SUMMARY OF FINDINGS EXCERPTED FROM:

Report to the Board of Trustees of Seattle Children’s Hospital

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Workplace Equity

1. Seattle Children’s has improved the racial and ethnic diversity of its workforce, but racial disparities persist in leadership positions, promotions, and voluntary terminations.

2. Employee engagement at Seattle Children’s declined from 2015 to 2020, especially among Hispanic or Latino employees and employees who work at OBCC.

3. Leadership challenges, insufficient allocation of resources, and lack of accountability have impeded Seattle Children’s efforts to promote equity, diversity, and inclusion.

4. Seattle Children’s culture of conflict avoidance and failure to address microaggressions, combined with widespread distrust in the Human Resources function, contributes to an environment that excludes and undervalues BIPOC workforce members.

5. Seattle Children’s did not adequately investigate or address a 2009 allegation that Dr. Jim Hendricks referred to Dr. Ben Danielson using a racist epithet.

Health Equity

1. Seattle Children’s has known about significant racial disparities in Code Purple calls since at least 2013, but senior leadership did not meaningfully act to mitigate these disparities until 2020.

2. Seattle Children’s falls short of its stated policies and goals with respect to interpretation and translation services.

3. While Seattle Children’s is an industry leader in tracking health equity metrics, it lacks the accountability, infrastructure, and culture to successfully mitigate identified racial disparities in patient treatment.

4. A widespread perception exists among the Seattle Children’s workforce that patients receive disparate treatment on the basis of race or ethnicity, which is exacerbated by the hospital’s inadequate reporting and feedback mechanisms.

Odessa Brown Children’s Clinic

1. The relationship between Seattle Children’s and OBCC, including with respect to the development of the Othello Clinic, is characterized by interdependence, skepticism, and misalignment around OBCC operations.

2. In evaluating OBCC, Seattle Children’s has historically discounted the clinic’s consideration of and focus on the lived experiences of its patients, causing strain and deterioration in the working relationship between the two entities.