The journey ahead is exciting, but not without its challenges. Only with all of us pulling together in the same direction will we realize the great potential that lies ahead of us.”

– Paul Kempinski, MS, FACHE
Since joining Children’s Mercy in November 2018, I have formed the strong belief that our institution is evolving to become one of the best pediatric hospitals in the country, and one of the reasons is our commitment to equity and diversity.

We have laid out a roadmap for our future that includes total devotion to patient care, education, innovative research and improvements to the communities we serve. But the simple fact is, we cannot deliver excellent care, perform world-class research, or be an engaged partner with our community if we do not strive to be a diverse and inclusive organization.

In this report you will read updates on what we have put into motion to support our commitment to diversity and inclusion. Examples I would like to highlight include:

- The appointment of our first Chief Diversity Officer, Marshaun Butler, who took on this role in 2018 in addition to her duties at that time as Vice President of Children’s Mercy Hospital Kansas and Regional Practices. In her role as CDO, Marshaun is driving strategies to foster an inclusive environment; providing oversight in the planning and execution of diversity-related initiatives; and partnering with leaders across the hospital to advance values, policies and practices of inclusion. Marshaun will continue to serve as Chief Diversity Officer until later this year when the CDO role is expanded into a full-time position. At that point, Marshaun will turn those duties over to the new, full-time Chief Diversity Officer in order to concentrate on her recently announced new position as Vice President–Clinical Support Services and Children’s Mercy Hospital Kansas Operations. Marshaun will continue to be actively engaged in our diversity and inclusion efforts going forward.

- In the new organizational structure we are creating, the Office of Equity and Diversity will report to a yet-to-be-named Chief Strategy and Innovation Officer. I envision this position to be key in ensuring a bold strategic direction, and placing Equity and Diversity at this spot in our organizational design with a full-time Chief Diversity Officer reflects the value and priority of these initiatives.

- We’ve established “Employee Resource Groups,” which are networks of and for employees structured around dimensions of diversity. Our first two ERGs—African-American Advancement (A3) and CM Pride—proved so successful that the Human Resources Council approved ERGs as permanent employee lead programming and authorized formation of additional ERGs.

As you review this report of our accomplishments, keep in mind that this is a journey. We will continue to learn from our patients, families, employees and community stakeholders as we evolve our diversity and inclusion efforts.

Thank you for taking the time to read this report. We are proud of our progress to date and we hope that you, as our partner, also will share that pride – just as you have shared in our progress.

Sincerely,

Paul Kempinski, MS, FACHE
President and Chief Executive Officer
At Children’s Mercy (CM) we are committed to the equity, diversity and inclusion of our patients, families, employees and the communities we serve.

As we look to better understand health disparities in clinical care – and how they not only impact care, but how we can work toward ways to close those gaps ensuring all children have effective care. We commit to work toward all children having the best possible outcomes, as we appreciate that our differences will also make us stronger and more innovative. We must be deliberate and intentional in understanding the disparities that exist in the care of children, so that together we can create a solution. We are influenced by one of the founding sisters of CM—Katherine Berry Richardson—“I have not served children unless I have served them all.”

Our Office of Equity and Diversity is responsible for implementation of our Equity and Diversity strategic framework, which includes cultural competency education, creating diverse talent pipeline strategies, growing community engagement and partnerships and expanding our vendor diversity base. With guidance and help from employee lead Employee Resource Groups, the Equity and Diversity Council and active diversity and inclusion workgroups throughout the organization, CM will be persistent in addressing the health disparities in children that require multi-factorial interventions and framework:

• Advocacy
• Care Delivery
• Data and Research
• Education
• Ethical Construct
• Leadership
• Patient Provider Communication
• Public Accountability
• Policy & Practice

By accepting and embracing our differences, as a team – we are better positioned to be proactive in recognizing and acknowledging the differences in each patient and family we care for and support.

Marshaun Butler, MHSA
Chief Diversity Officer
Vice President, Clinical Support Services and Operations, Children’s Mercy Hospital Kansas
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Addressing health disparities, health equity, diversity and inclusion have been the leading priorities and driving force behind the Office of Equity and Diversity. As the office observes 10 years of service, pioneering with patients, families, employees and the community, we recall the culture, rich history and founding principles that impact how we deliver patient and family-centered care at Children’s Mercy each day.

Kansas City Municipal Hospital opened its doors in 1873 as Kansas City’s first public medical center. During this time Black and Hispanic patients and families received extremely limited care and resources. A most distressing flood in late April 1903 caused massive cut off to fire protection services and devastating damage to areas in Kansas City. The Kansas City Municipal Hospital was included in that devastation where Black and Hispanic patients were left abandoned and neglected.

In 1908, the new General Hospital No. 1 was established for Whites, while the Kansas City Municipal Hospital would change hands, igniting public hospitalization for non-white patients. The Kansas City Municipal Hospital would be renamed General Hospital No. 2 and redesigned to shape and measure medicine through an equity lens by way of training young African American men and women in medical education. Later, the Negro School of Nursing opened its doors in 1911, generating additional opportunity in medicine. Today, the Don Chisholm Hospital Hill Center located at 610 E. 22nd Street sits near the former site of General Hospital No. 2, which was located at 600 E. 22nd Street.

A dose of powerful pause is necessary as the Office of Equity and Diversity moves forward on its journey. We are guided by the commitment and transformational leadership of our two founding sisters, Alice Berry Graham and Katharine Berry Richardson. We aim to eliminate health disparities and inequalities, create opportunities to enhance workforce diversity and inclusion in all areas of the organization, and strive to provide the best care to all children everywhere, improving their quality of life. Please join us in celebrating the last 10 years and what we’ve accomplished in FY 18-19!

LOVE WILL thrive where love is rooted in commitment.

“ When we come together, we aren’t just stronger. We’re also able to share our compassion, our time, our wisdom, our love.”

– Oprah Winfrey

THE POWER OF 10
CM patient visiting the Operation Breakthrough Clinic.
Launched “El Consejo de Familias Hispanas/Latinas” Family Advisory Board
All faculty and staff of Children’s Mercy completed “Honoring Diversity” Courses (2008-2010)
Children’s Mercy joined Hospital Hill Diversity Council (HHDC)

First Administrative Director, Gaby Flores appointed to OED

2008

2009

2010

2011

2012

2013

First Medical Director, John (JC) Cowden appointed to Office of Equity and Diversity (OED)
Established Office of Equity and Diversity (OED)
Established Equity & Diversity Council (EDC)

Gaby Flores, MSM appointed Director of OED
REal Data Project
CHICOS Clinic Established
Men in Nursing Program launched
Adoption of OED Framework
Established partnership with Hospital Infantil de México Federico Gómez

Language Services transition to OED
First Human Rights Campaign/Health Care Equality Index Designation awarded to Children’s Mercy
Children’s Mercy joins PHEC
Qualified Bilingual Staff Policy launch

Black Health Care Coalition & Children’s Mercy Community Baby Shower partnership
New Interfaith Chapel established
Cultural Competency Education Series launched
EQUITY AND DIVERSITY LEADERSHIP STRUCTURE

MARSHAUN BUTLER, MHSA
Vice President & Chief Diversity Officer

OFFICE OF EQUITY AND DIVERSITY

Gabriela Flores, MSM
Director

John (JC) Cowden, MD, MPH
Medical Director

Tiffany N. Chow, MA, MS
Project Manager, Health Science
Summer Intern Supervisor

Angelique Foye-Fletcher, MS, BS, LMFT
Education Coordinator

Angie Knackstedt, BSN, RN-BC
Bioethics Clinical Coordinator

Francisco (Paco) Martinez, MA
Program Manager, Culture & Language Coach

Vickie Yarbrough, MA
Office Manager and Qualified Bilingual Staff Program Manager

EQUITY AND DIVERSITY COUNCIL

Ryan McDowell, MS
Chair

15-member Inter-disciplinary Council,
2 Patient/Family Advisors
5 Work Groups

Accessibility
Work Group

Children’s Mercy Hospital Kansas
Work Group

Cultural Competency & Workforce Diversity
Work Group

Family and Employee Experience
Work Group

Inclusion and Diversity in Research
Work Group
EQUITY AND DIVERSITY MISSION, VISION AND FRAMEWORK

Equity and Diversity Mission
Children’s Mercy is committed to diversify and empower employees while advocating for all our patients to have equitable health outcomes.

Equity and Diversity Vision
To be an inclusive and diverse workforce providing equitable and exceptional health care for our community.

Equity and Diversity Framework

LOVE WILL
HONOR KNOWLEDGE AS
THE SEED FOR CHANGE.

Chatter filled the Children’s Mercy auditorium as attendees took their seats in preparation for the 2018 Patient Care Services Research Symposium, Health Equity: Addressing Health Disparities to Improve the Care of Children and Families.

Marshaun Butler opened the symposium with a warm welcome and reminder that the best things that we as employees of Children’s Mercy do for the patients and families that we serve, we all do together.

Dedicated leaders, educators, researchers and community partners gathered to inform, share ideas and ignite innovative thinking to promote the message of health equity. Denise Dowd, MD, MPH, and John Cowden, MD, MPH, were the featured keynote speakers. Patricia Davis, Trauma Informed Care Program Manager and Adolescent/Family Therapy Provider, and Amy Beck, PhD, explored the relationship between trauma informed care and health disparities.

An Interactive audience participation activity co-presented by and Tanya Burrell, MD, and Hank Puls, MD, demonstrated how implicit bias impacts child abuse and neglect. Francisco Martinez, Program Manager, Culture & Language Coach, and John Cowden, MD, MPH, introduced how Children’s Mercy has made enhancements to the bilingual care delivery system to reduce disparities caused by language barriers and Parent Volunteer, Sosha Chaney, shared her very compelling story of A Mother’s Experience Seeking Care for her Daughter.

The symposium concluded with a very candid panel Q & A session with all the presenters which brought attention to issues of community importance, addressing access to care, barriers that affect quality of care and social determinants of health.

Through it all, we were fortunate to draw on the knowledge and experiences of Children’s Mercy staff and parents. The full-day conference was intended to connect and contribute to a change in how we provide care to everyone we serve.

“Evaluations from the event were overwhelmingly positive and sparked clinicians to address health equity issues in their interactions with patients and families.”

– Sue Teasley, MBA, MSN, RN, Patient Care Services Research
Children's Mercy surgeons worked to give Martin the gift of greater movement.
LOVE WILL enhance care delivery and patient-provider communication.

Yadira Murguia was overjoyed as she awaited the arrival of her first child. After giving birth to her son Christian, Yadira unexpectedly received the news that he would be admitted to the Neonatal Intensive Care Unit (NICU) at a local hospital, where he stayed for two weeks. Upon release, Christian came to Children’s Mercy for his three-week newborn check-up. There Yadira learned that her new baby boy had Down Syndrome and a heart murmur.

During her pregnancy, Brenda Saenz underwent a combination of tests used to look for certain birth defects. As she waited in anticipation for her son Diego to meet the world, Brenda learned that he would be born with Down syndrome and transferred to the Children’s Mercy NICU where he would stay for six weeks.

Having a newborn son with Down syndrome was not the only thing Brenda and Yadira had in common; they also were primarily Spanish-speaking. The language barriers they faced added an extra layer to an already challenging situation.

In 2008, John (JC) Cowden, MD, MPH, general pediatrician at Children’s Mercy Broadway Yellow Clinic and Diego’s primary care provider, shared an idea with Brenda to bring Spanish-speaking families together in an effort to educate Children’s Mercy on how to provide better care for the Spanish-speaking families we serve at CM and in their communities. As Consejo has grown over the past 10 years, Brenda and Yadira have each taken their turn as “Presidenta” (Chair) of the group, helping CM better respond to the needs of our patients and families by offering communication and materials in Spanish, signage throughout the hospital, and special parent training events. They also have had the opportunity to become registered volunteers and patient tracers.

“I’ve been through a lot at Children’s Mercy,” said Yadira.

For both Yadira and Brenda, the many appointments in Cardiology, Pulmonology, Endocrine and other outpatient clinics have made them experts in navigating the hospital.

This extensive experience has allowed them to share perspectives and become the voice of Latino/Hispanic/Spanish-speaking families at CM and in their communities. As Consejo has grown over the past 10 years, Brenda and Yadira have each taken their turn as “Presidenta” (Chair) of the group, helping CM better respond to the needs of our patients and families by offering communication and materials in Spanish, signage throughout the hospital, and special parent training events. They also have had the opportunity to become registered volunteers and patient tracers.

“Other parents in the community reach out to us to inquire about services at Children’s Mercy. I’ve become more confident with Christian’s health care, I’m not scared or embarrassed to ask questions or request something,” said Yadira.

Today Brenda and Yadira proudly share pictures and stories of 14-year-old Christian and 12-year-old Diego, who are active in school, swimming, baseball, and of course electronics! Down syndrome did not defeat them – it gave Brenda, Yadira and other Consejo parents an opportunity to support and develop new initiatives to better serve patients and families.

For more information about El Consejo, please contact consejo@cmh.edu.
LOVE WILL celebrate community engagement and supportive mechanisms.

We are all in this together. Whether it’s CM Pride planning Hambingo Night at Hamburger Mary’s to raise funds for the Children’s Mercy Gender Pathways Clinic (GPS), or A3 African American Advancement adopting an Operation Breakthrough family for Christmas, the Children’s Mercy Employee Resource Groups (ERGs) are embracing the community with effect and purpose. To date the ERGs have devoted time and participation in countless community outreach activities with a mission to make the world a little brighter!

Since the inception of the ERG pilot program in 2017, employee-led ERGs have become a critical piece of the organization’s diversity, inclusion and equity strategy. At Children’s Mercy, the ERG approach is simple. Created with a commitment to emphasize and improve work-life balance and organizational effectiveness as it relates to our true north of patient-family-centered care.

“It has been so wonderful to see the energy behind establishing the ERGs!

It was apparent from the beginning that employees were thirsty for an opportunity to connect with one another and create a unique community within the larger CM community...

To watch A3 grow into what it is now, has truly been invigorating! We have not only been able to impact CM employees, patients, and families, but also those within the KC community and this is only the beginning!”

– Tiffany N. Willis, PysD, Co-Chair, A3-African American Advancement

Inclusion makes us beautiful. On Thursday, July 19, 2018 the two ERGs came together to host the ERG Ice Cream Social and Expo, celebrating completion of their pilot year and permanent employee programming designation at Children’s Mercy. Both groups shared what they’ve achieved and what is yet to come, while serving ice cream until it was gone!

“Serving as Co-Chair for CM Pride over the last year has truly been a remarkable experience...

I am sincerely in awe of the talent our members bring to the table and their commitment and dedication to making sure CM Pride flourishes. CM Pride has strived to be as diverse and equitable as possible to make sure everyone within the ERG has a voice and to make sure our LGBTQ employees, patients/families and, community partners are treated with dignity and respect.”

- Michael Martin, Co-Chair, CM Pride
OUR EMPLOYEES  Children’s Mercy all locations (FY 18-19)

DID YOU KNOW?

Children’s Mercy has 8,235 employees

7,242 employees at Missouri locations

993 employees at Kansas locations

GENDER  ALL EMPLOYEES

Female 80.98%

Male 19.02%

DEMOGRAPHICS  ALL EMPLOYEES

American Indian or Alaska Native 0.33%

Asian 3.57%

Black or African-American 9.85%

Hispanic or Latino 5.87%

Native Hawaiian or Other Pacific Islander 0.05%

Two or more races 1.54%

White 78.80%
LOVE WILL promote workforce diversity and inclusion.

Promising initiatives at Children’s Mercy are paving the way to better health outcomes. In 2017, the GME- Subcommittee, an extension of the Children’s Mercy Faculty and Trainee Diversity, Equity and Inclusion Committee (FT-DEIC) led by Bridgette Jones, MD, MS, designed a unique program to offer experiences to Under-represented in Medicine (UIM) medical students to participate in clinical and research opportunities in academic medicine at Children’s Mercy Kansas City.

This competitive program, led by Tamorah Lewis, MD, PhD, Jaszianne Tolbert, MD, and Bridgette Jones, MD, MS, called Mercy + Me, encompasses our institutional mission to advance and improve the health and well-being of children by way of education, health equity and workforce diversity.

Fourth-year medical students in good standing and selected to participate in the Mercy + Me Minority Elective Program spend four weeks discovering Children’s Mercy. Participants are assigned a faculty advisor and exposed to opportunities available in an academic medical center. Each week was filled with customized clinical rotations and didactic teaching by Children’s Mercy dedicated faculty and staff.

Children’s Mercy promotes an environment where medical students from diverse backgrounds feel supported and encouraged to apply to the Children’s Mercy Kansas City Pediatric Residency Program, reaffirming our leadership commitment of “Striving to be a diverse and inclusive learning and working organization.”

Feeling the Reality of Change. On Match Day in March, as the Children’s Mercy 2019-2020 intern class was announced, positive affirmations and congratulations filled the airwaves. Six members of the incoming residency class represent UIM minority groups, with one student specifically accepting the invitation after participating in Mercy + Me.

Personal Touch Matters. The Mercy + Me rotation is supported in part by the Black Community Fund (BCF), an affiliate of the Greater Kansas City Community Foundation and by our own Department of Graduate Medical Education here at Children’s Mercy.

“The Mercy + Me elective gives UIM medical students a funded opportunity to come see what our pediatric training programs have to offer. Once they spend some time within our walls, the odds that they will apply to our program is increased, and over time, our training programs will become more racially diverse.”

– Tamorah Lewis, Chair, GME Sub-committee of the FT-DEIC
If you don’t give people information, they make up something to fill the void.”
– Dr. Carla O’Dell, Board Chairman, American Productivity & Quality Center

Cold weather. Hot topic.
It was a chilly day in Kansas City, but a hot and sizzling lunch hour at Children’s Mercy. A small auditorium style classroom meant to hold 50 people filled up quickly to 70, aisles blocked with attendees burning with excitement and anticipation for a new 2019 Cultural Competency Lunch and Learn Series topic: Race, Place, and Zip Code: Addressing Social Determinants of Health in the Health Care System. Each attendee huddled together to understand how zip code is a better predictor of health than genetic code for our patients and families (Roeder, 2014).

Education Coordinator, Angelique Foye-Fletcher invited the class to approach the topic with a mindful and open attitude. With gentle encouragement, the room hushed with silent reflection and a willingness to take a courageous dive into a discussion on why where a patient was born, where they work, and where they live, may better determine their health outcome.

The intent is to gather health care professionals and community partners, provide a wise word, show loving support, while becoming aware of the unaware as it relates to culture-related and societal issues that extend beyond race and ethnicity.

In April, Bethany Johnson-Javois, CEO of Integrated Health Network, and Heidi Miller, MD, Internist and Consultant at Integrated Health Network in St. Louis, Mo., gave a meaningful talk titled “Health Equity and Ecosystems: Stretching Beyond the False Finish Lines of Diversity and Health Disparities” at the Children’s Mercy Diversity Grand Rounds. Disparities in medical outcomes and access to health care along racial, gender and other demographics have been known for some time. However, health care providers are just beginning to truly understand and link the factors that influence the decisions that lead to these discrepancies (WUSM, 2018).

Children’s Mercy understands the importance of family-centered care for all families in our community. To demonstrate our unwavering commitment to our families, Dr. Randell O’Donnell, former President and CEO of Children’s Mercy, signed the American Hospital Association (AHA) #123forEquity Pledge, the national call for action to America’s hospital and health systems to eliminate disparities in health care.

In 2018, the Office of Equity and Diversity launched the “Unconscious Bias & You” e-learning modules for all employees (plus an additional 30 minutes of training for supervisors) around cultural competency and implicit bias to 8,000 + employees at Children’s Mercy. In addition, the e-learning modules provided “just in time” access for leaders and employees.

Cultural Competency courses such as the one listed above were developed to promote various types of educational offerings from panel discussions to experiential learning, connecting to inclusion, language access, health literacy, trauma informed care, health disparities affecting the LGBTQ Community and more.
OUR PATIENTS  Children’s Mercy all locations (FY 18-19)

GENDER

- Male: 392,459 (51.33%)
- Female: 371,967 (48.65%)
- Unknown: 80 (.01%)

RACE

- White: 58.56%
- Black or African-American: 17.40%
- Hispanic or Latino: 12.56%
- Native-Hawaiian or Other Pacific Islander: 5.89%
- Multi-Racial: .27%
- American Indian or Alaska Native: .30%
- Asian: 2.24%
- Other: 2.79%

LANGUAGE

- English: 700,429
- Spanish: 50,350 (6.59%)
- Somali: 2,914 (.38%)
- Vietnamese: 1,226 (.16%)
- Arabic: 1,959 (.26%)
- Burmese: 1,678 (.22%)
“LOVE WILL show us how children often lead the way in our caring. From near and far, people rally around the causes of helping children and the hospital that takes them under its wing.”
– Tom McCormally, MS, Historian
LOVE WILL increase data collection, public accountability, quality improvement and research.

One of the most essential layers to survival and success is support. Building relationships, developing bonds and connections that enable children, teens and families to maximize their potential. When communities are fragmented, feelings of powerlessness take over and isolation spreads.

Both Children’s Mercy and Operation Breakthrough have taken up the charge of bringing together leaders with a collective goal to tackle the health implications of toxic stress, mindfulness, overall well-being and academic success with the execution of Partnership for Resilient Families. Building on the existing model of child care, health care, and school care that’s been in place for the past 20 years, members of this partnership will strengthen the current structure by infusing alternative strategies to better manage, understand and build meaningful dialogue for change.

An inclusive environment and safe space have been created at Operation Breakthrough where all feel connected and protected. The Partnership for Resilient Families leads with a mission to bring health care, social services and education together to break the intergenerational cycle of toxic stress in our communities through collaboration, innovation and discovery.

“The Partnership for Resilient Families brings leaders from Children’s Mercy and Operation Breakthrough together to nurture important relationships that support our collective efforts to provide the best pediatric health care and early childhood experiences to Operation Breakthrough children and their families.”

– Donna O’Malley, PhD, RN, Director of Community Programs

“"The OB-CMH Partnership for Resilient Families is a wonderful example of a highly collaborative approach to helping children achieve their full potential. This innovative initiative ties health care, early childhood education and social services together in a two-generation approach – focusing on the most important vital sign: the relationship between parent and child.”

– Denise Dowd, MD, MPH
There are many amazing and kindhearted human beings in the world. Once you come across them, you must find out more about the light that beams from the inside out! Please meet Emily Brown, CEO & Founder of Food Equality Initiative Inc. (FEI), and Renewed Health, the nation’s first allergy-friendly and gluten-free pantry.

Following a visit to her primary care physician, Emily’s 1-year-old daughter was diagnosed with multiple food allergies. This sudden change would impact their quality of life in many ways. A visit to a local food pantry, quickly identified to Emily there was no food available to fit the specific needs of her family. While considerable information is known about the complexities of food allergies, more research is needed, and many questions must be answered to improve the safety net systems of families living with food allergies.

Taking Action. Emily is actively involved in the Greater KC Food Policy Coalition, co-chair’s the Children’s Mercy (CM) Food Allergy Family Patient Advisory Council (FAFPAC), is a member of the CM Family Advisory Board (FAB), CM Hunger-Free Hospital Taskforce, and Secretary of the Eugene Ware Elementary PTA. Emily uses each platform to bring awareness to the vital importance of access to healthy food, nutrition services and policy change, while offering a fresh perspective on the patient experience.

With Gratitude. Emily acknowledges that Chitra Dinakar, MD, former Director of Food Allergy Center at Children’s Mercy, provided one of the best patient care experiences that she’s ever been a part of. “Dr. Dinakar set aside time for me, explained all of the different test results and what certain allergies meant,” says Emily.

There are no limits when choosing to be committed and vulnerable for others you love and care for. Fueled with a mission to address disparities in access to allergy-friendly foods, Emily has dedicated her life and time to improving health outcomes and eliminating hunger through access to nutrition education and advocacy, for low-income individuals diagnosed with food allergies and Celiac disease.

For more information on Emily Brown and The Food Equality Initiative: foodequalityinitiative.org

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LOVE WILL LEAD BEYOND THE WALLS OF CHILDREN’S MERCY.
LOVE WILL build the connection between ourselves and the life all around us.

The bitter cold winter wind wrapped around Kansas City on Feb. 16, 2019, as attendees traveled to the University of Missouri-Kansas City (UMKC), Atterbury Student Success Center to attend The Fifth Annual Health Sciences Harmony Gala, an event which helps raise funds for the Health Science Hill Diversity Scholarship Fund. Through the fund, financial support is provided to historically underrepresented minority students, enrolled full time at one of the UMKC Health Science Schools of Dentistry, Medicine, Nursing and Health Studies or Pharmacy.

It was an evening to remember as Children’s Mercy was presented with a 2019 Health Care Provider Award, acknowledging the outstanding commitment and dedication to providing health care to the underserved populations in the Kansas City metro area.

“This amazing recognition honors the 10-year collaborative partnership between Children’s Mercy and University of Missouri-Kansas City School of Health Professions. The Health Sciences Diversity and Inclusion Council envisions a community of health educators, providers and learners creating an ecosystem that promotes diversity, equity and inclusion for aspiring health care professionals.”

– Gaby Flores, MSM, Director, Office of Equity and Diversity
Care assistant positions can be hard to fill, especially for the night shift. Certified nursing assistants (CNAs) are in demand, and individuals who are interested in these positions, but lack certification often can't afford to quit their current jobs to attend the required 12 weeks of full time CNA training.

That was the conundrum facing Children's Mercy's Talent Acquisition team late last year as they brainstormed with Becky Paulsen, PhD(c), RN, CPN, Senior Director, Medical/Surgical Services, and other nursing leaders on ways to fill these critical positions that provide care basics all hospital patients need.

"From a nursing leadership perspective, we were so frustrated with having chronically open positions that we needed to fill, but not enough qualified candidates to fill them," Becky said.

As discussions continued, Talent Acquisition Manager Angie Richardson and Talent Recruiter Amy Sanchez had an idea: What if we could break through the barriers that stand between these jobs and the people who want to fill them?

"I always wanted to go back to school and get my CNA, but time and money were always factors because I still had a family to take care of, so being able to get paid and keep my benefits was great," Leticia Lovings said. "I feel like I’m showing my daughters you’re never too old to learn, and to not be scared to change and try new things in life."

It was an idea worth testing. The CM team, together with the Full Employment Council (FEC), a nonprofit employment agency that helps unemployed and low-wage Missourians prepare for and find good jobs in the Kansas City area, and the University of Central Missouri (UCM), collaborated on a program to enable potential care assistant candidates to get the training required without sacrificing their families’ financial stability. Today, six new CNA-certified care assistants are happily settling into their new jobs as a result.

Problem-solving collaboration. Each partner had a barrier-busting role to play in the success of the program, which began in late November 2018 and concluded with a graduation celebration in February 2019.

The FEC was a key partner. The council handled the initial screenings of applicants and paid for the CNA training provided by UCM. Instructors held classes at FEC’s offices to accommodate students for whom transportation to and from the UCM Lee's Summit campus would have been challenging. After interviewing and selecting candidates, CM hired them as benefits-eligible student care assistants, paying them for a 36-hour weekly schedule throughout the training period.

"I feel like I’m showing my daughters you’re never too old to learn, and to not be scared to change and try new things in life."

– Leticia Lovings, CNA

New Care Assistants (from left) Ke’Sha Rivers, Kmeshia Reid, Lindsey Johnson, Kerry Deaver, Leticia Lovings and Antionette Drone, pictured here at graduation ceremonies in February, now part of the CM care team.
LOVE WILL empower and command change: A message to Karen Cox, PhD, RN, and former Executive Vice President/Chief Operating Officer and Randall L. O’Donnell, PhD and former President and Chief Executive Officer.

Now over 10 years into our journey as an office, we can look back and see the enormous impact of the essential investments our executive leaders made at the outset of our work (and on an ongoing basis) so that an enhanced, strategic approach to health equity, diversity and inclusion could help our organization better pursue the original vision laid out by our founding sisters – that all children would have the highest level of health care, no matter their background or circumstances.

Two of these leaders deserve special mention – Karen Cox, former Chief Operating Officer, and Rand O’Donnell, former Chief Executive Officer and President of Children’s Mercy.

Dr. Cox’s commitment to creating a home at Children’s Mercy for equity, diversity and inclusion work drove the formation of the Office of Equity and Diversity and the Equity and Diversity Council in 2009, as well as the many programs and activities that have grown from these groups’ efforts. From the start, she was a strategic and tireless champion and provided an inspiring role model for all who strive to make systematic change for good.

But none of this progress would have been possible without the support and encouragement of the longtime leader of Children’s Mercy, Dr. O’Donnell. Renowned for his insistence on the critical role of psychosocial supports for children and families requiring hospital care, Dr. O’Donnell created an environment where health equity work could thrive. On his departure, he left a considerable legacy that now has been picked up and carried forward by current Chief Executive Officer, Paul Kempinski, another champion of health equity, diversity, and inclusion who has joined us in pursuing the 120-year-old dream born of two sisters’ commitment to all children in need.
THANK YOU

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Community Baby Shower at Children’s Mercy West Clinic in Kansas City, Kan.
LOVE WILL.

DID WE MISS A STORY?
Do you want something included in next year’s report? Please let us know. Email us at OED@cmh.edu.