

Recommendations Related to Health Equity, Stigma and Bias from:

- **The Bree Collaborative**
- **Foundation For Health Care Quality Social Needs and Equity Steering Committee**

The Bree Collaborative

In 2011, the Washington State Legislature established the Dr. Robert Bree Collaborative so that public and private health care stakeholders would have the opportunity to identify specific ways to improve health care quality, outcomes, and affordability in Washington State. These stakeholders are appointed by the Governor as Collaborative members and represent public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations.

Each year the Bree members vote on 2-3 topics that they're seeing within the healthcare ecosystem with high variation of care, such as low quality issues, and equity issues. Workgroups are formed to develop reports of recommendations (what to do) to address the issues. The workgroups are open to the public. More information about past Bree workgroups and reports are available here: <https://www.qualityhealth.org/bree/>.

While the Bree Collaborative has not convened a workgroup to focus exclusively on stigma and bias, several previous topic areas have touched on stigma, bias, and discrimination in the clinical setting. Bree workgroups including those on [LGBTQ health](#), [opioid use disorder](#), and [health equity](#) have provided some recommendations to eliminate stigma and bias. Several of these recommendations are summarized below.

Recommendations on Stigma and Bias:**Organization Culture and Leadership:**

- Embed equity principles into organizational mission, vision, values, and programming.
- Facilitate organizational culture of destigmatizing talking about bias including from race through level-setting and fostering staff buy-in; uncomfortable conversations that reduce barriers to empathy and understanding
- Increase the number of people who see alcohol and other drug misuse screening as a usual part of care and are comfortable discussing alcohol and other drug misuse as a chronic, relapsing-remitting disease on a continuum

Staff Education:

- Educate staff about health equity, health disparities, and the legacy of historical trauma on a person's health.

- Provide implicit bias training and/or cultural competence training for all staff and board members
- Train health care staff how to have non-judgmental, empathetic, culturally competent, and accepting conversations about alcohol and other drug misuse
- Understand the historical and cultural background of your patient population including the role of the state or the medical establishment in causing harm or oppression and self-awareness of implicit bias

Interacting with Patients:

- Provide culturally humble and responsive care
- Use of the patient’s chosen pronouns, name, and gender identity.
- Use appropriate and non-stigmatizing terms for chosen sexual orientation, gender identity, family members, HIV status, and people who are transgender.
- Mirror appropriate and non-stigmatizing preferred terms used by patient to describe their body (i.e. a trans male patient may prefer “chest tissue” to “breast tissue”).
- Staff use preferred pronouns on their badges and use language that reduces stigma when talking to patients and staff members

Clinical Environment:

- Onsite access to gender-neutral restrooms.
- Use of diverse images and patient facing education materials (e.g., images of same-sex families or gender-diverse people on hallway posters, website, etc.)

Community Engagement:

- Engage with the community to better understand their needs and priorities

Additional Bree Collaborative resources, including all topic area recommendations, can be found on <https://www.qualityhealth.org/bree/>.

Foundation For Health Care Quality Social Needs and Equity Steering Committee

The FHCQ Social Need and Health Equity workgroup has 2 reports relevant to the WPSC’s Health Equity, Stigma & Bias workgroup. Links to the reports below.

- [Advancing Equity Recommendations](#)
 - Recommend strategies to improve implicit bias as well as structural discrimination within organizations.
 - Draw on existing resources and institutions to endorse data fields for race, ethnicity, language, sexual orientation, gender identity, and disability
 - Consider statuses and factors that effect equitable healthcare beyond demographics
 - Identify strategies to intervene where disparities are identified
- [Data Sharing & Storing](#)
 - Identify principles for ethical data infrastructure privacy, safety, and autonomy

- Consider liability and regulations governing data sharing
- recommend data storage strategies in architecture to incorporate sociodemographic data
- Develop guidelines for using sociodemographic data in a way that informs interventions
- Recommend steps to improve data sharing and interoperability across organizations