TODAY'S PRESENTERS

Q & A MODERATOR

**RACHEL
HARDEMAN, PHD, MPH**

PROJECT DIRECTOR

**MICHELLE
VAN RYN, PHD, MPH**

CEO & LEAD
SCIENTIST
DIVERSITY SCIENCE

**AXCELLE
BELL**

PROJECT
COORDINATOR
DIVERSITY SCIENCE

**JULIA
PRZEDWORSKI, PHD**

DIRECTOR OF
DATA INSIGHTS
DIVERSITY SCIENCE

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AGENDA

- Introductions
- The Problem
- The Law
- Our Approach
- Your Invitation
- Organizational Access
- Next Steps

INTRODUCTIONS

RACHEL HARDEMAN, PhD, MPH

PROJECT DIRECTOR

"…health care professionals have an obligation and **opportunity** to contribute to health equity in concrete ways. "

Hardeman RR et al., Structural Racism and Supporting Black Lives –
The Role of Health Professionals.
New England Journal of Medicine *2016;375(22):2113–2115.*
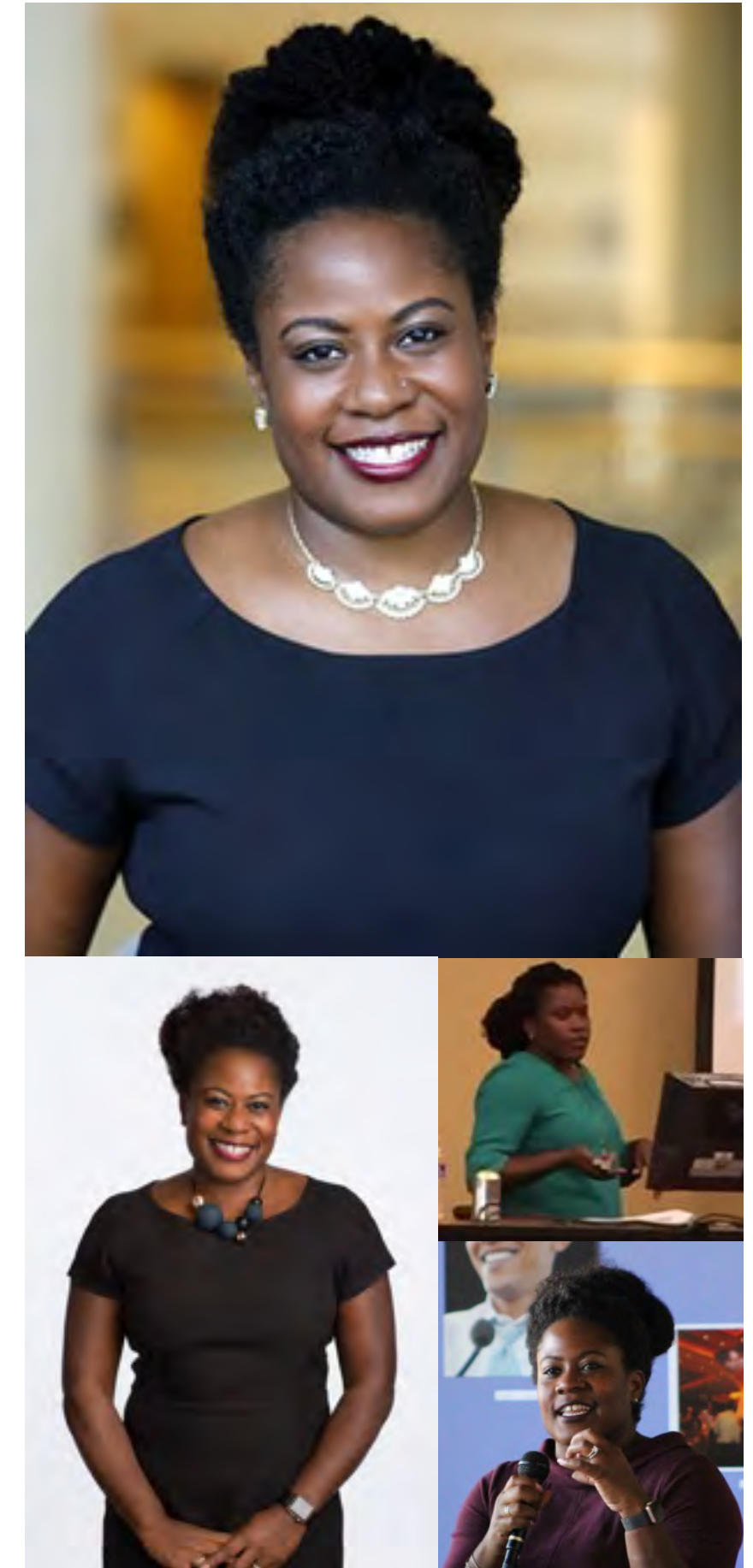
SUBJECT MATTER EXPERT TEAM

DIVERSITY SCIENCE & CONSULTING TEAM

Rebecca Polston,
CPM, LM

Karen A. Scott,
MD, MPH, FACOG

Joia Crear-Perry,
MD FACOG

Axcelle Bell
Project and Training Coordinator

Brooke Cunningham MD, PhD
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Lead Scientific Adviser

Sylvia Perry, PhD
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Julia Przedworski, PhD
Director of Data Insights

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Scientific Adviser

Michelle van Ryn PhD, MPH
CEO and Lead Scientist

Richard White, MD
Consultant

ABOUT DIVERSITY SCIENCE: A mission-centered, public-benefit company that brings the latest research and evidence-based approaches to creating diverse and inclusive organizations.

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THE PROBLEM

Persistent and extensively documented inequities in maternal and child suffering, illness, disability and death.

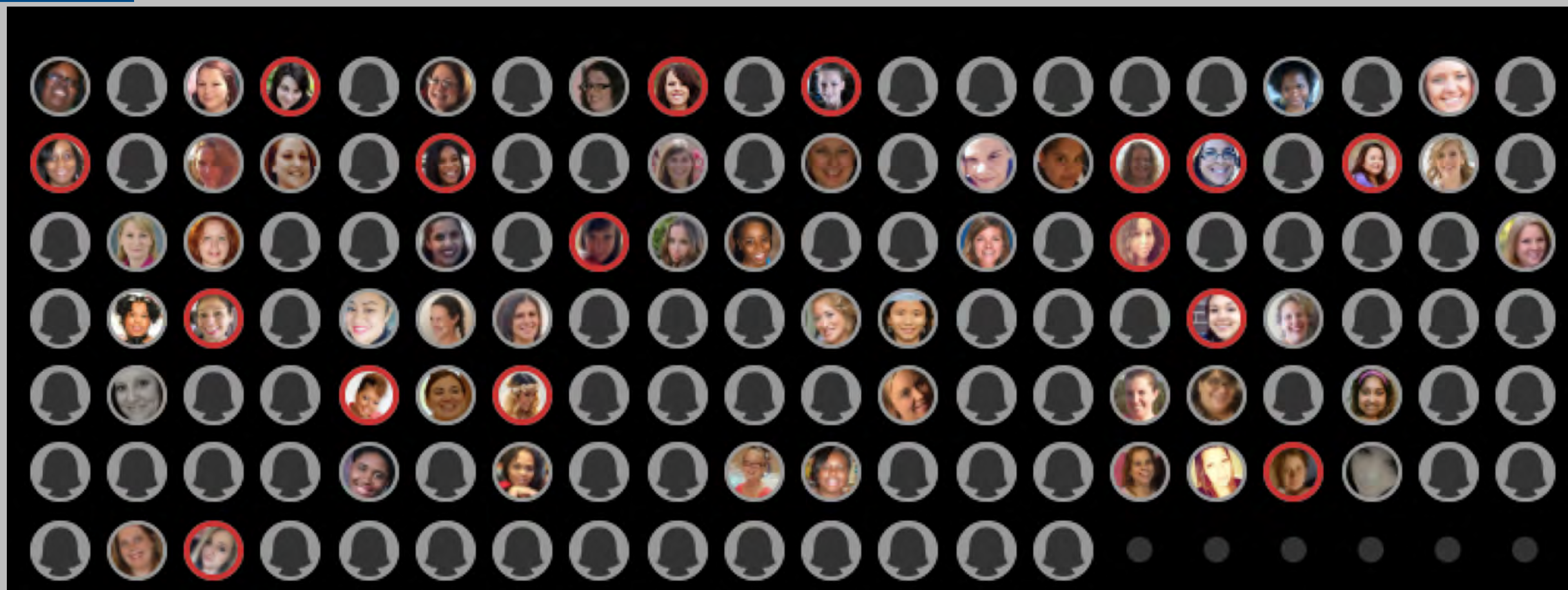**Black / African American mothers & birthing people are:**

3–4x

More likely to die in childbirth

2x

More likely to experience severe morbidity

Numerous studies document Black women's experiences of racial discrimination in the healthcare system

Public testimony documents Black women's experiences of racial discrimination in the healthcare system

NPR/ Pro Publica Collection of 100+ stories that are publicly accessible

By Nina Martin and colleagues

Inequities persist after accounting for preconception healthcare and population socioeconomic differences

This evidence points to a *major opportunity* for healthcare professionals and organizations.

Be part of the solution.

(b) An implicit bias program implemented pursuant to subdivision (a) shall include all of the following:

(1) Identification of previous or current unconscious biases and misinformation.

(2) Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion.

(3) Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.

(4) Information on the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of minority communities.

(5) Information about cultural identity across racial or ethnic groups.

(6) Information about communicating more effectively across identities, including racial, ethnic, religious, and gender identities.

(7) Discussion on power dynamics and organizational decision making.

(8) Discussion on health inequities within the perinatal care field, including information on how implicit bias impacts maternal and infant health outcomes.

(9) Perspectives of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community.

(10) Information on reproductive justice.

(b) An implicit bias program implemented pursuant to subdivision (a) shall include all of the following:

(1) Unconscious bias and misinformation

(2) Personal, interpersonal, structural, and cultural barriers to inclusion

(3) Policies and practices to decrease implicit bias

(4) Historical and contemporary exclusion and oppression of Black community

(5) Cultural identity across race and ethnic groups

(6) Communicating effectively across identities racial, ethnic, religious, and gender

(7) Power dynamics and organizational decision-making

(8) Health inequities in the perinatal care field and how implicit bias contributes

(9) Perspectives of diverse, local constituency groups and experts

(10) Reproductive Justice

OUR APPROACH

Two semesters worth of learning objectives in an hour

LEARNER-CENTERED
Real world, real needs

CENTERING AT THE MARGINS

EVIDENCE-BASED
Rooted in huge body of scientific literature

INCLUSIVE
Full stakeholder inclusion

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LEARNER CENTERED

Practical and Accessible

o The full e-Learning is broken up into modules of 10-20 minutes each. They can be completed all at once or one at a time when convenient

o If on our platform, can be completed on any computer or tablet.
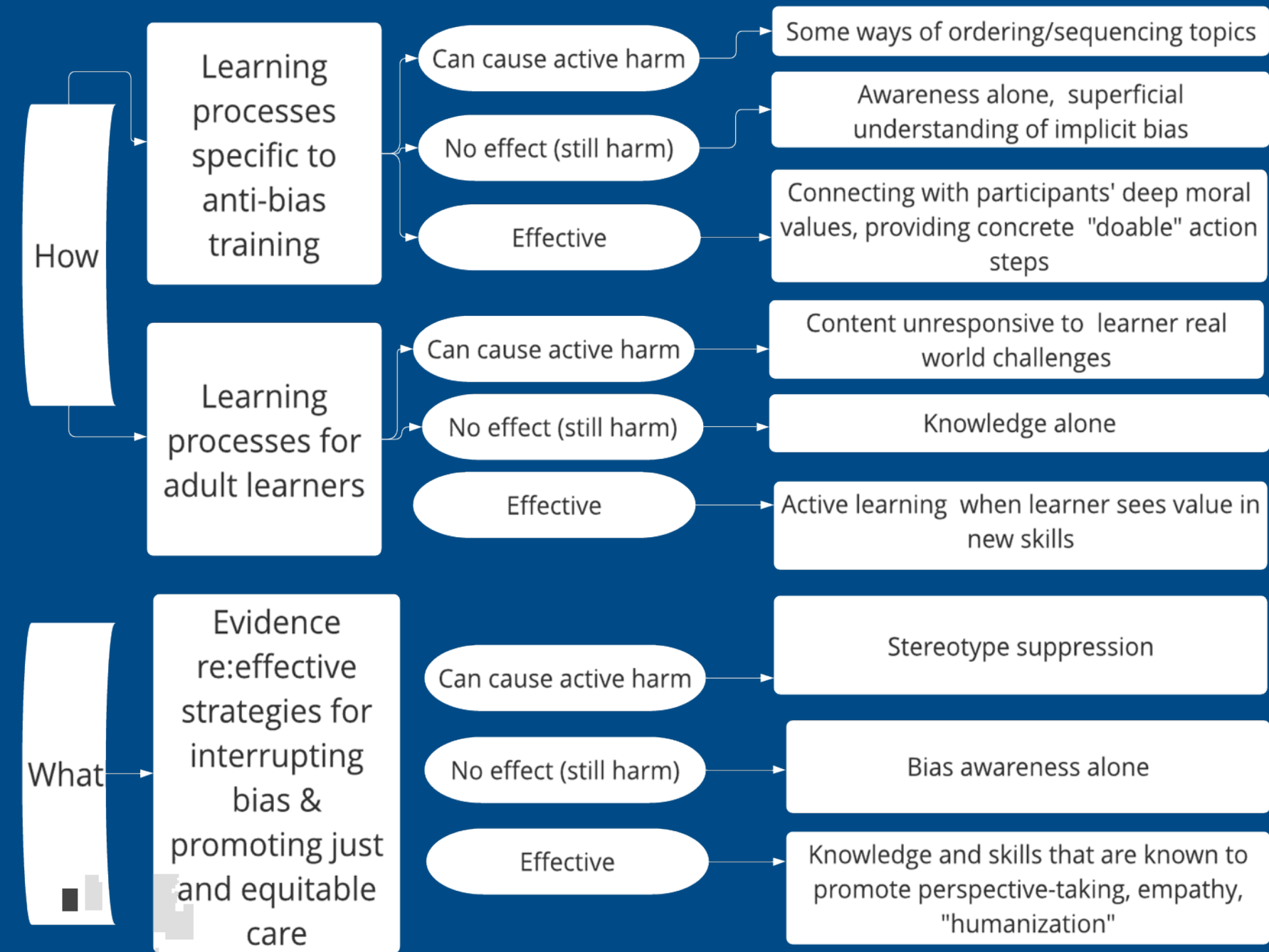
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Learners will

- Recognize they are highly valued and respected

- Find the content engaging, meaningful and relevant

- Gain practical knowledge and skills supporting their ability to:

  o Provide consistently high-quality equal care

  o Interrupt and buffer patients from all forms of racial bias

- Be motivated, and feel empowered to, continue to grow and learn

EVIDENCE BASED

Guiding Principle

The vast majority of people providing perinatal care are highly motivated to provide EQUAL, high–quality of care.

Numerous bodies of evidence inform our approach to empowering learners to provide equal care in an unequal world.

How

Learning processes specific to anti-bias training
- Can cause active harm → Some ways of ordering/sequencing topics
- No effect (still harm) → Awareness alone, superficial understanding of implicit bias
- Effective → Connecting with participants' deep moral values, providing concrete "doable" action steps

Learning processes for adult learners
- Can cause active harm → Content unresponsive to learner real world challenges
- No effect (still harm) → Knowledge alone
- Effective → Active learning when learner sees value in new skills

What

Evidence re:effective strategies for interrupting bias & promoting just and equitable care
- Can cause active harm → Stereotype suppression
- No effect (still harm) → Bias awareness alone
- Effective → Knowledge and skills that are known to promote perspective-taking, empathy, "humanization"

CENTERING AT THE MARGINS

Goal Outcome

- After completing the full hour, Black women and birthing people will feel that the learning experience accurately and fully reflects their lived experience:

    o Shared stories through our Portal

    o Propublica/ NPR

    o Qualitative interviews

- The perspectives of the Black women and mothers who have been central in researching and advocating for on this issue for years.

INCLUSIVE

Goal Outcome

- The most common forms of stakeholder engagement, no matter how well intentioned, exclude as much as they include.

- Our goal is to provide an inclusive process with a level playing field for giving feedback.

YOUR INVITATION

THE PROCESS

- We will post the overarching learning objectives and content to be included in the form of a high-level design

- All interested stakeholders will be able to access and provide feedback through our webpage

- The portal will be protected and easy to use

- Stakeholders will have the option to post privately or publicly, and as an individual or representing the ideas of a group or organization
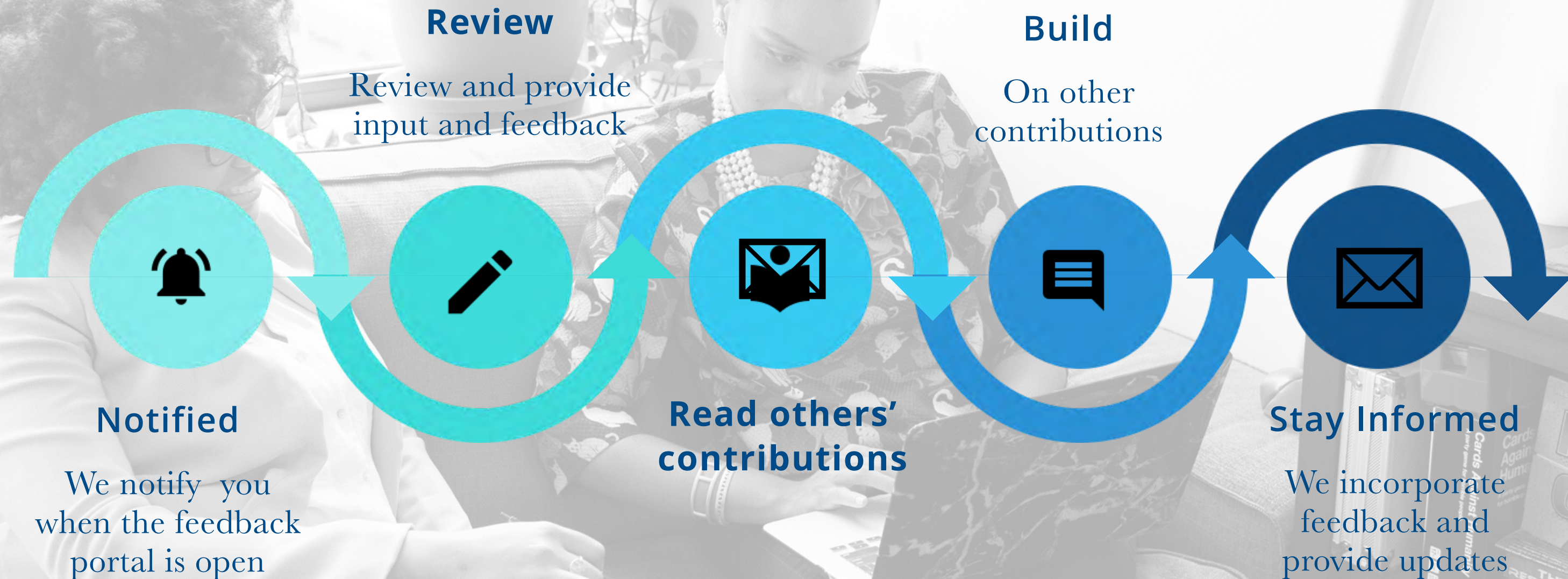
MID-MAY

Input portal open for lived experience

MID-JUNE

Draft objectives and content to be included posted for feedback

ESTIMATED ROLL OUT DATES

First Module
(and accompanying resources)

Release Aug. –Sept. 2020

Remaining Modules

In 1-2 month increments through Jan 2021

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ACCOMMODATIONS

- If you or someone you know needs accommodations in order to participate in the stakeholder process, please reach out to us.

- Project email: equalcare@diversityscience.org

- Diversity Science by phone: 612-524-5841

ORGANIZATIONAL ACCESS

WE HAVE NO DIRECT ORGANIZATIONAL CONTACT

INDIVIDUALS SELF-REGISTER

- Certificates are automatically issued to learner upon successful completion

- Learners provide certificate to organization

- Our relationship and confidentiality promise is with the individual learner

- $ No fee

WE WORK DIRECTLY WITH ORGANIZATIONS

SEVERAL REGISTRATION OPTIONS

- Certificates are automatically issued to learner upon successful completion

- We track learner progress, send reminders, encouragement and provide the organization with tracking and compliance reports

- Our relationship and confidentiality promise is with the organization

- $ Nominal Fee to cover our administrative costs

Access and Tracking Using Diversityscienceacademy.org
2020-2021

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COURSE ACCESS

- Diversity Science will provide the full eLearning Program in SCORM and APIx compatible versions

- Organizational representatives will complete a 10-minute registration process

  - Diversity Science will review and verify

  - Organizational representative will be given the access key to download the eLearning files for their own LMS
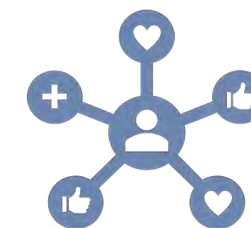
Organizations Provide the e-learning Program on Their Own LMS Systems

GETTING INVOLVED

If you have not yet, signing up for our list serve for updates:
www.diversityscience.org/equal-perinatal-care

We are collecting stories of lived experience from birthing people and from practitioners on our online portal starting in Mid-May

Formal feedback portal will open in Mid-June

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Q&A

Additional Questions?

Email us at equalcare@diversityscience.org

THANK YOU

Rachel Hardeman, PhD, MPH

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