**EQUITY IMPACT ASSESSMENT: Intake form\***

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Job title | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Time to complete EIA | Choose an item. |

Please check the applicable options below for the proposed initiative.

|  |  |  |
| --- | --- | --- |
| **Initiative Type** | **Existing** | **New** |
| Project |  |  |
| Program |  |  |
| Policy |  |  |
| Guideline of Care |  |  |
| Clinical Standard Work |  |  |
| Marketing |  |  |
| Website |  |  |
| Job Processes |  |  |
| Other: | Click or tap here to enter text. | Click or tap here to enter text. |

\*For administrative purposes only

**EQUITY IMPACT ASSESSMENT: Tool**

**INITIATIVE INFORMATION**

1a. What is the **identified problem** the proposed initiative is attempting to solve?

Click or tap here to enter text.

1b. What is the **overall purpose** of the proposed initiative?

Click or tap here to enter text.

1c. What are the **SMART goals** of the proposed initiative?

Click or tap here to enter text.

**IDENTIFYING DISPARITIES**

2. Are there any known inequities and/or disparities at Seattle Children’s related to the proposed initiative? If yes, provide baseline data and/or describe the inequities and/or disparities *and continue to question 3*. If not, explain how you know inequities and/or disparities do not exist *and skip to question 6*.

Click or tap here to enter text.

3. What factors at Seattle Children’s **related to the proposed initiative** may be producing and perpetuating disparities or discrimination?

Click or tap here to enter text.

4a. Are there historically, persistently, or systemically underserved groups not identified in question 2 that may be most affected by and concerned with the issues related to this initiative? If so, how?

Click or tap here to enter text.

4b. Are members from these affected groups (e.g., patients, families, community partners, and/or staff) meaningfully involved and authentically represented in the development of this initiative? If yes, how? If not, why not? If not yet, what is the plan for inclusion and when will this occur?

Click or tap here to enter text.

**ADDRESSING DISPARITIES**

5. How does the proposed initiative directly or indirectly address the identified disparities or discrimination identified in question 2 and/or 4a?

Click or tap here to enter text.

6. Describe how you will identify adverse impacts or unintended consequences that may arise for historically, persistently, or systemically underserved groups during and/or after the initiative has started/been implemented.

Click or tap here to enter text.

If you answered no to question 2, *this the final question for you to complete* and the full EIA is not necessary for your proposed initiative. If you have any questions, please reach out to [cdhe.consult@seattlechildrens.org](mailto:%20cdhe.consult@seattlechildrens.org).

If you answered yes to question 2, *continue to question 7*.

**EVALUATION**

7a. Are there available metrics related to monitoring disparities and discrimination before, during, and/or after implementation of the initiative? If not currently available, can reports, dashboards, and/or data streams be made available?

Click or tap here to enter text.

7b. List any process and outcomes metrics, reports, dashboards, or data streams related to monitoring disparities and discrimination throughout the initiative:

Click or tap here to enter text.

7c. How often will each measure listed in 7b be documented and evaluated?

Click or tap here to enter text.

7d. Who on your team is accountable for collecting and monitoring the data?

Click or tap here to enter text.

7e. What steps will be taken if the data reveal that disparities are maintained or increased during the duration of this initiative?

Click or tap here to enter text.

7f. How will ongoing community partner engagement (identified in question 4) be assessed?

Click or tap here to enter text.

**VIABILITY AND SUSTAINABILITY**

8a. Does the initiative have resources available to support the implementation and monitoring of the initiative considering the equity concerns identified? Please explain.

Click or tap here to enter text.

8b. Is the initiative adequately resourced to ensure successful operationalization? Please explain.

Click or tap here to enter text.

**Equity Impact Assessment: Instructional guide**

**INITIATIVE INFORMATION**

1a. Describe the overall problem identified that this initiative seeks to address. If further clarity or guidance is needed, please contact CDHE at [CDHE.consult@seattlechildrens.org](mailto:CDHE.consult@seattlechildrens.org).

1b. Describe the larger purpose of this initiative. If further clarity or guidance is needed, please contact CDHE at [CDHE.consult@seattlechildrens.org](mailto:CDHE.consult@seattlechildrens.org).

1c. SMART goals are defined as **S**pecific, **M**easurable, **A**ctionable/**A**chievable, **R**elevant/**R**ealistic, and **T**imely/**T**ime-bound. Read more about and see examples of SMART goals [here](https://www.smartsheet.com/blog/essential-guide-writing-smart-goals).

**IDENTIFYING DISPARITIES**

2. Health inequity refers to the uneven distribution of social and economic resources that impacts an individual’s health. Inequities often stem from structural racism or the historical disenfranchisement and discrimination of particular groups. Inequities in health often result in disparities in health outcomes between populations ([APHA report, Creating the Healthiest Nation: Advancing Health Equity](https://www.apha.org/-/media/files/pdf/factsheets/advancing_health_equity.ashx)). For example: Access to community/health resources such as limited public transportation routes because of redlining in the greater Seattle area.

A health disparity exists when an outcome is seen to a greater or lesser extent between populations. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on structural racism or the historical disenfranchisement and discrimination of particular groups (healthypeople.gov). Disparities in health are the metric for assessing progress toward health equity ([Robert Wood Johnson Foundation](https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html)). For example: Higher rate of missed appointments for Black or African American patients.

See number 4 below for examples of historically, persistently, or systemically underserved groups.  
  
Possible sources of data include Tableau dashboards, [PULSE dashboards](https://child.seattlechildrens.org/resources_and_information/for_all_staff/pulse_dashboard/), Power BI dashboards, Epic reports, eFeedback, or local data collection. If unsure whether data are available or where to locate relevant data sources, reach out to your local data analyst or Clinical Analytics at [ClinicalAnalytics@seattlechildrens.org](mailto:ClinicalAnalytics@seattlechildrens.org).

3. We strongly encourage the use of a Key Driver Diagram (KDD) to help identify factors directly related to your proposed initiative. Read more about and see examples of KDDs [here](https://spcore.childrens.sea.kids/Lopez/CSW/_layouts/15/WopiFrame.aspx?sourcedoc=%7b2AD19939-32D2-48D0-A943-07234B5DFE82%7d&file=KeyDriver_T.docx&action=default). We also encourage the use of other project management tools for your initiative, if supportive; the EIA is not meant to be a project planning document, but rather a tool to ensure equity is being considered as part of the work.   
  
See [CLABSI Key Driver Diagram (seattlechildrens.org)](https://child.seattlechildrens.org/globalassets/media/resources-and-information/for-all-staff/clabsi/key-drivers-diagram.pdf) as an example KDD. For instance, suppose your proposed initiative is to reduce the CLABSI (central line-associated blood stream infection) rate for those who use a language other than English (LOE). Factors that may be producing and perpetuating disparities or discrimination include inconsistent use of interpretation with families during care, fewer line observations and audits, limited educational materials, decreased education due to limited translation, and fewer opportunities for families to express concerns.

If further clarity or guidance is needed, please contact CDHE at [CDHE.consult@seattlechildrens.org](mailto:CDHE.consult@seattlechildrens.org).

4a. Historically, persistently, and systemically underserved groups are those who experience discrimination and exclusion because of unequal power relationships across economic, political, social, and cultural dimensions.2 Below are examples of groups to consider in your work.

* Black, Indigenous, and people of color\*
* Immigrants
* Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Two-Spirit, plus inclusion of other identities not reflected (LGBTQ2S+)\*\*
* People who use languages other than English
* People with disabilities
* People with mental illness
* Refugees
* Religious identities, non-theists, or those who do not practice any religion
* Under-resourced communities

\**Race is a social construct and not a determining factor, risk factor, or driver of inequities. Racism is a driver of health inequities.*3

*\*\*Two-Spirit, or 2S, identities are specified to honor indigenous traditions*

4b. For support on how to meaningfully engage patients, families, community partners, and/or staff please email the [Insights and Design](https://child.seattlechildrens.org/people_and_places/departments/insights_and_design/) team at [insightsanddesign@seattlechildrens.org](mailto:insightsanddesign@seattlechildrens.org).

**ADDRESSING DISPARITIES**

5-6. If further clarity or guidance is needed, please contact CDHE at [CDHE.consult@seattlechildrens.org](mailto:CDHE.consult@seattlechildrens.org).

**EVALUATION**

7a. If baseline data were identified in Question 2, the answer is yes. If the answer to question 2 was no and metrics will not become available as part of the initiative, consider doing a pre/post survey to monitor progress and success.

7b. At a minimum, stratify metrics already collected for this initiative by race, ethnicity, and language (REaL). Other stratifications could include gender and/or payor. Examples of metrics include Quality Core Measures, call time lag, time to medication, missed appointment rate, and telehealth and MyChart utilization. If no baseline metrics are available, provide process and outcome measures used in the pre/post survey from 7a.

7c-7f. If further clarity or guidance is needed, please contact CDHE at [CDHE.consult@seattlechildrens.org](mailto:CDHE.consult@seattlechildrens.org).

**VIABILITY AND SUSTAINABILITY**

8a-8b. If further clarity or guidance is needed, please contact CDHE at [CDHE.consult@seattlechildrens.org](mailto:CDHE.consult@seattlechildrens.org).

**References and Resources**

1. Center for Racial Justice Innovation, [Race Forward Racial Equity Impact Assessment](https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit).
2. National Collaborating Centre for Determinants of Health. (2022). [Glossary of essential health equity terms](https://nccdh.ca/learn/glossary/). Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.
3. Boyd et al. [On Racism: A New Standard For Publishing On Racial Health Inequities](https://www.healthaffairs.org/do/10.1377/forefront.20200630.939347/full/), Health Affairs Blog, July 2, 2020.
4. Equity Impact Assessment Tool, Healthier Here, 2017, Seattle, WA.
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6. [Why Equity Matters](https://www.rwjf.org/en/library/features/achieving-health-equity.html). Robert Wood Johnson Foundation.
7. Adkins-Jackson et al. [How to Measure Racism in Academic Health Centers](https://child.seattlechildrens.org/uploadedFiles/Child/People_and_Places/Departments/Center_for_Diversity_and_Health_Equity/How%20to%20Measure%20Racism%20in%20Academic%20Health%20Centers.pdf), AMA Journal of Ethics.
8. Trent et al. [The Impact of Racism on Child and Adolescent Health](https://child.seattlechildrens.org/uploadedFiles/Child/People_and_Places/Departments/Center_for_Diversity_and_Health_Equity/The%20Impact%20of%20Racism%20on%20Child%20and%20Adolescent%20Health.pdf), American Academy of Pediatrics Policy Statement.
9. O’Brien et al. [Anti-Racism and Race Literacy: A Primer and Toolkit for Medical Educators](https://ucsf.app.box.com/s/27h19kd597ii66473parki15u0cgochd).
10. [Best Practices for a Transgender-Affirming Environment](https://child.seattlechildrens.org/uploadedFiles/Child/People_and_Places/Departments/Center_for_Diversity_and_Health_Equity/Caring_for_Transgender_Patients/Fenway_Best_Practices_1-pager.pdf), National LGBTQIA+ Health Education Center.
11. [LGBTQIA+ Glossary of Terms for Health Care Teams](https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/), National LGBTQIA+ Health Education Center.

**Acknowledgements**

The information in this guide was adapted from the Center for Racial Justice Innovation’s [Race Forward Racial Equity Impact Assessment](https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit) and The University of Washington’s [Equity Impact Review Tool](https://depts.washington.edu/hcequity/equity-impact-review-tool/).