



Health Equity and Anti-Racism

2024 Annual Report



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2024 Progress Highlights

Seattle Children's health equity and anti-racism efforts resulted in measurable impact across many outcome areas. Tracking progress over time offers insight into areas showing success and where opportunities for improvement remain.

Dive deeper into the stories that highlight this progress in 2024.

Helping Families Get the Essentials They Need to Thrive

"When you don't have an adequate place to live or food to feed your family, it's really hard to get basic care or benefit from the care you do receive," says Rebecca Del Re, a social service specialist and member of Seattle Children's Social Work Department. "Helping families get the essentials they need to thrive is one of my team's biggest goals."



Rebecca Del Re
Social Service Specialist

"No request is too small if it has the potential to ensure better health for the patients and families we serve."

[Social determinants of health](#) include basic needs that impact health and care outcomes — from stable housing to adequate nutrition and reliable transportation. To ensure that patients' social needs are met, a multidisciplinary team at Seattle Children's developed an optional survey that families can take during or prior to their child's medical appointment. If a family's responses show a need for resource coordination or support, families can request follow up from the care team. From there, patient families are referred to approved social service organizations, either directly or through a closed loop referral service called Unite Us.

As of Sept 2024, [191,200 patients were screened](#) at Seattle Children's and 5% requested follow-up support — most often for financial support and better nutrition.

Since the survey was introduced in 2021, there have been many opportunities to help patients and families seen at Seattle Children's. Del Re recounts one experience of assisting a patient family who had fled domestic violence. The patient's mother lacked transportation to get to her child's appointments.

The Seattle Children's Social Work Department stepped in to help the family navigate this challenge. They scheduled transportation for the family's upcoming appointment and provided support for the patient's mother, so she felt confident arranging transportation for future visits. Additionally, they connected the family with resources for clothing, housing and a laptop for the patient's schooling needs. Since then, the family has returned for multiple follow-up appointments.

"Most people do not know what help is available," says Del Re. "Our team is willing to find resources that are tailored to patients' and families' needs. No request is too small if it has the potential to ensure better health for the patients and families we serve."



Lanese Horton
Senior Learning Consultant

“Restorative practices allow people to approach each situation with a fresh mindset to strengthen connection to others.”

Healing From Within: Restorative Practices for Relationship Building

“Restorative practices are a way of life,” says Lanese Horton, senior learning consultant at Seattle Children’s and restorative practices lead facilitator. “It takes practice to pause and reflect on what you experience in the moment instead of comparing with your past experiences. This pause allows people to approach each situation with a fresh mindset and a blank canvas to strengthen connection to others.”

Seattle Children’s began training leaders in restorative practices in October 2023. The practices stem from restorative justice — a concept and set of principles that began to take shape in the 1970s that call for healing-centered rather than punishment-based approaches in the criminal-legal system.

Applied to people management, these practices prioritize relationships and provide tools to equip leaders and workforce members to identify challenges, take accountability and resolve conflicts through an inclusive framework.

The opportunity to lead the restorative practices project and put HEAR Action Plan recommendations into action excites Horton. She sees the potential of these efforts to build a more healing-centered and inclusive culture at any workplace, including Seattle Children’s. “Instead of defaulting to punitive measures when leaders face challenges within their teams, they’re thinking differently,” Horton said. “They’re having conversations with their team members about how to make the work experience and results better for everyone.”

With many leadership and workforce members adopting restorative practices, the Seattle Children’s team is further improving and integrating concepts into various aspects of the organizational culture.

While change takes time, especially within such a large organization, Horton knows the work will move forward. She also recognizes that meaningful change can’t happen without trust. “It takes a little glimmer of trust to build from,” says Horton. “My hope is that the project continues to build trust among workforce members, as my team and leadership commit to addressing past challenges and making meaningful improvements.”

“Accountability tends to get a negative reputation. We assume that someone’s to blame, and they need to be held accountable,” says Horton. “But you don’t have to blame and punish to solve challenges, and that’s what restorative practice is about.”

Revealing Data: The Health Equity Dashboard

It's one thing to know that inequities and systemic racism exist in most institutions, including healthcare systems. It's another to analyze robust data and take action.

"When we first presented the equity dashboard, viewership was limited," said Darren Migita, MD, pediatric hospitalist at Seattle Children's and a clinical professor of Pediatrics at the University of Washington School of Medicine. "However, leadership decided that the data should be visible to all Seattle Children's workforce members, sending a clear message to the whole organization that this work is important."

There is no quality without equity and Children's leadership strong support for the health equity dashboard demonstrates transparency by making the data clear and accessible to those who need it. The data is meant to help identify, challenge and change systems of racial inequity, and promote more equitable health outcomes.

Seattle Children's biostatisticians Dwight Berry, Brendan Bettinger and Andy Cooper designed the dashboard to visualize disparities across different racial and ethnic groups.

Coral Crandall, clinical effectiveness consultant in Seattle Children's Center for Quality and Patient Safety, supports teams in addressing these disparities. Crandall works to improve care pathways — or standard treatment plans — in the hospital system. Using the equity dashboard data, her team creates "equity pauses," or flags, in standard treatment plans at decision-making points — such as whether to admit a patient or which type of medication to prescribe — to raise awareness of potential biases. These efforts have been successful, as measured by dashboard data. "For some care pathways, just making the data visible has reduced the disparity or eliminated it," Crandall said.

Seattle Children's has [made the equity dashboard template available](#) to other institutions to support their efforts in eliminating racism and health inequities, with 83 downloads from 56 hospitals as of November 2024. "We want to be the people who are inspiring others in this journey," Migita said.



Darren Migita, MD
Pediatric
Hospitalist



Coral Crandall
Clinical Effectiveness
Consultant

There is no quality
without equity.



Maya Scott
CDHE Director



Shaquita Bell, MD
Senior Medical Director at OBCC

"The improvements were made possible by the incredible community that has come together to support Odessa Brown Children's Clinic."

Addressing Disparity in Sickle Cell Disease Care

People with sickle cell disease report that they are not always treated with respect and dignity, according to the National Institutes of Health. People of African descent, including Black and African Americans, are most affected by the disease. Racial discrimination is common for patients with sickle cell disease because they may not receive the quality care they deserve, and the disease is not prioritized in terms of research funding or improving outcomes.

In 2022, the Odessa Brown Children's Clinic (OBCC) at Seattle Children's invited an external advisory board (EAB), including hematologists, nurses and sickle cell patients, to visit OBCC's sickle cell clinic and share feedback.

After the visit, the EAB provided dozens of recommendations to help improve health equity and quality of care for patients with sickle cell disease. "One thing we learned between 2022 and 2023 is that we needed to create and monitor metrics around sickle cell disease care to ensure it is equitable," said Shaquita Bell, MD, senior medical director at OBCC. For instance, in the 2022 report, patient families reported concerns about the Emergency Department (ED). In response, the ED leadership team set measurable goals and now checks in on these metrics every month. In just one year, this has led to an improvement in patient satisfaction for all patients, not just those with sickle cell disease.

In 2023, OBCC and Seattle Children's Center for Diversity and Health Equity (CDHE) partnered on a pilot project related to caring for patients with sickle cell disease who are admitted to the hospital. OBCC and CDHE met with more than 100 patients and families, and the EAB was invited to revisit OBCC and assess program improvements. Their subsequent recommendations were minimal and focused on changes to nursing, and they commended Seattle Children's progress in addressing health disparities.

"These improvements were made possible by the incredible community that has come together to support OBCC," says Maya Scott, director of CDHE. "Thousands of people have allowed Seattle Children's to learn from them and it is our responsibility to make sure the community's dedication is something we recognize, celebrate and honor."

“It’s Me, and the System:” Using Technology to Close Equity Gaps in Care

“When I reviewed the data of the patients I was treating, I saw the health disparities clearly,” said Sanjay Parikh, MD, division chief, Otolaryngology – Head and Neck Surgery at Seattle Children’s. “It made me realize that I was contributing to health inequities, which was hard to accept.”

Patient data collected by Seattle Children’s showed that patient families who use a language other than English for care were more likely to return to the Emergency Department after a tonsillectomy — a common childhood surgery to remove the tonsils. The care team of anesthesia, nursing and surgeons met and hypothesized that the aftercare instructions explaining the importance of patients drinking plenty of fluids after surgery did not effectively communicate the recommendation with patient families who did not use English for care. “I looked across all the data and realized I’m contributing to inequities — it’s me, and it’s also the system. And isn’t it my job to help make the system work better for all patients?”

Once the barrier to better health outcomes was identified, the solution was relatively simple. The otolaryngology team made the aftercare instructions visual, with images of the recommended number of cups of fluid patients should drink every day following surgery. This simple change closed this gap and improved health outcomes for all patients, not just those who were affected by the previous disparity. “This result speaks to the impact of improvements. When a care gap closes for one patient group, care improves for all patients,” Parikh said.

Parikh and his team are fueled by the belief that all patients deserve equitable healthcare and optimal outcomes, regardless of race, ethnicity or language differences. “While identifying health inequities is often discouraging and can lead to feeling ashamed, our teams at Seattle Children’s tackle problems related to health inequity with enthusiasm — we want to work on them.”





Sanjay Parikh, MD
Division Chief, Otolaryngology

“Isn’t it my job to help
make the system better
for all patients?”

Outcome Measures

The progress of Seattle Children's Health Equity and Anti-Racism Action Plan is tracked through six outcome measures.

Key

Achieved Not there yet

EXECUTIVE ACCOUNTABILITY

Link executives' pay to achievement of HEAR Action Plan outcomes.

 **Goal: Project complete by end of FY24**

100%
of project completed

The Seattle Children's Hospital Board of Trustees uses an equity-related executive compensation model, which includes three equity-related goals. Executive pay is based on the results of final fiscal year goal achievement, with 15% of executive compensation being linked to equity-related goal achievement.

ADAPTIVE SOCIAL RESPONSE

Reduce disparities in most restrictive interventions in the Emergency Department for Black/African American and Hispanic/Latinx patients by 7%.

 **Goal: 7% decrease in most restrictive interventions**

50%
of project completed

The goal was met for Black/African American patients. However, the goal was not met for Hispanic patients and will be a strong FY25 focus.

EMPLOYEE DIVERSITY

Increase employee representation by 3% for a total of 43.5% through hiring and retention strategies to further Seattle Children's diverse patient population.

 **Goal: 43.5%**

42.5%
employees identify as
racially/ethnically diverse

The % increased each quarter but fell short of the annual goal. Retention was a FY24 focus and turnover for racially and ethnically diverse workforce members decreased by 1%. The past 5 years, the % of racially and ethnically diverse workforce members has increased by 29%.

FAMILY EXPERIENCE SURVEY

Achieve an overall average score of 81.9% for the Family Experience Survey (FES) from Press Ganey.

 **Goal: 81.9% patient families likely to recommend Seattle Children's**

81.9%
patient families likely to
recommend Seattle Children's

The overall average score met the goal and disparities were identified in ambulatory survey responses to help prioritize future efforts.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Implement a resource referral database for patients who screen positive for SDOH and add one additional screening question.

 **Goal: Project complete by end of FY24**

100%
of project completed

Successfully implemented new closed-loop resource referral system with 45 referrals made since June 2024. Established additional SDOH screening question that will go live in Q1 of FY25.

RESEARCH PARTICIPANT DIVERSITY

Increase the diversity of research participants by 1% for a total of 36.6% to further reflect Seattle Children's patient population.

 **Goal: 36.6%**

43.8%
research subjects identify as
racially/ethnically diverse

Research participant enrollment met and exceeded the goal.

Seattle Children's fiscal year is Oct. 1 through Sept. 30. Data as of Sept 30, 2024.

Looking Forward

While the HEAR Action plan is entering its third and final phase, promoting health equity is ongoing work to help sustain equitable health outcomes. It sets a standard of accountability across all roles, encouraging a proactive commitment to deepening and strengthening action. This effort drives Seattle Children's toward a future where every child has access to equitable and unsurpassed quality clinical care.

Seattle Children's invites everyone — workforce members, patients, families and community partners — to join the ongoing journey toward achieving safe and equitable healthcare for all children.

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online report**



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