

# BLUEPRINT FOR SYSTEM CHANGE: INSTITUTIONALIZING EQUITY INTO PRACTICE & THE AMERICAN INDIAN COLLABORATIVE

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# CHILDREN'S MINNESOTA

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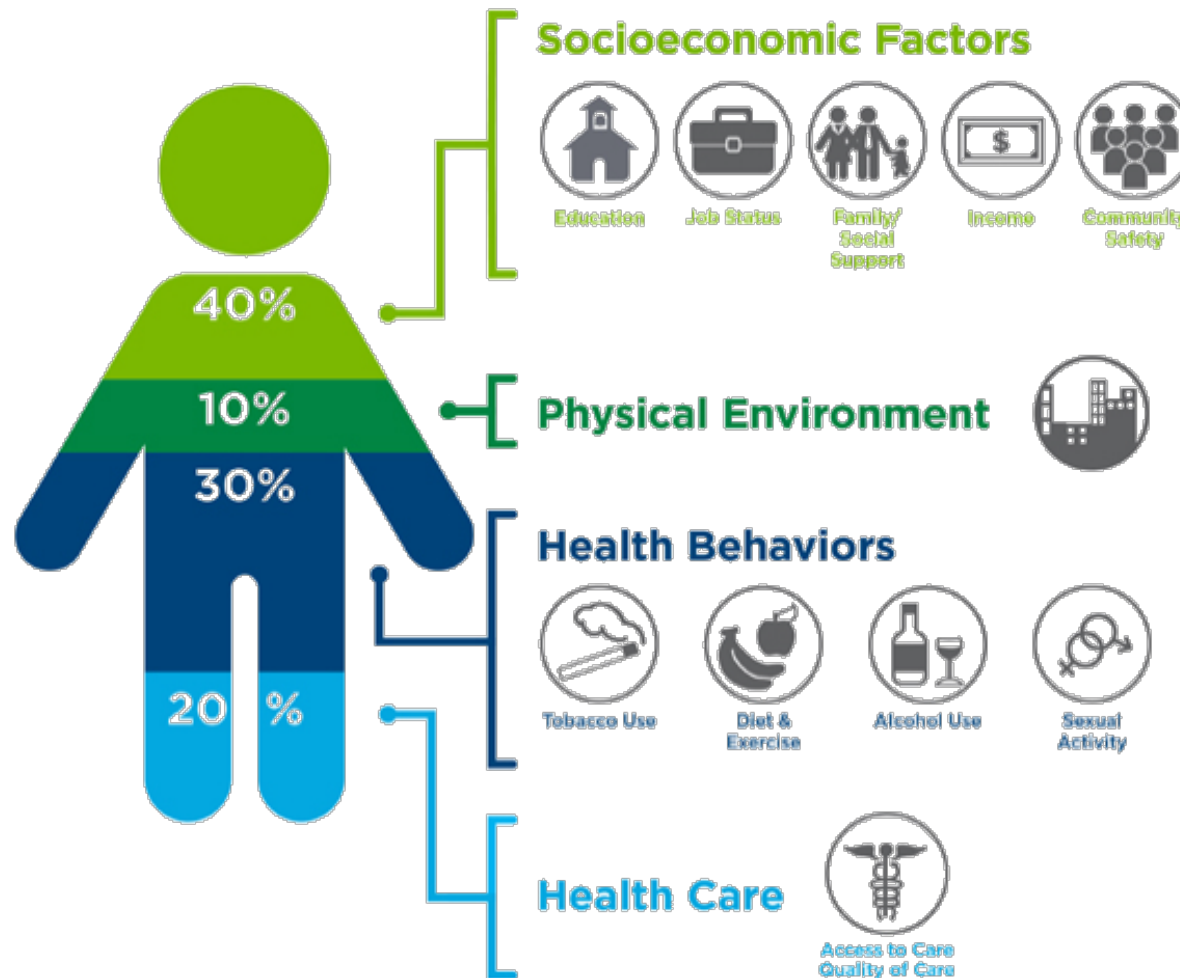
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## CHILDREN'S MN FOCUS ON EQUITY

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- Embedded in Strategic Plan since 2014; affirmed and evolved each year
- CEO Action for Diversity & Inclusion Pledge™
- Built into executive/management incentive plans
- Established Chief Equity and Inclusion Officer role

# WHAT WE KNOW ABOUT HEALTH



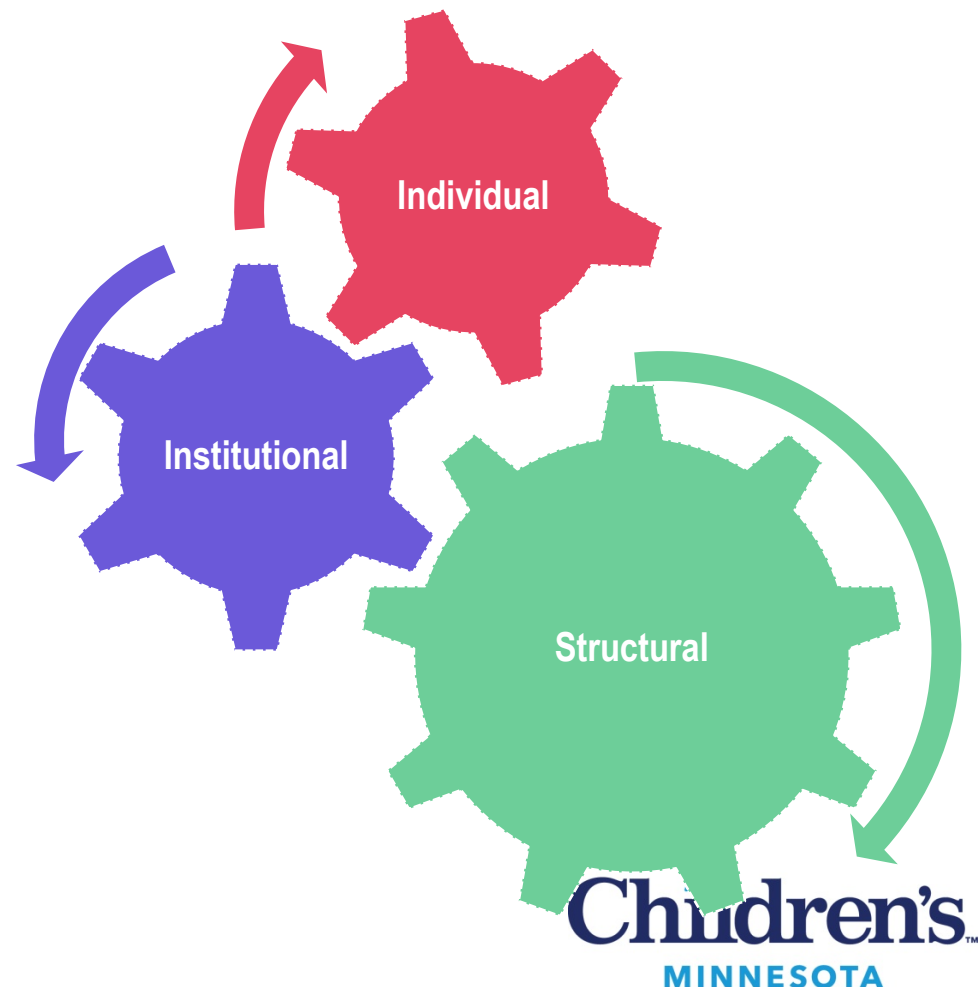
# INSTITUTIONAL AND STRUCTURAL RACISM



LOCAL AND REGIONAL  
GOVERNMENT ALLIANCE ON  
**RACE & EQUITY**

- **Individual racism**
  - Pre-judgment, bias, or discrimination by an individual based on race.
- **Institutional racism**
  - Policies, practices, and procedures that work better for white people than for people of color, often unintentionally or inadvertently.
- **Structural racism**
  - A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.

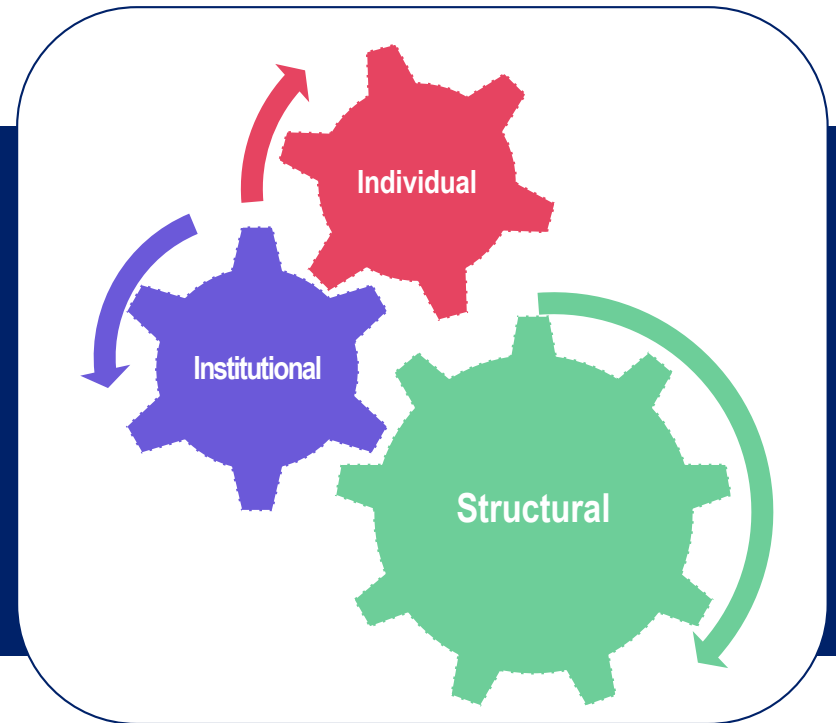
*Csi* CENTER FOR SOCIAL INCLUSION



# STRUCTURAL RACISM

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**Raised as a key issue impacting health throughout the 2016 CHNA process and as a root cause of disparities across multiple areas**



# (RE)CLAIMING KNOWLEDGE

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*“There’s also a significant awareness of widespread trauma that exists in so many communities... **It really deals with historic and generational oppression that is only now being brought to the forefront as a causative factor** for some of the present situations and living conditions of even children. That connection is crucial...*

*And it’s not just to be trauma-informed, **it’s about really healing the trauma** and that’s not what Western medicine as it exists now is focused on, but there are cultural practices that have always focused on how to clear and process and heal these things as they come up but they have been lost. Not because we have forgotten them **but because they have been silenced and discredited.**”*

Quote from a CHNA Community Stakeholder Interview

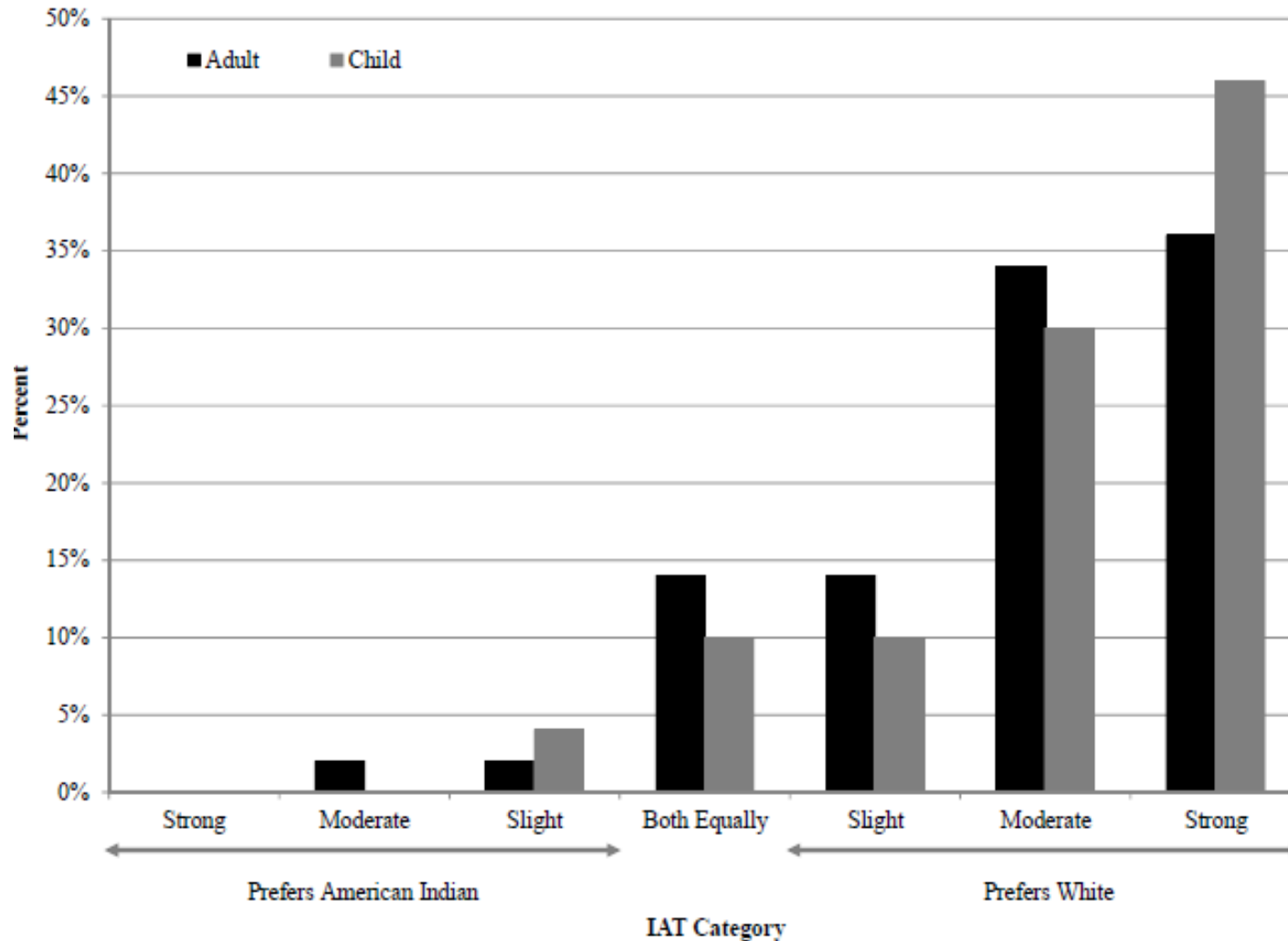
# HOW RACISM MAKES US SICK





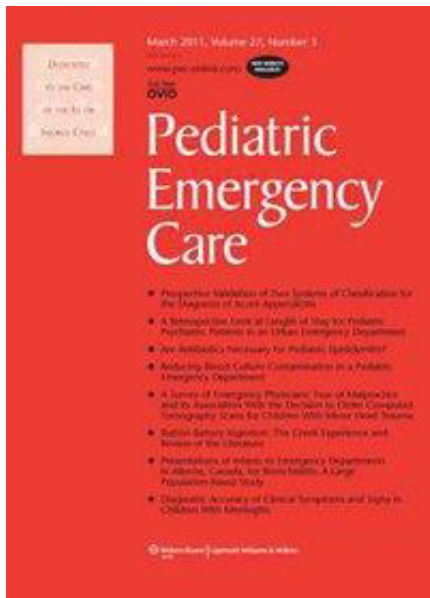
# MEASURING STRUCTURAL RACISM

# IMPLICIT BIAS - IMPLICIT ASSOCIATION TEST



## ED EXPERIENCE

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Volume 28, Number 11, November 2012

### Children with long bone fracture

- 76,931 ED encounters Mar 2009 - Mar 2010
- Wait Times
  - White 32 minutes
  - Black 37 minutes
  - Native American 41 minutes
  - Latino 39 minutes

### Children with long bone fracture receiving Opioid-containing prescription (N=878 )

- White 67.4%
- Black 47.1%
- Latino 47.9%
- Native American 58.3%
- Biracial 40.3%

# CHANGE THE SYSTEM

# STEPS TO SYSTEM CHANGE



## UNDERSTANDING OUR CHARGE

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- Within our walls: dismantling institutional racism and implicit bias
- Beyond our walls: partnerships in our communities
- Have the power to address **disparities at the point of care**

# LEARNING FROM INSTITUTE FOR HEALTHCARE IMPROVEMENT

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*“Significant disparities in life expectancy and other health outcomes persist across the United States. Health care has a significant role to play in achieving health equity. While health care organizations alone do not have the power to improve all of the multiple determinants of health for all of society, **they do have the power to address disparities directly at the point of care, and to impact many of the determinants that create these disparities.**”*

# TOOLS: PRACTICE IS KEY

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**The Racial Equity Impact Assessment** helps leaders and communities make better policy decisions by asking key questions before adopting and implementing a new policy. This analysis on the front end reveals the possibility of unintended consequences that would worsen disparities, as well as highlights the positive equity changes that can result. Apply this assessment to any policy, even if it appears race neutral, as a way to ensure that racial disparities are not exacerbated and that racial equity remains a core institutional goal.

- ✓ **Who is most impacted?**  
Engage those specific communities in the analysis.
- ✓ **What disparity is being addressed?**  
Identify any current disparity and name the racial equity purpose of the policy, if any.
- ✓ **How would the proposed policy change the situation?**  
Explain what the proposal seeks to accomplish and assess whether the policy can achieve any identified equity goals.
- ✓ **Are there potential negative impacts?**  
If so, adjust the policy to achieve a more equitable outcome.
- ✓ **Can the policy be sustainably successful?**  
Ensure that adequate funding, implementation strategies, and accountability mechanisms are in place.



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[www.voicesforracialjustice.org](http://www.voicesforracialjustice.org)

2015



# SOCIAL WORK EQUITY CASE REVIEW LEAD PREP FORM



## SOCIAL WORK Equity Case Review

### Lead Prep Form

Thank you for volunteering to Lead an Equity Case Review with our team. We believe our collective and individual experiences hold meaning and critically reviewing them is one step we can take to shaping a more equitable experience for our children and families. Please utilize this sheet to reflect on your case prior to the consultation meeting and prepare to present the case.

#### What identities do you hold?

- Race and Ethnicity: \_\_\_\_\_
- Nation of Origin: \_\_\_\_\_
- Gender Identity: \_\_\_\_\_
- Socio-economic Status: \_\_\_\_\_
- Religion: \_\_\_\_\_
- Ability status: \_\_\_\_\_
- Native language(s): \_\_\_\_\_
- Sexual Orientation: \_\_\_\_\_

During case consultation, please share your race, and at least 2 other identities that impacted your scenario.

What is your position in the hospital? Briefly describe the care team you were working with in this scenario- including identities you perceived them to hold.

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## What identities do you hold?

**Identities** that impacted your decision making and lens.

- Race and Ethnicity
- Nation of Origin
- Gender Identity
- Socio-economic Status
- Religion
- Ability status
- Native language(s)
- Sexual Orientation
- Education
- Transportation Access
- Housing quality
- Food Security
- Historical intersection with racism**

# EQUITY IN PRACTICE EQUITY & SOCIAL WORK

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Operationalize equity into the social work practice at Children's.

- Data : The use of data will help us to understand where inequities are currently maintained and perpetuated within policy, practice, and procedures.
- Equity Case Review: To create a review process of patient cases with an equity lens.

# SOCIAL WORK EQUITY GROUP

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## Equity Case Review Evaluation

What systemic factors were identified?

# CHANGE THE NARRATIVE

# WHY AMERICAN INDIAN?

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SUCH A SMALL  
% OF POPULATION

# Carlisle Indian School



Left: A group of Apache students on their first day at Carlisle Indian School; Right: The same students four months later.

# TODAY...



**6 out of 1,000 white children**  
in Minnesota are in foster care

**96 out of 1,000 American Indian children** are in foster care



# CHANGE THE NARRATIVE

## WESTERN HEALING

*“a better diagnosis for the problems just described is 'Acute and/or Chronic Response to Colonialism' (Duran & Duran 1995). From this socially aware perspective, it is not the Aboriginal individuals who are ‘sick’, but those who oppress them. It is the colonizers, not the survivors, who should be diagnosed with RSS. ”*

## BEYOND THE FOUR WAVES OF COLONIZATION

Darien Thira



# HOW DO WE CHANGE THE NARRATIVE

WE HAVE TO BUILD  
RELATIONSHIPS FIRST  
IN PARTNERSHIP WITH  
COMMUNITY

$$\begin{array}{r} + \text{ PATIENT EXPERIENCE} \\ \text{ COMMUNITY VOICE} \\ \hline = \text{ SYSTEM CHANGE} \end{array}$$

# EQUITY IN PRACTICE

## AMERICAN INDIAN VOLUNTEER COHORT





## RESOURCES

- PODCAST: SCENE ON RADIO-seeing white

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- White Paper: Achieving Health Equity: A Guide for Health Care Organizations- Institute for Healthcare Improvement (Available at [ihi.org](http://ihi.org))