

HILN Communities & Equity Accelerator Committee

Meeting Objective: Apply and administer a health equity lens into the work being conducted with health system transformation.

Attendees:

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Antony Chiang | <input type="checkbox"/> | Laura Kate Zaichkin | <input type="checkbox"/> | Sofia Aragon |
| <input type="checkbox"/> | Aren Sparck | <input type="checkbox"/> | Leah Tuzzio | <input type="checkbox"/> | Suzanne Swadener |
| <input type="checkbox"/> | Bertha Lopez | <input type="checkbox"/> | Lisa Seagram | <input type="checkbox"/> | Sybill Hyppolite |
| <input type="checkbox"/> | Huma Zarif | <input type="checkbox"/> | Michael Itti | <input type="checkbox"/> | Torney Smith |
| <input type="checkbox"/> | Shareka Fortier | <input type="checkbox"/> | Nora Coronado | <input type="checkbox"/> | Vicki Lowe |
| <input type="checkbox"/> | Janet Varon | <input type="checkbox"/> | Paj Nandi | <input type="checkbox"/> | Victoria Fletcher |
| <input type="checkbox"/> | Jessie Dean | <input type="checkbox"/> | Rick Ludwig | <input type="checkbox"/> | Winfried Danke |
| <input type="checkbox"/> | Katharine Weiss | <input type="checkbox"/> | Sam Watson Alvaron | <input type="checkbox"/> | James Simonoski |
| <input type="checkbox"/> | Kennedy Soileau | | | | |

2.

| No | Agenda Items | Time | Lead | Notes |
|----|---|---------|-------------------------|---|
| 1. | Introductions/Roll Call | 2:00 PM | Katharine | |
| 2. | Welcoming Remarks | 2:05pm | Winfried, Sofia, Antony | |
| 3. | Communities & Equity Committee Changes and Update | 2:15pm | Katharine | Staffing changes, restructuring of subgroups |
| 4. | HILN Update/Recommendations | 2:30pm | Katharine | Debrief the April HILN meeting, update on HILN's new equity focus, roundtable on the best way HILN can engage on equity |
| 5. | MTP Learning Collaborative | 3:20pm | Katharine | Update on planning, opportunities for stakeholder involvement |
| 6. | Closing/Next Steps | 3:45pm | Katharine | |

Action Items/Decisions

| # | Action Item | Assigned To: | Date Assigned: | Date Due: | Status |
|---|-------------|--------------|----------------|-----------|--------|
| 1 | | | | | |
| 2 | | | | | |

Upcoming Meeting Planner

| Meeting | Date / Time | Location |
|---------------------------------|---|-----------------------|
| Communities & Equity Meeting | August 21 st , 2018 2pm-4pm | TBD |
| Communities & Equity Meeting | October 16, 2018 2pm-4pm | TBD |
| 2018 MTP Learning Collaborative | October 24 th and 25 th | Double Tree in SeaTac |

Notes:

- Committee Update:
 - We will be suspending the individual workgroups and will be continuing with larger group committee meetings
 - As the work evolves we will break out in ad hoc subgroups to work on individual projects
- Bertha: Provide a roadmap: there is a lot out there already, where do you start with health equity, collecting data and how do we get support and pressure to collect data and stratify our quality measures
 - Virgin Mason has been on an equity journey for a while- not enough collaboration around training
 - Disparity solution for Mass General- trainings for physicians
 - All of these tools, but hospitals are developing their own because we don't know what is out there
 - These are the recommendations that we have for all of Washington do
 - 1-2-3 Equity from WSHA: Not addressing biases and racism, getting a lot of pushback from staff and community because of discomfort, can stratify and identify disparities but you need resources to make interventions happen
 - Recommend 3 quality metrics that we all stratify and we benchmark against each other
 - Governance: Having people that represent your community working for the system -- lots of excuses and not a lot of plans
 - This is what we recommend Hospitals go through
 - 1-2-3 is helpful but doesn't give you the tools
- James: How they get to treatment, not when they get to treatment
 - Migrant workers that don't speak English, don't have time off
 - How do we get them into the treatment? Or to the doctor?
- Huma:
 - Provide the resources that folks are looking for
 - Assessment is key to understand what members of HILN are looking for as they pursue equity
 - Start with the needs first
 - Pursue some sort of training so there is some minimal foundation that we are all coming from
 - Basic understanding and foundation to understand what equity is
- Lisa Seagram: 123 Equity
 - Pledge that hospitals can sign
 - American Hospital Assoc started a few years ago
 - 4 goals: data disagg and stratisfaction, cultural competency training, advance diversity in leadership and governance, improve and strengthen community partnerships
 - Not a lot of resources after signing the pledge
 - Ask for periodic updates
 - Annually, select hospitals that have done a good job every year
 - WSHA recognizes that it doesn't do much to just sign the pledge- looking to work with HMA and hospitals to find some proactive ways and try to provide resources and other opportunities for learning
 - Only 9 hospitals haven't signed
 - If you have a question about whether your hospital has signed you can ask Lisa

- People who are doing the work are not necessarily the people
- Sofia:
 - The HILN leaders are the policy setters
 - Raising the awareness- what happens after that
- Sybill: Is it too much accountability?
 - Would It be something that is private
 - Reflect on their individual situation
 - Involved to responding to it for the organization
 - This work is often siloed
- Sofia
 - Don't want this exercise to be counter productive
 - Design the assessment so the person is aware but how they can advance themselves
 - How would you design an assessment for their org.
 - Help them establish some goals that is more org. wide
 - Nothing that is too procedural
 - How do they want the org to look like?
- Lisa
 - Affinity group with CMS- developing national health equity metrics, assessment tool for hospitals
 - Baseline assessment
 - Inform how they develop HE metrics
 - Trying to have it as a starting point
 - Is it broader
- Sofia:
 - Glen- ACORA something that they do
- Winfried:
 - ACORA to provide funding for the logical next step- the intent was to provide training and start with an assessment
- Sofia
 - Getting to the assessment because the training wasn't the right fit
- Bertha
 - Coming from a place that puts in place - have a training in Seattle where people come to
- Could do an anonymous survey of HILN members, personal
- Organizational change assessment
- We have to work at the individual leadership level that sets the tone for the organization
- Winfried:
 - Something that can be brought into various organizations
- Sofia:
 - Follow up strategy needs to be in place
- Sybil: 2018 goal was supposed to be around VBP
 - Staff had tried to get HILN members to commit around VBP
 - This group has not done a lot of collective action- this is a shift
 - The original goal was to act as cheerleaders
- Sofia: there were people who were advanced on the spectrum
 - Cultivate these people, these get the colleagues motivated
- James- want to avoid this a buzzword
- Bertha-
 - Board members and senior leadership involved but then when you deploy stuff and you have staff members that aren't adhering to it, we have all these reasons why people don't do stuff.
 - People's lenses impact the work
 - Should come from a quality and safety perspective
 - Go back to root causes
 - Haven't addressed that
- James-

- Implicit bias
- Lisa
 - There are different organizations at different places along the continuum
 - Not going to get a leader to say they don't think equity is important- translate that into the actual work that is being done
 - This comes off as so huge
 - Where do we start?
 - More effective strategy be to pick one area of focus
 - How do we tie institutional racism to an outcome
 - Make it more tangible for some organizations
 - Not watering down the emphasis
 - Taking one disparity to rally around
- Bertha-
 - Challenge is if you are already on a different path
 - Assessment of where people are at with Health Equity- how do we partner the people who are way ahead and people who are behind
- Create a baseline of where we want to get people to
- James-
 - Train the trainer aspect is lost
 - What were your first steps
- Bertha
 - We share the resources and we vetted it with BP and physicians association
- James- could be different from location to location, one org could be good at culture and one is good at language
- Sybill-Challenging to get people to provide feedback
 - The ACH state assessment have any information in there for an equity assessment?
- We could tap into the VBP survey
 - Add questions to address HE
- Lisa: always exciting and cool to ask questions but making sure they are the right questions to lead to something meaningful, different orgs have different resources, really trying to find quick easy wins
- Get too far advanced
- Bertha:
 - AHA does a health equity assessment annually? Can we tap into that? Do you have hospitals that we took it from?
 - Only went to hospitals that are AHA members, not necessarily a good sample
 - We could get some data that is targeted to our geographic location?
- Lisa: Trying to extrapolate that from a data set
- Sofia: Scope of what ACORA wanted to fund might not be limited, Whether that fits into what we are willing to fund
 - Could be training components around
- Laura Z:
 - Safe to assume that we will get the TA from the IHI, RWJ grant- Laura is going to reach out to see how we can get that TA
 - For the proposal- used existing conversations from HILN and C&E conversation
 - Would ask the group, to serve as the project workgroup that IHI was looking for in the RFP?
 - Aligns with the direction that group is going in and to provide guidance and service at the community level and also get prescriptive
 - We could work with IHI for the TA opportunity to make it align with the work that is already moving forward
- Huma
 - Might need more meetings and it is easier to hold meetings and then cancel them
- Laura Z
 - Might have the chance to scope out the next year

- Provide additional national expertise, structure and more external nudging along
 - IHI could provide nice structure to be more productive
- Bertha:
 - How many community members ?
- Laura: there will be community forums
- James: If you want more participation, go out to the communities, if you want to come and if you don't come you will miss out
 - We are going to have this in the community
- Winfried: Like the idea of thinking community forums instead of leveraging processes the ACHs are already engaged in
 - Worried about getting folks there, don't see that going terribly well
 - Interested in looking at other alternatives
- Sofia: Can we bridge HILN with this event?
- Sybill: David Williams (Prof. at Harvard School of Public Health)
- Sofia: utilize RWJF nursing grant use those services
- Sofia: ACORA might have ideas about suggestions

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