

# Integrating Health Equity

## into Your Quality Improvement & Safety Efforts



PCMH Learning Network

14 September 2023

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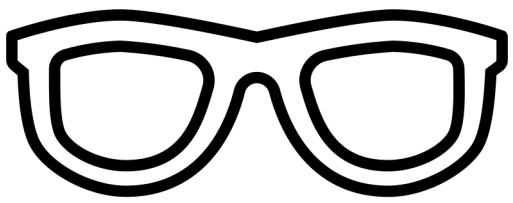


Dr. Cowden has documented no financial relationships to disclose or conflicts of interest (COIs) to resolve.

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HEI mindset



HEI mindset



# Learning Objectives

1. Describe **steps for embedding health equity activities** into existing team and organizational processes in quality and safety
2. Explain the **advantages of integrating health equity efforts** instead of just adding them on top of your existing work

My Aims 

Inspire new ideas for your work



Move you to action

How much experience do you have with health equity-focused QI or safety work?

- a) No experience
- b) Small amount of experience
- c) Moderate amount of experience
- d) Extensive experience

How confident are you that you could integrate a health equity perspective into any QI or safety project, no matter the topic?

- a) Not at all confident
- b) A little confident
- c) Fairly confident
- d) Very confident



# Equality



# Equity



# “Health Equity”

## Goal:

Everyone has a fair and just opportunity to be as healthy as possible

# “Health Equity”

## Process:

Removing economic and social obstacles to health such as poverty and discrimination

# “Health Equity”

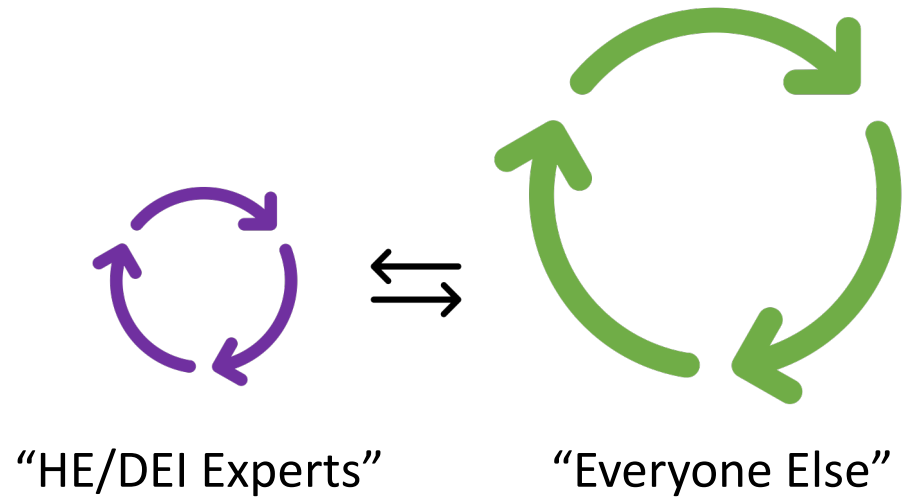
<b>Equity</b>	attainment of the highest level of opportunity/engagement/health for all <sup>1</sup>
<b>Disparities/inequities</b>	differences in opportunity/engagement/health based on characteristics of individual or group diversity
<b>Diversity</b>	the varied identities and experiences within our teams 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/)

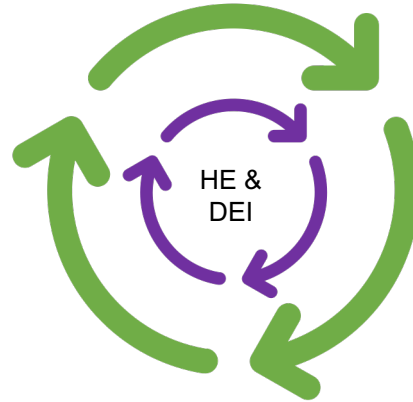


# Big Idea #1

# Reliance on the Experts



# Health Equity Integration



“Everyone”



## Big Idea #2



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



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



It must be **co-owned**.



What is holding us back?



## Big Idea #3

THE *NEW YORK TIMES* BESTSELLER

**THE CHECKLIST MANIFESTO**  
HOW TO GET THINGS RIGHT

PICADOR

**ATUL GAWANDE**  
BESTSELLING AUTHOR OF *BETTER AND COMPLICATIONS*

# Equality

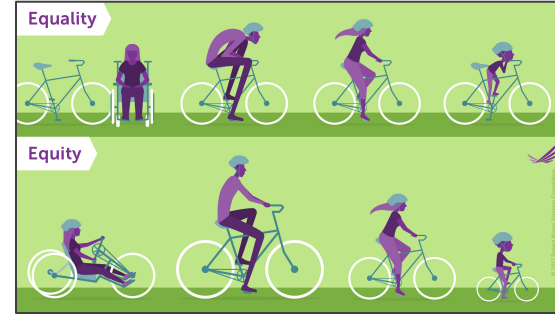


# Equity





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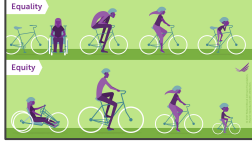


Standardize questions, not solutions

1. Universal Questions
2. DEI Checklists



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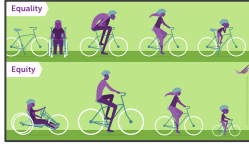
## Universal Questions

Ask standard questions related to DEI and HE at predictable checkpoints in work processes, or “bottlenecks” everyone must pass through





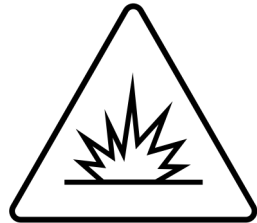
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1. Could specific groups of patients, families, and employees be affected differently by \_\_\_\_\_?
2. If so, how?
3. What are the right questions for us to ask when working on \_\_\_\_\_ to find and describe such differences?
4. How do we act on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

# Clinical Safety Universal Question

Safety Event



Investigation



Insight



Scripted interviews of  
everyone involved



**Universal Question**  
added to script

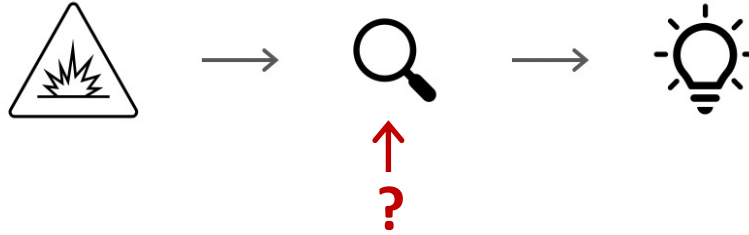
## **Preamble**

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.

## **Question**

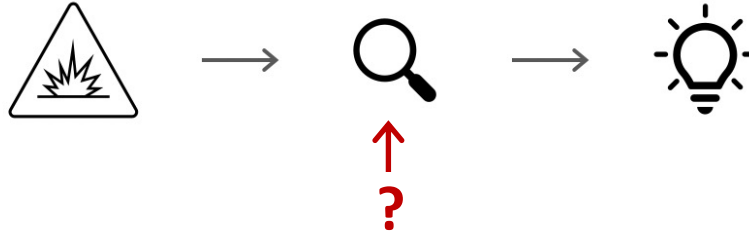
Because of this, we have begun asking everyone involved whether they think any of the following things might have played a role in some way: language, culture, race and ethnicity, age, gender, sexual orientation, religion, or any other characteristic of anyone involved. How do you think characteristics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

# Clinical Safety HEI Outcomes



**Process:** 50% → 100% “question asked” (steady state)  
Team incorporated into standard evaluation  
Full ownership of new process, esp. by leader

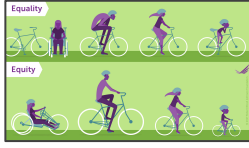
# Clinical Safety HEI Outcomes



**Impact:** Factors identified in ~1/3 of safety events  
Language, race, SES, age, sexual orientation  
Spread to other teams (e.g., code blue debrief)



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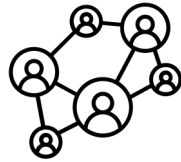


## DEI Checklists

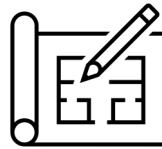
Ask standard questions in the form of a checklist (used once or repeatedly) to integrate DEI/HE into regular work processes in any setting

# Quality Improvement DEI Checklist

Problem Solving Team



“Framework for PS”



QI Project Activities



Standard set of questions  
used for all steps of QI project



**PS DEI Checklist**

created to accompany  
framework

## 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>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>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>			
<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>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>			



### 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.

<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
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<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>

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

### Worksheet for considering diversity, equity, and inclusion in problem solving

Please record your group's thoughts about how the terms and characteristics listed in the DEI checklist might 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:

**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) at Children's Mercy Kansas City.

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# Quality Improvement HEI Outcomes



**Process:** All PS courses (steady state)

Filled out by all teams

**Impact:** 80-90% of teams identified factors

Coaches own integration, guide teams

Gave rise to all other checklist versions

# More HEI Stories

**Evidence-based Practice** 

**Patient & Family Engagement** 

**Chaplaincy** 

# Advantages to Integration vs. “Add-on”

**Flexible and adaptable**  
to each team’s work

# Advantages to Integration vs. “Add-on”

Processes become  
**standard work**

# Advantages to Integration vs. “Add-on”

**“Owned”** by each  
team and individual

# Advantages to Integration vs. “Add-on”

**Broader and deeper engagement  
among team members**



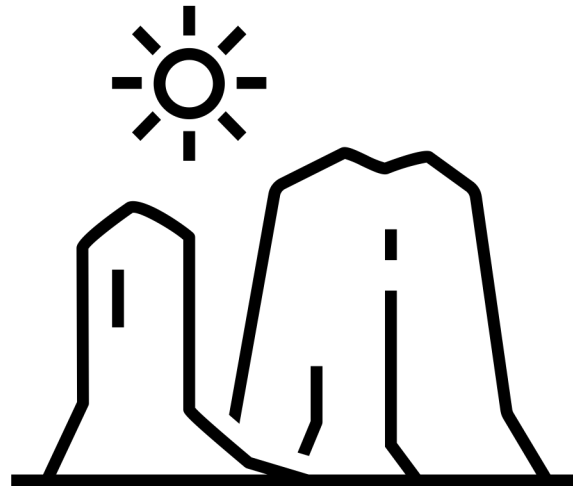
# Advantages to Integration vs. “Add-on”

**Change in mindset**

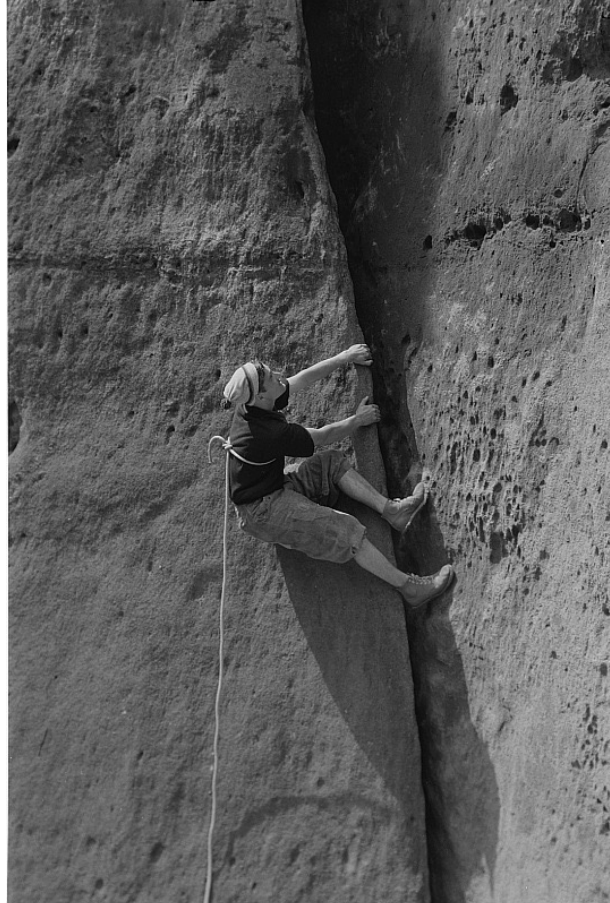


**Change in culture**

# Approaches to HEI

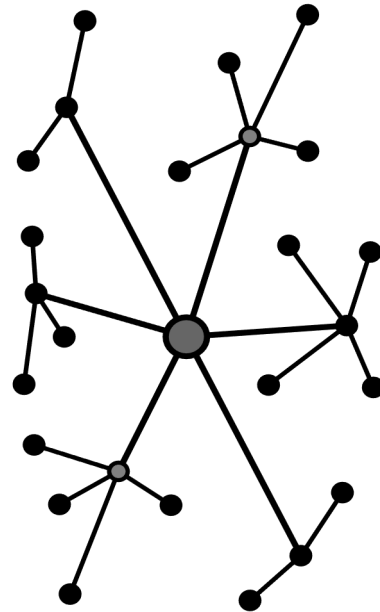


# Approaches to HEI



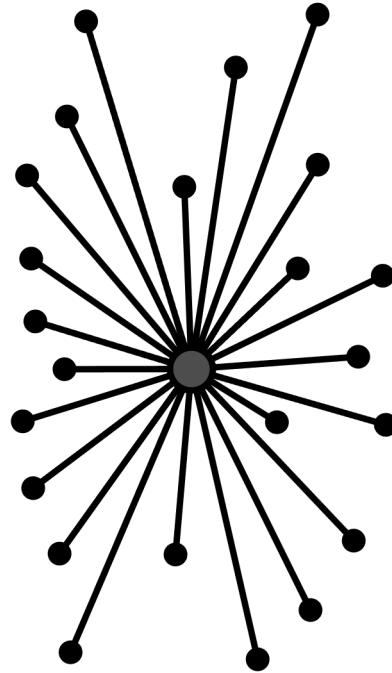
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# How can we integrate?



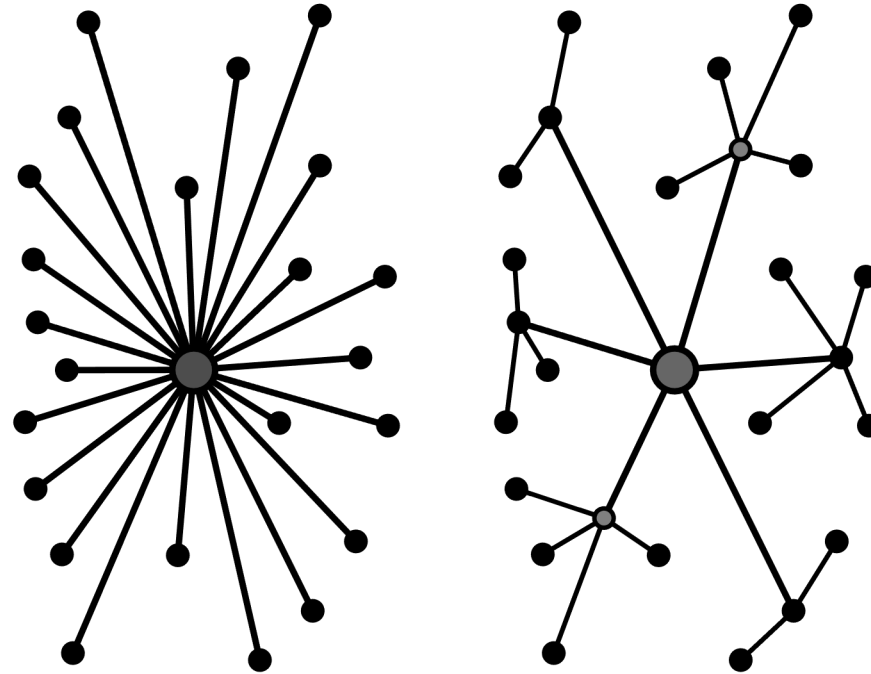
Decentralized integration

# How can we integrate?



Centralized integration

# How can we integrate?



Combined integration



What is holding you back?

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



It must be **co-owned**.





**DON'T WAIT!**



# Downloadable tools

(EDI Checklists and Universal Question Set)



**John (JC) Cowden, MD, MPH**

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# Supplemental Slides

# EDI Checklist for Teams or Individuals



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

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

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

## Worksheet for including DEI in your team’s work

Please record your group’s thoughts about how the terms and characteristics listed in the checklist might apply to each step in your decision-making processes:

### 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 else can you do to include all perspectives?

Please explain:

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

Please explain:

### Universal 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 might be affected differently and how?
3. What questions will help you find and understand these differences?
4. How do you act on your understanding?

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



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## Worksheet for including EDI in your team's work

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

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

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**Universal 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 might be 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) at Children's Mercy Kansas City.

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# Worksheet for including EDI in clinical work

**1. Understanding yourself** – What insight do you have into your own cultural perspectives and preferences/biases? How might these affect your interactions with others? How can you learn more?

**2. Understanding your patient population & communities** – What insight do you have into your patient population, including their cultural backgrounds, communication preferences, health traditions, social circumstances, and perceptions of you and your practice? Do you collect information on language preference, race and ethnicity, or other social characteristics? Why or why not? How can you learn more?

**3. Understanding your clinical environment** – How does health equity relate to your everyday clinical care? How is your practice set up to account for the diversity of patients you see? In what ways do you or could you automatically include an EDI or health equity perspective in your clinical encounters? How can you learn more?

Name: \_\_\_\_\_

## Worksheet for including EDI in your work

Record below your thoughts about how the terms and characteristics listed in the checklist might apply to your work as a clinician.

**1. Understanding yourself** – What insight do you have into your own cultural perspectives and preferences/biases? How might these affect your interactions with others? How can you learn more?

Thoughts:

**2. Understanding your patient population & communities** – What insight do you have into your patient population, including their cultural backgrounds, communication preferences, health traditions, social circumstances, and perceptions of you and your practice? Do you collect information on language preference, race and ethnicity, or other social characteristics? Why or why not? How can you learn more?

Thoughts:

**3. Understanding your clinical environment** – How does health equity relate to your everyday clinical care? How is your practice set up to account for the diversity of patients you see? In what ways do you or could you automatically include an EDI or health equity perspective in your clinical encounters? How can you learn more?

Thoughts:

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# Education Universal Question



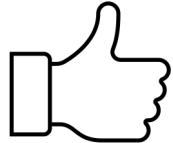
Request to Present



Gap Analysis Form



Approval



Vetted for applicability  
to learning needs



**Universal Questions**  
added to form

**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

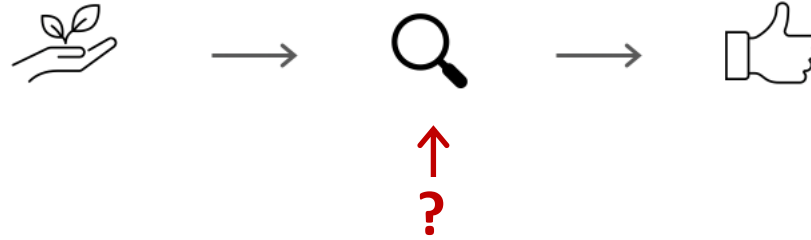
**Disparities** - When we say disparities, we are talking about the differences in how care is given to certain groups of patients and families, as well as differences in their health outcomes.

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

# Education HEI Outcomes



**Process:** Used for >200 gap analyses per year (steady state)  
?'s now incorporated into 3-yr needs assessment

**Impact:** Growth in activities:  
Accessibility template for all e-learning

# Strategic Planning EDI Checklist



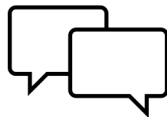
Strategy Teams

Tactic Proposal Process

Final Plan



x 19




Standard expectations  
for creating and  
reporting to leadership



**SP EDI Checklist**  
used by all teams

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.

<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")
<b>Anti-racism</b>	practices of identifying, challenging, and changing the values, structures and behaviors that perpetuate systemic racism <sup>2</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>3</sup>


<sup>1</sup> Source: The Health Equity Hub. <https://www.healthequityhub.org/2018/05/01/health-equity/>  
<sup>2</sup> Source: <https://www.aantiracism.org/2018/05/01/health-equity/>  
<sup>3</sup> Source: <https://www.aantiracism.org/2018/05/01/health-equity/>

**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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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 EDI 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 EDI concepts into account?

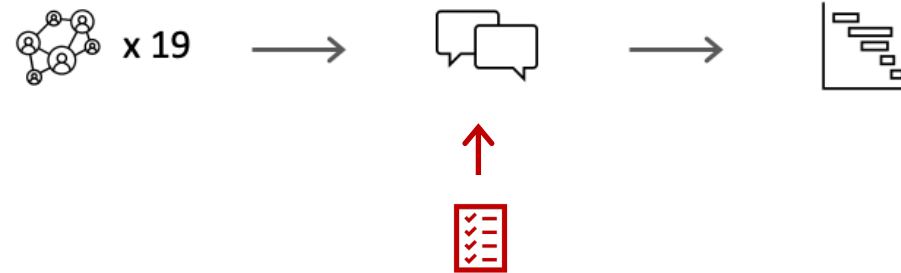
Please explain:

**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) with the Health Equity Integration Project (HEIP) or Bridgette Jones (bjones@cmh.edu) with the Office of Equity and Diversity.

# Strategic Planning HEI Outcomes



**Process:** Used by all teams



Reports included EDI implications for all tactics

**Impact:** Final plan included multiple EDI considerations

Team leaders reported impact and ongoing use

# More HEI Stories

**HEI in GME – Johns Hopkins All Children’s** 

**HEI in pediatric research – Colorado Children’s**  

**HEIPR Collaborative (4 children’s research centers)**

Health Equity Integration in Pediatric Research