Stronger Together:
DIVERSITY, EQUITY AND INCLUSION
at Children’s National

July 2022 to June 2023

Children’s National
Two years ago, in our first annual report on diversity, equity and inclusion, I wrote about our own organization’s ongoing journey. That journey began in the early 2000’s with a focus on recruitment, academic advancement and leadership development for faculty and trainees who are typically underrepresented in medicine.

In the wake of horrifying acts in our country over the summer of 2020 that were witnessed by the world, including the brutal restraint and murder of George Floyd, it became imperative to us that we push harder toward a more diverse, equitable and inclusive organization. Under the leadership of then President and CEO Kurt Newman, M.D., we launched the Diversity, Equity and Inclusion Program — comprised of a dedicated group of volunteers from Children’s National, including employees, parents and community members. These team members are the true driving force behind our success so far.

That first report reflected on where we came from and how we planned to use that experience to build a solid foundation for sustainable action. It was imperative to us from the beginning that any initiatives be championed and led by our staff and community. This remains our approach today.

We also firmly believe that, as in many other areas of clinical excellence, solid evidence and data must inform our work and we must track our outcomes in measurable ways. We are one of the few children’s hospitals to take this data-driven approach to change, and we’re hopeful that sharing our successes and challenges will help others who are on a similar path.

The DEI Program and its subcommittees have given their time, energy, enthusiasm and effort to this work. We also need to recognize the continuing support of our hospital leadership, our CEO and our Board, who wholeheartedly support our initiatives and celebrate our successes with us. Special thanks also goes to Dr. Newman for never-ending support of this work.

Each year, this report gets a little bit longer. That’s because as our work continues to grow and more people are engaged in our diversity, equity and inclusion culture, so do our stories. I hope you enjoy reading about this year’s progress.
Diversity, Equity and Inclusion

PROGRAM STRUCTURE

The DEI Program’s nine subcommittees form the support structure for diversity, equity and inclusion initiatives at Children’s National.

Founded in 2020, the DEI program includes volunteer staff from Children’s National as well as community members and parents.

140+ PARTICIPANTS
Including Children’s National Hospital, The HSC Health Care System and family representatives.

* The Nursing Advocacy Council, an arm of the Shared Nursing Leadership Council, is the council committed to advancing nursing DEI.
Sharing and Collaborating Across the U.S.

Children's National continues to be a leader at adopting far-reaching goals and developing data-driven strategic frameworks to achieve them. True systems change can't happen in a single institution, however, so our diversity, equity and inclusion initiatives also include mechanisms for sharing evidence-based outcomes, best practices and challenges locally and across the nation. This dissemination has only continued to grow over time.

LEADING AND TEACHING

- Faculty, Association of American Medical Colleges (AAMC) Healthcare Executive Diversity & Inclusion Certificate Program (Dr. Cora-Bramble)
- Faculty, AAMC Executive Development Seminar for Deans (Dr. Cora-Bramble)
- Presenter, Children’s Hospital Association (CHA) DEI Advisory Group (Dr. Cora-Bramble)
- Presenter, CHA Transforming Quality Conference (Asha Payne, M.D.)
- Featured Program, Pediatric Providers Addressing Racist Policies, Practices in Health Care, Transforming Care magazine, The Commonwealth Fund
- Featured Program, Measuring DEI efforts, Children’s Hospitals Today magazine, CHA

LOCAL AND NATIONAL DEI COMMITTEE MEMBERSHIPS

- U.S. News & World Report & RTI Health Equity/Diversity/Inclusion working group
- Children’s Hospital Association’s Diversity, Equity and Inclusion Advisory Group
- Academic Pediatric Association Anti-Racism & Diversity Task Force
- Association of American Medical Colleges D.C. Collaborative for Health Equity
- District of Columbia Hospital Association Diversity, Equity and Inclusion Committee
More than a quarter of the Children’s National faculty and staff presentations at the national Pediatric Academic Societies Annual Meeting in 2023 focused on research and findings for topics related to race, bias, diversity, equity and inclusion. Some key poster and presentation highlights on these topics include:

- **Health Equity/Social Determinants of Health: Disparities in Pediatric Safety Events in U.S. Hospitals.** Kavita Parikh, Gabrina Dixon, Pam Hinds, Monica Goyal.

- **Medical Education: Developing a Health Equity Curriculum for Faculty: A National Needs Assessment.** Theiline T. Gborkorquellie, Cara Lichtenstein, Anthony Artino, Aisha Barber, Lin Chun-Seeley, Yael Smiley, Danielle Dooley, Olanrewaju Falusi, Terry Kind.


- **From the Residents’ Perspectives: Health Equity and Bias in the Clinical Learning Environment.** Ariella T. Slovin, Jessica Hippolyte, Danoucheka Gelin, Aisha Barber.

- **Association of Pediatric CLABSI with Race, Ethnicity and Gender at a Tertiary Care Hospital in the United States.** Shreya Doshi, Deena Levey, Monica Monteon, Regan Trappler, Michelle A. Liberty, Annette Lee, Nada Harik, Xiaoyan Song.

- **An Equitable Approach to Immunizing Children - Mobile Medical Program and School Services Partnership.** Hope Rhodes, Andrea J. Boudreaux, Regina O. Hartridge, Padma Swamy, Jeffrey Mach.

- **An Effective Simulation-based Learning Modality to Promote Awareness of Racism, Equity, and Microaggressions in the Workplace.** Simranjeet S. Sran, Heather Walsh, Nina M. Brown, Brandon Ho, Christina Lindgren, Rosalyn J. Manuel, Laura A. Nicholson, Gregory Yurasek, Dewesh Agrawal, Simmy King, Pavan Zaver.

- **Using Science to Dismantle Racism in Medicine: An Example of Using Science to Overcome Racism in a Clinical Algorithm: The GFR Story.** Marva Moxey-Mims.


- **Creating an Inclusive Environment: Instituting a Bias Review Structure in a Children’s Hospital.** Gabrina Dixon, Olanrewaju Falusi, Danielle Dooley, Aisha Barber, Desiree de la Torre, Jessica Hippolyte, Denice Cora-Bramble.
Two Specialized Mentorship Programs
BUILD CONNECTIONS AND COMMUNITY

CONNECTIONS GROW WITHIN THE UNDERREPRESENTED-IN-MEDICINE (UIM) MENTORSHIP LATTICE PROGRAM

The UIM Mentorship Lattice program achieved the goal of growing beyond faculty, fellows and residents this year with the addition of 16 medical students from Howard University College of Medicine and the George Washington University School of Medicine and Health Sciences. In addition, the program continued its focus and growth around three pillars:

- Mentorship
- Professional development workshops
- Community engagement

The program’s lattice design means that rather than simple two-way mentor/mentee pairs, mentor/mentee partnerships resemble a triad. For example, a junior faculty member might mentor medical student, fellow or resident, while also receiving mentorship from a senior faculty member.

The DEI subcommittee on students, residents and fellows provides program leadership and resources to help mentors and mentees grow meaningful connections. In addition, this year’s professional development workshop series grew to include both practical topics in academic medicine such as promotion and sponsorship and more personal topics, such as strategies to maintain mental wellness.

The team was also able to revive in-person social events for mentors and mentees, which has created more opportunities for meaningful face-to-face connections both between mentorship sets and also across the program.

An expanded professional development workshop series led by the UIM Mentorship Lattice program offered practical and personal topics.
NON–CLINICAL STAFF MENTORSHIP PILOT SHOWS PROMISE FOR GROWTH AND DEVELOPMENT

More than 1,000 non-clinical professionals work at Children’s National and The HSC Health Care System. These professionals support critical infrastructure and administration roles that make it possible to deliver our mission to excel in care, advocacy, research and education. However, they are rarely the focus for professional development initiatives in the health care sector.

The DEI subcommittee for non-clinical staff sought to create a mentorship program for non-clinical professionals that improves career development, cultivates healthier workplace culture, develops emerging leaders and promotes diversity, equity and inclusion. They recently presented findings from the pilot study of the first–ever formal mentorship program for these staff at Children’s National. The pilot’s 16 mentor–mentee pairs received training and orientation as well as discussion guides to help support the relationship building that is so critical to a successful mentorship. Mentees met with mentors one to two times per month and were also offered a Leadership Academy course and a group opportunity to hear and learn from an Executive Center Director – a non–clinical leadership role at Children’s National. Post–pilot surveys showed that the majority of both mentors and mentees benefited from their new relationships.

The team plans to double the number of participants in the program’s next phase, which is slated for mid–to late–2023.

Findings from the pilot of the first non–clinical professional staff mentorship program were presented at Children’s National Research and Education Week.

"My mentor is the perfect mentor, who has the ability not only to lead but also teach."
–Non–clinical staff mentorship program mentee

"It has been very rewarding for me as well to connect with someone earlier in their career."
–Non–clinical staff mentorship program mentor
Leading the Way to an ANTI-RACIST RESIDENCY PROGRAM

The Children’s National Pediatric Residency Program focuses on training our future pediatrician workforce in an environment that is intentional about equity. The 120 trainee physicians learn and serve on the front lines of 14 Children’s National clinical divisions, and incorporating equity in their training is essential for current and future health outcomes of children.

The pediatric residency program has had a focus on diversity, equity, inclusion and justice for many years. This focus was amplified by the creation of the Advancing Diversity in Academic Pediatrics (ADAP) program in 2014 that hosts and mentors senior medical students from around the country who identify with races and/or ethnicities underrepresented in medicine. The program also created an affinity group to enhance belonging and a residency faculty leadership role for DEI to further enhance these efforts. As these initiatives were implemented, Children’s National experienced a gradual and sustained increase in residents from groups considered underrepresented in medicine — from 11% (2014) to 35% (2023). During this same period, the national average for these same pediatric residents has remained unchanged at 16%. The program was awarded the 2022 Accreditation Council on Graduate Medical Education Dr. Barbara Ross-Lee DEI Award, and the successful initiatives were published in the journal Academic Medicine.

In 2020, as the world recognized the continued effects of racism, the program’s residents and leadership team asked themselves how they could intentionally be an anti-racist residency program. This led to the formation of six resident-led and faculty-supported working groups, called the Building Equity Initiative, where trainees took the lead in addressing issues ranging from representation to equity in research. Through the generous support of Horacio and Cinthia Rozanski, the Building Equity in Graduate Medical Education (BEING) Initiative was created to centralize and focus the effort. Ten BEING Team faculty and multiple collaborators now focus on local and national scholarly work and demonstration projects dedicated to equity in academic medicine. Key projects include:

- An expanded community-based service-learning curriculum was created that established a national model for service-learning in graduate medical education. We partnered with a local, non-clinical, community-based organization (CBO) that serves under-resourced children and families living with mental health issues to provide all second year residents the experience of participating in activities including serving as medical experts for family support groups, advocating for support services during hearings for justice-involved youth and participating in school advocacy work, all to improve access to health care, experience learning from our community and build trust with community members.

As these initiatives were implemented, Children’s National experienced a gradual and sustained increase in residents from groups considered underrepresented in medicine — from 11% (2014) to 35% (2023). During this same period, the national average for these same pediatric residents has remained unchanged at 16%.
A novel opt-out mental health wellness program was implemented to promote equity in mental health access among trainees, as the disparity in mental health care was observed to extend to this already vulnerable group. Also, the stressors that are believed to exacerbate biases in health care providers are amplified for medical trainees. Through this program, a psychologist has developed a special understanding of the unique needs of residents and provides mental health counseling and connects them to community resources to help maintain their well-being as they serve our communities.

Creation of an antiracism in residency report card was led by our Children’s National team in collaboration with national experts. Delphi methodology was used to convene a national expert panel who refined antiracism metrics for residency training programs in all disciplines. These metrics have already demonstrated an impact through pilot testing nationwide. The goal is for these metrics to influence future regulatory requirements of training programs.

A national faculty health equity needs assessment surveyed nearly 1,000 pediatric faculty nationwide to identify faculty development needs related to teaching and modeling health equity principles. Based on the findings, department-wide trainings are underway for Children’s National faculty who are critical to teaching and modeling health equity for the trainees who serve our community.

Health equity learning objectives were created using a scholarly approach with a national expert panel. The goal was to further describe the knowledge, skills and attitudes that pediatric residents should achieve by the end of training in order to advance equitable outcomes for children. These learning objectives provide a scaffold for residency programs across the country to build health equity curricula.

An alumni advocacy analysis has helped validate and apply a tool that gauges the impact of our training program on child advocacy nationwide. The efforts of BEING has produced 16 abstracts presented at local, national and international conferences, a manuscript in an academic journal, and most importantly, tangible innovations in how pediatricians are trained to better serve an increasingly diverse group of children and families.

The BEING Team

Shaunette Anum-Addo, M.D., associate residency program director for DEI
Aisha Barber, M.D., residency program director, BEING principal investigator
Lin Chun-Seeley, BEING project lead
Danielle Dooley, M.D., medical director, Community Affairs and Population Health
Lanre Falusi, M.D., associate residency program director for Leadership in Advocacy, Underresourced Communities and Health Equity (LAUnCH) residency track
Theilene Gborkorquellie, M.D., assistant director for Resident Health Equity Education
Jessica Hippolyte, M.D., Pediatric Emergency Medicine fellow
Cara Lichtenstein, M.D., director of Resident Health Equity Education
Yael Smiley, M.D., assistant residency program director, LAUnCH track
This is the third year in a row that Children’s National has included diversity, equity and inclusion within institution-wide corporate goal setting. As planned when the first DEI goal was set in 2021, this year’s goal will further build on previous years’ goals and outcomes. The progression of these goals is best illustrated through a snapshot of the three-year goal-setting trajectory for one aspect – measuring equity in clinical care.

**Year One (FY21):**
Provide and ensure baseline DEI training for leaders; develop and meet specific programmatic targets.

**Year Two (FY22):**
Using a clinical equity lens, begin measuring, validating and understanding the data and plan interventions to address identified inequities.

**Year Three (FY23):**
Set measurable benchmarks to overcome identified disparities, fix data collection challenges, and re-assess target areas based on refined data.

**Goals for Year Four (FY24):**
Will be based on the data and outcomes from FY23.

---

**TEN TARGET AREAS TO MEASURE EQUITY IN CARE**

- Discharge instruction language concordance
- Pain management in Emergency Department for long bone fractures
- Measles, mumps, rubella (MMR) immunization rates in general pediatrics
- Emergency department visits after appendectomy surgical procedures
- Neonatal intensive care (NICU) patients discharged on breastmilk
- Time to antibiotics for fever/neutropenic patients – English and Spanish-speaking
- Sickle cell anemia: Discharge pain scores in main sickle cell inpatient unit compared to other units with sickle cell patients
- Rates of inhaled corticosteroid prescriptions for asthma patients
- Imaging performed for suspected child abuse
- Telemedicine access

---

**DATA CHALLENGES**

**OPPORTUNITY**

**NO DISPARITY**
2023 MARKS FIRST AWARDS for Excellence in Diversity, Equity and Inclusion

This year, Children’s National celebrated a new awards series: the Excellence in Diversity, Equity and Inclusion (DEI) Awards. These awards recognize, honor and celebrate employees and teams who have demonstrated excellence through their DEI-focused efforts, either in leading equity, diversity, inclusion and anti-racism initiatives or in implementing initiatives, programs and policies that exemplify the organization’s DEI position statement.

Staff and programs from across Children’s National were nominated for the series’ first two awards, one individual and one group. The nominee pool was so distinguished that ultimately the judges added a third Honorable Mention award. The winners:

GROUP AWARD

The Whole Bear Care Program (Primary Care Behavioral Health Program): Whole Bear Care at Children’s National facilitates the care of a child’s whole mind and body by offering behavioral health services co-located with primary care providers. In the last several years, the Whole Bear Care program has embraced and empowered diversity, equity and inclusion in the following ways:

- Maria Lauer, Ph.D., a psychologist within the program, played a key role in creating and expanding Spanish language services and training for the program, including adding autism assessments in Spanish and the addition of a record number of Spanish-speaking clinicians.
- Nikita Rodrigues, Ph.D., and Avante Smack, Ph.D., developed and launched a three-year learning journey for faculty and trainees focused on the history of racism in America, current racial inequities and social determinants of health and how white supremacy has been ingrained in Western mental health care.

AWARDEES WERE RECOGNIZED for leading diversity, equity and inclusion initiatives or implementing programs or policies that exemplify our DEI position statement:

At Children’s National, we stand for diversity, equity and inclusion.

We strive to foster, nurture and sustain a culture where everyone feels welcomed and respected at work and we champion these values in our community.

Our continued commitment to each other and all the families we serve is central to our mission.
GROUP AWARD: I-DREAM

The Interprofessional Debrief on Racism, Equity and Microaggressions, or I-DREAM, is an innovative simulation-based training program that uses pre-recorded scenarios and standard debrief tools to facilitate discussions to help fill an identified gap in healthcare settings — the lack of training in interprofessional communication. Led by Simranjeet Sran, M.D., a neonatologist, and Heather Walsh, MSN RN, project manager for simulation education, the training aims to help make interprofessional communication a powerful tool to strengthen the culture of equity and inclusivity in health care settings.

A study of more than 1,800 patient-facing staff who completed the training showed such tremendous success that a 30-minute version of the simulation-based program implemented as part of the suite of onboarding training for all Children’s National employees — both clinical and non-clinical. This year, the team presented outcomes from the first 700 new employees to take the training.

Participants in I-DREAM watch two short videos and then respond and reflect as part of the simulation-based training.

HONORABLE MENTION INDIVIDUAL AWARD

Kitman Wai, M.D., assistant professor of pediatrics, critical care medicine attending physician and associate program director of the pediatric critical care medicine fellowship program

Dr. Wai spent two years developing the first curriculum in pediatric critical care medicine to enhance faculty, fellow, nursing and staff knowledge of how health disparities and social determinants of health can affect a patient’s quality of life, patient care and patient outcomes. Her novel curriculum design includes classic didactic lectures, self-motivated education strategies such as journal clubs, problem-based learning, small group discussions, simulation/role play and hands on activities.

Topics covered to date included racial and ethnic disparities in pain management, sepsis and asthma, gun violence, immigrant health considerations and LGBTQ care for pediatric patients. She has engaged staff from different divisions, including emergency medicine, primary care and the Child Health Advocacy Institute (CHAI) to bring additional voices to these topics. The health equity curriculum sessions to date have been some of the highest rated sessions in the critical care medicine educational series and Dr. Wai has invigorated the effort to incorporate health equity-based care in her division’s daily practice.
OTHER ACHIEVEMENTS

It isn’t possible to capture every effort underway to advance diversity, equity and inclusion at Children’s National. Here are some of the additional achievements from fiscal year 2023, including updates on continuing initiatives from DEI subcommittees.

ADDRESSING DISPARITIES THROUGH ADVOCACY, PREVENTION AND TECHNOLOGY (ADAPT) RESEARCH LAB

The ADAPT Research Lab addresses inequities in both the provision of health care and health outcomes through technology-based interventions for children and adolescents. The research lab, led by Monika Goyal, M.D., M.S.C.E., Endowed Chair, Women in Science and Health and associate chief of Emergency Medicine and of Academic Affairs and Research, builds bridges and partnerships across multiple disciplines at Children’s National including adolescent health, informatics, epidemiology and biostatistics, the Child Health Advocacy Institute (CHAI), emergency medicine, hospitalist medicine and primary care, as well as with other children’s hospitals around the country. These data-driven collaborations have launched groundbreaking research and led to the development of model frameworks for intervention in areas such as inequities in care delivery for pain management, adolescent sexual health and asthma and mental health care. Through generous funding from the Jesse Ball DuPont Foundation, the ADAPT Research Lab is using a community-informed approach and quality improvement methodology to achieve health equity. The framework for this project centers on patients and caregivers as they directly inform the interventions utilized to address such inequities.

AMERICA’S GREATEST WORKPLACES FOR DIVERSITY FROM NEWSWEEK

This year, Children’s National was named one of America’s Greatest Workplaces for Diversity by Newsweek and market data research firm Plant-A Insights. Scoring was based on publicly available data, interviews with HR professionals and an anonymous online survey of a diverse pool of employees from companies with 1,000 or more employees in the United States.
For over two years, the division of Nursing has celebrated nurses and nurse teams through a series of Diversity, Equity and Inclusion Spotlights. The spotlights’ popularity led some of these stories to carry over to external social media channels. One of this year’s spotlights featured Mourine Evans, M.S., RN, program director of the Conway Nursing Pathfinder program. Evans was also named the 2023 Black Nurse of the Year by the Black Nurses Association of Greater Washington. The spotlight gave us the opportunity to share her achievements and accolades with communities beyond our nursing team. These recognitions speak to the dedication our nurses and teams have to supporting a pipeline of pediatric nurses from diverse backgrounds. To encourage diversity, equity and inclusion, the division of Nursing monitors demographic data, including ethnicity, age and gender, to align patient-nurse representation where possible.

BIAS REPORTING AND REVIEW STRUCTURE IMPROVES INCLUSIVITY

Children’s National established the Bias Review Committee in July 2020 as part of efforts to help employees create a more inclusive environment, better understand and identify bias, and then report it using a Safety Event Reporting System reporting tool. As awareness of what bias looks like and how to handle it has increased over time as well as familiarity with the confidential reporting process, the number of reported incidents has increased, from 26 the first year to 98 the second. An analysis of the reports and interventions presented at the Pediatric Academic Societies Annual Meeting is one of the first published examples of a deliberate process to design, implement and evaluate a bias review structure. That presentation showed that documenting and reviewing bias incident reports yields concrete, actionable steps that hospitals can take to create a more inclusive environment.
STANDARD OF CARE ENSURES QUALITY AND SAFETY FROM CENTRAL-LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI)

The Joint Commission recently published new standards for tracking quality and safety that include measures of diversity, equity and inclusion. For one common safety and quality measure, the number of central-line-associated bloodstream infections (CLABSI), in the hospital, Children’s National is already ahead of the curve in tracking these indicators. Central line infections are very serious, can make patients sick and increase their hospital stay. Health care providers need to take special care of central lines to prevent CLABSI. A recent analysis of Children’s National data by Xiaoyan Song, Ph.D., M.B.B.S., chief infection control officer, and her team showed:

1. There is no disparity in care based on a patient’s self-reported race, ethnicity or gender at our hospital.

2. Standard practices, enforced and maintained throughout the hospital for common challenges like CLABSI, are a powerful tool for protecting patients regardless of other factors like race or ethnicity.

This standard has been in place since 2014, and the analysis showed significantly lower CLABSI rates for all patients, regardless of background. The team presented these findings at the Pediatric Academic Societies Annual Meeting.
SWIFT RESPONSE TO ESCALATION BEHAVIORS

The Social Work Intervention with Families and Teams (SWIFT) is an early family escalation response program that seeks to de-escalate stressful caregiver interactions. It is led by Brenda Shepherd-Vernon, M.S.W., director of Family Services, and was developed to address concerns raised about disproportionate calls for security services for issues involving hospitalized Black and Brown patients and their families. The goal is to manage these situations in a way that creates a supportive and effective environment for everyone involved through equitable and non-biased interactions. SWIFT calls on the hospital’s social workers to actively engage caregivers (parents, guardians or family members) if they begin to display pre-identified early escalation behaviors. The ultimate goal of the intervention is to find a way for family members to safely stay at their child’s bedside. Since launch (pilot in 2021, full program in 2022), the team has successfully de-escalated 85% of interactions. They’ve also collected valuable insight into patient care situations that tend to escalate. For example, most early escalations occur with caregivers of children in short-term inpatient stays less than 14 days. Also, almost 75% of escalating events occur between 5 p.m. and 8 a.m. These data points assist with resource planning so that employees and families have the support they need when they need it most.

Since launch, the team has successfully de-escalated 85% of interactions.

The SWIFT program led to successful de-escalation of a triggering behavior 85% of the time, keeping caregivers at the bedside with their children. SWIFT hopes the model will continue to increase this success rate in the coming year.

VENDOR DIVERSITY AND DC COMMUNITY ANCHOR PARTNERSHIP (DCAP)

Children’s National increased minority-business enterprise (MBE) spending in Washington, D.C., by more than 80% in the past year. This achievement was made possible by the organization’s efforts over the last few years to engage in inclusive contracting and procurement with District-based minority owned businesses. We also serve as an anchor member of the DC Community Anchor Partnership (DCAP), part of Washington, D.C., Mayor Muriel Bowser’s economic strategy to strengthen the local economy by growing the city’s minority-owned businesses, creating jobs and building wealth. The team has also continued to focus on developing sustainable business processes to maximize the economic value of doing business with local and diverse vendors. The team plans to establish an enterprise-wide Supplier Diversity Policy and continue building a vendor pool that supports the growth of these companies, reducing barriers to entry and affording business development opportunities.

High-level dashboard

From July to December 2022, Children’s National spent more than $1.8 million with more than 20 D.C.-based minority business enterprises.

- **Total Tier 1 DC spend:** $25,801,146
- **Total DC MBE spend:** $1,828,284
- **7.1% of DC spend going to MBEs (Tier 1 ONLY)**
- **Total # DC MBEs:** 20
COMMUNICATION AND DISSEMINATION SUBCOMMITTEE
Christine Searight, Chair

The DEI communications and dissemination subcommittee continued planning and execution of the DEI Dialogues seminar series. Launched in the summer of 2020, sessions in this series average 240 attendees per session. Topics are determined based on current events, reflection and recognition dates on the calendar and through input from other DEI program members. In addition to the dialogues, the subcommittee also designs a comprehensive communications plan including organization-wide emails, social media content and stories related to relevant moments in time throughout the year. The goal is to engage employees and provide opportunities for greater education about the unique lived experiences of the people who work in the hospital and/or receive care from our organization.

DATA AND RESEARCH SUBCOMMITTEE
Chelsea Armour, M.A., Chair

The DEI data and research subcommittee continued to pursue knowledge about data intersections and transparency at Children’s National. The committee has collected information from employees and programs across the hospital, including the office of the Chief Information Officer, the team who operates cybersecurity training awareness and exercises and those working on cyberdiversity initiatives. The goal is to learn how best to incorporate DEI principles into cybersecurity and the approach to security at Children’s National. The subcommittee has also played an advisory role to other DEI subcommittee’s work including:

- Faculty Promotion Survey
- The Children’s National Well-being Survey (Hermant Sharma, M.D., Division of Allergy and Immunology, and Christi Corriveau, M.D., Critical Care)
- Days of Dialogue survey (curriculum and training subcommittee); a subgroup of the data subcommittee built the survey in REDCap and provided data analysis as well.
- The second phase of the Diversity and Engagement Survey that will be released in 2024

FACULTY SUBCOMMITTEE
Co-Chairs: Folasade Ogunlesi, M.D., and Andrew Campbell, M.D.

Aligned with the faculty subcommittee’s mission to improve and maintain an equitable and inclusive career development process for all Children’s National faculty, especially people who are underrepresented in medicine, the faculty subcommittee was asked to provide a representative to serve on the executive committee of the medical staff. Additionally, the faculty subcommittee’s top priorities are:

- Recruitment, retention and attrition rates
- Faculty on-boarding
- Academic promotion resources and opportunities.

The subcommittee developed an on-boarding checklist in 2021 which has been piloted with new faculty. This year, they developed a survey for faculty who had engaged in the academic promotions process at Children’s National. The survey’s goal is to gain a better understanding of the promotions process and address any barriers. In response to a subcommittee recommendation, Stephen Teach, M.D., M.P.H., former chair of the Department of Pediatrics and associate dean for Pediatric and Faculty Affairs, developed and implemented a secondary review process for applicants who are considering academic promotion in the non-tenure track and who had received preliminary feedback related to a lack of promotion readiness.

LGBTQ+ SUBCOMMITTEE
Co-Chairs: Kaushalendra Amatya, Ph.D., and Elianna Bullock, MBA

The LGBTQ+ subcommittee collaborated with the training and curriculum subcommittee on the creation of the new training module for all staff about gender diverse staff and patients, “Respecting and Caring for Transgender and Gender Diverse People.” The subcommittee is working on additional learning modules related to these topics based on the level of patient interactions for staff. They are also developing a set of guidelines to help guide care for people who are gender non-conforming. Additionally, this subcommittee continues efforts to maintain the hospital’s status as an Equality Leader, or high-scoring
organization, according to the Human Rights Campaign Health Equality Index, and plays an active role in the organization’s recognition and celebrations for Pride Month each year.

NON-CLINICAL STAFF SUBCOMMITTEE
Hilah Zia, M.P.A., Chair

The non-clinical staff subcommittee focused on resetting and building the foundation for the next phase of non-clinical staff mentorship program (featured above). The team reviewed pilot program results and is making recommended changes prior to the next program cohort. Results from the pilot program were presented in a poster during Children’s National Research, Education and Innovation Week. Additionally, the subcommittee launched a series of “fireside chats” that will be held throughout 2023, focused on topics of relevance to staff in non-clinical roles. The first session in June 2023 was titled, “Career Development and the Internal Transfer Process.”

PARENT, FAMILY AND COMMUNITY SUBCOMMITTEE
Co-Chairs: Darcel Jackson, C.P.X.P., and Desiree de la Torre, M.P.H., MBA

The parent, family and community subcommittee successfully established the first Community Health Advisory Council with participation from people in Wards 7 & 8 in Washington, D.C., and Prince George’s County, Maryland. The council, which was supported by a mini-grant from DEI Program’s philanthropic support, seeks to elevate community voices from Wards 7 and 8 and Prince George’s County that are not currently well-represented on hospital advisory councils and boards. The council’s members already provided valuable input regarding their experiences with the quality and safe care, including how community challenges, family barriers and cultural traditions impact the care received. They have advised on community health priorities and provided strategic direction for community health planning. In addition to the council’s launch, the subcommittee completed work on the Community Health Improvement Plan and implemented supporting organizational structure to achieve its’ vision. They also formed several new working committees and gathered new data, informed by community and patient experience surveys.

STUDENTS, RESIDENTS AND FELLOWS (TRAINEE) SUBCOMMITTEE
Co-Chairs: Jessica Hippolyte, M.D., M.P.H., and Aisha Barber, M.D., M.Ed.

The DEI subcommittee on students, residents and fellows (trainees) includes 30 medical students, residents, fellows and faculty. In addition to oversight and expansion of the UIM Mentorship Lattice program (see previous feature) members of this subcommittee shared research findings at the 2023 Pediatric Academic Societies Annual Meeting about evaluating trainee experiences and observations of health equity practices, health equity training and bias in the clinical learning environment, which has led to health equity faculty development training sessions for many hospital divisions.

TRAINING AND CURRICULUM SUBCOMMITTEE
Simmy King, D.N.P., M.S., MBA, RN-B.C., and Tamara Gayle, M.D., M.Ed., M.P.H.

The training and curriculum subcommittee partnered with the LGBTQ+ subcommittee and the hospital’s Human Resources Learning and Development team to develop and implement “Respecting and Caring for Transgender and Gender Diverse People,” which is now an annual hospital-wide training for all staff. This subcommittee also collaborated on the integration of the I-DREAM microaggression simulation-based training (see previous feature) into the curriculum for new employees. Finally, the subcommittee implemented a survey for frontline staff to assess perceptions on diversity, equity and inclusion and to gauge how effectively the organization is addressing issues that matter to front-line staff. The findings from this survey highlight new opportunities to engage frontline staff in DEI initiatives and continue creating educational opportunities on key topics like bias reporting initiatives.

Members of the Community Health Advisory Council gathered to connect and celebrate this year.
SUSTAINABLE, STEADY MOMENTUM TOWARD EQUITY

Last year’s report concluded with the idea that true equity in healthcare requires that a strong culture of diversity, equity and inclusion carry on beyond a single moment in time, and beyond the walls of any single institution or department.

As evidenced by our stories, we make every effort at Children’s National to ensure our work remains effective, sustainable, data-driven and, where appropriate, replicable. We strive to share our successes and our challenges with others who undertake this journey for the health and wellbeing of their employees and the children and families they care for as well. Growing stronger together, within our walls and beyond, is the only way to achieve the dream of health equity for all.
WE OWE SPECIAL THANKS
to all the people who dedicate their time and energy to building and
growing our culture of equity and inclusion at Children’s National.
This includes staff who pursue better programs and practice every
day, those who participate in our DEI steering committee and
subcommittees and all of the people who help make our hospital and
community a better place for everyone. We are extremely grateful for
everything that you do.

To learn more about how you can help with diversity, equity and
inclusion at Children’s National, contact Dr. Cora-Bramble
at dcorabra@childrensnational.org.