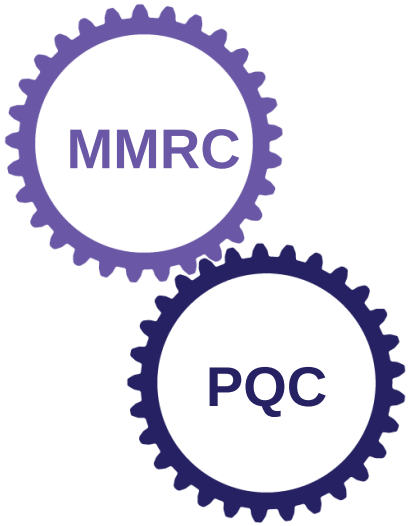

Perinatal Health Equity Champions Pilot Panel

Moderated by Jennifer Condel, SCT(ASCP)MT,
Manager, Lean Healthcare Strategy and Implementation,
Jewish Healthcare Foundation

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Perinatal Health Equity Champions Pilot

Panel

December 14, 2022

JEWISH HEALTHCARE FOUNDATION

WHAMglobal
WOMEN'S HEALTH ACTIVIST MOVEMENT

Pittsburgh
A Safer Childbirth City

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Panelists

- **Selena Eisenberg**, Birth and Postpartum Doula, Divin Geri Endij`en
- **Aya Eliza-Christie**, SW, MSN, CNM, Certified Midwife, The Midwife Center
- **Shawndel Laughner**, MHA, BSN, CNML, RNC-OB, C-EFM, C-ONQS, Director, Women & Children's Services
- **Natalie Shovlin-Bankole**, BA, MD, Obstetrics & Gynecology Resident, UPMC Magee-Womens Hospital

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Background

Pittsburgh
A Safer Childbirth City

- ✓ Improved maternal health outcomes
- ✓ Address health disparities
- ✓ Sustainable, community-responsive funding for greater maternal health equity for all our communities

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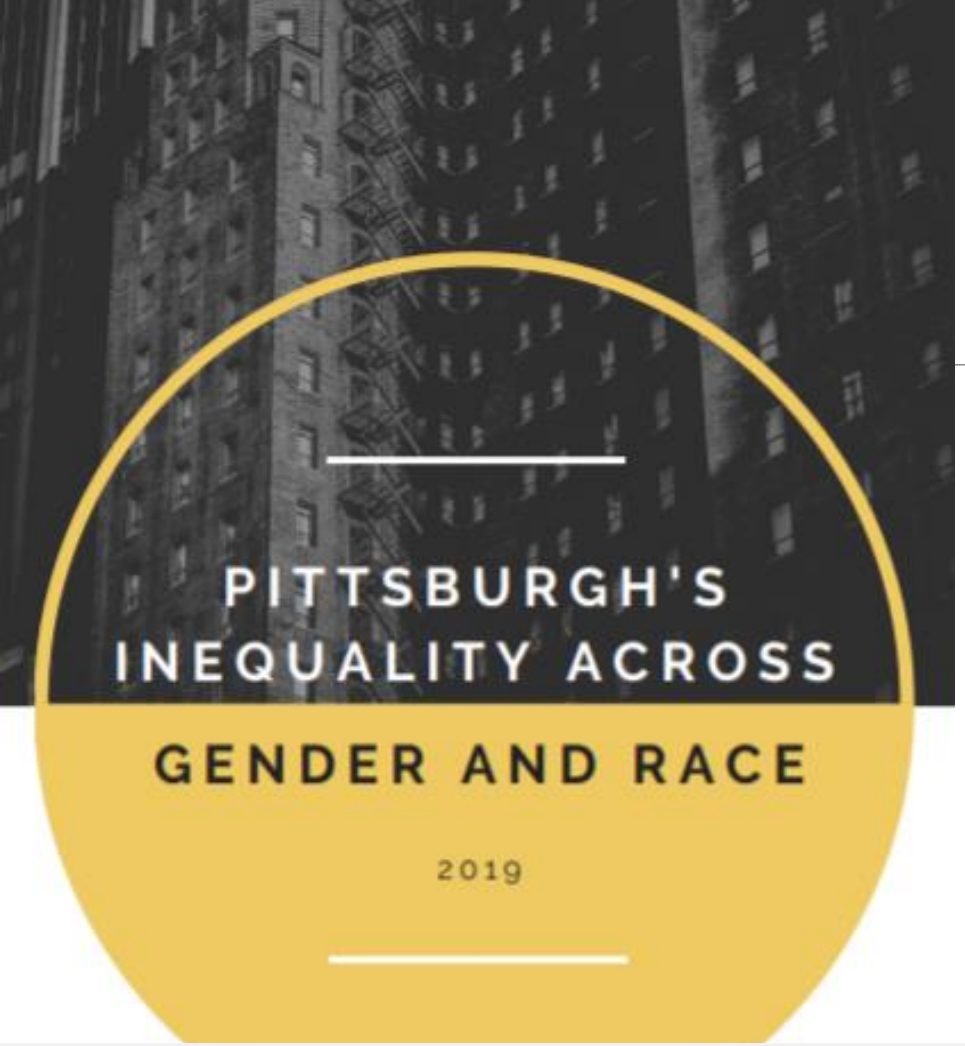

Despite the fact that Black women begin prenatal care earlier than in similar cities, Pittsburgh's Black maternal mortality rate is higher than Black mortality rates in **97 percent of other cities**.

CITY OF PITTSBURGH'S
GENDER EQUITY COMMISSION

PA PQC
Pennsylvania Perinatal Quality Collaborative

- Focus on equity
- Asking hospitals to work with community partners
- Hospitals unsure or limited success in working with communities

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Listening Sessions – August 2021

WHO: Stakeholders Working in the Perinatal Health Space In Allegheny County Working with Pregnant and Birthing People in the Community

KEY POINTS:

- Acknowledge Power Structure
- Culture Dynamics and Address Issues Impeding the Process
- Include Specific Roles/ Responsibilities for Team-Based Care

NEEDS:

- Dedicated Time to Participate
- Virtual Sessions
- Stipend to Support Participation
- Participants/ Systems to Take Ownership
- Sustainability

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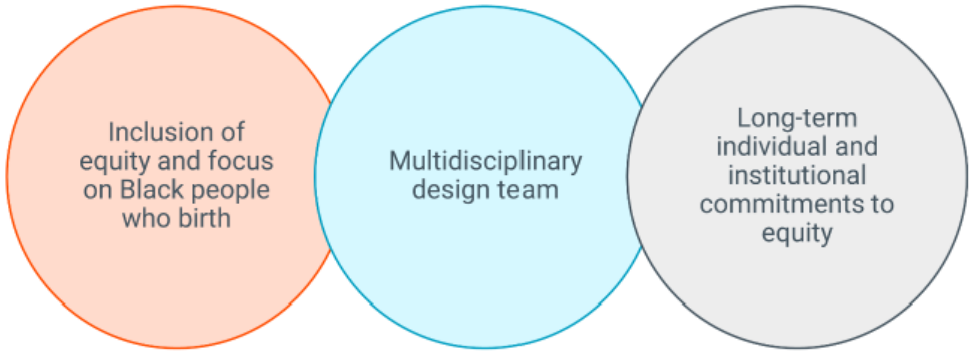
Guiding Principles For Quality Improvement In This Biosphere

Eight Guiding Principles for Improving Black Maternal Health Through Community Collaboration

- Affirm a Commitment to Health Equity
- Approach the Work with Humility
- Commit to Co-Design with People with Lived Experience
- Build Awareness of Historical Context and Willingness to Acknowledge and Address Institutional Racism
- Navigate Various Stakeholder Relationships
- Build Quality Improvement Capability
- Provide Dedicated Project Management Support
- Foster Shared Leadership

Institute *for* Healthcare Improvement

Figure 2. Themes for the Principle: Affirm a Commitment to Health Equity



Atlanta, Detroit, New Orleans, and Washington, DC

https://www.ihi.org/resources/Pages/Publications/black-maternal-health-reducing-inequities-through-community-collaboration.aspx

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Perinatal Health Equity Champions Advisory Committee

- Members working across the maternal health care continuum:
  - small grassroots community orgs involved in the Pittsburgh A Safer Childbirth City
  - The Midwife Center
  - Policy
  - Academic
  - County health department
- Provided:
  - Content feedback
  - Understanding of the power dynamic in our role
  - "Been there, done that", what will be different?
  - Different approaches in communication

"Black birthing women deserve a voice"
Iyanna

"Be aware of what each other is doing, sharing what the passions and purposes are for this work. Also Sharing differences so we are aware of who can be helpful in a certain area and learn how to pull on each other"

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For mothers and birthing people to receive a comprehensive and just continuum of care, resulting in a safe pregnancy and birth,

there must be ***intentional collaboration and support among perinatal health workers across the hospital and community levels.***

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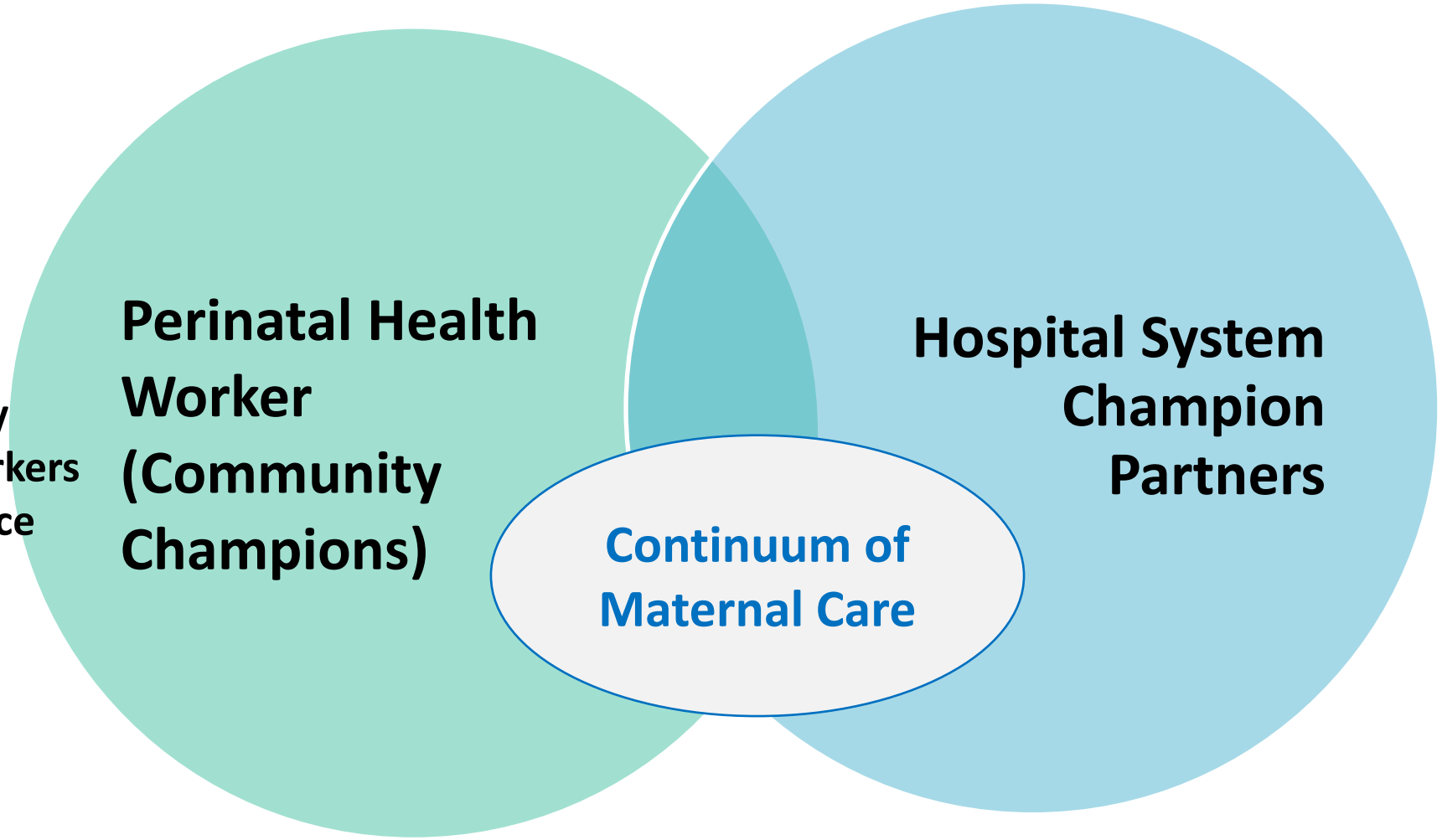
- Doulas
- Midwives
- Perinatal Community Health Workers
- Patient Voice
- Nurses
- OB-GYNs & other Physicians



- Allegheny Health Network, Women's Institute
- St. Clair Health
- UPMC Women's Service Line, Magee Womens Hospital

Champion Partners

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PERINATAL EQUITY CHAMPIONS PROGRAM

A year-long program building workforce capacity to help address racial disparities and improve maternal health care in the Pittsburgh region

JEWISH HEALTHCARE FOUNDATION

WHAMglobal
WOMEN'S HEALTH ACTIVIST MOVEMENT

Pittsburgh
A Safer Childbirth City

APPLY TODAY
whamglobal.org/champions

Perinatal Health Equity Champions

Goal	Actions
Establish Trust	• Communicate the diversity of race and culture, best practices • Community engagement to establish trust and identify common goals
Interventions to Improve Maternal Health Outcomes	• Begin quality improvement interventions aimed at improving maternal health outcomes and decrease racial and ethnic disparities in our region
Create a Guide	• Build a guide for intentional working relationships between hospital systems, and community-based perinatal health workers
Advocate	• Advocate for equitable, comprehensive, continuum of maternal health care to decrease racial and ethnic disparities in maternal health outcomes in our region and across the state

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Champions Program Structure

First 6 months

- Virtual 1.5-hour session every 3 weeks
- Content and peer to peer sharing

Second 6 months

- Participants partner to identify and pilot QI initiatives
- Present to key stakeholders

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Perinatal Health Equity Champions 2022-2023

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Phase One Session Topics and Discussion

01

Creating a Common Space

Engaging dialogue, trust building, MAYA and The Birthing Hut, Barometer metric

02

Root Cause Analysis & Microaggressions

Identifying, interpreting and addressing

03

Identifying the Problem

Define, determine scope and team for QI opportunities

04

Identifying the Problem

Scope, who needs to be on the team

05

QI Opportunities

Identifying collaboration opportunities for community and hospital partners

06

QI Initiatives

Establishing community and hospital team members and partner organizations

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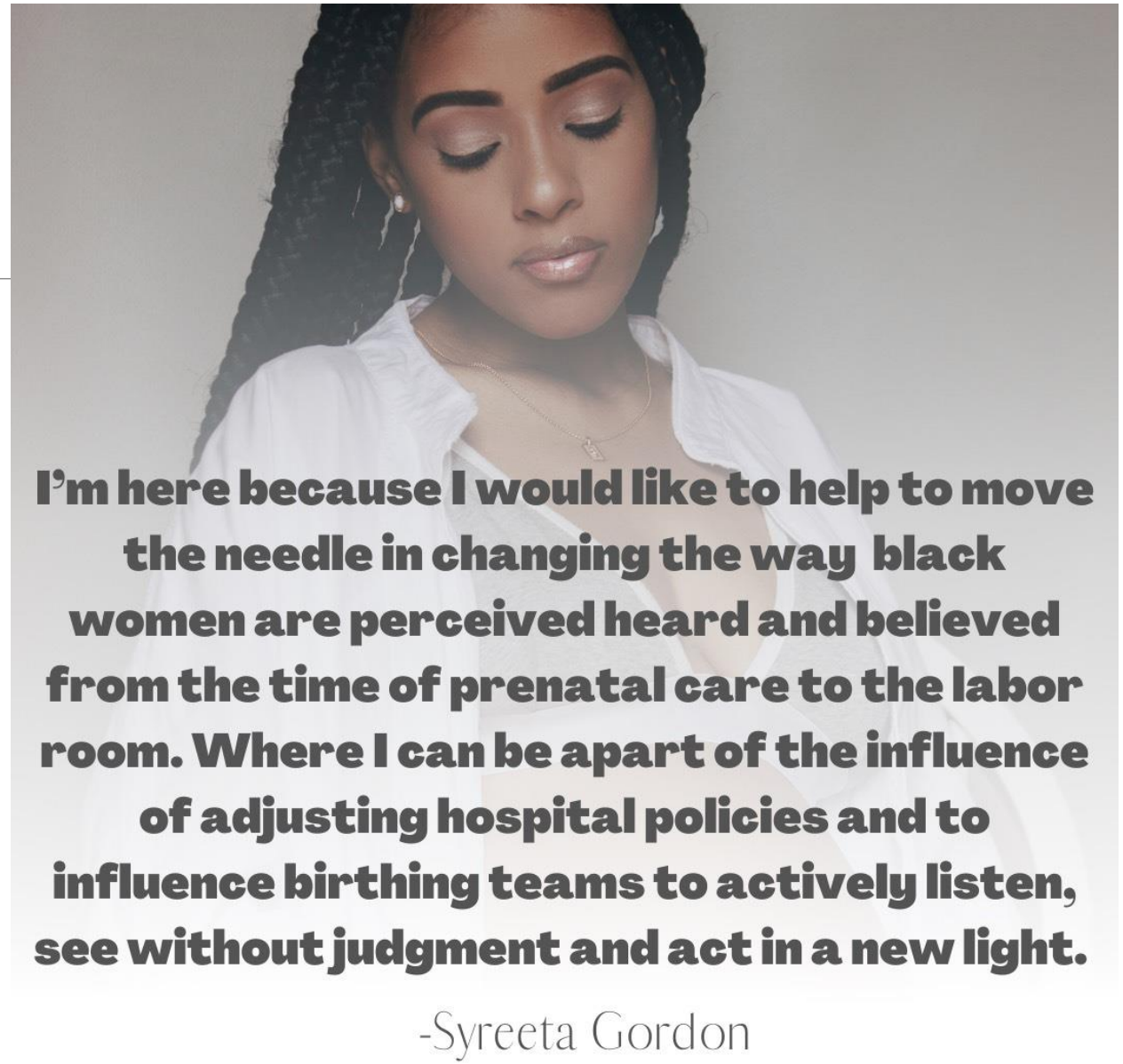
"Birth shouldn't be the most traumatic and terrifying experience BIPOC people face in their lives. It is time to come together and give back the joy that birth should be."
- Selena



What does systemic racism mean and how does it manifest in black maternal health?

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Common Language: Root Cause Analysis

Characteristics of the people who affect the problem

Processes, procedures, rules and regulations that affect the problem

Equipment such as computers or tools that affect the problem

Unaware of racial/cultural differences in patients

Sense of superiority as the provider (compared to the patient)

Preconceived stereotypes and opinions surrounding black birth givers

Racial prejudice/bias

Lack of corrective action when violations are found

Individualism/personal health responsibility

Lack of providers who speak the same language as patients

Financial barriers to training and care

Institutional hierarchies

Loss of Granny Midwifes program

Microaggressions

Generational stress and fear

Racism (internalized and institutionalized)

Stereotypes surrounding black women's pain tolerance

State bans and regulations on abortion

Lack of corrective action when violations are found

Lack of continuity of care from start to finish

Health insurance (process of getting insurance and care covered)

Systems built and operated on systemic racism

Lack of doula standards across practicing doulas created by doulas

Medical teachings based on systemic racism

Lack of proper interpretive training

Financial barriers to training and care

Research lacks options for non-English participation

Redlining's impact on SDOH

Lack of qualitative data collected/used

Lack of disaggregated data on maternal mortality and morbidity

Systems that are difficult to navigate

Lack of useable EHR systems that can be used between birthing hospitals and community resources

Systems not designed to pull data by race, ethnicity, and language of consent

Lack of functional interpretive services

Doula role not recognized part of maternal care

No accountability/action from the hospital systems or the government

Lack of nationally implemented state-level maternal mortality review boards

increased adverse maternal and child health outcomes for black birth givers

Conditions such as culture, time, and location that affect the problem

Data being used to describe, guide and evaluate the problem

Coordination and management of the issues that affect the problem

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Understanding Microaggressions	Continued discussion on framing microaggressions and its impact on perinatal health
Root Cause Analysis	Review of Session One Causes by Category
Approaching Improvements	Foundation of Plan-Do-Study-Act and role of RCA tool for QI initiatives
Understanding Perspectives	Consider the human factor; see problemes from different viewpoints, people perceive things differently
Common Space	Barometer assessment
Planning	• Incorporating the voice of lived experience • To “see” the points where each intersect to provide aspects of care

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Barometer Check

Mentimeter

Strongly disagree

This feels like a common/brave space

4.9

I feel more comfortable participating in this group compared to the kick-off

4.6

Strongly agree

7

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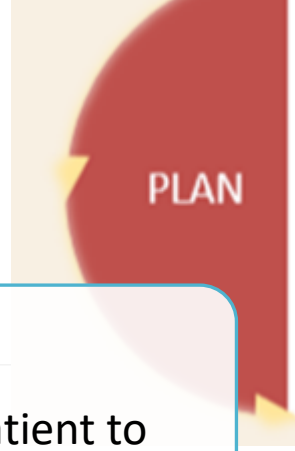
Zoom Side Chat- Example

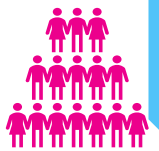


PROBLEM

- **What is the problem or need?** Not perceived as doula friendly
- **How do we know it is a problem?** Statement/ review(s) posted to public website
- **Why is it important to solve?** Need to provide the desired care and birth workers for the patient to receive quality care

SCOPE

- **Who is experiencing the problem?** Black birthing people and families and doula workforce
- **Where is the problem occurring?** Hospital and OB/GYN practices
- **When and how often is it happening?** [data]



TEAM

- **Who is the executive in charge?** CNO, CMO
- **Who are the stakeholders?** Hospital staff (providers, nursing), patients, families, doulas and birth workers external to the hospital
- **Who are the responsible managers?** Department Director, nursing supervisor, medical director
- **Who is on the front line?** All providers (L & D nurses, OB physicians/residents), patients, families, community at large

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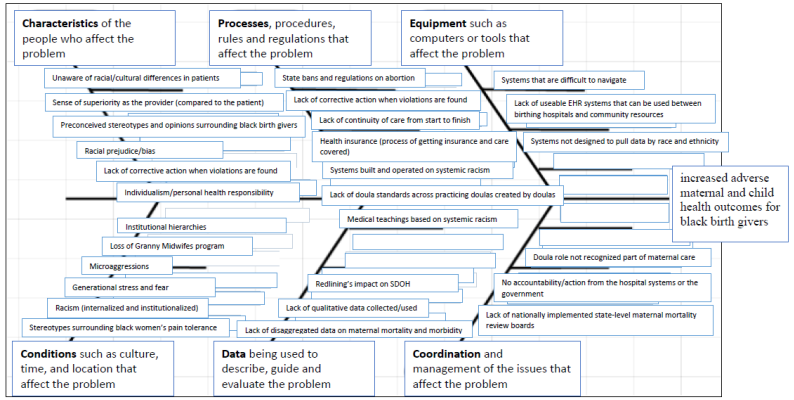
PDSA Journey

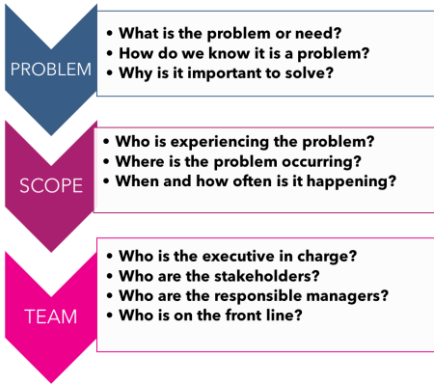
Identify a concern

Root causes

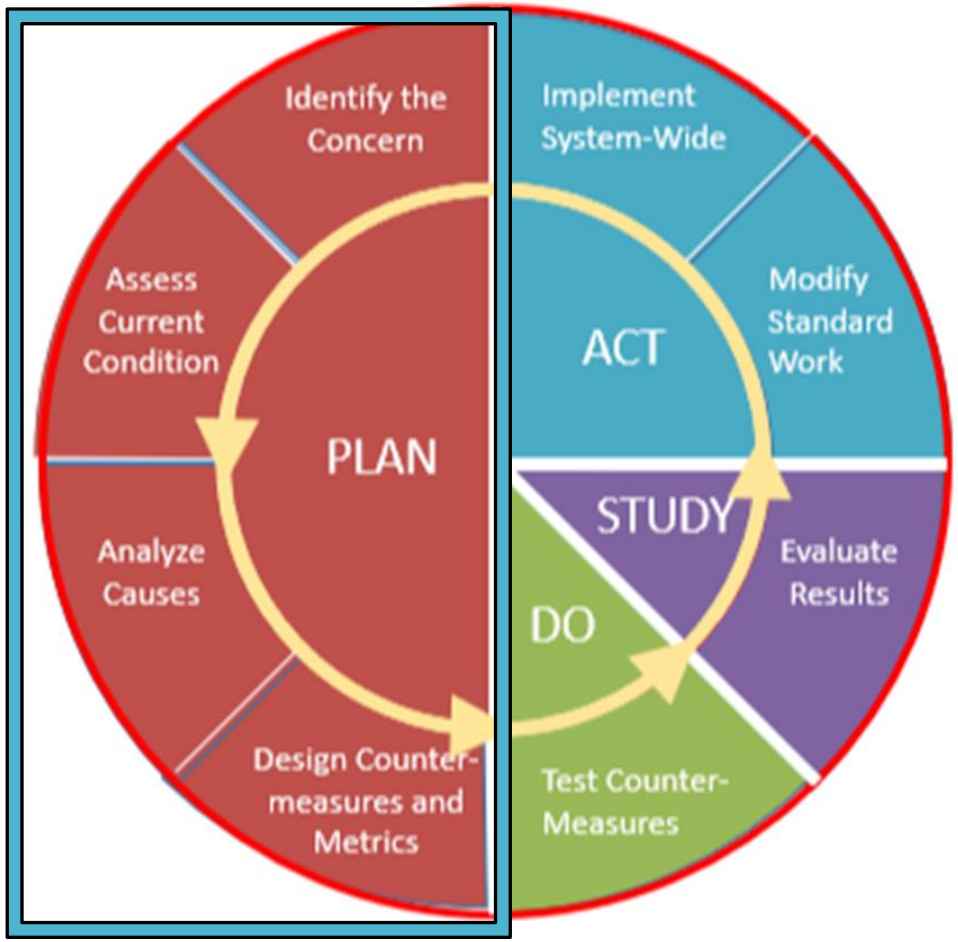
Understanding and defining the problem

increased adverse maternal and child health outcomes for black birth givers





PLAN - DO - STUDY - ACT



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Moving into Phase Two

Quality Improvement Initiatives

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Phase Two Expectations

Team Collaboration

Coach/ Check-in

Monthly Report Out

Presentation

- PA PQC
- Leadership (hospital system, community)

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Lessons Learned

- Investment in time, accountability
- Right voices at the table (lived experience)
- Open mind to different ways to listen, communicate, and work
- Applying an equity lens to all aspects of the work

Still learning and growing relationships
Listen to understand

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Reflection Questions

Think about:

- Examples of **bias** you see and enact that is acceptable at your place of work, maybe even encouraged.
- For a moment the **language** that is used, shifts in demeanor and environment, limitations on options or comfort, or intimidation used.
- Stress and fatigue or simply the volume of work affected your ability to provide care that is consistent with your ethical values.
- A time when a recommendation was presented as a **requirement**.

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What Can You Do Today?

- What is a practice that you already do or could add to your day to reflect on your purpose and commitments to social justice, racial justice, and ethics in health care?

- What do you do when you look back on your day and acknowledge that there is something about your communication or behavior that you want to change?

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