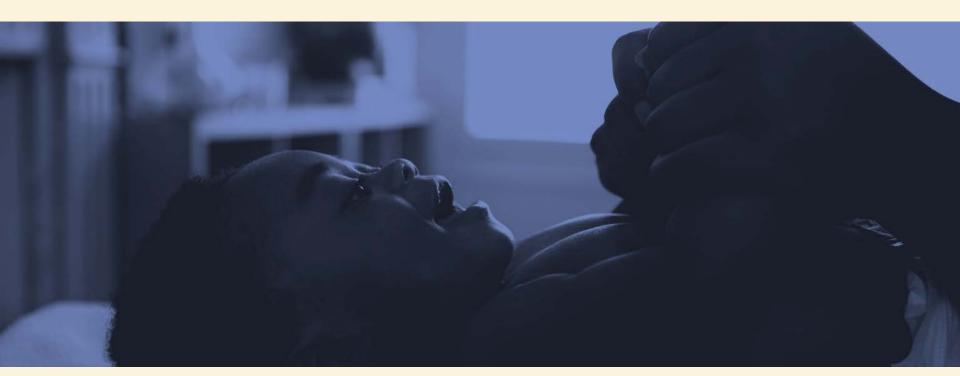


NATIONAL BIRTH EQUITY COLLABORATIVE



How to Operationalize AntiRacism in Health Prenatal to 3 Joia Crear-Perry, MD, FACOG 9/15/20201

Objectives

- Define Human Rights, Racism, Anti Racism
- Explain Anti-Racist Culture and Praxis in Medicine
- Overview of NBEC's Birth Equity Training
- NBEC's Cycle to Respectful Care
- Call to Action

Mission

NBEC creates solutions that optimize Black maternal and infant health through training, policy advocacy, research and community centered collaboration.

Vision

All Black mothers and babies thrive.



Core Values: Leadership, Freedom, Wellness, Black Lives, Sisterhood

Indicator ≠ Framework

Indicator

Indicator is a datapoint

- Measurement limited by current reality
- A product of our past understanding of public health and science
- Systems are more apt to adhere to specific prescribed indicators than to determine alternatives

Framework

A framework is a vision

- Expands understanding of current reality
- Allows freedom to explore language of indicators
- Exploration of alternatives to traditional data collection & application
- Questions historical construction health systems

Human Rights – The Global Standard

Article 2.

Everyone is entitled to al the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family,

including food, clothing, housing and medical care and necessary social services

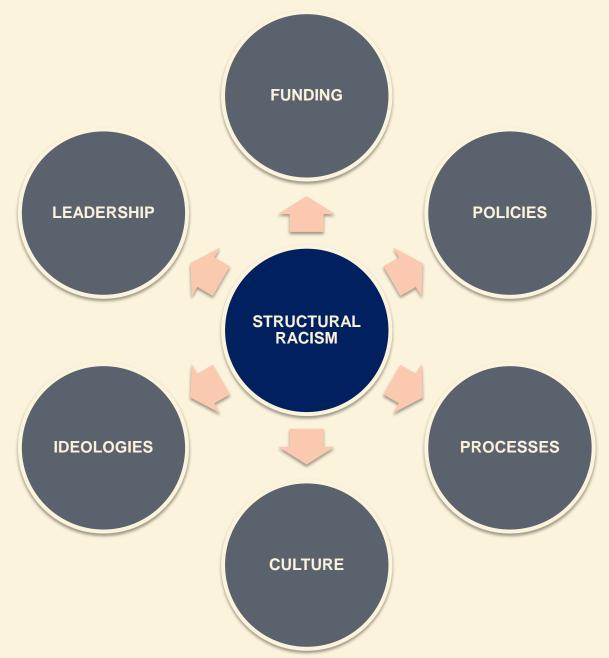
(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

White Supremacy

A historically based, institutionally perpetuated system of exploitation and oppression of continents, nations, and peoples of color by white peoples and nations of the European continent, for the purpose of maintaining and defending a system of wealth, power, and privilege.

"One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an anti-racist."

Ibram X Kendi, How to Be an Antiracist (2019)



AntiRacist

 "To be antiracist is to think nothing is behaviorally wrong or right -- inferior or superior -- with any of the racial groups. Whenever the antiracist sees individuals behaving positively or negatively, the antiracist sees exactly that: individuals behaving positively or negatively, not representatives of whole races. To be antiracist is to deracialize behavior, to remove the tattooed stereotype from every racialized body. Behavior is something humans do, not races do."



Moving Towards Anti-Racist Praxis in Medicine

J. Crear-Perry , A. Maybank, M. Keeys, N. Mitchell & D. Godbolt Lancet, July 17, 2020

ANTI-RACIST APPROACHES TO MEDICINE (Examples)

- Recognition of racism, not race, as a root cause or driver of health inequities
- Anti-Racist pre-medical, medical and continuing medical education and training
- Diversification of the healthcare workforce
- Medical innovations designed by diverse engineers, scientists, advocates and providers as well as testing algorithms among different patient populations
- Advocating for patients unjustly impacted by health inequities
- Universal single-payer healthcare
- Establishment of systems that collect & disaggregate health outcome data by race and ethnicity as well as how racism may be operating in clinical settings
- Performance standards related to structural racism and equity for healthcare systems

Birth Equity Training

Length

1-2 hours

Objectives

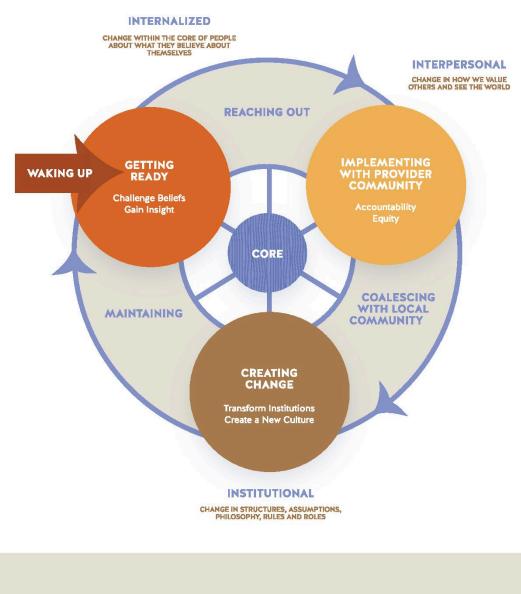
- Increase value for Black families and birthing people
- Identify shared language and tools for birth equity
- Practice tools to apply towards birth equity

Topics

- Define terminology around racism and inequity
- Identity and perspective
- Roots of inequity and perinatal health inequities
- Physiological effects of racism and bias
- History of racism on Black people, health, and reproductive rights
- Policy
- Solutions, tools, and resources to combat racism and bias.

Respectful Maternity Care Training

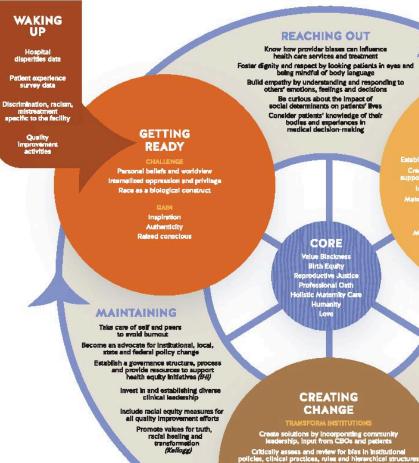
- Based on information provided by Black women across the nation.
- Defines respectful care.
- Incorporates more skills based and adapted to community input on respectful care.
- Includes similar information in the Birth Equity training.





INTERNALIZED

CHANGE WITHIN THE CORE OF PEOPLE ABOUT WHAT THEY BELIEVE ABOUT THEMSELVES



WAKING UP

Hospital disparities data

survey data

Quality activities

REACHING OUT

Know how provider blases can influence health care services and treatment Foster dignity and respect by looking patients in eyes and being mindful of body language Build empathy by understanding and responding to others' emotions, feelings and decisions Be curious about the impact of social determinants on patients' lives Consider patients' knowledge of their bodies and experiences in medical decision-making

> CORE Value Blackness Birth Equity Reproductive Justice Professional Oath Holistic Materniky Care Humanity Love

and resources to achieve health equity

INTERPERSONAL

CHANGE IN HOW WE VALUE OTHERS AND SEE THE WORLD

IMPLEMENTING WITH PROVIDER COMMUNITY

ACCOUNTABILITY

Create an environment where patients feel secure and supported in their cultural, spiritual and religious practices Make medical recommendations responsive to patients birthing needs, values and priorities

EQUITY

Educate all staff on best practices for accountability in shared decision-making

COALESCING WITH LOCAL COMMUNITY

Ensure patients are discharged with the skills, support and tools to care for self and family

Connect with and leverage community assets to ensure patient access to resources for biopsychosocial needs

Power map local structures

INSTITUTIONAL

Make health equity a strategic priority (IHI) Establish facility policies to prioritize patient autonomy improve systems for accountability to fellow facility staff Share power among care team Create processes and opportunities for reconciling harms

> CHANGE IN STRUCTURES, ASSUMPTIONS, PHILOSOPHY, RULES AND ROLES

YOU RELEASED A STATEMENT DENOUNCING RACISM AND AFFIRMING 'BLACK LIVES MATTER.' NOW WHAT?

1. Acknowledge how racism, specifically anti-Black racism and white supremacy culture, operates within your organization (<u>No one is exempt</u>)

2. Establish accountability mechanisms

3. Invest in anti-racism and divest from racist and white supremacy culture practices

4. Transform the composition of your board of directors and senior staff

5. Do your homework. Then do some more.

J. Crear-Perry, L.T. Lewis, A. J. Gunn Fierce Healthcare, Jun 26, 2020¹⁵

Thank you



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