as we cover these areas.

○ Goals

- Old: 4 goals. New/proposed: 3.
- AS reviewed old goals & new wording of 2021 goals.
- Revised Goal #1: Take out the word “access” (because it is more than access). Change from “To create an awareness” (which we have done) to “To build recognition of the problem of stigma & bias” & (then) “raise awareness of how they impact healthcare.”
- AS: Old – no point in keeping Goal #2. It is done; take it out.
- AS: New Goal #2: is really the old #3.
- Revised: From “To determine areas where tools and resources already developed by the BREE Collaborative can be implemented” to “To identify BREE Collaborative tools that can be implemented in health systems and facilitate sharing of (these and other) resources. That (facilitate sharing) is what we can do a better job on. Put “these and other” (resources) in parenthesis because I will add that in unless the group objects. This allows us to add things other than tools & other than BREE resources. Group ok with this.
- AS: New Goal #3: is really the old #4.
- No need for the word “existing” - it is redundant. Revise to: “To promote training...”
- Not much is changed; only a little wordsmithing.
- Group approved wording of the 3 new goals.

○ Key Strategies

- AS reviewed old wording & proposed new ones for 2021 strategies.
- 1. “Leverage skills, background, and network of ASB Workgroup members, including WPSC & BREE staff.”: No change.
- 2. “Share and employ BREE Collaborative tools (and other) resources.”: Added “Share” (and employ) & the words “and other” (as agreed earlier).
- 3. “Identify potential partners, their value and how best to engage them.”: No change.
- Added a fourth:
- 4. “Partner with other organizations and increase collaboration, including with community organizations.”
- AS: For 2020, ok with the 3 strategies. Towards the end, was pushing for better collaboration, including work with community organizations. So, why not put that in as a strategy? Group approves.
- LACasked: Do we mean organizations that include communities experiencing bias? AS: Yes. Somewhere in one of the wordings are the words “target communities”. We can add those words in there. Change to: “Partner with other organizations and increase collaboration, including with community organizations that serve target communities”. LAC: We want their voices.
- Group approved new strategies.

○ Action Plan

- AS: We now have 3 Goals. Left the worksheet empty.
 - Ran out of meeting time to discuss action plan for 2021 Goals.
 - Next meeting: Finish revising the Mission statement & populate the Action Plan worksheet.
 - Group should consider these & we will discuss in February.
- 4:50 Next Steps
 - All members confirmed they will continue on workgroup. AS: Assume JM is in.
 - Group re-elected Anita to serve as Chairperson in 2021.
 - AS: Poem: Wanted to acknowledge Steve's request to share her poem (previously shared with the group). The original poem, "Once There Was A Musical Note" – followed up with poetry slam organizers, but the email bounced. Trying to reach the judges & need to follow up with JM re: her contact for the book, so would like to hold off on that. AS did share another poem – Everything Changes (Nothing Stays the Same) – If the group likes that & SL still wants to share a poem, perhaps start with that? If not, AS has another one to propose, which goes with the theme of a new year i.e. happy to share a poem, although it will not be the original one shared.
 - SL: Willing to put in whatever AS wants to share. Leave it up to the group. AS: If group likes the last one, she can share (be sure to add copyright). SL: Send to NL. NL: That would be wonderful.
 - AS: On the topic of poems, did not know there was a Youth Poet Laureate. Mentioned the inauguration (of the new President). Group was amazed by Amanda Gorman. Suddenly, poetry is at the forefront. It is amazing how people connect with poetry. It is because it is such a beautiful art form.

Next Meeting: February 18, 2021

Meeting minutes prepared by:
 Steve Levy
 Anita Sulaiman