DEI Chapter Chat Comments Text

Resources Shared:

- CDC COVID-19 Tracker Cases by Race: https://www.cdc.gov/covid-data-tracker/#cases
- Demographic Information of MIS-C Patients: https://www.aappublications.org/news/2020/07/16/miscdata071620
- Free Science Classes During COVID-19: https://remote-ed.webflow.io/
- MHEI (AAP Section on Minority Health Equity and Inclusion):
 https://services.aap.org/en/community/aap-sections/minority-health-equity-and-inclusion/#:~:text=The%20Section%20on%20Minority%20Healthy,in%20pediatric%20practice%20 and%20leadership.
- Racial Inequities in COVID-19 Cases:
 https://publichealthinsider.com/2020/05/01/new-analysis-shows-pronounced-racial-inequities-among-covid-19-cases-hospitalizations-and-deaths/
- Studying Race Disparities in NICU care in California: https://www.cpqcc.org/analysis/our-research-priorities/disparities-nicu-care
- Teen Thrown in Jail (at 15) for Not Finishing her Homework:

 https://www.propublica.org/article/a-teenager-didnt-do-her-online-schoolwork-so-a-judge-sent-her-to-juvenile-detention
- The Color of Law by Richard Rothstein: https://www.epi.org/publication/the-color-of-law-a-forgotten-history-of-how-our-governme-nt-segregated-america/
- This Land Podcast: https://crooked.com/podcast-series/this-land/
- Urban Indian Health Institute: https://www.uihi.org
- White Coats 4 Black Lives petition calling on the CA Governor to decarcerate to save lives during the COVID19 outbreaks in state prisons: https://docs.google.com/forms/d/e/1FAIpQLSeI9PHIjtBDxjfrYUU6aqjTB2080nR_ervBTD WkBYJ2D0V3iQ/viewform

Q&A:

- 1. What are ways that we as pediatricians can start planning for equipping the communities that we serve to feel confident in an eventual (hopeful) vaccine? We know many of our communities are vaccine hesitant/resistant in general, and concerns about the rapid development of this vaccine is real. What are ways that we can start engendering trust in this eventual vaccine, particularly in more vulnerable communities?
 - a. It is important to note that this problem stems from racial inequities in the system that disadvantage people of minorities to seek out these resources rather than it being a mistrust issue. The inability to access health insurance has kept people of color out of things such as clinical trials for the vaccine.
 - b. Additionally, as a survey was conducted on these mistrust issues, it was found that white people had greater mistrust in pediatricians compared to people of

- color. On the contrary, people of color had greater mistrust in the healthcare system. These circles back to the idea of there being structural racism within the system that has created barriers for people of color to receive the adequate resources.
- c. I've had a few families asking when they're going to have a COVID vaccine available, so planting seeds now eg "I'm going to get the vaccine myself when it's available" might help us eventually.
- 2. What is our responsibility as pediatricians to help communities that face voter suppression?
 - a. One way is through sending in resources. For example, in Sacramento there is a group of women of color that create voting guides to help outline the ideas that each of the nominees stand for and provide additional information on the proposed bills and how they impact communities of color. This is done for the national and local election.
- 3. Should we reopen schools? If so, what are the consequences? If not, what are alternative systems for support?
 - a. School can be both a place of refuge and a place of misery. Over the years, health professionals have worked to create support systems in schools for children to make school a safe space. It is critical to explore and take a step forward to find ways to create support systems that can be used outside of school.
 - b. At this point, there is a spike in violence against children throughout the nation. There should be a transitional model within schools to help support children that rely on schools as a safe space. The damage that COVID-19 is doing does not exceed the unintended consequences that children are exposed to without being able to go to school.
 - c. We can be more creative about facility use for equity issues if we go to distance learning for all. We should focus on bringing in safely those who need on-site services such as special ed, wifi-needing, or essential workers kids. Also we can recognize that the economy would not be so dependent on our schools if we had a vibrant daycare system, including one just for COVID and kids such that they do not interrupt the required work schedules, etc.
 - d. As a former teacher, I would recommend children returning to school, but wear masks. Benefits include: improved mental health with socializing with their peers, improved physical health, secured meals, and decreased rates of abuse (since teachers are some of the first people to notice). If kids don't return to school, then having schools provide food for children and also recruiting companies to help provide WiFi and/or iPads to those that don't have access to the internet.
 - e. I am concerned that returning to school will reflect more disparity. especially since there are options in some school districts to remain at home. more likely parents will choose this if they have adequate resources to continue.

- 4. Given the loss of in-person school environments, what kinds of outreach to patients do you think Pediatricians can build into our practices to assess how our patients are doing and to meet social needs and promote safety?
 - a. All these things can be done allowing the teachers to teach from home. This minimizes cohorting in the facilities, minimizes custodial burden and allows budget saturation.
- 5. How are we going to reconcile the fact that people will have to face the "choice" of continuing to work versus child care during school closures?
 - a. It is important to have child care resources that families can rely on. As an organization, we should work to provide information on such resources.
- 6. How can we make sure that families have access to information about resources during this time, especially consider the tech-gap that may persist in lower-income families?
 - a. Oakland just announced that within 2 weeks every family will have computers, internet access and Wi-Fi hot spots a big initiative to help as school starts.
- 7. How can we build antiracism into our healthcare systems? Is there a systematic way that we can do this that extends past the one-on-one interactions we as pediatricians have with our patients?
 - a. As Dr. Bell mentioned with her Anti-Racist Orgnizational Change (AROC) work, it is important to:
 - i. Create policies with accountability and consequences for hate speech/behavior (fireable offense)
 - ii. Have zero tolerance for patterns of bias/racism in practice
 - iii. Make equity a part of quality and safety
 - iv. Have equity a part of professionalism/credentialing mandates
 - v. No policing in hospitals
 - b. Within medical education, it is important to also include information on:
 - i. Training on implicit bias
 - ii. Include community rounds where individuals can be brought in to work with students and voice out some of the disparities they may face in the healthcare system
 - iii. Having disparities related journal clubs
 - iv. UCSF Medical Education Office has an anti-racist faculty toolkit to guide faculty as they create lectures/workshops, etc for teaching
 - UCSF asks faculty to include efforts in DEI on their CV (good news) but not sure if it makes any difference on promotion (bad news).
 - c. Implementing this within private practices can be done by:
 - Creating systems to investigate patient complaints regarding racism in the healthcare system
 - 1. This can be done by stratifying the customer satisfaction data into groups based on race
 - ii. Having customer satisfaction reports available in different languages.
 - iii. Establishing a community advisory board

- iv. Examining the policies within the hospital that may perpetuate systemic racism
- 8. Should private schools be taxed to support public schools?
 - a. Yes, but we should also tax the well-resourced public schools. Basically, we should create a system that allows the equal distribution of wealth throughout communities to allow equal access to resources.
 - b. It is important to also reallocate funds from other institutions such as the police and grant funds to things such as education.
- 9. Many clinical practices have strict rules about late shows and no shows and rather than figuring out why families may be late, we tend to penalize families by asking them to reschedule and not seeing them. Such rules do not consider the obstacles that families may face, including transportation and limited appointment choices. Any best practices on addressing late shows and no shows in a more constructive way. Sorry, this seems minor to other questions; but just an example of rule setting at the practice level that may have inadvertent consequences.
 - a. This is a good example of "Equality" applying the same policy to everyone vs "Equity" meeting people where the are and giving them what they need
 - I think an equitable approach might include consideration about how far they came, how many children they have, how old there child is, what the visit is for, etc
- 10. What are some general ways to support people of color?
 - a. This issue really stems from the lack of acknowledgement that people of color are at the center of discrimination in our communities. It is important to understand that they do not get to experience the privilege that others do.
 - i. When approaching someone about this, it is important to acknowledge the difficulties that they face. If one comes from a background of privilege, it is important that they understand that people of color do not experience the magnitude of racism that they do. Therefore, it is important to not compare one's experiences with this community as the magnitude of hardship is oftentimes much more severe in communities of people of color.
 - b. Other than this, it is important to take initiative and do the learning. People of color are not necessarily experts on this topic. It is crucial to take the courses and educate oneself before relying on people of color to be the sole source of information regarding racial disparities.
 - c. There is a national coalition called Coalition of Behavioral Science Organizations (CBSO) trying to bring together stakeholders to use evidence-based behavioral science on a systems organizational level to change local & state & federal policies in order to fight structural racism and help communities of concentrated disadvantage. Their sister non-profit organization is Values to Action.

Additional Questions and Comments:

1. Thoughts on Rep. Barbara Lee's bill on truth and reconciliation?

- 2. What suggestions do you have for the Hispanic communities to encourage testing since this group is disproportionately affected by COVID without the fear of possibly being detained because of their immigration status (e.g ICE Raids) or other difficult factors?
- 3. I heard that the vaccine may be rolled out first to BIPoC communities did anyone else hear that rumor?
- 4. Can the panelists speak to the Executive of King County, WA (county Seattle is in) and the announcement today committing to closure of the Seattle Youth Jail by 2025?
- 5. What are your thoughts on creating "safety bundles" to address racism (example: filing grievances/like safety incidence reports), addressing diversity in hiring practices/leadership, making Juneteenth an institutional holiday, other thoughts
- 6. We must be very clear about the actual logistics on the ground available in school facilities. What we are recommending....haven't found a single district that can provide it, even with funding.
- Are there best practice models from other countries we could draw in considering safe school re-openings. Parents may not send their children to school if they don't feel it's safe.
- 8. It took sociologists & anthropologists to identify funeral rites and achieve the impossible....convince the communities to change their most closely held rites to get control of Ebola in West Africa. All we are trying to do is get people to wear a mask....but noooooo. Our biggest pandemic is behavioral. And when are we going to address that the major push to reopen willy-nilly didn't happen till folks saw the demographic data of who was doing all the dying.
- 9. Can we reach out to Foundations, philanthropists for funding to assist in equity normalizing efforts in education during COVID19? We are right near Silicon Valley the tech center....to help those who do not have access?
- 10. Do you think it could be useful to have health care systems be able to get an official anti-racist designation (sort of like the "breastfeeding friendly" designation) if they successfully implement specific anti-racist metrics (like not using race-based practices like GFR, making sure the faculty reflects population served, hate speech is fireable offense, etc etc). could be like a toolkit for institutions.
- 11. Ratings like the health equity index for lgbtq policies exist but our system has a 100 score but its execution of the LGBTQ appropriateness isn't anywhere near 100%. they gave out rainbow badges to all the new residents but not training went to what it means or anything else
- 12. Are there a few concise questions that could be used by non-BIPoC to guide anti-racist and abolitionist work without taxing our BIPoC colleagues?