What makes us one of the nation’s leading, most innovative children’s hospitals?

We lead with **LOVE!**

**Children’s Mercy Vision**
To create a world of well-being for all children.

**Children’s Mercy Mission**
Children’s Mercy is a leading independent children’s health organization dedicated to holistic care, translational research, breakthrough innovation and educating the next generation of caregivers.

Together, we transform the health, well-being and potential of children, with unwavering compassion for the most vulnerable.

As we transition from one decade and transform into another we are reminded of KINDNESS, CURIOUSITY, INCLUSION, TEAM and INTEGRITY impacting the lives of every patient, family and community we serve.

This is the Children’s Mercy story of **AMAZING...**
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It is often said we are more alike than we are different, that no matter where we live, who we love, what language we speak or the color of our skin, we all bleed red.

But as we see daily in delivering pediatric healthcare, and as events of the early months of 2020 have urgently shown, what is often said about our common humanity does not apply equally to health outcomes, life experiences and opportunity for far too many of us.

As Katharine Berry Richardson said, “I have not served children until I have served them all.”

That’s why we at Children’s Mercy are committed to eliminating health disparities for the children and families whose well-being and potential we seek to transform, and to creating the kind of inclusive environment that spurs us all to bring that vision to life.

In this report, you’ll learn of our recent progress in the work of diversity, equity and inclusion under the leadership of Marshaun Butler, who in 2018 added the role of chief diversity officer to her other executive responsibilities. As she said then, the best things we do as employees at Children’s Mercy, we do together, a truth that’s apparent in the pages that follow. Marshaun’s influence has been invaluable in enabling these accomplishments.

If we are to eliminate disparities in pediatric care, promote health equity and improve the level of diversity, inclusion and cultural competency within our organization, we must dedicate full-time leadership to the task. In welcoming Michelle Wimes as our first full-time senior vice president and chief equity and inclusion officer, we now have made that commitment.

We also are committed to fully engaging every Children’s Mercy employee in this effort. It’s essential that we understand the cultural background and life experiences that our employees bring to the workplace every day. This will help build empathy and understanding among one another, and with our patients and families.

I’m confident in our ability to take these efforts to the next level and move this crucial work forward. I believe it is the defining challenge of our time. So, I share this look back with a promise of more to come, and the hope that it will inspire each of us to say, “Let’s get going.”

Paul Kempinski, MS, FACHE
President and Chief Executive Officer
Alice Berry, DDS, and Katharine Berry, MD, Endowed Chair in Executive Leadership
A Letter from Marshaun Butler

I grew up in Kansas City, as part of a family rooted in academic achievement and community service.

Mentoring, creating opportunities to engage, encourage and inspire young people of color is always top of mind for me and a significant motivator of my passion for the work of diversity, equity and inclusion at Children’s Mercy. I am also motivated by the desire to reduce health disparities, build strategies that grow a diverse and sustainable talent pipeline, and foster a work environment where everyone is appreciated, respected, valued and feels safe to be their authentic selves.

During the two years of my tenure as Children’s Mercy’s first Chief Diversity Officer, the organization made significant strides toward our pledge with the American Hospital Association (AHA), National Call to Action to accelerate progress in the following areas:

• Increasing the collection and use of race, ethnicity, language preference and other sociodemographic data
• Increasing cultural competency training
• Increasing diversity in leadership and governance
• Improving and strengthening community partnerships

With efforts in full force, we aimed to dismantle systemic culture patterns by implementing mandatory unconscious bias training for all hospital staff, and provided access to a variety of new equity and diversity training modules specifically designed to address the breadth of diversity in our workplace. For the seventh consecutive year, we’ve earned leadership designation from the Human Rights Campaign (HRC) Foundation’s Healthcare Equality Index (HEI), established Employee Resource Groups and helped to support and sponsor the Health Science Summer Internship Program in partnership with the University Academy Foundation. To address social determinants of health, we have collaborated with community partners on various community-driven initiatives and solutions. Our commitment in cohesion with Healthy People 2020 is to “create social and physical environments that promote good health for all” by elevating diversity, fighting to eliminate health disparities, impacting equity, and cultivating inclusion.

It truly has been my honor to serve as Children’s Mercy’s Chief Diversity Officer, and my joy to share the stories of amazing achievement, dedication and service, as demonstrated in this report. As I hand the baton over to Children’s Mercy’s new Senior Vice President and Chief Equity and Inclusion Officer, Michelle Wimes, Esq., and turn my attention to other management and leadership responsibilities, I remain committed and am excited beyond words to continue as a champion and partner on the journey of this defining moment.

Our differences make us stronger. Together we can, and we will.

Marshaun Butler, MHSA
Vice President of Critical Support Services and Children’s Mercy Hospital Kansas Operations
Equity and Diversity Vision
Children’s Mercy is committed to diversify and empower employees while advocating for all our patients to have equitable health outcomes.

Equity and Diversity Mission
To be an inclusive and diverse workforce providing equitable and exceptional healthcare for our community.

Equity and Diversity Framework

Care Delivery — Leadership — Patient/Provider Communication

Community Engagement — Children’s Mercy — Research

Data Collection, Public Accountability and Quality Improvement — Education and Training — Workforce Diversity and Inclusion
Marshaun Butler, MHSA
Vice President and Chief Diversity Officer

Office of Equity and Diversity

Gaby Flores, MSM
Director

Bridgette L. Jones, MD, MSc
Medical Director

John “JC” Cowden, MD, MHP
Director
Culture and Language Coaching Program

Tiffany N. Chow, MA, MS
Project Manager

Angelique Foye-Fletcher, MS, LMFT
Education Coordination

Angie Knackstedt, BSN, RN, NPD-BC
Program Manager
Health Literacy and Nursing Bioethics

Francisco (Paco) Martinez, MA
Program Manager
Culture and Language Coaching Program

Vickie Yarbrough, MA
Office Manager and QBS Program Manager

Equity and Diversity Council

15-Member Interdisciplinary Council
2 Patient-Family Advisors
5 Work Groups

Accessibility
Work Group

Children’s Mercy Hospital Kansas
Work Group

Cultural Competency and Workforce Diversity
Work Group

Family and Employee Experience
Work Group

Inclusion and Diversity in Research
Work Group
Improving the Quality of Patient Care at Children’s Mercy

Improving the quality of patient care by detecting, understanding and reducing health disparities is a priority to meet the needs of our patients and families at Children’s Mercy. Working with a comprehensive team to accurately collect race, ethnicity and language (REaL) has become pivotal in identifying points of care, patient-provider communication, research and study advances in patient care over time.


Methods

Pediatric hospitals from the Solutions for Patient Safety network (125 U.S., 6 Canadian) were surveyed between January and March 2018 on the collection and use of patient/family race/ethnicity data and patient/family language preference data. The study team created the survey using a formal process including pretesting. Responses were analyzed using descriptive statistics.

Conclusion

The variability of REaL data collection practices among pediatric hospitals highlights the importance of examining the validity and reliability of such data, especially when combined from multiple hospitals. Nevertheless, while improvements in data accuracy and standardization are sought, efforts to identify and eliminate disparities should be developed concurrently using existing data.

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Corresponding Author John D. Cowden, MD

For 8 minutes and 46 seconds healthcare institutions nationwide, including faculty and staff from Children’s Mercy, Truman Medical Center and the University of Missouri-Kansas City, came together to kneel in silence, solidarity and unity remembering the lives of George Floyd, Breonna Taylor, Ahmaud Arbery and the many other countless lives of Black and Brown human beings.
Tyler Smith Named New Associate Dean of Diversity and Equity

In April 2020, The University of Missouri-Kansas City School of Medicine announced Tyler Smith, MD, MPH, Assistant Professor of Pediatrics, as the new Associate Dean of Diversity, Equity and Inclusion. Dr. Smith is the first physician in this role. In addition to her role as associate dean, Dr. Smith will continue to serve as the Children’s Mercy’s General Academic Pediatrics Fellowship program director.

This girl is on fire! A graduate of the University of South Carolina School of Medicine, Dr. Smith completed her pediatric residency at the University of Maryland Medical System, later completing her master's in public health and fellowship in general academic pediatrics at Johns Hopkins School of Public Health and School of Medicine. Dr. Smith, a member of the National Medical Association Editorial Board, is nationally known for her work in medical education, mentorship, diversity, healthcare disparities and physician wellness. In Aug. 2019, Dr. Smith was appointed by the Governor of Kansas to the Kansas Children’s Cabinet and Trust Fund. The initiative assists children and families in Kansas by developing and implementing a service delivery system.

Called to be a Trailblazer, Advocate and Leader

Called to be a trailblazer, an advocate and a leader in health equity, diversity and inclusion, Bridgette Jones, MD, MCSR, Associate Professor of Pediatrics, Medical Director with the Office of Equity and Diversity, and inaugural chair of the Faculty and Trainee Diversity, Equity and Inclusion Committee (FTDEIC), has made it a priority to address the inequalities that exist in healthcare. In September 2019, the American Medical Association (AMA) recognized Dr. Jones with the AMA Women Physicians Section (WPS) Inspiration Award. The WPS Inspiration Award honors and acknowledges physicians who have offered their time, wisdom and support throughout the professional careers of fellow physicians, residents and students.

Meanwhile, the University of Missouri-Kansas City School of Medicine announced Dr. Jones would join the Office of Student Affairs in a new role as assistant academic dean, working with students on matters pertaining to academic affairs.
One Doctor’s Commitment to Service

Each year, on Nov. 11, the United States celebrates the signing of the armistice, which ended the World War I hostilities between the Allied Nations and Germany in 1918. Veterans are also honored on this day for their service to our nation. Each year, on or around Nov. 11, Children’s Mercy honors its employees who selflessly served our country in one of the armed forces. A committee assembles several months in advance to plan a theme, flyers and ceremony to honor our employees who are veterans and show gratitude for their service. A keynote speaker is featured each year, either as an internal or external individual. This year, Pam Choi, MD, Pediatric Surgery Fellow, delivered the keynote remarks and discussed her family’s history of service.

“If you really want to thank an active duty military member or veteran, all you have to do is this: work toward making this country something that is worth fighting for, something that you can be proud of. And that starts with small actions. Be kind. Help your neighbor. Be a positive force in your community. Go vote. And then teach your children to do the same. You have no idea what kind of impact you may have.”

– Pam Choi, MD, Pediatric Surgery Fellow

The healthcare facilities participating in the HRC Foundation’s Healthcare Equality Index (HEI) are not only on the front lines of the COVID-19 pandemic, they are also making it clear from their participation in the HEI that they stand on the side of fairness and are committed to providing inclusive care to their LGBTQ patients. In addition, many have made strong statements on racial justice and equity and are engaging in efforts to address racial inequities in their institutions and their communities. We commend all of the HEI participants for their commitment to providing inclusive care for all.”

– Alphonso David, HRC President

For the seventh year in a row, Children’s Mercy has been designated as an “LGBTQ Healthcare Equality Leader” by the Human Rights Campaign Foundation (HRC).
Our Workforce by Race/Ethnicity
(n=8,479)
- White 77%
- African American or Black 10%
- Hispanic or Latino 6%
- Asian 4%
- Other 3%

Our Workforce by Gender
(n=8,479)
- Female 80.8%
- Male 19.1%
- Withheld 0.1%

Our Workforce by Disability Status
Self-Identified 2.8%
- Not Disabled 72%
- No Response 22%
- Disabled 3%
- Do Not Wish to Answer 3%

Our Workforce by Veteran Status
Protected Veteran 1.4%
- Not Protected 80%
- No Response 17%
- Protected 1.5%
- Do Not Wish to Answer 1.5%
Visits by Gender
(n=695,341 total visits)

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</table>

Patients by Gender
(n=235,456 total unique patients)

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Patients by Language Spoken
(n=235,456)

- English: 89%
- Spanish: 6%
- Other: 5%
  - Arabic
  - Burmese
  - Other
  - Somali
  - Vietnamese

Patients by Race/Ethnicity
(n=235,456)

- White: 57%
- African American or Black: 15%
- Hispanic or Latino: 11%
- Multiracial: 5%
- Other: 6%
- Respondent Not Available: 2%
- Unknown: 4%
Embracing Diversity and Inclusion in Academic Medicine: An Essential Value to Institutional Excellence

As a new mission and vision launched in Spring 2020, Children’s Mercy’s commitment to health equity, diversity and inclusion of our patients, families and workforce was a top priority. We not only serve patients and families impacted by health disparities that exist and impact the community, we are a comprehensive pediatric medical center that integrates clinical care, research and medical education, training the next generation of physicians to care for all children everywhere.

April McNeill, MD, Pediatric Emergency Medicine Fellow, is one such trainee. “My motivation to attend medical school and become a doctor was rooted in my desire to promote health and wellness of youth and families through medicine. As a former high school teacher, I enjoyed educating my students about biology and physical science, but the ability to translate knowledge into clinical interventions and health education compelled me to pursue medicine,” said Dr. McNeill.

Honest, Respect, Consideration

Diversity in healthcare is about understanding the mindset of a patient within a larger context of race, culture, gender, sexual orientation, religious beliefs and socioeconomic realities. At Children’s Mercy, this diversity is seen as you walk the halls of the hospital, visit an inpatient floor, or spend time sitting in the waiting room of an outpatient clinic. However, lack of diversity among medical professionals proves troubling for patients seeking physicians who are knowledgeable about their specific needs. Danielle Gonzales, MD, Chief Resident, understands this all too well. “Growing up, all of my doctors were Caucasian. Even other medical professionals I came across, nurses, CAs, clinic secretaries, etc., were all Caucasian. I never had an example of a medical professional (let alone a doctor) who looked like me. I went for it [medical training] and

The Mercy + Me elective is what spoke most to the heart of this program during my interview process. Active and intentional recruitment of a diverse workforce that represents the patient population reflects the intention to do better for their patients. I knew I’d become a better doctor at Children’s Mercy.”

Roxy Guggenmos, DO
Mercy + Me 2019, PGY 1

The Mercy + Me elective puts a diversity initiative into action and gave me an opportunity to not only get to know the unique opportunities that exist within Children’s Mercy, but showed me the community that exists within the UIM faculty, staff and residents. It made me know Children’s Mercy was the place for me.”

Zuri Hudson, DO
Mercy + Me 2018, PGY 2

Honest, Respect, Consideration

Diversity in healthcare is about understanding the mindset of a patient within a larger context of race, culture, gender, sexual orientation, religious beliefs and socioeconomic realities. At Children’s Mercy, this diversity is seen as you walk the halls of the hospital, visit an inpatient floor, or spend time sitting in the waiting room of an outpatient clinic. However, lack of diversity among medical professionals proves troubling for patients seeking physicians who are knowledgeable about their specific needs. Danielle Gonzales, MD, Chief Resident, understands this all too well. “Growing up, all of my doctors were Caucasian. Even other medical professionals I came across, nurses, CAs, clinic secretaries, etc., were all Caucasian. I never had an example of a medical professional (let alone a doctor) who looked like me. I went for it [medical training] and
haven’t looked back since. I entered this process knowing that I was going to bring a unique perspective to this field, and I was going to be looked at by my patients and their families as an example, something they too can achieve.”

In 2014, a group of Underrepresented in Medicine (UIM) faculty met with Graduate Medical Education leadership to discuss efforts to increase racial diversity of the resident and fellowship training programs. The recruitment of multiple African American and Hispanic categorical pediatric residents improved between 2014-17. In fall 2017, the Faculty and Trainee Diversity, Equity and Inclusion Committee (FT-DEIC) was officially launched within the Department of Pediatrics with two subcommittees, the Gender Equity Subcommittee and the GME Subcommittee. Soon after, the Children’s Mercy Kansas City Underrepresented In Medicine Elective Program (Mercy + ME) got underway, providing qualified fourth-year medical students who have historically been underrepresented in medicine with an opportunity to experience the outstanding pediatric training that Children’s Mercy provides.

The overarching goal of the elective is to increase exposure of UIM medical students to clinical and research opportunities in academic medicine, in addition to encouraging students from diverse backgrounds to apply to the Children’s Mercy Kansas City Pediatric Residency Program. childrensmercy.org/dei

If interested in learning more about the Mercy + Me elective, contact: Medical Director, Tyler Smith, MD, MPH, Associate Dean of Diversity, Equity and Inclusion, UMKC School of Medicine. med.umkc.edu/dr-tyler-smith-appointed-associate-dean-of-diversity/

As the diversity of the United States population continues to grow, an equally diverse workforce of medical professionals is needed to thoughtfully address current and future healthcare challenges and needs. At Children’s Mercy, the diversity of our trainees helps promote excellence and contributes to our patients’ health and well-being. April McNeill could not have said it better. “Your experiences and expertise are invaluable and vital to the healthcare of all communities. You belong here!”

It is important to realize that to best serve our populations, we as medical professionals must be diverse. I am excited to be part of a generation of physicians that understand the importance of diversity, in all aspects of the world.”

– Johana Mejias-Beck, MD, PGY3, Med/Peds Resident
The Michelle Wimes Experience … Her Vision, to Inspire Change

Calling her job “big” and “crucial” in addressing health disparities in our communities and in building a workplace culture of inclusion and collaboration, President and CEO Paul Kempinski and EVP and Chief Strategy and Innovation Officer Rob Steele announced and welcomed Michelle Wimes, JD, as Children’s Mercy’s new Senior Vice President and Chief Equity and Inclusion Officer, Sept. 14, 2020.

Michelle holds a law degree from Tulane Law School, completed graduate studies at the University of Seville in Spain, and earned undergraduate degrees from the University of Missouri in Communication Arts and Spanish Language and Literature. Counselor Wimes joins us from Ogletree, Deakins, Nash, Smoak & Stewart, PC, one of the nation’s largest labor and employment law firms where, as Chief Diversity and Professional Development Officer, she led efforts to attract, develop and promote a diverse group of attorneys across the firm’s 53 offices. Michelle previously practiced law at marquee law firms in Kansas City, handling employment, immigration and civil rights litigation, providing counsel to public school districts and using her language skills in Spanish and Portuguese to defend clients in suits filed in U.S. and Latin American courts.

People love Children’s Mercy. This is a place where people get behind the mission and the vision, working to improve children’s lives, working to serve all of our children in an excellent way.”

– Michelle Wimes, JD, SVP
Chief Equity and Inclusion Officer

Flourishing together at CM!

Michelle is on the move! Immediately engaged, fueled with an aggressive and robust 120-day plan for Diversity, Equity and Inclusion at Children’s Mercy. The plan includes spirited one-to-one listening sessions with executives, stakeholders, planning for a formal enterprise-wide “climate assessment” to better understand the larger landscape of the organization and to establish priorities for the next 12 months.

Developing an equity and inclusion strategy aligned with Children’s Mercy’s long-term strategic plan is additionally a macro component of what Michelle will synthesize as she seeks to discover the perspective of patients, families, employees and communities we serve.

Michelle is nationally known for her articles and presentations on professional development, diversity and inclusion in the workplace. In the community, she currently serves on the board of the University of Missouri-Kansas City. Throughout her career, Michelle has held board and committee positions for dozens of non-profit organizations addressing education, domestic violence, healthcare and the arts.
Breathing away stress … A Research Study on Asthma at Operation Breakthrough

Letting her brilliance shine and fully equipped with a $2.4 million R01 grant from the National Institutes of Health (NIH), allergist/immunologist and pediatric clinical pharmacologist, Bridgette L. Jones, MD, MSCR, is research ready!

“About 30 to 50% of children with asthma don’t respond as they should to the medicines we currently have available to treat them,” Dr. Jones said. “That got me interested in finding out why these kids don’t respond well. Are there genetic or other biologic markers that may help to identify which medications a child might respond to better?”

Well over 10 years ago, Dr. Jones began tackling this complex issue head-on. In 2015, after receiving a grant from the National Heart, Lung, and Blood Institute she studied histamine response as a non-invasive biomarker in children with allergic asthma, identifying varying phenotypes of response.

In 2019, after launching a research study at Operation Breakthrough to determine how chronic stress affects asthma in children, Dr. Jones pinpointed that children at Operation Breakthrough are at risk for uncontrolled asthma and chronic stress. The study offered a focused lens on how stress may impact youth with uncontrolled asthma. There is evidence that suggests Adverse Childhood Experiences (ACE) have long-term effects on adults and has been shown to have an impact on their children.

Keeping Perspective

In addition, African American children also revealed direct association relating stress exposure and asthma. More explicitly, according to the study, parents who indicated they experienced stressful racist encounters, reported their child had poorer asthma control. Dr. Jones intends to expand her research to further explore if there are differences between African American and Caucasian children in underlying asthma pathophysiology and treatment response to antihistamine treatment, and how factors such as chronic stress of racism, might influence this.

Invited by the U.S. Secretary of Health and Human Services in 2017, Dr. Jones accepted the call to serve on the NIH Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC). She is an Associate Professor of Pediatrics, serves as Medical Director with the Children’s Mercy Office of Equity and Diversity, and is an Assistant Academic Dean with the University of Missouri-Kansas City. Dr. Jones is a wife, mother, advocate for all children everywhere and a person to keep your eye on!

Please take a look at the most recent publication from Dr. Jones: We Continue to Fail Black Children with Asthma and Allergic Disease. Annals of Allergy, Asthma & Immunology, 2020-04-01, Volume 124, Issue 4, Pages 305-306, Copyright © 2020 American College of Allergy, Asthma & Immunology.
Unpack the Impact: A Call For Action to Our Nation’s Pediatricians to Care For ALL Children Everywhere

The American Academy of Pediatrics (AAP) policy statement “Racism and Its Health Impact on Child and Adolescent Health” provides an evidence-based assessment of the harmful consequences and impact on children’s mental and physical health. Our nation’s pediatricians have been called to create welcoming, culturally competent medical practices, to advocate for policies that advance social justice and to engage leaders in their communities to reduce health disparities and improve the health of all children.

The Office of Equity and Diversity (OED), Faculty-Trainee Diversity, Equity, and Inclusion Committee (FT-DEIC), and the Office of Faculty Development (OFD), introduced a four-part Not-So-Journal Club Series. The series of conversations were fueled with a purpose to inspire personal and systemic change, through the appraisal of articles and case studies particularly focused on equity, diversity and inclusion.

High Stakes

Advanced levels of equity and inclusion within an organization require difficult conversations about high-risk topics. The aspirations for inclusion are limited by the individual and organizational capacity to insert brave conversations about race, gender equity, cultural differences, privilege and power in an academic pediatric healthcare setting.

Not-So-Journal Club sessions were developed to promote courageous conversations with a diverse collaboration of internal partnerships, panelists, employee participation and facilitators from within the hospital and community-at-large. While it may feel uncomfortable to talk openly on topics such as discriminatory behavior among patients and providers, food insecurity and racism in medicine, it is also crucial as healthcare professionals to consider our own biases.
Medicine of the Moment: TIME’S UP Healthcare

Being aligned on shared values and caring deeply about the concerns of faculty and staff, contribute to providing superior healthcare for all at Children’s Mercy. Last fall, Kimberly Randell, MD, MSc, Pediatric Emergency Medicine, communicated her vision of joining TIME’S UP Healthcare (TUH) with the Faculty-Trainee Diversity, Equity and Inclusion Committee (FTDEIC), as well as the FTDEIC Gender Subcommittee. Dr. Randell said, “Joining TIME’S UP Healthcare as a signatory is a symbol of our commitment to continue to move forward with this work.”

According to the TIME’S UP Foundation, TUH signatories are part of a community working to improve employment standards for healthcare organizations, with the understanding that every organization in healthcare is still working toward the goal of becoming a safe, fair and dignified workplace for all.

Mind the details

In November 2019, Children’s Mercy Kansas City was the first and only children’s hospital to be listed as a signatory “Fighting for Justice, Creating Real Change.” Paul Kempinski, President and CEO of Children’s Mercy, pledged our commitment to TUH with three core statements:

1. Sexual harassment and gender inequality have no place in the healthcare workplace. We are committed to preventing sexual harassment and gender inequality and protecting and aiding those who are targets of harassment and discrimination.

2. We believe every employee should have equitable opportunity, support and compensation.

3. We cannot address a problem without understanding its scope and impact. We will measure and track sexual harassment and gender-based inequalities occurring in our institution.

“Joining TIME’S UP Healthcare as a signatory is a symbol of our commitment to continue to move forward with this work.”

– Kimberly Randell, MD, MSc
Pediatric Emergency Medicine

At Children’s Mercy Kansas City, we strive to provide a safe, equitable, and inclusive environment for all.”

– Paul Kempinski
President and CEO
Every day counts

The Promise 1000 Home Visiting Collaborative is in its fourth year of partnering with local home visiting agencies on a common mission to implement an innovative, sustainable, collaborative system of evidence-based home visiting services for pregnant women, young children and their families. Their goals are to:

- Improve maternal and child health and well-being.
- Promote child development and school readiness.
- Increase resilience and safety of participating families.

Promise 1000 is not a single “model” of home visiting; rather Promise 1000 is a collective of home visiting agencies implementing diverse evidence-based models and engaging in standardized and shared activities to demonstrate the effectiveness of home visiting in improving the lives of children and their families. Promise 1000 implements a collective impact approach to home visitation that includes a centralized referral system, standardized data collection/outcomes, quality improvement processes, professional trainings, the Moving Beyond Depression (MBD) program, ties between home visiting and the medical home, culturally responsive services, and efforts toward a sustainable funding structure. Promise 1000 currently partners with nine home visiting agencies, providing comprehensive, in-home parenting support to families in a total of 22 counties throughout Kansas and Missouri.

Engaging with compassion and skill

While recognizing the unique opportunity to work directly with families at the community level, and fueled with the potential to impact inequities through their supportive and inclusive practices, Promise 1000 has never lost sight of the importance of ensuring culturally responsive and culturally reflective services alongside and in partnership with staff and families. Promise 1000 continues to implement various strategies each year, increasing in depth and breadth, to continue to push inclusion and diversity initiatives forward.

Improvements in delivery of services in a culturally sensitive manner are supported through a partnership established with the Office of Equity and Diversity at Children’s Mercy, where staff offer extensive knowledge and experience in this field. Promise 1000 has historically worked with the Office of Equity and Diversity to provide training for surrounding equity and diversity to home visiting staff, and to provide guidance toward our strategic goal of cultural responsivity.

From Promise 1000’s initial conception and as part of its first Executive Summary Strategic Plan, the Promise 1000 Home Visitation Collaborative established the goal of “providing culturally responsive home visiting services that meet the needs of the diverse, ever-changing populations represented in the defined geographical area it serves.”

For more information and to learn more about Promise 1000, visit promise1000.org.
Heroes are ordinary people who do extraordinary deeds. At Children's Mercy there are heroes among us who care for the 123-year-old, highly complex, regulated environment, that was built to embrace, heal and serve all children everywhere. Compassionate, caring, devoted and noble are words that arrive top-of-mind when reflecting on environmental service professionals. Healthcare systems all over the world are paying attention with a critical eye, focused on ensuring everyone remains healthy and protected amid the COVID-19 pandemic. Maintaining the highest standards of cleanliness and safety, from the main entrance, to the emergency department and everything in between, environmental services professionals are our leaders, frontline defense, and an integral part of the infection control team. Showing up as a source of comfort, that human connection happens when the environmental services professional walks into the room with a bright smile, and a dose of humor to light up the eyes, touching the life of each child and family they serve. The overall quality of care and outcome are in part due to the contributions and diligence of environmental services professionals, the heroes among us, leading with love. #TogetherLoveWill

“A huge thanks to everyone in Environmental Services! I hope you know how valuable you are to our patients and families. I have some memories that were made extra special because of how you handled the care of my little girl and will forever be grateful. You too are part of our healthcare team and we thank you for being extraordinary.”

– Sylvia Hernandez, MSW
Manager, Volunteer and Guest Services
Parent of Children’s Mercy Patient
LOVE WILL.

#healthequitymatters  #representationmatters  #diversymatters  #inclusiveleadership

DID WE MISS A STORY?
Please let us know.
Email us at OED@cmh.edu.
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