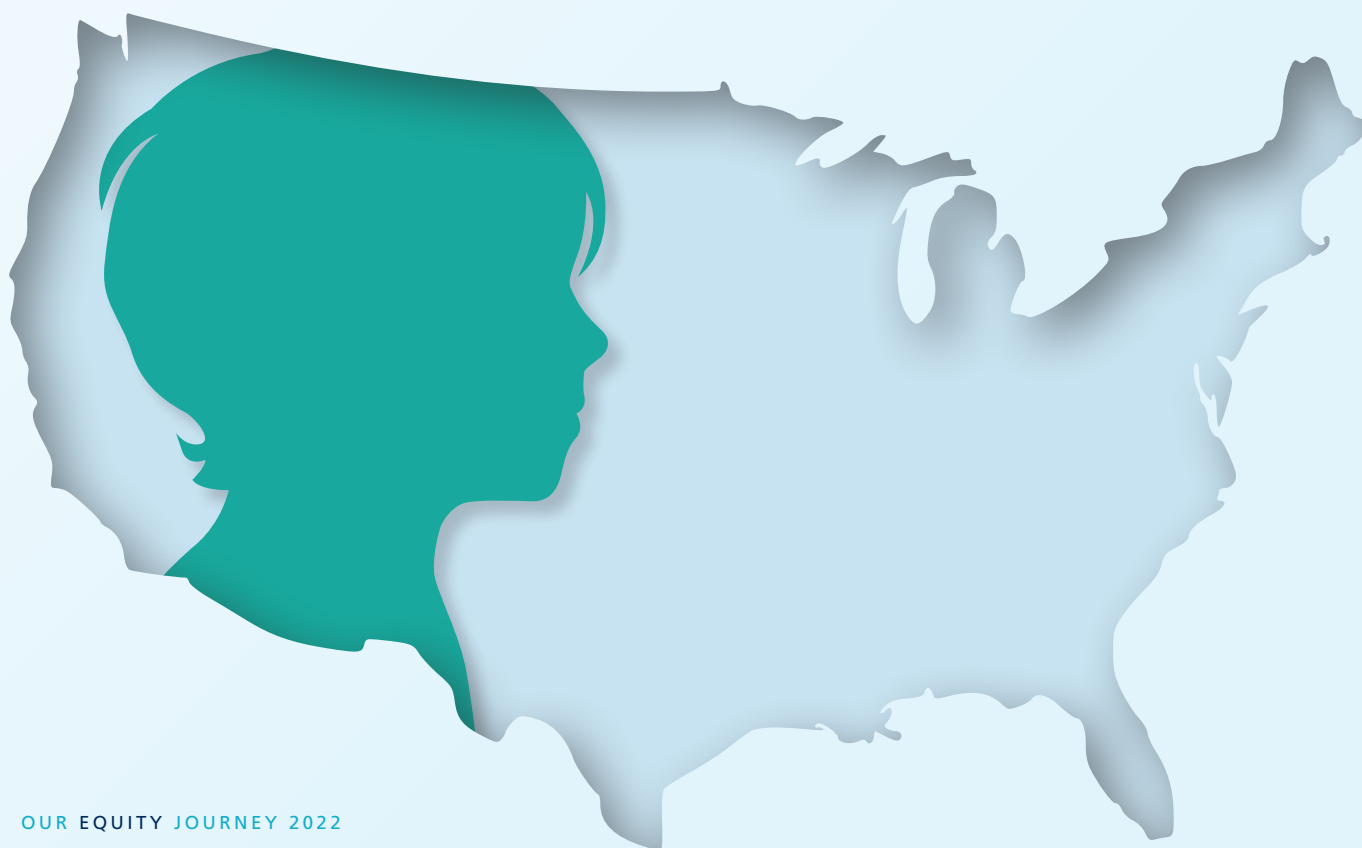


OUR EQUITY JOURNEY 2022



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ABOUT PRIMARY CHILDREN'S HOSPITAL

Intermountain Primary Children's Hospital is a Level 1 Pediatric Trauma Center owned and operated by Intermountain Health, a large, integrated, not-for-profit health system with 32 hospitals, hundreds of clinics, a medical group, affiliate networks, homecare, urgent care centers, telehealth services, a health insurance plan (Select Health) and several wholly owned subsidiaries including: Saltzer Health, Castell, Tellica, and Classic Air Med. Intermountain Health has over 60,000 employees and serves communities all across the Intermountain West, but primarily in Utah, Idaho, Nevada, Colorado, Montana, and Kansas. Care for children is also delivered by nearly all components of the Intermountain Health system. Intermountain Health headquarters and Primary Children's Hospital are both located in Salt Lake City, Utah.

Primary Children's is the only children's hospital within the markets served by Intermountain Health. Other free-standing children's hospitals are over 500 miles away from Salt Lake City. Primary Children's serves a six-state region, one of the large geographical areas of any children's hospital—Utah, Idaho, Montana, Nevada, Wyoming, and Alaska. Primary Children's has partnerships with the following care sites:

- Alaska Native Medical Center, Alaska
- Idaho Falls Community Hospital, Idaho
- Layton Hospital, Utah
- Riverton Hospital, Utah
- St. Vincent Healthcare, Montana
- Sunrise Hospital and Medical Center, Nevada
- Utah Valley Hospital, Utah

Primary Children's is well-positioned to develop, build, and scale a model health system for children. It has not only taken on responsibility for provision of care within its facilities in Salt Lake City but has also committed to developing a system of care throughout its five-state region and beyond that seeks to ensure children receive high-quality, high-value care as close to home as possible. Primary Children's influences and guides the system of pediatric care delivery throughout all ambulatory, acute, and home care settings for Intermountain Health, positioning Primary Children's to impact equity leadership, development, and implementation across a vast geography and throughout a large variety of care delivery locations.

This year, Primary Children's Hospital celebrated its 100th anniversary. Since its founding in 1922, Primary Children's has been dedicated to its mission of putting "The Child First and Always."

In subsequent sections of this report, we will refer to ourselves frequently as Primary Children's. When doing so, we are referring not only to the Primary Children's Hospital facility, but to the group of entities that fall under the larger Primary Children's/Children's Health umbrella, including Primary Children's Hospital, the University of Utah Department of Pediatrics and affiliated providers, and the greater Intermountain Children's Health organization.

MESSAGE FROM LEADERSHIP

“Do the best you can until you know better. Then when you know better, do better.” — *Maya Angelou*

The caregivers at Intermountain Primary Children’s Hospital are committed to providing an inclusive environment where a diverse team engages with children and families in an equitable and just manner around health and health care. Equity is a vital component of our core mission to help all children live their best lives possible. Despite “equitable” care being a longstanding, essential element to quality health care, we recognize that we have not always achieved that vision. However, we embrace the spirit of highly acclaimed, poet-laurate Maya Angelou: as we learn more and “know better” in the coming months and years, we will then “do better” in the area of equity. Like with other elements of quality in health care, such as safety and patient-centeredness, we will use our fundamental commitment

to the quality improvement process to turn this lofty aspiration around equitable care into concrete, actionable steps that can be measured and improved upon.

Our team is guided by the motto that for decades has graced our hospital and clinic walls: “The Child First and Always.” Whether through the lens of history, extreme recent events, or statistics on race and inequity, we have come to see that not “all” children are always first in our society. We seek to be part of the solution, and to contribute toward addressing any inequities in our health-related systems that we identify. While we did our best previously, we now know that we can do better around equity in the health care environment, and we stand ready to confront the range of issues we need to understand better as we travel on a path toward a world where all children are demonstrably first and always.

With this inaugural report, we seek to be transparent to both our colleagues and to the community we seek to serve about what our steps on this equity journey have been, what we are planning to do, and where we collectively need to go to improve the quality of our care along the essential domains of equity, diversity and inclusion. This journey, like others we travel on such as patient safety, for example, will require

a long-term commitment and will certainly present challenges along the way. Ultimately everyone on the team will be needed so that they can contribute their part. Like our experience with the decades-long effort to improve patient safety, this equity journey will involve hard conversations, humility as we assess our own performance, and all the grit and determination we have. Like with safety, achieving our aspirations for equity will require listening, skill-building and a laser-like focus on identifying opportunities and shortfalls. This is sensitive work that requires vulnerability; we will need to support each other as we redouble our efforts to improve the situations and circumstances of which we become aware.

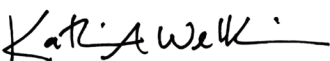
Frankly, we have ample documentation in the health care literature of inequities in care, so now is the time to take action. We need to design interventions that first lessen, and then eliminate, those inequities. Issuing affirming statements is not enough; real progress requires careful review of our care processes, data monitoring, and transparent reporting.

Since teamwork and two-way communication are foundational in equity work, we share the information in this report in an effort to continue the dialogue that is necessary to hear from our teams and with the communities we seek to serve. In order to “do better” we will need to hear from our many stakeholders about your experiences with the activities we document in the following pages. Hearing from both those who deliver care as well as from those who are receiving care will let us know if we are having the impact we aspire to have.

Another quote from Maya Angelou comes to mind, “Every journey begins with a single step.” We’ve taken that initial single step and we know that we’ll need to take many more steps on this journey to make our motto of “The Child First and Always” a reality for all children.



Angelo P. Giardino, MD, PhD
Chief Medical Officer,
Primary Children’s Hospital



Katy Welkie, RN, BSN., MBA
CEO, Primary Children’s Hospital
Vice President, Intermountain
Children’s Health



Dustin Lipson, MHSA
Hospital Administrator,
Primary Children’s Hospital



OUR FIRST STEPS

2020

The Department of Pediatrics Anti-racism Working Group forms and submits petition to Department of Pediatrics

Primary Children's Chief Medical Officer/University of Utah Department of Pediatrics Chair announces call to action to make equity a priority

Intermountain forms Intermountain Equity Steering Committee and Pillars of Equity

Primary Children's Hospital forms Children's Health Equity Steering Committee and finalizes charter and strategic plan

Intermountain adds Equity as a fundamental and value of the organization.

2021

Primary Children's forms Children's Health Equity Workgroups

Intermountain and Primary Children's develop first Key Performance Indicator (KPI) metrics focused on Equity

Primary Children's develops Pediatric Health Equity Data Dashboard

Intermountain leadership declare racism as a public health crisis

Intermountain hires Equity Advocate and other Equity support staff

2022

Intermountain appoints inaugural Chief Equity Officer and develops Office of Diversity, Equity, and Inclusion

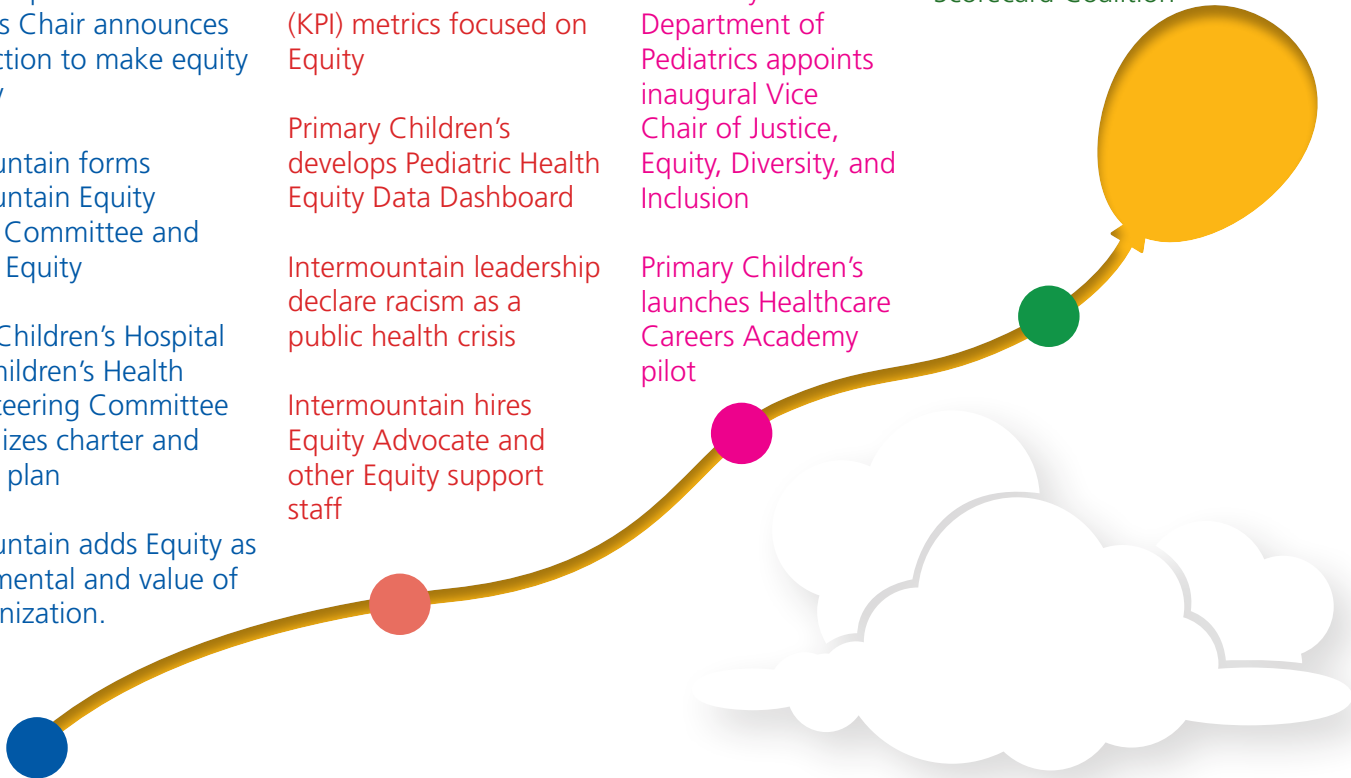
University of Utah Department of Pediatrics appoints inaugural Vice Chair of Justice, Equity, Diversity, and Inclusion

Primary Children's launches Healthcare Careers Academy pilot

2023

Primary Children's holds inaugural Pediatric Health Equity Symposium

Primary Children's launches Community Scorecard Coalition



“Racism, like COVID-19, is a public health crisis,” declared the Department of Pediatrics Anti-racism Working Group (ARWG) in July 2020. Seeking to build collective power to accelerate anti-racism, this group of Primary Children's trainees and faculty from the University of Utah Department of Pediatrics organized in June 2020 and immediately submitted a petition to University of Utah Department of Pediatrics and Primary Children's Hospital leadership calling for action in six key areas related to Anti-racism, Diversity, Equity, and Inclusion.

1. Develop a formal committee and reporting structures

2. Invest in anti-racist and health equity efforts within our communities

3. Track disparities and inequities as measures of quality and safety

4. Employ a diverse and representative workforce

5. Recognize and respond to racist and discriminatory behavior in the workplace

6. Create equitable security and law enforcement policies in our hospitals

Both Primary Children’s Hospital and University of Utah Department of Pediatrics leadership responded by acknowledging the validity and imperative of these expressed needs. Within a few weeks of receiving the ARWG petition, Primary Children’s Chief Medical Officer and Chair for the Department of Pediatrics, Dr. Angelo Giardino, formally announced Primary Children’s and the Department of Pediatrics’ commitment to equity during a Pediatric Grand Rounds presentation, Equity: A Quality Domain and Pediatric Call to Action. “We have the knowledge and the skills and the heart and the professional commitment to step into this issue and address it,” he said.

Around the same time Primary Children’s began the process of establishing equity as a key priority for Children’s Health, Intermountain Health also prioritized equity. In September 2020, Intermountain Health formally announced the addition of equity as both a fundamental and value for the organization because Intermountain’s unifying mission—helping people live the healthiest lives possible—applies to everyone.

Over the last two years, Intermountain Health, Primary Children’s, and the University of Utah Department of Pediatrics have all taken their commitment to equity advancement seriously and have invested significant time and resources to equity work. The primary focus of these early years has been to lay a strong foundation for meaningful and sustained impact by:

1 Communicating our commitment to equity advancement and inviting others to join us

2 Listening to and learning from our community, employees, and patients to understand where we are now and determine our path forward

3 Expanding our organizational capacity to take action

OUR MISSION

Helping people live the healthiest lives possible.®

OUR VISION

Be a model health system by providing extraordinary care and superior service at an affordable cost.

OUR VALUES

Integrity: We are principled, honest, and ethical, and we do the right thing for those we serve.

Trust: We count on and support one another individually and as team members.

Excellence: We perform at the highest level, always learning and looking for ways to improve.

Accountability: We accept responsibility for our actions, attitudes, and health.

Mutual Respect: We embrace diversity and treat one another with dignity and empathy.

Equity: We want to eliminate disparities and create more opportunities for caregivers, patients, members, and communities to thrive.

OUR FUNDAMENTALS

Safety: Ensure patients, members, and caregivers are always safe.

Quality: Deliver evidence-based care that leads to top performance and meets each individual’s health goals.

Equity: Eliminate disparities and create opportunities for caregivers, patients, members, and communities to thrive.

Experience: Deliver the best consumer experience.

Access: Provide care and information where, when, and how our consumers prefer, with seamless coordination across the system.

Stewardship: Be an indispensable community partner, achieving the healthiest communities with the lowest cost per person in the nation. Be a financially sound, forever organization.

Engaged Caregivers: Create an unparalleled caregiver experience that supports us in delivering on the fundamentals of extraordinary care and service.

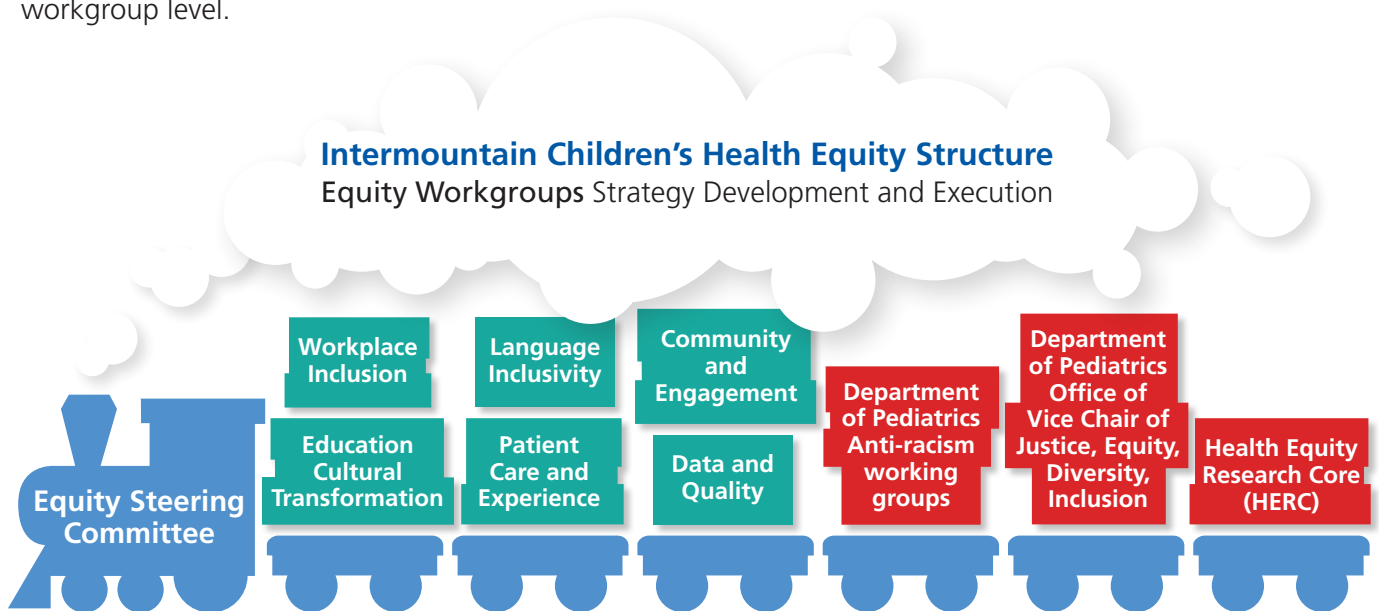
Growth: Achieve purposeful growth and innovate to ensure our ability to be a model health system.

EQUITY COMMITTEES & WORKGROUPS

In 2020, Primary Children’s formed the Children’s Health Equity Steering Committee. Our steering committee includes several members of the Primary Children’s executive leadership team, as well as representatives from key stakeholder groups, including data analytics, community health, the University of Utah Department of Pediatrics, University of Utah Health Equity Research Core (HERC), the pediatric residency program, human resources, community-based care, family advisory committee, family support services, language and interpretation services, marketing and communications, patient safety, quality, operations, and nursing.

Since its inception, our Steering Committee’s priority has been to develop support structures around equity that are well-equipped to create—and more importantly—to execute on programs and initiatives that will have a lasting and meaningful impact. To accomplish this, we decided early on to segment the equity work into functional workgroups. Each workgroup serves as the main driver of strategy in their identified areas of equity. The leads of each workgroup serve on the Steering Committee, allowing for the Steering Committee to be responsible for connecting workgroups with the resources they need to be successful and ensuring collaboration between the workgroups, Intermountain and Primary Children’s Hospital, and alignment with organizational priorities.

Over the past two years, our workgroups have continued to evolve as we have progressed on our equity journey, but the general workgroup structure has remained and has proven to be effective in maintaining forward momentum in all areas of equity. The workgroup structure has allowed us to utilize the talents and knowledge of caregivers more effectively, recruiting a diverse workgroup member base comprised of individuals from different backgrounds, disciplines, and positions within the organization. Giving individuals the option to engage with the areas of equity that most align with their personal interests, expertise, and professional focus has helped us sustain high levels of engagement both at a Steering Committee and workgroup level.



EQUITY PROGRAMS & INITIATIVES

Since the inception of Primary Children’s formal Equity structure at the end of 2020, just a little over two years ago, we are proud to have developed several programs and initiatives to advance on our equity journey. The section below focuses primarily on these equity initiatives and programs developed under the Primary Children’s/Children’s Health umbrella—Primary Children’s Hospital, University of Utah Department of Pediatrics, and the larger Intermountain Children’s Health organization. Intermountain Health as a system has also developed several initiatives and programs over the past few years that have been impactful to Primary Children’s employees, patients, and families, some of which are also included below. The section is organized by the realms of equity that most closely align with Primary Children’s established Equity workgroup structure. These realms include:

1. Education and Cultural Transformation
2. Workplace Inclusion
3. Patient Care and Experience
4. Community and Engagement
5. Research and Scholarship

Education and Cultural Transformation

Primary Children’s has identified two key priorities for Equity Education and Cultural Transformation.

1. Gain a deeper understanding of our culture, especially as it pertains to diversity, equity, and inclusion (DEI).
2. Use education and other targeted initiatives to create a more culturally sensitive and inclusive culture.

To make progress, we must better understand our current culture around DEI. Primary Children’s has invested significant time in identifying how to do this effectively. We have realized that very little data is currently available to provide these insights and we have had to rely more heavily on informal channels of employee, patient, family, and community input to inform improvement efforts thus far. Moving forward, the development and accessibility of more formal channels and structure for understanding our culture around DEI will be a top priority for Primary Children’s. We believe the insights gained will only allow us to enhance and build upon Intermountain and Primary Children’s on-going educational and cultural transformation initiatives.

DEI Leader Trainings

In July 2021, Intermountain rolled out a comprehensive implicit bias training for leaders, physicians, and advanced practice providers: Disrupting Everyday Bias. By the end of 2021, 83% of Intermountain-employed Primary Children’s leaders had participated in the training. Since then, Intermountain has released several other DEI-specific trainings for leaders to help equip them with the tools needed to foster a more inclusive culture within their teams. These trainings included Inclusive Teams and Engaging Workplace Conversations: Tools for Diversity, Equity, and Inclusion.

Cultural Competency Learning Series & Guides

In addition to the more comprehensive leadership training series, Intermountain's Office of Interprofessional Continuing Education hosts quarterly webinars on topics related to cultural competency. These webinars present an opportunity for all employees, from all disciplines, to learn, network and build new skills. The topics from 2022 have included:

- Widening the Tent: Considerations for Providing Services to Plural Families
- The Impact of Social Care on Equitable Healthcare
- Social and Behavioral Health Special Considerations for the LGBTQ+ Population
- Making Equity a Priority in Healthcare

Intermountain's organizational equity team has also created printable cultural patient care guides that are accessible to all Intermountain employees. These guides provide information about different race, ethnic, and cultural groups served by Intermountain to help clinicians provide more culturally sensitive and culturally competent care.

Physician Education Initiatives

Within the University of Utah Department of Pediatrics, the Pediatric Anti-racism Working Group has led the development and refinement of multiple educational curricula for faculty and trainees at Primary Children's including:

- Speak Up! Simulations for recognizing and responding to microaggressions
- Commit to Confronting the Microaggressions That Are Affecting Your Learners
- Workshops on identity and impact, inclusivity and belonging, and inclusion and bias in healthcare documentation
- Longitudinal social medicine curriculum
- Community speaker series
- Cultural complications morbidity and mortality case presentations focused on the impacts of discrimination and bias on health outcomes.

Over 500 participants have attended these educational sessions in the last 28 months.

DEI in Action Initiative

In an effort to make DEI-related education more accessible to frontline employees and clinical care providers, Intermountain rolled out their DEI in Action initiative in April 2022. Each month, Intermountain releases short, easily digestible, educational email blasts on specific DEI topics aimed to help both improve understanding of key DEI concepts and to encourage integration into practice. The topics from 2022 included:

- Introduction to DEI
- What is Diversity, Equity and Inclusion?
- Talking about DEI in the Workplace
- Understanding Social Determinants of Health
- Race and Racism

- Disability, Culture and Language
- Native American Heritage Month
- Reflecting on Equity in Action

Schwartz Rounds

Primary Children’s has been hosting Schwartz Rounds for over a decade. In June 2020, Primary Children’s began incorporating more equity-related topics into the Schwartz Rounds curriculum, including:

- The Skin You Live In: Privilege and Racism in Healthcare
- When English is not your patient’s primary language
- Microaggressions in Healthcare
- Advocating for Patient Communication with Limited Expression
- “Seeing Patients” – the effect of using someone’s preferred pronouns on their experience
- Race and Culture in Healthcare

About 600 healthcare workers at Primary Children’s attended these sessions.

Pediatric Grand Rounds

The University of Utah Department of Pediatrics holds monthly grand rounds presentations. Over the last few years, the Pediatric Anti-racism Working Group has championed invitations for grand rounds speakers with DEI expertise, including:

- Dr. Jann Murray Garcia, Cultural Humility and Interrupting Scripts of Racial Inequality in Pediatric Health
- Dr. Hans Kersten, Advancing Health Equity Through the Lens of Food Insecurity
- Dr. Amy Cowan, White Identity, Race, and Racism

Pediatric Health Equity Symposium

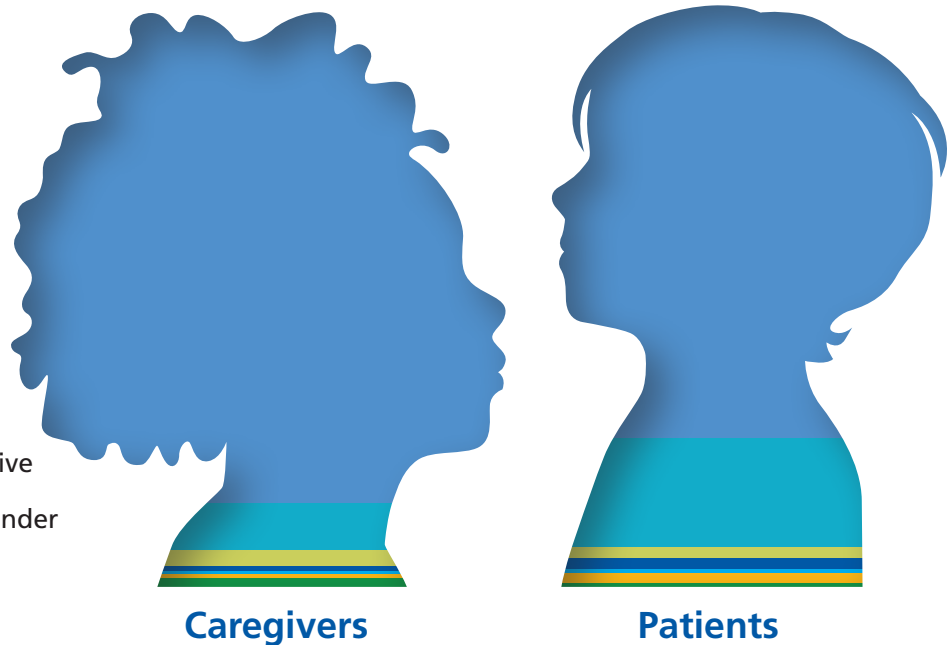
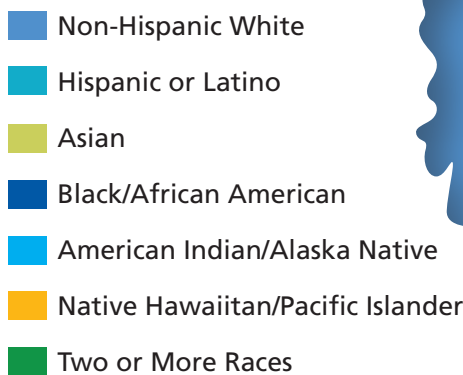
On January 20, 2023, Primary Children’s, in collaboration with Intermountain’s Office of Interprofessional Continuing Education and the University of Utah School of Medicine, hosted its inaugural Pediatric Health Equity Symposium. The aims of the symposium are to share information on the child health equity work happening at the University of Utah, Intermountain Health and throughout the state of Utah and neighboring communities and create a multi-disciplinary community of individuals who are committed to advancing child health equity. The inaugural symposium has an extensive speaker and panelist lineup, spotlighting a wide range of leaders and professionals dedicated to advancing child health equity— hospital leaders, health equity and medical researchers, acute care clinicians, community pediatricians, government officials, and community organization leaders.



Workplace Inclusion

Primary Children's leadership acknowledges a critical equity-related need in the workplace: ensuring our internal structures and processes are inclusive and equitable to all current and future employees. As our population and communities continue to become more diverse at an increasing rate, it is crucial now more than ever to strive for a workforce representative of the communities we serve. Greater diversity and improved representation benefits everyone—the organization, our patients, and our communities. Our workforce is currently not representative of the communities we serve, and we have a lot of work to do over the next several years to get where we want to be.

Race and Ethnicity of Primary Children's Caregivers and Patients, 2022



Note: Data for region coded 13800; Caregivers accessed April 2023; Patients = Medical Record Number for 2022 year. Caregivers and Patients with unknown, undisclosed or other race/ethnicity excluded

Improving the Diversity of Candidate Pools Initiative

As an initial step to improving representation in the workforce, Intermountain rolled out a system wide initiative and goal to improve the diverse representation within its applicant pools for all leadership and non-leadership positions. In 2022, 51% of Primary Children's individual contributor requisition applicant pools and 80% of leadership requisition applicant pools were identified as diverse.

Healthcare Career Academy

In 2022, Primary Children's also launched a community engagement initiative with the goal of building a pathway for diverse future employees. The program partners with high schools in the community to expose youth to a broad range of healthcare careers. In September 2022, Primary Children's piloted this program with a cohort of students from Granite High School. During the semester-long program, students were taught and mentored by University of Utah's medical students and resident trainees from

Primary Children's. The curriculum used was a Stanford-developed open-source curriculum adapted to the healthcare setting with the following learning objectives:

- The health of an individual is embedded in the broader context
- The health of a community is shaped by resources (goods and services) and policies which can contribute to health disparities when distributed unequally
- Students can address upstream causes and leverage assets within their communities to advocate for changes that improve the health of their communities



In addition to exposure to educational curriculum, students visited and toured healthcare facilities, met with and learned about healthcare professionals in a variety of roles, and participated in an experiential learning project. Survey results of our inaugural cohort showed that students developed a greater understanding of how cultural differences impact health and were more interested in pursuing healthcare careers, including careers at Intermountain Health. Due to its success and now wider interest among our school partners, a second cohort began in February 2023.

Graduate Medical Education (GME) Recruitment & Underrepresented in Medicine Elective

The University of Utah Pediatric Residency Program hired an Associate Program Director for Diversity, Equity, and Inclusion. The program restructured their recruitment process in 2020 by instituting holistic review of applicants, which is applied thorough every step of the cycle. An annual implicit bias workshop is now held for the recruitment committee and surveys are provided to applicants and recruitment committee members to better understand its impact. Applicants have reported that aspects of this new process led them to rank the University of Utah more highly. In 2020, the residency program began an annual visiting elective for medical students who demonstrate a strong commitment to providing healthcare to traditionally marginalized communities. Students are supported through a grant provided by the Intermountain Foundation. Two residents who participated in the course in 2020 were successfully recruited to the program. We also forged a formal relationship with the Chicago Medical School – Rosalind Franklin University to encourage pediatric exposure for their medical students through this scholarship elective.

Path to Education, Advancement, and Knowledge (PEAK) Program

To make professional development and career advancement opportunities more accessible to all employees, Intermountain launched the Path to Education, Advancement, and Knowledge (PEAK) program in November 2021. The program partners with InStride, a global provider of enterprise education programs, to provide full-time eligible employees with tuition coverage of up to \$5,250 for more than 100 online learning options, including undergraduate degrees, professional courses and certifications, high school diplomas and English language learning.

Caregiver Resource Groups

Intermountain currently has eight employee resource groups, referred to as Caregiver Resource Groups (CRGs):

- Empowered Women
- Interfaith
- LGBTQ+
- Military
- Multicultural
- Disability
- Women in Analytics
- Women in Medicine



These CRGs were launched well before the development of the formal Equity structure in 2020. These groups are all employee-led advisory groups that provide a safe space of support for caregivers, but also a forum for these groups to advise leadership on how to transform Intermountain's workplace culture and promote and advance equity within the organization and community. Several Primary Children's employees participate in these CRGs and some have even held leadership roles throughout the years. Intermountain acknowledges the value these groups provide and continues to invest in their development and sustainability. In 2022, Intermountain rolled out a stipend compensation program for all CRG leaders.



Diversity Dinners for Physician Faculty & Trainees

The Pediatric Anti-racism Working Group created Diversity Dinners, intended to be "safe, brave spaces" for trainees, faculty, and staff of all identities to find connection and debrief on experiences while working regarding bias and discrimination. In 2022, the group received a Graduate Medical Education Wellness Grant to fund these events, which have been needed opportunities for authentic conversation and connection around shared experiences.

Leonard P. Rome Visiting Professorship

Through a CATCH Grant from the American Academy of Pediatrics, we hosted visiting Professor Dr. Anisa Ibrahim, who helped us bolster our advocacy curriculum around the care for immigrant and refugee patients and families via lectures, small groups, and workshops with our visiting professor and community partners.

Patient Care and Experience

Our top priority at Primary Children's is to provide exceptional, high-quality care to all patients. To do this effectively, the care provided must be equitable, inclusive, and accessible to all patients and communities served. Over the last several years, we have invested in projects and initiatives that will enable us to both understand and measure our current ability to provide high-quality equitable care and to make the necessary changes to alleviate any disparities in care and patient outcomes we may identify.

Pediatric Health Equity Dashboard

In 2020, the Primary Children's data analytics team developed a comprehensive Pediatric Health Equity Dashboard. The dashboard can be used as a tool for clinicians, administrators, and stakeholders to explore issues related to population-level health inequities throughout both Intermountain Health and within the community served by Primary Children's. The dashboard highlights disparities in outcomes, healthcare utilization, and other patient care and community health-related metrics to help guide efforts to develop interventions that can address these inequities. The dashboard summarizes data from the medical record, combines that with publicly available data sources, and stratifies the results by common DEI elements to provide cohort- and population-based insights. This work acted as a visual and technical example for standardized equity reporting, which led to the creation of additional data products for specific cohorts within the pediatric and adult populations. Elevating the correct data and making it readily available for clinicians to explore helps those clinicians find disparities and create interventions to reduce disparities. Since the dashboard was published, several clinical groups have engaged with the data to identify disparities that exist in their respective areas, to inform interventions to reduce identified disparities, and to measure impact of developed interventions. In the last two years, some of these more specific engagements have included:

- Serious Safety Event Rate
- Precursor Safety Event Rate
- PICU Admission Rate for Cancer/BMT
- ED Visit Rate for Asthma
- Utilization of Referral-Based Support Services (i.e. Child Life, Expressive Therapies)
- Sepsis Bundle Compliance
- ED Utilization
- Community-based measures that impact ED utilization (i.e. Well Child Visits, Urgent/Insta/KidsCare use, etc.)
- Outpatient Area Deprivation Index by Location
- Immunizations
- Inpatient Psychosocial Care Consults

Each year, the dashboard will evolve and expand to include new functionalities and metrics. This tool will be essential for Primary Children's as it strives for equitable care outcomes for all patients.

Interpretation Access Initiative

In 2022, Intermountain announced a systemwide goal aimed at addressing health disparities by ensuring care communication is occurring in the patient's preferred language in the inpatient setting. Intermountain has 24/7 access to 240 languages for interpretation—40 languages in person, 36 languages on video, and 240 languages over the phone. Despite having the ability to provide care in the patient's preferred language, we found that this was not happening as consistently as it should. At

Primary Children's more specifically, we found that patients were only being offered or provided care in their preferred language, at least once during their hospital visit, 80.9% of the time in 2021. In 2022, Primary Children's goal was to increase to over 86.5%. We exceeded that goal with 89% of patients receiving care in their preferred language. This is a significant improvement from 2021, but we still have a lot of work to do. Because providing care in a patient's preferred language 100% of the time is essential for ensuring care is equitable to all, Primary Children's will continue to prioritize this work moving forward.

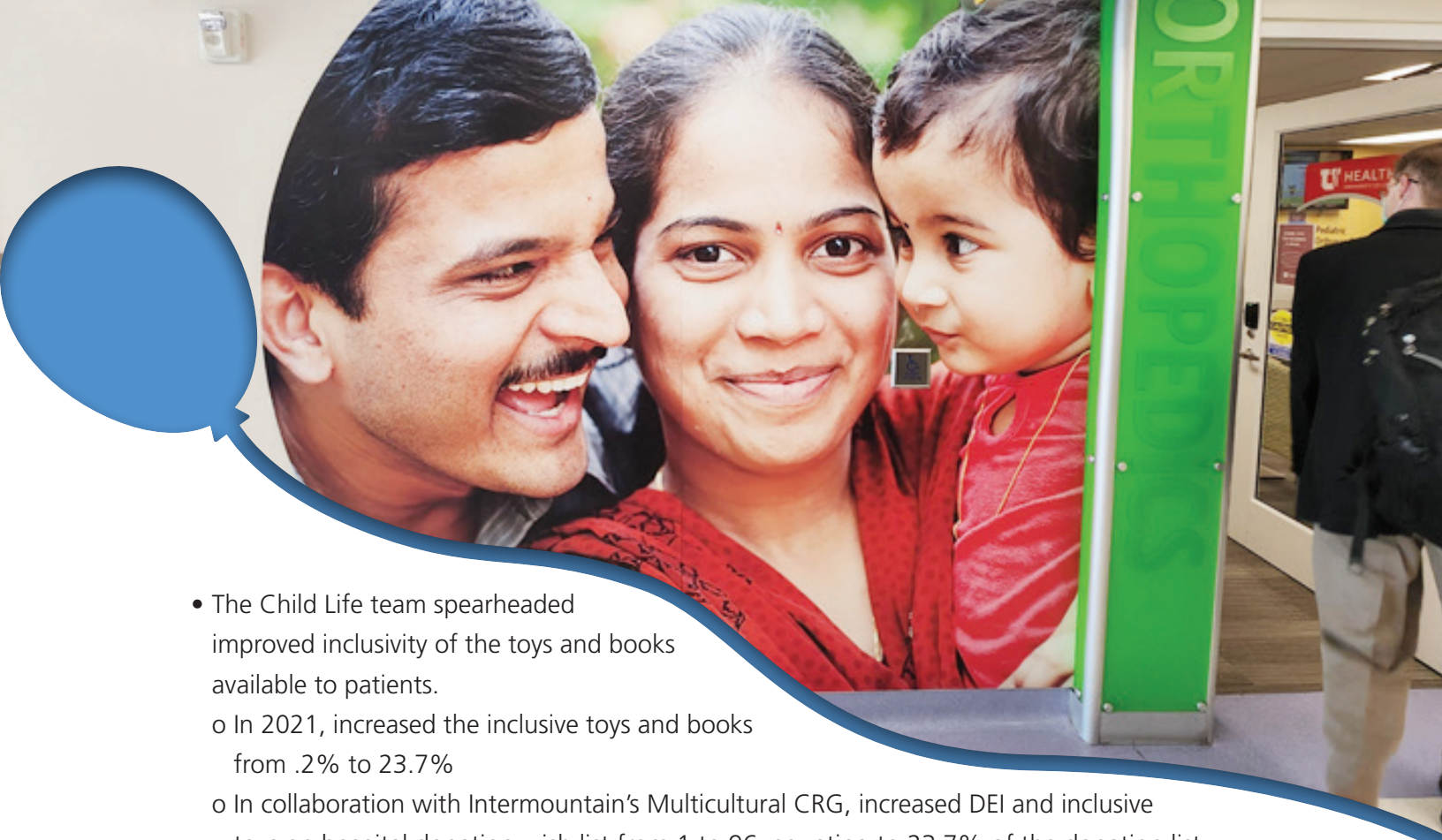
One of the biggest barriers identified in 2022 was access to interpretation iPads for virtual interpretation. Since a lot of interpretation needs were occurring at the same time—during admissions, rounding and discharge—Primary Children's did not have enough iPads to accommodate interpretation needs, especially during peak times. Primary Children's invested in the acquisition of 36 additional iPads, with 7 of those additional iPads solely dedicated to the hospitalist team to be on-hand and ready for use during rounding and discharge.

Throughout the year, several other barriers to provision of care in the patient's preferred language were also identified, such as insufficient interpretation documentation and lack of translated discharge materials. Our teams are committed to tackling these challenges in years to come.

Environment of Care Inclusivity Initiative

In 2020, a group of critical care physicians escalated a concern to Primary Children's leadership about the lack of diverse representation in Primary Children's visual imagery and artwork, both in the facility and on the website. In response, Primary Children's underwent a thorough evaluation of all visual imagery and agreed that while the visual imagery may have been representative of the communities served when installed many years prior, it was now outdated, and not representative of today's diverse communities served. The environment of care plays a key role in shaping the experience of care for patients. It is important to Primary Children's to create a healing and nurturing environment for all the communities, patients, and families served, fostering a sense of belonging to all that enter. Over the last two years, Primary Children's has made significant improvements in the diversity of representation in its artwork and visual imagery. This visual imagery inclusivity initiative also spurred several other initiatives aimed at improving the inclusivity of the Primary Children's environment of care. In just two years, the following improvements have been made:

- Improved diverse representation in the visual imagery and artwork found in the facilities and on the website. Specifically, increased representation of:
 - o People from historically underrepresented race/ethnic groups from 19% to 36.1%
 - o People living with a disability from 4% to 8.8%
 - o Historically underrepresented family structures from 0% of the family structures depicted to 72.8% of family structures depicted.
- Improved inclusiveness of facility wayfinding signage through the addition of:
 - o Better visual cues (use of colors, maps, consistent language)
 - o Spanish translations for all patient-facing signage



- The Child Life team spearheaded improved inclusivity of the toys and books available to patients.
 - o In 2021, increased the inclusive toys and books from .2% to 23.7%
 - o In collaboration with Intermountain’s Multicultural CRG, increased DEI and inclusive toys on hospital donation wish list from 1 to 96, equating to 23.7% of the donation list

LGBTQ+ Inclusive Care

The LGBTQ+ community, especially LGBTQ+ youth, are a group which frequently lacks access to equitable and inclusive healthcare. In 2022, Primary Children’s was proud to receive the Leader Healthcare Equality Index designation, demonstrating our commitment to providing high-quality, LGBTQ+ inclusive care. This is the second year Primary Children’s has received this designation. The Gender Management & Support (GeMS) Clinic, within the Adolescent Medicine Clinic at Primary Children’s Eccles Outpatient Services building, is operated in partnership with the University of Utah. The GeMS Clinic works with parents to create an informed collaborative approach to support the unique medical, psychological, and social needs of each child.



Commitment to Bringing Care Closer to Home

In addition to Primary Children’s commitment to improving the provision of equitable patient care within its four walls in Salt Lake City, Primary Children’s is also committed to making high-quality and inclusive care more accessible throughout the Intermountain West. The Intermountain West is a large geographical region, comprised predominantly of small rural communities with only a few large metropolitan areas. Primary Children’s and Intermountain have shown this commitment through:

- The building of a second Primary Children’s Hospital facility in Lehi, Utah (opening in 2024)
- Continued collaboration and coordination of care through partner sites located throughout the Intermountain West
- Significant investment in Telehealth, both for outpatient and acute care services

Community and Engagement

A primary focus for the early years of our Equity journey has been to take the time to understand the needs of the communities we serve, identify where our biggest opportunities for improvement lie, and determine where Primary Children's may be able to create the most sustained impact in our community. Over the last two years, Primary Children's leaders have met with several community organizations and groups to gain insights and to develop partnerships.

Community Listening Idea Implementation

In 2022, Primary Children's took on an initiative aimed at implementing ideas generated during community organization listening sessions throughout the state. By the end of the year, Primary Children's had assisted in the implementation or initial development of several programs and initiatives that filled some critical expressed needs of our community partners, including:

- Expanding Reach out and Read to several Federally Qualified Health Centers (FQHCs) and Sacred Circle Clinics, which predominantly serve underrepresented communities. Reach Out and Read is a program that allows a provider to give a book to a child at every Well Child Visit from the 6-month visit to the 5-year visit. The program is not only about reading but also about teaching nurturing relations between parent and child. All books are funded by Intermountain Foundation through the Primary Promise campaign.
- Initiating discussions with FQHC medical directors about potential telehealth support through Primary Children's eConsults program. If the two groups can work through the logistics of implementing this program in the FQHC setting, this would provide FQHCs with virtual subspecialist support from Primary Children's.
- Placing a therapist on-site at an FQHC located in Ogden, UT. In a meeting with this clinic, Primary Children's learned they had been struggling with the growing number of children with mental health care needs and struggled to get these children connected to appropriate resources. Primary Children's was able to broker conversations with Weber Human Services, the local mental health authority in Weber County, and place a therapist directly on-site at this clinic, significantly improving access to mental health services for this community.
- Securing funding for It Takes a Village. Primary Children's analyzed community data demonstrating that Native Hawaiian and Pacific Islander patients were receiving less Well Child Care than other groups. Primary Children's leadership visited with members from the Pacific Islander Health Coalition who taught us about the unique barriers faced by this community and made us aware of the It Takes a Village program, a prenatal health program developed in conjunction with the Utah Department of Health and Human Services, Office of Health Equity. The program's curriculum incorporates native cultural beliefs and practices with health care practices in Utah. It helps mothers understand how to navigate the system and provides them with the support from others in their family to implement the principles. The program had recently lost its funding, but Primary Children's was to secure additional funding, enabling the program to continue into 2023 and beyond.
- Expanding outpatient pediatric cardiology services to the South Main Public Health Center. This multidisciplinary clinic, located in a multiracial community with a high Hispanic/Latinx and immigrant

population is supported by the Salt Lake County Health Department and University of Utah. The South Main Clinic has the stated mission to provide high-quality, comprehensive care to families facing barriers to health equity in the Salt Lake community that have historically been medically under-resourced. The clinic occurs once each month and primarily offers pediatric preventive cardiology services including evaluation and treatment of cardiovascular risk factors in children and their parents by a board-certified cardiologist, geneticist, and dietician.

Physician Trainee Community Engagement

The University of Utah Department of Pediatrics physician trainees have received grants to fund community partnership in numerous areas, including:

- Bystander CPR project to provide culturally sensitive education on pre-hospital CPR for diverse communities cared for at South Main Clinic and Indian Health Services Hospitals in Utah.
- Granite School District collaboration, funded by an AAP Advocacy Training grant, which led to the design of a community resource mapping website for parents. Website was supported by the UU School of Psychology.
- Enhancing advocacy and education regarding immigrant and refugee healthcare through an AAP Leonard P. Rome Visiting Professorship training CATCH grant. Dr. Anisa Ibrahim, from University of Washington/Seattle Children's Hospital was invited to teach on cultural informed care and systems design. Community advocates and Primary Children's Hospital Language Services participated in robust discussions and workshops to improve upon current institutional efforts.
- Primary Children's Healthcare Career Academy is supported by Primary Children's Hospital with details highlighted earlier this report. Trainees are actively involved in organizing, teaching, and mentoring, and are studying the impact of this initiative, longitudinally.



Chronic Illness Management/Children with Medical Complexities

Improve the management of chronic disease and address underlying drivers of chronic disease development and exacerbation

Mental/Behavioral Health
Promote mental well-being in children and adolescents with a focus on addressing depression and anxiety, as well as improving suicide prevention

Family Housing & Transportation Support
Ensure widespread access to affordable housing and reliable public transportation for families and children, with the aim of addressing root causes of certain adverse health affects

Preventative Services
Promote overall child health through utilization of preventative services, particularly immunizations

Lifestyle Management/Healthy Habits
Empower families to practice behaviors that will promote a healthy lifestyle, like increasing physical activity

Infant Mortality/Prematurity
Improve overall infant mortality and reduce rates of preterm labor

Safety & Injury Prevention
Promote safe behaviors and reduce rate of unintentional injury through motor vehicle safety and substance abuse

School Readiness & Education
Help children reach their full potential through improving school readiness and high school graduation rates



Community Scorecard Coalition

The Children's Health Community team drafted a scorecard to pull publicly available metrics within eight domains at the county level into one location, showing health promotion needs for children across the state of Utah. The draft has shown us there is work to do to improve health outcomes for children in the state of Utah.

Research and Scholarship

While Primary Children's currently does not have a workgroup dedicated solely to equity research and scholarship, we acknowledge the critical role equity research will play in both the provision of more equitable patient care and our pursuit to alleviate pediatric health inequities in the community. Research will inevitably be a focus moving forward and several workgroups have already started implementing initiatives and programs to support this agenda. Some of these initiatives include:

- Development of the Pediatrics Health Equity Dashboard to identify disparities in patient care outcomes and measure impact of interventions aimed at alleviating identified disparities
- Initiation of a Pediatric Health Equity Symposium to share ongoing health equity work and create a consortium of individuals dedicated to advancing pediatric health equity
- Establishment of a strategic partnership with the Health Equity Research Core (HERC) housed within the Woman and Child Institute at the University of Utah and integrating members of this group into Primary Children's Equity governing structure. HERC's sole mission is to "catalyze and support pediatric research that prioritizes vulnerable children and addresses health disparities." HERC currently runs a pilot grant program with funding opportunities for research on child health in low- and middle-income countries and/or with marginalized populations in the United States or for research that aims to understand and/or address disparities in child health, including disparities by race, ethnicity, socioeconomic status, sexual orientation, language preference and gender identity.
- Dissemination of DEI-focused scholarship by members of the Pediatrics Anti-racism Working Group (AWRG), including studies on building skill in interrupting bias, qualitative studies examining experience of end-of-life care for Spanish-preferring families, and LGBTQ+ inclusivity.
- Publication of a Call to Action titled "We are part of the problem: the role of children's hospitals in addressing health inequity" in the journal, Hospital Practice.



OUR PATH FORWARD

These have only been our first steps on our equity journey. “Every journey begins with a single step,” but we will not achieve our equity aspirations if we stop walking. It is time to channel what we have learned into concrete action to eliminate inequity.

We’ve learned a lot as we’ve walked these early steps on our equity journey, but we won’t stop learning. We will continue to improve our data infrastructure to inform our equity work. We have started an ongoing effort to review our care processes through diligent monitoring and listening to our diverse stakeholders. We are committed to strengthen our data sources and find the inequities we may have failed to notice in the past, and we intend to report what we learn with transparency and vulnerability. We will use this information to mobilize and address systemic inequities within our health care system and within our communities.

We will keep moving forward, knowing better and doing better until every child is “First and Always.”

Know Better

We will continue to improve our data infrastructure to inform our equity work.

Knowing better about our workforce

- We will identify and assess all available data sources, seeking sources that go beyond our traditional data systems.
- We will administer a climate survey to better understand our culture around Diversity, Equity and Inclusion and identify opportunities for improvement.
- We will dive deep into our workforce data, analyzing the demographics of our employee base and considering the implications for recruitment, retention, and promotion.

Knowing better about our patients

- We will improve demographic information by implementing stronger self-registration processes.
- We will stratify quality measures to more effectively utilize real data to examine disparities in quality within our pediatric network, such as WCF, Immunizations, Behavioral Health and Emergency Department utilization, etc.
- We will support pediatric network practices in developing screening processes for social determinants of health.

Do Better

We will design and implement data-driven interventions to eliminate inequities.

Doing better with education

- We will expand our Diversity, Equity and Inclusion education programs beyond leadership, making these resources accessible to frontline caregivers.

Doing better with built environment

- We will create an environment in our facilities that is inclusive of all; with art, signage, toys, and books that are representative of the population we serve.

Doing better with intervention

- We will support initiatives to advance health equity including the Community Scorecard, Telehealth, digital technologies such as the Rose Health mental health platform, health equity scholarship and research, and other promising efforts and interventions.

Doing better with evaluation

- We will measure the impact of our efforts and adjust course as warranted.

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OUR EQUITY JOURNEY 2022

