Health Equity and Anti-Racism Action Plan

SEPTEMBER 2021
# Table of Contents

Acknowledgement .......................................................................................................................... 3

Foreword by Dr. Jeff Sperring, Chief Executive Officer ................................................................. 4

Section 1: Introduction ...................................................................................................................... 5

Section 2: Patient and Employee Demographics ............................................................................. 6

Section 3: Key Assessment Recommendations and Proposed Actions .......................................... 7

Recommendation 1: Make and Sustain an Unequivocal Commitment to Anti-Racism and EDI .......... 8

Recommendation 2: Lead the Institution with Purpose and Decisive Action .................................. 9

Recommendation 3: Hire to Increase and Sustain Diversity ........................................................... 10–11

Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace ......................... 12–13

Recommendation 5: Include All Patients on the EDI Journey ......................................................... 14–15

Recommendation 6: Listen to the Workforce, Patients and Families ............................................. 16

Recommendation 7: Communicate Transparently .......................................................................... 17

Recommendation 8: Lead the Way .................................................................................................. 18

Section 4: Accountability Measures .................................................................................................. 19

Section 5: Seattle Children’s Welcomes Your Feedback ................................................................... 20

Action Plan Task Force .................................................................................................................... 21
Acknowledgement

Seattle Children’s acknowledges that we are on the traditional, unceded land of the Coast Salish people, including the Duwamish People past and present. We honor with gratitude the land itself and the Duwamish Tribe. This acknowledgment does not take the place of authentic relationships with indigenous communities but serves as one way to honor the land we are on.

This image is a tribute to the Coast Salish style, and the artist, Andrea M. Wilbur-Sigo, is a member of the Squaxin Island Tribe. It was commissioned by Seattle Children’s Center for Diversity and Health Equity (CDHE) and was a collaboration between CDHE and Wilbur-Sigo in 2020. The artist approved the use of her image and story; below is a description about what this image means to her.

“The outside circle represents not only the past seven generations of people who have fought to get us where we are today, but also the seven generations of children whom we fight for. It is our job to ensure every child the same equality as the next no matter who they are or where they come from.

The center of this design represents the children whom we protect and fight for within our communities. It’s these little voices that will make the impact on the next generation and the way to do that is by us fighting for them and teaching them by example how to protect and take care of each other. We show them the importance of equality and celebrating our differences. The four faces together make one design. Their mouths are open to show them teaching and singing and keeping our traditions alive. The four together also create a dogwood flower which represents spring and a time that we like to call ‘Gathering Time’. When we see the dogwood flower blossom in March, it’s like a new year is here; it’s time to gather materials to carve, to weave, to store, to take care of each other during those cold winter nights.”

—Andrea M. Wilbur-Sigo, Artist
Foreword

In January of this year, the Seattle Children’s Hospital Board of Trustees created an independent Assessment Committee to oversee an external review of Seattle Children’s efforts to dismantle systemic racism and promote equity, diversity and inclusion. This assessment was conducted by Covington & Burling LLP, an independent law firm led by former Attorney General Eric Holder. The assessment discovered inequities and disparities that impact our workforce as well as patients and families. As CEO, this is simply unacceptable.

This Action Plan marks a beginning, and there is a great deal of work for us to do to eliminate the systemic racism that exists at Seattle Children’s. Creating a plan does not make an organization anti-racist. We acknowledge that Seattle Children’s is not an anti-racist organization now, but we commit to our workforce, patients and families and community that it will be. It will be through our actions, our decisions, our investments and most importantly our outcomes.

The actions and outcomes outlined in this plan will seek to systematically dismantle racism within the organization. We will do this through bold and decisive actions. We will abolish the Code Purple system and replace it with an equitable and anti-racist structure that is co-created with Seattle Children’s workforce and families. We will invest more meaningfully in the Odessa Brown Children’s Clinic. We will also link executive compensation to achieving the outcomes identified in this plan, to name a few. These efforts will be tracked and progress shared publicly to ensure transparency.

Meaningful culture change cannot happen overnight, but we promise to act with great urgency. We acknowledge Seattle Children’s has not lived up to its promise and commitment to our community. Too many injustices have occurred throughout our history that stand in contrast to our intention and our mission to provide the best, most compassionate care to all of our patients and families.

I am incredibly grateful to the Action Plan Task Force who worked tirelessly alongside the Executive Leadership Team to develop this plan and to everyone who has provided feedback thus far. I am honored to be their team member and confident in our path because we stand together to ensure these changes at Seattle Children’s. I also want to thank the Assessment Committee and the individuals who participated in the Covington & Burling assessment. Each of them has played an important part in informing this plan.

The work ahead will require intentional collaboration and an unequivocal commitment from all of us. Statements and plans will not be good enough. Tackling systemic racism in healthcare will take relentless dedication and consistent change. We invite Seattle Children’s workforce, patients and families and the community to join us as we aim to eliminate the disparities we know exist at Seattle Children’s and transform our culture. By embracing bold change and taking strong action, Seattle Children’s will fully commit to providing hope, care, and cures so that every child can live the healthiest and most fulfilling life possible.

Sincerely,

Dr. Jeff Sperring
Chief Executive Officer
Seattle Children’s
Health Equity and Anti-Racism Action Plan

Section 1: Introduction

Seattle Children’s has not lived up to its promise and commitment to our community. Too many injustices, large and small, have occurred throughout our history and stand in contrast to our intention and our mission to provide the best, most compassionate care to all of our patients and families. Seattle Children’s is not an anti-racist organization yet, but is committed to being one.

It is against this backdrop, and in the face of criticism against some of these systemic inequities, that the Seattle Children’s Hospital Board of Trustees (the board) created an Assessment Committee in early 2021. The Assessment Committee oversaw an independent review of efforts to combat systemic racism and promote equity, diversity and inclusion (EDI) at Seattle Children’s. The Assessment Committee chose Covington & Burling LLP (Covington), led by former U.S. Attorney General Eric Holder, to spearhead the review. The review included hundreds of interviews with workforce, patients and families and community members, as well as focus groups where over 1,000 people were heard. Following this process, Covington produced a full report including Finding Statements and Detailed Recommendations that were approved by the board. The board released the 11 Finding Statements and Detailed Recommendations.

This Action Plan takes Covington’s findings and recommendations and establishes clear priorities to eliminate the disparities in patient health outcomes and experience. Through change, transparency and accountability, Seattle Children’s will confront and address systemic racism in the organization.

The Covington Recommendations and Finding Statements create the core of this Health Equity and Anti-Racism Action Plan (Action Plan) and will be integrated into Seattle Children’s existing Anti-Racism Organizational Change and Accelerated Equity, Diversity and Inclusion Plan (AROC). The Action Plan aims to drive systemwide change that will be measured and reported out publicly on a quarterly basis. Seattle Children’s Executive Leadership Team (ELT) is grateful for the many workforce members who helped develop the Anti-Racism Organizational Change and Accelerated Equity, Diversity and Inclusion Plan beginning in 2020, especially leaders Alicia Adiele, senior director, Center for Diversity and Health Equity and Workforce Diversity and Inclusion, Dr. Shaquita Bell, senior medical director, Odessa Brown Children’s Clinic and Dr. Tumaini Coker, associate professor and chief, Division of General Pediatrics, who built the foundation of the AROC Plan.

A cross-functional Task Force comprised of team members in both clinical and non-clinical roles partnered with Seattle Children’s Executive Leadership Team to develop this Action Plan. Members were selected because of their expertise in anti-racism and EDI. Additionally, some members are also parents who represent our patient families.

Seattle Children’s is committed to this work because dismantling systemic and institutional racism in health care is critical. It is also the right thing to do. This is a pivotal moment in our history, and a challenge we fully embrace.

“Seattle Children’s has an unprecedented opportunity coming out of this assessment to focus on achieving equity, diversity and inclusion for its workforce and patients and families, and to establish itself as an anti-racist organization and industry leader in pediatric health.”

—Covington & Burling, LLP
Section 2: Patient and Employee Demographics

Seattle Children’s goal is for workforce demographics to reflect those of the patients and families we serve. This is the current state as of July 2021.

**Patients Racial/Ethnic Diversity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or more races</td>
<td>0.8%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>46.1%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>18.4%</td>
</tr>
<tr>
<td>Native Hawaiian and other Pacific Islanders</td>
<td>4.0%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.3%</td>
</tr>
<tr>
<td>Unknown/Refused</td>
<td>1.0%</td>
</tr>
<tr>
<td>White</td>
<td>9.9%</td>
</tr>
<tr>
<td>Other race/ethnicity</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

**Employee Racial/Ethnic Diversity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or more races</td>
<td>0.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>61.6%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>5.6%</td>
</tr>
<tr>
<td>Native Hawaiian and other Pacific Islanders</td>
<td>6.9%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>5.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.0%</td>
</tr>
<tr>
<td>Unknown/Refused</td>
<td>1.8%</td>
</tr>
<tr>
<td>White</td>
<td>16.9%</td>
</tr>
<tr>
<td>Other race/ethnicity</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

**Increase in Racial/Ethnic Diversity in Employee Groups**

<table>
<thead>
<tr>
<th>Group</th>
<th>2017</th>
<th>2021</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Leadership Team</td>
<td>0%</td>
<td>45.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Manager</td>
<td>17.3%</td>
<td>21.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Nursing</td>
<td>19.3%</td>
<td>23.2%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Section 3: Key Assessment Recommendations and Proposed Actions

In response to each of Covington’s eight recommendations, there are specific outcomes and actions Seattle Children’s has committed to undertake and achieve in an effort to drive measurable change. This body of work will be reviewed and publicly reported quarterly.

Seattle Children's will take a phased approach to this work.

- **Phase 1** = action complete in 0 to 18 months
- **Phase 2** = action complete in 18 months to 3 years
- **Phase 3** = action complete in 3+ years

**Odessa Brown Children’s Clinic (OBCC)** is a Seattle Children’s community clinic located in Seattle’s Central District. There is also a second clinic under development in southeast Seattle’s Rainier Valley (OBCC Othello). OBCC has a rich heritage of serving a diverse community and provides more than medical, dental and mental health care. It also works to address the social, economic and environmental roots of illness, which are critical to children’s overall health. Seattle Children’s intentional focus to support OBCC is essential to the community and to provide equitable pediatric care.

Seattle Children's understands there is much work to do to rebuild trust with OBCC workforce, patients and communities and we are committed to doing so. Below is an overview of the actions Seattle Children’s is taking to support OBCC. These are also interwoven throughout this Action Plan.

- Create a structure of transparency, accountability and autonomy that supports OBCC to lead its clinical care and operations. This structure should empower faculty and administrative leadership to grow, thrive and manage their unique service model. Seattle Children’s will also clarify roles and responsibilities and publish the OBCC leadership structure.

- Assess the financial, operational, and physical state of OBCC Central District and implement improvements.

- Evaluate and define OBCC operational budget independent of donor funding, with consideration for additional needed services (e.g., Sickle Cell Disease clinic). Commit to greater transparency to key community stakeholders with respect to OBCC and Othello operational and philanthropic funding.

- Create better connections with OBCC workforce to increase support, collaboration and restore trust with OBCC including rounding and connecting by senior leaders, staff and community Town Halls and forums.
Recommendation 1: Make and Sustain an Unequivocal Commitment to Anti-Racism and EDI

Covington recommendation: Demonstrate and communicate an unequivocal institutional commitment to anti-racism and EDI in all of Seattle Children’s operations. Have leadership announce this commitment and assign ownership for executing on it. Specify the actions that will be taken to demonstrate it, the timeline for doing so, and concrete plans for implementation, including how people will be held accountable.

Outcome measures:

- Fiscal Year (FY) 22 and FY23: Update Seattle Children’s values to include anti-racism to hold leaders and workforce accountable through the performance evaluation process

Actions:

- Embed commitment to anti-racism in Seattle Children’s mission, vision and values. (Phase 1)
- Develop explicit accountability measures, guidelines and an audit system focused on EDI. Require hospital steering and oversight committees to have diverse representation. (Phase 1)
- Launch the Health Equity, Diversity and Inclusion (HEDI) Council as an organizing force for anti-racism and EDI activities. Publicly report progress on a quarterly basis. (Phase 1)
- Require all board members to complete EDI and anti-racism training during onboarding and annually. (Phase 1)
- Create a structure of transparency, accountability and autonomy that supports OBCC to lead its clinical care and operations. This structure should empower faculty and administrative leadership to grow, thrive and manage their unique service model. Seattle Children’s will also clarify roles and responsibilities and publish the OBCC leadership structure. (Phase 1)

Seattle Children’s commitment:

Seattle Children’s will require all of its team members to actively participate and engage and will create new opportunities for our community to inform, advise and hold us accountable. Updating Seattle Children’s values creates accountability for all workforce members and delivers on expectations outlined in the Anti-Racism in the Workplace Policy established in July 2021. By taking intentional, deliberate actions and by holding leaders and workforce accountable, Seattle Children’s can truly make lasting change.

Seattle Children’s commits to furthering efforts to diversify its board racially and ethnically, and anticipates that within three years its board diversity will more closely reflect patient diversity by race and ethnicity.

<table>
<thead>
<tr>
<th>Seattle Children’s Board Racial/Ethnic Diversity (23 Board Members)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>8.7%</td>
</tr>
</tbody>
</table>

Data source: Race/ethnicity provided by board member self-identification as of August 2021.
Recommendation 2: Lead the Institution with Purpose and Decisive Action

Covington recommendation: Strengthen governance and oversight related to health equity, EDI and anti-racism across the Seattle Children’s Hospital System, including by defining the appropriate role of the board in holding Seattle Children’s leadership accountable for achieving health equity, EDI and anti-racism goals; evaluating executive leaders to assess their decisiveness with respect to priorities and difficult EDI questions; incorporating EDI and anti-racism competence and goals in both the mandate for and evaluation of all executive leaders; and ensuring that all executive functions and leaders are sufficiently resourced to establish, prioritize and achieve EDI and anti-racism goals in their area of responsibility.

Outcome measures:

• FY22: Link executive compensation to achievement of anti-racism action plan outcomes.

Actions:

• Roll out anti-racist and inclusive behavioral competencies, expectations and corresponding accountability in performance evaluations and merit increase processes. (Phases 1-3)

• Seattle Children’s Hospital Board of Trustees will hold the Executive Leadership Team accountable for setting and achieving anti-racism goals, including embedding responsibility for ongoing EDI efforts in compensation plans. (Phases 1-2)

• Evaluate and adjust Seattle Children’s Hospital Board of Trustees governance and structure for anti-racism and EDI work oversight. (Phase 1)

Seattle Children’s commitment:

Seattle Children’s commitment starts with the board and the Executive Leadership Team who ultimately set the tone and direction for the organization. Beginning in FY22, 16% of executive compensation will be tied to equity, diversity and inclusion.

Seattle Children’s is committed to examining systems and processes to support anti-racism and EDI work as outlined in the Strategic Plan, starting with an initial $5 million already invested beginning in October 2020.
Recommendation 3: Hire to Increase and Sustain Diversity

Covington recommendation: Develop and implement enhanced strategies for recruiting, retaining and promoting a diverse and inclusive workforce throughout the Seattle Children’s Healthcare System. Collaborate with Children’s University Medical Group (CUMG), the University of Washington (UW) School of Medicine and others as needed to promote greater racial and ethnic diversity among the providers who practice at Seattle Children’s.

Outcome measures:

• FY22: Increase employee diversity by race/ethnicity to 40%, to further reflect patient population

Actions:

• Create and implement a strategy for recruitment, development and retention of racially and ethnically underrepresented groups*. (Phases 1–3)

• Partner with Inclusion Networks (IN) to create a candidate pipeline and enhance opportunities for racially and ethnically diverse workforce members. (Phase 2)

• Develop and implement career pathways to support internal mobility that is intentionally inclusive of racially and ethnically diverse workforce members. (Phase 1-2)

• Establish a formal career mentorship and sponsorship program that is intentionally inclusive of racially and ethnically diverse workforce members. (Phase 2)

Seattle Children’s commitment:

Seattle Children’s is committed to building a workforce that reflects its patient population. Employee diversity has increased to 36.6% (see chart below). From 2017 to 2021, nursing team diversity increased from 19.3% to 23.2% and manager diversity increased from 17.3% to 21.6%.

Talent Acquisition and hiring managers are focused on increased efforts around hiring and retaining diverse workforce members and building partnerships to help create a robust pipeline of candidates.

Increase in Racial/Ethnic Diversity of Seattle Children’s Employees

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>


*As defined by the National Institutes of Health, the following racial and ethnic groups are underrepresented in medicine: Black or African American; Hispanic/Latinx; American Indian and Alaska Native; Native Hawaiian and other Pacific Islanders.
Recommendation 3: Hire to Increase and Sustain Diversity

We understand the need for the University of Washington School of Medicine faculty who practice at Seattle Children’s to also reflect the patient population.

**Patients Racial/Ethnic Diversity**

![Bar chart showing racial/ethnic diversity among patients]

**University of Washington School of Medicine Faculty at Seattle Children’s Racial/Ethnic Diversity**

![Bar chart showing racial/ethnic diversity among faculty]

**University of Washington Residents and Fellows Racial/Ethnic Diversity**

![Bar chart showing racial/ethnic diversity among residents and fellows]

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Data source: Race/ethnicity data as provided by the University of Washington as of the specified dates. Does not include patient data for lab specimen analysis, COVID-19 vaccination or testing.

2 or more races | Black or African American | Other race/ethnicity
--- | --- | ---
American Indian and Alaska Native | Hispanic/Latinx | Unknown/Refused
Asian | Native Hawaiian and other Pacific Islanders | White
Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace

Covington recommendation: Make choices concerning policies and practices that promote EDI and anti-racism at Seattle Children’s. Invest in mandatory, recurring organization-wide training programs focused on EDI and anti-racism. Incorporate EDI and anti-racism principles into all relevant workplace policies and procedures. Collect and use data to measure achievement of EDI and anti-racism efforts. Empower and train Human Resources (HR) staff to establish trust and effectively implement policies with EDI and anti-racism principles in mind.

Outcome measures:

• FY22: Achieve a clinically significant improvement (measured by comparing year-over year scores) on the Inclusion Indicator question, “This organization values workforce members from different backgrounds.” (Note: FY21 score available in November.)

<table>
<thead>
<tr>
<th>July 2020 Scores: 7,438 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>This organization values workforce members from different backgrounds</td>
</tr>
</tbody>
</table>


Actions:

• Review and revise workforce policies to anticipate, eliminate and prevent racism and inequity. (Phases 1-2)

• Strengthen, support and recognize workforce leadership and/or participation in Inclusion Networks. (Phases 1-3)

• Support sustained EDI and anti-racism performance across the workforce through mandatory training that involves both understanding and practice. (Phases 1-3)

• Integrate anti-racism trainings into learning and development programs. (Phases 1-3)

• Identify and eliminate disparities in experience and outcomes across terms of employment, specifically cultivation, hiring, onboarding, evaluation, advancement, corrective action, retention and separation. (Phase 1-3)

• Reorganize and optimize Human Resources and Medical Staff Services processes to support the organization’s anti-racism efforts. (Phases 1-3)
Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace

Seattle Children’s commitment:

Building an inclusive work environment leads to better patient outcomes. Seattle Children’s will invest in mandatory training, tools and support to promote EDI and anti-racism. As Seattle Children’s culture is grounded in shared values, the organization will invest to build community in a variety of ways, like community town halls and regular workforce listening sessions as well as development and support for the identity-based Inclusion Networks with over 1,500+ workforce participants. Our Inclusion Networks are employee-led groups that foster an inclusive culture aligned with the Seattle Children’s mission.

- Asian Inclusion Network
- Black and African Heritage Network
- Disability Inclusion Network
- Green Team Network (Environmental/Sustainability)
- Hola Inclusion Network (Hispanic/Latinx)
- Parenting Inclusion Network
- Pasifika Inclusion Network (Pacific Islanders and Asian Pacific Islanders)
- Q Pod Network (LGBTQ)
- Veterans Inclusion Network
Recommendation 5: Include All Patients on the EDI Journey

Covington recommendation: Enhance health equity outcomes and patient and community trust in Seattle Children’s by implementing and upholding policies and processes that prioritize EDI and the eradication of racism for patients and their families. Increase investment in patient services that directly support racially and ethnically diverse patients and families, including patients who use a language other than English. Strengthen quantitative efforts to collect and use data to assess areas for improvement in patient-focused EDI and anti-racism initiatives. Eliminate inequitable treatment in Seattle Children’s security and policing practices by implementing systematic policy changes, monitoring implementation, standardizing data collection and reporting outcomes. Recognize, embrace and prioritize the unique role OBCC plays in the Seattle Children’s healthcare ecosystem and in connecting Seattle Children’s to the local community.

Outcome measures:

• Abolish Code Purple system and replace with an equitable and anti-racist structure that is co-created with patients and families to ensure it is culturally responsive and provides psychosocial support.

• FY22: Eliminate overall non-mucosal barrier injury central-line associated bloodstream infection (non-MBI CLABSI) disparities for patients who use a language other than English and Black/African American patients.

Actions:

• Co-create with patients and families a new equitable and anti-racist approach to replace the Code Purple policy. (Phase 1)

• Embed anti-racism into standard approach to gather, track and implement interventions for improving health outcomes for racially and ethnically diverse patients/families who use a language other than English (e.g., fewer non-MBI CLABSIs, fewer missed appointments). (Phases 1-3)

• Improve experience and increase resources for interpretation and translation services for patients and families who use a language other than English. (Phases 1-3)

• Evaluate adherence to and effectiveness of the new law enforcement engagement policy; standardize data collection and analysis, and increase transparency. (Phase 1–3)

• Evaluate OBCC’s operational budget, independent of donor funding, taking into consideration needed services (e.g., Sickle Cell Disease clinic) to restore trust with the OBCC workforce and best serve children’s needs. (Phases 1-3)
**Recommendation 5: Include All Patients on the EDI Journey**

**Seattle Children’s commitment:**

Seattle Children’s is committed to having a workforce that is reflective of the patient population served and will prioritize continued efforts to build trust, improve experience, and provide equitable care. Seattle Children’s will use the appropriate language for care in clinical encounters with patients and families, analyzing data and eliminating health disparities.

**Top 5 languages** (not including English or unknown)

- Spanish
- Somali
- Vietnamese
- Mandarin
- Cantonese

Total of **127** languages spoken by patients/families (as of 7/31/21).

*Data source:* Epic health information system as of July 2021.
Recommendation 6: Listen to the Workforce, Patients and Families

Covington recommendation: Enhance tools for Seattle Children’s to receive feedback and analyze data related to the workforce and patient and family experience, with a focus on measuring and addressing EDI, anti-racism and health equity goals.

Outcome measures:

• FY22: Achieve a clinically significant improvement (measured by 50% improvement in our benchmark group) on the Family Experience Survey (FES) score. (Note: FY21 score available in November.)

• FY22: See Recommendation 4 for Workforce Engagement metrics.

Actions:

• Develop and implement multi-channel feedback and customer service strategy to allow for real-time feedback and resolution for patients, families and workforce. (Phases 1-3)

• Assess data collection modes for patient experience surveys to ensure we are capturing diverse, vulnerable, and historically-underserved populations. (Phases 1-3)

• Revise and simplify the current Patients’ Rights and Responsibilities document to reflect anti-discrimination protection. (Phase 1)

• Engage community partners in Seattle Children’s initiatives that impact patients, families and the community. (Phases 1-3)

Seattle Children’s commitment:

Seattle Children’s is committed to giving patients, families, workforce and community ongoing and proactive opportunities to provide feedback about their experience with the organization. Seattle Children’s also commits to listening and acting on this feedback to improve. Seattle Children’s continues to seek ways to hear from the community, including embedding 19 community members in the Health Equity, Diversity and Inclusion Committees (HEDI), engaging patient families at Odessa Brown Children’s Clinic (OBCC), hosting regular OBCC community town halls and having workforce members serve on community health boards.

Leadership is working to diversify the Family Advisory Council (FAC) and membership. Since FY18, the number of family advisors has increased from 51 to 179. These family advisors are actively helping Seattle Children’s co-design new experiences and clinical standard work. The current family advisor pool is 45% White, 11% Black/African American, 8% Hispanic/Latinx, 5% two or more races, 2% Asian, 1% Other, and <1% Native Hawaiian/Pacific Islander, with the remaining 28% unreported.

Data source: Race/ethnicity provided by family advisor self-identification as of July 2021
Recommendation 7: Communicate Transparently

Covington recommendation: Commit to communicating with the Seattle Children’s community regarding progress and challenges. Take steps to gain trust by soliciting meaningful input, and communicate to all relevant stakeholders precisely what actions have been taken, what has worked, and what opportunities for improvement still exist.

Outcome measures:

• FY22: Redesign reporting on anti-racism and equity, diversity and inclusion efforts and commit to quarterly reports.

Actions:

• Share goals, metrics, ongoing progress and challenges through quarterly reporting. Reports could include workforce demographics and engagement results, as well as patient satisfaction and patient care outcomes. (Phases 1-3)

• Assess effectiveness of communication capabilities and channels via audit. Develop and implement a comprehensive communications approach for internal and external audiences, including the development of an interactive website focused on anti-racism and equity work. (Phases 1-2)

• Expand leader conversation series, Center for Diversity and Health Equity (CDHE) learning events, anti-racism discussion series and other forums to empower and support leaders in communicating about the work and experiences in their areas and to foster sharing of learnings and best practices. (Phases 1-3)

Seattle Children's commitment:

Seattle Children’s commits to providing quarterly updates on anti-racism, equity, diversity and inclusion efforts to the community. Seattle Children’s also commits to welcoming input, acknowledging opportunities for improvement and regularly updating reports such as the CDHE and Inclusion Network annual reports.
Recommendation 8: Lead the Way

Covington recommendation: Seattle Children’s should embrace the opportunity to set the standard for health equity in the delivery of pediatric care. Seattle Children’s should take up this challenge by making itself a learning laboratory for health equity initiatives, testing actions against changes, sharing lessons learned, and leading the field in health equity internally and in the broader community.

Outcome measures:

• FY22: Contribute to the establishment of national health equity standards; actively engage through participation in the U.S. News & World Report: Best Children’s Hospitals Health Equity/Disparities/Inclusion working group.

Actions:

• Advise US News & World Report on EDI practices for Best Hospitals project on health equity and inclusion through participation in their workgroup. (Phase 1)

• Charge the chief academic officer, Seattle Children’s Research Institute leadership and Center for Diversity and Health Equity research leadership to partner with the Center for Quality and Patient Safety to create a learning laboratory to implement, evaluate and share health equity research findings and disseminate into clinical practice to address health disparities. (Phases 1–3)

• Grow, track and report on a health equity scholarship portfolio (e.g., publications, presentations, etc.) across Seattle Children’s. (Phases 2–3)

• Develop a system-wide collection of Social Determinants of Health data and roll out across ambulatory and inpatient settings. Proactively share best practices with other children’s hospitals. (Phases 1–3)

• Expand career pathways to engage and develop diverse research trainees, workforce and faculty through Science, Technology, Engineering and Math (STEM) programs from elementary school to early career faculty positions. (Phases 1–3)

Seattle Children’s commitment:

Seattle Children's made a commitment to health equity when it founded the Center for Diversity and Health Equity (CDHE) in 2008. CDHE has made meaningful contributions to advance health equity through innovative research, clinical integration, equity consultation and educational offerings. CDHE will continue to make these contributions and share the lessons learned and challenges faced with other pediatric healthcare institutions.

Since 2013, Seattle Children’s awarded more than $1 million in grants to enhance health equity research. Since starting an underrepresented in medicine research internship program in 2019, nearly 100 summer interns have worked directly with Seattle Children’s Research Institute principal investigators.
## Section 4: Accountability Measures

Leadership will use the outcome measures below in this report to guide its progress and will share updates on a quarterly basis with workforce, patients and their families and community starting in December 2021. Tracking Seattle Children’s progress regularly will allow the organization and public to continuously assess our actions.

### Summary of Outcomes:

| Recommendation 1: Make and Sustain an Unequivocal Commitment to Anti-Racism and EDI | Update Seattle Children’s values to include anti-racism to hold leaders and workforce accountable through the performance evaluation process. |
| Recommendation 2: Lead the Institution with Purpose and Decisive Action | Link executive compensation to achievement of anti-racism action plan outcomes. |
| Recommendation 3: Hire to Increase and Sustain Diversity | Increase employee diversity by race/ethnicity to 40%, to further reflect patient population. |
| Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace | Achieve a clinically significant improvement (measured by comparing year-over-year scores) on the Inclusion Indicator question, “This organization values workforce members from different backgrounds.” (Note: FY21 score available in November) |
| Recommendation 5: Include All Patients on the EDI Journey | Abolish Code Purple system and replace with an equitable and anti-racist structure that is co-created with patients and families to ensure it is culturally responsive and provides psychosocial support. Eliminate overall non-mucosal barrier injury central-line associated bloodstream infection (non-MBI CLABSI) disparities for patients who use a language other than English and Black/African American patients. |
| Recommendation 6: Listen to the Workforce, Patients and Families | FY22: Achieve a clinically significant improvement (measured by 50% improvement in our benchmark group) on the Family Experience Survey (FES) score. (Note: FY21 score available in November.) See Recommendation 4 for Workforce Engagement metrics. |
| Recommendation 7: Communicate Transparently | Redesign reporting on anti-racism and equity, diversity and inclusion efforts and commit to quarterly reports. |
| Recommendations 8: Lead the Way | Contribute to the establishment of national health equity standards; actively engage through participation in the U.S. News & World Report: Best Children’s Hospitals Health Equity/Disparities/Inclusion working group. |
Section 5: Seattle Children’s Welcomes Your Feedback

In order to achieve the intended outcomes in this Action Plan, Seattle Children’s will retain an independent firm to moderate and conduct a series of focus group sessions following the release of the Health Equity and Anti-Racism Action Plan.

Over the next 60 days, these sessions will be conducted to solicit feedback from the community and workforce. The feedback provided will inform and help prioritize next steps as Seattle Children’s seeks to continuously improve this plan to best achieve the intended outcomes and reach the organization’s goal of becoming truly anti-racist. Below are other ways people are welcome to share comments.

Family Feedback (seattlechildrens.org)

General Contact Form (seattlechildrens.org)

With appreciation:

We are grateful for everyone who contributed to developing this Action Plan, to the more than 1,000 people who participated in the Covington assessment, and to everyone who will be part of making this plan a reality. Seattle Children’s embraces this opportunity to become a leader in health equity and to doing our part to dismantle systemic and institutional racism in health care. By embracing bold change and taking strong action, Seattle Children’s will fully commit to providing hope, care, and cures so that every child can live the healthiest and most fulfilling life possible.
Action Plan Task Force

We are nurses, coaches, Inclusion Network members, physicians, support staff, scientists and leaders. We are also parents, grandparents, children, siblings and cousins who live and work in our communities. We all contribute to Seattle Children’s and are proud to have been part of this Task Force. We are committed to shaping the direction Seattle Children’s is heading in by prioritizing the most powerful actions we must take to address systemic racism within our organization. We also carry our history and past injustices with us, and we look toward building a better future.

Alicia Adiele, Senior Director, Center for Diversity and Health Equity and Workforce Diversity and Inclusion

Manuel Arambul, Hola Inclusion Network; Learning and Organizational Development Workshop Facilitator and Coach; EDI Workshop Facilitator

Malia D’Alio, Chair of the Pasifika Inclusion Network; Health Equity, Diversity and Inclusion Committee; External Affairs Program Management Specialist

Dr. Shaquita Bell, Senior Medical Director, Odessa Brown Children’s Clinic

Julija Gelazis, Senior Director, Patient & Family Experience

Myra Gregorian, SVP and Chief People Officer

Keturah Hallmosley, Senior Director, People Experience

Dr. Samara Jinks-Chang, Chief Resident, Health Equity, Diversity and Inclusion Committee

Dr. Kathleen Kieran, Surgery Equity Task Force, Associate Professor

Dr. Abena Knight, Associate Clerkship Director for Inpatient Pediatrics, Clinical Associate Professor, Faculty Advisor for the Residency Diversity Committee

Andrew Lee, VP and Chief Equity, Diversity and Inclusion Officer; Health Equity, Diversity and Inclusion Council Chair

Shakema Magee, Chair of the Black and African Heritage Network; Supervisor, Administrative Operations; Health Equity, Diversity and Inclusion Committee

Mari Moore, Nurse Educator-Equity, Diversity, and Inclusion; EDI Workshop Facilitator; Health Equity, Diversity, and Inclusion Committee

Anna Nordstrom, Manager, People Strategy

Natalie Pinkerton, Senior Director, People Strategy

Michelle Primley Benton, Director, Learning and Organizational Development

John Saavedra, VP, People Operations; Health Equity, Diversity and Inclusion Committee

Brian Saelens, Co-Chair Research Anti-Racism Committee’ Interim Research Director of the Center for Diversity and Health Equity, Principal Investigator

Vanessa Shorte, Senior Director, Center for Quality and Clinical Effectiveness

Amy Turner, Senior Communications Specialist

Kelli Williams, Parent Advisor, Health Equity, Diversity and Inclusion Committee