



Let's Talk
Perinatal Equity
Webinar Series
for California Hospitals

August Topic:
The Tools to Get Started

August 24, 2023, 12 p.m. - 1 p.m.

CMQCC
California Maternal
Quality Care Collaborative

Logistics & Slide Deck



All attendees are muted upon entry.



Please use the Q & A function – we will do our best to answer questions during the webinar.



You are welcome to use any of the slides provided for educational purposes.



If you modify or add a slide, please substitute your institutional logo and *do not use* the CMQCC logos.



We welcome your feedback and recommendations for improving future webinars.

Inclusive Language Notice

Currently recognized identifiers such as “**birthing people,**” “**mother,**” “**maternal,**” “**they,**” “**them,**” “**she,**” “**her.**” and “**pregnancy-capable person**” are used in reference to a person who is pregnant or has given birth.

We recognize not all people who become pregnant and give birth identify as mothers or women and will use the above-recognized terms interchangeably to represent all those present in this space receiving care for pregnancy services. All persons are equally deserving of respectful patient-centered care that helps them attain their full potential and live authentic, healthy lives. The healthcare team should respect individual patient preferences regarding gendered language throughout the course of their care.

The term “**family**” is used to refer to any persons the pregnant or postpartum patient designates as such (alternatives: partners, husbands, wives, support persons, loved ones).

The term “**clinician**” is used to denote nursing and medical staff, whereas the term “**provider**” refers to a clinician with diagnosing and prescribing authority.

Continuing Education Notice

In order to receive contact hours (RN) for this webinar, please complete the evaluation via the link, which will be sent to you 48 hours after this webinar.

You must be in attendance* on the webinar for a minimum of 50 minutes for a contact hour to be awarded.

*We do not offer Contact hours for on-demand webinar viewing.



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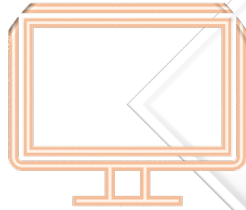
Let's talk Perinatal Equity and Moving Beyond Implicit Bias Training

**Webinar Series
Kick-Off
May 2, 2023**

- Maternal Mortality & Equity Journey
- Preview of Equity Tools for Hospitals
 - ✓ Learning Initiative for Supporting Vaginal Birth Through an Equity Lens
 - ✓ Culture of Equity Survey
 - ✓ Hospital Action Guide

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Webinar Objectives



How to access the web-based Hospital Action Guide.



Learn two examples of readiness assessments.



Understand the types of tools and resources available in the Hospital Action Guide.

CMQCC Accounts Profile



<https://tinyurl.com/createcmqccacct>



Creating a CMQCC Accounts Profile

Upon launching CMQCC Accounts (accounts.cmqcc.org), you will be prompted to sign in or register.

Welcome to CMQCC Accounts. [Contact us](#) with any questions.

CMQCC ACCOUNTS

Contact Us Sign In / Register

Sign In / Register

Welcome to CMQCC's new single sign-on platform. As a part of our continual efforts to improve access to our quality improvement tools, we have consolidated logins for all of our services.

Enter your email address below. If you work for one of our member hospitals, use your hospital-affiliated email address to access our member-exclusive services.

Email Address *

Continue to Sign In / Register

For **first-time registrants**, please follow the instructions below:

1. Enter your email address. If you work for one of CMQCC's California member hospitals, **use your hospital-affiliated email address** to access member-exclusive services (e.g., Maternal Data Center (with invitation), HUDLS, Equity Tool: Hospital Action Guide, Share Listserv).
2. Confirm your hospital affiliation(s). Depending on the email you entered, there are several different pathways:
 - A. The email address domain matches a single hospital.

Sign In / Register

Registering as [example@azmc.sbcounty.gov](#)

Which Hospital(s) do you work for?

The email address you entered is affiliated with one or more hospitals. Please select those hospitals where you work -- as either an employee or a clinician.

Arrowhead Regional Medical Center

Continue With The Selected Affiliations

[I Am NOT Affiliated With A CMQCC Member Hospital](#)

- B. The email address domain is associated with multiple hospitals and/or a hospital system. You will see both hospital and system affiliation options, check as many that apply.

Note: A system affiliation is for staff who have a system-level (corporate) job title. For those with job titles limited to individual hospital(s), please only select from the hospital affiliation section.



Today's Speakers



Terri Deeds
RN, MSN, NE-BC, C-ONQS
Clinical Lead
Learning Initiative Co-Lead



Amanda Williams
MD, MPH, Medical Lead,



Christa Sakowski
MSN, RN, C-ONQS, C-EFM, CLE
Clinical Lead
Learning Initiative Co-Lead



Kendra Smith
Ph.D., MPH
Birth Equity Advisor



Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

Amanda P. Williams, MD, MPH, FACOG

Clinical Innovation Advisor, CMQCC

Adjunct Clinical Associate Professor, Dept. of OB GYN,
Stanford University

Medical Director, Mahmee

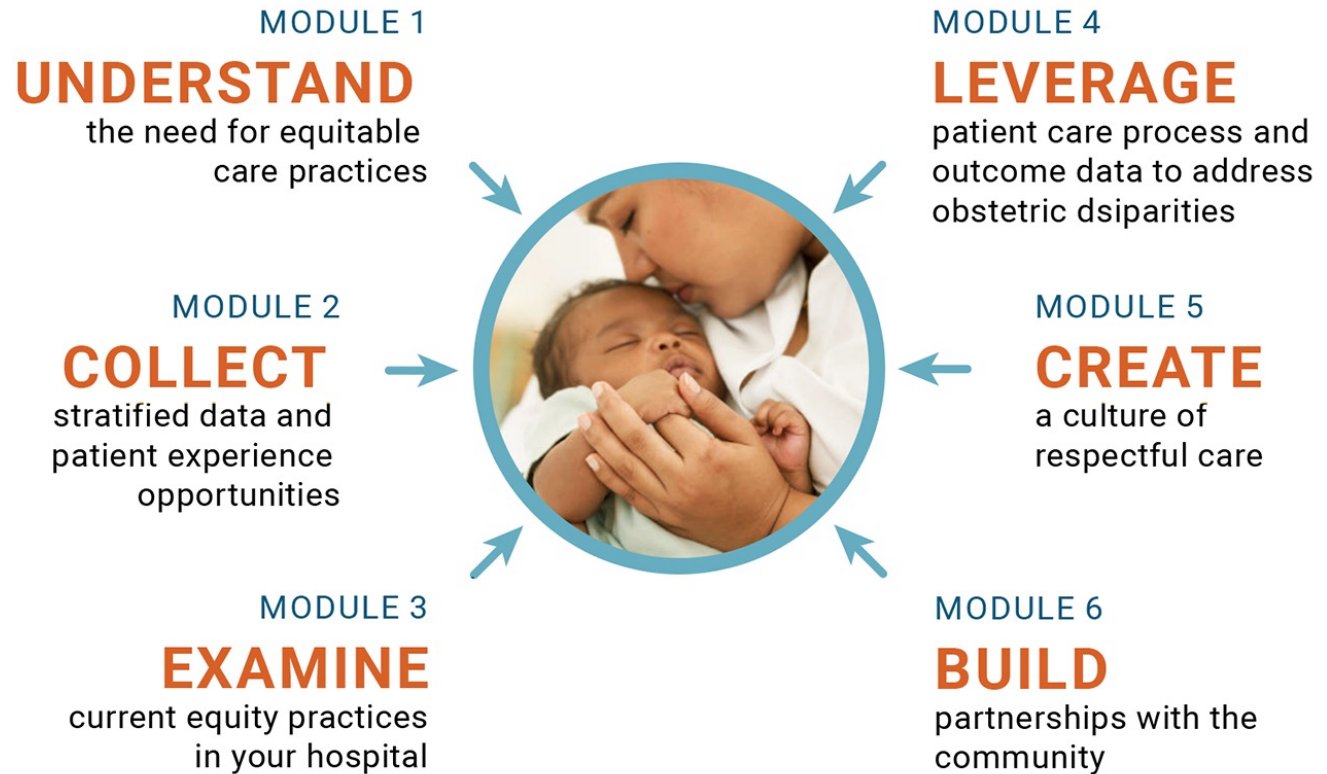


Disclosures

- Medical Director, Mahmee
 - *venture backed, tech-enabled pregnancy and postpartum wrap around services company aimed at elevating maternal health equity and supplementing traditional perinatal care*
- Clinical Advisor, RiskLD
 - *obstetric alerts and decision support software*

Overview

Hospital Action Guide for Respectful and Equity-Centered Obstetric Care





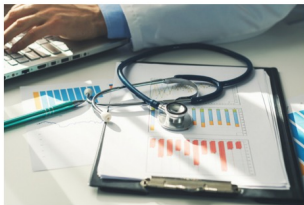
MEDIA

PBS NewsHour talks with CMQCC's Dr. Williams about the disproportionately high rates of maternal mortality for American Black women

[Watch now ▶](#)



Maternal Data Center



- [What's the Maternal Data Center?](#)

Maternal Quality Improvement Toolkits



- [Obstetric Hemorrhage](#)
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Equity & Quality Improvement



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Track near real-time data and performance metrics at your hospital in the MDC

HUDLS Labor Education



Learn Hands-on Understanding and Demonstration of Labor Support through our online education platform

Launch HUDLS

Equity Tool: Hospital Action Guide



Resources to build respectful & equity-centered obstetric care

Launch Guide

Share Listserv



Join the conversation about quality improvement best practices in our online discussion group

Launch Share

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Reset your password and manage contact preferences in your personal profile

Update Your Profile

Hospital Staff



Manage user permissions and key contact information for your hospital.

Review Hospital Staff

People

Manage CMQCC accounts and contacts

Visit People

Hospitals / Systems

Browse hospitals and hospital systems

Visit

Reports

Access Reports on contacts, application usage, etc.

View Reports

Notification Management

Manage notifications displayed to users

Manage Notifications

Hospital Action Guide for Respectful & Equity-Centered Obstetric Care

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Welcome to the Hospital Action Guide for Respectful and Equity-Centered Obstetric Care


Learn how this guide is structured and how best to use it.



Module 1



Understand the Need for Birth Equity to Enhance Equity, Reduce Disparities, Increase Safety, and Meet Regulatory and Legislative Requirements


Shape your understanding of the problems that exist and then prepare to do the work identified in the following modules.  



Module 2



Identify Opportunities for Collecting and Sharing Stratified Data on Patient Experience and Outcomes


Learn how both quantitative and qualitative data play a role in your quality improvement efforts.  




Module 3

Examine Current Equity Practices to Implement Informed and Meaningful Action

Address policies, procedures and practices that can foster respectful care.  

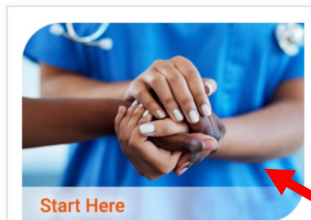




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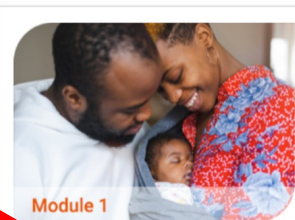
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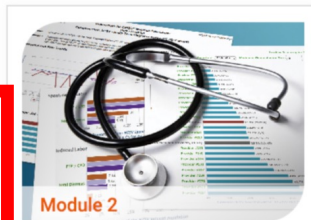
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Return to the Action Guide homepage at any time to stay within the Guide

Navigate through the left navigation bar or by clicking each module image. Start Here for a welcome video and recommendations

Preview of Module 3

All modules have a welcome video

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Hospital Action Guide

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Within each module are Learning Opportunities

Examine Current Equity Practices to Implement Informed and Meaningful Action

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Module 3 examines how equity practices can be operationalized. Once an institutional commitment to health equity is solidified, a critical mass of participants is ready to move forward, and a structure for equity work is established, the perinatal unit can address policies, procedures, and practices that can foster respectful, equitable and supportive care for patients, staff, and clinicians alike.

Objectives and Opportunities

Review objectives and click into the opportunities to begin.

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Examine Current Equity Practices to Implement Informed and Meaningful Action



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Learning Objectives

1. Identify existing hospital strategies and policies that foster respectful care.
2. Identify existing unit strategies that foster respectful and equity-centered obstetric care.

Learning Opportunities +

- Anticipating Equity Work Readiness and Understanding Existing Infrastructure
- Integrating Equity into Hospital-wide and Unit-based Policies and Practices
- Evaluating Current Practices for Assessing Patient's Health-Related Social Needs and Referrals to Resources

Module 3 - Examine Current Equity Practices

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Learning Opportunity: Anticipating Equity Work Readiness and Understanding Existing Infrastructure

Introduction

Infrastructure is the scaffolding that establishes the foundation for success. The initial infrastructure will likely look different than the final version because the readiness assessment may identify the need for additional committee members or structural changes. Developing the processes and people that support respectful, unbiased, antiracist, and equitable practices will benefit all patients, staff, and clinicians.



DEVELOP
an Infrastructure
to Support
Success

CONDUCT
an Equity
Readiness
Assessment

Develop. Conduct.



Action Steps +



1: Develop an Infrastructure to Support Success

The infrastructure (human and other resources) for equity work *may* look and feel like previous efforts for other QI projects, such as those focused on care for hemorrhage or hypertension. However, this work *may also* require innovative efforts and new aspects of planning. While establishing the infrastructure to support success, consider stakeholders from all aspects of the patient journey and representatives of the patients served. The voices of patients are crucial to the process. Decide early in the work how patients will be included. Leaders who can make decisions regarding the work, including

Learning Opportunity: Integrating Equity into Hospital-wide and Unit-based Policies and Practices

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Introduction

Policies, procedures, and practices can support or undermine respectful care at both the hospital and unit levels. While typically crafted to meet regulatory or operational requirements, these guardrails (for providers and staff) guide behaviors and actions can perpetuate implicit bias and unfairly disadvantage patients and staff from historically excluded groups. These formal and informal rules must be crafted mindfully to avoid unintentional harm. Mobilize the patient-family advisory council (as applicable) to provide feedback on the PPP review process and revisions. If you do not have an active patient-family advisory council (PFAC), ensure that processes are in place to include customer feedback in your process and potential revisions. These councils should be representative of the patients served.



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Action Steps +



1: Review and Revise Hospital Policies, Procedures, and Processes, to Ensure That Equity is Addressed

1. Identify hospital policies and procedures at the highest risk for undermining respectful care or contributing to societal implicit negative biases, such as Admission, Discharge, and Transfer (ADT) processes, drug screening, and toxicology testing policies, criteria for Child Protective Services referral, criteria for calling for security assistance, admission history forms, visitation processes, etc. Your mission, vision, values, and philosophies should guide this work and be a starting point for reflection and review.
2. Create a brief checklist to assess for biases based on categories such as race, socioeconomic status, language, substance use, immigration or payer status to serve as a review tool.
3. Pick three to five policies initially and utilize the created checklist to review for potential biases within the PPP.
4. Recommend edits to the policies selected.



2: Create Equity Focused Recruitment and Retention Reviews with Your Human Resource/Personnel Partners

Your human resource/personnel partners may lead these efforts for recruitment and retention in your hospital. Other hospitals' partners may not be well-versed or prepared to do this work. Assess where your partners stand in these efforts.

1. Develop an approach to influencing unit hiring to prioritize cultural concordance with communities and to highlight the importance of maintaining health equity principles in the unit.
2. Review materials such as job postings or interview questions that may perpetuate bias.
3. Explore the creation of a health equity subcommittee, including your human resource/personnel colleagues, to focus on recruitment, hiring, and retention issues.
4. Consider the following best practices, including:
 - o Sharing equity mission statements in job postings
 - o Describing cultural humility or cultural concordance as valued attributes of potential hires
 - o Utilizing standardized questions and behavioral interviewing scenarios
 - o Diversifying your interview panel, including interviewees from departments along the patient's journey
 - o Blinding portions of applicants' resumes to focus on behavioral questions
 - o Developing a standardized scenario in the interview to query the potential hire regarding the

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3: Scan Department for Diversity in Imagery that Lends to Inclusivity and Cultural Concordance

Gather your committee to tour the unit from a customer perspective to assess for diversity in the imagery displayed. Consider marketing assets, educational materials, wall paintings, bulletin board flyers, etc. Determine if the images adequately reflect the community served. Assess whether the diversity in the staff and providers is reflected. Are the images an accurate depiction of the hospital environment? Create action plans to address identified discrepancies. Finally, consider how patients, community organizations, and frontline staff could aid this cultural shift.



Resources to Take Action +



Article: Association of Race With Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery

Findings of a cohort study that found the probability of receiving a urine toxicology test at delivery was higher for Black patients compared with White patients and other racial groups. Black patients did not have a higher probability of testing positive.

Jarlenski M, Shroff J, Terplan M, Roberts SCM, Brown-Podgorski B, Krans EE. Association of Race With Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery. *JAMA Health Forum*. 2023;4(4):e230441. doi:10.1001/jamahealthforum.2023.0441



Case Study: Promoting Diversity, Equity, and Inclusion Through Art

This case study shares the work of a physician-led art program to better reflect the diversity of clients, staff and community. The program team plans to utilize patient satisfaction scores to gauge impact.

Edwards, M. (2021). Imaging 3.0: Promoting diversity, equity, and inclusion through art. American College of Radiology.

Learning Opportunity: Evaluating Current Practices for Assessing Patient's Health-Related Social Needs and Referrals to Resources

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Introduction

It has become clear that to offer quality-driven, person-centered care, we must understand the context of people's lives. It is the responsibility of both you and your hospital or system to do the work to understand the non-medical factors that influence the health of your patients.

From The Joint Commission: "Health-related social needs (**HRSN**) are frequently identified as root causes of disparities in health outcomes. We use the term HRSN instead of social determinants of health (**SDOH**) to emphasize that HRSNs are a proximate cause of poor health outcomes for individual patients as opposed to SDOH, a term better suited for describing populations. Understanding individual patients' HRSNs can be critical for designing practical, patient-centered care plans." See resource below, *Issue 36, Date June 20, 2022, from The Joint Commission*.

The CDC states, "Social determinants of health are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the [World Health Organization](#)." <https://www.cdc.gov/about/sdoh/index.html> Health equity, health literacy and SDOH are the three priority areas for

Open New Windows

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Resources to Take Action +



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December 2021

Case Study: Promoting Diversity, Equity, and Inclusion Through Art



A radiologist at Massachusetts General Hospital organizes art installations throughout the hospital's buildings.

By Meghan Edwards

Key Takeaways:

- A radiologist saw an opportunity to showcase diverse art, allowing the hospital to better engage with patients and make its spaces more inclusive.
- He partnered with colleagues and a local nonprofit organization to create an art exhibit that reflects the community that the hospital serves.
- With thoughtful art displayed, the hospital's community centers create empathy among staff and combat health disparities.

On the wall of a typical office or healthcare center, one might see painted landscapes or abstract art in soothing blue tones meant to calm patients. The walls of Massachusetts General Hospital's (MGH) Chelsea HealthCare Center, however, look a bit different.

Large pictures of brightly colored murals hang throughout the building. One features the owner of a local yoga studio watering her flowers; she's framed by an enormous lace doily. Another features a Latina woman facing away from the camera, a rooster on her shoulder and an aloe plant in her hand — symbols of protection and healing. A third shows a Black child playing the violin as sparrows fly out of a broken vase.

These works are part of [The People's heART](#), a physician-led art program that works with local, national,



This mural, called Doña Patria by Evaristo Anguria, is located in Lynn, Massachusetts. A large print of the mural now hangs in one of MGH's community health centers thanks to The People's heART.

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Webinars

CMQCC Webinar: Let's Talk Perinatal Equity and Moving Beyond Implicit Bias Training

Let's Talk **Perinatal Equity** and Moving **Beyond** Implicit Bias Training

Live Webinar for Hospitals
May 2, 2023.

Watch on Collaborative

Copy URL

Equity Webinar Series

CMQCC is hosting an equity webinar series for California Hospitals to complement and supplement the Hospital Action Guide.

Webinar Schedule

- August 24, 2023
- November 2023
- February 2024

Please register for the next Webinar through the link or scan the QR code with your phone below:



Let's Talk Perinatal Equity Webinar Series for California Hospitals

**August Topic:
The Tools to Get Started**

Register online today!
Scan the QR code or go to:
<https://tinyurl.com/perinatalequitywebinar2>



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Share your feedback

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Acknowledgements & Feedback



Click or scan the QR Code to launch feedback survey.



CMQCC acknowledges each individual, hospital, and organization that supported this Action Guide.

CMQCC is honored to do this work. We recognize that our organization is following in the footsteps of the patients, mothers, fathers, advocates, and many others who lead the fight for birth equity.

We want to formally acknowledge and thank everyone who partners with CMQCC to eliminate disparities and end maternal mortality.

CMQCC's equity initiatives, including this Hospital Action Guide, would not be possible without dozens of volunteers who serve in various capacities and have shared their expertise, lived experience, and time to make these tools possible.

Birth Equity Task Force

- Angelyn Thomas, MD, FACOG | Alta Bates Summit Medical Center, Sutter East Bay Medical Group
- Antoinette Martinez, MD | United Indian Health Services, Providence St. Joseph Health
- Audra R. Meadows, MD, MPH | UCSD, Perinatal-Neonatal Quality Improvement Network of Massachusetts
- Candace Kelly, D.MIN., M.DIV., BCC, GC-C | Memorial Care, Community Medical Center, Long Beach, Long Beach Medical Center, Miller Children's & Women's Hospital, Long Beach
- Colleen McNally, MD, FACOG | Fertility Specialists Medical Group, San Diego Perinatal Equity Initiative CAB
- Danielle Mason, MD, FACOG | Loma Linda University
- Deirdre Coutsoompos, CD, CLEC, CBE
- Jamie Felice, MSN, RN, PHN, IBCLC | County of San Diego / HHSA
- Point Loma Nazarene University School of Nursing San Diego County Breastfeeding Coalition UCSD

Thank you to our amazing Hospital Action Guide team

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Equity Action Guide Open Office Hours



Pilot Birth Equity Collaborative Hospitals

- Alta Bates Summit Medical Center (Berkeley)
- Martin Luther King, Jr. Community Hospital (Los Angeles)
- Miller Children's Hospital – Memorial Care (Long Beach)
- Ronald Reagan UCLA Medical Center (Los Angeles)
- UCLA Santa Monica Medical Center (Santa Monica)

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Baseline Organizational Equity Assessments

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Clinical Lead, CMQCC
Co-Facilitator, Learning Initiative to Support
Vaginal Birth through an Equity Lens

Objectives



Understand CMQCC's differentiation between "Collaborative" and "Learning Initiative" nomenclature



Outline the recommended types of baseline equity assessments



Identify resources to conduct baseline organizational equity assessments



Collaborative Learning

- **Concepts**
 - Increases knowledge and skills
 - Heightens knowledge acquisition and retention
 - Improves relationships across teams/departments
 - Promotes learning from other's viewpoints
- **Similar to Vygotsky's Learning theory of Social Development**
 - Community is an important aspect of gaining understanding and knowledge
 - *MKO = More knowledgeable other*
 - *Someone who already has the knowledge the learner is seeking.*



Learning Initiative



A professional development program designed to help workers develop their skill sets and master new concepts relevant to their jobs.



Based on the concept that there is value in mutual learning and understanding from the various participants without an expectation of an “expert” to drive the work.



The outcome for each team may look different based on the values of the organization.

Equity Baseline Assessments - (Where are We and Where Do We Need to Go)

Understanding the current clinical environment concerning equity is critical before engaging in a QI initiative.

This understanding allows the quality improvement team to identify and prioritize its efforts.

Provides an ability to maximize existing strengths to facilitate quality improvement efforts.

Many such tools are available to assist QI teams in these efforts.

The critical aspect is that a baseline assessment is done, and not necessarily the method or tool selected. CMQCC does not promote one approach over another

Baseline Equity Assessment Focus Areas

- Organizational/Unit Structural Assessment
- Culture of Equity amongst Staff/Providers
- Patient Reported Experience related to Equity/Respectful Care



Baseline Organizational Equity Assessment

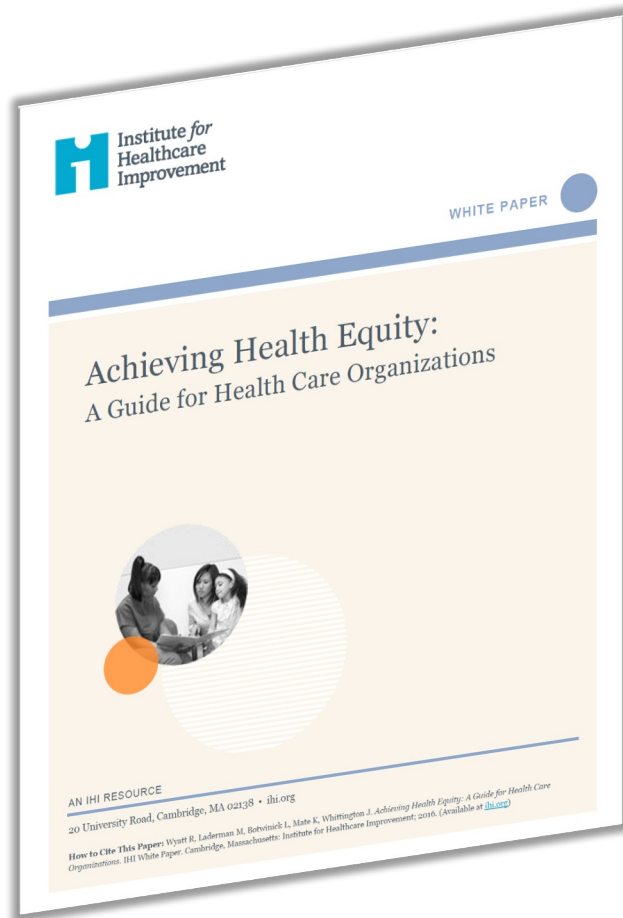
California Maternal Quality Care Collaborative Equity SWOTT Analysis Tool				
1				
2	Hospital Name:	Date Draft Completed:	Revision Date:	Revision Date:
3	<p>Instructions: Complete the SWOTT analysis of your hospital's efforts to advance equity work using the (format) suggestions below. Critical questions for each component of the SWOTT are listed above each column to stimulate your thinking and generate robust responses. The following questions involving your institution and its' community relationships are recommendations to consider as you develop this SWOTT analysis. Some of the proposed questions may fall into different columns for you. An identified strength for one organization may be considered a weakness by another organization. The questions are intended to be open ended to provoke discussion for you to determine the current status of your organization in areas generally considered for "strengths, weaknesses, etc". Your team should reflect on the current condition and place the suggestions where they are an appropriate reflection of your institution. Feel free to add additional items which may pertain to your Equity work that are not included here. We suggest that you view this as a dynamic document that should be frequently reviewed and amended as appropriate as learning and conditions change. This should be considered a working document, but you may want your final format to include space for action planning, time frames and evaluation.</p>			
4	STRENGTHS (S)	WEAKNESSES (W)	OPPORTUNITIES (O)	THREATS (T)
5	1. What are the advantages of your type of institution (Non-profit, for-profit, teaching, acuity level, etc.)?	1. What areas would you consider overall weaknesses for your organization?	1. Where are the organizational beneficial opportunities facing your hospital with respect to Equity?	1. What obstacles does your hospital anticipate with respect to Equity?
6	2. What are the major strengths of your organization?	2. What prior organizational actions/behaviors should you avoid in the future?	2. What benefits can you anticipate by equity/respectful care initiatives?	2. Could any of your weaknesses seriously threaten your hospital/institution?
7	3. What do other people see as your strengths?	3. Do you anticipate recurrent challenges that may inhibit a successful outcome for this initiative?	3. What opportunities could put your hospital ahead of your competition?	3. What are your competitors doing better than you?
8	4. How do you use your power of influence to affect change?	4. Are you currently experiencing hospital/community relationship challenges?	4. What are the beneficial opportunities facing the hospital with respect to community partnerships and public relations?	4. What laws and legislation might impede your process?
9	5. How do community resources and partnerships impact your strengths and successes?	5. How does your data status related to equity contribute to ongoing challenges you face?	5. How will/could data transparency change birth culture, care, experiences, outcomes, processes, or policies? (Internally and Externally)	5. What role does the hospital play in threats to physiologic births?
10	6. What is the role of hospital level data in creating and/or sustaining your strengths and successes?	6. How is the makeup of your workforce (leaders/physicians/staff) reflective of the community you serve?	6. What opportunities exist to review current policies/procedures/processes to reflect an equity lens?	6. What role does the hospital play in threats to equitable access to doulas, midwives, lactation consultants, and mental health clinicians?

SWOTT Analysis Tool Design

- Encourages users to consciously focus on different aspects of the equity issue:
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats
 - Trends
- Organization/Unit
- Developed on an Excel workspace to allow movement of each cell to a different category for each organization at a specific time.
- Dynamic document to be reviewed/revised at least annually to identify improvements and redefine strategy



Additional Resource



(Organizational Focus)

IHI Health Equity Self-Assessment Tool for Health Care Organizations

This self-assessment tool is intended to help organizations evaluate their current focus on health equity and improvement efforts related to the five components in the health equity framework described in this white paper, *Achieving Health Equity: A Guide for Health Care Organizations*. On a scale of 1 to 5, rate your organization's current level of focus on each framework component. Components with low scores can be used to prioritize areas in which to begin or strengthen your work.

IHI Health Equity Framework Component

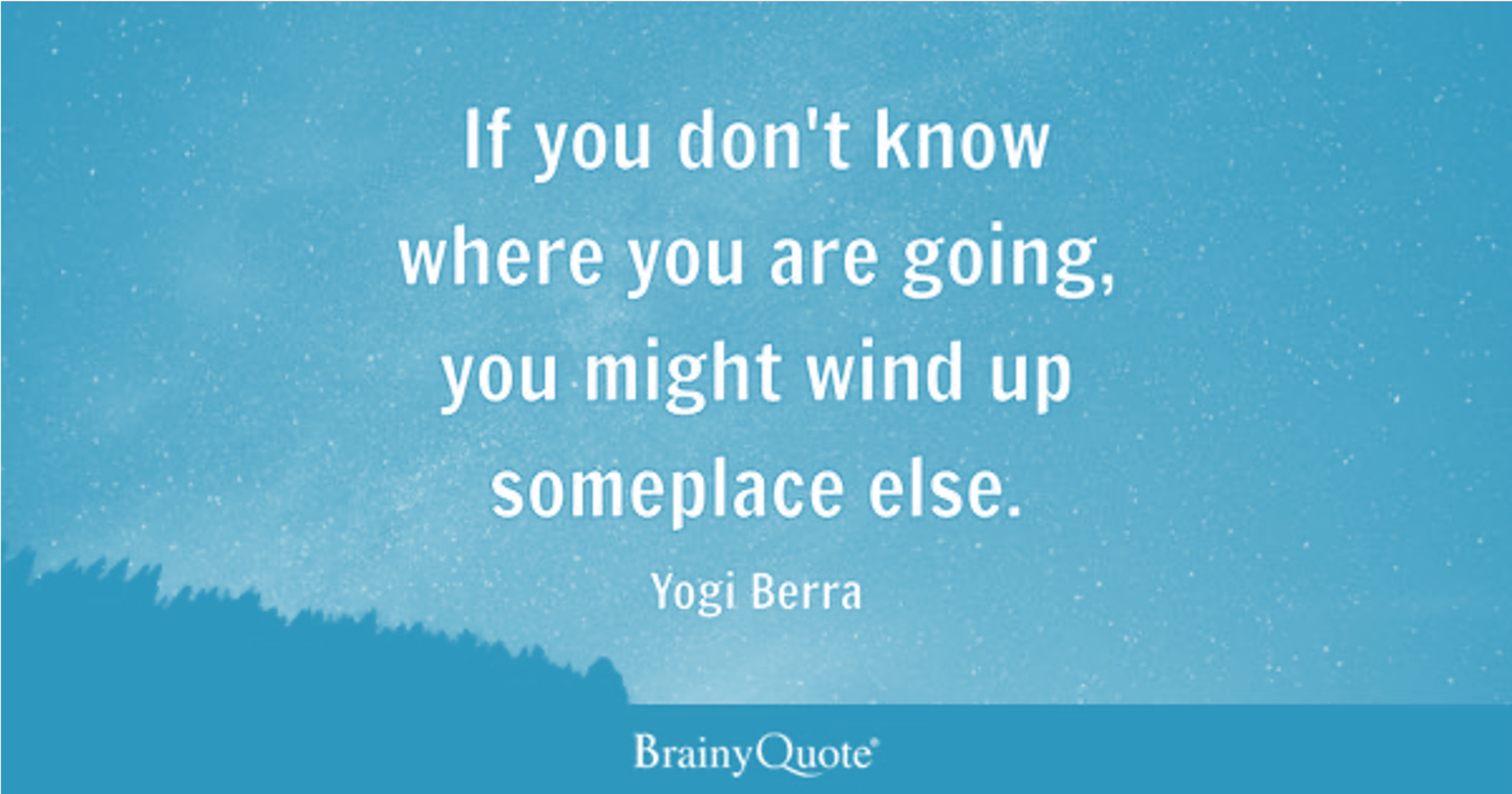

Self-Assessment Scale: Level 1 to 5 (*definitions noted in italics*)

1. Make Health Equity a Strategic Priority

Level 1 <i>Not strategic</i>	Level 2	Level 3	Level 4	Level 5 <i>Health equity is part of strategic planning and built into operations. There is a sustainable funding source for health equity work.</i>
Is health equity a strategic priority for the organization?				Level: 1 2 3 4 5
Is leadership committed to improving equity at all levels of the organization?				Level: 1 2 3 4 5
Is there a sustainable funding source for health equity work?				Level: 1 2 3 4 5

2. Develop Structure and Processes to Support Health Equity Work

Level 1 <i>None to support this work</i>	Level 2	Level 3	Level 4	Level 5 <i>The organization has well-organized departments and multi-stakeholder committees to support the work. The organization has dedicated resources specifically to support health equity work.</i>
Is there a governance structure to support work on health equity?				Level: 1 2 3 4 5



If you don't know
where you are going,
you might wind up
someplace else.

Yogi Berra

BrainyQuote®

Yogi Berra Quotes. (n.d.). BrainyQuote.com. Retrieved August 15, 2023, from BrainyQuote.com Web site: https://www.brainyquote.com/quotes/yogi_berra_391900



Culture of Equity Survey

Kendra Smith, Ph.D., MPH
Birth Equity Advisor, CMQCC

The Culture of Equity Survey

- The purpose of this survey is to assist you with gaining perspectives on the current status of equity efforts in your unit and within your organization.
- This is a developmental exercise to understand what is happening on the unit and to shape staff support to address what is happening.
- CMQCC is supporting survey users with data interpretation
- The survey is organized into six parts:
 1. Staff perspective on their behavior and how it affects the unit
 2. Services and behaviors relating to patient care
 3. Healthcare team behaviors regarding race, gender expression, payer, partner status, obesity, language, and substance use
 4. Healthcare team collaboration with patients and their support person(s)
 5. Staff behavior toward one another
 6. Experiences with microaggressions



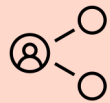
Steps to Access the Survey



The survey is a pilot and is only available to current Learning Initiative participants.



Contact CMQCC to develop a unique survey for your hospital.



Administer the survey through your hospital's approved channels.



CMQCC will give you the results.

Culture of Equity Survey Results

Once you receive the results, you should do the following:

- ✓ Review the results to **establish a baseline**. This survey will serve as a current measurement of unit equity perspectives and attitudes and serve as a benchmark comparison for evaluation measurement following equity interventions.
- ✓ **Identify themes and trends** which may be consistently positive or negative feedback.
- ✓ **Share the findings with unit staff** in an interactive format which encourages open discussion.
- ✓ Use the survey findings and discussion results to **shape or reshape your equity efforts**.





We Can Help

Supporting Your Equity Journey

Christa Sakowski

Clinical Lead, CMQCC

Co-Facilitator, Learning Initiative to Support
Vaginal Birth through an Equity Lens

Virtual Support

COME IN
WE'RE
OPEN

CMQCC Equity Hospital Action Guide Open Office Hours for California Hospitals

Clinical team members will host monthly office hours to support California hospitals as they engage with the *Hospital Action Guide for Respectful & Equity-Centered Obstetric Care*

CMQCC
California Maternal
Quality Care Collaborative

Office Hours will be the first Wednesday of the month, 1- 2 p.m.
beginning September 6, 2023.

Register today by scanning the QR or using the link:

<https://tinyurl.com/equityofficehours>



Call To Action

Team

- Build your internal equity team

Data

- Maternal Data Center
- Stratify Data By Race/Ethnicity

Login

- Engage with the Hospital Action Guide to begin your journey and conduct a baseline assessment

Register: Office Hours

- If you need technical assistance or support, register for reoccurring equity office hours

Register: Quarterly Equity Webinars

- Next webinars: November 15, 2023, and February 2024

Next Webinar



Let's Talk **Perinatal Equity** Webinar Series for California Hospitals

November Topic:
Patient Experience
Baseline Assessments
& Respectful Care

Register online today!
Scan the QR code or go to:
<https://tinyurl.com/NovEquityWebinar>

SCAN ME



November 15, 2023, 12 p.m. - 1 p.m.

CMQCC
California Maternal
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Upcoming Webinar



CMQCC
California Maternal
Quality Care Collaborative

**Register
Today**

**Partnering
with
Douglas**

Register online today!
Scan the QR code or go to:

<https://tinyurl.com/partneringwithdoulasaug30>

SCAN ME



Aug 30, 2023, 12 p.m. - 1:30 p.m.

Resources and Feedback

Slides

- Website – Within 1 Week

On Demand Video

- Website & YouTube – Within 1 Week

Evaluation

- Coming within 48 hours via email

Thank you for Joining Us Today!

CMQCC

End preventable morbidity, mortality, and racial disparities in California maternity care



TOOLKITS

Evidence-based toolkits on leading causes of preventable maternal morbidity and mortality



IMPLEMENTATION

Coaching on how to implement best practices and sharing among member hospitals



MATERNAL DATA CENTER

Near real-time benchmarking data to support hospitals' quality improvement



ENGAGEMENT

Engaging partners around aligned goals and promoting patient awareness

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