2015 Equity and Diversity Report

Children's Mercy Hospital

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/equity_diversity_annual_reports

Part of the Health and Medical Administration Commons, and the Pediatrics Commons

Recommended Citation

This Book is brought to you for free and open access by the Who we are at SHARE @ Children's Mercy. It has been accepted for inclusion in Equity & Diversity Annual Reports by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
# Table of Contents

- Letter from the President ................................................................. 4
- Equity and Diversity Strategic Framework – an Overview ............... 5
  - Leadership .................................................................................... 10
  - Integration into Management and Operations ............................ 16
  - Patient – Provider Communications ............................................. 21
  - Care Delivery and Support Mechanisms ...................................... 24
  - Workforce Diversity and Inclusion .............................................. 29
  - Education and Training ............................................................... 36
  - Data Collection, Public Accountability and Quality Improvement ..... 41
  - Community Engagement ............................................................. 51
  - Research ..................................................................................... 56
Dear Friends,

I am pleased to present Children’s Mercy’s most recent Equity and Diversity Report, which presents information and programming from the last several years.

Since our first report, Children’s Mercy has continued its comprehensive efforts to enhance our cultural competence. We know there are many ways to view the world – especially in health care.

That is why we are intentional in our pursuit to expand our knowledge of and efforts related to equity and diversity. We strive to eliminate the impact of human bias on the availability of our services and the quality of our outcomes.

Our current efforts include those of our Health Literacy Council that creates clear and actionable health information for our diverse patients and their families. We support our community by creating employment opportunities for our current and former patients with disabilities through Project RISE. And, our efforts expand internationally through our hospital relationships in Mexico and China.

As you review this report, you will learn about these and many other Children’s Mercy commitments to equity and diversity. As you experience the scope of our initiatives, we trust you will clearly see their value, as we do.

Sincerely,

Randall L. O’Donnell, PhD
President and Chief Executive Officer
Health Equity and Disparities

Equity means fairness according to need. When we strive for equity in health and health care, we recognize that each patient and family has particular needs and preferences that should guide our care. Instead of simply working to give equal treatment to everyone, a “one size fits all” approach, we work to give care of equal quality to everyone, fitting our care to the individual. This is the basis of patient- and family-centered care, and it is influenced heavily by the elements of diversity that define who we are.

Disparities in health and health care are differences in health status or in quality of care based on race, gender, language, sexual orientation, age, income, education or any other characteristic of an individual or group. These disparities exist throughout the nation in both common and uncommon ways. It has become clear that they arise from the way our systems are built, the way our communities relate, and the nature of human bias.

The foundation of the health care professions is a commitment to put our patients’ interests ahead of our own. It is unsettling, then, to watch the list of identified disparities grow at a local and national level, and we are challenged to realize that good intentions are not always enough. We must monitor for disparities in the care we give, strive to eliminate differences in health between groups, and make equity a central goal of our work, so that every family served by Children’s Mercy receives the highest quality care every time.
One of the shared values of Children’s Mercy is respect. This includes respect for the diverse backgrounds and traditions that our patients bring to Children’s Mercy. We commit to celebrate and embrace our diversity. Not only diversity among our patients and families, but also among our colleagues, research partners, and vendors.

This diagram represents the many layers of diversity, both at a personal and organizational level. The complex interplay between individual, department and larger organizational culture has a profound effect on the quality of services we provide.

To be a welcoming and inclusive environment for all patients and their families, we must be mindful of the many elements of diversity. To live up to our reputation as one of the top employers in the city, we must continue to strengthen our capacity to interact and communicate as a working family of diverse employees.
Cultural Competence

Cultural competence is a relatively new, but very common phrase in health care today. It can be intimidating to imagine that we are supposed to know everything about every culture we might encounter in our work. That is not what cultural competence means, though. Okokon O. Udo wrote:

“To be culturally competent doesn’t mean you are an authority on the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and are willing to accept, that there are many ways of viewing the world.”

Cultural competence is also about action, not just thought or perspective. We show our cultural competence in how we treat each other and the patients and families we serve. The basic elements of individual cultural competence include:

1) Awareness – Do I know my own cultures and how they affect what I do?
2) Attitude – How do I feel about cultural differences?
3) Knowledge – What do I know about other cultures?
4) Skills – Do I know how to act in a way that respects cultural differences?

Health care organizations can show cultural competence through their leadership, policies, structures, care delivery systems, language access, workforce diversity, personnel training, employee support and organizational culture. At Children’s Mercy, we currently are embarking on a broad organizational cultural competence assessment in order to find strengths, challenges and opportunities for improvement.

Whether for an individual or an organization, cultural competence is not a state of being; it is a state of becoming. We can move energetically toward the goal of being culturally competent in everything we do, while humbly recognizing that there is always more to practice and learn.
Equity and Diversity Strategic Framework – An Overview

The Office of Equity and Diversity (OED) was established alongside the Equity and Diversity Council in 2009 to focus on implementing strategy and supporting hospital leadership and staff in efforts to provide equitable care, and attending to regulatory and accreditation standards.

The OED has established a framework, adapted from the National Quality Forum’s work “A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency.” The OED’s priority focus areas are:

1. Leadership
2. Integration into Management and Operations
3. Patient/Provider Communication
4. Care Delivery and Supportive Mechanisms
5. Workforce Diversity and Inclusion
6. Education and Training
7. Data Collection, Public Accountability and Quality Improvement
8. Community Engagement
9. Research

Each priority focus area has goals and objectives. The Equity and Diversity framework helps guide the direction of the organization and develop and accomplish measurable strategies. Overall, the framework has 50 aims.

Within the 2015 Equity and Diversity Report, we share the organizational framework and its strategies.
1. LEADERSHIP

- Create and sustain an environment of cultural competency through establishing leadership structures and systems or embedding them into existing structures and systems.

- Identify and develop informed and committed champions of cultural competency throughout the organization in order to focus efforts around providing culturally competent care.

- Ensure that a commitment to culturally competent care is reflected in the vision, goals, and mission of the organization, and couple this with an actionable plan.

- Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects the demographic characteristics of the service area.

- Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available.

- Commit to cultural competency through system-wide approaches that are articulated through written policies, practices, procedures, and programs.

- Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization.
1. LEADERSHIP

Equity and Diversity Mission and Vision

Over the last several years, the Equity and Diversity Council and its work groups developed a vision for Children’s Mercy, specifically about diversity, inclusion and cultural competence. It defines what we hope Children’s Mercy will become, with efforts and initiatives in this area.

Mission
Children’s Mercy is a diverse group of employees and community leaders which is passionate and committed to providing equitable, high-quality clinical care to patients and their families. We continually strive to achieve this through education, advocacy, research, community collaboration, promotion of a culturally competent workforce and empowerment of families.

Vision
Our vision is to become a nationally recognized leader among children’s hospitals in providing culturally competent care and reducing health care disparities. We will give the highest quality family-centered care to every patient every time in an inclusive environment where patients, families and employees are treated with dignity and respect.

Joint Commission Standards in effect since 2012
After five years of research and vetting, the Joint Commission revealed a comprehensive list of revised and new standards for 2011. The standards speak to issues relating to language access, effective communication, health literacy and patient advocacy. The standards became fully effective as of Jan. 1, 2012. The Joint Commission’s Field Guide (pictured to the right) is designed to provide hospitals guidance on coming into compliance with respective changes.
1. **LEADERSHIP**

The **Equity and Diversity Council** was established in 2009 to guide organizational strategy and address issues related to equity inclusion and diversity at Children’s Mercy. It also was created in response to the national problem of health inequities.

The purpose of the Council is to:

- encourage equitable and respectful hospital and clinic environments for families and hospital employees
- promote a diverse hospital workforce
- support and increase cultural awareness and responsiveness in the hospital workforce
- enhance culturally and linguistically appropriate services for families
- assess and promote equity in health and health care outcomes for diverse patient populations
- collaborate with community groups seeking education and awareness of issues related to culture, diversity and equity.

The Equity and Diversity Council has four work groups of staff and community volunteers. Focus areas are:

- **Health Care and Health Outcomes** – focus on ensuring equitable care for all patients by systematic review of metrics and data systems.
- **Cultural Competency and Workforce Diversity** – focus on diversification of the workforce and cultural competency education of the workforce.
- **Family and Employee Experience** – focus on family-centered care and seeking to understand how our diverse patients and families interact with our health care system.
- **Children’s Mercy Hospital Kansas** – focus on creating an equitable and inclusive environment at Kansas campus.
1. LEADERSHIP

2014 – 2015 Equity and Diversity Council Members
(July 1, 2014 – June 30, 2015)

Aby Eubank, MS, CCC-SLP, Speech Pathologist III
Amy Beck, PhD, Clinical Psychologist
Angie Knackstedt, BSN, RN-B, Health Literacy & Bioethics Clinical Coordinator*
Edna A. Perez-Koury, MD, MPH, MPA, Honorary Staff at Children’s Mercy Kansas City
Erica Forrest, MS, RRT, AEC, Supervisor—Training and Education
Gaby Flores, BA, MSM, Director, Office of Equity and Diversity*
John Cowden, MD, MPH, General Pediatrics*
Jose Torres, Education Coordinator*
Karen Cox, PhD, RN, FACHE, FAAN, Executive Vice President/Co-Chief Operating Officer*
Melissa Loper, LCSW, Social Work
Michael Penner, MS, Director of Professional Services (CHAIR)*
Mukta Sharma, MD, MPH, FAAP, Department of Pediatric Hematology Oncology
Neesha Nerurkar, Manager, Children’s Mercy Hospital Kansas Administrative Operations*
Sara Tsai, MD, FRCPC, Endocrine
Shermineh Adib Foy, RN, BSN, Critical Care Staff Nurse, PICU
Stephanie McDanel, RN, Infusion/Visit-RN
Teresa Flournoy, MBA, Program Coordinator
Tracy Woods, Chaplain, Spiritual Services
Trista Williams, Specialist II, Child Life

2015– 2016 Equity and Diversity Council Members
(July 1, 2015 – June 30, 2016)

Amy Beck, PhD, Clinical Psychologist—Chair
Angie Knackstedt, BSN, RN-B, Health Literacy & Bioethics Clinical Coordinator*
Briana Woods-Jaeger, PhD, Clinical Psychologist
Camille Grewing, Project Rise Assistant
Edna Perez-Koury, MD, MPH, MPA, Honorary Staff at Children’s Mercy Kansas City
Erica Forrest, MS, RRT, AEC, Supervisor, Training and Education
Frederick M. Kouri, MSW, LMSW (KS), LCSW (MO), CNP, Education Specialist, Education Department
Gaby Flores, BA, MSM, Director, Office of Equity and Diversity*
Heather McQueen, LCSW, LSCSW, MSW
John Cowden, MD, MPH, General Pediatrics*
Jose Torres, Education Coordinator*
Karen Cox, PhD, RN, FACHE, FAAN, Executive Vice President/Co-Chief Operating Officer*
Kathryn Young, Supply Chain Project and Contract Analyst
Lindsey Miller, RN, BSN, CPN, Care Manager Inpatient Med-Surg
Melissa Loper, LCSW, Social Work
Michael Penner, MS, Director of Professional Services* (Past Chair)
Mukta Sharma, MD, Department of Pediatric Hematology Oncology
Neesha Nerurkar, Manager, Children’s Mercy Hospital Kansas Administrative Operations
Sara Tsai, MD, FRCPC, Endocrine
Stephanie McDanel, RN, Infusion/Visit-RN
Tracy Woods, Chaplain
Trista Williams, Specialist II, Child Life

* Denotes non-voting member
1. LEADERSHIP

Equity and Diversity

Leadership Structure

Executive Vice President/
Chief Operating Officer
Karen Cox, PhD, RN, FACHE, FAAN

Office of Equity and Diversity

Policy and Programs
John (JC) Cowden, MD, MPH
Medical Director, Office of Equity and Diversity
Gabriela Flores, BA, MSM
Director, Office of Equity and Diversity

Equity and Diversity Education
Jose Torres
Education Coordinator

Health Literacy
Angie Knackstedt, BSN, RN-BC
Health Literacy & Bioethics Clinical Coordinator

Language Services
Emilia Hernandez, BS
Manager, Language Services
Rio Zamarron
Manager, Language Services

Equity and Diversity Council

Cultural Competency & Workforce Diversity
Working Group
CO-CHAIRS:
Kathy Smith, MPA
Program Manager, Project RISE
Gabriela Flores, BA, MSM
Director, Office of Equity and Diversity

Family Employee Experience Working Group
CO-CHAIRS:
Jose Torres
Education Coordinator
Sylvia Hernandez, MSW
Director, Family Centered Care and
Kreamer Resource Center for Families

Health Care & Health Outcomes Working Group
CO-CHAIRS:
John (JC) Cowden, MD, MPH
Medical Director, Office of Equity and Diversity
Charlotte Jacobsen, RN, MSN
Service Line Director, Division of Allergy/Immunology
and Division of Dermatology

Kansas Working Group
CO-CHAIRS:
Neesha Nerurkar
Manager, Children’s Mercy Hospital Kansas
Pamela Bolton
Unit Education Coordinator/Staff Nurse
The Human Rights Campaign (HRC) is the largest national lesbian, gay, bisexual and transgender civil rights organization, with over 1.5 Million members and supporters. HRC envisions an America where LGBT people are ensured of their basic equal rights. Lesbian, gay, bisexual, and transgender individuals experience poorer health outcomes, which are often a result of differences in access to health coverage, limited availability of culturally competent health services, and an absence of medical settings that are free from discrimination. In addition, health care providers are often not well-trained or prepared to care for LGBT health issues. In response to these disparities, HRC developed the Healthcare Equality Index. The index allows organizations to assess themselves against criteria related to four core issues: 1) patient non-discrimination policies; 2) visitation policies; 3) employment non-discrimination policies; and 4) training in LGBT patient-centered care.

Children’s Mercy was recognized as a “Leader in Lesbian, Gay, Bisexual and Transgender Healthcare Equality” in the Healthcare Equality Index 2013 and 2014, an annual survey conducted by the Human Rights Campaign Foundation.

“With this designation, we have been recognized for our commitment to equitable, inclusive care for LGBT patients and their families who can face significant challenges in their health care experiences,” said John Cowden MD, MPH, Medical Director of the Office of Equity and Diversity. “This is an important example of our ongoing efforts to provide high-quality care for all patients and families.”

Children’s Mercy was congratulated by HRC Health & Aging Director Shane Snowdon. “LGBT patients deeply appreciate the welcoming environment provided by a Leader in LGBT Healthcare Equality.”

For additional information, please contact Gaby Flores, BA, MSM, Director, Children’s Mercy Office of Equity and Diversity.
✓ Integrate into the organizational strategic plan clear goals, policies, operational procedures and management accountability/oversight mechanisms to provide culturally competent services.

✓ Implement language access planning in any area where care is delivered.

✓ Implement reward and recognition programs to recognize specific individuals, initiatives and programs within the organization that promote cultural competency.

✓ Market culturally competent services to the community to ensure that communities that need services receive the information.

From left to right: Mukta Sharma, MD, Nesrin Talib, MD, and John Cowden, MD, MPH.
2. INTEGRATION INTO MANAGEMENT AND OPERATIONS

Diversity Day

The Equity and Diversity Council sponsors an annual celebration, Diversity Day. Hundreds of staff attend. Staff members host 12-15 tables, sharing information about their countries of origin, ethnic background or other group identities (for example, Black Nurse Association, Spiritual Services and refugee service organizations). Staff also enjoy international appetizers, music and art. Diversity Day also serves as the venue for the annual Kaleidoscope Diversity Award and the Carol Belt Advocacy Award.
Kaleidoscope Diversity Award

In 2011, Children’s Mercy created a Kaleidoscope Diversity Award to honor and recognize exceptional employees, volunteers or departments that consistently support diversity and inclusion in the workforce and community. The Kaleidoscope recipient exemplifies the organization’s commitment to embrace and value diversity through one or more of the following criteria:

- passionately recognizes and celebrates cultural differences
- creatively challenges conventional thinking regarding diversity and inclusion
- actively encourages and supports learning and exploration of diversity in a safe environment
- frequently volunteers or participates actively in the diverse communities we serve
- consistently contributes to or attends Children’s Mercy diversity related programs, events and initiatives
- recognizes and immediately addresses any inappropriate behavior unsupportive of workplace diversity.

Recent Kaleidoscope Diversity Award Winners:

- 2011: Kelly Manking, RN, MPA, NE-BC
- 2012: Theresa Torres, APRN, FNP, CPHON and Tristan Flatt, MD
- 2013: Tom McGrath
- 2014: Becky Crouse, DMin, BCC

2015 Kaleidoscope Diversity Award Winners, Gender Pathways Services Clinic, left to right, Dr. Jill Jacobson, Dr. Anna Eagan, Heather McQueen, Rachel Bartel, and Korri Anderson.
2. INTEGRATION INTO MANAGEMENT AND OPERATIONS

Carol Belt Advocacy Award

The **Children's Mercy Carol Belt Advocacy Award** was created in 2000. The award is named for Carol Belt, who devoted 35 years of her nursing career to caring for patients at Children’s Mercy and in the Kansas City community, then spent the 10 years following her retirement as a volunteer and archivist at the hospital. Carol passed away in July 1999, and this award is dedicated to her memory to continue her legacy of lifelong advocacy for all children.

**Purpose:** The award recognizes a Children’s Mercy employee or volunteer who is a “shining star” in advocating for the health, safety and well-being of children throughout our community. The nominee should demonstrate the “Mercy” spirit and take it into the community. The award recognizes activities performed in the community beyond the responsibilities of the nominee’s regular job which enhance the lives of children and teens.

Such activities support (but are not limited to):

- Policy change and/or legislation
- Tutoring and mentoring
- Youth development
- Participating in activities that advocate health, safety, education and empowerment of children

Recent Carol Belt Award Recipients:

2010: Genny Nicholas

2011: Angie Knackstedt, RN-BC, BSN

2012: Erica Forrest, MS, RRT, AEC

2013: Donna O’Malley, RN, PhD

2014: KaMara White, MHA

*Carol Belt in the Children’s Mercy Nursery, date unknown.*
Project RISE (Reaching for Independent Successful Employment)

Project RISE is a Children’s Mercy initiative that creates employment opportunities for individuals with disabilities, many of whom are former or current patients of Children’s Mercy Kansas City. This is achieved through placement in paid positions within the hospital, volunteer opportunities that help individuals acquire work experience and internships for high school students transitioning from school to the workforce.

The importance of the program goes well beyond providing support for the individuals taking part. By promoting employment of those with disabilities, an essential, but often underappreciated aspect of equity and diversity in our communities is recognized and addressed. Though there are protections for the rights of people with disabilities (for example, the Americans with Disabilities Act – ADA), important barriers to fair treatment and meaningful opportunities remain. Equity and diversity efforts at Children’s Mercy will continue to seek a better understanding of how disabilities affect our patients and families, our employees and the community at large.

Brianna Edwards-Moreno, Project RISE employee.
3. PATIENT – PROVIDER COMMUNICATIONS

- Offer and provide language access resources in the patient’s primary written and spoken language at no cost, at all points of contact, and in a timely manner during all hours of operation, and provide both verbal offers and written notices informing patients of their right to receive language assistance services free of charge.

- Determine and document the linguistic needs of a patient or legal guardian at first points of contact, and periodically assess them throughout the health care experience.

- Maintain sufficient resources for communicating with patients in their primary written and spoken languages through qualified/competent interpreter resources, such as competent bilingual or multilingual staff, staff interpreters, contracted interpreters from outside agencies, remote interpreting services, credentialed volunteers, and others, to ensure timely and high-quality communication.

- Translate all vital documents, at a minimum, into the identified threshold languages for the community that is eligible to be served.

- Translate written materials that are not considered vital when it is determined that a printed translation is needed for effective communication.

- Ensure that a qualified interpreter reads a document to a patient if the patient cannot read the translated document.

- Use “teach back” as a patient engagement tool to enhance communication between the health care provider and the patient during clinical encounters.

- Communicate key information about the proposed treatments or procedures for which patients are being asked to provide informed consent.

- Regularly assess attitudes, practices, policies and structures of all staff as a necessary, effective and systematic way to plan for and incorporate cultural competency within an organization.

- Include family members in health care decisions, when requested by the patient, when providing care for culturally diverse populations.
3. PATIENT – PROVIDER COMMUNICATIONS

The Provision of Language Services

For those patients and families who do not speak English or who need to communicate in sign language, Children’s Mercy offers interpreter services. Interpreters facilitate communication between two parties who speak (or sign) different languages. Title VI of the 1964 Civil Rights Act mandates that any hospital that receives federal funds must provide language access services at no cost to the patient. It also requires written translation of vital documents. In order to provide comprehensive language access 24 hours a day, seven days a week, Children’s Mercy weaves together different modes of communication: staff interpreters, interpreters from outside agencies, telephonic interpreting and video-remote interpreting.

The Language Services department employs more than 30 Spanish Medical Interpreters. In addition to staff interpreters, the hospital coordinates with area agencies to secure contract interpreters when the demand exceeds our on-site capabilities.

In addition to the interpreter services provided by Children’s Mercy staff, there is a system of telephonic and video remote interpreters available through a national vendor 24/7. Dual-handset phones are found throughout the clinics and inpatient units, providing access to interpreters in over 180 languages.

<table>
<thead>
<tr>
<th>Language Encounter Type</th>
<th>CY 2011</th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>CY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Encounters (In Person)</td>
<td>34,961</td>
<td>41,866</td>
<td>35,757</td>
<td>41,285</td>
</tr>
<tr>
<td>Staff Encounters (Telephone)</td>
<td>35,250</td>
<td>39,125</td>
<td>37,304</td>
<td>45,081</td>
</tr>
<tr>
<td>Agency Interpreter Encounters</td>
<td>9,571</td>
<td>8,292</td>
<td>8,372</td>
<td>7,874</td>
</tr>
<tr>
<td>Telephonic Interpreting (vendor)</td>
<td>19,579</td>
<td>27,881</td>
<td>34,618</td>
<td>37,020</td>
</tr>
<tr>
<td>Total – All Language Encounters</td>
<td>99,361</td>
<td>117,164</td>
<td>115,856</td>
<td>131,260</td>
</tr>
</tbody>
</table>
3. PATIENT – PROVIDER COMMUNICATIONS

Bilingual Competency Assessment Project – Qualified Bilingual Staff (QBS)

The Joint Commission requires hospitals to assess the competency of its bilingual staff in order to ensure safe and effective communication with Limited English Proficient patients and families. The new standards reinforce the Federal Office of Minority Health’s Culturally and Linguistically Appropriate Services Standards, which address mandatory requirements for compliance with Title VI of the 1964 Civil Rights Act – the provision of appropriate language services.

Prior to implementation of these standards, Children’s Mercy did not have established expectations or methods as an organization for determining the linguistic competency of its workforce. Over time, some departments developed standards and testing mechanisms that may not be validated or supported through evidence. This resulted in different levels of quality in service and an unclear infrastructure for employee recognition and compensation, which can negatively impact employee satisfaction.

While staff may possess a wide range of bilingual skills, from conversation to medical interpretation, the variation between these different skill levels is critical to the safe and effective delivery of our care and services. An evidence-based model that includes a validated language competency assessment and established policies and procedures at an organizational level was needed. An encounter with a patient and their family can be as simple as providing directions through the hospital to describing a complex procedure. Language competency is a complex continuum that requires formal evaluation in order to ensure safe and effective communication.

Kaiser Permanente (KP), identified as an industry leader, has provided Children’s Mercy guidance and direction in the development of Qualified Bilingual Staff program. KP developed a series of validated testing products, available in 16 languages that have been transitioned to a third-party administrator. These language testing products are administered telephonically for a nominal cost. The Qualified Bilingual Staff (QBS) testing process is designed for a continuum of language proficient staff, both non-clinical and clinical. The Cultural Competency and Language Assessment (CCLA) is designed for the bilingual licensed practitioner who delivers care in a second language. It evaluates both linguistic competency as well as cultural interactions, through a series of role plays and scenarios.

In September 2012, a task force of relevant stakeholders convened to map out the program and structure of the Children’s Mercy bilingual competency assessment process. In July 2013, the policy was launched and testing process began. Since then, the program has credentialed more than 120 QBS staff and 45 CCLA providers. For additional information, please contact Gaby Flores, BA, MSM, Director of the Children’s Mercy Office of Equity and Diversity.
4. CARE DELIVERY AND SUPPORT MECHANISMS

- If requested by the patient, provide resources such as provider directories that indicate the languages providers speak, so that patients can have access to this information.
- Develop and implement a comprehensive care plan that addresses cultural concerns.
- Consider cultural, spiritual and religious beliefs that may complement or conflict with standard medical care.
- Adapt the physical environment where the health care is being delivered to represent the culture of the populations who access their health care in that environment.
- Use culturally appropriate care coordination services that take into consideration the cultural diversity of the populations seeking health care.
- Explore, evaluate and consider the use of multimedia approaches and health information technology to enable the provision of health care services that are patient and family-centered and culturally tailored to the patient.

As an initiative of the Family Experience Work Group, new Welcome signs, in 10 languages, were posted at each Children’s Mercy location.
The Talking Card for Asthma: A Recordable Discharge Instruction Device to Improve Asthma Control

Sharon Wilkerson-Amendell, MD, is a pediatrician at Children’s Mercy with a special interest in health literacy. Throughout her career, she has noticed that many of her patients are often confused and intimidated by health care jargon and the health care system itself. As a result, many of her patients often ended up in the ER or hospital because they simply did not understand how to take their medications. This is especially common with children who suffer from chronic diseases such as asthma. Dr. Wilkerson-Amendell came up with the “Talking Asthma Action Plans.” Using the same concept as a singing birthday card, these medical advice cards have audio recording capabilities. Providers can record instructions for a patient’s care plan. Inside the card, the patient finds a written copy of the action plan as well. A pilot study of 29 asthma patients showed an improvement among patients who received the talking card versus the patients that did not. Dr. Wilkerson-Amendell and her team envision using the talking cards for management of any chronic disease, appointment reminders, and even for those in developing countries who do not have access to the phone or internet.

Pediatric Academic Society Recognizes CHICOS Clinic as Innovative

John Cowden, MD, MPH, Medical Director of the Office of Equity and Diversity, was named winner of the Health Care Delivery Award from the Academic Pediatric Association for his work on the CHICOS Clinic.

The award recognizes an innovative and effective program that provides health care in a teaching setting. The program must include residents and/or medical students. It may provide general pediatric care, care to children with special needs or a system of care.

Dr. Cowden created the CHICOS Clinic (Clínica Hispana de Cuidados de Salud) at the Pediatric Care Center. At the CHICOS Clinic, select residents with moderate or better Spanish proficiency complete a bilingual, cross-cultural care curriculum as part of their primary care training regimen.

About 25 percent of the 45,000 patient visits a year to the Pediatric Care Center are Spanish-speaking families. The large number of Spanish-speaking patients presents challenges for communication, but also offers an opportunity to train the bilingual providers needed to serve a growing population of Latino families in Kansas City and elsewhere.

Participation in the CHICOS Clinic has increased to 11 residents. Overall at Children’s Mercy feedback from patients and the community has been impressive and patient satisfaction has increased. Many patients previously lacked an access point for care, partly due to language barriers. Now they can receive individualized care and improved access to follow-up treatments due to improved communication.
Health Across Borders

During the last several years, Children’s Mercy has been busy connecting with our neighbors to the south. A number of new agreements with institutions in Mexico have expanded our clinical, educational and research opportunities, all of which improve our cultural understanding and ability to serve our diverse community.

We now participate in agreements and exchanges with the following institutions:

**Mexico City, Distrito Federal**
- Secretary of Health
- Ministry of Foreign Affairs
- Hospital Infantil Federico Gomez

**Cuernavaca, Morelos**
- Universidad Autónoma del Estado de Morelos
- Hospital para el Niño y Adolescente Morelense

**Pachuca, Hidalgo**
- Universidad Autónoma del Estado de Hidalgo
- Hospital del Niño DIF

Clinical

The *Ventanilla de Salud* (Window on Health) program was founded by the Mexican government to provide health access to Mexican nationals in the U.S. Collaboration between the University of Kansas, Children’s Mercy and the local Mexican Consulate has resulted in the first *Ventanilla de Salud* program in the country to formally address child health as part of its activities. In rural Kansas, over 100 families have been supported in healthy nutrition, oral health, HPV vaccination and access to basic pediatric health services.
4. CARE DELIVERY AND SUPPORT MECHANISMS

Educational

In 2013 and 2014, we welcomed pediatric residents from the Hospital para el Niño y Adolescente Morelense in Cuernavaca, Morelos for a month-long rotation. Two residents each year have observed on multiple services, including general inpatient, PICU, NICU, hematology/oncology, endocrinology, cardiology and PCC. We also have conducted our first tele-education case conference, called the Vínculo, in which residents from each hospital present cases by video conference in the other’s language. Feedback is given from the receiving group on both the case and the language skills of the presenters.

In 2014, a visiting professor in palliative care from Cuernavaca was hosted at Children’s Mercy by Tristan Flatt, MD. The visiting professor gave lectures to oncology fellows and faculty on her area of expertise - palliative care and end-of-life discussions in Mexican culture. Her insights gave physicians a valuable look into the cultural factors that affect how families of Mexican background in Kansas City engage in decisions about chronic disease and death.

Scheduled for 2015 are multiple exchange visits by faculty and fellows between Children’s Mercy and the Hospital Infantil Federico Gómez in Mexico City, including in surgery, gastroenterology, oncology and neurology. Children’s Mercy residents also will begin to head south for language and cultural immersion as part of their pediatric education.

Research

Dr. Flatt has begun collaborative research projects on leukemia with oncologists in Cuernavaca. He plans to extend this research to include partners in Mexico City and Pachuca, seeking new insights in the nature of leukemia and its treatment in ethnically diverse children.

Romina Barral, MD, has begun research on reproductive health and pregnancy prevention among Latino adolescents in Kansas and in Mexico. A faculty partner from Mexico has joined the research effort, which is expected to lead to culturally-appropriate interventions to reduce teen pregnancy.

Research in human trafficking and HPV vaccination is in the works, and it is expected that the clinical and educational exchange outlined above will lead to further research opportunities.

The ability of Children’s Mercy to care effectively for our community will grow as our Mexican partnerships expand and strengthen. In early 2015, the Children’s Mercy artist-in-residence, Scribe, traveled to Mexico City to install eight specially-designed murals in the Hospital Infantil de Mexico Federico Gómez, Mexico’s largest pediatric specialty hospital.
5. WORKFORCE DIVERSITY AND INCLUSION

- Recruit and hire ethnically diverse providers and staff at all levels. Actively promote the retention of a culturally diverse workforce through organizational policies and programs.

- Assure availability of a trustworthy process for the expression of employee grievances and concerns regarding race, ethnicity, language and other diverse characteristics that protects the integrity and confidentiality of employees.
5. WORKFORCE DIVERSITY AND INCLUSION

Workforce Gender 2014

- Female: 82%
- Male: 18%

Workforce Leadership Demographics 2014

- White: 85.8%
- Hispanic or Latino: 2.9%
- Black or African American: 7.9%
- Asian: 1.7%
- American Indian or Alaskan Native: 0.5%
- Two or More Races: 1.2%

Workforce Demographics 2014

- White: 79.6%
- Hispanic or Latino: 4.7%
- Black or African American: 10.4%
- Asian: 3.6%
- American Indian or Alaskan Native: 0.4%
- Two or More Races: 1.3%
5. WORKFORCE DIVERSITY AND INCLUSION

Nursing Partnerships: Children’s Mercy Joins National Association of Hispanic Nurses and National Black Nurses Association

Children’s Mercy is a member of the National Association of Hispanic Nurses (NAHN) in an effort to identify and recruit Hispanic nurses. This relationship benefits Children’s Mercy with specialty organizations to help identify and recruit more culturally sensitive, bilingual candidates. Children’s Mercy nurse Maria Martinez, assistant nurse manager in the Operation Breakthrough Clinic, is the vice president of the local chapter of the National Association of Hispanic Nurses.

Children’s Mercy is also a member of the National Black Nurses Association’s (NBNA) Corporate Advisory Roundtable. The goal is to partner and collaborate with national and regional efforts to identify and recruit nurses of color. Likewise, Children’s Mercy can help support the organization’s efforts to create a more robust and diverse health care pipeline.

2014 National Association of Hispanic Nurses local chapter, Scholarship Recipients

From left to right: Maithe Enriquez, Albena Turner, Vanessa Beltran, Yesenia Beltran, Diana Albor, Esperanza Garcia, Cinthia Reyes and Nohemi Alvarez.
Preparados En Salud: A Bilingual CNA Program

*Preparados en Salud* is a pre-practical nursing program, modeled after a successful Chicago-based bilingual health care bridge partnership. Local collaborators replicated the idea here in Kansas City: Metropolitan Community Colleges, Full Employment Council, Hispanic Economic Development Corporation and Jewish Vocational Service. Preparados prepares bilingual (Spanish-English) students for admission into the Metropolitan Community Colleges’ Practical Nursing program by integrating CNA training, academic and workforce preparation and prerequisite classes. The program was created with the purpose of building a customized career pathway in nursing occupations and to assist employers in meeting the demand for a bilingual health care workforce. The first cohort of 15 students began in January 2012, with 14 graduating with CNA and PCT certifications by July. Six students moved forward into the LPN program at MCC.

Children’s Mercy was invited to participate in this exciting initiative as an employer partner. Given the rapidly changing patient demographics at Children’s Mercy, our need for bilingual health care providers is vital.

Several Children’s Mercy staff provided the students with resume writing, job searching techniques and interview strategies toward the end of their program. Shortly after graduation, Children’s Mercy hired several of the bilingual students into Care Assistant roles for both PCC- Broadway as well as West campuses.
A Pilot Initiative: Men in Nursing at Children’s Mercy

Clinical workforce diversity continues to be a strong strategy for organizations to tackle health disparities. In response to this, Karen Cox, PhD, RN, FACHE, FAAN, launched a project team in late 2011 to design a professional development model for engaging more men of color in the field of nursing. The interdisciplinary group has members from Children’s Mercy staff (Nursing, Human Resources, Equity and Diversity), UMKC School of Nursing faculty, and the Full Employment Council.

The project’s aim is to provide a supportive environment for men of color to successfully achieve their bachelor of science in nursing degree. The pilot has identified two existing Children’s Mercy staff in allied health or care assistant roles who were interested in pursuing bachelor’s degrees in nursing. The project, provides these employee students financial, academic and social support. The two Men in Nursing pilot participants graduated in 2015.

Marlon Butler

Christopher Garcia
Children’s Mercy Summer Internship Program: A Partnership with University Academy

Children’s Mercy has a strong desire to support young people by engaging them in the hospital system workforce. The Health Science Internship Program is designed to provide current college students with a wide range of experience in pediatric health care.

We have a relationship with the University Academy High School Alumni Office to hire recent graduates pursuing degrees in health care. This grant-funded opportunity provides each student with a 10-week health care experience. Each student spends five weeks observing in various clinical and non-clinical areas. The final five weeks are dedicated to working on projects in a single department that best aligns with their career goals.

In addition to their observational and hands-on experience, the interns participate in three lunch-and-lecture educational series, mock interviews, an executive luncheon and formal presentations about their experience.

Interns that have matriculated through our program have found their passion and some have even changed their career goals. A few have come back to work at Children’s Mercy, while others are pursuing graduate-level degrees as a result of their internship experience.
Avanzando Mentor Program – Partnership with Hispanic Scholarship Fund

Avanzando is the result of a partnership established between the UMKC Division of Diversity & Inclusion and the Hispanic Development Fund. Implemented in August 2011, the Avanzando program is designed to support HDF Scholarship recipients in their academic and career pursuits. Goals include:

1. increasing scholar retention
2. improving graduation rate
3. assuring successful transitions of students into graduate school and/or career positions.

Program components include academic support, mentoring and enhanced access to campus and community resources.

Several Children’s Mercy employees have become mentors to Avanzando students, who have specific interest in health care and related careers. The next steps are to create a scholarship fund with the Hispanic Development Fund, named for Children’s Mercy employees, for those students pursuing education in the health care field.
6. EDUCATION AND TRAINING

- Implement education and training that builds a workforce that is able to address the cultural needs of patients and provide appropriate and effective services as required by federal, state and local laws, regulations and organizational policies.

- Integrate cultural knowledge and processes of culturally appropriate care into residency, fellowship and medical student curricula, partnering with learners’ home educational institutions as appropriate.

- Connect workforce to education and training opportunities outside of the organization that may enhance their cultural competence abilities.

- Provide language training opportunities to staff and patients.
6. EDUCATION AND TRAINING

Equity and Diversity Education Series

The Office of Equity and Diversity developed an Education Series to promote various types of educational offerings, from video discussions to bus tours, around issues related to diversity, inclusion, health disparities and poverty. The intent of this education series was to raise awareness of diversity issues beyond race and ethnicity, to include social and economic issues. It was also designed to meet the learning style needs of different audiences. Below is a list of offerings, with a detailed description of each in subsequent pages:

- Diversity Grand Rounds
- Social Determinants of Health: Considerations for Delivering Culturally Competent Care - Lecture
- From Separate to Equal: The Creation of Truman Medical Center – Video Screening
- Annual Black History Month lecture (in collaboration with Patient Care Services Research)
- “The City You Never See” - Operation Breakthrough Bus Tours with Sister Berta
- Annual Equity and Diversity Town Hall Forum
- Unnatural Causes – Video Series with Discussion Groups
- Cultural Competency Lunch & Learn Education Series (meets monthly).

Diversity Grand Rounds

2011
Engaging Diverse Communities in Research
An Introduction to LGBT issues in Adolescent and Pediatric Health Care
For the Care and Consideration of our Patients with Special Needs and Their Families

2012
A Framework for Understanding the Impact of Poverty on Children
Faith, Hope, Love, and Healing

2013
Socioeconomic Disparities and Child Well-Being

2014
LGBT Health: Implications for Teens and Families

2015
Transgenderism: An Endocrine Condition, Not a Publicity Stunt
Think BIG!
6. EDUCATION AND TRAINING

Black History Month: Nursing Guest Lecture

Children’s Mercy Patient Care Services Research, in collaboration with the Office of Equity and Diversity, hosts an annual guest nursing lecturer in February in honor of Black History Month. In addition to the lecture, these leaders in nursing meet with key internal stakeholder to discuss strategies for recruiting, retaining and promoting diverse nurses within the organization. Below, please find a list of past lecturers:

2015:
Sheldon D. Fields, PhD, ARNP, FNP, BC, AACRN, DPNAP, FAANP
Dean of the Mervyn M. Dymally School of Nursing at Charles R. Drew University of Medicine and Science

2014:
Eric Williams, PhD, RN
Nursing Faculty at Santa Monica Community College

2012:
Beverly Malone, PhD, RN, FAAN
Chief Executive Officer, National League for Nursing
Bus Tour with Operation Breakthrough: “The City You Never See”

Operation Breakthrough is the largest single-site daycare center in the state of Missouri, caring for nearly 500 children each day. Eighty five percent of these children come from families living below the poverty level. Sister Berta Sailer and Sister Corita Bussanmas established this agency in 1971 with a goal to “break through” poverty. Sadly, the need today is even greater than before.

Sister Berta decided one way to increase awareness about the hardships faced by the children at Operation Breakthrough was to offer bus tours of the neighborhoods where they live. Dubbed, “The City You Never See,” this tour shows places, just minutes from the Country Club Plaza and The Power & Light District, where children stand in line for food, where working parents desperate for shelter break into abandoned buildings and Missouri babies born into poverty struggle to survive. Along the way, families will share their personal experiences.

As part of the Equity and Diversity Education Series, Children’s Mercy sponsors two bus tours annually for staff. Given that more than 50 percent of our patients have Medicaid, it’s important for our staff to better understand living conditions and challenges our patients might face day-to-day. Typically, there is a waiting list of staff who want to attend the bus tour. We anticipate continuing the bus tours as a routine part of the education series, at least twice per year.

Sister Berta with two children from Operation Breakthrough.
6. EDUCATION AND TRAINING

The Office of Equity and Diversity offers language-related courses. Each course is taught several times annually. Some can also be customized and delivered on-site, in a specific unit if appropriate. Below, please find course overviews for each offering:

**Spanish Bilingual Assistant (SBA) Course - Introduction to Medical Interpreting**
The SBA course was designed by Phoenix Children’s Hospital as part of the Medical Interpreter Project. It is a 60-hour (10 consecutive Saturdays) introduction to medical interpreting for people who speak English and Spanish. Students will be prepared to provide bilingual service in health care settings. Many students go on to serve as medical interpreters.

**Advanced Medical Interpreting Course - Preparing for National Medical Interpreter Certification**
This is a 60-hour (10 consecutive Saturdays) course on advanced medical interpreting subjects included in the national medical interpreter certification exams. Participants include interpreters, dual-role employees and bilingual staff who assess and improve their abilities to meet national standards.

**No Stress Spanish (NSS) - How to Survive Until the Interpreter Arrives**
No Stress Spanish is a 16-hour (two days of eight hours each) course that will introduce participants to the Spanish language using four communication skills: reading, writing, listening and speaking. Participants will gain a basic understanding of Latino culture, Spanish vocabulary and grammatical concepts in order to improve communication with limited English-proficient families. Health care staff of all levels of Spanish language proficiency are welcome. This course can be customized to meet the needs of any department. For additional information, please contact Jose Torres at jtorres@cmh.edu.
Utilize national standards and best practice evidence to guide collection of patient race/ethnicity and primary written and spoken language data from patients in a systematic, uniform manner.

Ensure that, at a minimum, data on an individual patient’s race and ethnicity (using the Office of Management and Budget categories as modified by HRET) and primary written and spoken language are collected in health records and integrated into the organization’s management information systems. Periodically update the language information.

Utilize indirect data collection methodologies (e.g., geocoding, surname analysis) to characterize the race, ethnicity and primary written and spoken language of a community for service planning and conducting community-based targeted interventions.

Maintain a current demographic, cultural and epidemiological profile of the community to accurately plan for and implement services that respond to the cultural characteristics of the service area.

Apply a quality improvement framework to improve cultural competency and discover and eliminate disparities in care using the race, ethnicity and primary written and spoken language information collected by the institution.

Publicly report data for the applicable NQF-endorsed disparities-sensitive national voluntary consensus standards for ambulatory care stratified by race/ethnicity and primary written and spoken language.

Regularly make available to the public information about progress and successful innovations in implementing culturally competent programs (especially the NQF-endorsed preferred practices for cultural competency), and provide public notice in communities about the availability of this information.

Assess and improve patient- and family-centered communication on an ongoing basis.

Any surveys created by or conducted by the organization must collect race, ethnicity and primary written and spoken language, and analysis and results must be stratified by race, ethnicity and primary written and spoken language.

Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing and promptly and equitably resolving cross-cultural conflicts or complaints by patients or between organizational staff.
Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) is a requirement of all 501c3 tax-exempt hospitals under the Patient Protection and Affordable Care Act of 2010. At Children’s Mercy, we capitalize on this opportunity to increase our awareness of pediatric health needs. We convene a multidisciplinary group of health professionals into a CHNA Advisory Committee, engage the local health care community, conduct a telephone survey of 1,000-plus Kansas City families, host five Key Informant Focus Groups, utilize secondary health care data and more. Final CHNA written reports must include descriptions of the community, process and methods, how community input was obtained, the community health needs, existing health care facilities and how each facility plans on addressing each need. The final CHNA report was completed in the summer of 2013 and subsequent implementation plans continue to be completed for Children’s Mercy Hospital and Children’s Mercy Hospital Kansas. The CHNA is anticipated to be completed again spring of 2016 for submission to the IRS. Below is a snapshot of the local community demographics of the Children’s Mercy primary service delivery area:

### Race and Ethnicity (2013)

<table>
<thead>
<tr>
<th>Hispanic or Latino and Race</th>
<th>Johnson County, KS</th>
<th>Wyandotte County, KS</th>
<th>Clay County, MO</th>
<th>Jackson County, MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino and Race</td>
<td>39,796</td>
<td>42,063</td>
<td>13,695</td>
<td>56,797</td>
</tr>
<tr>
<td>White Alone</td>
<td>451,270</td>
<td>68,319</td>
<td>187,971</td>
<td>427,020</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>23,662</td>
<td>39,189</td>
<td>11,340</td>
<td>159,332</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>1,644</td>
<td>716</td>
<td>460</td>
<td>2,722</td>
</tr>
<tr>
<td>Asian alone</td>
<td>23,305</td>
<td>4,495</td>
<td>4,556</td>
<td>11,062</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>240</td>
<td>201</td>
<td>521</td>
<td>1,549</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>656</td>
<td>160</td>
<td>523</td>
<td>1,582</td>
</tr>
<tr>
<td>Two or more races</td>
<td>12,374</td>
<td>3,205</td>
<td>6,050</td>
<td>15,577</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>552,947</strong></td>
<td><strong>158,348</strong></td>
<td><strong>160,126</strong></td>
<td><strong>225,116</strong></td>
</tr>
</tbody>
</table>
Children’s Mercy Patient Demographics

All Children’s Mercy Sites

**GENDER**
- Female: 52.1%
- Male: 47.9%
- Other: 0.2%

**RACE**
- White: 57.5%
- Black or African American: 28.1%
- Hispanic: 12.6%
- Multiracial: 4.3%
- Other: 3%
- American Indian or Alaska Native: 1.7%
- Native Hawaiian or Pacific Islander: 0.3%
- Asian: 0.2%

**LANGUAGE**
- English: 91.6%
- Spanish: 7.1%
- Somali: 2%
- Arabic: 2%
- Vietnamese: 3%
- Other: 0.6%

**PAYOR**
- Medicaid: 59.4%
- Commercial: 28.1%
- Champus/Govt: 9.3%
- Uninsured: 1%
- Medicare: 2.6%
- Other: 0.5%
7. DATA COLLECTION, PUBLIC ACCOUNTABILITY AND QUALITY IMPROVEMENT

Inpatient (all sites)

**GENDER**
- Female: 46%
- Male: 54%

**LANGUAGE**
- English: 94.3%
- Spanish: 4.6%
- Vietnamese: 3.9%
- Burmese: 2.6%
- Arabic: 2.2%
- Other: 0.5%

**RACE**
- White: 65%
- Black or African American: 15.3%
- Hispanic: 9%
- Multiracial: 5.7%
- Asian: 3.6%
- Other: 2.6%

**PAYOR**
- Medicaid: 62.8%
- Commercial: 3.9%
- Champus/Govt: 3%
- Uninsured: 0.2%
- Medicare: 29.3%
- Other: 3.6%
7. DATA COLLECTION, PUBLIC ACCOUNTABILITY AND QUALITY IMPROVEMENT

ED/UCC (all sites)

**GENDER**

- Female: 51.9%
- Male: 48.1%
- Other: 0.1%

**RACE**

- White: 51%
- Black or African American: 3.5%
- Hispanic: 14.4%
- Multiracial: 4.7%
- Other: 3%
- Asian: 1.9%
- American Indian or Alaska Native: 0.3%
- Native Hawaiian or Pacific Islander: 0.2%

**LANGUAGE**

- English: 90.8%
- Spanish: 7.8%
- Somali: 2%
- Arabic: 2%
- Vietnamese: 0.4%
- Other: 6%

**PAYOR**

- Medicaid: 62.8%
- Commercial: 25%
- Champus/Govt: 10.2%
- Uninsured: 1.9%
- Medicare: 1%
- Other: 0.3%
7. DATA COLLECTION, PUBLIC ACCOUNTABILITY AND QUALITY IMPROVEMENT

Same-Day Surgery (all sites)

GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>38.2%</td>
</tr>
<tr>
<td>Male</td>
<td>61.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0.01%</td>
</tr>
</tbody>
</table>

RACE

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.8%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>8.7%</td>
</tr>
<tr>
<td>Other</td>
<td>1.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.8%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1.9%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

LANGUAGE

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>94.3%</td>
</tr>
<tr>
<td>Spanish</td>
<td>4.5%</td>
</tr>
<tr>
<td>Somali</td>
<td>2.2%</td>
</tr>
<tr>
<td>Arabic</td>
<td>2.2%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>2.2%</td>
</tr>
<tr>
<td>Other</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

PAYOR

<table>
<thead>
<tr>
<th>Payor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>61.6%</td>
</tr>
<tr>
<td>Commercial</td>
<td>32.6%</td>
</tr>
<tr>
<td>Champus/Govt</td>
<td>3.7%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>2.1%</td>
</tr>
<tr>
<td>Medicare</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
7. DATA COLLECTION, PUBLIC ACCOUNTABILITY AND QUALITY IMPROVEMENT

Clinics (all sites)

**GENDER**
- Female: 47.5%
- Male: 52.5%
- Other: 0.02%

**RACE**
- White: 59.1%
- Black or African American: 28.6%
- Hispanic: 7.8%
- Multiracial: 2.8%
- Asian: 7.7%
- American Indian or Alaska Native: 1.1%
- Native Hawaiian or Pacific Islander: 0.7%
- Other: 0.8%

**LANGUAGE**
- English: 91.2%
- Spanish: 7.5%
- Somali: 0.2%
- Arabic: 0.2%
- Vietnamese: 0.2%
- Other: 0.5%

**PAYOR**
- Medicaid: 60%
- Commercial: 28.6%
- Champus/Govt: 7.8%
- Uninsured: 2.8%
- Medicare: 7.7%
- Other: 0.8%
Children’s Mercy Hospital Kansas Campus (all sites)

### GENDER
- Female: 46.1%
- Male: 53.9%
- Other: 0.1%

### RACE
- White: 65.9%
- Black or African American: 15.3%
- Hispanic: 8.9%
- Multiracial: 4.4%
- Other: 3%
- Asian: 2.2%
- American Indian or Alaska Native: 1.1%
- Native Hawaiian or Pacific Islander: 0.4%

### LANGUAGE
- English: 95.2%
- Spanish: 4.2%
- Arabic: 1.1%
- Sign Language: 1.1%
- Vietnamese: 1.1%
- Other: 0.1%

### PAYOR
- Medicaid: 54.3%
- Commercial: 37%
- Champus/Govt: 2.5%
- Uninsured: 2.2%
- Medicare: 0.4%
- Other: 0.1%
Children’s Mercy West

**GENDER**
- Female: 48.8%
- Male: 51.2%

**RACE**
- White: 40.8%
- Black or African American: 12%
- Hispanic: 39.7%
- Multiracial: 1.7%
- Other: 0.6%
- Asian: 3.7%
- American Indian or Alaska Native: 1.8%
- Native Hawaiian or Pacific Islander: 1.7%

**LANGUAGE**
- English: 73.5%
- Spanish: 25%
- Somali: 2%
- Burmese: 1.8%
- Hmong: 0.2%
- Other: 0.1%

**PAYOR**
- Medicaid: 82.4%
- Commercial: 8.3%
- Champus/Govt: 9%
- Uninsured: 0.2%
- Other: 0.3%
7. DATA COLLECTION, PUBLIC ACCOUNTABILITY AND QUALITY IMPROVEMENT

Pediatric Care Center at Children’s Mercy Broadway

**GENDER**

- Female: 51.5%
- Male: 48.5%

**RACE**

- White: 38.2%
- Black or African American: 21.6%
- Hispanic: 30.8%
- Multiracial: 2.7%
- Other: 3%
- American Indian or Alaska Native: 2.2%
- Native Hawaiian or Pacific Islander: 1.3%
- Asian: 1.2%

**LANGUAGE**

- English: 83%
- Spanish: 14.3%
- Somali: 1%
- Arabic: 7%
- Vietnamese: 6%
- Other: 4%

**PAYOR**

- Medicaid: 71.2%
- Commercial: 14.6%
- Champus/Govt: 12.1%
- Uninsured: 1.3%
- Medicare: 0.8%
- Other: 0.1%
8. COMMUNITY ENGAGEMENT

- Engage communities to ensure that health care providers (individual and organizational) are aware of current and changing patient populations and cultural and communication needs and provide opportunities to share resources and information.

- Collaborate with the community to implement programs with clinical and outreach components to address culturally diverse populations, health disparities and equity in the community.

- Utilize a variety of formal and informal mechanisms to facilitate community and patient involvement in designing, implementing and evaluating the effectiveness of cultural competency activities.

- Health care professionals and organizations should engage communities in building their assets as vehicles for improving health outcomes.
Community Collaboration: Black Health Care Coalition

The Center for Environmental Health (CEH) is a program in the Allergy/Asthma/Immunology Department that focuses on the impact of the indoor environment on health. The program provides environmental assessments to check indoor air quality, as well as education and training to reduce indoor environmental hazards. The Center partners with various organizations in the community to create awareness on environmental exposures and simple actions people can take to improve the health and safety of their indoor environments. The Black Health Care Coalition (BHCC) is one organization the CEH has collaborated with for many years to promote better asthma management and awareness of environmental hazards in the community. The BHCC provides outreach to the community on a variety of topics including asthma and lead, so the partnership was a natural fit.

The Center has partnered with BHCC to provide asthma education and asthma screenings for the community. The asthma education is provided at various venues including health fairs, school nurse events, asthma camp and other community events such as 5K runs and asthma support groups for parents. The staff from the Center and allergists from the Asthma/Allergy/Immunology department have provided asthma screenings in the community at least once a year and oftentimes this is done at a BHCC event. Through the community asthma screening program, we have been able to provide hundreds of people, including adults and children, with a screening.

Through our partnership with the BHCC, we have the opportunity to treat our patients beyond the hospital and in the community where they live, work and play. This allows us to provide the education in an environment that is comfortable and convenient for them including their homes, their schools and their churches.

Children’s Mercy has also collaborated with BHCC on Community Baby Showers since 2012. BHCC provides new or soon-to-be moms from the urban core an opportunity to participate in a Community Baby Shower. BHCC coordinates program logistics and registration, while Children’s Mercy offers the venue and lunch. An area Kiwanis Club raises funds and collects items, such as strollers, cribs and car seats. Children’s Mercy also helps provide education about lactation, vaccinations, and additional volunteers.
8. COMMUNITY ENGAGEMENT

El Consejo de Familias Latinas/Hispanas: Accomplishments

El Consejo de Familias Latinas/Hispanas is the Children’s Mercy Spanish-speaking family advisory committee, which began in 2008. It meets monthly to provide input and context to hospital leadership. The Consejo is chaired by a parent, with a core membership of approximately 10 families. Children’s Mercy staff is also active in collaboration with the Consejo: Language Services, Nursing, Equity and Diversity and Family-Centered Care. The Consejo has many accomplishments and projects to celebrate:

- participation in the new Spanish Room Orientation Video
- collaboration and technical assistance with a similar group at University of California, San Francisco
- Spanish radio health messaging priorities
- newsletter for Spanish-speaking families
- collaboration with Communication and Marketing to develop additional resources (web and print) in Spanish
- enhance the Children’s Mercy New Journeys handbook (Nuevos Caminos)
- partnership with Facilities and Telecom to improve outside phones services around the hospital
- participation in the Service Excellence campaign, through video vignettes.
8. COMMUNITY ENGAGEMENT

Community Collaboration: Hospital Hill Diversity Council

The Hospital Hill Diversity Council, established in 2007, is a partnership of Children’s Mercy, UMKC (Schools of Medicine, Dentistry, Nursing and Pharmacy), Truman Medical Center and Saint Luke’s. The primary goals of the group are to:

- recruit and retain under-represented minority students and faculty in all health professions
- develop culturally competent health care professionals
- provide mentoring and clinical opportunities for diverse students
- develop employment opportunities for diverse candidates.

The group actively collaborates on projects together that focus on the above goals. One area that continues to be a key factor for diverse students’ success is creating a welcoming academic environment. In response to this finding, the group committed to coordinate some social academic gatherings to promote an inclusive environment.

Each academic year, the Hospital Hill Diversity Council hosts welcome receptions and graduation celebrations for all under-represented minority students and faculty from each school, as well as hospital partners. Long term, the group hopes to develop scholarship opportunities, as well as a mentor program to help students succeed.

April 27, 2012 – Graduation Celebration for all under-represented minority students at UMKC’s Schools of Health Professions.
Community Collaboration:

Since 2011, the Office of Equity and Diversity has participated in planning the Women of Color Leadership Conference, sponsored by UMKC’s Division of Diversity, Access and Equity. The Conference celebrated its tenth successful year in May 2015 with over 300 attendees. Its mission, goals and objectives are the following:

**MISSION:** Provide an environment for, by and about Women of Color that promotes equity, education and professional development.

**VISION:** The Women of Color Leadership Conference will be recognized as the premier conference addressing the needs of Women of Color in the Kansas City area.

**STRATEGIC OBJECTIVES:**
- Provide a space to celebrate Women of Color’s lives, accomplishments, contributions and ways of being.
- Empower Women of Color through access to information, professional development, peer networking and educational and mentoring opportunities.
- Provide a forum for the exchange of dialogue on topics and issues pertinent to Women of Color and high school girls.
- Challenge structural inequalities by providing feedback to the institution.
- Encourage Women of Color and high school girls to engage in community organizing and collaboration.
- Nurture and develop high school girls of color through ensuring their access to higher education.
- Provide academic and textbook scholarships for Women of Color attending UMKC.
9. RESEARCH

✓ Provide foundational education to diverse communities regarding topics of research and the research process.

✓ Provide education to researchers about recruitment of diverse subjects into research studies.

✓ Create and communicate organizational expectations regarding the engagement of diverse communities in subject recruitment efforts.

✓ Provide Institutional Review Board processes that facilitate the engagement of diverse communities by researchers.

✓ Identify, support and create funding opportunities to encourage the engagement of diverse communities in research and to foster the study of cultural competence and health equity.

✓ Use the methodology of community-based participatory research when conducting research in the community as a collaborative approach to research that equitably involves all stakeholders in the research process and fosters the unique strengths that the community brings to the process.
High-quality research can only apply to the general community when all community members are represented in research projects. The Children’s Mercy Office of Research Integrity (ORI) began a program in 2013 to make it easier for Children’s Mercy researchers to include Spanish-speaking families in their projects. Instead of requiring each research team to find and pay for translation services for their consent forms and other study materials, the new program offered to have study materials professionally translated by the ORI in an expedited manner.

During the pilot phase, there was a near doubling of studies including limited English proficient (LEP) subjects, as well as a marked increase in studies that included consent forms that were fully translated (as opposed to having only a shorter version translated). Ongoing research will help measure the impact of this service on study subject recruitment, but the program has already opened up research participation in dozens of studies to a more diverse and representative group of community members.

In 2014, Kathy Goggin, PhD, was hired as Children’s Mercy’s first Director of Health Outcomes & Health Services Research. She and her team have brought an expertise in community-based participatory research, a tool essential for performing effective community-level research in a collaborative and equitable manner. In her role, Dr. Goggin has begun supporting researchers throughout the institution as they aim to expand Children’s Mercy’s work in the area of health services research. Health services research includes questions of disparities and inequities and health outcomes.
Next Steps…

- Children’s Mercy currently is assessing the cultural competency and education needs of the organization, looking at short-term and long-term strategies.
- Board adoption of Equity and Diversity mission and vision.
- Continue to invest in HRC’s Healthcare Equality Index in 2015.
- Equity and Diversity Council will continue strategic planning retreats annually.
- Continue evaluation of new technology to enhance delivery of interpreter services.
- Ongoing recruitment of bilingual providers.
- Ongoing development of additional language and cultural competency tools, delivered via various methods and locations.
- Continue annual Diversity Day celebration, with Kaleidoscope Diversity and Carol Belt Advocacy Awards given in recognition to staff.
- Ongoing development of relationships with Spanish radio media to reach patients and families.
- Continue collaborations with diverse community partners and organizations.
A sincere “Thank You” to all those who contributed to the creation of this report:

Karen Cox, PhD, RN, FACHE, FAAN - Administration
John Cowden, MD, MPH – Office of Equity and Diversity
Gabriela Flores, BA, MSM – Office of Equity and Diversity
Jose Torres – Office of Equity and Diversity
Amy DuRall – Center for Clinical Effectiveness
Neesha Nerurkar – Children’s Mercy Hospital Kansas
Lisa Marshall – Center for Clinical Effectiveness
Bill Van Kirk – Internal Communications
Emilia Hernandez – Language Services
Erica Forrest, MS, RRT, AEC – Asthma/Allergy
Black Health Care Coalition
Artis Event Space and Photography
UMKC – Division of Diversity, Access and Inclusion
Jeylinne Enriquez, MSW Intern, Office of Equity and Diversity