Health Equity and Anti-Racism Action Plan

Quarterly Report Fiscal Year 2022
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The Odessa Brown Children’s Clinic (OBCC) has provided high-quality care with dignity to those who need it most for more than 50 years. The clinic’s namesake, Odessa Brown, was herself denied healthcare because she was Black. She fought for the creation of OBCC so that future generations would not experience the same injustices she and her family endured.

Throughout Seattle Children’s, including OBCC, work continues to fully achieve Odessa Brown’s vision. We know there is more to do and are actively working, still fighting, and fully committed to become an anti-racist organization. Real and sustainable change takes time. It is important as we continue challenging ourselves on this journey to also celebrate the steps taken and progress along the way.

This spring, OBCC Othello opened its doors to patients living in South Seattle, south King County and beyond. By opening this location, barriers to medical care are removed and there is better access to essentials like diapers, wipes or food for 75% of OBCC patients and families due to its location and proximity to light rail. The OBCC location in the Central District continues to serve patients and families there while the Othello clinic allows us to reach patients and families who’ve been displaced due to gentrification.

Work across all areas of Seattle Children’s is also taking place to ensure workforce members reflect the diversity of the patients and families we serve. The Action Plan sets a goal of 40% racial and ethnic workforce diversity and the organization is on track to meet this goal.

While Seattle Children’s is not immune to the labor shortage facing health care employers across the country, OBCC hired 30 people over a 60-day period this quarter. These new workforce members include medical assistants, registered nurses, dental assistants, therapists, social work support staff and community care coordinators.

Seattle Children’s is also investing in Interpreter and Translation Services which provides critical support to patients and families who use languages other than English. The number of interpreted interactions has increased by 19% since 2017, and we expect continued expansion in the years to come. Notably, there were over 140 languages spoken in 2021 at Seattle Children's hospital campus, OBCC and throughout the system in Washington, Alaska, Montana and Idaho.

The report also lays out some challenges, but Seattle Children’s is focused on facing them head on. We will continue working to remove barriers to medical care for our patients while fighting racism and inequities together so that every child has the opportunity to live a full and active life just as Odessa Brown envisioned.

Shaquita Bell
Senior Medical Director
Odessa Brown Children’s Clinic

Aaron Williams
Director of Business Operations
Odessa Brown Children’s Clinic
Seattle Children’s seeks to systematically dismantle racism within the organization through actions and outcomes outlined in the [Health Equity and Anti-Racism Action Plan](en Español).

Seattle Children’s anti-racism work is prioritized by phase, with Phase 1 being the most urgent actions to complete within the first 18 months (Oct. 2021 to March 2023). This third quarter report shares progress made on Phase 1 activities.

Please note that this report frequently refers to fiscal years instead of calendar years. Seattle Children’s fiscal year — the year Seattle Children’s uses for accounting purposes and preparation of financial statements—is from Oct. 1 to Sept. 30.

**Quarterly progress highlights**

**OBCC:** The newest clinic location, [OBCC Othello](#), which opened March 2022 near the Othello Link light rail station, is closer to the 75% of families served by OBCC who have moved to South Seattle and south King County for more affordable housing.

- Dr. Kenisha Campbell joined the OBCC leadership team on May 9 as clinical medical director of the clinic.
- Over a 60-day period this quarter, OBCC hired 30 people. These new members of our workforce will provide clinical services (medical assistants, registered nurses, dental assistants, therapists), social work support, community care coordination, registration and are moving the clinic toward meeting its newly established integrated healthcare delivery service model for patients and families.

**The Behavioral Response Project,** in partnership with community, continues to transform Seattle Children’s behavioral response system into one that is equitable and anti-racist so that disparities are eliminated.

- Completed the equitable and participatory co-design process highlighted in the [second quarter report](#) and began developing a plan to implement the new Behavioral Response System that integrates improvements made to the current Code Purple process.
- Project team collaborated with consultants to conduct discussions, workshops and other opportunities for patients, families, community leaders and workforce members to define the problem and design recommended solutions that meet their needs and honor their values and priorities.

**Languages other than English:** Seattle Children’s commitment to improving the experience of patients and families who use a language other than English is focusing efforts on: 1) stabilizing the Interpreter and Translation Services program to prepare for future growth and improvements, 2) expanding programs such as access to video interpreters and 3) trying new approaches to providing care using interpretation and translation for languages other than English.

- The number of interpreted encounters per year has increased by 19% over a five-year period. In 2021, there were over 140 languages spoken by patient families and more than 79,000 interpreted encounters across both inpatient and outpatient settings.
- A project in FY21 resulted in 25 detailed recommendations on how to develop a scalable model to support the needs and improve the experience of patients and families who speak a language other than English. These recommendations and learnings were incorporated into a multiyear project plan with multiple phases and work underway.
Outcome Measure Tracking

A dashboard showing progress on Action Plan efforts was developed and made available to workforce members on CHILD, Seattle Children’s intranet, in December 2021. This supports the organization’s commitment to transparency and gives workforce members access to information any time. Since launching in December 2021, the dashboard has been viewed over 25,000 times by more than 900 users. The dashboard snapshots below include information and updates through June 1, 2022. Charts with percentages represent project percentage complete.

Symbol key code:

- ✓ = at or above goal
- ! = below goal

### Tile Snapshot

#### Commitment to Anti-Racism & EDI

**Recommendation 1**

Add Anti-Racism to Values

<table>
<thead>
<tr>
<th>PROJECT % COMPLETION</th>
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<tr>
<td>25%</td>
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- ✓ 25%
- ✓ 50%
- ✓ 75%
- ✓ 100%

### Outcome Measure Update

#### FY22 and FY23: Update Seattle Children’s values to include anti-racism to hold leaders and workforce accountable through the performance evaluation process.

An initial draft of Seattle Children’s values-based behaviors and leadership qualities that incorporates anti-racist language will be shared with the HEDI Council’s Education and Leadership Committee and Inclusion Network leaders in June. Measures of accountability based on the updated language will be incorporated into the FY22 performance evaluation process.

#### FY22: Link executive compensation to achievement of Action Plan outcomes.

The Seattle Children’s Hospital Board of Trustees (the Board) reviewed and adopted a revised equity-related executive compensation model, which includes four equity related goals represented in the Action Plan. The executive leadership team is reviewing mid-year progress on the goals and will share with the Board in June.
**Tile Snapshot**

**Increase and Sustain Diversity**

**Employee Diversity by Race/Ethnicity**

39.3% ✔

Goal: 39.2%

**Outcome Measure Update**

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

The FY22 goal of 40% racial and ethnic diversity is tracked through quarterly milestones. The Q3 FY22 goal of 39.2% is being met, with a result of 39.3%. Ongoing work to increase employee diversity includes requiring hiring managers to attend inclusive and equitable recruitment training, redesigning the seattlechildrens.org careers site and incorporating new diverse recruitment videos, and expanding remote onboarding options for new hires.

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**Culture of Inclusion in the Workplace**

**Inclusion Indicator Question**

3.78

Goal: 3.82

No color or symbol status is assigned as 3.78 is a baseline for future measurement against the goal.

**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.”**

The most recent Workforce Engagement Survey, conducted in fall 2021, provides a baseline score for this question of 3.78 out of 5. The target score for FY22 is 3.82 (out of a best possible score of 5), which represents a clinically significant increase. The Workforce Engagement Survey, including the question, “This organization values workforce members from different backgrounds,” will be administered to the workforce in Q4 FY22.
FY22: The Behavioral Response Project will replace Code Purple 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.

The co-design process is complete, resulting in a set of draft recommended solutions. The project team is now identifying resources, defining new processes, and creating a robust implementation plan with the collaboration of many subject matter experts and leaders related to this work.

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

The dot color and symbol depict the completion status for the projects being implemented to reduce or avoid CLABSI. Due to limited data and the risk of a single non-MBI CLABSI occurrence significantly skewing data, the non-MBI CLABSI rate will be reported yearly (October).

Completed interventions include ensuring observation of care with central lines and transparency in data sharing with race ethnicity and language filter, and improving the formal CLABSI event review process with an equity perspective.

Interventions to solicit feedback on central line care from patients who identify as Black/African American and patients who use a language other than English are in progress but behind schedule. Additionally, while the new CLABSI Champion LEAD program has launched, staffing shortages have resulted in these roles being reassigned from central line care to bedside care.
Summary of Actions

Tile Snapshot  Outcome Measure Update

**FY22: Improve the Family Experience Survey (FES) score from a baseline of 81.6% to 83.0% by Sept. 30, 2022. The target is set based on the performance of pediatric hospitals against whom Seattle Children's is benchmarked.**

After seeing an increase in the overall score on the “likelihood to recommend” question on the Family Experience Survey in the first quarter, the score has regressed to the baseline of 81.6% at the end of the second quarter. Day Surgery and the Emergency Department both improved in the second quarter — Day Surgery was unique in being the only survey area to surpass its annual goal. Unfortunately, Ambulatory and Inpatient survey results were lower, which pulled the overall score down. Ambulatory and Inpatient leaders have reviewed their results and have begun to implement a “get to green” plan.

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

This report is the third of four reports committed to as part of the Action Plan, with the fourth scheduled for release in September 2022.

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

Representatives from Seattle Children's, along with people from 12 other pediatric hospitals across the country, participated in a U.S. News & World Report working group tasked with recommending a methodology to evaluate equity, disparities and inclusion in overall hospital quality assessment. New measures are incorporated into the recently released U.S. News and World Report 2022 survey; 2022-2023 Best Children’s Hospitals rankings release June 14, 2022.
Odessa Brown Children’s Clinic (OBCC) is a Seattle Children’s community clinic with multiple locations including one recently opened in Rainier Valley (OBCC Othello). OBCC has a rich heritage of serving a diverse community with a team that reflects the communities served. Going beyond medical, dental and mental health care, OBCC provides coordinated, whole-person care that addresses root causes of illness — social, economic and environmental.

**OBCC Othello Opening**

The newest clinic location (OBCC Othello), which opened March 2022 near the Othello Link light rail station, is closer to the 75% of families served by OBCC who have moved to South Seattle and south King County for more affordable housing. The clinic is located within Othello Square, an urban community concept on 3.2 acres that offers complementary services, partners and residences. These include an economic opportunity center, computer lab, charter school, early learning center and mixed-income housing. The opening was promoted through social media, advertising and direct mail to families in the Othello area to ensure families are aware their children can be seen in the new clinic.

OBCC has been creative in identifying opportunities to hire diverse staff, such as meeting community needs and providing flexibility through remote work and telehealth. Seattle Children’s is also working across the organization to ensure that members of the workforce reflect the diversity of the patients and families we serve.

Seattle Children’s is not immune to the labor shortage facing employers throughout the country, particularly in healthcare. It is worth celebrating, however, that over a 60-day period this quarter, OBCC hired 30 people. These new workforce members will provide clinical services (medical assistants, registered nurses, dental assistants, therapists), social work support, community care coordination and registration, and are moving the clinic toward meeting its newly established integrated healthcare delivery service model for patients and families.
Report Highlight: Odessa Brown Children’s Clinic

There is more work to do and it is also important to appreciate the progress made in the journey toward sustainable, anti-racist change — progress like the significant shift the OBCC team has seen in team members who are most willing to recommend Seattle Children’s as a place to work. Between June 2021 and April 2022, workforce members willing to promote Seattle Children’s as a good place to work grew from 12% to 40%. The overall change in NPS score went from -40 to +4 (from a possible range of -100 to +100).

Seattle Children’s commitment to support OBCC is essential to the community and to the clinic’s ability to provide equitable pediatric care. While there is still work to do to rebuild trust with the OBCC community, Seattle Children’s is committed to doing so.

Below is an update on the progress made on the actions that Seattle Children’s committed to take in support of OBCC.

**Fewer missed appointments**

A critical quality measure, OBCC has seen the greatest improvement in reducing missed appointments for Black and African-American patients across Seattle Children’s. Surpassing the goal only halfway through the fiscal year, the approaches were directly informed by OBCC families, with the Center for Diversity and Health Equity hosting a community forum and community work group to gather feedback. The team is recruiting for a new care coordinator position that will help identify and address barriers that contribute to missed appointments.

**Action:**

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.

**Progress to Date:**

- Dr. Kenisha Campbell joined the OBCC leadership team on May 9 as clinical medical director at the clinic.
- Seattle Children’s is allocating resources for OBCC to expand the social work team serving OBCC patients and families. This expansion from one to five social workers provides patients and families with services beyond clinical care such as evaluating social determinants of health (including suicide screening), family and staff support, and child advocacy that impacts overall health. This investment will be transformational for patients and families.
- OBCC leadership promoted two racially and ethnically diverse women to directors, recognizing them for work they were already performing. OBCC has addressed equity in leadership, title and pay.

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*Effective policies and authentic antiracist research must be born from within the affected and trauma-filled communities. All people deserve quality care with dignity, no matter their situation.*

— TaResha Clark, Community Care Coordinator Supervisor at OBCC
Report Highlight: Odessa Brown Children’s Clinic

**Action:**
Evaluate and define OBCC operational budget independent of donor funding, with consideration for additional needed services (e.g., Sickle Cell Disease Clinic).

**Progress to Date:**
- Evaluation is ongoing with next steps identified by end of Q4.
- Provided external advisory board (EAB) with high level of community, patient and system information gleaned by the team on the Sickle Cell Disease Clinic; currently waiting for the EAB to release their report.
- Shifted funding sources to provide more budgeting stability. Previously relied on operational and philanthropy dollars equally. Now philanthropy only supports new programs and operational dollars support salaries, rather than relying on grants to fund salaries.
- Assumed operational responsibility for mindfulness work, birth to five services, and gender affirming care.

**Action:**
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.

**Progress to Date:**
- OBCC did outreach to the local pharmacies, neighboring healthcare facilities and Hope Central in order to establish OBCC in the community and initiate discussions and opportunities for collaboration.
- Executive Leaders have made a commitment to visit Othello, connecting with staff and rounding with teams in order to build stronger relationships.
- Hosted a multiday event with the external advisory board, patients, families and Seattle Children’s providers and leadership focused on sickle cell program assessment including research, educational opportunities, gene therapy, economic implications of curative therapy, and presented “Promoting Resilience in Stress Management” Study Among Youth with Sickle Cell Disease.
  - Coordinated by OBCC leadership, Sickle Cell clinic providers Dr. Mignon Loh, Chief, Division of Pediatric Hematology, Oncology, Bone Marrow Transplant and Cellular Therapy and Dr. Leslie Walker-Harding Senior Vice President and Chief Academic Officer.
  - Included patient and caregiver panels.
- Launched culture change initiative and contracted a third party to lead efforts to strengthen trust across all teams, levels and areas of the clinic.
  - Using transition- and racialized trauma-lenses, all workforce members will receive support to address tensions and challenges, with appropriately allocated resources.
  - Launched a Measurement and Innovation Hub to engage the community, to learn from and with the community, and to take action together to gather, integrate and analyze information so that children and families receive the best care and services and have the best overall well-being and health.
  - Hired Dr. Max Hunter, community co-lead for the hub, who will oversee community engagement and partnership and will ensure that community is centered in the work of the hub.
Report Highlight: Odessa Brown Children’s Clinic

"Since opening Othello we have been able to serve more families, provide additional transportation options, and create innovative ways to meet the needs of patients." Our ability to provide care in one place is a new and unique way of delivering services without having to move patients from place to place. Having physical, occupational and speech therapy in one location is life-changing for some patients — I have seen kids go from being on long waiting lists to being seen within the next week.”

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

Partnering with community health boards

Seattle Children's committed to continuously seek ways to hear from the community. OBCC has built relationships with community organizations that facilitate conversations and partnerships to meet specific community needs. Working with community health boards brings the health board cultural expertise and the OBCC medical expertise together in ways that benefit diverse communities. OBCC continues to partner with community health boards like the Seattle Indian Board and the Somali Health Board to engage community, prioritize community needs and promote healthcare initiatives including COVID-19 testing and vaccines.

40,000 Patient visits each year at clinic and community programs

1 in 10 Families cared for are immigrants

30 Different languages spoken by patient families

50+ Number of years OBCC has been caring for patients

10 to 15% of King County foster children and youth are patients at OBCC
Report Highlight: Languages Other Than English

All patients and their families deserve to feel empowered in their access to and choices around quality healthcare. Interpreter and Translation Services provides critical support to patients and families who use languages other than English to ensure everyone has access to the information and services needed for healthy outcomes. Seattle Children’s commitment to improving the experience of patients and families who use a language other than English is focusing efforts on: 1) stabilizing the Interpreter and Translation Services program to prepare for future growth and improvements, 2) expanding programs such as access to video interpreters and 3) trying new approaches to providing care using interpretation and translation for languages other than English.

The need for interpretation is growing:

The number of interpreted encounters per year has increased by 19% over a five-year period. In 2021, there were over 140 languages spoken by patient families and more than 79,000 interpreted encounters across both inpatient and outpatient settings. Since 2019, the average number of interpretations per day has almost doubled to nearly three interpretations per day for families who use a language other than English while their child is staying at the hospital.

Action:

Improve experience and increase resources for interpretation and translation services for patients and families who use a language other than English.

Progress to Date:

- A 13-week human-centered-design project in FY21 resulted in 25 detailed recommendations on how to develop a scalable model to support the needs and improve the experience of patients and families who speak a language other than English. These recommendations and learnings were incorporated into a multi-year project plan with multiple phases; 11 projects are currently in progress, in various stages.

What is human-centered design and co-design?

Human-centered design (HCD) is a process of creating solutions with impacted communities to ensure the results meet their needs and honor their values and priorities. A specific methodology of HCD, co-design, is a newly adopted approach for Seattle Children’s and includes all participants in the interactive work to design a new service, product or solution. HCD is also being applied in some phases of other Action Plan projects, such as the Behavioral Response Project to replace Code Purple.

Co-design means that not only do all communities have the opportunity to provide input to help define the problems being solved for, but the design team includes representatives from all communities as well.

As the project team begins to implement specific solutions, patients and families will be invited back to co-design aspects of the program that impact them most.

- Increased capacity to meet increasing interpreter requests by hiring two new positions: a program coordinator to manage translations and a position to support the Patient Navigation Program.
Report Highlight: Languages Other Than English

Much of Interpreter and Translation Services’ focus this year is starting to build a structurally sound overarching system that induces more accurate data collection and reporting, and the creation and enhancement of different tools, processes and procedures. This work will eventually lead to informed and data-driven decision-making for the needs of interpreters, translators, care providers, other workforce members that utilize our services, and ultimately patients and families who speak languages other than English.”

—Zhan Liu, Interpreter and Translation Services Manager

- To hire and retain the interpreters needed for in-person interactions, Seattle Children’s has built and is implementing a career pathway for interpreters and translators to allow for career growth and attract the bilingual staff that patients and families rely on.

- Expanded the number of iPads available to support real-time video interpretation with a video interpreter.

- Planned a pilot program in the Gastroenterology clinic to extend appointment times for patients and families who speak a language other than English to better understand the impacts of offering longer appointments.
  - Developed a robust evaluation plan for a six-month pilot program to launch in summer or fall of 2022 to inform best practices and scaling potential.

Building momentum on existing efforts

- Employee certification for language skills of various levels already exists. Many workforce members are currently recognized for language strengths that can support patients and families.

- Medication instructions are currently provided in multiple languages and there are efforts to increase translation turnaround time for after-visit summaries.

- The research language office has been in place for a year, improving the recruitment of underrepresented participants into research studies, particularly those who speak a language other than English.
  - Providing centralized translation and interpreter services helps ensure interactions are high-quality, improving the experience for families and research teams while enhancing scientific validity by ensuring that families who speak a language other than English can fully engage with the research protocol and data collection.
  - The centralized language resource allowed the hiring of a bilingual Spanish recruitment specialist as a research study team member to support Spanish speaking families through the consent process. The specialist not only provides interpretation, but also supports the recruitment and enrollment of families who use languages other than English into clinical trials at Seattle Children’s. Examples include supporting Spanish-speaking families enrolled in COVID-19 pediatric vaccine trials.
**Recommendation 1: Make and Sustain an Unequivocal Commitment to EDI and Anti-Racism**

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.

**Action:**

Embed commitment to anti-racism in Seattle Children’s mission, vision and values.

**Progress to Date:**

- Working to embed anti-racism in Seattle Children’s values-based behaviors and leadership qualities. Proposed changes are under review with the Executive Leadership Team, the HEDI Council’s Workforce Experience Committee and Inclusion Network leaders.

- FY22 performance evaluations will be updated to align with Recommendation 2 actions.

**Action:**

Launch the Health Equity, Diversity and Inclusion (HEDI) Council as an organizing force for anti-racism activities. Publicly report progress on a quarterly basis.

**Progress to Date:**

- Launched HEDI Council dashboard to ensure accountability around outcome measures.
  
  - The HEDI Council dashboard complements the existing HEAR Action Plan Dashboard to hold leaders accountable and track progress on actions committed to in the Action Plan.

- Facilitated collaboration and alignment between leaders advancing Action Plan work and members of HEDI committees. For example:

  - The Workforce Experience Committee was invited to provide feedback on plans to increase employee diversity to further reflect the patient population. The committee helped assess barriers, reviewed the stakeholder analysis and gave input on specific strategy timelines.

  - The Education and Leadership Committee was invited to provide feedback on the proposed EDI and anti-racism training approach and implementation plan, including additional training for newly promoted leaders to clearly establish EDI and anti-racist expectations. Committee members helped identify where feedback could be collected to ensure training does not cause harm and is not contrary to others’ lived experiences.
Recommendation 1: Make and Sustain an Unequivocal Commitment to Anti-Racism and EDI

“
Our HEDI committee has shown that we value high standards in equity work for all workforce members, and in education that weaves anti-racist and inclusive leadership practices into the fabric of Seattle Children’s. The thoughtful discussions we have had with the leaders responsible for the new and updated trainings have really modeled self-reflection and accountability, which are essential parts of an anti-racist culture.

– Mari Moore, HEDI Education and Leadership Committee Member and Nursing Professional Development Practitioner

Action:

Require all board members to complete EDI and anti-racism training during onboarding annually.

Progress to Date:

• All board members will participate in an EDI and anti-racism training beginning in August. Going forward, new board members will consistently receive training during annual onboarding each fall.  

  o The four-part training series builds common language and understanding to address systemic racism and improve health equity for patients and research participants, through Bias Reduction in Internal Medicine (BRIM) principles.
Recommendation 2: Lead the Institution With Purpose and Decisive Action

Strengthen governance and oversight related to health equity, EDI and anti-racism across the Seattle Children’s 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.

Action:
Evaluate and adjust Seattle Children's Hospital Board of Trustees governance and structure for anti-racism and EDI work oversight.

Progress to Date:
- Continued updating committee charters to appropriately integrate workforce equity, diversity and inclusion; health equity; and systemic racism.
  - Revised three additional charters, with eight of the nine board committees completing current charters.

Seattle Children’s is committed to creating a diverse Board, with the governance committee focused on board recruitment strategies for fall of 2022 when board members annually join or leave the board.

"The Board Governance Committee is actively developing recruitment strategies to build a more racially and ethnically diverse board within three years that reflects the patients we serve. In order to dismantle systemic racism, our leadership must embody the valuable knowledge and perspectives that come with diverse lived experiences."

- Roy Diaz, Chair, Board Governance Committee

"I’m inspired by the leadership I see at all levels of the organization and also know that board and executive leadership help set the tone for Seattle Children’s. Our commitment to health equity and anti-racism is long-term and part of our EDI journey. While some results will take longer as we focus on laying the necessary groundwork now, I’m encouraged to see some short-term impact already, including the recent Diversity Inc ranking for hospital and healthcare systems recognizing our commitment to workplace diversity. We will continue to strengthen our efforts to support leadership accountability and diversity in the workplace, leading with our goal of becoming an anti-racist organization."

- Patricia Loera, Chair, People and Culture Executive Compensation Board Committee
Recommendation 3: **Hire to Increase and Sustain Diversity**

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, the University of Washington School of Medicine and others as needed to promote greater racial and ethnic diversity among the providers who practice at Seattle Children’s.

**Action:**

Create and implement a strategy for recruitment, development and retention of racially and ethnically underrepresented groups.

**Progress to Date:**

- Continuing work to ensure candidate pools are diverse in order to increase employee diversity. Targeting recruiting efforts to include Historically Black Colleges and Universities (HBCU) and Hispanic Student Institutions (HSI), community partnerships, employer brand enhancements and social marketing. Hiring managers and interview teams are focusing on inclusive and equitable recruitment training, and identifying career events and boosting employee referrals with the supports of Inclusion Networks (IN).

- Finalized school partnerships with HBCUs at Howard, Hampton and Florida A&M, and HSIs at San Diego State and Texas Women’s University. Continued partnerships with diverse associations and networks in order to recruit for non-faculty roles.

- Actively recruiting for a new director of Diversity and Retention and have two diversity recruiters supporting leadership pipeline and diversity outreach at local and national levels, helping to attract diverse talent to Seattle Children’s.

**Action:**

Partner with Inclusion Networks to create a candidate pipeline and enhance opportunities for racially and ethnically diverse workforce members.

**Progress to Date:**

- Financially sponsoring IN member participation in leadership programs including:
  
  o Ceresa, a self-paced, 12-month leadership program pilot that supports leadership goal development, learning and group coaching. 18 IN members will participate beginning summer 2022.

  o **Women of Color Leadership Program**, an immersive experience focused on preparing for increased responsibility, enabling career growth and expanding networks. One IN leader participated in the inaugural program.
Recommendation 3: **Hire to Increase and Sustain Diversity**

**Action:**
Develop and implement career pathways to support internal mobility that is intentionally inclusive of racially and ethnically diverse workforce members.

**Progress to Date:**

- **Interpreter and Translation Services:** To ensure patient navigators and medical interpreters are available to support the needs of diverse families, a career pathway and ladder for advancement were implemented to attract and retain individuals in these important roles.

- **MA Apprenticeship:** Launched the first cohort of the new medical assistant (MA) apprenticeship program with six apprentices, all existing employees. The program creates a development pathway for more racially and ethnically diverse team members in entry-level roles (e.g., certified nursing assistant (CNA), registration coordinator, operating room assistant). By combining work and school, on-the-job learning removes barriers to pursuing higher education as program participants can become certified MA’s while still working and earning income.

- **Nursing:** Had 127 applicants for 14 available placements for the new EXPLORE Pediatrics nursing pipeline program. Participants are underrepresented students from the undergraduate pre-health University of Washington Minority Achievement Program. The program funds CNA certification training and a six-month work experience at Children’s.

- **Summer Internship Program:** Hired six interns, all from racially and ethnically diverse backgrounds and 40% from communities underrepresented in healthcare. The intentionally inclusive hiring process included outreach to colleges, universities and partnerships serving underrepresented students.

- **Grants and Contracts Administrator Pathway:** Completed building a growth pathway for the grants and contracts administrator role at the research institute, including progression, advancement and leadership development opportunities. These opportunities provide career mobility for the many diverse grants and contracts administrators comprising nearly half of Seattle Children’s out-of-state remote workforce members — two-thirds from groups that are underrepresented in healthcare.
Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace

Make choices concerning policies and practices that promote EDI and anti-racism at Seattle Children’s. Invest in mandatory, recurring Seattle Children’s system-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 to establish trust and effectively implement policies with EDI and anti-racism principles in mind.

**Action:**

Review and revise workforce policies to anticipate, eliminate and prevent racism and inequity.

**Progress to Date:**

- Completed the Equity Impact Assessment for Seattle Children’s “Anti-Racism in the Workplace” and “Corrective Action” policies.
- Presented desired policy outcomes to the HEDI Policy Review Committee and integrated committee member feedback.

**What is an Equity Impact Assessment?**

An **Equity Impact Assessment** (EIA) is a tool used to systematically examine how groups that have been, and continue to be, disenfranchised and discriminated against will likely be affected by a proposed action or decision. An EIA can be vital in preventing institutional racism or discrimination and for identifying new options to remedy longstanding inequities.

An EIA is required for all new policies related to a critical quality measure and for outcome measures or activities in the Action Plan. HEDI committees review EIAs to ensure accountability for achieving health equity, creating a culture of inclusion and mitigating the impact of racial bias.

**Action:**

Strengthen, support and recognize workforce leadership and/or participation in Inclusion Networks.

**Progress to Date:**

Supported Inclusion Networks in their coordination and hosting of more than 100 membership events since January 1. Event examples include:

- Black Futures Month
- Diwali and Lunar New Year celebrations
- Earth Month Eco-Challenge
- Positive Parenting series
- Hola Empowerment Sessions
- Asian American Pacific Islander Month
- Brave Space Monthly Discussion series
Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace

Disability Inclusion Network

Bringing together disabled employees and their allies who share the experience of living in a world designed for able-bodied people, the Disability Inclusion Network helps magnify the voices of the disabled community to advocate for policy change, education and a culture shift to fight ableism within the organization. Founded in October 2021, the Network now has more than 70 members and helps improve accessibility by advocating and partnering with many departments. Some recent projects include increasing braille signage throughout the hospital, making elevators more accessible with auditory announcements in all buildings, and collaborating with IT to ensure all work-from-home platforms (Teams, WebEx and Zoom) are accessible for all users.

Becoming a more accessible workplace and inclusive workforce means everyone will benefit. At Seattle Children’s everyone works hard to ensure equitable care with dignity for our patients with disabilities. The work of the Disability Inclusion Network aims to make sure our workforce members with disabilities are also not left behind in our efforts to embody a compassionate and inclusive culture for all employees.

- Angela Fritz and Cole Hardman
  Co-Chairs of the Disability Inclusion Network

Action:

Integrate anti-racism trainings into learning and development programs and support sustained EDI and anti-racism performance across the workforce through mandatory training that involves both understanding and practice.

Progress to Date:

- Built a self-paced EDI and anti-racism training that will be an annual requirement for all workforce members starting in June 2022.
- Actively integrating EDI and anti-racism practice in all learning programs through programmatic design and implementation, as well as updates to standard work and templates to support sustained change and continued content development.
- The learning approach for EDI and anti-racism builds common language and expectations, reinforces and demonstrates the role of EDI and anti-racism in day-to-day operations, and provides opportunities for deeper learning through a combination of self-guided, instructor-led and just-in-time resources.
Recommendation 4: Build and Sustain a Culture of Inclusion in the Workplace

**Action:**
Identify and eliminate disparities in experience and outcomes across terms of employment, specifically cultivation, hiring, onboarding, evaluation, advancement, corrective action, retention and separation.

**Progress to Date:**

- Initiated the soft launch of the Leader Resource Center as the second phase of the broader People and Culture Resource Center. Additional roll-out is anticipated in June as the project team capitalizes on the opportunity to build the platform equitably in order to further elevate workforce experience.
- Surveyed leaders, in partnership with Johns Hopkins graduate students, to identify needs and guide Leader Resource Center priorities.

The Leader Resource Center aims to support leaders through consultation, resources and mentoring to build inclusive environments within teams. Giving leaders tools and support to lead will help meet Seattle Children’s mission and continue the important work to address systemic racism and inequities experienced by patients, families and workforce members.

**Action:**
Reorganize and optimize Medical Staff Services (MSS) processes to support the organization’s anti-racism efforts.

**Progress to Date:**

- The original action item named both Human Resources (HR) and MSS. However, the scope and oversight between HR and MSS proved very different. The action item is now specific to MSS only and HR processes are incorporated within the existing action item: Review and revise workforce policies to anticipate, eliminate and prevent racism and inequity.
- Improved processes to ensure that concerns or complaints submitted via eFeedback and EthicsPoint receive a timely and appropriate response.
  - **EthicsPoint:** Added MSS representatives into the review process to ensure concerns reported by MSS members include the appropriate oversight department and are addressed in a timely manner.
  - **eFeedback:** Concerns reported outside of EthicsPoint will be processed through a new eFeedback option, currently in development. This new option is for MSS as part of their Professional Practice Evaluation (PPE), which is linked to required Professional Standards, including anti-racism expectations.
- Created a new requirement to collect race/ethnicity data on Seattle Children’s providers. More than 700 providers have responded, representing nearly 35% of members, giving better insight into how closely providers represent the patient population.
Recommendation 4: **Build and Sustain a Culture of Inclusion in the Workplace**

- Developed new policies for the Professional Practice Evaluation — traditionally known as “peer review” — to establish standard review of unprofessional behavior, including racism.
  - Integrated a standardized and supportive approach for MSS member growth, behavior change and professional development when violations of Professional Standards occur.

**Online reporting tools for workforce members**

**eFeedback** is a tool to report issues that affect patient care and the safety of patients, families, visitors and workforce members.

**EthicsPoint** is a confidential, third-party tool to report potential compliance issues, including if workforce members have witnessed or experienced racism, discrimination, harassment, negative biases or retaliation.
Recommendation 5: Include All Patients on the EDI Journey

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.

Action:

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

Progress to Date:

- Completed the co-design process highlighted in the second quarter report and began developing a plan to implement the new Behavioral Response System that integrates improvements made to the current Code Purple process.
- Project team collaborated with consultants to conduct discussions, workshops and other opportunities for patients, families, community leaders and workforce members to define the problem and design recommended solutions.

Defining the problem: Thematic Findings From Co-Design Participants

- Building trust. Connecting with all patients and families must be a responsibility shouldered by all workforce teams and the organization, not an additional burden on Black and African American people.
- Being trauma informed. Not all workforce members understand how personal histories and culture can influence a patient’s or family’s thinking, feelings and actions.
- Feeling heard. When patients/families feel unheard during routine care conversations, these underlying feelings can rapidly increase during crisis situations.
- Adhering to protocol. Care teams may escalate what they perceive as “non-compliant” behavior — a perception they’re more likely to have about people who look or act different from themselves.
- Advocating freely. Black and African American families feel they must be on high alert when it comes to advocating for their child’s well-being in a healthcare setting.
- Assessing feelings and recognizing bias. Care team members mislabel feelings of discomfort with feeling unsafe or threatened. This is potentially a result of bias and leads to calling unwarranted Code Purples on Black and African American patients and families based on perceived “danger.”
- Tailoring support. Needs for behavioral support vary by unit, scenario and individual patient, but the current response process is ineffective in serving such wide variation.
- Learning through reflection. Workforce members are not supported or encouraged to process, recover and learn after a conflict, causing the pattern of inequitable, racist interventions to continue.
Recommendation 5: Include All Patients on the EDI Journey

Progress to Date:

- Co-design participants relied on the collectively identified problem themes to propose ideas that will lead to potential solutions.
- Identifying opportunities to align draft recommendations with concurrent initiatives, leverage existing resources, and define necessary processes, roles and resources.
- In partnership with Seattle Children’s Center for Diversity and Health Equity (CDHE), Code Purple debriefs were introduced and supplemented by weekly review meetings to discuss challenging Code Purple calls and equity concerns.
- Expanded the project team so that a variety of subject matter experts across all areas impacted by Code Purple calls can contribute to the creation of an implementation plan.

Action:

Evaluate adherence to and effectiveness of the new law enforcement engagement policy; standardize data collection and analysis and increase transparency.

Progress to Date:

- Between Jan 1 and March 31 (the second quarter of FY22), Seattle Children’s placed seven safety and behavioral concern calls out of 58 total calls made to law enforcement. Of those seven calls, one involved Black and African American families, three involved Hispanic families, two involved White families and one involved a family of unknown race/ethnicity.
- Continued development of the new reporting tool used by Security Services to transition from manual to automated data collection and reporting, and to enforce accountability by ensuring policies and procedures are applied appropriately.
- Recruited support from the Project Management and Data Analytics teams to increase limited team capacity for data automation and process improvements.
  - **Challenge:** Distilling complex narratives into simple, standardized forms is difficult but necessary to allow for data automation.

Action:

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).

Progress to Date:

- Collaboration continues between the Center for Quality and Patient Safety and unit-based improvement teams, known as microsystem teams, to ensure that race, ethnicity and language data is collected and visible in order to guide quality improvement efforts. The collaborative continues to:
  - Review critical quality measure and patient demographic Pulse dashboards and project metrics by race/ethnicity and language other than English on a monthly basis.
  - Track and share Language of Care sign compliance audit results; signs are now posted in all inpatient units.
  - Assess whether interpretation use on units increases after introducing iPads with live video interpreters.
  - Evaluate use of the word “pain” in the patient’s/caregiver’s language of care regarding pain management.
  - Review use of restraint by race/ethnicity.
Recommendation 6: Listen to the Workforce, Patients and Families

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.

Action:

Assess data collection modes for patient experience surveys to ensure diverse, vulnerable and historically underserved populations are represented.

Progress to Date:

- Convened leaders from Legal, Risk Management and the Psychiatry and Behavioral Medical Unit to align on how best to interpret the new laws about mental health advanced directives to help advance the Patient Rights and Responsibilities draft to the next phase.

The family advisor program is focused on diversity with the goal of reflecting the patient and family population. A new system is being developed to reach under-represented populations through an opt-in question on the patient and family experience survey. Once the system is complete and in place, diversity of the family advisors should meet or exceed the representation of the patient population. This fiscal year, 14 new advisors were recruited, 65% of whom meet one or more diversity criteria. There are currently more than 200 family advisors.

Existing Representation Criteria: Hispanic, Asian American, Pacific Islander, American Indian and Alaskan Native.

Newly Added in FY22 Representation Criteria: Black or African American, outside of King County, outside of WA State, patients with medical complexity, transgender, sickle cell.”

- Erin Tansey, Patient and Family Experience Specialist

What is a Family Advisor?

Family advisors are family members and caregivers of Seattle Children’s patients who volunteer their time to give feedback and participate in designing new experiences and clinical standard work. Leadership is working to diversify the Family Advisory Council, a select group of 15 family advisors, who give feedback on strategic initiatives and overall membership.
Recommendation 7: Communicate Transparently

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.

**Action:**

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.

**Progress to Date:**

- Activated internal and external communication channels to share Action Plan quarterly updates.
  - More than 1,400 unique online views of the second quarterly update.

**Action:**

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.

**Progress to Date:**

- Developed and approved a comprehensive health equity and anti-racism communications plan for internal and external audiences, focused on Action Plan commitments through the end of Phase 1.
- Refreshed the [health equity and anti-racism page on seattlechildrens.org](#) as the initial stage of the interactive website development project.

**Action:**

Expand leader conversation series, 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.

**Progress to Date:**

- Held Health Equity Rounds, a series of interdisciplinary case-based discussions that explore issues of equity, bias and racism that play out in medical settings today. April’s topic was “COVID-19 and Anti-Asian Racism.”
- Continued the Anti-Racism Discussion Series for workforce members with 212 participants joining May’s topic, “How to Be an Anti-Racist.”
**Recommendation 8: Lead the Way**

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.

**Action:**

Charge the chief academic officer, Seattle Children’s Research Institute (SCRI) leadership and CDHE 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.

**Progress to Date:**

- Strengthening the infrastructure of a newly established Practice-Based Research Network (PBRN). The PBRN is a growing partnership between SCRI researchers and the Seattle Children’s Care Network (SCCN). SCCN is a clinically integrated network comprised of more than 135 general pediatric providers at 16 community practices across eight Puget Sound counties, serving over 135,000 children.

- Prioritizing development of standards that ensure complete and quality race, ethnicity and language (REaL) data collection at all 16 community practice sites. Using REaL data to analyze clinical outcomes for patients will lead to more effective strategies to mitigate identified health disparities.

  - **Challenge:** Currently, the incompleteness and lack of standardization in data collection represents a fundamental challenge to the ability of the PBRN to function as a learning laboratory and fulfill its goal to improve child health by eliminating health inequities. Without complete and quality REaL data, inequities in pediatric care delivery in PBRN clinics — and the extent to which they occur — are not identifiable. This hinders the ability to implement, evaluate and share strategies that mitigate health disparities in pediatric practice.

The PBRN is a learning laboratory for health equity initiatives, seeking to improve child health by eliminating health inequities in the community, increase the quality of outpatient pediatric care delivered and reduce cost across the care continuum. The learning laboratory can share lessons learned, helping integrate evidence-based interventions into everyday practice.

**Action:**

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

**Progress to Date:**

- Expanded the SDOH screening questionnaire from two locations to seven surgical and eight medical specialty clinics at the hospital and at the OBCC Central District and Othello locations.
Recommendation 8: **Lead the Way**

- Initial findings show most patients/families prioritize financial resource strain, followed by food insecurity. Families are being connected to community resources like food banks, social services and transportation resources when appropriate.

**To understand Social Determinants of Health (SDOH)**, Seattle Children’s is collecting information from patients and families related to:

- financial resource strain
- food insecurity
- transportation needs
- housing stability

Information is collected through MyChart questionnaires, iPads in waiting rooms, paper-based surveys and in-person conversations. Seattle Children’s is building capacity to review responses by race, ethnicity, language, payor and zip code to better identify community needs.

- Feedback collected from service providers indicates high levels of engagement — critical to the success of system-wide data collection which guides informed actions.

**Action:**

Expand career pathways to attract and develop future diverse research trainees and workforce and faculty members through Science, Technology, Engineering and Math (STEM) programs from elementary school to early career faculty positions.

**Progress to Date:**

- **K-12 STEM Education and SCRI Summer Scholars Program (SSSP) for Undergraduates**
  - Reviewed applications for high school and undergraduate programs, prioritizing candidates from groups historically underrepresented in science and medicine.

  - **High school program**: 24 in-person students, ~250 virtual students
  - **Undergraduate program**: 50 students join research teams on clinical or basic science research projects.

  - Developed SSSP Alumni Travel Award program with funding from the Moccasin Lake Foundation to provide financial assistance for SSSP alumni to present their internship research at conferences or events.

- **Clinical Scholars**
  - Established partnership between SCRI and the Bristol Myers Squibb Foundation Clinical Investigator Pipeline Program. SCRI is serving as the host site for 10 scholars from underrepresented communities in medicine across the U.S. During the 6-week summer externship, scholars will learn the basics of clinical trials and effective community outreach, education and engagement to increase diversity in clinical trials.
Recommendation 8: **Lead the Way**

- **Diversity Supplement Connections Program**
  - Christina Riley, program manager for the Office for Teaching Education and Research, presented at the [National Postdoc Association Annual Conference](#) on Seattle Children’s Diversity Supplement Connection Program and shared a toolkit to support other institutions’ efforts to replicate the program.

- **Health Equity Research Grants Program**
  - Released a Request for Applications (RFAs) for three CDHE funding opportunities supporting post-doctoral fellows and early faculty from historically underrepresented communities in science who are working on health equity research.

**Generate and Teach Health Equity Routinely (GATHER)**

Physicians are board certified, which requires them to participate in ongoing learning through Maintenance of Certification (MOC). GATHER is an expansion of Seattle Children’s MOC quality improvement project offerings and aims to improve faculty engagement in equity, diversity and inclusion using quality improvement, self-reflection and peer discussion. Sessions are open to physicians, fellows, physician assistants, nurse practitioners and dentists.

Clinician involvement is critical to creating an equitable work force and providing equitable care to families. GATHER is tailored to the unique learning environment, style and culture of physicians, relying on peer learning to motivate behavioral change and helping to reduce healthcare disparities by improving behaviors that are necessary for equitable and effective care.

A group of six to eight participants consistently meet for one quarter with the support of two facilitators to reflect on questions and discuss barriers they experience in changing their own behavior. Peers listen, validate and offer potential solutions based on their experiences. Since developing and offering GATHER in 2018, more than 100 clinicians have completed the program and report a discernable improvement in their engagement in EDI behaviors and activities, accelerating Seattle Children’s pursuit of equity and better patient outcomes.