

# Health Equity Integration Project

Perinatal Quality Collaborative  
September 14, 2021

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Children's Mercy Kansas City

# Equality



# Equity



<b>Equity</b>	attainment of the highest level of opportunity/engagement/health for all <sup>1</sup>
<b>Disparities/inequities</b>	differences in opportunity/engagement/health based on characteristics of individual or group diversity
<b>Diversity</b>	the varied identities and experiences within our teams and the families and communities we serve
<b>Inclusion</b>	inviting all people to take part in building our processes and structures, a necessary step to achieving best outcomes
<b>Bias (implicit or explicit)</b>	preferences in individuals and systems or processes that can drive differences in opportunity/engagement/health
<b>Racism</b>	system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race') <sup>2</sup>
<b>Anti-racism</b>	practice of identifying, challenging, and changing the values, structures and behaviors that perpetuate systemic racism <sup>3</sup>
<b>Cultural humility and competency</b>	attitudes, knowledge, and skills needed to work effectively with those who are different from us, includes cultural awareness/sensitivity/responsiveness
<b>Social determinants of health</b>	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources <sup>4</sup>

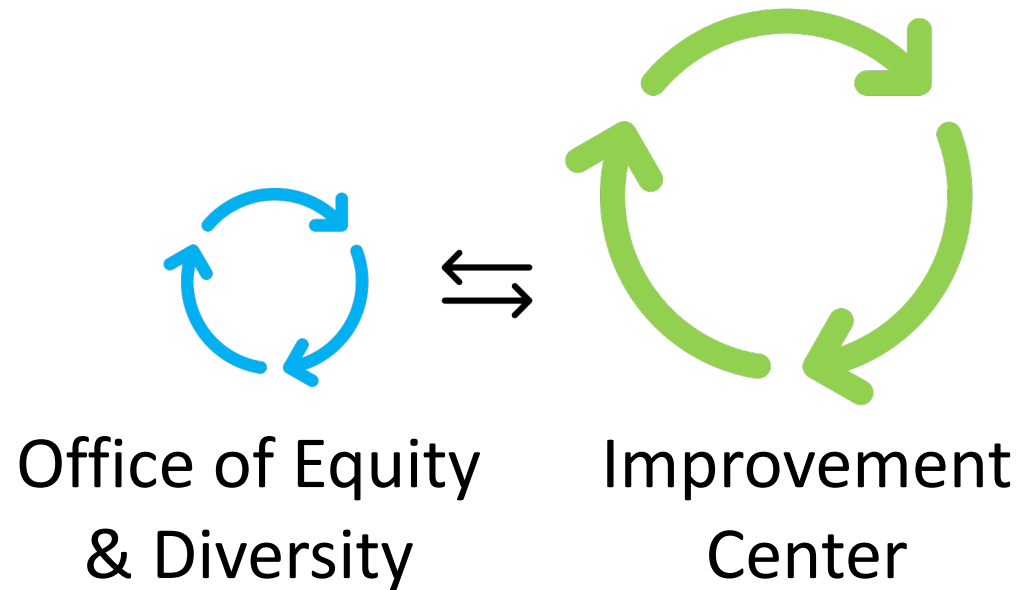
1. adapted from Healthy People 2020, <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>; 2. American Academy of Pediatrics, The Impact of Racism on Child and Adolescent Health 3. Ontario Anti-racism Secretariat; 4. World Health Organization, [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)

# Poll

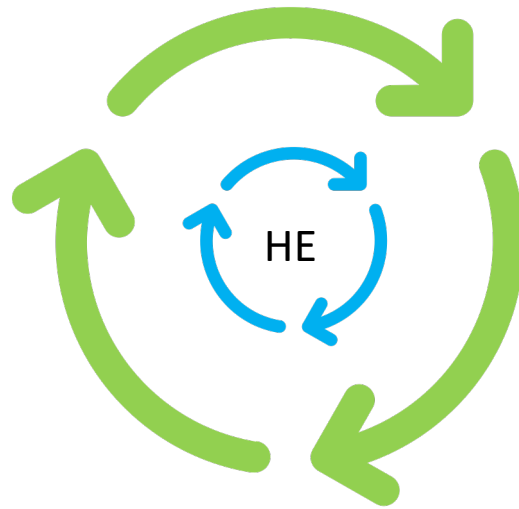
How receptive is the environment where you work to linking quality and safety with health equity in a fundamental way?

- A. Minimally receptive - this would be an uphill battle
- B. Somewhat receptive - there are encouraging signs
- C. Quite receptive - there is a clear path ahead
- D. Extremely receptive - we are already doing this!

# Health Equity Integration Project



# Health Equity Integration Project



Improvement  
Center

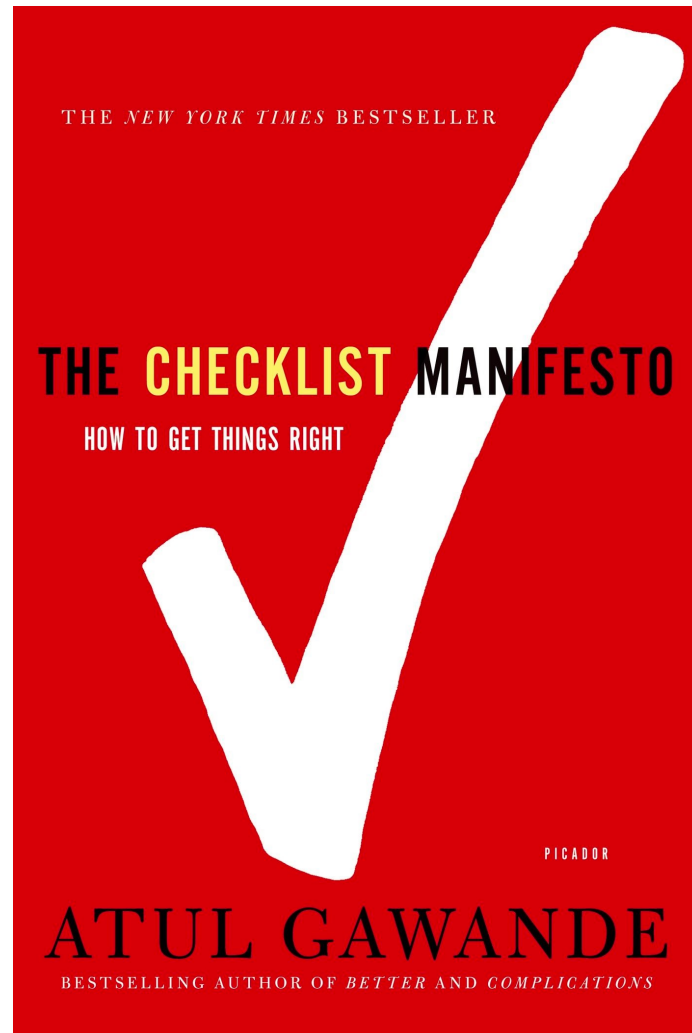
Health equity, like safety, is everybody's work.



Health equity, like safety, is everybody's work.







LOVE WILL.

# Equality

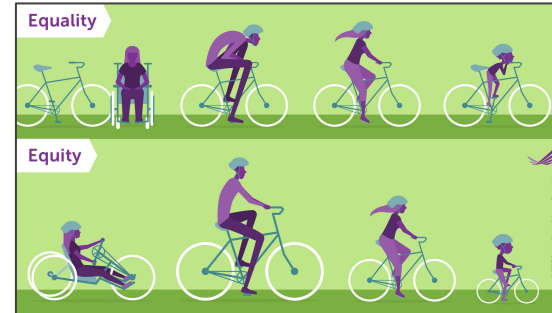


# Equity





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# Standardize Questions, not Solutions

1. Universal Question(s)
2. Health Equity/DEI Checklist

# Health Equity Integration Project



1. Could specific groups of patients, families, and employees be affected differently by \_\_\_\_\_?
2. If so, how?
3. What are the right questions for us to ask when working on \_\_\_\_\_ to find and describe such differences?
4. How do we act on what we learn?

# Health Equity Integration Project



Clinical Safety

Evidence Based Practice

Patient and Family Experience

Quality Improvement

Performance Improvement

Education



# Clinical Safety Activity

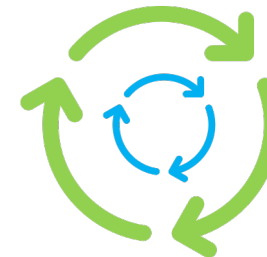


## Safety event interviews – universal HE question

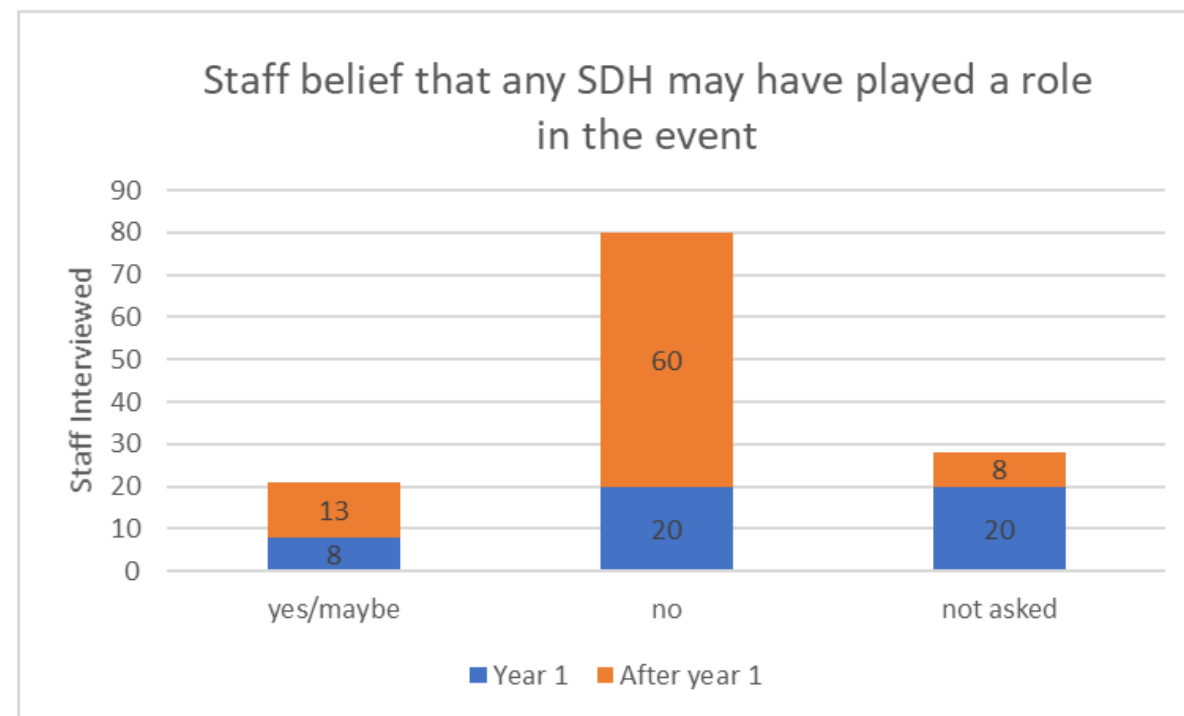
*“We have learned in our work that there are many things that can come into play when something unexpected happens, including characteristics of the people involved. For example, a person’s background, beliefs, experiences, culture, and other characteristics can affect their behavior, and might play a role in an event. This can be true for patients, family members or staff.*

*Because of this, we have begun asking everyone involved whether they think any of the following things might have played a role in some way-language, culture, race or ethnicity, age, gender, sexual orientation, religion, or any other characteristic of anyone involved. How do you think characteristics such as these played a role in this event, if at all?”*

# Clinical Safety Activity

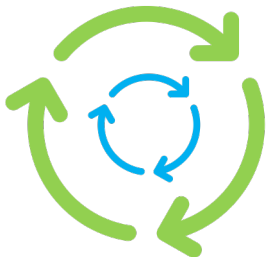


- 20 safety events over 30 months
- 101/129 interviews (78%) included the HE question
- 58% 1st year, 90% after



# Universal Question

## Clinical Safety Team – and beyond...



### Performance Improvement

When we look at issues within our work that we hope to address, we have begun regularly thinking about how diversity and inclusion, disparities, and social determinants of health might relate to the issues. Have any of those come up in your conversations so far?



**Possible responses:**

[If “no”] – “No problem – if this project gets assigned to one of our teams, we will be exploring these ideas with you as part of our standard work.”

[If “yes”] – “What has come up?” (Record answer) “Great. If this project gets assigned to one of our teams, we will continue to develop these ideas with you as part of our standard work.”

### Education Sessions

When we assess the learning needs for this education activity, we want to regularly think about how diversity and inclusion, disparities, and social determinants of health might relate to the learning goal(s). Which of these factors listed below might play a role in the gap or the learning outcomes for this activity?

**Diversity and Inclusion** - “When we say diversity, we are talking about the differences in who we are as CSMT team members and the differences among the patients, families, and communities we serve; we think of diversity very broadly, including characteristics like age, gender, language, race/ethnicity, income, geography, religion, cultural background, job position, and many others. Inclusion refers to how well we include these different perspectives in our work.”

☐ Yes ☐ No

**Disparities** - “When we say disparities, we are talking about the differences in how care is given to certain groups of patients and families, as well as differences in their health outcomes.”

☐ Yes ☐ No

**Social determinants of health** - “When we say social determinants of health, we are talking about the many social factors, such as where we live, where we work, how much money we have, what communities we are part of, and many others, that directly impact our health.”

☐ Yes ☐ No

Please record details in the appropriate columns above.

### Code Blue Debriefs

We have learned in our work with Equity & Diversity that there are many things that can come into play when something unexpected happens, including characteristics of the people involved. For example, a person’s background, beliefs, experiences, culture, and other characteristics can affect their behavior, and might play a role in an event. This can be true for patients, family members or staff.

Because of this, we have begun asking everyone involved whether they think any of the following things might have played a role in some way-language, culture, race or ethnicity, age, gender, sexual orientation, religion, or any other characteristic of anyone involved. How do you think characteristics such as these played a role in this event, if at all?

(If yes) How do you think characteristics such as these played a role in this event?



When we look at issues within our work that we hope to address, we have begun regularly thinking about how diversity and inclusion, disparities, and social determinants of health might relate to the issues. Have any of those come up in your conversations so far?



**Possible responses:**

[If “**no**”] – “No problem – if this project gets assigned to one of our teams, we will be exploring these ideas with you as part of our standard work.”

[if “**yes**”] – “What has come up?” (Record answer) “Great. If this project gets assigned to one of our teams, we will continue to develop these ideas with you as part of our standard work.”

## GAP ANALYSIS WORKSHEET

**Instructions:** Type directly into blank cells of the tables. Save the completed form to your computer.

**EDUCATIONAL ACTIVITY TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CNE PLANNING REQUEST FORM SUBMITTED:** ☐ Yes ☐ No

**EQUITY, DIVERSITY, INCLUSION, DISPARITIES, & SOCIAL DETERMINANTS ASSESSED (SEE BELOW):** ☐ Yes ☐ No

### PROFESSIONAL PRACTICE GAP(s)

CURRENT STATE	DESIRED STATE	IDENTIFIED GAP	TYPE OF GAP	LEARNING OUTCOME(S)
Describe the current state of practice including the problem, if known.	Describe the desired state that the educational activity is designed to promote.	Difference between current state and desired state.	Check which type of gap has been identified. <input type="checkbox"/> Knowledge <input type="checkbox"/> Skills <input type="checkbox"/> Practice	List learning outcome(s) in behavioral term using a single measurable verb for each. Learning outcomes should fit into one of Miller's zones <sup>1</sup> :
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Skills <input type="checkbox"/> Practice	

<sup>1</sup> Examples of learning outcomes for each zone: **Knows** (knowledge gained) – Learners will self-report an increase in knowledge about XYZ **Knows how** (knows how to apply the knowledge) – Learners will describe how they will integrate XYZ into their practice **Shows** (demonstrates how to apply knowledge) – Learners will demonstrate the correct procedure for XYZ during the learning activity **Does** (applies knowledge in practice) – Learners will integrate knowledge into practice as validated by an decrease in the incidence of XYZ measure.

**When we assess the learning needs for this education activity, we want to regularly think about how diversity and inclusion, disparities, and social determinants of health might relate to the learning gap(s). Which of these factors listed below might play a role in the gap or the learning outcomes for this activity?**

**Diversity and inclusion** - “When we say diversity, we are talking about the differences in who we are as CMH team members and the differences among the patients, families, and communities we serve; we think of diversity very broadly, including characteristics like age, gender, language, race/ethnicity, income, geography, religion, cultural background, job position, and many others. Inclusion refers to how well we include these different perspectives in our work.”

☐ Yes ☐ No

**Disparities** - “When we say disparities, we are talking about the differences in how care is given to certain groups of patients and families, as well as differences in their health outcomes.”

☐ Yes ☐ No

**Social determinants of health** - “When we say social determinants of health, we are talking about the many social factors, such as where we live, where we work, how much money we have, what communities we are part of, and many others, that directly impact our health.”

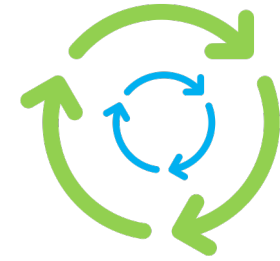
☐ Yes ☐ No

***Please record details in the appropriate columns above.***

# DEI Checklist in QI

## Problem Solving Courses

### *Integrating a checklist into the Framework for Problem-solving*



Framework for Problem Solving: Asking the right questions			
Focus:	Owner:	Date:	Approved:
<b>Clarify the Problem:</b> Critical to understand the problem in order to solve it. <ul style="list-style-type: none"><li>What is the actual problem?</li><li>What is the desired state or target condition?</li><li>What is the current state or condition?</li></ul> Describe the gap between the current performance and what you hope to achieve by understanding the perspective of all involved in the problem. Identify one or more key measures in order to quantify the gap. <b>Tools:</b> Complete set of Measures, Data Collection, Best Practice, Voice of the Customer	<b>Develop and Implement Countermeasures:</b> To focus change efforts on the things most likely to yield improvement. <ul style="list-style-type: none"><li>What changes can we make that will result in improvement?</li><li>How can we prioritize the ideas?</li><li>Will the countermeasure address the root cause(s)?</li><li>Can I should we test it on a small scale?</li><li>How will we implement?</li><li>What actions are needed? (what, when, who?)</li></ul> Recognize system-level issues and rank by feasibility and reliability. Recognize the alignment between the countermeasure and the performance mode it will address. Test the countermeasures in iterative PDCA cycles. Consider short-term and long-term countermeasures. Visually display the drivers and countermeasures in a diagram. <b>Tools:</b> Brainstorming, Affinity Diagram, Driver Diagram, PDCA		
<b>Break Down the Problem:</b> To focus efforts on largest contributor of the problem. <ul style="list-style-type: none"><li>What factors contribute to the identified gap?</li><li>What barriers are encountered?</li><li>Which factors or barriers contribute more than others?</li><li>What characteristics of the population might relate?</li><li>What subpopulations are impacted?</li><li>Which steps in the process are creating waste?</li><li>Who? What? When? Where? How much?</li></ul> Narrow the problem by identifying and quantifying each factor that contributes. Focus on the problem from a systems perspective. Go and observe the process, people, and place. <b>Tools:</b> Process Flow Map, Fault Tree, Pareto Diagram	<b>Check Results and Process:</b> To determine if the countermeasures were implemented as intended and produced the expected results. <ul style="list-style-type: none"><li>Did the countermeasures lead to improvement?</li><li>How do we know if it's normal variation or improvement?</li><li>How do we confirm that the process is still working?</li><li>Has the root of the problem been resolved?</li><li>Are there any new problems/unintended consequences to address?</li></ul> Confirm the countermeasures resulted in improvement. Display data in time series, understand the difference between common cause and special cause variation. <b>Tools:</b> Run Chart, Control Chart, Confirmation Checklist, Rounding to Influence		
<b>Set a Target:</b> Critical to help the team focus on a reasonable and attainable goal. <ul style="list-style-type: none"><li>What are we trying to accomplish? How much? By when?</li><li>What drivers are associated with a successful outcome/target?</li></ul> Create an aim statement that is specific, measurable, actionable, relevant, and time bound incorporate the perspective of the patient or customer. Consider realistic and inspirational targets. Understand the rationale for the target.	<b>Standardize and Follow Up:</b> To ensure that an improvement has been embedded in practice and that any abnormalities are made visible when they occur. <ul style="list-style-type: none"><li>Why do we need to standardize?</li><li>Is the Target the new standard?</li><li>Is it clear when things are normal versus abnormal?</li><li>How do we ensure sustainable improvement?</li><li>How can we impact other areas by sharing what we learned?</li><li>How can we impact other areas by sharing what we learned?</li></ul> Utilize the daily management system to confirm sustainability of the improvement. Replicate or spread to other areas. Share what you learned. <b>Tools:</b> Standard Work, Confirmation Checklist, Confirmation Rounds, Rounding to Influence, Leader Standard Work, Audible Boards, Methods		
<b>Identify Root Cause:</b> To identify, understand, and prioritize the underlying factor(s) that are contributing or causing the gap. <ul style="list-style-type: none"><li>What happened?</li><li>Why did it happen?</li><li>Can the causes be drilled down by asking why 5 times?</li><li>What factors contribute to the problem more than others?</li><li>What can be done so it doesn't happen again?</li></ul> Graphically display the factors contributing to the problem. Look for proximate and root causes. Identify correlations and possible causation. Eliminate unlikely causes. Observe. <b>Tools:</b> Fishbone Diagram, 5 Whys, Pareto Diagram			



Children's Mercy Kansas City	
Team: _____	
<b>Diversity, Equity, and Inclusion (DEI) Checklist</b> For use with the Framework for Problem Solving	
<b>STEP 1. Get into a "diversity, equity, and inclusion" frame of mind</b> Review these concepts that should be considered while discussing your team's work.	
<b>Equity</b>	promotion of the highest level of opportunity/engagement/health for all
<b>Disparities/inequities</b>	differences in opportunity/engagement/health based on characteristics of individual or group identity
<b>Diversity</b>	the varied direction and experience within our teams and the families and communities we serve
<b>Inclusion</b>	ensuring all voices are taken into account in building our processes and structures, a necessary step to building trust and connection
<b>Blue (English or Spanish)</b>	preference in individuals and systems or processes that can drive differences in opportunity/engagement/health
<b>Access</b>	ability of individuals and systems or processes that can drive differences in opportunity/engagement/health
<b>Anti-racism</b>	practices, knowledge, and skills needed to work effectively with those who are different from us, including those who experience racism
<b>Cultural humility and competency</b>	practices, knowledge, and skills needed to work effectively with those who are different from us, including those who experience racism
<b>Trans determination of health</b>	conditions in which people are born, grow, live, work and age shaped by distributions of power, gender and resources
<b>STEP 2. Think about diversity broadly</b> There are many characteristics of diversity known to contribute to disparities in opportunity, engagement, and health in our communities and our workplaces. These include: Age, education, sex role, income, neighborhood/ZIP code, disability, gender identity, sexual orientation, race/ethnicity, language preference, literacy, religion, immigrant status, acculturation. <a href="#">get more ideas</a>	
<b>STEP 3. Ask at every turn</b> When addressing each box in the framework, consider and discuss how concepts and characteristics listed in STEPS 1 & 2 relate to the questions your team is answering.	
<b>STEP 4. Keep track of your thoughts</b> Please use the worksheet on the next page to record how the concepts above do or don't apply to each step of your process.	

## Framework for Problem Solving: Asking the right questions

Focus:	Owner:	Date:	Approved:
<p><b>Clarify the Problem:</b> Critical to understand the problem in order to solve it</p> <ul style="list-style-type: none"> <li>What is the actual problem?</li> <li>What is the desired state or target condition?</li> <li>What is the current state or condition?</li> </ul> <p>Describe the gap between the current performance and what you hope to achieve by understanding the perspective of all involved in the problem. Identify one or more key measures in order to quantify the gap.</p> <p><b>Tools:</b> Complete set of Measures, Data Collection, Best Practice, Voice of the Customer</p>	<p><b>Develop and Implement Countermeasures:</b> To focus change efforts on the things most likely to yield improvement</p> <ul style="list-style-type: none"> <li>What changes can we make that will result in improvement?</li> <li>How can we prioritize the ideas?</li> <li>Will the countermeasure address the root cause(s)?</li> <li>Can / should we test it on a small scale?</li> <li>How will we implement?</li> <li>What actions are needed? (what, when, who?)</li> </ul> <p>Brainstorm system-level ideas and rank by feasibility and reliability. Recognize the alignment between the countermeasure and the performance mode it will address. Test the countermeasures in iterative PDSA cycles. Consider short term and long term countermeasures. Visually display the drivers and countermeasures in a diagram.</p> <p><b>Tools:</b> Brainstorming, Affinity Diagram, Driver Diagram, PDSA</p>		
<p><b>Break Down the Problem:</b> To focus efforts on largest contributor of the problem</p> <ul style="list-style-type: none"> <li>What factors contribute to the identified gap?</li> <li>What barriers are encountered?</li> <li>Which factors or barriers contribute more than others?</li> <li>What characteristics of the population might relate?</li> <li>What subpopulations are impacted?</li> <li>Which steps in the process are creating waste?</li> <li>Who? What? When? Where? How much?</li> </ul> <p>Narrow the problem by identifying and quantifying each factor that contributes. Focus on the problem from a systems perspective. Go and observe the process, people, and place.</p> <p><b>Tools:</b> Process Flow Map, Fault Tree, Pareto Diagram</p>	<p><b>Check Results and Process:</b> To determine if the countermeasures were implemented as intended and produced the expected results</p> <ul style="list-style-type: none"> <li>Did the countermeasure lead to improvement?</li> <li>How do we know if it's normal variation or improvement?</li> <li>How do we confirm that the process is still working?</li> <li>Has the root of the problem been resolved?</li> <li>Are there any new problems/unintended consequences to address?</li> </ul> <p>Confirm the countermeasure resulted in improvement. Display data in time series. Understand the difference between common cause and special cause variation.</p> <p><b>Tools:</b> Run Chart, Control Chart, Confirmation Checklist, Rounding to Influence</p>		
<p><b>Set a Target:</b> Critical to help the team focus on a reasonable and attainable goal</p> <ul style="list-style-type: none"> <li>What are we trying to accomplish? How much? By when?</li> <li>What drivers are associated with a successful outcome/target?</li> </ul> <p>Create an aim statement that is specific, measurable, actionable, relevant, and time bound. Incorporate the perspective of the patient or customer. Consider realistic and inspirational targets. Understand the rationale for the target.</p>	<p><b>Standardize and Follow Up:</b> To ensure that an improvement has been embedded into practice and that any abnormalities are made visible when they occur</p> <ul style="list-style-type: none"> <li>Why do we need to standardize?</li> <li>Is the Target the new standard?</li> <li>Is it clear when things are normal versus abnormal?</li> <li>How do we ensure sustainable improvement?</li> <li>How can we impact other areas by sharing what we learned?</li> </ul> <p>Utilize the daily management system to confirm sustainability of the improvement. Replicate or spread to other areas. Share what you learned.</p> <p><b>Tools:</b> Standard Work, Confirmation Checklist, Confirmation Rounds, Rounding to Influence, Leader Standard Work, Huddle Boards, Methods</p>		
<p><b>Identify Root Cause:</b> To identify, understand, and prioritize the underlying factor(s) that are contributing or causing the gap</p> <ul style="list-style-type: none"> <li>What happened?</li> <li>Why did it happen?</li> <li>Can the causes be drilled down by asking why 5 times?</li> <li>What factors contribute to the problem more than others?</li> <li>What can be done so it doesn't happen again?</li> </ul> <p>Graphically display the factors contributing to the problem. Look for proximate and root causes. Identify correlations and possible causation. Eliminate unlikely causes. Observe.</p> <p><b>Tools:</b> Fishbone Diagram, 5 Whys, Pareto Diagram</p>			

## Diversity, Equity, and Inclusion (DEI) Checklist

For use with the **Framework for Problem Solving**

### ☐ STEP 1. Get into a “diversity, equity, and inclusion” frame of mind

Review these concepts that should be considered while discussing your team’s work.

Equity	attainment of the highest level of opportunity/engagement/health for all <sup>1</sup>
Disparities/inequities	differences in opportunity/engagement/health based on characteristics of individual or group diversity
Diversity	the varied identities and experiences within our teams and the families and communities we serve
Inclusion	Inviting all people to take part in building our processes and structures, a necessary step to achieving best outcomes
Bias (implicit or explicit)	preferences in individuals and systems or processes that can drive differences in opportunity/engagement/health
Racism	system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”) <sup>2</sup>
Anti-racism	practice of identifying, challenging, and changing the values, structures and behaviors that perpetuate systemic racism <sup>3</sup>
Cultural humility and competency	attitudes, knowledge, and skills needed to work effectively with those who are different from us, includes cultural awareness/sensitivity/responsiveness
Social determinants of health	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources <sup>4</sup>

1. Adapted from Healthy People 2020. <https://www.hhs.gov/healthy/people/2020/health-determinants/health-inequities>. 2. American Academy of Pediatrics, The Impact of Racism on Child and Adolescent Health & Chronic Disease: A Position Statement. 3. World Health Organization. [https://www.who.int/news/anti-racism/what\\_is\\_anti\\_racism/en/](https://www.who.int/news/anti-racism/what_is_anti_racism/en/)

### ☐ STEP 2. Think about diversity broadly

There are many characteristics of diversity known to contribute to disparities in opportunity, engagement, and health in our communities and our workplaces. These include:

Age, education, job role, income, neighborhood/ZIP code, disability, gender identity, sexual orientation, race/ethnicity, language preference, literacy, religion, immigrant status, acculturation, and many others.

### ☐ STEP 3. Ask at every turn

When addressing each box in the framework, consider and discuss how concepts and characteristics listed in STEPS 1 & 2 relate to the questions your team is answering.

### ☐ STEP 4. Keep track of your thoughts

Please use the worksheet on the next page to record how the concepts above do or don’t apply to each step of your process.

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☐ **STEP 1. Get into a “diversity, equity, and inclusion” frame of mind**



Review these concepts that should be considered while discussing your team’s work.

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☐ **STEP 3. Ask at every turn**



When addressing each box in the framework, consider and discuss how the concepts and characteristics listed in STEPS 1 & 2 above might relate to the questions you are answering.

☐ **STEP 4. Keep track of your thoughts**



Please use the worksheet on the next page to record how the concepts above do or don't apply to each step of your process.

Team: \_\_\_\_\_

### Worksheet for considering health equity in problem solving

Please record your group's thoughts about how the terms and characteristics of diversity listed in the health equity checklist might or might not apply to each step in your problem-solving process:

**Box 1. Clarify the problem**

Factors identified: ☐ Yes ☐ No

Please explain:

**Box 2. Break down the problem**

Factors identified: ☐ Yes ☐ No

Please explain:

**Box 3. Set a target**

Factors identified: ☐ Yes ☐ No

Please explain:

**Box 4. Identify root cause**

Factors identified: ☐ Yes ☐ No

Please explain:

**Box 5. Develop and implement countermeasure**

Factors identified: ☐ Yes ☐ No

Please explain:

**Box 6. Check results and process**

Factors identified: ☐ Yes ☐ No

Please explain:

**Box 7. Standardize and follow up**

Factors identified: ☐ Yes ☐ No

Please explain:

	Completed	Any “Yes”	Only Left	Only Right	Both Sides
<b>All Teams</b>	21/21 (100%)	17/21 (81%)	2/17 (12%)	0/17 (0%)	15/17 (88%)
Residents	5/5	4/5	0/4	0/4	4/4
Fellows	13/13	11/13	2/11	0/11	9/11
Staff	3/3	2/3	0/2	0/2	2/2

# Strategic Planning Processes



Enterprise Strategic Planning – 19 strategy teams

*Equity, Diversity, and Inclusion (EDI) Checklist for Strategy Teams*

Children's Mercy  
KANSAS CITY

Team: \_\_\_\_\_

**Diversity, Equity, and Inclusion (DEI) Checklist**

☐ STEP 1. Get into a "diversity, equity, and inclusion" frame of mind

Review these concepts that should be considered while discussing your team's work:

Equity	Assessment of the highest level of opportunity/engagement/health for all
Disparities/Inequities	Assessment of opportunity/engagement/health based on assessment of whether or not disparities exist
Diversity	Are characteristics and experiences within our team and the community and organization an asset?
Inclusion	Are all groups able to take part in building our processes and decisions? Is everyone able to achieve best outcomes?
How (display or explain)	Are we creating a culture of openness or processes that can drive differences in opportunity/engagement/health?
Results	Are our planning opportunities and resulting value based on the social incorporation of how one looks at what we call "real"?
Best results	Are our planning, including, and sharing the vision, mission, and vision that produce positive results?
Current realities and opportunities	Are our planning, including, and sharing the vision, mission, and vision that produce positive results?
Best results of results	Are our planning, including, and sharing the vision, mission, and vision that produce positive results?

☐ STEP 2. Think about diversity broadly

There are many characteristics of diversity known to contribute to disparities in opportunity, engagement, and health in our communities and our workplaces. These include:

Age, education, job role, income, neighborhood/ZIP code, disability, gender identity, sexual orientation, race/ethnicity, language preference, literacy, religion, immigrant status, socioeconomic, and [many others](#).

☐ STEP 3. Ask at every turn

When discussing focus areas, information gathering, and tactics, explore how concepts and characteristics listed in STEPS 1 & 2 relate to the questions your team is addressing.

☐ STEP 4. Keep track of your thoughts

Please use the worksheet on the next page to record how the concepts above do or don't apply to each step of your process.



**Strategic Goal:**  
**Strategy:**

**Tactic:**

**Strategic Initiative:**

**Rationale/Impact:**

**Tactic Lead/s:**

**FTE Required:** Capital Required Greater than \$100K:

**Proposed Fiscal Year Implementation:**

**Proposed Measure of Success:**

LOVE WILL. 

## Diversity, Equity, and Inclusion (DEI) Checklist

### ☐ STEP 1. Get into a “diversity, equity, and inclusion” frame of mind

Review these concepts that should be considered while discussing your team’s work.

Equity	attainment of the highest level of opportunity/engagement/health for all <sup>1</sup>
Disparities/inequities	differences in opportunity/engagement/health based on characteristics of individual or group diversity
Diversity	the varied identities and experiences within our teams and the families and communities we serve
Inclusion	inviting all people to take part in building our processes and structures, a necessary step to achieving best outcomes
Bias (implicit or explicit)	preferences in individuals and systems or processes that can drive differences in opportunity/engagement/health
Racism	system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”) <sup>2</sup>
Anti-racism	practice of identifying, challenging, and changing the values, structures and behaviors that perpetuate systemic racism <sup>3</sup>
Cultural humility and competency	attitudes, knowledge, and skills needed to work effectively with those who are different from us, includes cultural awareness/sensitivity/responsiveness
Social determinants of health	conditions in which people are born, grow, live, work and age; shaped by distribution of money, power and resources <sup>4</sup>

1. adapted from Healthy People 2020, <https://www.healthypeople.gov/2020/topics/themes/social-determinants>; 2. American Academy of Pediatrics, [The Impact of Racism on Child and Adolescent Health](https://www.aap.org/en/about-the-organization/policy-statements/2019/04/10/racism-and-child-health); 3. [Anti-racism Statement](https://www.aap.org/en/about-the-organization/policy-statements/2019/04/10/racism-and-child-health); 4. World Health Organization, [Social Determinants of Health](https://www.who.int/news-room/fact-sheets/detail/social-determinants-of-health)

### ☐ STEP 2. Think about diversity broadly

There are many characteristics of diversity known to contribute to disparities in opportunity, engagement, and health in our communities and our workplaces. These include:

Age, education, job role, income, neighborhood/ZIP code, disability, gender identity, sexual orientation, race/ethnicity, language preference, literacy, religion, immigrant status, acculturation, and many others.

### ☐ STEP 3. Ask at every turn

When discussing focus areas, information gathering, and tactics, explore how concepts and characteristics listed in STEPS 1 & 2 relate to the questions your team is addressing.

### ☐ STEP 4. Keep track of your thoughts

Please use the worksheet on the next page to record how the concepts above do or don’t apply to each step of your process.

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**1. Focus areas** – How do you decide what to focus on and how is it affected by DEI concepts?

**2. Information gathering** – How have you considered diversity and inclusion when gathering information? Is anyone's voice missing? What else can you do to include all perspectives?

**3. Actions** – How do your team's actions (including strategy, tactics, and group processes) take DEI concepts into account?

Team: \_\_\_\_\_

**Worksheet for including equity, diversity, and inclusion in strategy team work**

Please record your group's thoughts about how the terms and characteristics listed in the checklist might apply to each step in your strategic process:

**1. Focus areas** – How do you decide what to focus on and how is it affected by DEI concepts?

Please explain:

**2. Information gathering** – How have you considered diversity and inclusion when gathering information? Is anyone's voice missing? What data do you need to include all perspectives?

Please explain:

**3. Strategy and tactics** – How do your proposed tactics take DEI concepts into account?

Please explain:

Sample questions to consider for each process/tactic you discuss:

1. Could specific groups of patients, families, employees, or others be affected differently by        (process/tactic)        ?
2. If so, who is affected differently and how?
3. What questions will help you find and understand these differences?
4. How do you act on your understanding?

**Questions? Not sure how to best use this tool?** Please contact JC Cowden ([jdcowden@cmh.edu](mailto:jdcowden@cmh.edu)) with the Health Equity Integration Project (HEIP) or Bridgette Jones ([bjones@cmh.edu](mailto:bjones@cmh.edu)) with the Office of Equity and Diversity.

# Lessons Learned

Advantages to **integrated** vs **add-on** HE efforts:

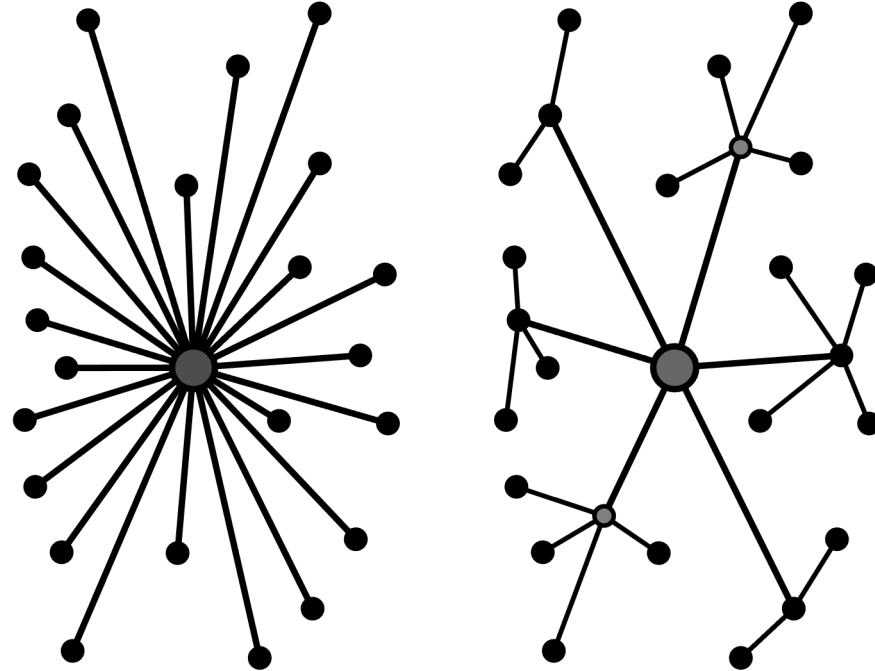
- Flexible and adaptable to each team's work

- Processes become standard work

- “Owned” by each team/individual

- Broader and deeper engagement among staff

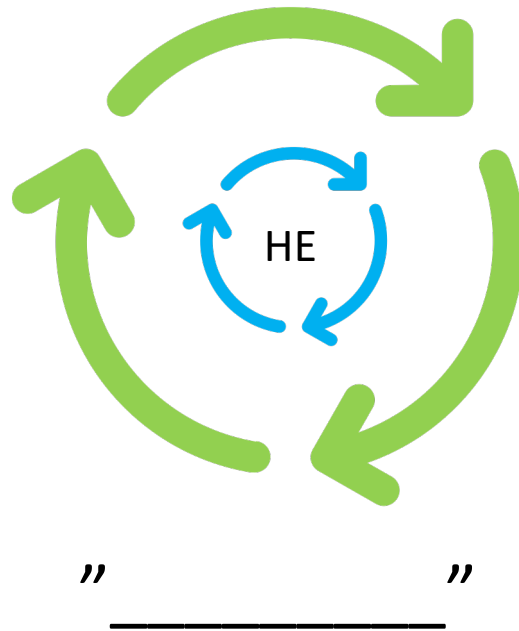
- Team culture change



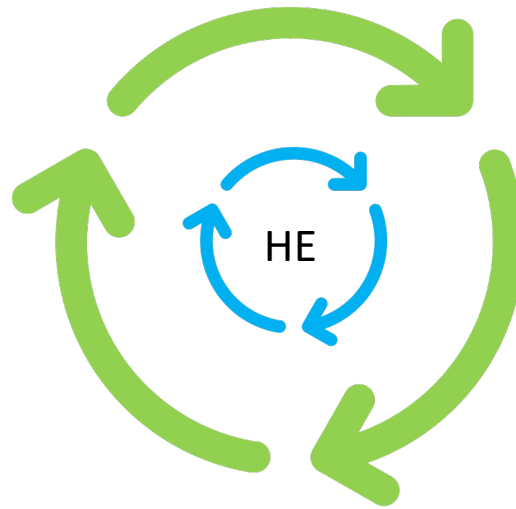
Combined integration



# Integrating Health Equity into All We Do

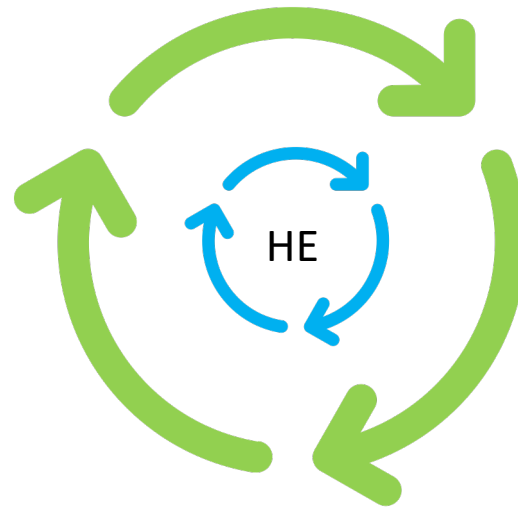


# Integrating Health Equity into All We Do



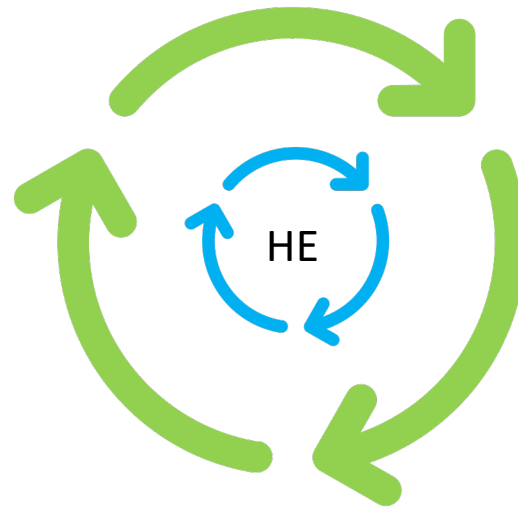
Clinical Care

# Integrating Health Equity into All We Do



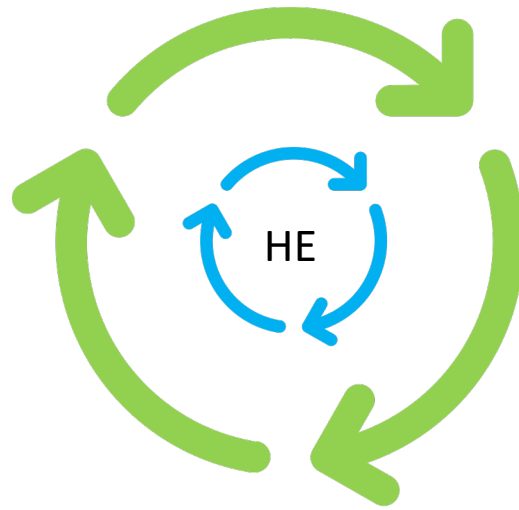
Research

# Integrating Health Equity into All We Do



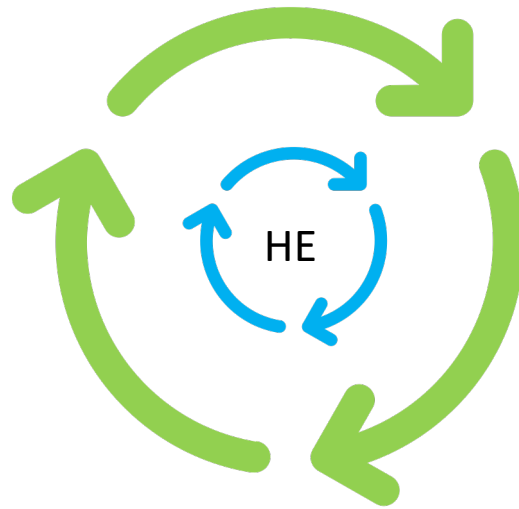
Education

# Integrating Health Equity into All We Do



Everyone's Work

# Integrating Health Equity into All We Do



Your Work...

# Think back to our poll

How receptive is the environment where you work to linking quality and safety with health equity in a fundamental way?

- A. Minimally receptive - this would be an uphill battle
- B. Somewhat receptive - there are encouraging signs
- C. Quite receptive - there is a clear path ahead
- D. Extremely receptive - we are already doing this!

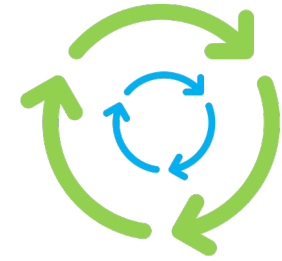
# Actions for your to-do list







- ☐ Examine your mindset
  - ☐ Making your work better
  - ☐ Curiosity



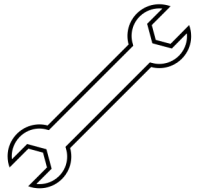
- ☐ Begin to ask questions
  - ☐ Of yourself
  - ☐ Of your team
  - ☐ Of your work

# Start with the basics



1. Could specific groups of patients, families, and employees be affected differently by \_\_\_\_\_?
2. If so, how?
3. What are the right questions for us to ask when working on \_\_\_\_\_ to find and describe such differences?
4. How do we act on what we learn?

# Then standardize...

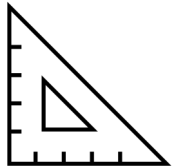


- ☐ Use tools deliberately

- ☐ Universal questions

- ☐ Checklists

- ☐ Measure outcomes



# HELP



Everyone's Work

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