



Medical Affairs Advisory Committee (MAAC)

Minutes of February 17, 2021

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Present: Lisa Low (Chair), Marschall Runge, Jill Cherry-Bukowiec, Soumya Rangarajan, Jawad Al-Khafaji, John Tranfaglia, Cormac Maher, Terri Voepel-Lewis, Ivo Dinov, Krupa Patel, Rachel Yu, and Elizabeth Devlin

Absent: Ajjai Alva, Chandan Kumar-Sinha, and Benjamin Moy

Guests: Sheria Robinson-Lane, Assistant Professor in the School of Nursing and Erika A. Newman, MD, Associate Chief Clinical Officer for Health Equity, Co-chairs of the IHPI Healthcare Inequalities in Care Delivery Working Group

7:30 am: Chair Low called the meeting to order.

1. Welcome and Introductions

- a. Professor Kane Low welcomed the speakers and had the committee members introduce themselves.

2. Presentation: Creating a Culture of Belonging at Michigan Medicine

Sheria Robinson-Lane, Assistant Professor in the School of Nursing and Erika A. Newman, MD, Associate Chief Clinical Officer for Health Equity, Co-chairs of the IHPI Healthcare Inequalities in Care Delivery Working Group

- a. Cultural competency: how to communicate effectively with other individuals, recognize the unique contributions of each individual to overall team and health and how to recognize the influence of our own beliefs and biases on the relationships that are necessary to each person.
- b. How populations are defined and changing individual bias perception.
- c. Health Disparities can affect people at the individual, the interpersonal and community levels
- d. Health related quality of life
 - i. Culturally responsive care where you value and center the needs of others in the way practice research, engage communities and engage patients and community organizations.
- e. Cultural Congruency: Appreciation, Accommodation, Explanation and Negotiation
- f. Department of Health and Human Services and Office of Minority Health as developed National Standards for Culturally and Linguistically appropriate Services in Health and Health Care (CLAS Standards)
- g. How to address inequities at UM
 - a. Access: Ensuring that communities have equitable access to all the services the university provided.
 - b. Systems and Procedures: Building the infrastructure that is resistant to inequities and identifying inequities.
 - c. Culture: Building a culture everyone feels that they belong, no matter race, gender, or socio-economic status.



Additional Resources

Provided documents/handouts:

- Creating a Culture of Belonging at Michigan Medicine
- Guidelines for Accessible COVID-19 Testing & Vaccination Sites.

3. Discussion:

a. COVID Vaccination Distribution:

- i. County is distributing the vaccination in a equitable manner based on the patients in need using the CDC's social vulnerability index.
- ii. Michigan Medicine with ongoing efforts and future goal is to be able to identify the social risks for each patient in order to identify both social and medical risks in patients.

b. Patients with Financial Obstacles

- i. Systematically capturing patient social vulnerabilities and having the information communicated upfront and available to the providers.
- ii. Communicate to providers the community and resource centers/organizations they can connect patients with to provide financial/in need assistance.

4. Future meetings

- a. Continue the discussion on how Michigan Medicine is transforming and addressing Diversity, Equity and Inclusion as a system.
- b. The experience of health care providers in workforce diversity.
- c. Patient experience, when patient populations may represent challenges in the way the health system has been able to respond.

Adjournment at 8:30 am

Respectfully Submitted,

Elizabeth Devlin
Faculty Senate Office