the FUTURE of CARE: for CHILDREN with MEDICAL COMPLEXITY

VIRTUAL CAFÉ SERIES

CAFÉ 5: HEALTH EQUITY and ANTI-ABLEISM THROUGH FAMILY PARTNERSHIP

NEGATIVE BELIEFS ABOUT DISABILITY

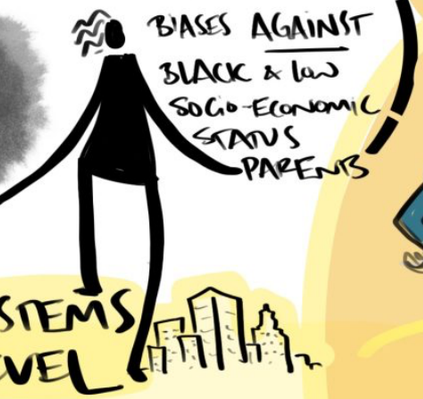
DIFFERENT DISABILITIES PERCEIVED DIFFERENTLY...

MICHELLE WHITE, MD, MPH

WE ALL HAVE BIASES.

CONFRONT IT!

CHILD WELFARE BIASES AGAINST BLACK & LOW SOCIO-ECONOMIC STATUS PARENTS



INDIVIDUALLY

- BE CURIOUS
- WHO AM I COMFORTABLE AROUND? OR NOT?
- EXPLORE INTUITION & EMOTIONS
- SURROUND YOURSELF WITH PEOPLE with DIFFERENT LIFE EXPERIENCES
- BE HUMBLE

SYSTEMS LEVEL

- BE CURIOUS
- EQUITY of BENEFITS
- ENGAGE SOMEONE with EQUITY EXPERIENCE
- PARTNER with OTHER DISCIPLINES
- FAMILY & PATIENT ENGAGEMENT
- ASSESS EQUITY of PROGRAMS
- BIG PROBLEMS -- SMALL STEPS

NIKKI MONTGOMERY, MA, MEd, GPAC

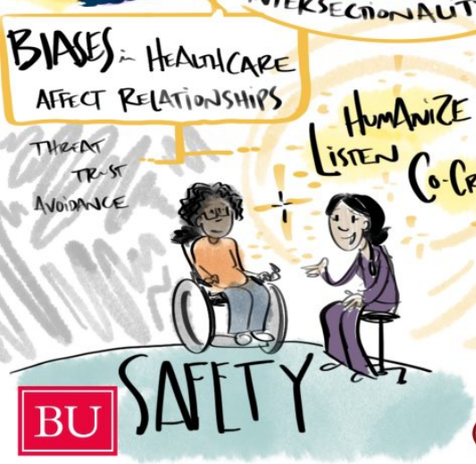
SOME DISCRIMINATORY BELIEFS...

SEXISM · ABLEISM · RACISM · CLASSISM · LINGUISTIC BIAS · INTERSECTIONALITY

BIASES in HEALTHCARE AFFECT RELATIONSHIPS

THREAT TRUST AVOIDANCE

HUMANIZE LISTEN CO-CREATE



SAFETY

BU Boston University School of Social Work
Center for Innovation in Social Work & Health

Lucile Packard Foundation
Children's Health

FAMILY FACULTY'S KEY BREAKOUT TAKEAWAYS

WHY SHOULD the FAMILY BE RESPONSIBLE to FIX BIASES?

SYSTEMS in PLACE in HEALTHCARE SETTINGS for:

COMPREHENSIVE CARE PLANS + STAFF TRAINING at ALL LEVELS + TRAUMA-INFORMED CARE

THE CARE of CMC is MEDICALIZED & MAYBE WE NEED to STEP BACK FROM that for SHARED DECISION-MAKING.

RUSHED APPOINTMENTS
LIMIT CURIOSITY

Is it INDIVIDUAL BIAS or STRUCTURAL (like MEDICALIZED TRAINING or CULTURAL DIFFERENCES)?

Illustrated by KARINA BRANSON
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