



Communities and Equity Accelerator Committee Meeting Summary

April 18, 2016
8:30 AM – 12:30 PM
Coordinated Care
1145 Broadway, Suite 300
Tacoma, WA
98402

Present:

Co-Champions

Antony Chiang, President, Empire Health Foundation

Winfried Danke, Executive Director, CHOICE Regional Health Network

Members

Jay Fathi, CEO and President, Coordinated Care

Janet Varon, Executive Director, Northwest Health Law Advocates

Sofia Aragon, Executive Director, Washington Center for Nursing

Bertha Lopez, Senior Director of Community Health, Yakima Valley Memorial Hospital

Victoria Fletcher, Advanced Registered Nurse Practitioner, Washington Center for Nursing and Ebony Nurses Association of Tacoma

Zosia Stanley, Policy Director of Access, Washington State Hospital Association

Michael Itti, Executive Director, Washington State Commission on Asian Pacific American Affairs

Sybill Hyppolite, Healthcare Policy Specialist, SEIU Healthcare 1199NW

Phone:

Aren Sparck, Government Affairs Officer, Seattle Indian Health Board

Invited:

Gail Fast, School Nurse Corps Administrator, ESD 105

Diane Oakes, Deputy Director, Washington Dental Services Foundation

Shelley Cooper-Ashford, Executive Director, Center for MultiCultural Health

Kim Williams, Chief Operating Officer, Providence Regional Medical Center Everett

Tanya Riordan, Vice President of Community Outreach, Planned Parenthood of Greater Washington and North Idaho

Uriel Iniguez, Executive Director, Washington State Commission on Hispanic Affairs

Chris Phillips, Director of Community Affairs/NW, PeaceHealth

Tommy Thombs, Commissioner, Mason County Public Hospital District 2

Staff

Lena Nachand, Community Transformation Specialist, Washington State Health Care Authority

Maria Courogen, Special Assistant to the Secretary, Health Systems Transformation and Innovation, Washington State Department of Health

Laura Zaichkin, Deputy Coordinator of Healthier Washington, Washington State Health Care Authority

Meeting Objectives:

- Develop the Committee’s problem statement and objectives;
- Understand each person’s goals in participating in the Communities and Equity Committee; and
- Identify action items in service to committee objectives and the process to accomplish them.

Problem Statement:

The Committee spent time discussing a larger problem statement and ultimately decided the best use of time was not wordsmithing a problem statement together. Instead, smaller workgroups will be responsible for developing individualized problem statements that target specific issues based on data (see example below).

Health Equity:

Similarly to the problem statement, the Committee felt the best use of time was not to research the numerous definitions of health equity to then go about wordsmithing.

Proposed definition by Committee member Michael Itti: Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged. We will proactively pursue the elimination of health inequities and preventable differences in health among groups based on gender identity, sexual orientation, race and ethnicity, education, income, disability and geographic location.¹

Themes of discussion:

- Equity lens: Our systems are not applying a consistent and stringent “equity lens”, example: equity needs to be a lens on the waiver.
- Voice of the population: The voices of the people we are trying to serve are not yet present at the influential level or decision-making bodies.
- Data: We don’t have enough bright spots around getting good data and data can be very powerful.
- Meaningful access: There is not coverage for undocumented residents of Washington State under the ACA; there is not always appropriate language or cultural access to care regardless of coverage status.

Opportunities (where themes intersect):

- ACHs and HCA
- Plans
- Medicaid Waiver (pending)
- Data
- Workforce
- Policy

Identified Early Wins:

1. Data (disaggregation):
 - a. Educating workforce and community on why
 - b. What data determines health equity
 - c. Social determinants

¹ Taken from Washington State Department of Health 2014-2016 Strategic Plan.

Committee Members²: Michael Itti, Sybill Hyppolite, Tourney Smith, Zosia Stanley, Bertha Lopez, Jay Fathi, Sofia Aragon

2. Equity Lens:

- a. ACHs applying a consistent equity lens
- b. Funding streams and data requirements on what will be tracked if funded
- c. Early population health win

Committee Members: Jay Fathi, Bertha Lopez, Aren Sparck, Sybill Hyppolite, Janet Varon, Victoria Fletcher

3. Workforce

Committee Members: Zosia Stanley, Sofia Aragon, Sybill Hyppolite, Victoria Fletcher

4. Voices Included in Decision Making

Committee Members: Tourney Smith, Janet Varon, Sofia Aragon, Sybill Hyppolite

Examples of how it could work:

Access

Problem Statement: Undocumented people in Washington State have x worse health, y worse access and z worse costs (varying by regions), based on a study by the University of Washington in 2006. (x, y, and z represent data specific to the problem statement/“early win”).

Considerations:

- What are rules for access to care, access to coverage?
- What are cultural norms around accessing care?
- What are clinics and regulations around undocumented folks?

Problem Statement: Based on data provided by WSHA, populations that over-utilize the Emergency Department in significantly higher rates tend to be Spanish-speaking or low-literacy.

Equity Lens

Problem Statement: ACHs don't use a consistent racial or equity lens in decision making.

Early Win: 4 of the 9 adopt x standard tool by the end of the calendar year and applies it to at least one decision in 2016 and funding is attached by a % to tracking data.

² This is a list of Committee Members who were present and volunteered. Other Committee Members will be given the opportunity to volunteer for the Early Win of their choice.