



**Let's Talk Perinatal Equity:**  
Enhancing Equity Through Engagement:  
Strategies for Inclusive Patient and  
Community Engagement

**Wednesday, August 21, 2024**

# Continuing Education Notice

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

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

# Logistics & Slide Deck



All attendees are muted upon entry.



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



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



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



We welcome your feedback and recommendations for improving future webinars.

# Inclusive Language Notice

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

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

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

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

# Webinar Recording & Slides

- The webinar recording and slides will also be posted within 48 hours at:  
<https://www.cmqcc.org/resources-tool-kits/webinars>

# Today's Presenters



**Kendra L. Smith, PhD, MPH**  
Birth Equity Advisor, CMQCC



**Lindsay du Plessis, DrPH, MPH**  
Community Engagement Lead,  
CMQCC

# Webinar Objectives

1. Describe the foundational principles of community engagement.
2. Summarize the relevance of patient and community engagement in obstetric care.
3. Demonstrate strategies for identifying community obstetric services.
4. Develop practical strategies for enhancing patient and community engagement through partnership in obstetric care.

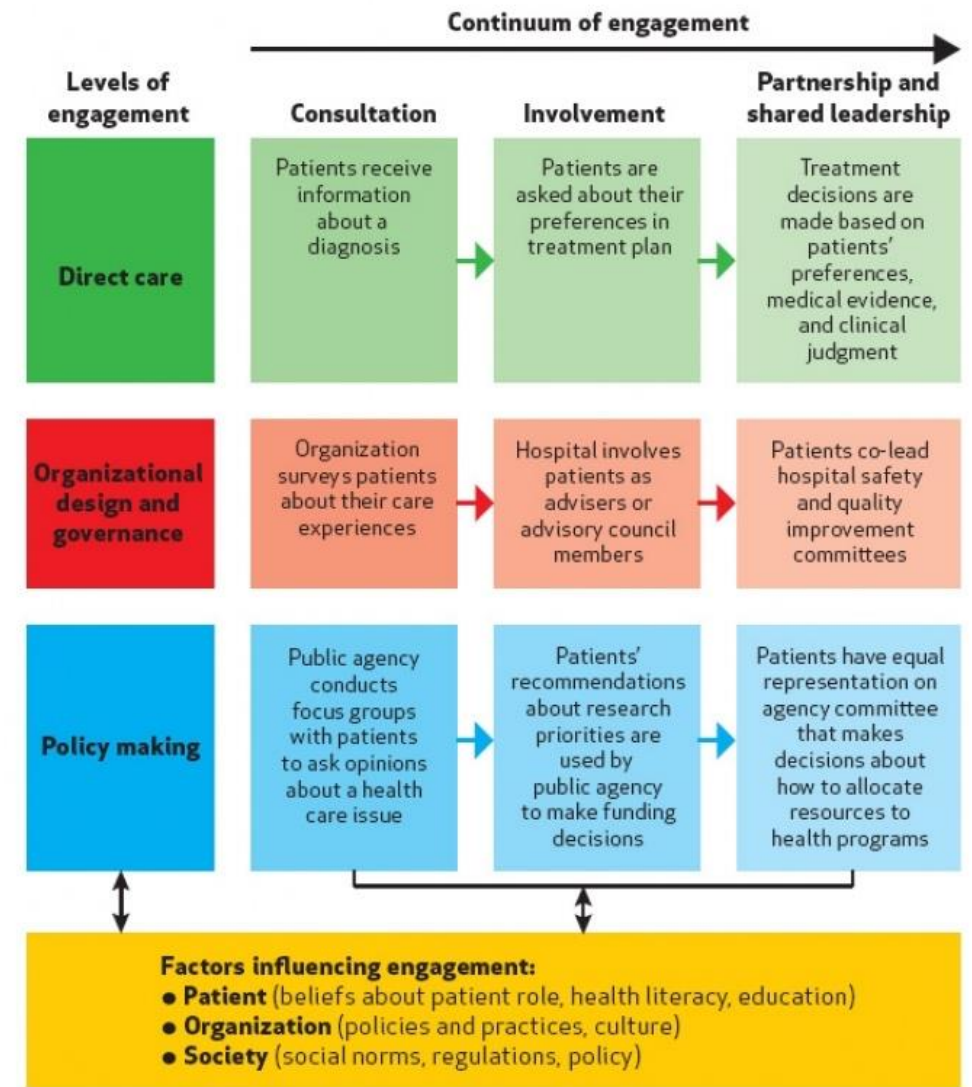
# The Intersection of Engagement and Equity

- Communities play a crucial role in the entire process of health quality improvement, from design and planning to implementation and delivery. Their involvement is not just beneficial but essential.
- Evidence shows that community involvement can have a positive effect on health awareness, build community capacity to respond to health issues, and improve the acceptability and ownership of communities and patients to health services.
- Given that efforts to improve the quality of care must be responsive to communities' needs and preferences, engaging communities is essential for quality improvement.
- However, community engagement is not a guaranteed tactic to advance equity.
- To realize its full potential, community engagement must be designed with equity as its leading principle.



# Defining Patient and Community Engagement

- Patient engagement – Process of actively engaging patients in their healthcare
  - Shared decision-making
  - Self-management
  - Partnering with healthcare providers
  - Serving as advisors to the hospital
  - Co-leading efforts for quality improvement
- Three levels of patient engagement:
  - Patient (direct care)
  - Organization (policies, practices, and culture)
  - Society (community, social norms, regulation, policy)



**SOURCE** Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney, "Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies," *Health Affairs* 32, no. 2 (2013): 223-31. **NOTE** Movement to the right on the continuum of engagement denotes increasing patient participation and collaboration.

# Benefits of Patient Engagement

- **Health outcomes**
  - Improving the quality of care
  - Achieving treatment results
  - Patient satisfaction
  - Reduce depression and anxiety
- **Self-efficiency**
  - Increasing patient responsibility
  - Better self-control
- **Return on investment**
  - Time and resources
- **Patient adherence**
  - Improving patient adherence to the treatment process

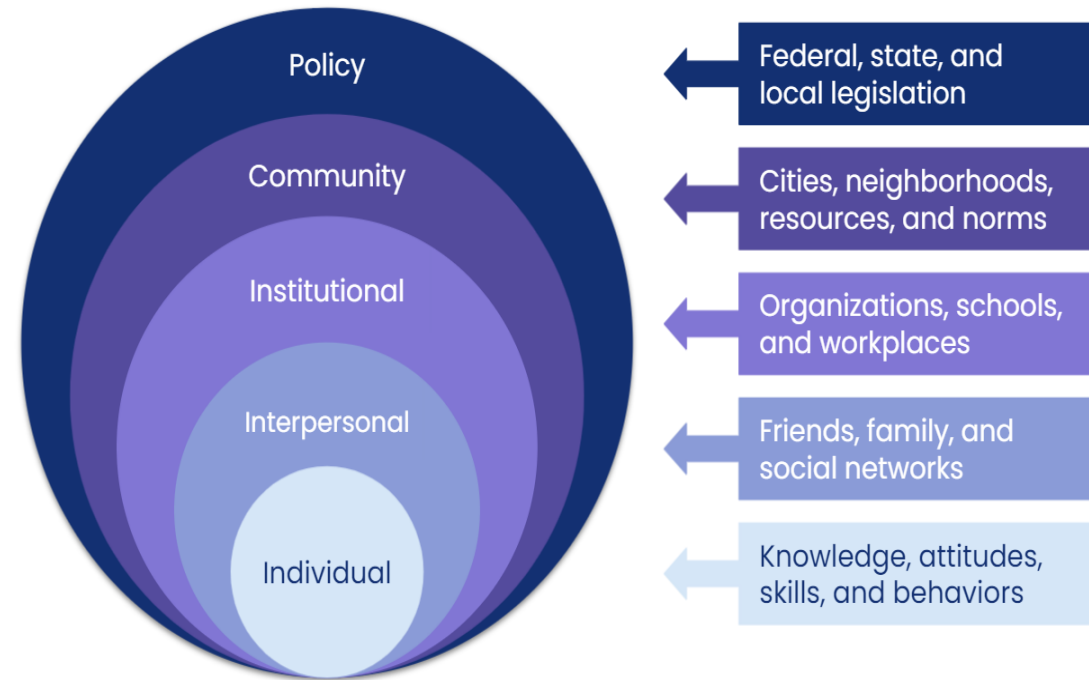
# Defining Patient and Community Engagement

Community engagement – a collaborative process between organizations/institutions and communities impacted by their policies, programs, governance, and delivery of health services to influence decisions and action through the mutually beneficial and bi-directional exchange of resources, expertise, and information.

Community - a group of people living in the same place or having a particular characteristic in common

- Neighborhood
- Birthing community
- Labor and delivery unit

It is important to be clear about which community you are addressing.



Source: CDC. Social Ecological Model.

# Principles of Engagement

## Foundational Principles of Community Engagement

1. Careful planning and preparation
2. Inclusion and demographic diversity
3. Collaboration and shared purpose
4. Openness and learning
5. Transparency and trust
6. Impact and action
7. Sustained engagement and participatory culture


*National Coalition for Dialogue and Deliberation (NCDD), International Association for Public Participation (IAP2), and the Co-Intelligence Institute, 2009.*

## Principles of Equitable Engagement


1. Embracing the gifts of diversity
2. Realizing the role of race, power, and injustice
3. Radical hospitality: Invitation and listening
4. Trust-building and commitment
5. Honoring dissent and embracing protest
6. Adaptability to community change

*Kirwin Institute for the Study of Race and Ethnicity. The Principles for Equitable and Inclusive Civic Engagement: A Guide to Transformative Change. 2016*

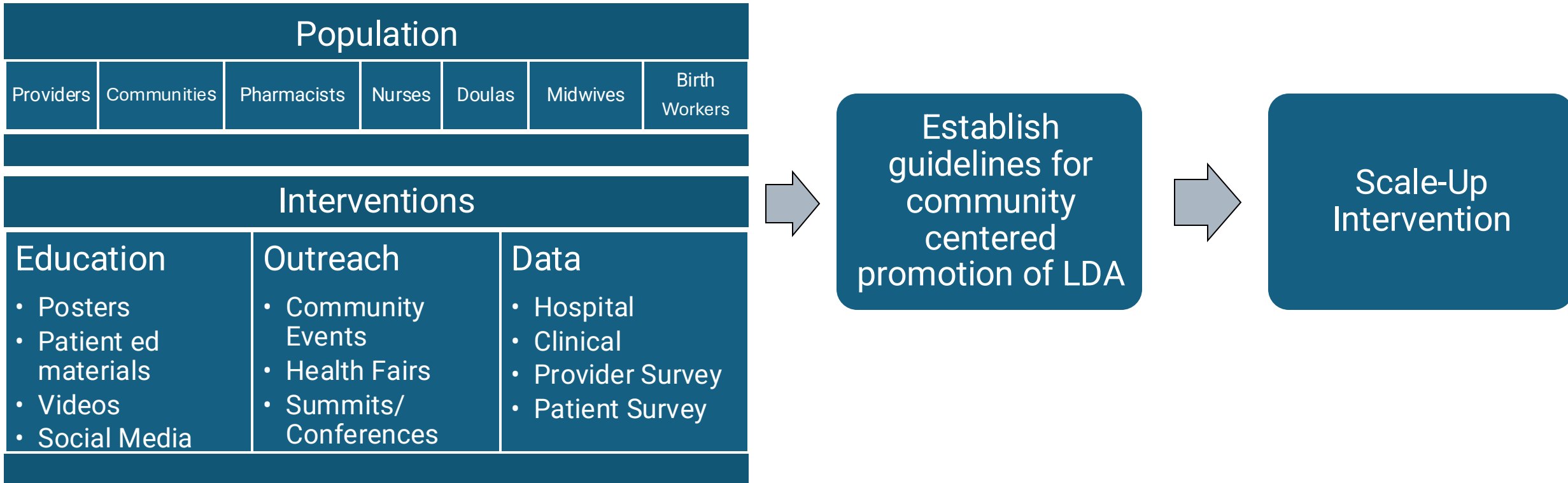
# Types of Engagement in Obstetric Care

- **Engagement to improve direct patient care**
  - Engagement and collaboration with patients, caregivers, family, birth workers, social service providers, and other interested parties to identify opportunities for improving clinical care.
  -  **Ideas:**
    - Survey patients about their care or preferences
    - Develop advisory councils
    - Patients participate and/or co-lead quality improvement committees
    - Host focus groups with patient groups with a similar experience to understand opportunities for improvement
    - Work with community partner to query future patients about preferences

# Types of Engagement in Obstetric Care

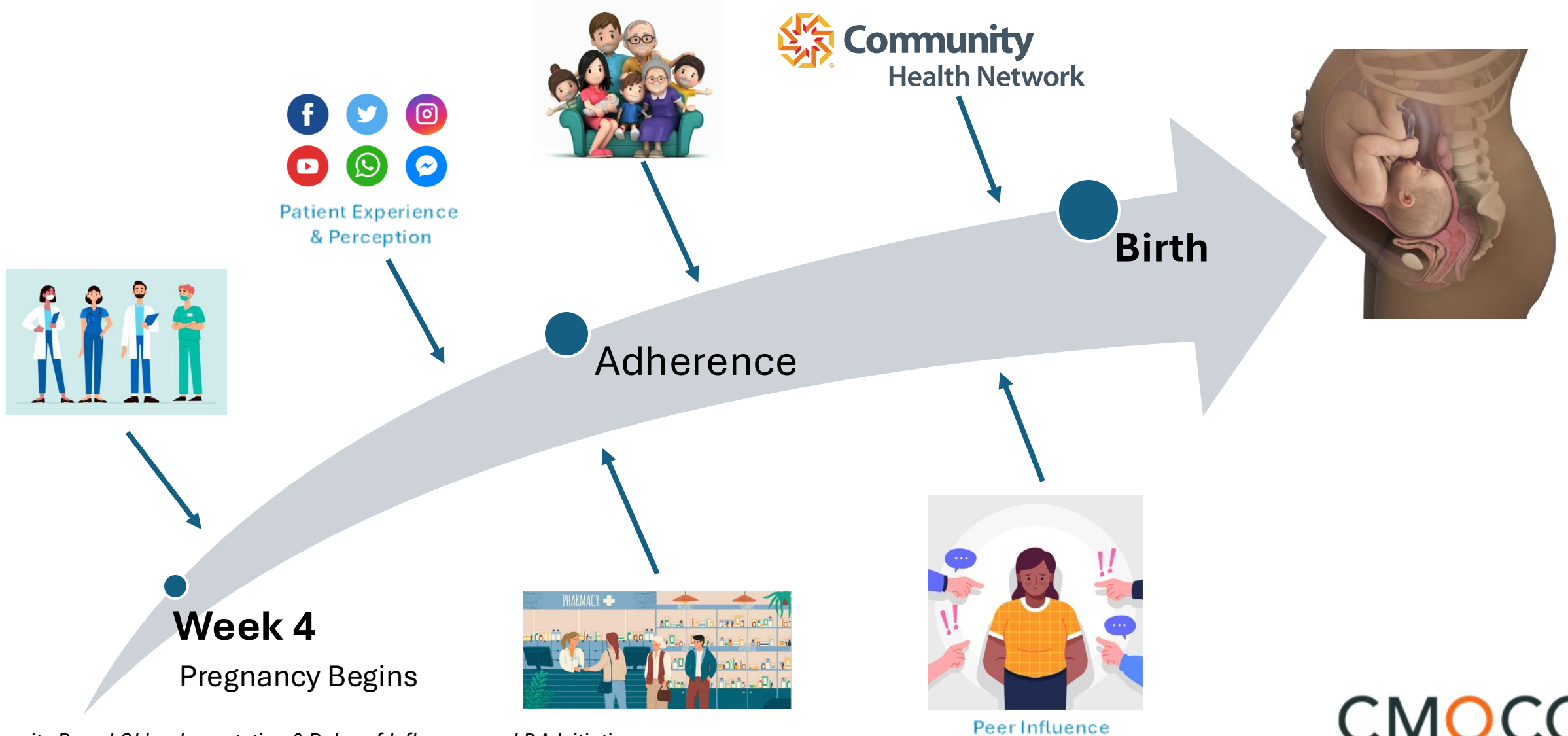
- **Community benefits**
  - Obligation of nonprofit hospitals to fund charitable activities to maintain a hospital's exemption from federal and state taxes
  - According to a 2024 report from CHCF, California nonprofit hospitals reported spending \$8.7 billion on community benefit activities in 2020
- **Engagement for collaboration to improve equitable care**
  - Collaborative relationships to more meaningfully understand and deliver equitable care
  -  **Ideas:**
    - Participate in a network to coordinate continuum of perinatal care
    - Join a learning collaborative with mixed participation from clinical, social services, and community
    - Work with community with unique needs to be addressed

# A Community-Centered Approach to Promoting LDA Adherence



Community-Centered Approach - LDA Initiative – Developed by Lindsay du Plessis

# Community-Based QI Implementation and Roles of Influencers





# Community/Patient Engagement



*AAIMM Black Birthworker Career Fair – July 2024*



*AAIMM Baby Shower/Community Resource Fair - May 2024*

# LDA Webinar Series and Patient Voices

Low-Dose Aspirin (LDA) Campaign Webinar Series:

## Preventing Pre-Term Birth and Preeclampsia: How Can Pharmacists Help?

**CMQCC** California Maternal Quality Care Collaborative **MB** MARCH OF DIMES

Tuesday  
January 16, 2024

1:00 to 2:00 p.m.  
Pacific Time

Virtual  
Zoom

Register online today!  
Scan the QR code  
or use the link below.

**SCAN ME**



<https://tinyurl.com/LDAJanuary16>

**Webinar Speakers:**

**Joice Huang, PharmD, MBA**  
Dr. Huang received her PharmD and MBA from the University of Maryland. She currently leads a team of health outcomes researchers at a pharmaceutical company. Her interest in maternal fetal health began in 2010 while studying sVEGF/PlGF as biomarkers of preeclampsia. She is now a mother of two and an advocate for improved access and outcomes for all expectant mothers.

**Gina Ahmadyar**  
Ahmadyar is a registered pharmacist in the state of California. She currently works in the pharmaceutical industry as a manager of Health Economics and Outcomes Research and is passionate about causes related to women's health and underserved medicine.

Continuing education contact hours are available for registered nurses through the California Board of Registered Nurses, Provider #3104, Mid-Coastal CA Perinatal Outreach Program for real-time attendance of 50 or more minutes plus completion of an evaluation.

For more information about CMQCC, please visit [cmqcc.org](http://cmqcc.org)



Preventing Preterm birth & Preeclampsia:  
How Can Pharmacists Help? – January 2024

Low-dose Aspirin (LDA) Campaign Webinar Series:

## How Community Engagement Enhances Clinical Care: Promoting LDA Awareness

**CMQCC** California Maternal Quality Care Collaborative **MB** MARCH OF DIMES

Monday  
July 29, 2024

12:00 to 1:00 p.m.  
Pacific Time

Virtual  
Zoom

Register online today!  
Scan the QR code  
or use the link below.

**SCAN ME**



<https://tinyurl.com/LDAJuly29>

**Webinar Objectives:**

- Discuss the impact of social health on preeclampsia and preterm birth.
- Discuss the importance of universal risk factor screening for preeclampsia prevention.
- Review strategies to leverage clinic and community partnerships.
- Discuss the LDA campaign and the importance of community-based QI implementation.

**Webinar Speakers:**

**Lindsay du Plessis, DrPH, MPH**  
Community Engagement Lead, CMQCC


**Sarah Vaillancourt, DNP, WHNP-BC, RN**  
Quality Improvement Clinical Lead, CMQCC

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For more information about CMQCC, please visit [cmqcc.org](http://cmqcc.org)



How Community Engagement Enhances Clinical  
Care: Promoting LDA Awareness – July 2024



## Letting Patient Voices Lead: 'I want people to know how serious preeclampsia is'

**CMQCC**

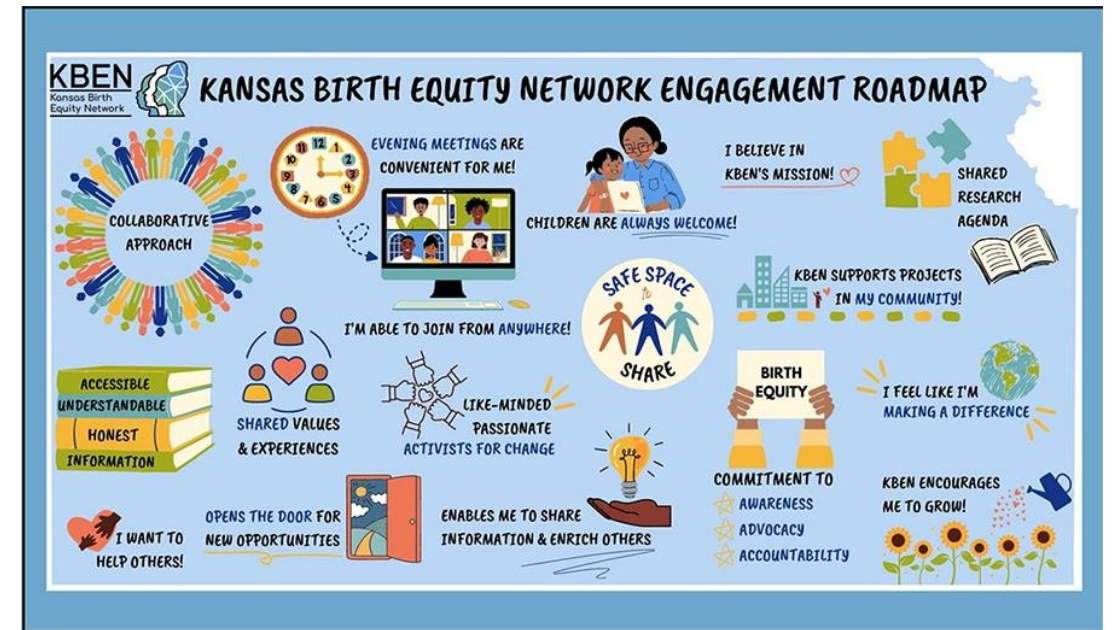
**Link:** [Learn more about the Low-Dose Aspirin Initiative](#)

BY: LAURA HEDLI | When Angela Jones became pregnant for a second time in 2022, she had 5 risk factors for preeclampsia – she is Black, over 35, overweight, lower income, and her daughter was born nearly 20 years prior. Yet, none of her healthcare providers ever assessed her risk for developing preeclampsia, nor did they prescribe low-dose aspirin – a simple, highly effective, over-the-counter medication that prevents preeclampsia.

LDA PAC – Patient Story – May 2024

# Kansas Birth Equity Network

The **Kansas Birth Equity Network (KBEN)** is a community-centered initiative founded by Dr. Sharla Smith in collaboration with local Divine Nine chapters in Wichita, Kansas to bring together parents, community members, community organizations, doulas, midwives, physicians and more to increase awareness of the Black maternal health crisis, understand the impact of racial discrimination and chronic stress on maternal and infant outcomes, and develop solutions to improve the health of Black families.



Source: Kansas Birth Equity Network Engagement Roadmap  
<https://www.kumc.edu/school-of-medicine/academics/departments/population-health/research/kansas-birth-equity-network.html>

# Types of Engagement in Obstetric Care

- **Engagement for stronger community connections**
  - Cultivating collaborative relationships across groups with mutual interest that can spur future collaboration
  - **Ideas:**
    - Attend community-hosted meetings
    - Host topic-specific meetings
    - Promote community-hosted events
    - Sponsor community-hosted events
    - Share information at public events
    - Celebrate cultural heritage
    - History months
    - Engage people in the languages they use

**BLACK MATERNAL HEALTH WEEK 2024**

Our Bodies **STILL** Belong to Us: Reproductive Justice **NOW!**

Join us April 11-17 for a week of activism and community building for Black Mamas! In solidarity with National Minority Health Month and the International Day for Maternal Health and Rights, Black Mamas Matter Alliance founded BMHW to raise awareness, inspire activism, and strengthen organizing for Black maternal health.

#BMHW24  
#BlackMaternalHealthWeek

WWW.BLACKMAMASMATTER.ORG/BMHW

**BMMA**  
BLACK MAMAS MATTER ALLIANCE

**Thursday, April 11** | Int'l Day of Maternal Health & Rights + Official BMHW24 Kick-off Tweetchat + Black Doula Day

**Friday, April 12** | Data & Innovation Day

**Saturday, April 13** | BMH Walk

**Sunday, April 14** | Amplify Reproductive Justice

**Monday, April 15** | #FundBlackMamas: Mobilizing Capital for Black Maternal Health

**Tuesday, April 16** | Policy Day

**Wednesday, April 17** | BMH in Your Neighborhood

**#BMHW24**

WWW.BLACKMAMASMATTER.ORG/BMHW

*Black Mamas Matter Alliance Black Maternal Health Week 2024 Calendar of Events*

# Common Challenges of Engagement

- Lack of awareness
- Not enough time or resources (e.g., budget, team members, expertise)
- Trust issues
- Not enough training in how to equitably engage with partners
- Resistance to change
- Not valuing community and patient voice
- Problems with measurement and evaluation

# Strategies for Identifying Community Obstetric Services

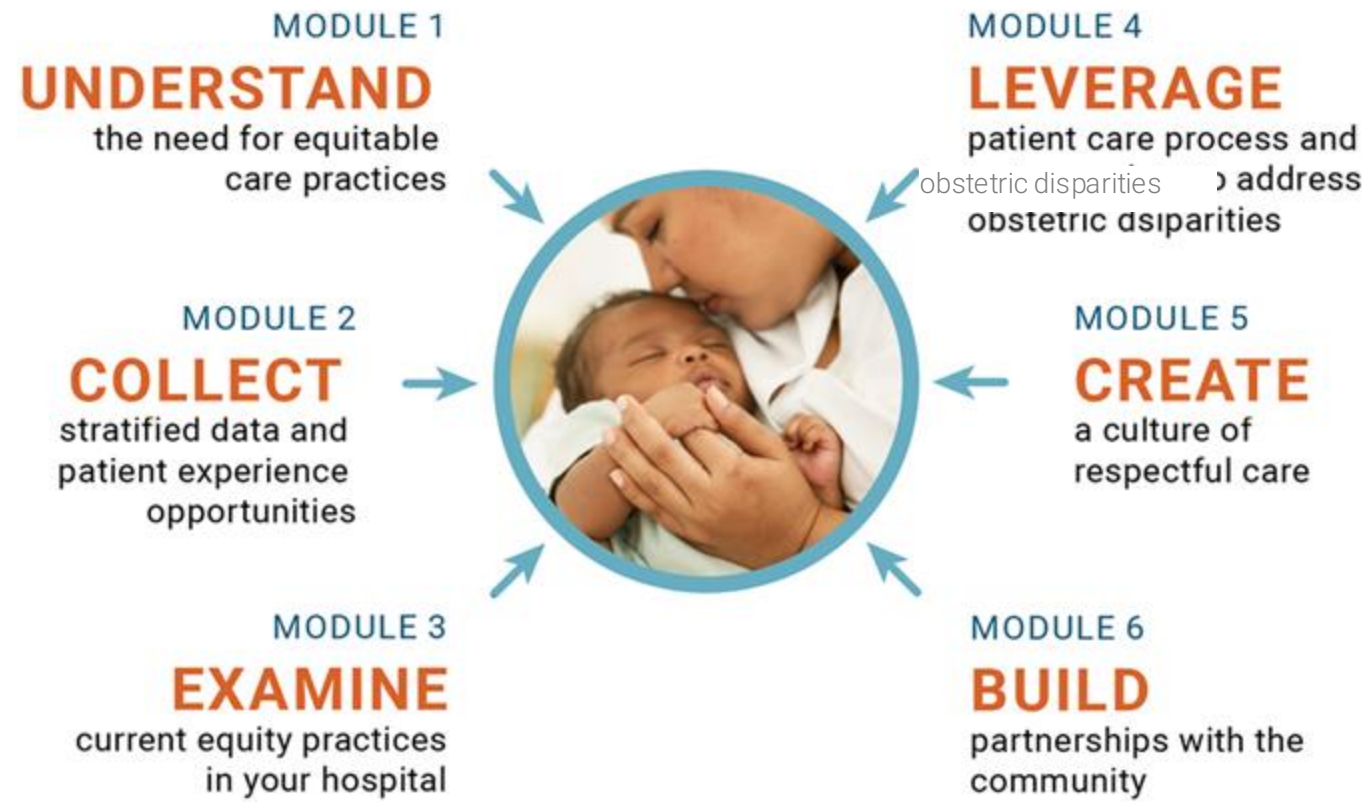
- Identifying community obstetric services
  - Google.com
  - Community partners
  - Patients
  - Community needs assessments
  - Conversations with local health providers
  - Nonprofits
  - Social services providers
  - Medical services
- Snowball contacts

# Practical Strategies for Enhancing Engagement



# Hospital Action Guide for Respectful & Equity Centered Obstetric Care

## Hospital Action Guide for Respectful and Equity-Centered Obstetric Care





# Practical Strategies for Enhancing Engagement

- Determine your goal for patient or community engagement
- Goal identification:
  - Review **hospital data** to understand what is happening on the unit
    - **For more help: Go to the CMQCC Accounts/Access the Maternal Data Center or check with your state perinatal quality collaborative**
  - Identify opportunities based on **observations** from **staff** on the unit
  - Identify opportunities based on **observations** from **social service providers** and **community partners**
  - Feedback from **patient-reported experiences**

# Practical Strategies for Enhancing Engagement

- Understand what is happening at your facility already
  - Identify existing assets and relationships
    - Example: Existing advisory boards, working groups, hospital relationships with service providers (i.e., community benefits), policies, case studies from other hospitals
    - Local data (e.g., local reports like community needs assessments, public health epidemiological data)
  - Identify assets and relationships that need to be developed
- **For more help: [MedicaidInnovation.org](https://www.MedicaidInnovation.org). *Value of Investing in Social Determinants of Health Toolkit* (Pages 13-14, 20) or Go to the *CMQCC Hospital Action Guide/Module 6: Integrating Community Collaboration*.**

## 2 Brainstorming CBO Connections & Potential Partnerships

This tool builds upon the first tool. After considering what you seek in a potential partner, this tool helps you produce a list of specific CBOs with whom you may want to cultivate or deepen relationships. First, work through the six prompts to support brainstorming. Then, names and ideas generated can be pulled down to the master list. Because this is a brainstorming activity, there are no right or wrong answers—the more ideas generated the better.

### How to use this tool:

- **Synchronous:** You may want to gather a group to work through the prompts together—discussion and using physical sticky notes or a whiteboard with dry-erase markers can stimulate a lot of ideas. You may want to create a virtual board with virtual sticky notes.
- **Asynchronous:** Post this tool to a shared location where multiple people can contribute to the shared document, or send it around the group, perhaps asking specific people to work on certain sections by a deadline.

### 1. Conduct a hyperlocal internet search for terms like:

food pantries or meal assistance in my zip code, or transportation assistance to health care offices in my zip code.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

### 2. Who knows whom? Ask people about people they know:

talk to trusted community contacts or partners; get ideas from staff members responsible for community events or campaigns; get contacts from case managers and care coordinators; and ask the provider relations or network department about inquiries from service providers who are not enrolled in Medicaid.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

### 3. Review lists of members of coalitions and campaigns (shared spaces), such as the following:

local health care coalitions; public health campaigns; and issue-based networks, such as food access networks.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

## 6 Exercise—Becoming Clear about Purpose/Next Steps

To help assess the Medicaid MCO’s readiness to partner with CBOs, below is a comprehensive list of questions to consider and discuss as an organization. Complete this exercise as a live discussion in pairs or a small group team with representatives from different departments such as executive, programmatic, clinical, finance, member services, etc. Designate a notetaker. Use the next steps prompt to generate a list of postmeeting action items in your organization’s customary manner. An example is included for guidance.

VISION AND VALUES	<p><b>What is our vision that can be summarized in a statement* and shared with potential partners?</b></p> <p><i>*A vision statement notes the issue you are trying to address and then shares what success would look like when the issue is addressed through long-term partnership.</i></p>	<p><small>EXAMPLE VISION STATEMENT</small></p> <p><i>“In partnership with XYZ Organization, we envision a future in which every pregnant person in ABCville has access to doula services to support labor and delivery at no cost.”</i></p> <p><small>VISION STATEMENT:</small></p>
	<p><b>What value—including skills, expertise, and assets—will we contribute to the partnership?</b></p>	<p><small>KEY POINTS:</small></p> <p><small>NEXT STEPS:</small></p>
	<p><b>What value—including skills, expertise, and assets—are we seeking from a partner?</b></p>	<p><small>KEY POINTS:</small></p> <p><small>NEXT STEPS:</small></p>
	<p><b>How would this partnership be mutually beneficial?</b></p>	<p><small>KEY POINTS:</small></p> <p><small>NEXT STEPS:</small></p>

TEAM READINESS EXAMPLE	<p><b>Does our organization have the necessary internal leadership buy-in* to engage in partnership with a CBO?</b></p> <p><i>*Leadership buy-in includes authority to commit time, personnel, and organizational resources over a long-term partnership.</i></p>	<p><small>EXAMPLE KEY POINTS:</small></p> <ul style="list-style-type: none"> <li><i>Yes, our community engagement team presented our idea for partnering with CBOs to our executive leadership team.</i></li> <li><i>The vice president (VP) of community engagement confirmed that there is budget for community partnership work.</i></li> <li><i>The VP is willing to take the lead on this with assistance from the community engagement staff.</i></li> <li><i>When we are ready to contact CBOs, the VP of strategic partnerships has agreed to participate</i></li> </ul> <p><small>EXAMPLE NEXT STEPS:</small></p> <ul style="list-style-type: none"> <li><i>Share copies of Tool No. 3 with VP of strategic partnerships.</i></li> </ul>
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# Get Started!

- Define your strategic framework
  - Define your objectives, goals, outcomes
  - Define your target population
  - Be flexible
  - **For more help: [MedicaidInnovation.org](https://www.MedicaidInnovation.org). *Value of Investing in Social Determinants of Health Toolkit (Pages 23-24)* or [Go to the CMQCC Hospital Action Guide/Module 6: Integrating Community Collaboration.](#)**
- Tap into resources
  - Confer with leadership on strategic framework
  - Begin to build or strengthen community relationships
    - Build trust
    - Create bi-directional relationships
    - Engage community leaders
    - Engage in shared learning (e.g., offer trainings for providers and birth workers, webinars, collaborative calls)
    - Actively listen

# Get Started!

- Reflect on equity engagement
  - Hallmarks of equitable engagement
  - Review strategy with community partners
    - Be open to revision
    - Let partners identify their role
    - *For more help: AHA.org. A playbook for fostering hospital-community partnerships to build a Culture of Health (Pages 21, 27) or go to the CMQCC Hospital Action Guide/Module 6: Integrating Community Collaboration.*
- Start work following your planned strategy
  - Remember to be collaborative
  - Ask for feedback, provide feedback



Our mission at CMQCC is to end preventable morbidity, mortality, and racial disparities in maternity care. We create tools, including scripts and education materials, and improve outcomes through data-driven quality improvement. We all must *listen* with our hearts and minds and remember that the more different someone is from us, the harder we need to listen!

# Thank You For Joining Us Today!



## **TOOLKITS**

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



## **IMPLEMENTATION**

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



## **MATERNAL DATA CENTER**

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



## **ENGAGEMENT**

Engaging partners around aligned goals and promoting patient awareness

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