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DEVELOPING AWARENESS OF OUR OWN BIASES

Western Pediatric Trauma Conference

James C. Burroughs II
SVP, Government & Community Relations,
Chief Equity & Inclusion Officer

Children's Hospitals & Clinics of Minnesota

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"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Martin Luther King, Jr.

Equity and Inclusion

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I.D.E.A.S - Inclusion – Diversity – Equity – Access - Solutions

- **Inclusion** - When everyone can be their full selves, fully engage and be valued
- **Diversity** - Reflects the ways in which we are different and the ways we are the same
- **Equity** - Creates opportunity for everyone to do their best work and receive high quality service and care
- **Access** – Making quality employment, contracting, partnership, services and other opportunities accessible to underserved populations and businesses
- **Solutions** - Providing equitable, inclusive and sustainable solutions that are jointly created and implemented, and geared toward long-term equity goals.

A diverse, equitable and inclusive culture that reflects the rich backgrounds of the communities we serve.

Equity & Inclusion Team

James C. Burroughs II

SVP Government & Community Relations, Chief Equity & Inclusion Officer

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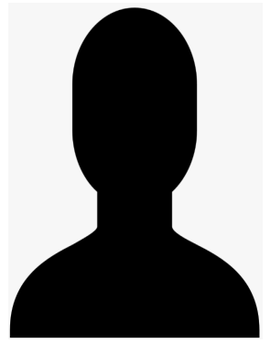

Open

Equity & Inclusion Program Specialist

Equity & Inclusion Partners

Natalie Kerber
Communications Specialist

Ellena Kaine-George
Health Equity Coach

Adriene Thornton
Manager, Experience & Health Equity

Our Equity & Inclusion Vision and Mission

Children's vision is to be every family's essential partner in raising healthier children.

- We achieve this by creating an inclusive, safe environment where everyone who engages with us – patients, families, employees, vendors and community partners – feels valued, respected and supported. We will also create a culture that reflects the diverse backgroundsof the communities we serve. Inclusion, diversity, equity and access bring about better communication, reduce health disparities and create an engaging place to work. This all better serves our amazing patients and families!

The Collective for Community Health

The Collective for Community Health provides a formalized structure to **aggregate and align** work across multiple functions within Children's Minnesota.

By increasing **visibility, accountability and collaboration** across teams we elevate the work and maximize our impact on community health and health equity.

What Our Success Looks Like

- We understand the unique needs – health-related, socioeconomic or otherwise – of all patients and families.
- We advocate for all patients and families by ensuring they receive best-in-class care.
- We eliminate practices and policies that promote structural racism and health disparities.
- Our workforce reflects the diversity of our patients and families.
- We have a culture where everyone feels valued, respected and supported – and everyone has access to all opportunities.
- We provide employees, patients, families, vendors and community partners with everything they need to thrive and be successful.
- We invest resources in diverse businesses to provide goods and services for our organization.
- We approach every problem through an equity lens and provide solutions based on equitable outcomes.

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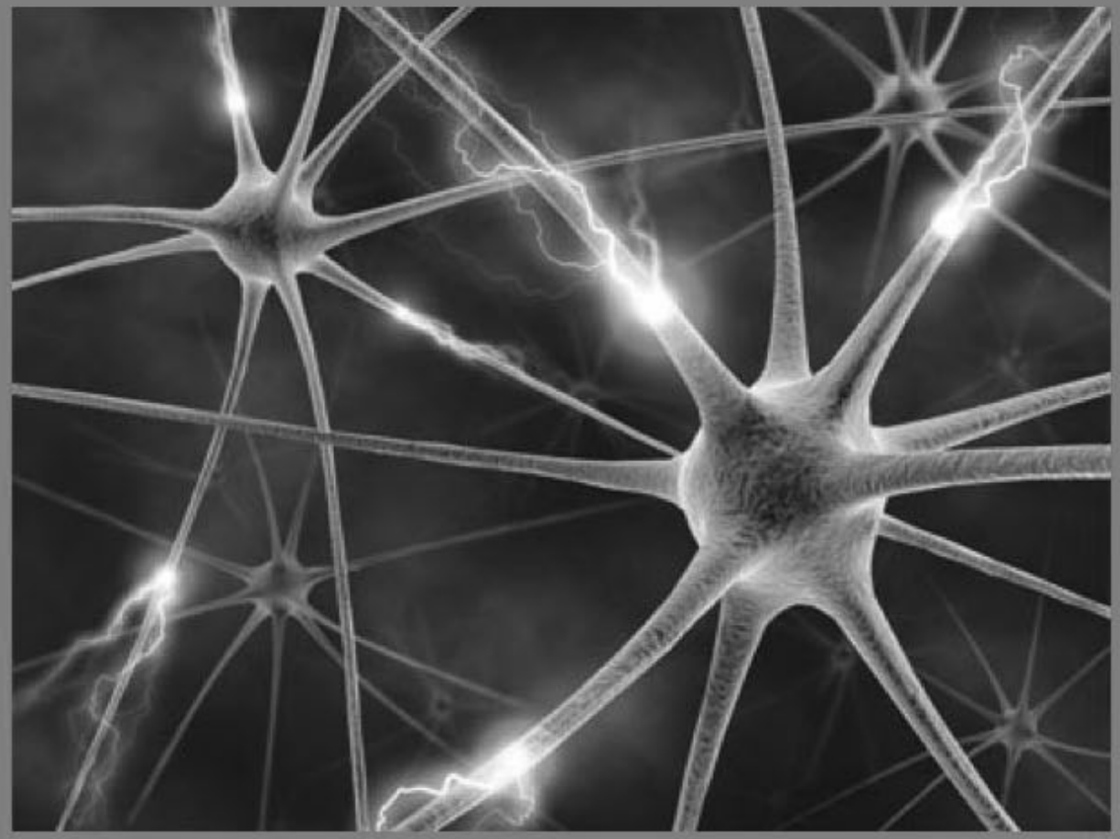
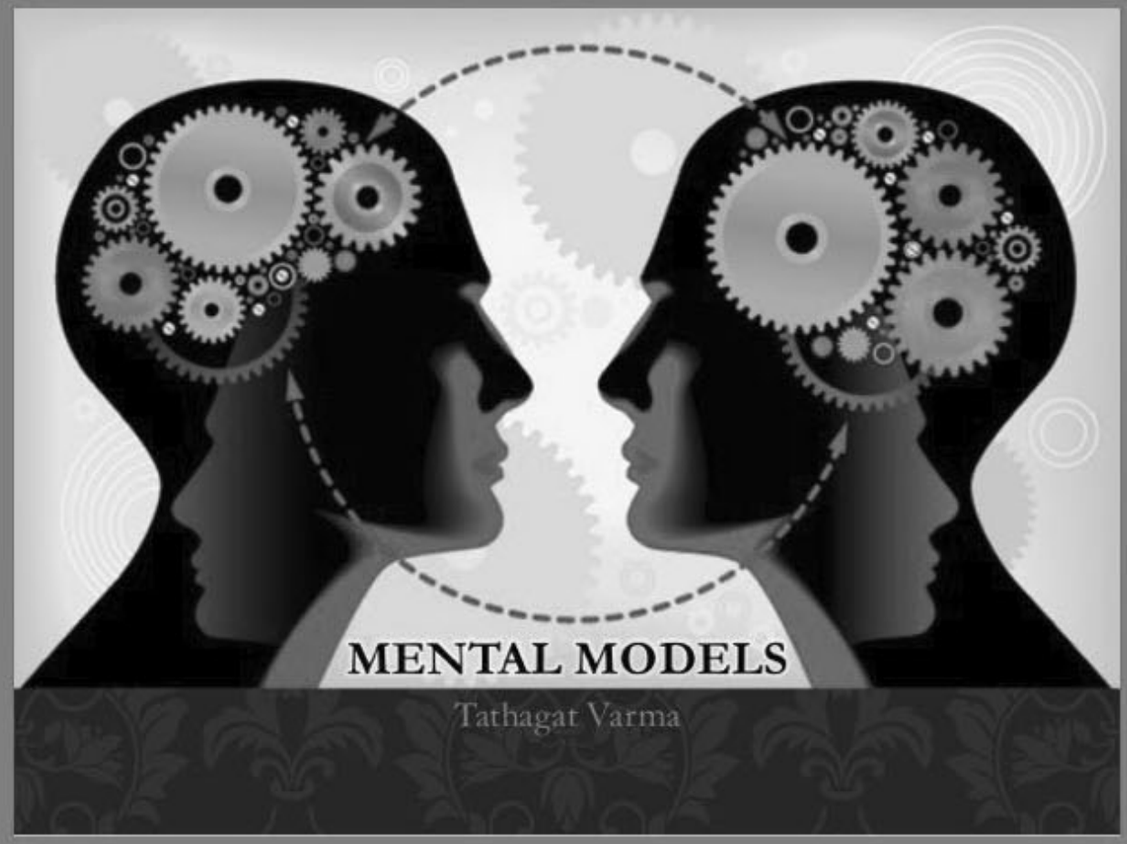
BIAS, RACISM & EQUITY





By the time we are 35 years old, we unconsciously live by a set of memorized behaviors, thoughts, beliefs, perceptions, and emotional reactions that run like automatic computer programs behind the scenes of our conscious awareness-in which the body has been conditioned to the mind." Dr. Joe Dispenza

Structural/ Institutional Racism

Structural racism is embedded in our historical, political, cultural, social, and economic systems and institutions. Structural racism systematically disadvantages people of color and has a negative impact on other marginalized populations.

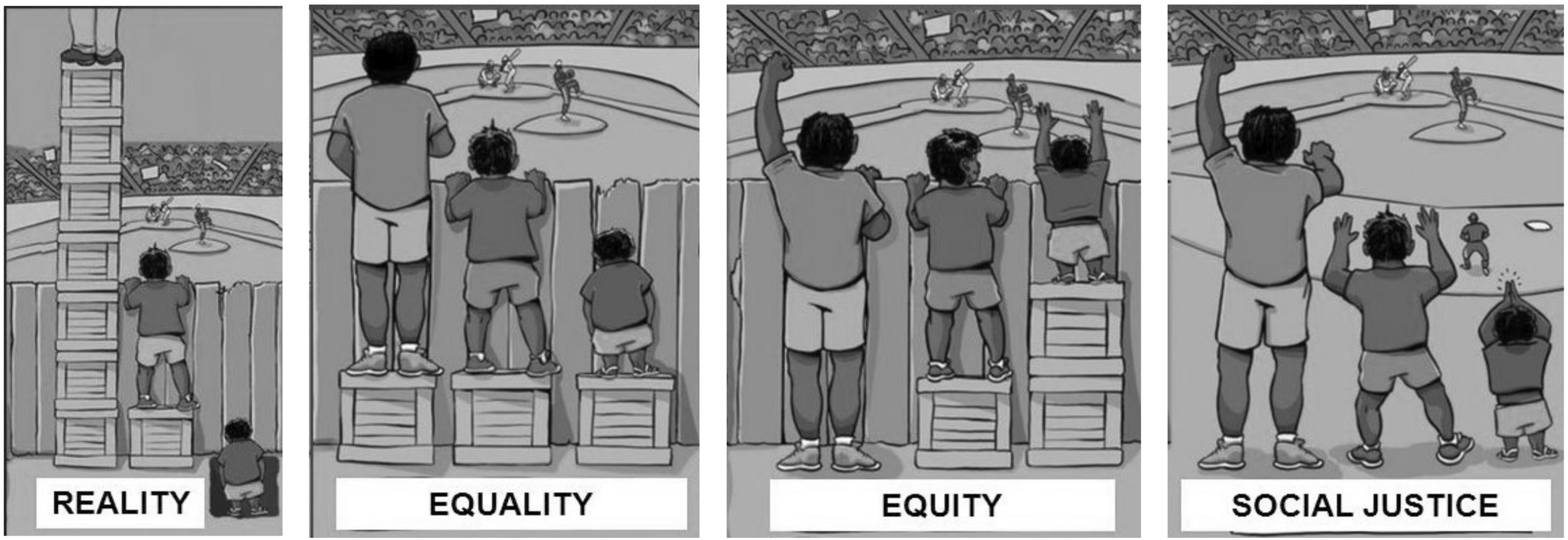
Structural/institutional racism produces:

- Racial inequity and adverse outcomes for people of color (e.g. health, wealth, careers, education, infrastructure and civic participation).
- Unfair and unjust practices (policies) that limit participation and prosperity of people of color.

(PolicyLink, "The Competitive Advantage of Racial Equity")

The Path Forward

Equality vs. Equity vs. Social Justice



Racial Equity

Racial Equity is when:

- Race no longer determines one's outcomes(e.g. health, wealth, careers, education, infrastructure and civic participation);
- Everyone has what they need to thrive, no matter where they live;
- Those most impacted by structural racial inequity are meaningfully involved (e.g. owners, planners and decision makers) in the creation and implementation of the institutional policies and practices that impact their lives; and
- We acknowledge and account for past and current inequities

(Center for Social Inclusion)
https://www.centerforsocialinclusion.org/our-work/what-is-racial-equity/

Health Equity

- Everyone has a fair and just opportunity to be healthier.
- Requires removing obstacles to health such as poverty, discrimination and their consequences.
- Requires removing barriers to health such as powerlessness, lack of access to quality employment, education, housing, safe environments and healthcare.

(Robert Woods Johnson Foundation, 2017, Reproduceable with Attribution)

Learning from Institute for Healthcare Improvement

"Significant disparities in life expectancy and other health outcomes persist across the United States. Health care has a significant role to play in achieving health equity. While health care organizations alone do not have the power to improve all of the multiple determinants of health for all of society, **they do have the power to address disparities directly at the point of care,** and to impact many of the determinants that create these disparities."

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

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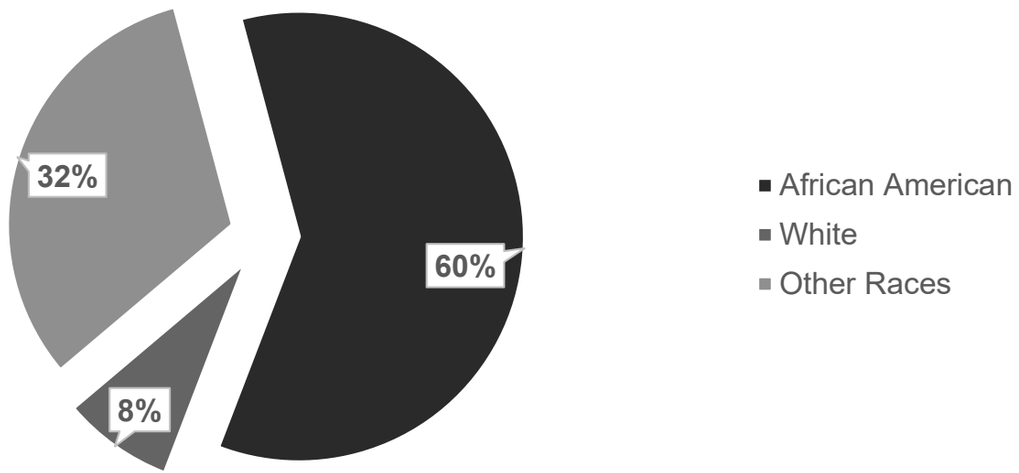
WHAT ARE SOME CURRENT HEALTH EQUITY ISSUES?

Is Gun Violence an Equity Issue?

Of the 22,794 reported violence-related firearm injuries among youth aged 10-24 in 2009

Violence Related Firearm Injuries
Age 10-24



Center for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). In: National Center for Injury Prevention and Control

Is Gun Violence an Equity Issue?

- Death as a result of a firearm injury is almost four times as likely among black males aged 15 to 19 years compared to their white counterparts.
  (Children's Defense Fund. America's Cradle to Prison Pipeline; 2007)

- Increased exposure to violence predicted a higher number of days with asthma-related symptoms in a study of seven cities across the U.S.
  (Carver A, Timperio A, Crawford D. Perceptions of neighborhood safety and physical activity among youth: the CLAN study. J Phys Act Health 2008;5(3):430-44)

- American Indian and Alaska Native Communities suffer from a violent crime rate that is two to three times greater than the national average.
  (Wakeling S, Jorgensen M, Michaelson S, Begay M. Policing on American Indian Reservations. National Institute of Justice, US Department of Justice, Washington, DC. September 2001)

- Every day in the United States, more than 15 Black men are killed by guns. Almost 81,000 Black men were murdered with firearms between 2001-2014, compared to 29,000 non-Hispanic White Men. Without including those shot by police. *(Diverse issues in Higher Education, Assessing the Relationship Between Gun Violence and Health Equity, Diana Lee, 2018)*

The healthcare CEOs putting their names on the dotted line for gun safety

As leaders of some of our state's health care systems, we believe it is time to declare gun violence as a public health crisis and to work to prevent the deaths of innocent people of all ages and backgrounds. Everyone deserves a world where they can feel safe and live their lives without fear of gun violence.

Gun violence and its horrific impacts are preventable. It has reached epidemic levels and represents a significant threat to public health.

As health care providers, we see the impacts of gun violence firsthand every day. We uniquely understand the devastation of this violence in our hospitals and clinics, and the toll it takes on individuals, families, communities and the care providers who treat the victims. We have an important role to play in creating a safer future for all.

We will continue to be fierce advocates for the safety of our employees, patients and the communities we serve, inside and outside our hospital and clinic walls. By formally declaring gun violence as the public health crisis that it is, we will collectively seek the solutions required to save lives and stem the tide of violence. *(Becker's Hospital Review, June 10, 2022)*

Letter to lawmakers signed by:
Richard Isaacs, MD, CEO and executive director, The Permanente Medical Group, president and CEO, The MidAtlantic Permanente Medical Group, PC, Kaiser Permanente, Michael Dowling, president and CEO, Northwell Health, Marc Gorelick, MD, president and CEO, Children's Minnesota Collaborating CEO's from Allina Health, Centracare, Children's Minnesota, Essentia Health, Fairview Health Services, Gillette Children's, HealthPartners, Hennepin Healthcare, North Memorial Health and Sanford Health

Racism = Core Social Determinant of Health

- The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, live, work, and age.”

- These determinants are influenced by economic, political, and social factors linked to health inequities (avoidable inequalities in health between groups of people within populations and between countries).

- These health inequities are not the result of individual behavior choices or genetic predisposition but are caused by economic, political, and social conditions, including racism.

Racism = Socially Transmitted Disease

- Racism is a socially transmitted disease because it is taught and passed down significantly impacting child, adolescent and family health.

Racism = Negative Self Esteem

- Negative messages are internalized and believed, leading to detrimental effects on identity, what you choose to pursue, what you see for your future

Racism = Rejection of Healthcare System

- Discrimination and racism can affect a child's perception and use of health care. If the child observes his or her parents disrespected in a very poor manner and treated poorly by doctors, the child will say, "I'm not going there." When they become adults, they do not trust the health care system.

Racism = Public Health Issue

- Racism is a declared public health issue in 145 cities and counties across 27 states.

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BIAS IN THE PHYSICIAN'S OFFICE

Racial bias in our medical tools

- Pulse oximeter probes overestimate oxygen levels in those with darker skin tones
- Calibrated for white and lighter skin tones and was never adjusted for the ability to accurately disperse the infra red light through darker skin tones
- UCSF study: clinically significant discrepancy of several points in the patient's oxygen saturation in black patients

- FDA conducted in the early 90s approved oximeters for use in hospitals that did not meet current FDA thresholds of safety for Black patients

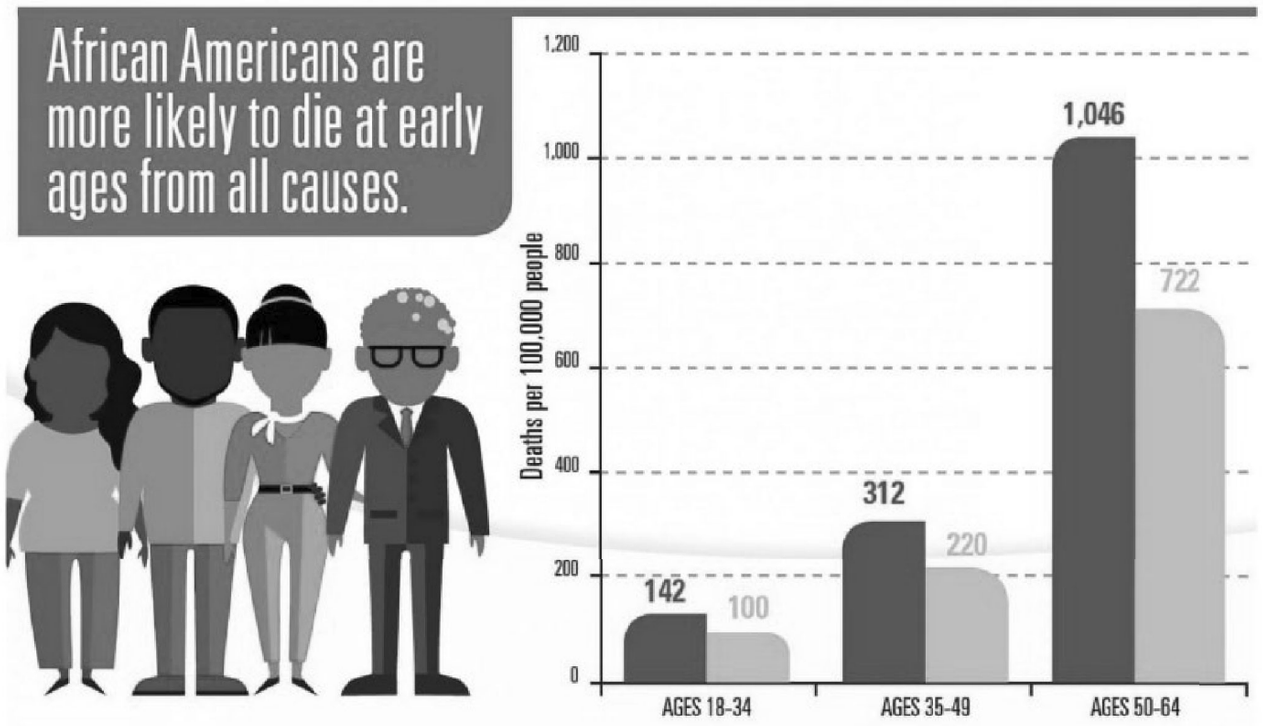
Culturally appropriate hair care

Afrocentric hairstyles have been “banned” from schools, military, and hospitals/operating rooms

Specific aims

For people experiencing racism in healthcare, they are two to three times more likely to report reduced trust in their healthcare provider (Ben et al., 2017). When it comes to basic cares and hygiene standards, policies and supplies have historically been centered around patients of European descent (Ben et al., 2017). Managing hair loss, breakage, and dry scalp is the experience of Black Americans across the United States. It is essential that healthcare workers see this experience as preventable while patients are hospitalized in our systems (Gathers & Mahan, 2014). In order to recognize and mitigate the adverse experience Black children have in the context of hair maintenance while hospitalized, healthcare workers must be mindful of physiological, sociological, and cultural needs of a broader scope of patients.

In the physician's office



US Vital Statistics, 2015

Washington Post. Life expectancy improves for blacks, and the racial gap is closing, CDC reports. 2017.

Racism's Wear and Tear on African Americans

- Chronic discrimination silently ages and prematurely kills cells
- Discrimination and harassment raise cortisol levels, leading to chronic inflammation

Is Autism Spectrum Disorder an Equity Issue?

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- People with ASD who are otherwise disadvantaged by society- may experience even greater disparities in health status and life expectancy.
  Ennis-Cole D, Durodoye BA, Harris HL. The impact of culture on autism diagnosis and treatment: Considerations for counselors and other professionals. The Family Journal: Counseling and Therapy for Couples and Families. 2013;21(3):279–287)
- In 2021, the CDC reported that approximately 1 in 44 children in the U.S. is diagnosed with an autism spectrum disorder. Minority groups tend to be diagnosed later and less often.
  (www.autismspeaks.org/autism-statistics-asd)
- On average, autism costs an estimated $60,000 a year through childhood with the bulk of the costs in special services and lost wages related to increased demands on one or both parents.
  (www.autismspeaks.org/autism-statistics-asd)
- Average ED encounters are 30% higher for children with ASD, 70% higher for teens with ASD from ages 15 to 18, and twice as high for adults with ASD.
  (Organization for Autism Research, Gathering Data to Improve Emergency Department Visits, May 6, 2019)

Is Autism Spectrum Disorder an Equity Issue?

Children of US African American/black and foreign-born black, foreign-born Central/South American, and US-born Hispanic mothers were at higher risk of exhibiting an AD phenotype with both severe emotional outbursts and impaired expressive language than children of US-born whites.

(Autism Spectrum Disorders and Race, Ethnicity, and Nativity: A Population-Based Study, American Academy of Pediatrics, Volume 134, Issue 1, July 2014)

Is Treatment in the Emergency Department an Equity Issue?

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African Americans have the highest asthma prevalence, along with the highest rates of asthma related ED visits, primary care visits, hospital admissions, and mortality.

(Zook HG, Payne NR, Puumala SE, Ziegler KM, Kharbanda AB. Racial/Ethnic Variation in Emergency Department Care for Children With Asthma. Pediatric Emergency Care. 2019 Mar;35(3):209-215. DOI: 10.1097/pec.0000000000001282. PMID: 28926508; PMCID: PMC5857394.)

Is Treatment in the Emergency Department an Equity Issue?

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- Black & Hispanic patients are more likely to be sent to safety-net hospital emergency departments than white patients. (rather than the nearest ED)

  (Hanchate AD, Paasche-Orlow MK, Baker WE, Lin M, Banerjee S, Feldman J. Association of Race/Ethnicity With Emergency Department Destination of Emergency Medical Services Transport. JAMA Netw Open. 2019;2(9):e1910816. doi:10.1001/jamanetworkopen.2019.10816)

- Among patients with metastatic or recurrent cancer only 35% of racial minority patients received the appropriate prescriptions—as established by the World Health Organization guidelines—compared with 50% of non-minority patients

  *(Rebecca R. S. Clark, Rachel French,Conflating Race and Genetics Among Newborns With Neonatal Abstinence Syndrome, JAMA Pediatrics, **176**, 1, (12), (2022).https://doi.org/10.1001/jamapediatrics.2021.3591)*

- In 2016, 40% of white medical trainees believe such myths as black people have thicker skin or less sensitive nerve endings than white people

- Black/African American patients are 22% less likely than white patients to receive any pain medication

  (Meghani SH, Byun E, Gallagher RM. Time to take stock: a meta-analysis and systematic review of analgesic treatment disparities for pain in the United States. Pain Med. 2012 Feb;13(2):150-74. doi: 10.1111/j.1526-4637.2011.01310.x. Epub 2012 Jan 13. PMID: 22239747.)

Is LGBTQ+ Health an Equity Issue?

Access to health care and health insurance

Heterosexual LGB Transgender

Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.

% of adults with health insurance

82%
77%
57%

Health Disparity #2: LGB adults are more likely to delay or not seek medical care.

% of adults delaying or not seeking health care

17%
29%

Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.

% of adults delaying or not getting prescriptions

13%
22%

Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.

% of adults receiving ER care

18%
24%

Impact of societal biases on mental health and well-being

Heterosexual LGB Transgender

Health Disparity #11: LGB adults are more likely to experience psychological distress.

% of adults experiencing psychological distress in past year

9%
20%

Health Disparity #12: LGB adults are more likely to need medication for emotional health issues.

% of adults needing medication for mental health

10%
22%

Health Disparity #13: Transgender adults are much more likely to have suicide ideation.

% of adults reporting suicide ideation

2%
5%
50%

Health Disparity #14: LGB youth are much more likely to attempt suicide.

% of youth reporting suicide attempts

10%
35%

Impact of societal biases on engaging in risky behavior

Heterosexual LGB Transgender

Health Disparity #15: LGB adults are more likely to have problems with alcoholism.

% of adults reporting alcohol abuse

33%
44%
24%

Health Disparity #16: LGB adults are more likely to smoke cigarettes.[20]

% of adults who smoke

16%
27%
15%

Health Disparity #17: LGB youth are more likely to smoke cigarettes.

% of youth who smoke

14%
38%

Health Disparity #18: LGB youth are more likely to take risks in automobiles.

% of youth who rarely or never wear seatbelts

5%
14%

% of youth who have ridden with a driver who had been drinking

24%
37%

% of youth who drove after drinking

11%
26%

How to Close the LGBT Health Disparities Gap, Center for American Progress

Is LGBTQ+ Health an Equity Issue?

Unique obstacles for LGBTQ people when seeking help

- 28% Harassed in a medical setting
- 29% Denied equal treatment at hospital/office
- 29% Refused medical care due to transgender or gender non-conforming status
- 13% Denied treatment in the Emergency Room

Discrimination Prevents LGBTQ People From Accessing Health Care, Center for American Progress

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PRACTICAL STRATEGIES TO OPTIMIZE EQUITABLE CARE

Framework: Continuous Improvement

Transformational goals require a new way of operating

SAFE & EFFECTIVE: Aim is Perfect Quality	Reducing variation, increasing equitable outcomes, right care, right place, right time
TIMELY & EFFICIENT: Aim is just in time flow	Standard work, 5S, cycle time, takt time, kanban (visual cues)

Equity and Inclusion Focus

Eliminate Structural Racism

- Eliminate systemic disadvantages (historical, political, cultural, social, and economic systems) that have a negative impact for people of color
- Eliminate adverse outcomes for people of color based on race
- Eliminate unfair and unjust practices (policies) that limit participation and prosperity for people of color

Promote Health Equity

- Everyone has a fair and just opportunity to be healthier
- Remove racism as an obstacle to good health and the consequences of its impact
- Remove barriers to good health such as: powerlessness, lack of access to quality employment, food insecurity, inadequate education opportunities, lack of affordable housing, and unsafe environments

Optimizing equitable clinical practice

- Create optimal healing environments for families through:
  - Training to recognize and eliminate bias in our care
  - Culturally humble and aware care through education and community connections
  - Measuring disparities in our care and closing disparate health gaps
  - Providing feedback mechanisms for patients, families and staff to improve care
  - Examining “the wiring in the walls” of our healthcare system and organization through policies, procedures and practice
  - Understand and eliminate racial bias in our medical tools and discrimination in our medical practice

Optimizing equitable systems through engagement, advocacy & public policy

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- Recognize that racism is a public health issue that impacts child health outcomes
- Naming systemic racism as a key element of focus in our Community Health Needs Assessment (CHNA)
- Engaging community leaders to work together to improve racist systems and policies
- Being a strong voice for Children in the community, as kid experts who recognize the impacts of racism on child health
- Broad-based coalitions with common goals and focus to partner with other healthcare organizations and corporations
- Investing in community organizations who are working to improve social determinants of health

Understanding your charge

Have the power to address disparities at the point of care

Practice Cultural Competency

Practice Cultural Humility

Recognize your bias, be deliberate in changing behaviors

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