

The PNQIN Birth Equity Journey

Co-Creating Culture & Strategy for Racial Equity in Maternal Care

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Perinatal-Neonatal Quality Improvement Network of Massachusetts (PNQIN)

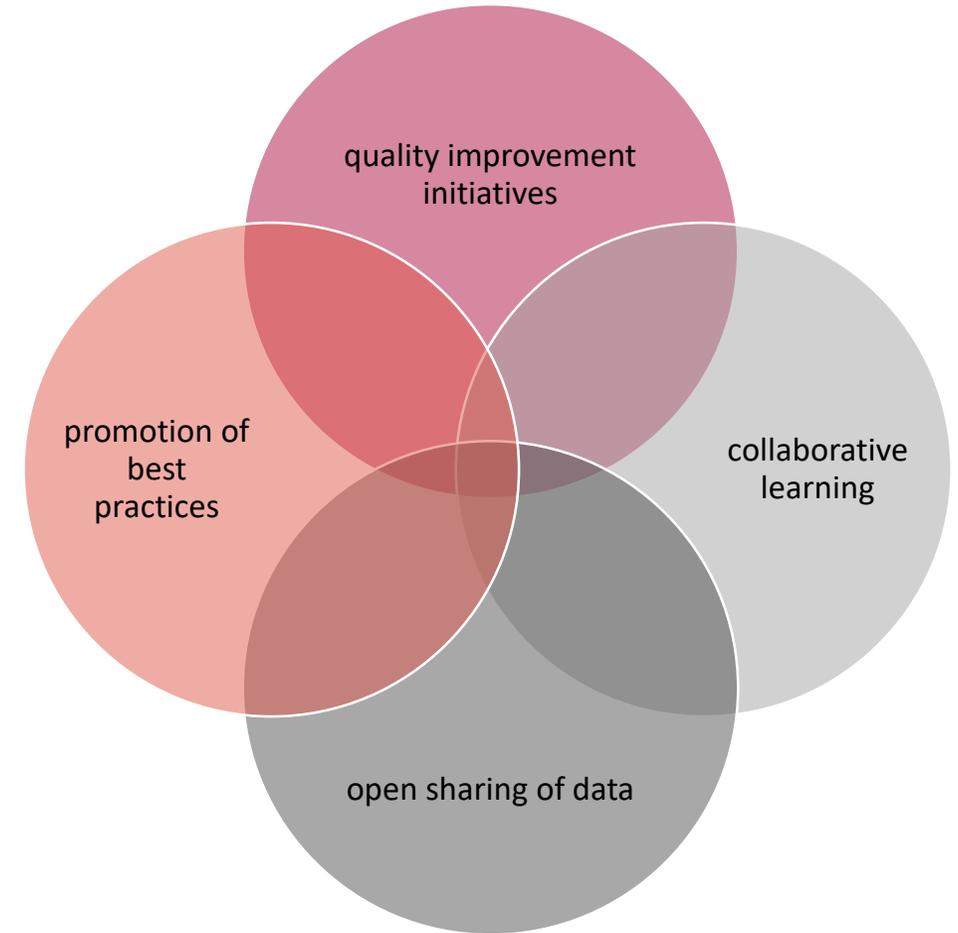


Disclosure

- Consultant, Speak Up Implicit and Explicit Bias Training

PNQIN MISSION STATEMENT

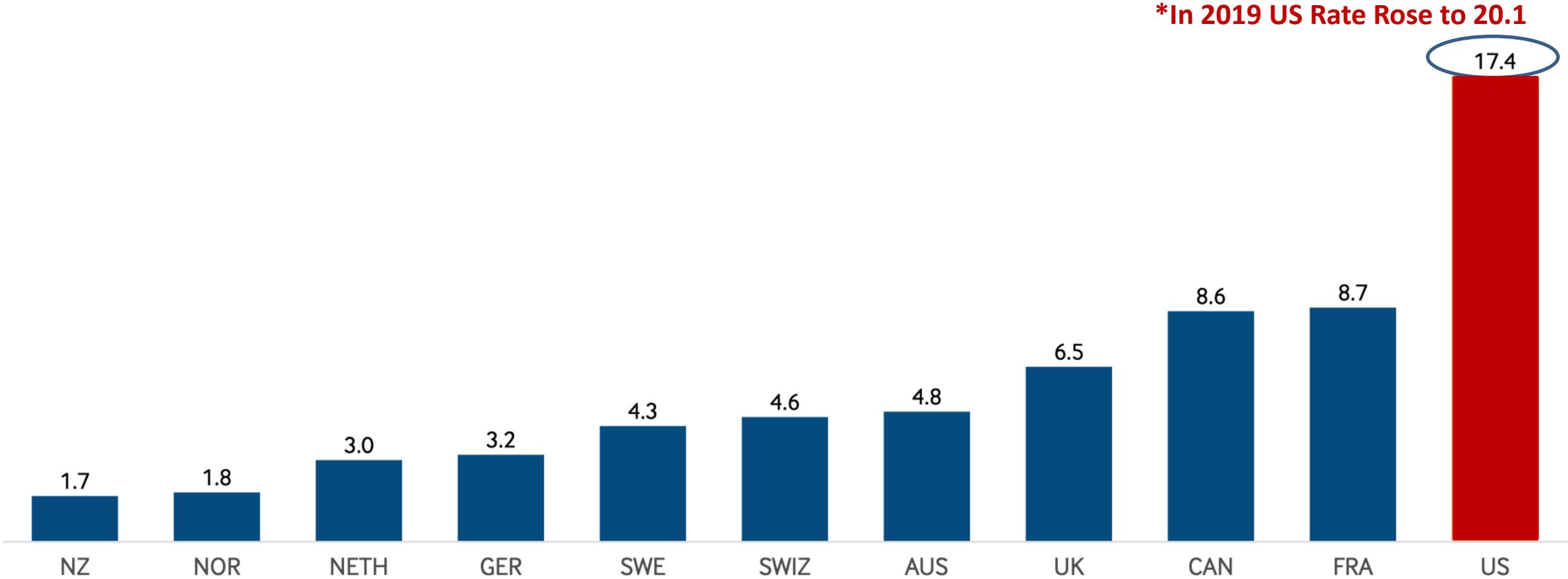
Through open sharing of data and promotion of best practices, PNQIN will achieve measurable improvements in perinatal health outcomes while eliminating health disparities and improving health equity among Massachusetts mothers, newborns, and their families.



Why is equity important
for quality and safety?

Maternal Mortality Ratios, 2018

Deaths per 100,000 live births



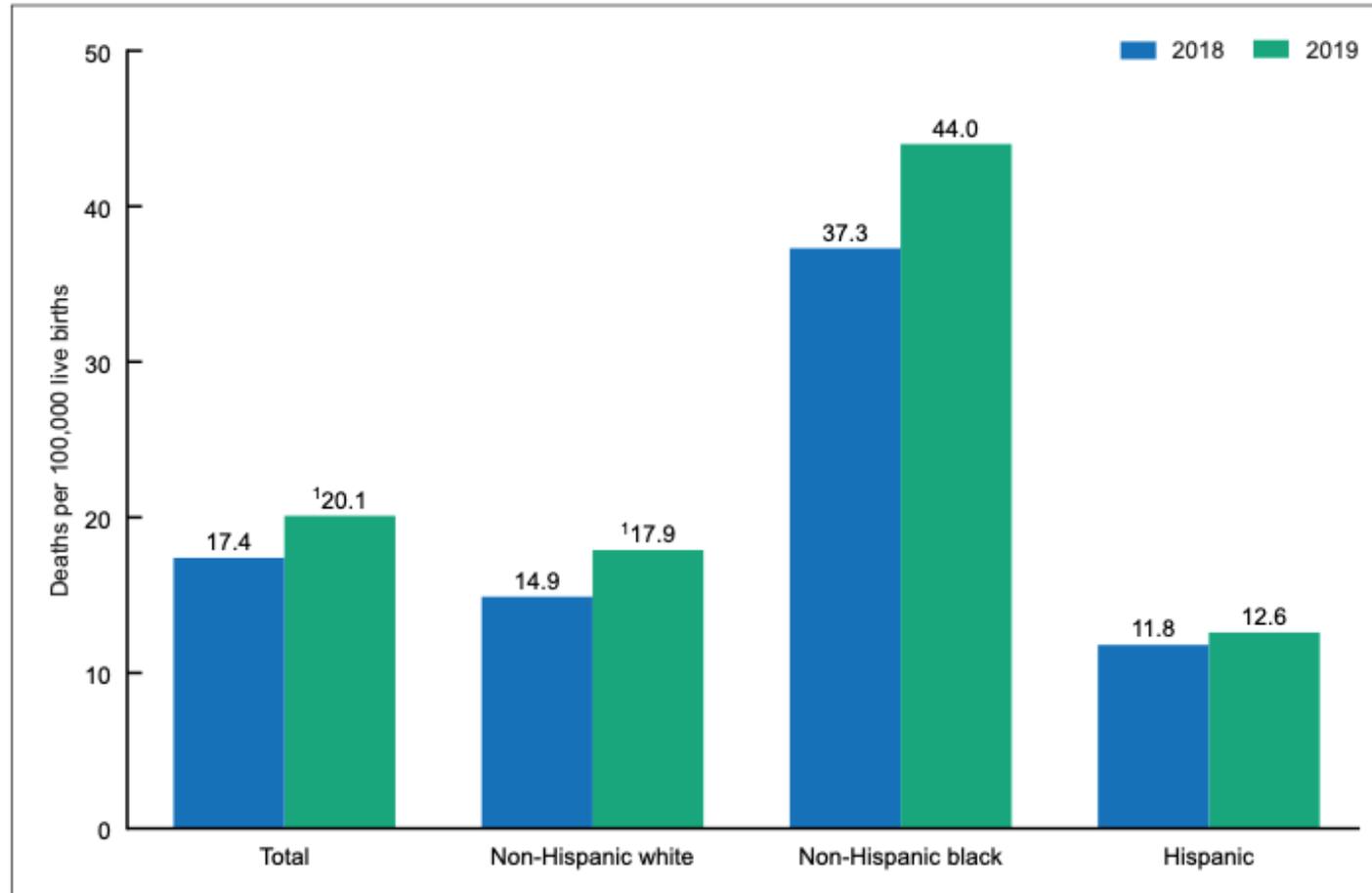
Source: Roosa Tikkanen et al., Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries (Commonwealth Fund, Nov. 2020).

National Racial/Ethnic Disparity

NCHS Health E-Stats

April 2021

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2019



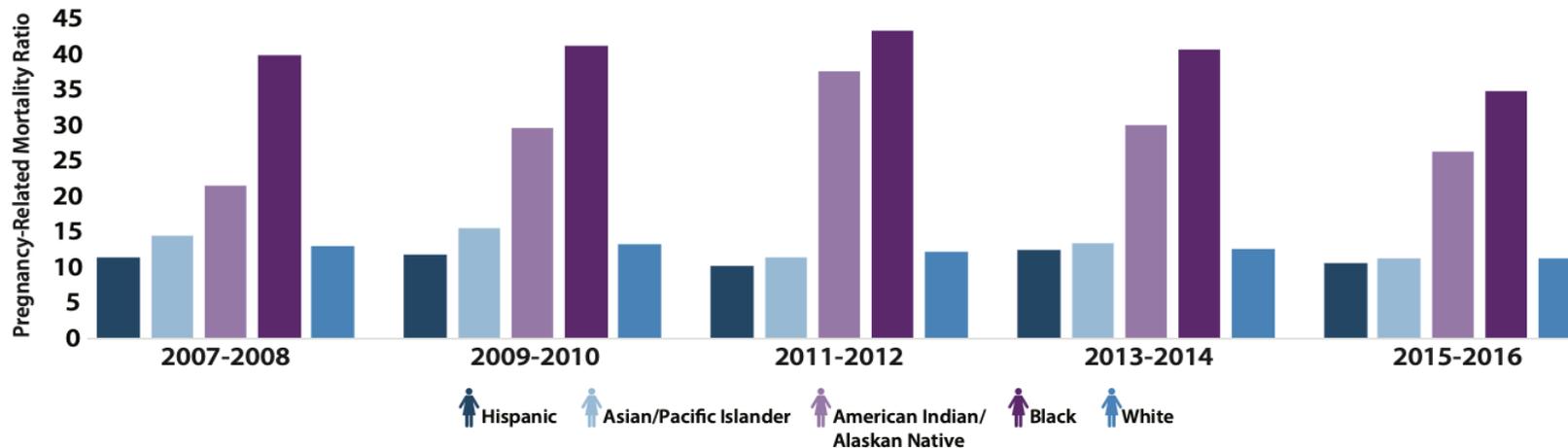
[†]Statistically significant increase in rate from 2018 to 2019 ($p < 0.05$).

NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016

Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.



700

About 700 women die each year in the U.S. as a result of pregnancy or its complications.

2-3x

American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than white women.

Why is equity important for quality and safety?

Women are not dying because of
diseases we cannot treat.
They are dying because societies have yet
to make the decision that
their lives are worth saving.

“

Mahmoud Fathalla, MD, PhD
Past President, International Federation of Gynecology and Obstetrics

A National Conversation

Addressing Racism and Changing the Culture of Medicine

Last summer, we **expressed our solidarity** with those among us experiencing racism and injustice. Along with 18 other organizations, ACOG released a **collective action plan** outlining steps we will be championing along with the broader community of organizations in obstetrics and gynecology to address racism. We encourage you to join us in our actionable commitment to change the culture of medicine and eliminate racism and racial inequities in our profession and in the delivery of women's health care.

ACOG





— JOINT STATEMENT —

Obstetrics and Gynecology: Collective Action Addressing Racism

As our nation confronts systemic racism and consequences of persistent inequities and disparate outcomes in health care, our organizations—which include the leading professional organizations in the fields of obstetrics and gynecology—are committed to changing the culture of medicine, eliminating racism and racial inequities that lead to disparate health outcomes, and promoting equity in women’s health and health care. Our commitment to a

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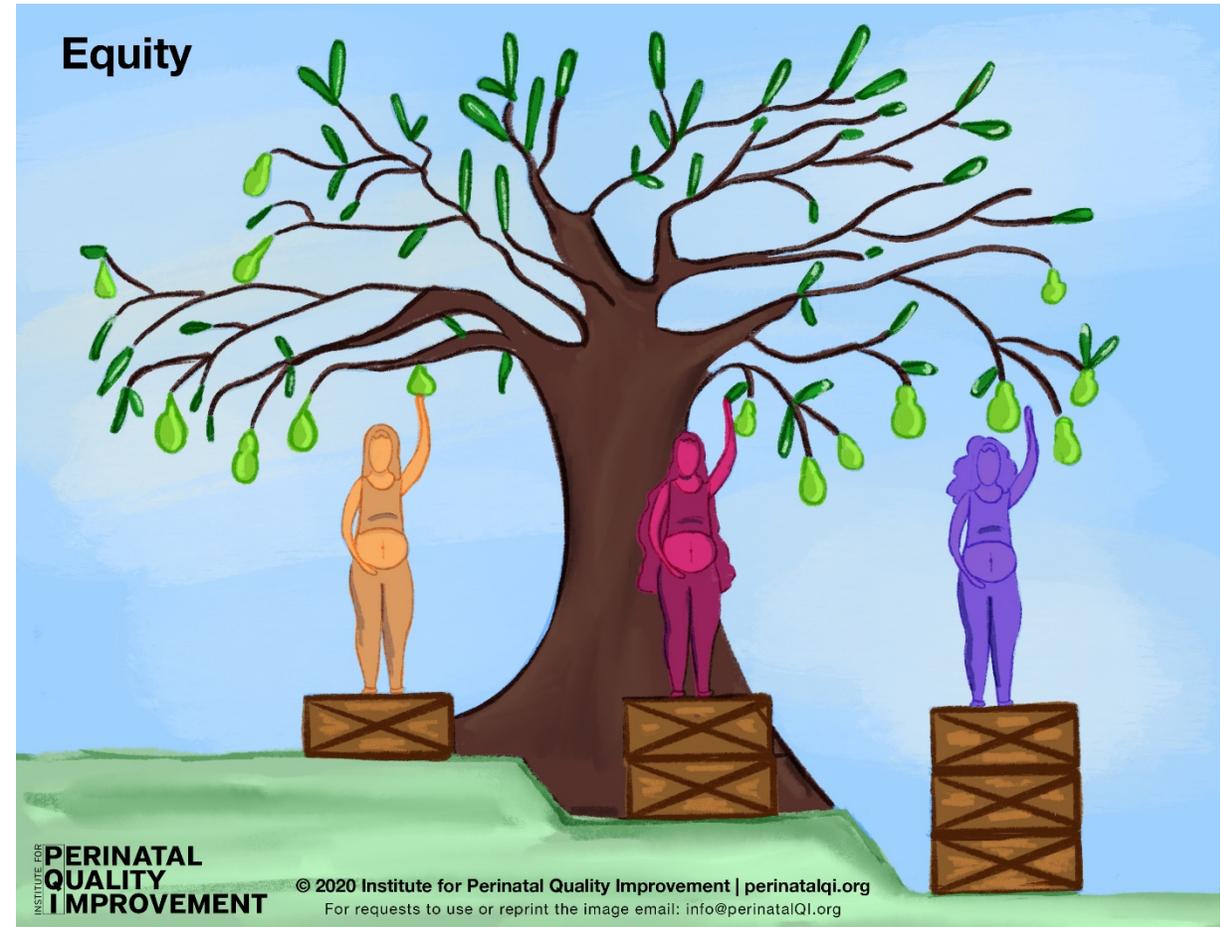
Recognizing that race is a social construct, not biologically based, is important to understanding that racism, not race, impacts health care, health, and health outcomes. Systemic and institutional racism are pervasive in our country and in our country’s health care institutions, including the fields of obstetrics and gynecology.

Equality and Equity

Applying an Equality & Equity Lens to Maternal Safety Bundles & Checklists

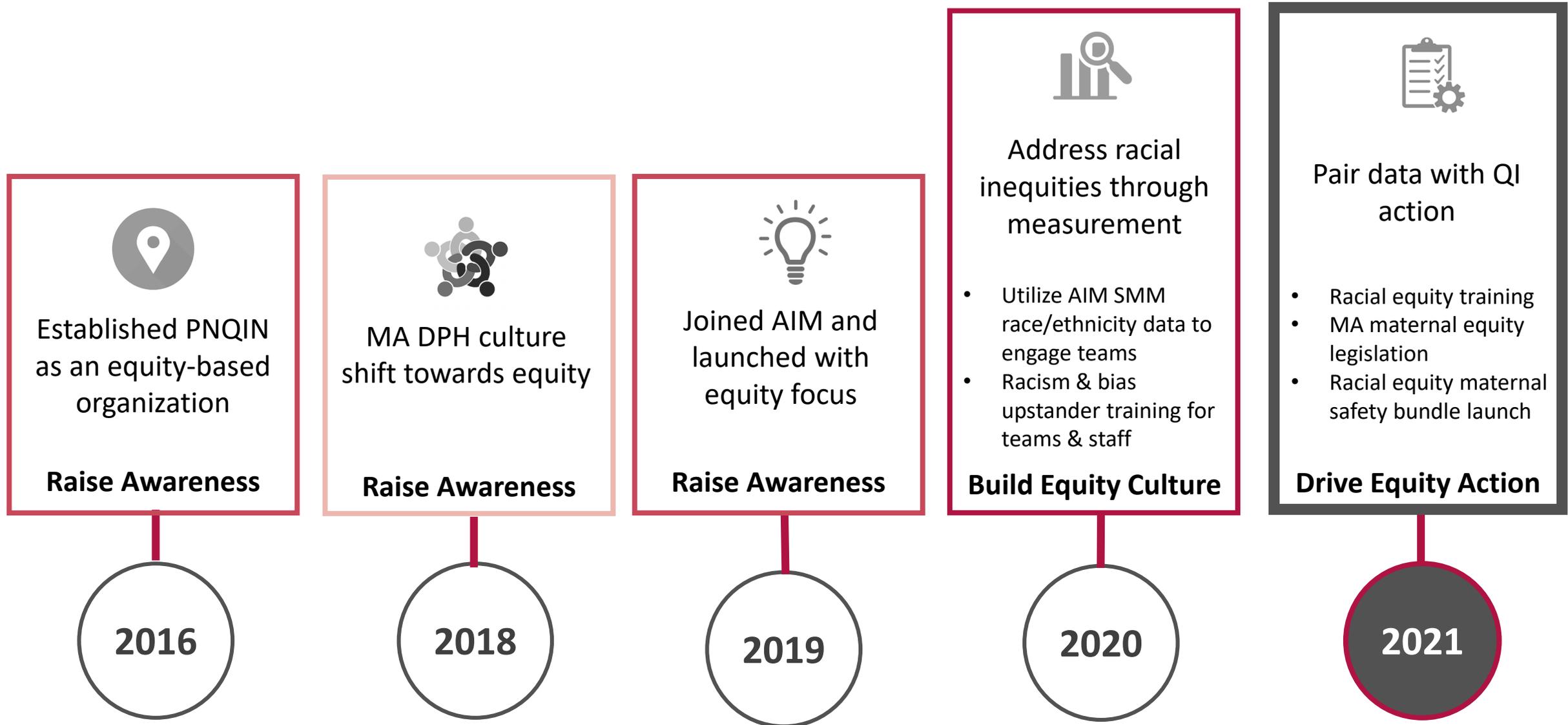


Assumption: Everyone benefits from the same (equal) support



Everyone gets the support they need to attain their full health potential

The PNQIN Birth Equity Journey



RACIAL EQUITY DATA ROAD MAP

DATA AS A TOOL TOWARDS ENDING STRUCTURAL RACISM

Racial equity means being aware of and taking into account past and current inequities, and providing all people, especially those who are most impacted by racism, the support needed to thrive.

1. Looking at health issues with a focus on the impact of racism

Describes why issues should be looked at with a racial equity lens and introduces a tool for programs to use in their work.

2. Determining if program is ready to use data to address racism

Encourages programs to use a self-assessment to better understand which systems are in place to support racial equity work using data.

3. Understanding what the data say about differences in health outcomes by race and ethnicity

Describes why it is important to look at data in smaller units such as race, ethnicity, or zip code and gives suggestions on how to do this. Provides guidance on comparing data across sub-groups to see whether there are inequities.

4. Using other sources of data to uncover causes of the differences

Provides suggestions on how to describe data with historical and structural context, with a focus on engaging the community.

5. Making plans to act on differences that are unjust or avoidable

Introduces tools to support the process of identifying the most striking inequities and creating a plan to address them.

6. Presenting data in ways that help people make sense of the numbers

Outlines important questions and things to consider in designing materials used to communicate data to key stakeholders.

7. Moving from data to action

Describes how to plan, put in place, and monitor the impact of interventions to address inequities.

For more information, contact: RESPIT@state.ma.us



Raised Equity Awareness at our AIM Kick-Off Meeting May 2019

Timoria McQueen Saba

Maternal Health Advocate

Candice Belanoff, ScD, MPH

Clinical Associate Professor

Department of Community Health Sciences

Boston University School of Public Health

Allison Bryant, MD MPH

Vice Chair, Quality, Equity and Safety

Associate Professor of Ob/Gyn, Harvard

Massachusetts General Hospital

Joia Crear-Perry, MD

National Birth Equity Collaborative

Hafsatou Fifi Diop, MD, MPH

Massachusetts Department of Public Health



Upstander education & training on racial bias in care and creating a culture of equity

- Trauma Informed Care, Stigma and Bias Trainings during Opioid Use Disorder maternal safety bundle implementation
 - Virtual and Video Trainings
 - Team focused
 - Interactive
- PQI Speak Up Against Racism
 - Racial bias education
 - Upstander training
 - Creating a culture of equity
 - QI based methods & action pathway

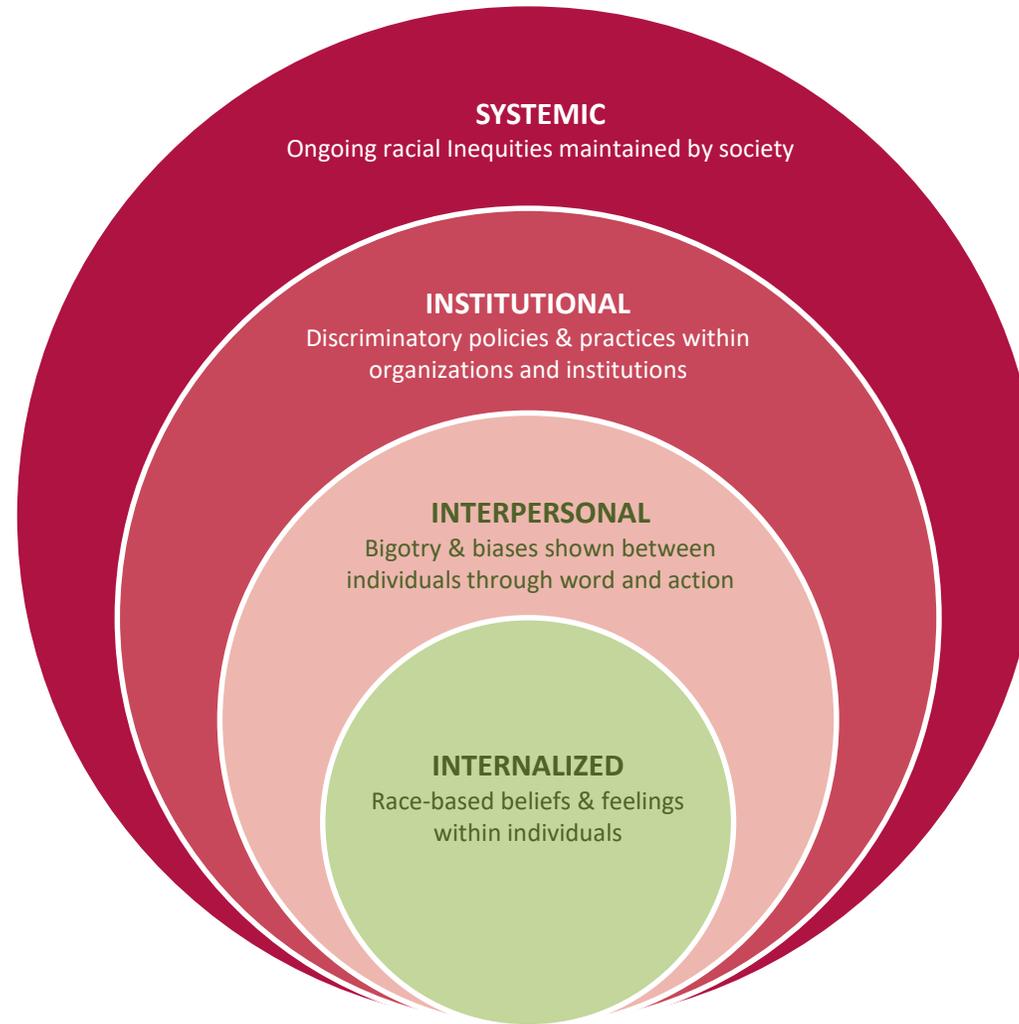
INSTITUTE FOR
**PERINATAL
QUALITY
IMPROVEMENT**



PERINATALQI.ORG/SPEAKUP

Levels of Racism

Source Dr. Camara Jones



Factors that Influence Care Experience and Outcomes

Societal Factors ●

employment

environmental exposures

Health System Factors ●

- Policies
- Financing
- Culture

Opportunity

public safety

housing

trauma

Provider Factors

- Knowledge & Skill
- Attitude
- Personal Bias
- Competing Demands

Stress & Fatigue
Time Constraints
Financial Constraints
Power Dynamic
Fear

Patient Factors ●

- Demographics
- Work and Living Conditions
- Health Status
- Preferences
- Social Resources

income

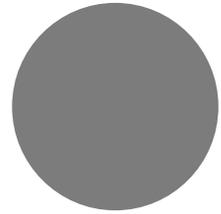
food

education

transportation

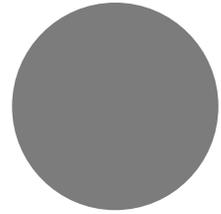


Teaming for Equity



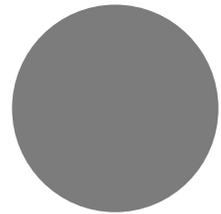
Conversations may be challenging

Everyone is at a different stage of equity learning



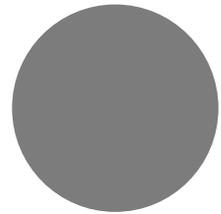
Communicate value of equity based on stakeholder priorities/needs

Identify ZOPA and engage in collaborative conversations to determine & expand stakeholder values



Advocate assertively

As learned in the SPEAK Up mnemonic



Stay focused on the work

Rather than the person (if any) providing resistance

Develop SMARTIE Goals

Goals are critical to success! To improve diversity, equity and inclusion, we must be intentional in our efforts. Use this worksheet to craft SMARTIE goals!

SPECIFIC

What is it you want to achieve? Consider including the 5Ws: what, why, who, where and when.

MEASURABLE

How will you know when you have achieved your goal? To be able to track progress and to measure the result of your goal, consider: how much or how many?

ACTION-ORIENTED

To keep you motivated toward attaining your goal, are there identifiable intermediate actions/milestones?

Variations: achievable, attainable, acceptable.

RELEVANT

What results can realistically be achieved given your available resources, including people, knowledge, money and time?

Variation: realistic.

TIME-BOUND

What is an appropriate deadline for achieving your goal? How will you track progress?

INCLUSIVE

How will you include traditionally marginalized people into processes, activities, and decision making in a way that shares power?

EQUITABLE

How will you include an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression?

ACOG AIM+ Bundle

Reduction of Peripartum Racial & Ethnic Disparities



READINESS

Every health system

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
 - Provide system-wide staff education and training on how to ask demographic intake questions.
 - Ensure that patients understand why race, ethnicity, and language data are being collected.
 - Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
 - Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English.
 - Educate all staff (e.g. inpatient, outpatient, community-based) on interpreter services available within the healthcare system.
- Provide staff-wide education on:
 - Peripartum racial and ethnic disparities and their root causes.
 - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.

RECOGNITION

Every patient, family, and staff member

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.



RESPONSE

Every clinical encounter

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman's reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
 - Provide discharge instructions that include information about what danger or warning signs to look out for, whom to call, and where to go if they have a question or concern.
 - Design discharge materials that meet patients' health literacy, language, and cultural needs.

REPORTING & SYSTEMS LEARNING

Every clinical unit

- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.
- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.
 - Add as a checkbox on the review sheet: Did race/ethnicity (i.e. implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?

PATIENT
SAFETY
BUNDLE

Reduction of Peripartum
Racial/Ethnic Disparities

Driver Diagram

Reduction of Peripartum Race/Ethnic Disparities Bundle

Aim Statement

To reduce the gap between Black women and other women with regard to rates of severe maternal morbidity among women giving birth in Massachusetts hospitals by ___% from (year) to (year)

Key Drivers

Readiness

- Establish a sense of urgency
- Implement system for collecting race, ethnicity and language data

Recognition/Prevention

- Create an implement a system for reporting of respectful maternity care
- Educate prenatal and postpartum women on this system

Response

- Provide culturally competent care and information
- Timely response to reports of inequitable care

Reporting

- Foster a culture of safety and equity
- Incorporate change into culture

Interventions/Change Concepts

- Ensure accurate collection of self-identified race, ethnicity, and primary language.
- Provide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that demographic data are accessible in the electronic medical record.
- Educate on available interpreter services.
- Provide staff-wide education on root causes of disparities

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic)
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Establish discharge navigation and coordination systems post
- Provide discharge instructions that include information with care suggestions and warning signs that meet patients' health literacy, language, and cultural needs

- Develop a disparities dashboard that monitors
- Implement quality improvement projects that target disparities
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metric
- Ask: Did race/ethnicity (i.e. implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?
- Establish a system of ongoing education of clinical staff (e.g CME, competencies)

Support from Public Policy



BILL H.1949

191st (2019 - 2020)

Search the Legislature...



AN ACT TO REDUCE RACIAL DISPARITIES IN MATERNAL HEALTH

By Representatives Khan of Newton and Miranda of Boston, a petition (accompanied by bill, House, No. 1949) of Kay Khan, Liz Miranda and others for legislation create a special commission relative to reducing racial disparities in maternal death within the office of health equity within the Executive Office of Health and Human Services. Public Health.

Thank you

