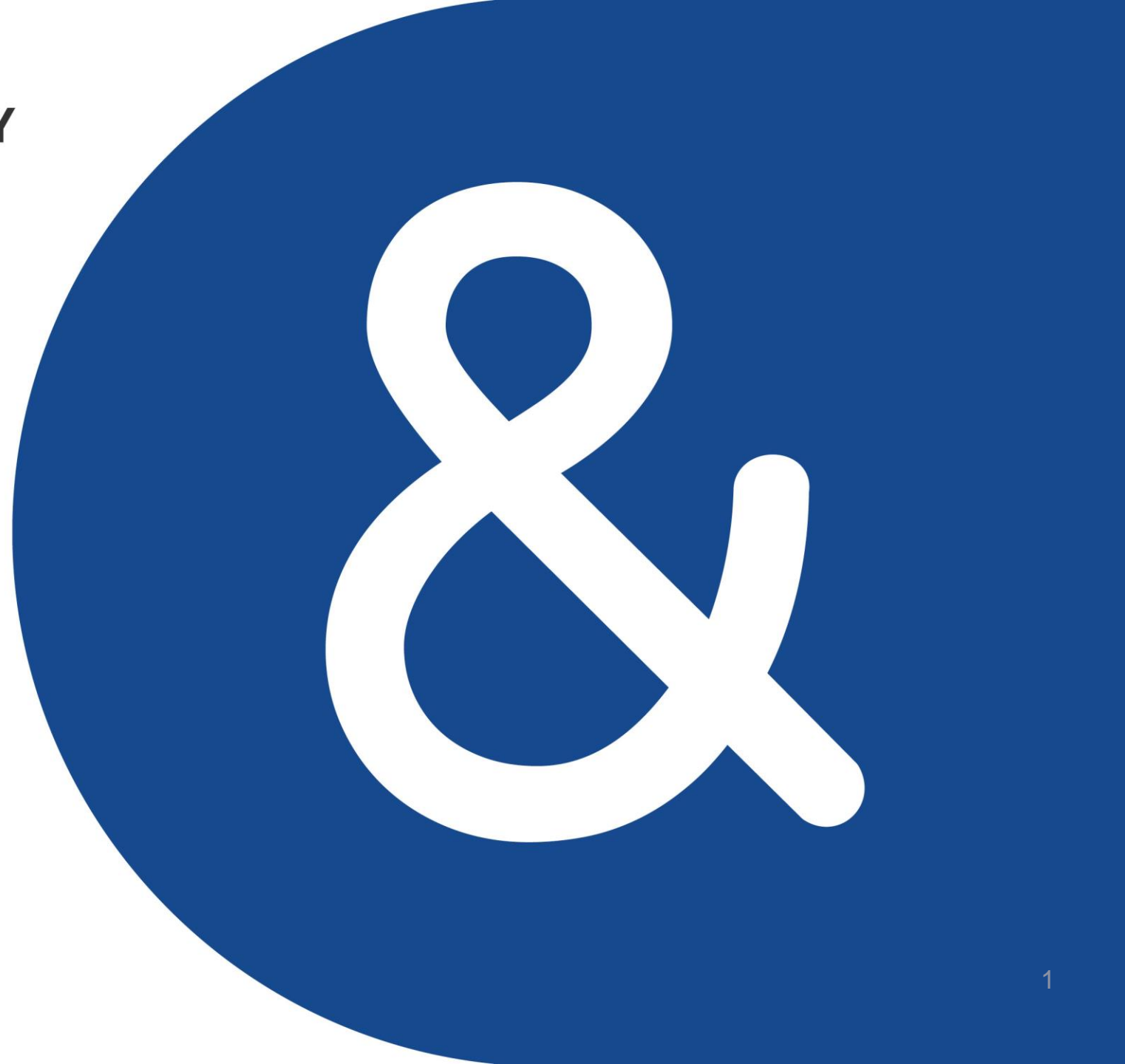


DIVERSITY, HEALTH EQUITY  
& INCLUSION

# Health Equity in Action

*Annual*

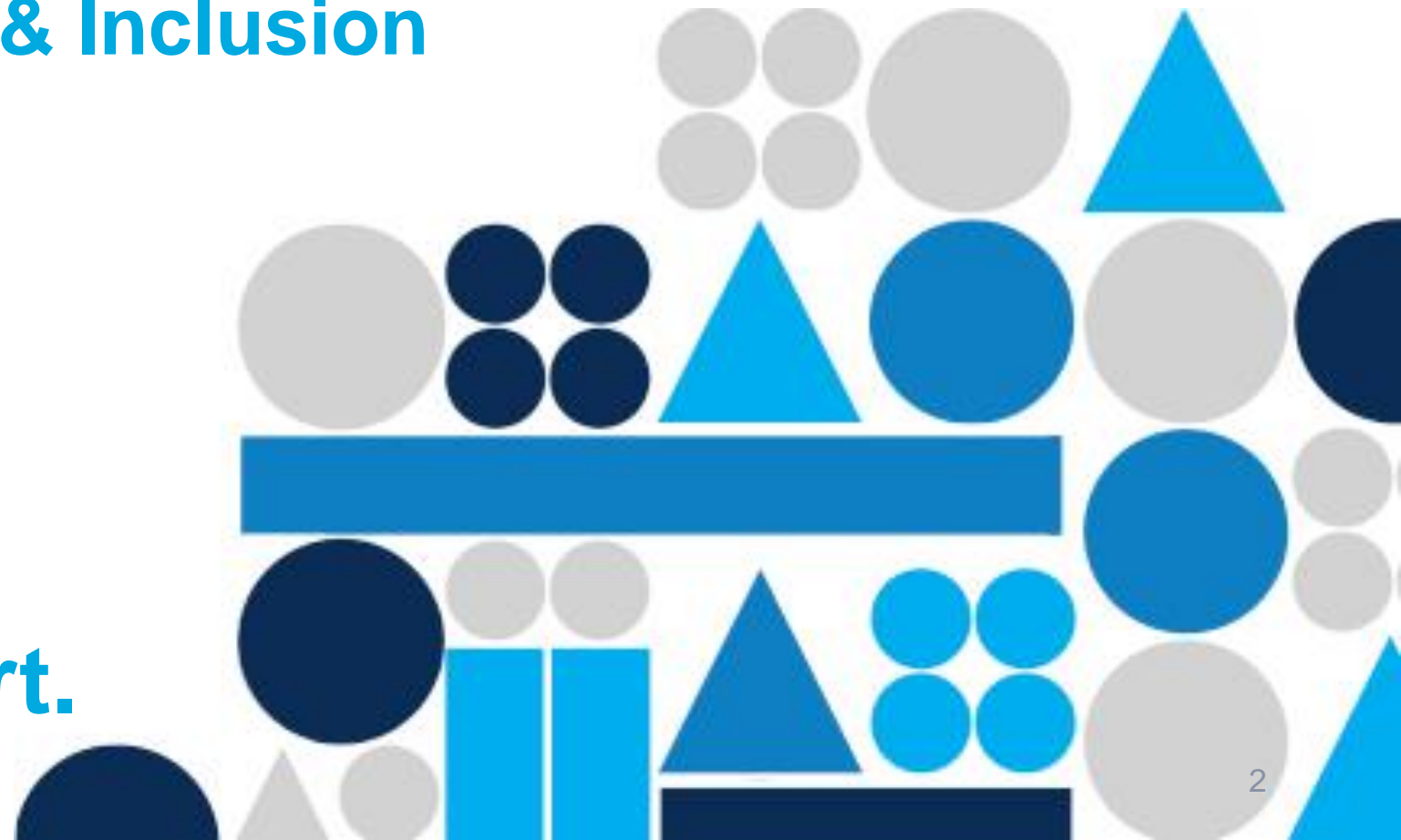
*Children's Hospital Colorado  
Pediatric Symposium*



# Robert Franklin II, MPA

He/Him/His  
Director  
Diversity, Health Equity & Inclusion

No financial  
disclosures to report.





## In our time together, we can...

- Learn about particular applications of health equity;
- Define health equity in health care settings;
- Discuss the future implications of working toward realizing health equity for healthcare systems.





## Asthma and respiratory health

Joey has asthma. He currently lives in Denver in an older building and occasionally his family has pests in their home which can trigger asthma. At school, Joey must take his inhaler to the gym and sometimes he forgets it. Joey recently lost his inhaler. With his family's medical insurance, his parents can only pay for one inhaler for several months due to the amount that the insurance will cover for the prescription. This financial strain and concern about Joey's asthma creates added stress for their household. Without Joey's inhaler, he is more at risk of having to go to the emergency room to manage his asthma.





## Health Equity

...is achieved when everyone has access to the resources and opportunities they need to attain their highest level of health. Fostering health equity requires intentionally engaging in the process of removing obstacles to health such as poverty and discrimination. Achieving health equity is linked to access to good jobs, quality education, healthcare and safe housing.

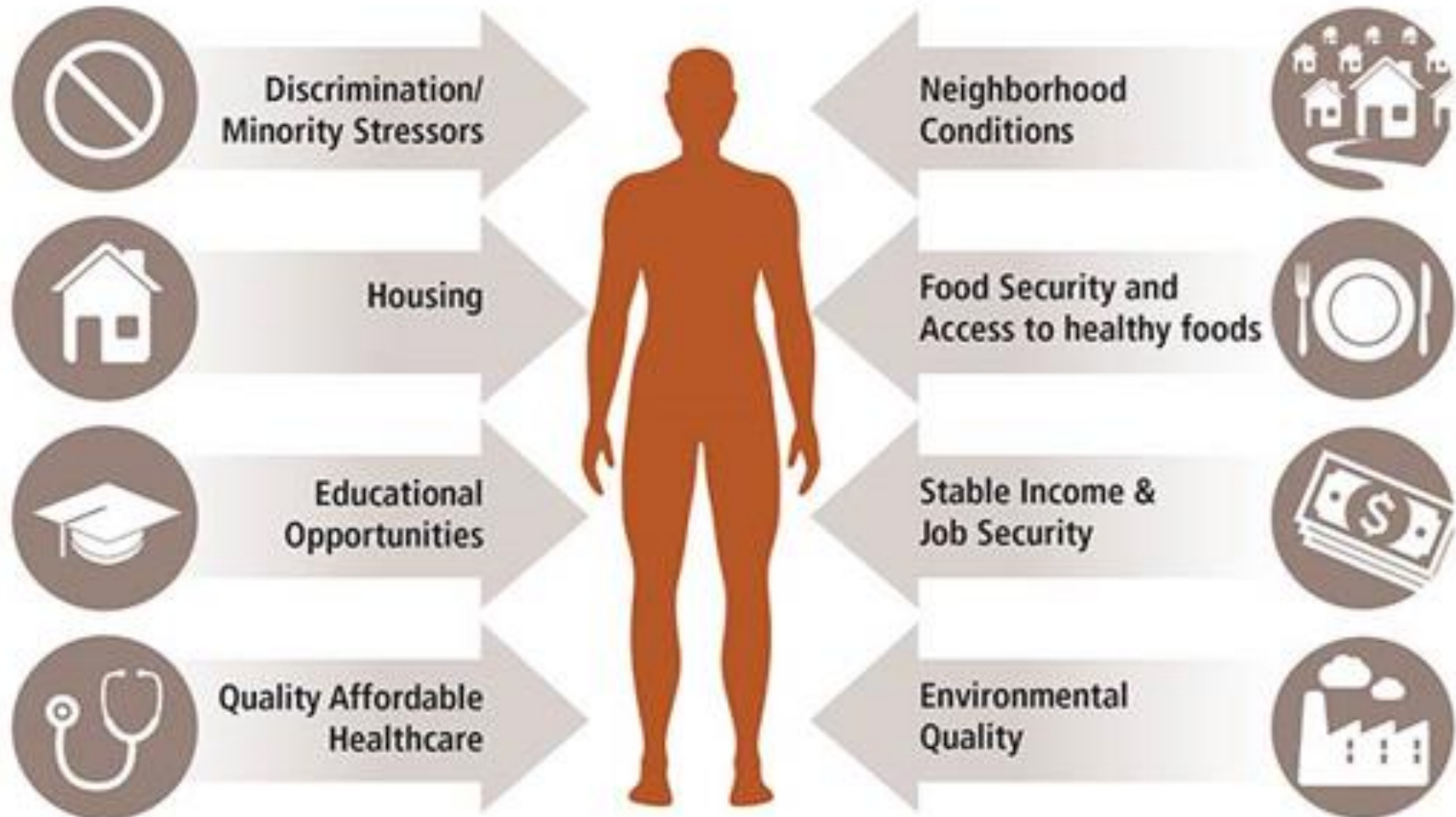
# Achieve outstanding health outcomes for all children and families.



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Health is affected by:

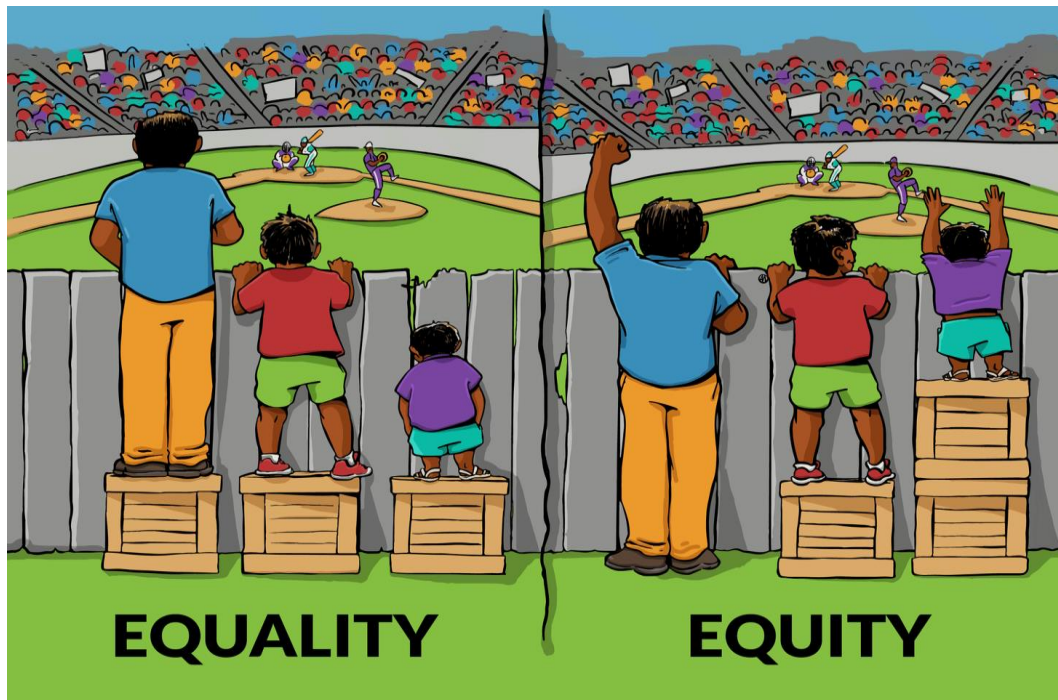




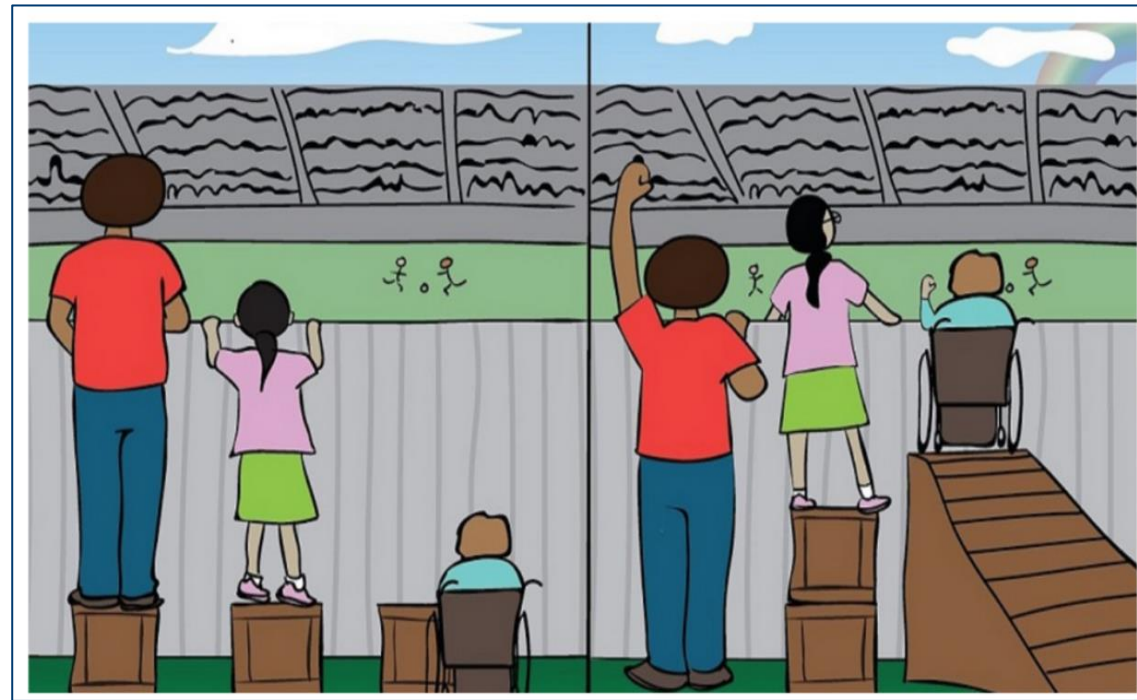
# Focused Dimensions of Difference

- Ability
- Age
- Body Size
- Citizenship
- Education
- Geography
- Gender Identity
- Language
- Neurodiversity
- Race & Ethnicity
- Religion
- Sexual Orientation
- Socio-Economics
- Veteran





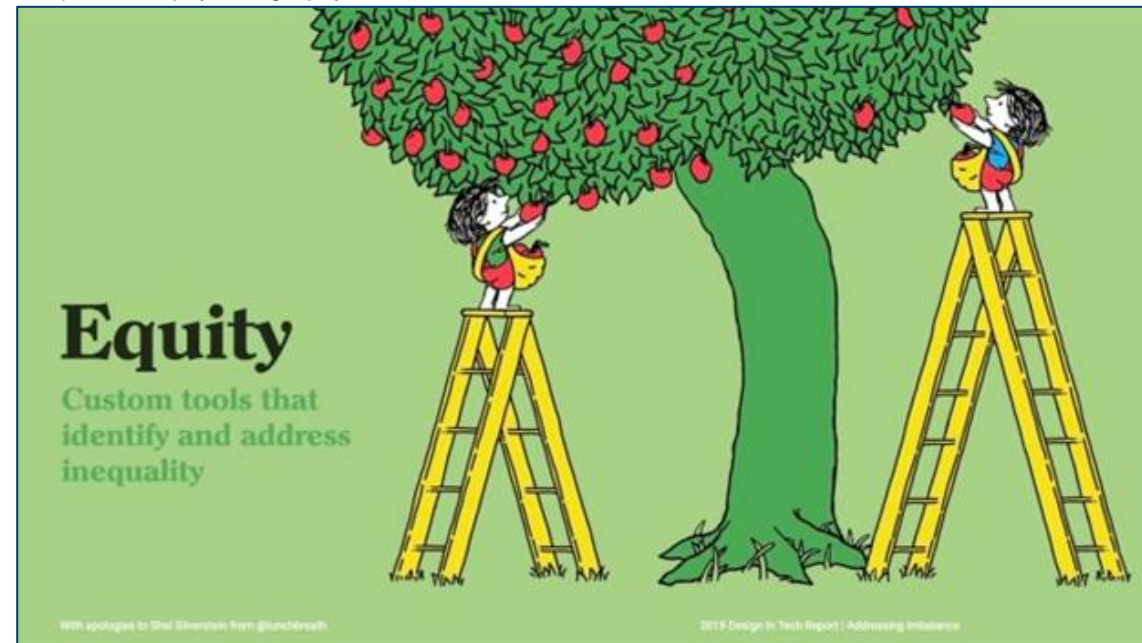
<https://interactioninstitute.org/illustrating-equality-vs-equity/>



<https://www.equitytool.org/equity/>



<https://betterbikeshare.org/2019/10/24/equity-vs-equality/>



<https://leader.pubs.asha.org/doi/10.1044/leader.FMP.26082021.8/full/>





# Systems of Oppression & Impact

1

REaL Data

Race,  
Ethnicity &  
Language

2

EHR

Electronic  
Health  
Records

3

COMMUNITY  
INPUT

We Ask  
Because We  
Care

4

STORYTELLING  
as DATA

More Than A  
Patient Record

## DIVERSITY, HEALTH EQUITY & INCLUSION

*“...people change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their thinking.”*

*-John Kotter, Leadership Expert*





# Types of Bias (and there are so many more...)

**Expedience bias:** *It's what's most obvious, so it must be true.*

Expedience bias tilts us toward answers that seem obvious, often at the expense of answers that might be more relevant or useful.

**Distance bias:** *What's near is stronger than what's far.*

True to its name, distance bias describes the brain's tendency to think people and events that are closer to us, in space or time, are more important than things that are further away. The nearer something is, the greater the value we automatically assign.

**Similarity bias:** *We like what is like us.*

Separating people into in-groups and out-groups appears to be part of being human. The major downside is we sometimes use superficial proxies like skin color or gender to decide who's "one of us" and who's not.



# Mitigate the Impacts of Personally-held Bias

Accept we all have biases.

Be aware of your particular unconscious biases<sup>1</sup>.

Commit to making a change.

**Practice empathy**, particularly “perspective taking,” or the ability to feel or imagine what another person feels or might feel – especially with those who are different from you<sup>2</sup>.

Solicit feedback from others.

Engage with people who counter stereotypical role models<sup>3</sup>.

Seek out positive images to counteract negative bias<sup>4</sup>.

1. Pope, Price & Wolfers, 2014
2. Todd, Bodenhausen, Richeson & Galinsky, 2011
3. Dasgupta & Asgari, 2004
4. Dasgupta & Greenwald, 2001

# Race, Ethnicity & Language



DIVERSITY, HEALTH EQUITY & INCLUSION



## We Ask Because We Care

Le preguntamos porque nos preocupamos

ကျွန်တော်တို့ ဂရုစိုက်  
သဘောကြောင့် မေးမမြန်းရ  
ခြင်း ဖြစ်ပါတယ်



نسأل لأننا نهم

Danaynaynaa

Maanu

Waydiinaa

Maxaanu U

እኛርስዎ ስለምናስብ እንጠይቃለን

हामीलाई तपाईंको चासो छ त्यसैले हामी अनुरोध गरिरहेका छौं



# Electronic Health Records



DIVERSITY, HEALTH EQUITY & INCLUSION



Patient Registration - Chris Test (34T)

File Edit View Options Help

Behavioral Health Patient Payment CHC Registration Authorizations Immunizations SFS History Missing Information Alias Tracking

Register Patient Portal

Patient	Guarantor	Additional	Insurance	Contacts	Appointments	Financial	Payment Plan	Historical D
---------	-----------	------------	-----------	----------	--------------	-----------	--------------	--------------

Title: \*First Name: Middle Name: \*Last Name: Suffix: Preferred: Chris Chris Test Chrissy

\*Birth Date: 01/05/1965 Birth Time: : M \*Sex: Male

Age: 54 Years Gender Identity: Identifies as Male

Patient Same As Guarantor Marital Status: Single

Sexual Orientation:

Addresses:  Primary  Alternate Swap

\*Address: 1340 Boylston Street

\*City/State: Boston MA ZipCode: 02215

Country: Address Type:

Subdivision:

Phone: (617) 927-6018 [ ] Home

( ) - [ ]

( ) - [ ]

Email:

SSN: - -

Patient ID: 34T

MRN: 513021

Resp. Provider: Primary Care, Not

Referring: Primary Care, Not

Primary Care: Primary Care, Not

\*Home Location: FENWAY

Facility: South End - Medical

Language: English

Race: White Race2:

Ethnicity: Not Hispanic or Latino Ethnicity2:

Sensitive Patient

No users denied access

User Specific Chart Access...

\*Patient Status: Active

Date of Death: / /

She

Get Photo Remove Photo

Quick Entry Mode (this session only)

Save & Exit Save Cancel

South End - Medical Get Driving Directions

http://fchc-jboss:9080/centricity/cps/patient\_registration.jsp?Hub=31724&View=28&NotUsingViews=0#

grasso 2:20 PM

# Community Input & Storytelling as Data

## Children's Hospital Colorado Black Health Initiative Simulation Series

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### A COMMUNITY AND PROVIDER PARTNERSHIP

#### BHI CAPE Information Video



#### BHI CAPE Information



#### **Overview**

Research continues to indicate Black mothers die at three to four times the rate of non-Hispanic White mothers, and infants born to Black mothers die at twice the rate as their non-Hispanic, White counterparts.



# Health Equity in Action

1

Utilize and respond to Social Determinants screenings.

2

Build toward representative workforce goals/metrics.

3

Support Family and Community Health Navigation.

4

**Check for and mitigate the impacts of bias.**

5

Develop pathways with impacted community members and organizations in relationship and partnership.





# Some Resources

## To Watch/Listen To

- [Why your doctor should care about social justice](#) (TED Talk by Dr. Mary Bassett)
- [What Is Intersectionality?](#)  
[The FREQ Show: Meet Me At The Corner \(of Oppression and Marginalization\)](#) (The FREQ Show)
- [Nice White Parents](#) (podcast from New York Times)
- [Intersectionality](#) (videos & article, National Conference for Community and Justice)

## To Read

- [You Call It Professionalism; I Call It Oppression in a Three-Piece Suit](#) (Carmen Rios)
- [Characteristics of White Supremacy Culture](#) (Kenneth Jones and Tema Okun)
- [So You Want to Talk About Race](#) (book by Ijeomo Oluo)
- [Between the World and Me](#) (book by Ta-Nehisi Coates)
- [The Book of Joy](#) (audio book by Dalai Lama, Desmond Tutu and Douglas Abrams)

REFLECT,

SHARE,

REPEAT.



**DIVERSITY, HEALTH EQUITY & INCLUSION**

[ExperienceDifferent@childrenscolorado.org](mailto:ExperienceDifferent@childrenscolorado.org)



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