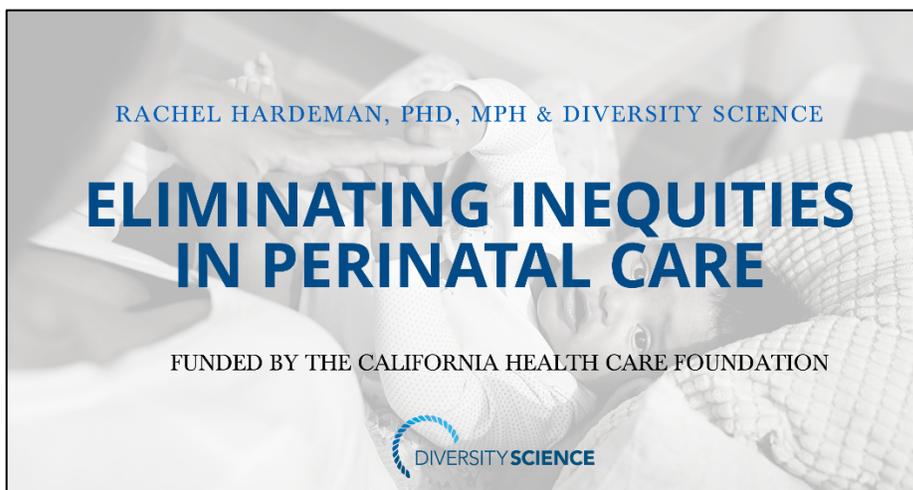


Dignity in Pregnancy and Childbirth

Summary Report of Stakeholder Feedback

Presented by:



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Introduction

Thank you to everyone who submitted feedback both publicly and privately! It has been invaluable in guiding our design of the eLearning experience and its accompanying resources.

A diverse range of stakeholders responded to our call for feedback, including hospitals, advocacy organizations, clinicians, birthing people and sponsors of the bill. We reviewed all feedback carefully and considered how to respond in a way that is thorough but respects your time in reading this document.

We found that the feedback fell into five broad categories:

- 1) Positive feedback and comments that guided us in what NOT to change.
- 2) Comments or suggestions that will be (or were already) reflected, included, or addressed in plans for the eLearning experiences.
- 3) Comments or suggestions that will be (or were already) included or addressed in plans for the supplemental materials for organizational change agents (trainers, DEI advocates and officers) and/or materials specifically for organizational leaders.
- 4) Ideas and suggestions that have both aspects that are addressed within what we will provide as well as aspects that are outside the scope of the funded project.
- 5) Comments or questions that do not fit in any of the categories above.

Positive feedback and comments that guided us in what NOT to change

First, we appreciated the many positive comments. They were very encouraging, including hearing about your enthusiasm for, and approval of the overall content, learning approach, material to be included, thoroughness, and the way we are framing both the problem and recommendation. Some of the things that stakeholders especially appreciated include:

- Teaching topics such as personal values and unlearning destructive behaviors.
- Ways of thinking pertaining to race that can be taught to and help healthcare providers.
- The opportunity to explore causes of racial inequities, structural racism, and the need for cultural humility.
- The intro into how bias functions psychologically
- The storytelling, and perspective-taking.
- Focus on empowering providers with the knowledge and skills essential to interrupting racist practices and outcomes.
- Specifically addressing motivated racism.
- Promoting providers' agency to protect their patients from racism.
- Opportunity to learn and then practice very specific, actionable tools to interrupt personal racist behaviors and implicit racist thinking/implicit biases.
- Ways providers can directly contribute personally to better and equitable care for Black women and birthing people.

- The background/historical perspective and accurate knowledge of the legacy of slavery and current discrimination.
- Examples and stories.

Comments or suggestions that will be (or were already) reflected, included, or addressed in plans for the eLearning experiences.

The following comments and suggestions include content or objectives that will be included or addressed in the 60-minute eLearning experience. The challenge for us has been covering everything adequately while staying within an hour timeframe. This e-Learning is meant to create a solid foundation and catalyst for change, rather than be sufficient as a stand-alone solution.

- Role of family/cultural perspectives on family involvement during the perinatal care.
- Need for multiple examples of key dynamics, such as the feedback loop created by provider or patient.
 - *We agree on the need for examples and provide as many as possible within the constraints of the hour-long time limit and the need to cover all objectives included in the law.*
- Emphasis on relationship between social determinants of health and health disparities where chronic health conditions are correlated with social determinant.
- Ensure scripting (*we think this refers to encounters*) is responsive to patient and provider audiences and is evidence-based.
- Historical components should emphasize the relevance and systems today.
- Provide a conversational and less clinical tone to humanize the topic and the people who suffer from bias in medical settings.
- Explain disparities in perinatal care within the context of disparities in healthcare as a whole.
- Include a glossary of terms.
- Provide a definition of racism that goes beyond individual malicious acts by bad actors.
- Discuss effective ways to communicate without marginalizing individual experiences or making broad assumptions about Black women.
- Meeting learners where they are, acknowledging that some learners have been the victims of racism which can be personally triggering or upsetting.

Comments or suggestions that will be (or were already) included or addressed in plans for the supplemental materials for organizational change agents and/or materials specifically for organizational leaders

The following comments and suggestions will be covered, included, or addressed in the supplemental materials. We are also collecting links to other helpful free resources and will provide these.

- Debriefing activities to build on the eLearning.
- Small group learning activities for facilitators to use.
- Explicit discussion of power dynamics.
- Resources on equitable and transparent data collection and how to discuss concerning outcomes with colleagues.
- Providing resources for people who participate in the training but may struggle with the material for a variety of reasons.
- Use of Quality Indicators language as familiar and action-oriented tools for equity.
- Discussion of connection to CQMCC hospital Birth Equity data to inform specific hospitals.
- Implementation and monitoring follow-up steps for hospitals post-delivery of education.
- Provide the information that hospitals are required to provide by SB-464 on where to report discrimination:
 - Health & Safety Code 1262.6 (a)(6) Information on how to file a complaint with the following:
 - a) The State Department of Public Health, in accordance with Section 1288.4.
 - b) The Department of Fair Employment and Housing. (DFEH is the state's civil rights agency and can handle complaints of unlawful discrimination by any business including hospitals and medical practices:
<https://www.dfeh.ca.gov/complaintprocess/>).
 - c) The Medical Board of California.

Ideas and suggestions that have aspects that are addressed within what we will provide and aspects that are outside the scope of the funded project.

- The author & sponsors of SB-464 had intended for the implicit bias training to be performed at the place of employment and in-person in order to:
 - give a strong cultural message from the employer of the importance of the topic;
 - invite continued dialog and use of learned concepts among employees;
 - bring members of the perinatal team together, as such bias is not only directed at patients but also affects staff relationships; and
 - foster collective conversations between different sets of employees including, but not limited to, hospital administration staff, front desk staff, and healthcare providers (both licensed and unlicensed) to foster system changes.

How can this eLearning model be provided in a way that achieves these goals? Can this eLearning be done in groups? Can messaging from the eLearning be otherwise incorporated into the institutions using the trainings such as through posters in shared spaces and suggested ground rules for department meetings?

We greatly appreciate and honor this comment and question. The eLearning experiences and resources for change agents will support these activities but do not mandate these activities. The purpose of the project is to lay the essential and necessary foundation for continued growth. There are a few considerations behind our belief that starting with the eLearning will greatly advance the effectiveness of other activities.

- *All the evidence suggests that without a common foundation of key concepts, knowledge, and understanding, the collective conversations described above at best fail to create change and at worst, backfire and make things worse.*
- *The scope of this project is to build the foundation and create a trajectory toward positive change while preventing negative and unintended consequences that can occur without such foundations.*
- *Our hope is that people will continue to build on the evidence-based foundational eLearning and resources for internal change agents.*

Ideas and suggestions which are very valuable but unfortunately, are outside the scope of the funded project

- Address multiple ethnic and cultural identities and intersectional identity of being Black and having other stigmatized identities.

There is no question that this is important content. We understand that many groups experience disparities and inequities in health outcomes generally and in perinatal health particularly. Having multiple identities that are socially stigmatized means increased risk of a poor learning outcome. This project is centered on Black women. The data tells us that Black women die 4x more often than white women and that California's exceptional effort to improve maternal health outcomes overall has had benefit for all other groups - but much less for Black women than any other group. We will help indicate that this issue does not solely affect Black birthing women through a visualization in the eLearning that shows how Black women are disproportionately affected across groups. We will do our best to have the composite stories include Black women with intersection identities. We may also include a chart comparing California to the rest of the US to demonstrate why an equity approach is needed.

Comments or questions that do not fit in any of the categories above

We received questions of a practical nature such as how we are ensuring access, and options for access. Answers to those kinds of questions are addressed in the project FAQ, found [here](#). If you do have more questions of this nature, please contact us! equalcare@diversityscience.org

There were questions about how we are handling the potential learning-level and pre-existing knowledge of learners. We are developing the eLearning experiences to be relevant to participants at all levels of prior knowledge. Our grant from CHCF is scoped to create one version for all perinatal care providers. For some providers, there will be review of information they may have gotten elsewhere. However, we expect it to be of value to those providers because of the way we explicitly link information to perinatal care.

There were questions about learner engagement and our strategy for presenting content and cases stories. Following best practices for e-Learning, information will be provided through a combination formats including storytelling and multimedia. Learning will be reinforced through interactive components of the course. Case stories will be provided through spoken word (audio narration) and visuals. Stories will be based on the composite of real patient stories. The events described will accurately reflect patient experiences but changed and combined in a way to protect patient privacy.

There were questions about use of pre-tests and post-tests to assess knowledge. We are not requiring pre-tests because we want to reduce any barriers to participations. There are optional post-tests. Post-tests will be required for CEU/CME credits. Activities within the eLearning itself will review concepts learned.

There was the suggestion that we should offer CME / CEU credit. We understand the value of providing CME/CEU credits for this course. More details will be available soon on the project webpage regarding obtaining continuing education credits.

There was a suggestion to add another comment period to review the training module before it is released

We appreciate this suggestion and see the value in it. Unfortunately, to maintain a delivery time of September for Modules 1 and 2, we cannot open another stakeholder feedback period.

There were questions and comments about the pros and cons of the use of “Black Birthing People.” *We are centering this eLearning on Black women because they are dying at disproportionate rates. We did not make this decision lightly and acknowledge and honor the intersections of identities that Black trans men, genderqueer people, and others bring to pregnancy and childbirth. The choice to focus on Black women does not in any way indicate indifference to the suffering of Black trans men or genderqueer people, just as the focus of Black Lives Matter does not imply that other lives do not.*

While there is much that needs to be said about how being transgender uniquely impacts clinical interactions and access to quality and gender-affirming care, addressing that in full was outside the scope of this project.