Candid Conversations: Inclusive Communication in Maternal and Child Health

The Maryland Perinatal-Neonatal Quality Collaborative
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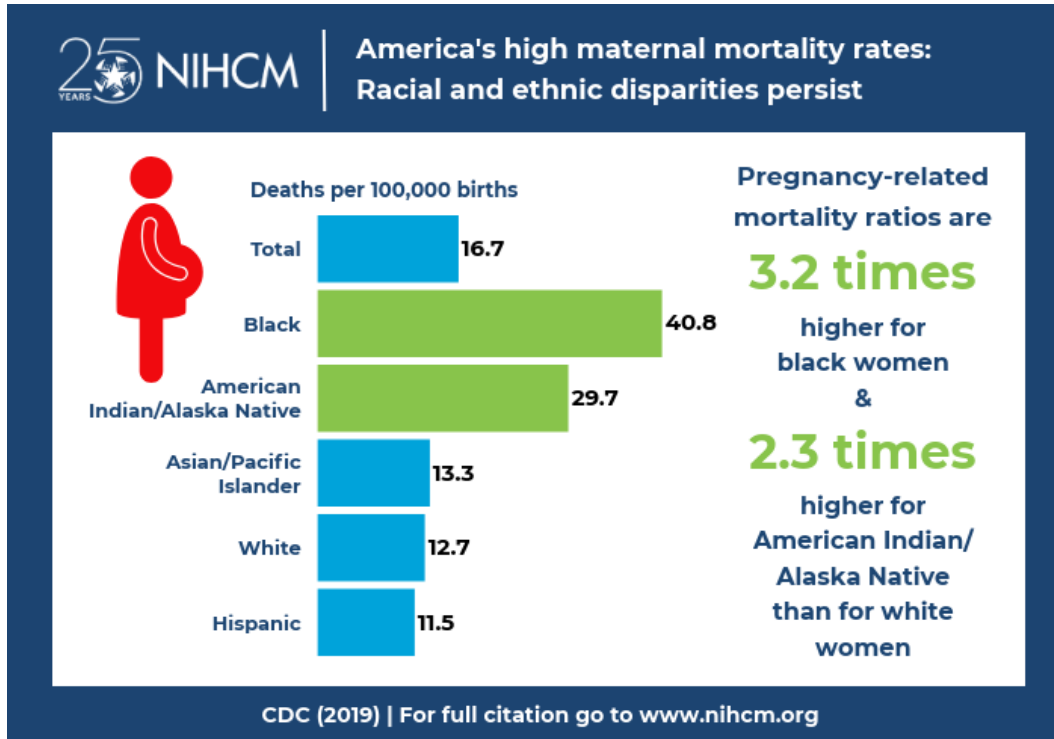
Today's Presenter

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Objectives

1   **Understand the importance of inclusive communication in reducing maternal and child health disparities**

2   **Identify methods to improve inclusive communication, including addressing bias, intersectionality, LGBTQ+ inclusivity, community engagement, health literacy, and language barriers**

3   **Learn strategies to apply AIM's patient safety bundle on respectful, equitable, and supportive care to communication**

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Disparities in Maternal & Child Health

America's high maternal mortality rates: Racial and ethnic disparities persist

Deaths per 100,000 births

	Deaths per 100,000 births
Total	16.7
Black	40.8
American Indian/Alaska Native	29.7
Asian/Pacific Islander	13.3
White	12.7
Hispanic	11.5

Pregnancy-related mortality ratios are

3.2 times higher for black women

&

2.3 times higher for American Indian/Alaska Native than for white women

CDC (2019) | For full citation go to www.nihcm.org

Source: Racial and Ethnic Disparities Persist in Maternal Mortality Rates (nihcm.org)

Disparities in Patient-Provider Communication

- Minority patients report experiencing **epistemic injustice**: silencing of patients' knowledge and lived experiences about their bodies and illness

- Black patients report poorer communication quality, information-giving, patient participation, and participatory decision-making than white patients

Communication Disparities in Maternal Health

- Over 40% of women reported communication problems in prenatal care; 24% perceived discrimination during their hospitalization for birth
    - Higher education still associated with communication issues for Black women
- Less than 10% of white women reported poor treatment due to race, language or culture, compared to 19-21% of racial/ethnic minority women
- 13% of white women reported insurance-based discrimination, compared to about 20% in the other groups

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Inclusive Communication

Patient Factors

- Race/ethnicity
- Age
- Social determinants of health
- Limited English proficiency
- Health literacy

Provider Factors

- Top-down approach to communication
- Unconscious bias
  - Racism & classism
- Lack of cultural competency

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Historical & Structural Factors

- Housing segregation

- Lack of opportunity for jobs & education

- Forced sterilization

- Biological determinism

- Weathering

Inclusive Communication

Strategies for Improvement

- Addressing bias through cultural humility & shared-decision making

- Intersectionality & reproductive justice

- LGBTQ+ inclusivity

- Community engagement

- Health literacy & language barriers

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Implicit Bias in Maternal Health

- Increased bias associated with higher verbal dominance

- Black & Hispanic women are:

  - Less likely to undergo labor induction or receive regular cervical examinations during labor
  - More likely to undergo cesarean delivery
  - More likely to be dismissed

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Addressing Implicit Bias

- Prioritize continuous self-reflection and accountability

- Regularly examine personal attitudes and beliefs

- Understand and respect the magnitude of implicit bias

- Practice shared decision making, cultural humility, and intersectionality

Inclusive Communication

Shared Decision Making (SDM)

- Providers and patients share the best available evidence when making decisions; patients are supported to consider options & preferences

    - Providers "authority" assumes secondary role
    - Understand that patients are experts in their body's experience

- Weighing patient's goals, decisions and expectations against clinical guidelines and best practices in an open and honest conversation

- Utilizing aids and teach-back methods

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SDM in Maternal Health

- Study on factors influencing decision-making to perform C-sections included:

  - Providers personal beliefs (e.g., perception of vaginal birth as risky and C-section as safe)
  - Healthcare systems (e.g., concerns over resources, insurance)
  - Providers characteristics (e.g., lack of confidence and skills for all types of vaginal birth)

- SDM vs. informed consent

- SDM should occur all throughout pregnancy, discussing potential pathways to labor and building a trusting patient-provider relationships

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Barriers to SDM

- Condescending/paternalistic behavior and language

- Power-imbalances

- Inadequate consultation time

- Lack of coordination between providers

- Patient lacking a primary care provider

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Inclusive Communication

SHARE Approach

- **S**eek patient's participation

- **H**elp patient explore and compare treatment options

- **A**ssess your patient's values and preferences

- **R**each a decision with your patient

- **E**valuate your patient's decision

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Inclusive Communication

Seek Patient Participation

- Summarize the health concern

- Let your patient know about any options

- Ask your patient to participate with the health care team in making health care decisions

- Include family or caregivers in discussions

- Remind your patient that their participation is important

Try These Conversation Starters To Invite Participation
"Now that we have identified the problem, it's time for us to think about what to do next."
"There is good information about how these treatments differ that I'd like to discuss with you before we decide on an approach that is best for you."
"I want to go over all the options so we can find a path that works for you."
After being invited to participate and having the options outlined, patients may still want the health care provider to make the decision for them. In that case, the following may be useful to try:
"I'm happy to share my views and help you reach a good decision. Before I do, would you like more details about your options?"

Source: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-2.html

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Help Patients Explore Options

- Assess what your patient already knows

- Create a list of options and use plain language

- Clearly communicate risks, benefits, and limitations

- Offer evidence-based decision aid tools

- Summarize by listing the options again

- Use aids and teach-back technique

Try These Conversation Starters To Learn What Patients Know and Understand
"What have you heard about [condition]?"
"What have you read about treatments for [condition]"?

Try These Conversation Starters To Explore Pros and Cons
"Let me tell you what the research says about the benefits and risks of the medicines you are considering."
"These options may have different effects for you compared with other people, so I want to describe them."
"The treatments I just described are not always effective for everyone, and the chances of having side effects can vary from one person to another."

Source: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-2.html

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Assess Patient Values and Preferences

- Encourage your patient to talk about what matter most

- Ask open-ended questions

- Listen actively to your patient

- Acknowledge the values and preferences that matter to your patient

- Agree on what is important to your patient

Try These Conversation Starters To Learn About Your Patients' Values and Preferences
"As you think about your options, what's important to you?" "When you think about the possible risks, what matters most to you?"
"Which of these potential side effects worries you the most?"
"Which of the options fits best with treatment goals we've discussed?"
"Is there anything that may get in the way of doing this?"

Source: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-2.html

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Reach A Decision

- Help your patient move to a decision by asking if they are ready

- Offer additional information tools

- Check if your patients needs more time

- Confirm the decision with your patient

- Schedule follow-up appointments

Try These Conversation Starters for the Decision and Followup Phases
"It is fine to take more time to think about the treatment choices. Would you like some more time, or are you ready to decide?"
"What additional questions do you have for me to help you make your decision?"
"This is a big decision and it's important for you to consider which treatment option you prefer."
"Let's meet again next week. In the meantime, here is some information for you to read and think about. We can continue the discussion once you've had a chance to do that."
"Are there other people that you want to talk to in order to help you make this decision?"
"Now that we had a chance to discuss your treatment options, which treatment do you think is right for you?"

Source: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-2.html

Inclusive Communication

Evaluate Patient Decision

- Monitor the extent to which the treatment decision is implemented

- Assist your patient with managing barriers

- Revisit the decision with your patient and determine if other decisions need to be made

Try These Conversation Starters for Prompting Future Evaluation
"Can we talk next [appropriate timeframe] to see how you are doing?"
"Let's plan on reviewing this decision next [appropriate timeframe]."
"If you don't feel things are improving, please schedule a followup visit so we can plan a different approach."

Source: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-2.html

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Avoiding Blame

- Avoid language that attributes responsibility to patients for their conditions

- Avoid terms that undermine the patient's experience

- Don't essentialize social identities (e.g., race/ethnicity, language)

Inclusive Communication

Cultural Competence vs. Cultural Humility

- Cultural Competence:

    - Suggests that there is categorical knowledge a person could attain about a group of people
    - Denotes an endpoint to becoming fully culturally competent

- Cultural Humility:

    - Supports ongoing curiosity rather than an endpoint
    - Encourages life-long commitment to self-evaluation and self-critique to address power imbalances
    - Emphasizes that providers should aim to connect with patients instead of assuming expertise

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Cultural Humility

- Cultural awareness

    - Understand patient demographics in service area
    - Considers role of the family in decision-making
    - Understands how the patient understands their illness

- Self-awareness

    - Provider's own cultural beliefs, health beliefs, and cultural assumptions
    - Which parts of my identity am I aware of? Which are most salient?
    - Which parts of my identity are privileged and/or marginalized?
    - How does my sense of identity shift based on context and settings? What are my blind spots?

- Interpersonal awareness

    - Regard to power and communication differences

Intersectionality

- "The interconnected nature of social categorizations such as race, class, and gender, creating overlapping and interdependent systems of discrimination or disadvantage"

- Approaching inequity with a lens on gender, race, sexuality, class, disability, immigration status, etc.

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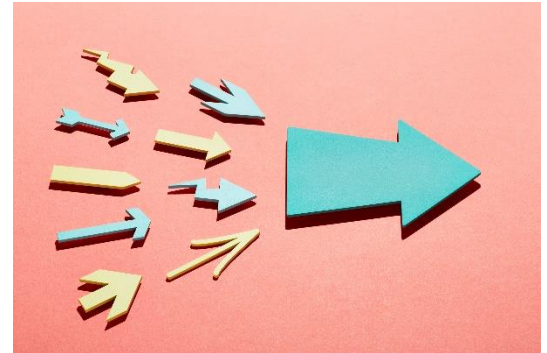
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Intersectionality & SDM

- An intersectional lens leads to a more comprehensive understanding of patient's health and needs

- Informs patient-provider communication so that its impact can be explored

- Encourages listening attentively and without judgment about specific healthcare needs, values, preferences, and beliefs

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Reproductive Justice

- Defined as the right to maintain bodily autonomy, have children, not have children, and to parent children in safe and sustainable communities

- Addresses the intersecting structural barriers to reproductive health, such as opportunity gaps and financial and structural challenges

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PATH Framework

PA — Parenting/Pregnancy Attitudes

T — Timing

H — How important?

PA: "Do you think you might like to have (more) children at some point?"

T: "When do you think that might be?"

H: "How important is it to you to prevent pregnancy (until then)?"

Source: https://www.path-framework.com/

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PATH Purpose

- Support a person's reproductive autonomy and agency

- Allow space for people to talk about their wants in the context of their lives

- Let's the person know that your priority is helping them determine what is important to them

- Builds rapport by letting them know you are listening

- Informs the direction of the visit (e.g., discussing pre-pregnancy care, fertility support, and contraception)

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LGBTQ+ Inclusivity

- Queer, trans and nonbinary people are often left out of conversations around maternal & reproductive health

- Individuals who have a uterus but are not cisgender women may carry pregnancies; queer couples may carry pregnancies

- Younger generations are more likely to identify as LGBTQ+

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Inclusive Communication

Terms to Know

- **Sexual Orientation**: how people characterize their emotional and physical attraction to others

- **Gender Identity**: a person's inner sense of their gender

- **Sex Assigned at Birth**: the sex a doctor assigned to an infant

Gender Identity

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Sexual Orientation

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Terms to Know

- **Cisgender** (gender identity congruent with sex assigned at birth)
  - Cisgendered man/Cis man
  - Cisgendered woman/Cis woman
- **Transgender** (gender identity incongruent with sex assigned at birth)
  - Transgender woman/Trans woman
  - Transgender man/Trans man
  - Non-binary, genderqueer, gender fluid
  - Transmasculine, transfeminine

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Inclusive Communication

Using Affirming Language

Commonly Used	Alternatives
Mother/Father or Wife/Husband	Parent, birthing parent, patient, partner
Pregnant Women	Pregnant individuals, pregnant people, birthing people
Women in labor	People in labor, laboring patient
Maternity	Parenthood

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Community Engagement

- Key for establishing trusted, communicative relationships and can include:

  - Incorporating community-based doulas into care
  - Connecting patients to freestanding birth centers
  - Providing community resources to fulfill SDOH needs
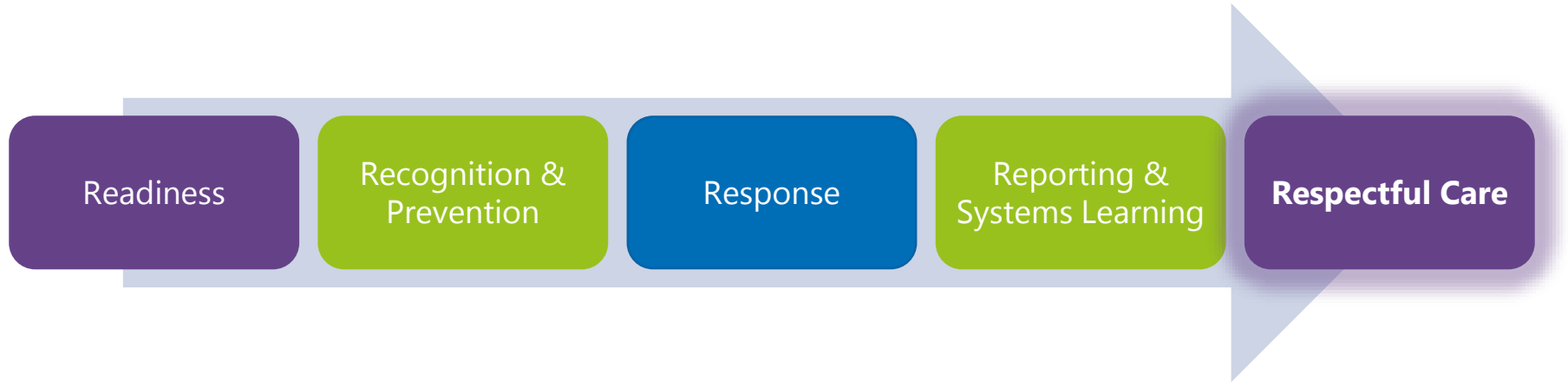
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AIM Patient Safety Bundles

- Collections of evidence-based protocols and best practices for improving safety in maternity care in hospital and outpatient settings

- Follow an evidence-based, 5R structure, that can improve processes of care and patient outcomes

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5R's

Readiness → Recognition & Prevention → Response → Reporting & Systems Learning → **Respectful Care**

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What is Respectful Care?

- "To ensure an equitable dynamic of power in healing and whole person, patient-centered, trauma-informed care for every patient, in every clinical encounter." –AIM

- Centers those who are more marginalized & recognizes the historical influence of discrimination in medicine

- Works to address whole-person care needs and acknowledges the entire reproductive lifespan

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Respectful, Equitable, and Supportive Care – Every Unit/Provider/Team Member

- Engage in **open, transparent and empathetic communication** with patients and their identified support network

- Include patients as part of the multidisciplinary care team to **establish trust and ensure informed, shared decision-making** that incorporates the pregnant and postpartum person's values and goals

Inclusive Communication

Common Challenges with Language Access

- Limited English Proficiency (LEP) is associated with lower rates of outpatient follow-up, use of preventive services, and medication adherence

- Difficulty translating uncommon languages

- Mismatched discharge and translation time frames

- Inconsistent clinical staff use of translation services

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Strategies for Language Access

- Ensure access to medical interpreter services during outpatient visits, inpatient stays, discharge, and post-hospital care

- Create and maintain document libraries

- Design pre-translated electronic health record templates

- Include family members and/or caregivers in care

- Work with extended care team (e.g., CHWs and doulas)

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Strategies for Language Access

- Coordinate with language access/interpreter services to understand most common languages spoken at your hospital

- Have a subset of documents translated, including the discharge checklist

- Ensure there are policies for written translation and language access

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Language Access Plans (LAP)

- Document that details how to provide services to non-English speaking or limited English proficiency (LEP) patients

- Tailored to individual organizations, but may include:

    - Needs assessments
    - Language services offered
    - Training for staff
    - Evaluation

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Health Literacy

- Defined as the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

- Provides patients the ability to:

  - Comprehend complex vocabulary
  - Share personal information with health care providers
  - Make decisions about healthy lifestyle habits
  - Navigate a complex health care system

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Organizational Health Literacy Assessment

Part 2: Policy and Practice							
Directions: First, indicate whether or not each of the following is documented in written format (No/Yes). Next, indicate the extent to which this policy is practiced- <u>whether or not it is in written format.</u> Enter the number of points earned in the appropriate box.							
	Written		**Extent to Which this Policy is Practiced**				
Criteria	**No 0**	**Yes 4**	**Never 0**	**Rarely 1**	**Occasionally 2**	**Frequently 3**	**Always 4**
7. A policy requires that all print materials for patients and families are reviewed for plain language principles.							
8. A policy requires that staff responsible for developing print materials for patients and families undergo training in the use of assessment tools (e.g., readability tools, the CDC Index, the AHRQ PEMAT, etc.).							
9. A policy requires that all new print materials are piloted with members of the intended audience.							
10. Contracts with outside vendors providing print materials for patients include requirements for reporting on literacy assessments and for conducting/reporting on pilot tests of materials with members of the intended audience.							

Source: The Health Literacy Environment of Hospitals and Health Centers

Health Literacy Screening Questions

- How often do you have somebody help you read hospital materials?

- How confident are you filling out medical forms by yourself?

- How often do you have problems learning about your medical condition because of difficulty understanding written information?

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Strategies for Health Literacy

- Reinforce information; use the teach-back technique

- Incorporate adult learning principles to facilitate patient understanding of diagnosis and treatment regimen

- Simplify self-care instructions, avoid medical jargon and use common words

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Strategies for Health Literacy

- Keep printed materials at a 5th grade reading level and below

- Use non-printed teaching materials, such as videotapes, audiotapes, demonstrations, models, pictograms, and other visuals

  - Ensure pictures are concrete, not complex
  - Remove any unnecessary details to avoid distraction
  - Closely link pictures to language print

- Organize the information logically, focusing on the three to five most important "need to know" points

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Summary

- Improving inclusivity in patient-provider communication involves:

    - Addressing bias through cultural humility & shared-decision making
    - Intersectionality & reproductive justice
    - LGBTQ+ inclusivity
    - Community engagement
    - Health literacy & language barriers

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Resources

1. [AIM Obstetric Hemorrhage Element Implementation Details](#)

2. [Perspectives About Racism and Patient-Clinician Communication Among Black Adults With Series Illness](#)

3. [Communications Between Pregnant Women and Maternity Care Clinicians](#)

4. [Eight Steps for Narrowing the Maternal Health Disparity Gap](#)

5. [Health Literacy Screening Tool](#)

6. [How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States](#)

Resources

7. [Shared-decision making in maternity care: Acknowledging and overcoming epistemic defeaters](#)

8. [Ten Attributes of Health Literate Health Care Organizations](#)

9. [The Health Literacy Environment of Hospitals and Health Centers](#)

10. [The SHARE Approach—Essential Steps of Shared Decision-Making: Expanded Reference Guide with Sample Conversation Starters](#)

11. [The PATH Framework](#)

12. [True Choice in Reproductive Care: Using Cultural Humility and Explanatory Models to Support Reproductive Justice in Primary Care](#)

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For more information

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