

## Health Equity Rounds: An Interdisciplinary Collaborative Case Conference Addressing Biases and Inequities in Pediatric Healthcare

**Purpose:** Implicit bias and systemic racism contribute to health disparities among our pediatric patients. Implicit bias refers to learned prejudices that are unconsciously exercised and lead to a negative or positive evaluation of a person based on their personal characteristics.<sup>1</sup> Systemic racism includes historic and current legislation, institutional practices, and cultural norms that perpetuate inequities.<sup>2</sup> With a patient population rich in diverse identities and lived experiences, it is imperative to explore how individual biases and systemic injustices influence our patients. Previous curricula has been designed to teach principles of health equity and implicit bias with didactic materials, but there had not previously been a forum to discuss how bias, privilege, and microaggressions apply to recent clinical cases. Health Equity Rounds (HER) is a multidisciplinary, case-based conference to address recent clinical encounters and understand the individual, cultural, historic, and systemic factors that influence the patient's care, team member perceptions, the family's experience, and the clinical outcome.

**Objectives:** This study examines the implementation and impact of a pilot series of Health Equity Rounds within our institution.

**Methods:** Health Equity Rounds is a one-hour hybrid conference that discusses a clinical case in which personal, team, or systemic biases may have influenced the care that a patient/family received. The study is based on three pilot sessions of HER spanning 10 months. Changes in comfort defining terms related to health equity, frequency discussing health equity concepts with colleagues, and practice changes based on concepts presented in HER were assessed through pre- and post-surveys surveys at future HER conferences. Quantitative data was analyzed with comparative statistics and qualitative data with thematic analysis.

**Results:** Between the three sessions, 79 participants completed the pre-session surveys and 57 participants completed the post-session surveys. Nearly all participants agreed or strongly agreed that HER was relevant to their practice (100%), promoted improvements toward health equity (96%), and would promote changes in their daily practice (88%). They described that having a having an interdisciplinary, discussion-based format, centering the conversation around a specific case, and including historical context/key terminology were among the most helpful aspects. Participants anticipated making the following practice changes after attending HER: improving communication by using language intentionally in documentation and conversation, advocating for and documenting in-person interpreter use, and initiating conversations about bias with their teams. Returning attendees reported a statistically significant increase in the frequency with which the healthcare team discusses bias and health equity since starting HER.

**Conclusions:** HER provides a structured setting for healthcare team members across various specialties and disciplines to learn terminology and historical context related to health inequities, to discuss ways in

which individual, team-based, or systemic bias may have influenced the care of a patient, and to collaborate on ways to mitigate bias in the care we provide moving forward. This practice could have utility in promoting health equity discussions across departments, on a hospital-wide level, and across medical institutions.