

TRANSCRIPT OF PROJECT KICKOFF WEBINAR: Eliminating Inequities in Perinatal Health Care Project

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Rachel Hardeman: Good afternoon, everyone. It is now at two o'clock central or noon Pacific. So thank you for

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Rachel Hardeman: Joining us. We're so happy and excited to have you all join us today as we kick off our work to empower providers and organizations to eliminate inequity in perinatal health care in response to SB 464, the California Dignity in Pregnancy and Childbirth Act.

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Rachel Hardeman: Before we begin, I'd like to acknowledge our funder, the California Healthcare Foundation. We're grateful for their support.

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Next slide please. Excellent.

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Rachel Hardeman: So today's presenters are myself and Dr. Rachel Hardeman also joining us today is Dr. Michelle van Ryn, founder of diversity science Axcelle Bell Project Coordinator with diversity science and Dr. Julia Przedworski the director of data insights for diversity science.

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Rachel Hardeman: Who will be our question and answer moderator for today. Next slide please. And just briefly. Our agenda for this next hour we'll do some introductions. So you can learn a little bit more about our team.

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Rachel Hardeman: I will walk through the problem. And just a reminder of what we're facing.

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Rachel Hardeman: We'll talk a little bit about the law. And why we're responding to this this important legislation and we'll share our approach and then invite you to

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Rachel Hardeman: Learn more about what we're doing and share with you sort of the organizational access and next steps we're also planning to leave some time at the end to answer any and all of your questions. Next slide please.

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Rachel Hardeman: So my name is Dr. Rachel Hardeman and the project director for this project and I'm currently faculty in the Division of Health Policy and Management at the University of Minnesota School of Public Health.

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Rachel Hardeman: I'm a reproductive health equity researcher and my program of research leverages the tools of population health science and health services research to examine how to best intervene on what I see as the most critical and complex determinants of health and equity, racism.

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Rachel Hardeman: My work leverages the frameworks of critical race theory, which tells us that racism is ingrained in the fabric and system of the American society. In other words, it's the water we swim in.

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Rachel Hardeman: My work also leverages the framework of reproductive justice framework conceived by women of color, defined by the core belief that every woman has the right to decide if and when she will have a baby,

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Rachel Hardeman: To decide if she will not have a baby and to parent, the children she already has in a safe environment and healthy community without the threat of intercourse know or state violence.

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Rachel Hardeman: And I use these frameworks to build the empirical evidence of racism impact on health and to guide and the development and testing of interventions to mitigate it particularly for black birthing people in their babies.

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Rachel Hardeman: I'm also active locally and nationally with organizations that seek to achieve reproductive health equity. For example, I serve on the Minnesota maternal mortality review committee.

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Rachel Hardeman: I also work with the Centers for Disease Control maternal mortality review information application bias work group led by Dr. Elizabeth, Howell,

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Rachel Hardeman: where we are working to develop a measure of structural racism to be included when reviewing maternal deaths across the country. I also have the honor of serving on the board of directors of Planned Parenthood for the North Central states.

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Rachel Hardeman: And what brought me to all the work I do is a deep desire to contribute to the building of equity in our communities.

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Rachel Hardeman: Coming from Minnesota a fairly privileged and healthy state. It makes those racial inequities stand out that much more. And even as a child, it was clear to me that there was a gap between who died, who merely survived and who got to thrive.

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Rachel Hardeman: Also as a black mother to a recently turned 7-year-old daughter. I think about the legacy I want to leave for her.

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Rachel Hardeman: I also think about the privilege. I had to cultivate the birth experience, I wanted during my pregnancy and how the three days I spent in labor and delivery could have been a disaster for a number of reasons.

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Rachel Hardeman: I can still reflect on each point in which things could have gone wrong and which my request could have been ignored or I could have been disrespected where my autonomy and power could have been stripped

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Rachel Hardeman: But they weren't. And to me, that doesn't mean I count myself as one of the lucky ones. It means that I know we as a healthcare system and as healthcare providers and as researchers can do this. We can do better.

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Rachel Hardeman: It gives me a clear vision that while yes we are fighting an uphill battle that it's entirely possible to achieve the goal of dignity and respect in childbirth and close the gap and outcomes experienced by black birthing people.

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Rachel Hardeman: Next slide please.

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Rachel Hardeman: So with that, I would like to share a bit about the rest of the individuals that comprise our team.

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Rachel Hardeman: First, we have three incredible subject matter experts who I'm deeply honored to be working with

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Rachel Hardeman: The first is Rebecca Polston she's a certified professional midwife, and the owner and director of roots community birth center one of our nation's only black

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Rachel Hardeman: Black owned freestanding centers and Rebecca and I have worked closely together. I'm evaluating her model of culturally centered care through fun through a project funded by the Robert Wood Johnson Foundation.

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Rachel Hardeman: Rebecca's, a former doula and community organizer. Prior to becoming a midwife, and she's an expert in what it takes to create a safe space for all birthing families.

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Rachel Hardeman: Next we have Dr. Karen Scott, who is a reproductive

justice informed sexual reproductive and perinatal epidemiologist.

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Rachel Hardeman: An Obstetrics hospitalist in the Department of Obstetrics gynecology and reproductive sciences at UCSF. She's also the PI of the sacred birth study which is advancing a cultural a culture of dignity racial justice and equity and hospital based prenatal care.

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Rachel Hardeman: And finally, we have Dr. Joia Crear-Perry founder and president of the National Birth equity collaborative and an incredible thought leader around racism as a root cause of health inequities. She also serves on the advisory committee of the Black Mommas Matter alliance.

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Rachel Hardeman: And then we have Diversity Science and the consulting team behind diversity science and as a project lead for this work I selected diversity science to co lead

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Rachel Hardeman: For many reasons that I think you will become obvious to you all as you listen to our webinar today but

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Rachel Hardeman: First, I was looking for a partner who truly understands the evidence base related to racism, implicit bias, and health. And I think that diversity science doesn't just understand it, its leadership. Dr. Michelle van Ryn.

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Rachel Hardeman: Who you'll hear from in just a few minutes is one of the pioneering researcher is examining police implicit bias in the clinical encounter and has them. So for many years now.

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Rachel Hardeman: I also chose diversity science because we share similar core values related to equity and inclusion.

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Rachel Hardeman: And I believe that diversity sciences on the cutting

edge of research when it comes to understanding how clinicians learn and the ways to build opportunities for learning that will work for this unique community.

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Rachel Hardeman: So I'm incredibly honored and excited to have diversity science as a partner in this work.

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Rachel Hardeman: I'm also really excited to introduce you to you all to Dr. Michelle van Ryn, who is the CEO and lead scientist of diversity science. She and I have

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Rachel Hardeman: Worked together for many years, and as she someone I deeply admire and respect and I'll let I'll let Dr. Van Ryn say a little bit more about herself and diversity science.

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Michelle van Ryn - Diversity Science: Good afternoon. I'm so delighted and excited to be here today and to be having the opportunity to work on this project, which I think is

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Michelle van Ryn - Diversity Science: Is so important and is completely aligned with our core, really personal and professional core mission and values and

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Michelle van Ryn - Diversity Science: Rachel and I perhaps have a mutual admiration society going so Dr Hardeman has been someone I've been watching

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Michelle van Ryn - Diversity Science: Work and working with for many years and has helped really, I think, push the boundaries and advanced the work

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Michelle van Ryn - Diversity Science: So diversity. Science is a is an organization that doesn't necessarily fit any normal organizational model. So I just want to tell you a tiny bit about us.

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Michelle van Ryn - Diversity Science: So many of us that you'll see here are teams of researchers and practitioners and interventionists who've been working together for longer than I even want to think about

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Michelle van Ryn - Diversity Science: And often, in the context of academic health centers, in academic settings.

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Michelle van Ryn - Diversity Science: About seven years ago, we got to the point where continuing to do our research focused on promoting equity and health care in a variety of ways,

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Michelle van Ryn - Diversity Science: Without actually branching out in a way that wasn't constrained by our roles supportive roles but constraining roles and in academia became an imperative.

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Michelle van Ryn - Diversity Science: As many of you may recall about seven years ago, is when the evidence came out that almost all of the strategies that were being used were not working or indeed were backfiring and making things worse.

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Michelle van Ryn - Diversity Science: And so that was part of, kind of like a personal drive and a moral imperative. So we we've reformulated in a variety of ways. We started out as partners in equity and inclusion.

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Michelle van Ryn - Diversity Science: Diversity sciences is really what we would call the applied arm of the Institute for Equity and Inclusion Sciences. I also have a role of a distinguished professor at the Oregon Health Science

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Michelle van Ryn - Diversity Science: Health and Science University and pretty much everybody. You see, or most of the people you see

there also have those kinds of appointments, but I'm here today really representing Diversity Science.

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Michelle van Ryn - Diversity Science: I'm very excited about working with the stakeholders. I'm very excited about our subject matter team. It's pretty thrilling and I'm very excited about getting the input and learning more about many of the stakeholders who are attending this call right now.

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Michelle van Ryn - Diversity Science: Next slide.

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Rachel Hardeman: Thanks. Dr. van Ryn.

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Rachel Hardeman: So I think many of us are who are here today on this webinar quite familiar with the problem. But I think it's important to remind ourselves of exactly what's at stake.

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Rachel Hardeman: Next slide please.

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Rachel Hardeman: In the United States, maternal mortality is a clinical, public health, and social crisis maternal mortality has nearly doubled in the US, over the last few decades wants to climb elsewhere across the globe.

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Rachel Hardeman: In fact, the US is one of the one of only 13 countries in the world where more women die in childbirth today than they did 25 years ago.

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Rachel Hardeman: And as you can see from this slide black birthing people are three to four times more likely to die than whites. And put another way,

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Rachel Hardeman: A black woman is 22% more likely to die from heart disease and a white woman 71% more likely to perish from cervical cancer but 243% more likely to die from pregnancy or childbirth related causes and also two times more likely to experience severe morbidity. Next slide please.

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Rachel Hardeman: So there's been numerous studies that have documented black birthing people's experiences of racial discrimination in the healthcare system. These are a few examples of that.

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Rachel Hardeman: Academic research that I think are important to highlight and really sort of help us to think about and layout this issue as we think about it, within the context of healthcare delivery and health services research.

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Rachel Hardeman: So the first is the giving voices to mothers study by Dr. Sarah Saraswathi Vedam, and her team at the birthplace lab.

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Rachel Hardeman: Where they found that one in six women reported experiencing one or more types of mistreatments such as loss of autonomy being shouted at scolded or threatened being ignored refused or receiving no response to request for help.

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Rachel Hardeman: You also see Dr. Monica McLemore and her colleagues at UCSF who found that among birthing people of color in Fresno, Oakland, and San Francisco,

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Rachel Hardeman: that many of their participants described disrespect during healthcare encounters, including experiences of racism and discrimination, stressful interactions with all levels of staff, unmet information needs, as well as inconsistent social support.

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Rachel Hardeman: And finally, a paper published by myself and my colleague, Dr. Laura Attanasio last year in Social Science and Medicine where we we start to investigate birthing people's experiences and declining procedures and maternity care and

specifically, we looked at the association between

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Rachel Hardeman: birthing people who reported refusing or declining a medical procedure and perceived discrimination and whether or not declining a procedure was differently associated with

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Rachel Hardeman: Perceived discrimination, depending on race or ethnicity.

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Rachel Hardeman: And what we found was that women who reported to have the client care for themselves or their infant during their childbirth hospitalization,

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Rachel Hardeman: They were more likely to report poor treatment based on race and ethnicity, based on insurance status or having a difference of opinion with a health care provider.

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Rachel Hardeman: And that increases in odds of perceived discrimination due to a difference of opinion with a health care provider was significantly larger and magnitude for black working people in comparison to white birthing people

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Rachel Hardeman: And for also suggests that in the context of childbirth care that birthing people are paying a penalty right for

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Rachel Hardeman: For exhibiting behavior that may be perceived as uncooperative or combative, and that this penalty is indeed greater for black birthing people and the potential consequences of this are

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Rachel Hardeman: Are, are going to be worse for we're seeing it play out that they're worse for women of color birthing people of color who are already having to expend more effort to manage their images during healthcare encounters and avoid stereotypes and things like that.

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Rachel Hardeman: Next slide please.

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Rachel Hardeman: We also have a great deal of public testimony about this topic. I'm sure many of you are familiar with the incredible work that Pro Publica and Nina Martin and her colleagues.

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Rachel Hardeman: Did a few years ago and other pieces that excellent journalists across the country have done to really highlight and shine a light on the inequities we're facing when it comes to reproductive health.

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Rachel Hardeman: I also think the Black Lives Matter Alliance has done an incredible an incredible job of centering Black mamas and really

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Rachel Hardeman: Highlighting the issues that Black moms are facing when it comes to reproductive health outcome. I think it's important to note that these stories are now publicly accessible,

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Rachel Hardeman: And they share some painful and incredibly important truths about both what we're up against in this fight to achieve equity and also the detrimental impact that maternal mortality and morbidity have had on the lives of the families and those were left behind.

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Rachel Hardeman: Also want to note that the CDC estimates that 60% of maternal deaths are preventable.

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Rachel Hardeman: So we have we have a role to play and thinking about what to do.

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Rachel Hardeman: Also, you know, we are starting to see the effects of COVID-19 laying bare the inequities in our communities and in our

healthcare systems and the impact it will have on black birthing people

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Rachel Hardeman: could potentially be devastating. Which makes our efforts that much more urgent. Next slide please.

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Rachel Hardeman: So, these, these racialized patterns and maternal mortality and morbidity are not a result of biologic difference. Rather, they are an extra inextricably linked to racism and all of its forms from implicit bias and interpersonal racism to institutional and structural

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Rachel Hardeman: We know that they persist after controlling for preconception care and prenatal care and that they persist across socio economic status. So you've been blocked birthing people have high sex.

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Rachel Hardeman: Or at great risk for experiencing these adverse outcomes. And for me, you know, this, this, this is a very urgent issue for our team and I think clearly for California.

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Rachel Hardeman: Given the legislation that's been passed there and we have an opportunity to be a part of the solution and we hope that you'll join us.

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Rachel Hardeman: Next slide please.

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Rachel Hardeman: So many of you. Many of you may be familiar by now with SB 464, The California Dignity in Pregnancy and Childbirth Act that was authored by Senator Holly Mitchell.

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Rachel Hardeman: And really aimed at actively fighting California has persistently high rates of maternal mortality among black birthing people

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Rachel Hardeman: The, the bill was co sponsored by some incredible organizations like NARAL Pro Choice America and

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Rachel Hardeman: Black women for Wellness along with other groups who are committed to seeing black birthing people receive adequate care and treatment, both before, during, and after pregnancy.

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Rachel Hardeman: So SB 464 states that hospitals birth centers are primary care clinicians that provide prenatal care must implement an evidence based implicit bias training.

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Rachel Hardeman: For all healthcare providers involved in the prenatal care of patients and those within those facilities and then upon completion of the initial basic training,

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Rachel Hardeman: It's legislated that a healthcare provider must complete a refresher course under the

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Rachel Hardeman: Under the implicit bias program every two years thereafter, or on a more frequent basis if deem necessary by the facility.

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Rachel Hardeman: In order to keep current with changing racial identity and cultural trends as well as best practices in decreasing interpersonal and institutional implicit bias.

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Rachel Hardeman: So as you can see from this slide, there are 10 sort of major elements to what's what's been written into the implicit bias training.

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Rachel Hardeman: Their lengthy so we won't really go through all of

them, but we have a nice you know summary of those for you, and that is that the directives here are really to

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Rachel Hardeman: Teach about unconscious bias and misinformation, personal and interpersonal and structural as well as cultural barriers to inclusion, policies and practices to to decrease implicit bias, an understanding of the historical and contemporary exclusion and oppression of the black community,

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Rachel Hardeman: You know, learning about power dynamics and organizational decision making and how that can play a role and the birthing experience,

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Rachel Hardeman: Addressing perspectives of diverse local and local constituency groups and experts, and also really creating a reproductive justice framework for understanding how these inequities.

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Rachel Hardeman: Exist and persist and also how we how we change them or affect change in that way.

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Rachel Hardeman: So as you can see it's a lot of content, which means that our team is being incredibly thoughtful incredibly strategic in our approach to developing a learning experience that will have an impact and I will let Dr. van Ryan start, start the process of sharing with you a bit more

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Michelle van Ryn - Diversity Science: Yeah, as you as those of you who are familiar with the law and then and then as Dr. Hardeman just covered with really, I would say a full degree worth of content to actually cover it.

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Michelle van Ryn - Diversity Science: Really cover it thoroughly and maybe the way it deserves. But that's not realistic. So what we've been working through is developing this

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Michelle van Ryn - Diversity Science: Program in a way that would fit into an hour in a series of linked

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Michelle van Ryn - Diversity Science: online modules. And I think the key thing to bear in mind with this is that this training is going to be accompanied by guides for leaders and also for internal change agents, but that we're also finding that having a shared understanding

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Michelle van Ryn - Diversity Science: Can be transformational in a way that that has not necessarily always been seen in what we might consider limited interventions. And by that, what I want to say, and why I'm excited and

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Michelle van Ryn - Diversity Science: quite hopeful about this is that the idea of having every person who's providing any kind of Perinatal Care get this kind of content and have it be shared, I think will create trajectory effects in addition to the other resources, we're providing

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Michelle van Ryn - Diversity Science: Next slide.

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Michelle van Ryn - Diversity Science: So we can describe our program in four kinds of categories in helping you understand our approach.

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Michelle van Ryn - Diversity Science: And I'll be talking about the learner centered and evidence based aspects of our approach. And then Dr Hardeman will come back in and talk about the centering at the margins and inclusive aspects of our approach.

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Michelle van Ryn - Diversity Science: So when I introduced us. I think I mentioned that we've been doing work, either as practitioners and researchers in healthcare, you know, decades cumulatively and we're learned a lot about what it is that healthcare practitioner learners need to have an experience be a positive and transformational

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Michelle van Ryn - Diversity Science: Effect.

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Michelle van Ryn - Diversity Science: So some of what might seem obvious, but it doesn't always come through, but it's quite mindful and deliberate in the way that we approach this.

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Michelle van Ryn - Diversity Science: Is we need our learners to understand and recognize that we highly value and respect them that we understand the stressful conditions that they are operating in that we recognize they're very positive and in most cases, a egalitarian core values.

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Michelle van Ryn - Diversity Science: Just like anyone else healthcare practitioners need to find the content engaging meaningful and relevant

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Michelle van Ryn - Diversity Science: And they also need to feel that they're gaining practical knowledge and skills that really are supporting them in their goals.

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Michelle van Ryn - Diversity Science: And in this case, specifically supporting them in their ability to provide consistently high quality equal care and also skills and strategies that they can use to interrupt and to buffer their patients from all forms of racial bias.

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Michelle van Ryn - Diversity Science: The last thing that's been very important in our entire program of research focused on developing e learning and other interventions,

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Michelle van Ryn - Diversity Science: Is what we really need people to do when they're done is continue to grow and learn. And some of the challenge in this in this area has been

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Michelle van Ryn - Diversity Science: You know, maybe what people might call like a bit flippantly, but we do this too, like the checkbox approach where people say, oh, you know, I've done my diversity training and we know that that's not realistic.

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Michelle van Ryn - Diversity Science: So what we've been evaluating all of our E learning on and been really I'm really excited about how successful we've been

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Michelle van Ryn - Diversity Science: Is to have people complete our training and then want to know more, and feel empowered to grow and learn. So these are just a few aspects of our approach and a little bit of what we mean when we say we're learner-centered

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Michelle van Ryn - Diversity Science: The other thing is that we've done a lot of work to try to figure out how to create training that's accessible.

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Michelle van Ryn - Diversity Science: And that actually can fit into the daily workflow. In a healthcare organization and for healthcare practitioners

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Michelle van Ryn - Diversity Science: So it is about an hour of learning experience, but it will be broken up into component modules of 10 to 20 minutes each.

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00:25:12.210 --> 00:25:28.920

Michelle van Ryn - Diversity Science: And they do flow. They can be completed all at one time when convenient and many people may wish to do that. But if not, and it's on our platform, they can be completed on any computer or tablet in various pieces so

137

00:25:29.940 --> 00:25:45.210

Michelle van Ryn - Diversity Science: A little later. I'll be talking about the way that organizations will access the learning and then the way that learners themselves as individuals can access it if people are accessing it on the Diversity Science Academy platform,

138

00:25:46.410 --> 00:26:01.410

Michelle van Ryn - Diversity Science: on that platform we know for sure that it's responsive can be used on a tablet. I do want to say that if organizations put it on their own learning management systems, I would expect, that's the case, but I can't guarantee it. Okay. Next slide please.

139

00:26:02.880 --> 00:26:14.130

Michelle van Ryn - Diversity Science: So evidence based. I think it's really important for us, all of us doing this work to be able to recognize that there are

140

00:26:15.150 --> 00:26:28.140

Michelle van Ryn - Diversity Science: At least 10 to 15% of the people that we work with who, whether they say it or not on surveys and in interviews are actually fairly consciously motivated to maintain a social structure.

141

00:26:29.160 --> 00:26:39.030

Michelle van Ryn - Diversity Science: They may be motivated to express bias. They may feel as if that their people should there should be a social order in which some should be in power and others shouldn't

142

00:26:39.450 --> 00:26:46.650

Michelle van Ryn - Diversity Science: And there's plenty of research supporting that plus the lived experience right so I'm white, obviously. So I'm pretty sure that

143

00:26:47.640 --> 00:26:56.160

Michelle van Ryn - Diversity Science: Anybody who's on this call as a person of color is going to recognize that you don't need the research to bear this out and we certainly don't need to see any kind of research to

144

00:26:57.540 --> 00:27:06.900

Michelle van Ryn - Diversity Science: Support what we've been seeing on the national scene. So here's a challenge for us right so we know this. So, what we are aiming at is the vast majority of people

145

00:27:07.290 --> 00:27:18.540

Michelle van Ryn - Diversity Science: Providing perinatal care and the

vast majority are highly motivated to provide equal high quality care. It's very consistent with their core values and very important to them.

146

00:27:19.200 --> 00:27:30.870

Michelle van Ryn - Diversity Science: And that there may be significant barriers to that in a variety of ways. So our strategy is to use evidence and you can go ahead and go to the next slide.

147

00:27:33.150 --> 00:27:58.980

Michelle van Ryn - Diversity Science: To empower physicians providers all practitioners to provide equal care and to co create the kind of healthcare organizations that result in a very positive inclusion climate for the workforce. And then, in turn, provide really high quality respectful care to all patients.

148

00:28:00.090 --> 00:28:11.070

Michelle van Ryn - Diversity Science: So when we talk about being evidence based, this can be the part that sometimes gets boring for some and for others as well, you know, the main thing they want to know about.

149

00:28:11.670 --> 00:28:19.470

Michelle van Ryn - Diversity Science: So we've had a couple questions come in that that Julia has answered about will resources be available. And yes, they will.

150

00:28:21.360 --> 00:28:34.020

Michelle van Ryn - Diversity Science: When we talk about the evidence base, we can kind of think about it in two broad categories. One is, what's the evidence for how to go about creating the outcomes that we're looking for.

151

00:28:34.620 --> 00:28:43.980

Michelle van Ryn - Diversity Science: And what are the outcomes we're looking for. So on the top, there's really two kinds of buckets of evidence.

152

00:28:44.430 --> 00:28:55.170

Michelle van Ryn - Diversity Science: So what do we know about the learning processes strategies in the approach for anti bias training that causes active harm that has no effect which

153

00:28:55.560 --> 00:29:05.880

Michelle van Ryn - Diversity Science: itself causes harm; it's a waste of resources and then also may cause subsequent in action and is effective, and on the far end, and these are just some examples,

154

00:29:06.330 --> 00:29:09.330

Michelle van Ryn - Diversity Science: this isn't a comprehensive list, this is just like an example of each

155

00:29:10.140 --> 00:29:19.170

Michelle van Ryn - Diversity Science: So what the research shows is that there are ways of ordering or sequencing topics in anti racism training that can cause backlash.

156

00:29:19.560 --> 00:29:31.890

Michelle van Ryn - Diversity Science: You can cover the same content in different sequences in ways that bring people forward and move them toward the, the goal. There's lots of strategies that are having no effect at all.

157

00:29:33.330 --> 00:29:42.420

Michelle van Ryn - Diversity Science: Awareness alone, the evidence says, is not enough. So becoming aware doesn't really, it may be a precursor been on its own, It hasn't really created much impact.

158

00:29:43.020 --> 00:29:58.260

Michelle van Ryn - Diversity Science: And also, and unfortunately a fairly superficial understanding of implicit bias out of context of motives and context may not be having much of an effect, and most of the evidence says it isn't having much of an effect.

159

00:29:59.400 --> 00:30:09.450

Michelle van Ryn - Diversity Science: What is effective, though, for example, and there's plenty of research on this. That's kind of that we like, and it's quite consistent with our philosophy is that connecting the participants'

160

00:30:10.860 --> 00:30:28.110

Michelle van Ryn - Diversity Science: deep moral values to the goals of the intervention and another example is providing very concrete doable action steps. People need to know exactly what to do for any of these strategies to be effective and awareness, awareness and

reflection is not enough.

161

00:30:29.760 --> 00:30:33.960

Michelle van Ryn - Diversity Science: So there's learning processes that are specific to anti bias training and

162

00:30:35.700 --> 00:30:51.900

Michelle van Ryn - Diversity Science: a pretty deep body of evidence that informs that, that's published in scientific journals that may be more or less accessible to people outside of those disciplinary areas. So a lot of what we do is we really translate that evidence into practical approaches.

163

00:30:53.520 --> 00:31:03.660

Michelle van Ryn - Diversity Science: The second category of evidence that were responsive to is just what do we know about How do Adult learners learn and these are things that most of you are aware of and that'll pretty much all

164

00:31:04.260 --> 00:31:12.930

Michelle van Ryn - Diversity Science: Educational designers are also aware of any content that is unresponsive to the learners real world challenges can cause harm it just like

165

00:31:13.650 --> 00:31:18.450

Michelle van Ryn - Diversity Science: I mean, personally, it makes me mad, and it can create kind of an alienation from the content.

166

00:31:19.410 --> 00:31:32.820

Michelle van Ryn - Diversity Science: Things that are okay and maybe a precursor, but not enough or knowledge alone and what's effective is active learning, especially when the learner sees values to them and their goals in the new skills.

167

00:31:34.260 --> 00:31:45.090

Michelle van Ryn - Diversity Science: And the last category that I think is really important. And unfortunately sometimes doesn't make its way into interventions is

168

00:31:46.020 --> 00:31:53.730

Michelle van Ryn - Diversity Science: Like 40 years of research, trying to figure out how do we interrupt bias, like what does work...

Right... So there's research.

169

00:31:54.510 --> 00:32:05.130

Michelle van Ryn - Diversity Science: -sorry, there's a missing black there- there's research on what causes active harm And so for here's one example. If people try to suppress stereotypes right there, like just really trying to push them down.

170

00:32:05.880 --> 00:32:21.360

Michelle van Ryn - Diversity Science: There's a backfire kind of effect, there's a boomerang effect later. So that's not a strategy that we suggest. What doesn't have much effect in maybe if people just become aware of bias could cause passive harm is bias awareness alone.

171

00:32:22.680 --> 00:32:33.390

Michelle van Ryn - Diversity Science: And promoting strategies. There's, there's a there's a constellation of knowledge and skills that are known to promote perspective taking, deep empathy, and humanization

172

00:32:34.140 --> 00:32:50.670

Michelle van Ryn - Diversity Science: And supporting people in the right learning environment, in a supportive learning environment, to become aware of practice and adopt those skills, has been shown to create and, really, interrupt bias and promote positive relationships.

173

00:32:51.720 --> 00:33:05.730

Michelle van Ryn - Diversity Science: So what we what many people are out there doing this work and and all great people and many are doing excellent work. All right. I mean, there's plenty of us doing work in the space and we need to support each other.

174

00:33:06.390 --> 00:33:12.510

Michelle van Ryn - Diversity Science: What I would ask the people on this call to do when you're evaluating any training of this kind.

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00:33:12.990 --> 00:33:24.870

Michelle van Ryn - Diversity Science: Is to see what people are doing in the first category which is how are they using the evidence on the learning processes that cause active harm, have no effect, and are effective.

176

00:33:25.200 --> 00:33:36.660

Michelle van Ryn - Diversity Science: And how are they implementing the evidence on what actually works to interrupt bias and promote just and equitable care. And I'll stop there and turn it back over to Dr Hardeman

177

00:33:40.350 --> 00:33:41.400

Rachel Hardeman: Thanks document on

178

00:33:42.870 --> 00:33:57.420

Rachel Hardeman: So we also feel very deeply that it's important to center at the margins and we're drawing from the rich evidence base from feminist theory and critical race theory, which tells us that for any defined group, especially one with power, influence, or control.

179

00:33:58.230 --> 00:34:06.300

Rachel Hardeman: That there's a center and a margin, where the center has more power and those on the margins, or left on a resource with end with very little voice.

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00:34:06.900 --> 00:34:14.730

Rachel Hardeman: As a result, the center dictates, then who stories are told the questions that are asked and how and how we respond to those questions and

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00:34:15.030 --> 00:34:27.390

Rachel Hardeman: We strongly believe in the power and and the necessity of centering at the margins, meaning that our training and our learning experience will authentically reflect the lived experiences black birthing people and black motherhood in the US.

182

00:34:28.500 --> 00:34:43.740

Rachel Hardeman: And we will leverage the powerful knowledge base that's been cultivated by black scholars across the country and by community leaders and community members and others. And we also, you know, welcome black birthing people to share their stories.

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00:34:44.880 --> 00:34:50.850

Rachel Hardeman: If they choose, on our portal and you'll hear a little bit more about that and and I and a few slides.

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00:34:51.300 --> 00:34:59.760

Rachel Hardeman: And really our goal is to ensure that the perspectives of black women and mothers of black working people and mothers who have been central to

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00:35:00.450 --> 00:35:12.390

Rachel Hardeman: To the research and to advocating on this issue for many years now are our part of part of the story and a part of this learning experience. Next slide please.

186

00:35:15.600 --> 00:35:28.560

Rachel Hardeman: We also aim to be inclusive. We're committed to the full inclusion of all interested stakeholders and perspectives and rather than using a traditional approach for stakeholder engagement that includes

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00:35:29.190 --> 00:35:40.500

Rachel Hardeman: Some and often excludes others, we will be providing open access to all interested stakeholders to review objectives and content and provide either public or private feedback.

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00:35:41.370 --> 00:35:54.960

Rachel Hardeman: We think that, you know, the more common approach of, you know, that we're all probably very familiar with, of using advisory groups and identifying individuals to serve on those advisory groups inevitably limits inclusion as it

189

00:35:55.350 --> 00:36:02.670

Rachel Hardeman: It allows selected people access to a seat at the table, and we're interested in everyone having a seat at the table and everyone having

190

00:36:03.420 --> 00:36:16.140

Rachel Hardeman: A say or having the opportunity to share to share their perspective. So our approach encourages any individual or group that self identifies as having a stake in this project. And in this

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00:36:16.710 --> 00:36:29.250

Rachel Hardeman: Learning experience that we're developing to have an opportunity for participation and you'll learn a little bit more about how to do that. and when that will be available to do; Next slide please.

192

00:36:32.070 --> 00:36:41.010

Rachel Hardeman: So we invite you to join us and I think my colleagues Axcelle and Dr. van Ryn at Diversity Science. We'll talk a little bit more about that process.

193

00:36:42.150 --> 00:36:52.170

Axcelle Bell - Diversity Science: Thank you, Dr. Hardeman and so this is Axcelle speaking. And so I'm going to talk a little bit more about the stakeholder feedback process as Dr. Hardeman has described

194

00:36:52.920 --> 00:37:02.970

Axcelle Bell - Diversity Science: So the way that it will work is that we will post kind of overarching learning objectives and content to be included within the E learning modules.

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00:37:04.050 --> 00:37:18.150

Axcelle Bell - Diversity Science: To an online portal and any interested stakeholders anyone that identifies themselves as having a stake in this project is dr Hardeman said, will be able to access and provide feedback through that through that portal.

196

00:37:19.230 --> 00:37:20.550

Axcelle Bell - Diversity Science: So the portal

197

00:37:21.600 --> 00:37:24.960

Axcelle Bell - Diversity Science: Will require a user to to create a user account.

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00:37:26.250 --> 00:37:38.190

Axcelle Bell - Diversity Science: In order to see the information and also will be moderated so that we can prevent any disruption any parties that may want to disrupt that that portal and and kind of safeguard stakeholders.

199

00:37:39.300 --> 00:37:49.230

Axcelle Bell - Diversity Science: People will be able to see each other's feedback, insofar as stakeholders have chosen to make that feedback public. They can also post it privately and

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00:37:50.010 --> 00:38:09.900

Axcelle Bell - Diversity Science: They can also post it as an individual or indicate that they are representing an organization or

group. And we do anticipate a large volume of feedback. There are lots of people that are interested and that have stake in this project. And so we do encourage organizations, if there are multiple individuals.

201

00:38:11.430 --> 00:38:18.150

Axcelle Bell - Diversity Science: And within one organization looking to provide feedback that they will perhaps synthesize

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00:38:19.800 --> 00:38:21.510

Axcelle Bell - Diversity Science: And provide their feedback in one voice.

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00:38:25.980 --> 00:38:30.480

Axcelle Bell - Diversity Science: So the portal will be opened in mid May.

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00:38:31.980 --> 00:38:38.910

Axcelle Bell - Diversity Science: There won't be anything posted that point, this is, this is the time when it'll open for lived stories and

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00:38:39.990 --> 00:38:54.660

Axcelle Bell - Diversity Science: And lived experience, people that want to share their lived experience that that can include mothers and birthing people, but it can also include healthcare professionals that wish to share their birthing stories or stories surrounding birth.

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00:38:57.690 --> 00:39:05.040

Axcelle Bell - Diversity Science: So then in mid June the draft objectives and content we post it. And at that time, people can provide feedback.

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00:39:06.300 --> 00:39:10.770

Axcelle Bell - Diversity Science: And it will be open at that point for about three weeks. So we'll have a three week kind of long period.

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00:39:12.240 --> 00:39:21.900

Axcelle Bell - Diversity Science: For it to be open. So a little bit more about what that should look like, when it does open, people will be notified and they'll be notified in one of two ways.

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00:39:22.890 --> 00:39:29.970

Axcelle Bell - Diversity Science: People will either, we'll notify people that are on our listserv which the vast majority of people on this call are on our listserv and

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00:39:31.470 --> 00:39:43.410

Axcelle Bell - Diversity Science: And it will get if you're not on the listserv will have the will give the website and just a little bit so you can access that and then get to the listserv. However, you also be notified if you create a user account.

211

00:39:44.880 --> 00:39:53.850

Axcelle Bell - Diversity Science: So those are the two ways, you'll be notified, you'll be able to review and provide input and feedback, you'll be able to read other people's contributions, like I said, only if they've made it public.

212

00:39:54.420 --> 00:40:01.470

Axcelle Bell - Diversity Science: And you'll be able to build and other people's contributions. So seeing their contributions. Perhaps they'll be additional thoughts that may emerge or

213

00:40:03.030 --> 00:40:14.310

Axcelle Bell - Diversity Science: You know, changes in the way the way that stakeholders are thinking about it, so you'll be able to represent that in your own contribution and then we'll keep people informed, so we'll incorporate feedback and will provide updates.

214

00:40:16.110 --> 00:40:17.220

Axcelle Bell - Diversity Science: How we're using feedback.

215

00:40:18.990 --> 00:40:22.320

Axcelle Bell - Diversity Science: Just a note that when you do post to this.

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00:40:23.460 --> 00:40:40.170

Axcelle Bell - Diversity Science: To this portal and we're contributing to a product, to the to the E learning modules that will be giving out free of charge. So while we're not necessarily selling this product, it's going to be used for public use, And so anything that you posted the Portal will be

217

00:40:42.240 --> 00:40:49.350

Axcelle Bell – Diversity Science: Will be used. So it's your intellectual thoughts and you're contributing and donating them in and that's that really great. And so, thank you.

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00:40:51.630 --> 00:40:54.060

Axcelle Bell – Diversity Science: You're making our product better

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00:40:55.500 --> 00:41:05.640

Axcelle Bell – Diversity Science: Okay, so the rollout dates. I'm pretty sure like lots of people have been waiting this whole time, be like, when are they going to be ready. So the first module will be released.

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00:41:07.230 --> 00:41:09.990

Axcelle Bell – Diversity Science: In August to September, that's kind of the time range.

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00:41:11.580 --> 00:41:17.850

Axcelle Bell – Diversity Science: And they will be released alongside resources that are meant to support

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00:41:18.900 --> 00:41:29.880

Axcelle Bell – Diversity Science: Organizations up taking the E learning and so that will include resources for internal change agents, as well as resources for leadership within organizations.

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00:41:32.610 --> 00:41:45.030

Axcelle Bell – Diversity Science: And then the remaining modules will be released in one to two month increments through January 2021 and so by January 2021 all of the modules in the full 60 minutes of E learning will be

224

00:41:46.620 --> 00:41:51.810

Axcelle Bell – Diversity Science: Released and so people are so organizations are welcome to kind of

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00:41:55.770 --> 00:41:58.170

Axcelle Bell – Diversity Science: Learning Modules as they come out or

226

00:41:59.520 --> 00:42:01.260

Michelle van Ryn – Diversity Science: Axcelle we just lost your audio.

227

00:42:02.310 --> 00:42:02.790

Axcelle Bell - Diversity Science: Oh, you did.

228

00:42:03.510 --> 00:42:04.020

Michelle van Ryn - Diversity Science: A little bit.

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00:42:05.430 --> 00:42:06.030

Axcelle Bell - Diversity Science: Oh, okay.

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00:42:07.050 --> 00:42:08.160

Michelle van Ryn - Diversity Science: That's better. Okay.

231

00:42:08.610 --> 00:42:09.960

Axcelle Bell - Diversity Science: My apologies. So

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00:42:11.400 --> 00:42:19.710

Axcelle Bell - Diversity Science: Organizations will be able to to incorporate these as they come out or to wait until they're all out and then that's just an organizational decision.

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00:42:22.260 --> 00:42:22.740

Axcelle Bell - Diversity Science: And so

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00:42:23.910 --> 00:42:24.510

Axcelle Bell - Diversity Science: Lastly,

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00:42:25.620 --> 00:42:34.140

Axcelle Bell - Diversity Science: We want to make sure that anyone that wishes to participate in this process is able to do so and so.

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00:42:35.100 --> 00:42:41.070

Axcelle Bell - Diversity Science: If you or someone that you know does need accommodations in order to participate in the stakeholder process, please do reach out to us.

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00:42:41.520 --> 00:42:53.280

Axcelle Bell - Diversity Science: Like for example, a lot of people are using the internet at this moment. But let's say you were going to

be traveling and we're going to be in a place where you weren't able to have internet. I don't know. That's just a random example.

238

00:42:54.450 --> 00:43:00.810

Axcelle Bell - Diversity Science: But you still want to be able to submit feedback and it is a time sensitive process. So you can contact us.

239

00:43:01.470 --> 00:43:17.850

Axcelle Bell - Diversity Science: Our project emails equal care at diversity science.org and Our phone number is 612-524-5841 and we'll were very willing to make accommodations and and that'll be situation situation based

240

00:43:20.310 --> 00:43:20.730

Okay.

241

00:43:22.410 --> 00:43:24.720

Axcelle Bell - Diversity Science: So I'm gonna pass it back to Dr. van Ryn

242

00:43:26.160 --> 00:43:26.910

Axcelle Bell - Diversity Science: A little bit about

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00:43:27.960 --> 00:43:29.940

Axcelle Bell - Diversity Science: How organizations can access these resources.

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00:43:30.570 --> 00:43:38.250

Michelle van Ryn - Diversity Science: Yeah, in terms of accommodations, we're hopeful that the also the people you know there's a lot of people on this webinar that you'll reach out to others.

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00:43:38.700 --> 00:43:52.200

Michelle van Ryn - Diversity Science: And make sure that they know that we're here and we if they want to participate. We want to help them participate. We'll have a transcript of this up on the website, along with the slides and the recording of this webinar as well.

246

00:43:53.310 --> 00:43:53.790

Michelle van Ryn - Diversity Science: Next slide.

247

00:43:57.210 --> 00:44:08.790

Michelle van Ryn - Diversity Science: So the California Healthcare Foundation has provided generous funding to create and make this accessible to all perinatal care providers and related organizations in California.

248

00:44:09.120 --> 00:44:23.310

Michelle van Ryn - Diversity Science: So there's a few ways, though, practically, people can get to it, and I'm going to cover a couple, so people can start thinking about it. In one, individuals can just self register at diversityscienceacademy.org

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00:44:24.510 --> 00:44:32.070

Michelle van Ryn - Diversity Science: And go through the training and when they've completed the training and the kind of learning checks, they'll get it automatically get a certificate of completion.

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00:44:32.370 --> 00:44:44.220

Michelle van Ryn - Diversity Science: They can do whatever they wish with that provide it to their organization or not. In those cases, our relationship and confidentiality promise is with the individual learner. We don't share information. There's no fee.

251

00:44:45.300 --> 00:44:57.330

Michelle van Ryn - Diversity Science: Another one that we actually do. Now for some of our learning, e learning experiences in our subscription services is we work directly with organizations and there's several options there for registering people

252

00:44:58.320 --> 00:45:01.320

Michelle van Ryn - Diversity Science: The certificates are still automatically issue to the learner.

253

00:45:02.100 --> 00:45:13.500

Michelle van Ryn - Diversity Science: On successful completion. But what we'll do for the organization is track learner progress send learners reminders and, you know, to send some encouragement to the learners who maybe haven't completed it.

254

00:45:14.040 --> 00:45:20.010

Michelle van Ryn – Diversity Science: And then if this is part of the agreement provide the organization with tracking and compliance reports.

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00:45:20.460 --> 00:45:35.040

Michelle van Ryn – Diversity Science: And in this case, our relationship and confidentiality promise is with the organization. So that, what that means is that the organization will know from us. If a specific learner has completed or not, but no one outside the organization will know anything.

256

00:45:36.120 --> 00:45:45.480

Michelle van Ryn – Diversity Science: We're hoping to provide that free of charge, there is a cost to us and doing that and we will probably need to figure out a way to defray it. We're hoping to get external funding,

257

00:45:45.720 --> 00:45:56.940

Michelle van Ryn – Diversity Science: for that, but there may be a nominal administrative costs for the organizations that really want us to basically run the whole thing and track usage and compliance. Okay, next page. Next slide.

258

00:45:58.410 --> 00:46:04.740

Michelle van Ryn – Diversity Science: Some organizations have their own learning management systems we will provide these to them in any of the

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00:46:05.040 --> 00:46:14.820

Michelle van Ryn – Diversity Science: standard formats. So we can export these and we will export these into pretty much any of the standard formats that are industry currently industry standards for them to use

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00:46:15.240 --> 00:46:21.030

Michelle van Ryn – Diversity Science: The way that people will get that as a representative just needs to complete a 10 minute process. It's just a form

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00:46:21.690 --> 00:46:30.210

Michelle van Ryn – Diversity Science: We will review and verify it and then give the organizational representative and access key to download the E learning files for their own learning management systems.

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00:46:30.720 --> 00:46:41.790

Michelle van Ryn - Diversity Science: We will be doing real time updates, to we always do real time updates to any of our E learning that's on our system. And one of the advantages of having it on your own system, you should have it all in one system.

263

00:46:42.540 --> 00:46:50.340

Michelle van Ryn - Diversity Science: One of the disadvantages, is that you might not be getting the any any real time updates. So, you know, organizations can decide what's best for them.

264

00:46:51.030 --> 00:47:02.580

Michelle van Ryn - Diversity Science: We're also very committed to evaluating this. We want to make sure that the the components of the intervention are based on existing evidence the intervention itself hasn't been deployed.

265

00:47:02.970 --> 00:47:15.330

Michelle van Ryn - Diversity Science: So what we would like to do is take this amazing opportunity to actually assess the impact. And so what we will be doing is asking participants and organizations

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00:47:15.600 --> 00:47:23.400

Michelle van Ryn - Diversity Science: to help us with that that will be obviously that's voluntary, no one has to do anything but just, just as a heads up and something to think about.

267

00:47:23.700 --> 00:47:30.420

Michelle van Ryn - Diversity Science: You know, in order to figure out how it's working. It will be helpful to know things like you know what percentage of an organization completed it.

268

00:47:31.170 --> 00:47:45.240

Michelle van Ryn - Diversity Science: And then also for learners who completed it. You know what was their experience with it and then how did it maybe impact their practice. So again, you know, standard voluntary thing, but just letting you know that that's part of our mission and and our goals and our hopes.

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00:47:46.320 --> 00:47:46.770

Michelle van Ryn - Diversity Science: Next slide.

270

00:47:48.450 --> 00:47:56.160

Michelle van Ryn - Diversity Science: So here's the getting involved slide if you haven't yet signed up please sign up the slides will be available.

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00:47:57.060 --> 00:48:02.940

Michelle van Ryn - Diversity Science: Some of the organizations that we have been working with closely and have been helping us will also have them available.

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00:48:03.810 --> 00:48:18.810

Michelle van Ryn - Diversity Science: So the Health Care Quality Institute has been really supportive and helpful and we expect to work closely with them. We've been on obviously the California Healthcare Foundation has as well. So there are other organizations that may also be able to link you in

273

00:48:19.980 --> 00:48:33.660

Michelle van Ryn - Diversity Science: Again, we want lived experiences. We want to hear practitioner stories anything related to perinatal care at all. Prenatal postnatal birthing as well as prenatal postnatal birthing experiences from

274

00:48:35.370 --> 00:48:38.220

Michelle van Ryn - Diversity Science: people have had those experiences. Next slide.

275

00:48:40.650 --> 00:48:54.270

Michelle van Ryn - Diversity Science: Okay. And then, next slide. Oh, no. That's all right, go back to that one. That's right. Okay, so, um, the we're opening this up for Q&A. Some people have already found at the bottom of their screen.

276

00:48:55.110 --> 00:49:04.350

Michelle van Ryn - Diversity Science: Like little speech bubbles with Q AMP. A under it, we, we see that some of them have come in. But if you have questions, please put them in there.

277

00:49:04.710 --> 00:49:22.410

Michelle van Ryn - Diversity Science: We will not be able to answer, everyone's questions in the next 12 minutes, but we'll try, but we

will post answers on our website. The slides again the slides and a written transcript and the recording of this webinar will be on our website.

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00:49:23.490 --> 00:49:24.390

Michelle van Ryn - Diversity Science: Later this week.

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00:49:25.620 --> 00:49:26.190

Michelle van Ryn - Diversity Science: Okay.

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00:49:27.480 --> 00:49:28.740

Michelle van Ryn - Diversity Science: Dr. Przedworski.

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00:49:30.150 --> 00:49:31.140

Michelle van Ryn - Diversity Science: Hi everyone.

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00:49:32.040 --> 00:49:34.590

Julia Przedworski - Diversity Science: We're doing great. Thank you, everyone, for the questions.

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00:49:35.340 --> 00:49:49.980

Julia Przedworski - Diversity Science: We're just going to, as Dr. Vine Ryan mentioned, we're going to mention a few today and then get full responses to all the questions over the next week, so please look out for those. One question that came through a little earlier in the presentation was how is a strategy of

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00:49:51.180 --> 00:49:55.740

Julia Przedworski - Diversity Science: how or what to teach deemed effective, how are the data proven?

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00:49:58.980 --> 00:50:00.990

Michelle van Ryn - Diversity Science: Michelle, do you want me to start or do you want to start

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00:50:04.560 --> 00:50:05.940

Michelle van Ryn - Diversity Science: No Rachel's mic might be off.

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00:50:06.840 --> 00:50:10.710

Rachel Hardeman: My apologies. I was on mute. So how

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00:50:11.760 --> 00:50:17.940

Rachel Hardeman: I'm sorry, Jules, can you ask Dr. Przedworski. Can you repeat that question and kind of went out for a second.

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00:50:19.140 --> 00:50:26.760

Julia Przedworski - Diversity Science: Absolutely sure for. So the question is: how is a strategy of how or what to teach deemed effective?

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00:50:28.230 --> 00:50:30.540

Rachel Hardeman: Okay, thank you. Um, so

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00:50:31.290 --> 00:50:41.490

Rachel Hardeman: That's a really good question. Um, and I think that, you know, diversity science and Dr. van Ryn can speak to speak to this more detail has

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00:50:41.940 --> 00:50:53.160

Rachel Hardeman: A great deal of experience and determining for the efficacy and effectiveness of various strategies and then it's also matching them and overlapping that with

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00:50:53.640 --> 00:51:04.350

Rachel Hardeman: Sort of the key elements and the key components of the legislation and what you know and the material that needs to be covered as well. But I'm Dr. van Ryn, do you want to

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00:51:04.710 --> 00:51:06.930

Rachel Hardeman: Your back to that in a little more detail.

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00:51:07.200 --> 00:51:11.580

Michelle van Ryn - Diversity Science: Sure, it's a great question. We love these questions, because this is kind of our heart. You know, like

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00:51:12.180 --> 00:51:12.780

Rachel Hardeman: Right.

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00:51:12.810 --> 00:51:27.660

Michelle van Ryn - Diversity Science: You actually, how do we make sure that what we're doing is effective and you know the biggest picture, right the big picture is it's effective is if it improves experiences of black women in birthing people if it improves maternal and morbidity outcome and and improves

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00:51:28.710 --> 00:51:37.830

Michelle van Ryn - Diversity Science: Infant outcome. So that's the big picture. That's how we know something like this is effective and that's why I was asking a moment ago that when we reach out

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00:51:38.460 --> 00:51:50.010

Michelle van Ryn - Diversity Science: To try to find out what's going on, so we can actually evaluate the impact. We're so hoping that we will get that kind of support. So that's a big picture question, the more immediate question is

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00:51:51.510 --> 00:52:06.180

Michelle van Ryn - Diversity Science: Does this... when someone participates in a learning experience that we've got going, does it mean it's learning objectives. Right. So it depends on what the objective is, but

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00:52:07.050 --> 00:52:19.050

Michelle van Ryn - Diversity Science: The goal then is to devise ways to determine if the training itself is meeting learning objectives and the objective sometime you know are usually they build

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00:52:19.410 --> 00:52:38.190

Michelle van Ryn - Diversity Science: Right, because we know that behavior change is building. So it sort of knowledge, attitude, mindset, understanding, motivation, felt need, strategy, skill, confidence. And then, of course, actual implementation. So assessing the impact of the learning experience on all along

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00:52:39.360 --> 00:52:56.070

Michelle van Ryn - Diversity Science: To back up, though, we decide on what to use based both on our evaluations, but also like there's a you know this huge body of other people doing this kind of work, and related work and they are affect their efforts to evaluate impact.

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00:52:56.460 --> 00:53:09.000

Michelle van Ryn - Diversity Science: So part of what we do, is we're

constantly scanning for information and for evidence. Um, one thing though. That's really important. And it's a challenge, I think, is

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00:53:09.690 --> 00:53:31.860

Michelle van Ryn - Diversity Science: And we talked about this a lot on our team is going back and forth between the 20,000 foot data view, which can be pretty cold right can feel pretty objectifying while also staying connected with the lived experience view right that this level of suffering people are experiencing so

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00:53:33.090 --> 00:53:43.380

Michelle van Ryn - Diversity Science: formal evaluation will usually do a pretty concrete evaluation of the degree to which something is met. It's learning objectives and a change behavior that's usually somewhat quantitative

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00:53:44.010 --> 00:53:56.640

Michelle van Ryn - Diversity Science: And then there's another kind of evaluation. It's more of a transactional human evaluation. It lends itself more to qualitative methods, which is, is it creating the kind of human changes that we're looking for. I hope that answered your question.

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00:54:00.030 --> 00:54:15.420

Julia Przedworski - Diversity Science: Great. There's a few more questions. We have a little bit of time. Another question from the participants is would you recommend training for maternal, child development, nicu, post partum, Peds, l&d?

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00:54:16.740 --> 00:54:21.720

Julia Przedworski - Diversity Science: Or would you recommend all staff and all departments be required to take this training... .. All

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00:54:25.620 --> 00:54:25.950

Great.

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00:54:27.570 --> 00:54:30.330

Julia Przedworski - Diversity Science: I'm sorry I sorry, Rachel, I'm just so we're just so

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00:54:34.320 --> 00:54:36.120

Julia Przedworski - Diversity Science: In order to create you know it.

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00:54:36.300 --> 00:54:43.200

Michelle van Ryn - Diversity Science: Alright, so we're talking about organizational culture change because that's what it takes. And you need you need universal capacity and understanding

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00:54:43.950 --> 00:54:45.360

Michelle van Ryn - Diversity Science: To create that. So that's why we

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00:54:45.360 --> 00:54:53.910

Michelle van Ryn - Diversity Science: Think all and we also think it's really beneficial and it also acknowledges the key role of pretty much everybody. Everybody's really important. They all have an impact.

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00:54:55.290 --> 00:55:02.460

Rachel Hardeman: Right. And I would also just add that, you know, this is, this learning experience and these modules are an important starting point.

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00:55:03.960 --> 00:55:16.380

Rachel Hardeman: And that you know there's going to be organizations and folks within organizations that are at different places along the spectrum of understanding and learning and readiness to to learn. And so, you know,

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00:55:17.010 --> 00:55:27.630

Rachel Hardeman: If the more folks that are exposed within an institution, the better because that's going to sort of contribute to that groundswell that's needed to really move this work towards equity forward.

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00:55:33.930 --> 00:55:39.000

Julia Przedworski - Diversity Science: Great. We have a another question. This one's a little bit more technical

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00:55:40.380 --> 00:55:46.770

Julia Przedworski - Diversity Science: Sorry, my screen just moved. Can you also talk a little bit about the supporting materials you are creating and what they would look like.

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00:55:47.850 --> 00:55:55.890

Julia Przedworski - Diversity Science: And any ideas have you have as of now about how your modules integrated into or support in person training at a site.

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00:55:58.890 --> 00:55:59.340

Michelle van Ryn - Diversity Science: Sure.

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00:56:01.320 --> 00:56:09.060

Michelle van Ryn - Diversity Science: Unfortunately Rachel's in Minneapolis and I'm in Portland, so we can't, we can't do the typical thing where you look at each other and decide who's going to speak.

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00:56:10.350 --> 00:56:11.700

Michelle van Ryn - Diversity Science: To ask you, Rachel, do you want to take it.

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00:56:13.050 --> 00:56:23.940

Michelle van Ryn - Diversity Science: Okay. Alrighty. Um, so one of the things is a one piece that that we've all been working on is is capacity is sort of change agent capacity building slash train the trainer.

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00:56:25.050 --> 00:56:35.850

Michelle van Ryn - Diversity Science: And that can take a couple, a few forms, because it depends on what people need and what role they're in. So there are people doing direct training that's their drop, there is change agents, there's D&I

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00:56:36.420 --> 00:56:51.900

Michelle van Ryn - Diversity Science: Officers, so some of that depends on that. So essentially what we're doing is trying to provide materials to allow them to leverage this intervention this intervention, this eLearning within their own site to continue to build capacity towards change.

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00:56:53.070 --> 00:57:01.350

Michelle van Ryn - Diversity Science: The actually we so that the materials will primarily be available for free for distributable

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00:57:01.950 --> 00:57:10.890

Michelle van Ryn - Diversity Science: In print form an electronic

print form right and some of what that includes as a facilitator guide and then some specific pretty structured

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00:57:11.580 --> 00:57:17.100

Michelle van Ryn - Diversity Science: group activities, people can use with anyone, they're working with. So that's, that's one kind of thing.

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00:57:17.520 --> 00:57:27.450

Michelle van Ryn - Diversity Science: And we develop that actually we started developing that for Mayo clinical a long time ago. And then we're just, you know, continuing to build on that based on feedback and what's helpful.

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00:57:28.320 --> 00:57:32.940

Michelle van Ryn - Diversity Science: On leaders, we will be providing on our website, what we would call a

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00:57:33.690 --> 00:57:45.240

Michelle van Ryn - Diversity Science: You know, "creating an inclusive organization for leaders." So leaders need a different level of information about what actually works for leaders and what does it mean

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00:57:45.660 --> 00:57:58.440

Michelle van Ryn - Diversity Science: To have an inclusive organization that has the capacity to build equitable care. So what we right now have the ability and the resources to provide for free.

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00:57:58.860 --> 00:58:08.970

Michelle van Ryn - Diversity Science: Is guidance and information in print form aimed at leaders aimed at change agents of various kinds. And there's a lot of overlap between those two categories.

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00:58:09.630 --> 00:58:21.420

Michelle van Ryn - Diversity Science: Aimed at organizational trainers, ideally, people will be building on this foundational learning experience and continuing it through these processes.

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00:58:22.080 --> 00:58:32.280

Michelle van Ryn - Diversity Science: Diversity science separately does have a change agent training program, a train the trainer

training program that's just, you know, building capacity in these areas, but that that's available, but it's not really

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00:58:32.820 --> 00:58:37.470

Michelle van Ryn - Diversity Science: Part of the California Healthcare Foundation funded project, but it's there for you.

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00:58:42.630 --> 00:58:48.210

Julia Przedworski - Diversity Science: Great, thank you. There are a few more questions, but given the time we're going to make sure to answer these

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00:58:50.190 --> 00:58:59.640

Julia Przedworski - Diversity Science: via text after the webinar, so please look out for that. I'd like to thank everyone for your questions and I will turn it back now to the presenters.

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00:59:03.120 --> 00:59:14.520

Rachel Hardeman: Thank you. So again, you know, we are so excited that you all were able to join us today and hear more about our plans and, you know, please.

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00:59:14.940 --> 00:59:35.160

Rachel Hardeman: Make sure that you sign up for our listserv and take a look at the websites and saying engaged as we move forward with our work. We are here to answer any questions you might have. And really truly desire to be inclusive and in the work that we're doing and hope that you will

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00:59:36.450 --> 00:59:37.710

Rachel Hardeman: will engage with us.

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00:59:39.240 --> 00:59:46.920

Michelle van Ryn - Diversity Science: And I want to thank everyone. We've had a lot of there's a lot. It's a big collaboration. You saw our team. There's many more people involved.

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00:59:47.670 --> 00:59:52.950

Michelle van Ryn - Diversity Science: The hospital Quality Institute has been extremely supportive and helpful and I'm want to appreciate them.

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00:59:53.580 --> 01:00:08.040

Michelle van Ryn – Diversity Science: So while we are here, presenting and you saw some pictures. I do want to recognize that there's a lot of people, including some of the people I see in the list, who are informing this work that we are drawing on for this work. So thank you.

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01:00:08.430 --> 01:00:09.120

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01:00:11.400 --> 01:00:11.910

Rachel Hardeman: 100% Right.

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01:00:13.350 --> 01:00:16.830

Rachel Hardeman: I think that is about our, our, so thank you again.

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01:00:21.900 --> 01:00:26.430

Michelle van Ryn – Diversity Science: Have a wonderful rest of the day. Thank you for attending. Bye bye. Hey,