Perinatal Mental Health Learning Community

Webinar October 15, 2020  12 – 1 p.m.

Racial Disparities and the Power of Cultural Humility

Guest Speaker: Wenonah Valentine, MBA, iDREAM for Racial Health Equity
Housekeeping

- All lines are muted.
- Raise your hand to speak.
- Use “Questions” to make comments or ask questions.
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https://www.hqinstitute.org/post/perinatal-mental-health-learning-community

The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.
Timeline – *Perinatal Mental Health Learning Community*

**Education and Technical Assistance (Feb ’20 - Dec ‘21)**
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov ‘20)

**Training Tools and Resources (Apr ‘20 – Dec ‘21)**
- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

**Case Studies**
- Developed: TODAY
- Available
• It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
• All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
• Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.
Focus for October and November: Disparities

• Discuss racial disparities that exist in maternal care quality and outcomes, affecting Black women in particular.

• In that context, discuss disproportionate effects that perinatal mood and anxiety disorders have on some groups over others.

• Review communication skills and practices likely to increase equity in care.

• Highlight promising efforts currently underway in California hospitals to address maternal care disparities.
Guest Speaker: Wenonah Valentine, MBA

Wenonah Valentine, MBA
Founder in Residence and Executive Director
iDREAM for Racial Health Equity
Cultural Humility and Quality Care
For Mothers, Families, and Children

Interprofessional Education
Cultural Humility Orientation 2.0

Perinatal Mental Health (PMH) Learning Community
Webinar: Disparities in Perinatal Mental Health Care

Wenonah Valentine, MBA
October 15, 2020

Hospital Quality Institute: Leadership in quality and patient safety
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The original concept for implicit bias and micro-aggression training was conceived at the iDREAM Social Change Leaders Retreat on February 25, 2017, followed by planning and execution of content developed for the UCSB 11th All Gaucho Reunion Hidden Triggers and Social Change Leaders Programming on April 27 and 29, 2017; and beta-tested content developed with enrolled at CSUN Division of Health Sciences, St. Mary’s Academy Health Careers Program, and UCLA Honors Collegium. Any part of the presentation “Cultural Humility and Quality Care for Mothers, Families, and Children,” an Interprofessional Education (IPE) orientation for medical maternity providers may not be copied, translated, adapted, nor distributed before the close of the grant period with Maternal Mental Health NOW during the grant period September 2018-March 2020. Direct written permission requests to iDREAM for Racial Health Equity, WeWork Fine Arts Building, 811 West 7th Street, Los Angeles, CA 90017. Template Photo credit: Terri Bennett-Griffin © 2012 Mocha Moms Launch Party in collaboration with iDREAM for Prematurity Awareness Month.
Disclosure

Meridith A. Merchant, PhD; Nakeisha N. Robinson, MA, LMFT; and Wenonah Valentine, MBA, have no relevant financial relationship to disclose.

Hospital Quality Improvement Initiatives Stakeholder since 2017:

California Birth Equity Project, California Maternal Quality Care Collaborative (2018-2019)
Cherished Futures for Black Moms and Babies, Public Health Alliance of Southern California
Community Birth Plan, California Department of Public Health (2017-2020)
Improving Outcomes Project, Maternal Mental Health NOW
Sacred Birth Study Pilot, University of California, San Francisco
INTRODUCTION
What If the Experience Is the Outcome?

"What we lack is the ability to see black births and black women as valuable."
Karen Scott, MD, MPH, FACOG
What if the **Experience** is the Outcome? My Personal Story: Undergraduate & Advocate

“Changing the narrative from death and dying to healing and hope.”

Wenonah Valentine, MBA
CA Birth Equity Pilot
Charter Member
2018-2019

March 1975: mother, undergrad & student leader
What If the **Experience** Is the Outcome?

Doctors Are To Black Woman
What Police Are For Black Men

African American Infant and Maternal Mortality Prevention Initiative
“Listening to the stories of heartache and then resolution gives inspiration for a better day and truly, hope for the future. At least, if we all get up and take action, as you challenged us this past Thursday.” Kanoe Allen, MSN, Chief Nursing Executive, Shriners Hospital for Children- Northern California

“Wenonah, I heard a lot of private feedback that you were exactly what the session needed – thank you for presenting. I appreciate you. And, thank you for the meme – powerful indeed.” Pooja C. Mittal, DO, Medical Director, Health Net, LLC

“First, THANK YOU for your wise insights and stories, and taking part in the event. Second, I am taking away your powerful quote: “Doctors are to black women what police are to black men” and want the visual you noted—can you please send it. I also want to include it in presentations I give. Let’s spread it around. That’s gut-punching accurate.” Stephanie Teleki, PhD, Director of Learning and Impact, California Health Care Foundation
“Both of the guests [Tamu Nolfo Green, PhD and Wenonah Valentine, MBA] were highly informative. [I] appreciated the personal connection behind [Ms.] Valentine's advocacy.”

“[My favorite moment was] learning about the issues surrounding [infant mortality]. I have 3 children and have not had these issues. Knowledge is power going forward to help my family and friends.”

“Thank you for your impactful words, your engaging stories, and your presentation of compelling data to demonstrate the need to advance health equity on behalf of Blue Shield’s members.”
Cultural Humility Orientation 1.0
Lessons Learned in 2019

137 medical maternity providers

40 completed surveys (Cedars-Sinai)

Cedars-Sinai Medical Center: 5 sessions
May 1, 2019 | July 31, 2019 | August 14, 2019
The International Marcé Society Conference on Perinatal Mental Health
October 7, 2020

Watts Health Corporation: 3 sessions
August 15, 2019 | September 12, 2019

*The Improving Mental Health Outcomes Amongst Los Angeles’ Pregnant and Postpartum African American Women Project funded by LA Care Health Plan
CULTURAL BROKERS
Faculty: Cultural Humility Practitioners

**Advocate** for the silenced and dismissed – holding space for students and all others negatively impacted by bias.

**Meridith Merchant, PhD**

**Champion** for breastfeeding families, doula services and accessing psychosocial support.

**Nakeisha Robinson, MA, LMFT**

**Wisdom Keeper** for California institutional memory, organizational history and lived experiences.

**Wenonah Valentine, MBA**

Additional Faculty:
Kacie Blackman, PhD (Evaluator), Tamitra Clark, PsyD, and Deepjot Singh, MD, MMM, FACOG (Medical Advisor)
The mission of i.D.R.E.A.M. for Racial Health Equity, a project of Community Partners®, is committed to equipping a learning community of visionaries with a comprehensive understanding of Black maternal and infant health throughout the life course. The i.D.R.E.A.M. Vision 2025: *Inspiring Generational Champions for Resilience and Good Health* continues the urgent call for leadership, training, advocacy and community service on behalf of Black birthing families.

Our model is rooted, guided and informed by the institutional memory from the State of California’s legislation for Black Infant Health (1989); organizational history as the Pasadena Birthing Project (1994-2011) also known as the 34th Stop on the Underground Railroad for New Life (Birthing Project USA); and lived experiences from Black birthing families in Los Angeles County. 2019 marked the 25th anniversary of our storied mission and recognition by the Honorable Holly J. Mitchell as Nonprofit of the Year for the 30th State Senatorial District.
iDREAM Vision2025:  
Justice | Equity | Diversity | Inclusion 

JEDI Framework for Black Birthing Families

Why this matters

**JUSTICE**
Dismantling barriers to resources and opportunities in society so that all individuals and communities can live a full and dignified life

**EQUITY**
Allocating resources to ensure everyone has access to the same opportunities. Equity recognizes that advantages and barriers —the ‘isms’—exist

**DIVERSITY**
All the differences between us based on which we experience advantages or encounter barriers to opportunities. Diversity isn’t just about racial differences

**INCLUSION**
Fostering a sense of belonging by centering, valuing, and amplifying the voices, perspectives and styles of those who experience more barriers based on their identities.

Source: iDREAM Board-Led Initiative, FY2021

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**i.D.R.E.A.M. for Racial Health Equity Stand in Solidarity**

**ANTI-RACISM STATEMENT**

**September 12, 2020**

We acknowledge the pain and suffering that anti-Black and anti-racism causes and continues to cause.
We speak out against racism in all of its forms.
We speak out against oppression and fear mongering.
We speak out against the recent killings of unarmed Black people, most recently, Tony McDade, Ahmad Arbery, Breonna Taylor, and George Floyd.

We stand in solidarity with those who pursue equity, justice, human dignity for all, and an end to racism.

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**Advisory Board**
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Wenonah Valentine, MBA  
Founder and Executive Director

*Contractors  
**Community Health Advocate Leaders

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**if not now, when?**

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OBJECTIVES
Objectives

Upon completion of this orientation, participants will be able to:

1. Cultural Humility and Change Fatigue.
2. Cultural Humility and Generational Learning.
3. Cultural Humility and Community Wisdom.
FATIGUE

Self evaluation and self critique
Cultural Humility
Change Fatigue

1. Explain how self care practices can redirect change fatigue and patient care.


3. Identify self care techniques and develop mutual benefit for building trust.
Change Fatigue

Source: Mind-Mapping
Pepperdine Nonprofit Leadership Institute, 2013
Compassion Fatigue

Am I Safe?

Do You Like Me?

Am I Good Enough to Belong?

when you feel ANXIOUS

@positivelypresent

GO OUTSIDE
ASK FOR HELP
CREATE SOMETHING

WRITE ABOUT HOW YOU FEEL
TAKE A DEEP BREATH

TUNE INTO SOOTHING SOUNDS
STAY PRESENT

DRINK WATER

LA Care

CEDARS-SINAI

Watts Health Center

MATERNAL MENTAL HEALTH NOW

FOR RACIAL HEALTH EQUITY
What If the Experience Is the Outcome?
Mutual Benefit for Building Trust

What Not To Say

Never refer to the male partner or spouse as the “baby daddy.”

Think before you refer to the pregnant woman or birthing person as “mom.”

What To Say

Who is your support person?

How do you want me to address you?

Discussion with Lead Coaches: California Birth Equity Quality Improvement Task Force, California Maternal Quality Care Collaborative (CMQCC), July 9-10, 2019
Redressing the power imbalance in the patient-physician dynamic

GENERATIONAL LEARNING
Cultural Humility
Generational Learning

4. Assess personal communication and power imbalances with birthing patients.

5. Identify privilege, prejudices and generational biases.

6. Rethink dismissive vocabulary that contributes to harm or encourages cultural biases.
Generational Learning
Who’s in the room?

The Multi-Generational Workforce

- Veterans: pre-1943
- Baby Boomers: 1944 - 1960
- Gen X: 1961 - 1980
- Gen Z: 1996 - present
Generational Learning
What If the Experience Is the Outcome?

Easy to see

Skin Color

Language

Holidays and Festivals

Difficult to see

- Christmas/Christian
- Kwanzaa/African American Heritage
- Ramadan/Islam
- Hanukkah/Judaism
- Non-Christian Spirituality
- Indigenous Practices

Family values/family roles:
- Addressing the pregnant woman or birthing person
- Addressing the partner
- Addressing the elders

African Diaspora includes:
- U.S.-born Black
- Immigrant-born Black
- Bi-racial Black
- Multicultural/multiethnic

The iceberg concept of culture

Surface Culture
- Above sea level
- Emotional level: relatively low
- Modeled
- Cultural symbols
- Food • dress • music
- Visual arts • drama and crafts
- Dance • literature • language
- Celebrations • games

Deep Culture
- Unspoken Rules
- Partially below sea level
- Emotional level: high
- Lynched
- True beliefs
- Courtesy • contextual conversational patterns • concept of time
- Personal space • rules of conduct • facial expressions
- Nonverbal communication • body language • touching • eye contact
- Patterns of handling emotions • notions of modesty • concept of beauty
- Courtship practices • relationships to animals • notions of leadership
- Tempus • work • ideals of childrearing
- Theory of disease • social interaction rate • nature of friendships
- Tone of voice • attitudes toward elders • concept of cleanliness
- Notions of adolescence • patterns of group decision-making
- Definition of insanity • preference for competition or cooperation
- Tolerance of physical pain • concept of "self" • concept of past and future
- Definition of obscenity • attitudes toward dependents • problem-solving
- Roles in relation to age, sex, class, occupation, kinship, and so forth

African Diaspora includes:
- U.S.-born Black
- Immigrant-born Black
- Bi-racial Black
- Multicultural/multiethnic

DIFFICULT TO SEE

EASY TO SEE

FOR RACIAL HEALTH EQUITY

MATERNAL MENTAL HEALTH NOW

CEDARS-SINAI

WATTS HEALTH

LA Care

IDREAM

MATERNAL MENTAL HEALTH NOW

CEDARS-SINAI

WATTS HEALTH

FOR RACIAL HEALTH EQUITY

IDREAM
What If the **Experience** Is the Outcome?

Birthing Families: Guess the parent’s age

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Photo Credits: Top row: Angela Harrison, Miguel Medina, Mario Fedelin; Middle Row: Ayn Howze, Casee Benson, Eugene Covington; Bottom Row: Meridith Merchant, Carlton Robinson; Errin Valentine.
Generational Learning
What if the Experience is the Outcome?

Developing mutually beneficial non-hierarchical partnerships with community members
Cultural Humility
Community Wisdom

7. Become familiar with the African American Experience Timeline.

8. Form a baseline awareness and action for improving Black maternal and infant health.

9. Reframe the narrative from death and dying to healing and hope.
Community Wisdom
400 Years is “Enough”

Timeline of the African American Experience

1619
246 yrs.
1865
99 yrs.
Early 1880’s
56 yrs.
1964
Since CRA

86% of the African American experience being enslaved or under Jim Crow

Source: Slide used with permission from the Cherished Futures for Black Moms and Babies (Cherished Futures) Collaborative, May 27, 2020.
Community Wisdom
What If the Experience Is the Outcome?

4x
Black mothers are nearly four times more likely than White mothers to die from pregnancy-related causes.¹

2x
Black babies are two times more likely than White babies to die before their first birthday.¹
Community Wisdom
State of California Legislation

• SB165 of the Budget Act of 1989, Black Infant Health Program
• SB464: The Dignity in Pregnancy and Child Birth Act, effective January 1, 2020
• AB3032: Hospital Maternal Mental Health, effective January 1, 2020
What If the Experience Is the Outcome?
Dedication: #SayTheirNames

Shaneeda Lorraine Williamson
SIDS Death March 1984

Malika Denise Valentine Hamilton
Still Birth July 1996

Vaughan A. Hamilton Valentine
Still Birth September 2001

Nailah Asha Merchant Taylor
Infant Death June 2006
*Creating institutional alignment and accountability

HOW WILL YOU USE WHAT YOU LEARNED TODAY?

Photo Credit: Pooja Patel, MPH ©2018 United State of Women Summit
Black Birthing

Bill of Rights

1. I am heard.
2. Recognize my humanity.
3. Respect me.
4. Believe me.
5. Inform me of my pain relief options.
6. I decide.
7. Early postpartum care is best.
8. Obstetric violence will not go unchecked.
9. I choose my tribe.
10. I am informed.
Cultural Humility Model
Melanie Trevalon, MD, MPH | Jann Murray-Garcia, MD, MPH

- How will you use the information?
- Change Fatigue
- Compassion Fatigue
- Community Wisdom
- Generational Learning

*Creating institutional alignment and accountability
Self evaluation and self critique
Developing mutually beneficial non-hierarchical partnerships with community members
Redressing the power imbalance in the patient-physician dynamic

American College of Obstetrics and Gynecology

• Screening for PMAD at least once during pregnancy & at least once during comprehensive postpartum well visit.

• “Ongoing communication” – new ACOG recommendation to include ongoing communication between new mothers/parents and their obstetric care providers during first 3 months post-birth. American College of Obstetricians and Gynecologists changed its recommendations

• The Edinburgh Postnatal Depression Scale (EPDS) & Patient Health Questionnaire (PHQ-9) are the top 2 most relied on evidence-based tools
  • Health literacy appropriate
  • Take less than 5 minutes (10 questions or less)
  • Captures anxiety symptoms, prominent in PMADs, that are often overlooked yet associated with normal pregnancy and/or postpartum symptoms/behaviors (EPDS)
  • ACOG Committee Opinion: 757 Screening for Perinatal Depression (October 24, 2018)

Questions to ask...

• Tell me about what’s going on?
• It’s common for moms/parents to experience all kinds of hormonal shifts, any overwhelming feelings or thoughts since we last talked?

Listen out for...

• Superwoman Syndrome – The idea that Black women have survived unimaginable trauma dating back to enslavement, and that they can and should be strong enough to bear any burden.

Additional Factors

• Using a cutoff score on the Edinburgh Postnatal and Patient Health Questionnaire (PHQ-9) that is 2-3 points lower for women of color, as suggested in clinical literature, will help to capture distress for these mothers and improve identification of depression and anxiety (RH Keefe, 2016)
• National Perinatal Association (NPA) Position Statement 2018 on Perinatal Mood & Anxiety Disorders: Perinatal Mood and Anxiety Disorders.
Post session activities

African American Infant and Maternal Mortality (AAIMM) Prevention Initiatives, LA County Department of Public Health in partnership with First 5 LA
Explore: [https://blackinfantsandfamilies.org](https://blackinfantsandfamilies.org)
Watch: Interview with Panelists (3:20 minutes) [https://youtu.be/e4aTIxLyEII](https://youtu.be/e4aTIxLyEII)
Watch: Full Panel (1 hour, 7 minutes) [https://youtu.be/tzuVdzm8fbo](https://youtu.be/tzuVdzm8fbo)

Association of Black Women Physicians in collaboration with AAIMM Prevention Initiatives, First5LA, and March of Dimes
Audio: (1 hour, 59 minutes) [https://www.youtube.com/watch?v=_q66sGzBu2k&feature=youtu.be](https://www.youtube.com/watch?v=_q66sGzBu2k&feature=youtu.be)

Black Mamas Matter Alliance
Explore: [https://blackmamasmatter.org/bmhw/](https://blackmamasmatter.org/bmhw/)

California Department of Public Health
Charles R. Drew University of Science and Medicine

Cultural Humility
Watch: (7 minutes, 12 seconds) https://www.youtube.com/watch?v=_Mbu8bvKb_U

Harvard School of Public Health
Watch: (57.23 minutes) https://theforum.sph.harvard.edu/events/deaths-from-pregnancy-and-childbirth/

National Birth Equity Collaborative
Explore: https://www.smfm.org/equity

National Association to Advance Black Birth
Explore: https://thenaabb.org/black-birthing-bill-of-rights/

Sacred Birth Study Pilot
Explore: https://sacredbirth.ucsf.edu/

Thriving While Black: Black Mamas Glowing Through COVID-19, a collaboration with Maternal Mental Health NOW
Explore: https://maternalmentalhealthnow.org/circles
Cherished Futures is a multi-sector collaborative initiative to reduce Black infant deaths and improve patient experiences and safety for Black moms and birthing people, facilitated by HASC’s Communities Lifting Communities, the Public Health Alliance of Southern CA, County of Los Angeles Public Health, and funded by HealthNet.

- 5 hospitals in Southern CA are participating
- 2020 is a “capacity building” year for hospitals to gear up for 2021 program interventions in four categories:
  - Data analysis
  - Clinical
  - Institutional
  - Community
But the _work_ has already begun (!) with these interventions already in place in one or more of the 5 hospitals:

- Disaggregated data analysis to identify disparities and explore the reasons behind less favorable outcomes for black moms and babies
  - preterm birth, preeclampsia, C section rates, hemorrhage
- Formation of special focus groups and/or Patient Advisory Councils specific to perinatal care, listening for input from women of color
  - Including community advisors and key support organizations
- Staff education about disparities (Diversity Science, etc)
  - Including pre and post hospital (OB/GYN clinic) staff in some cases
  - Engaging doulas to help share these efforts with our community
Nov 19: Group Office Hours

Register on HQI website (https://www.hqinstitute.org/pmh-learning-community)

Group Office Hours

Virtual opportunity for hospital participants to receive practical implementation advice from program faculty and experienced peers. Office hours are held in the alternate months between webinars.

- **November 19, 2020**
  - Noon – 1 pm, PST
  - [Click here to register](https://www.hqinstitute.org/pmh-learning-community)

*November Group Office Hours will provide a deeper follow up on the topic of disparities in maternal mental health and care, started at the October 15 webinar. We will discuss disparities, and efforts to reduce them, taking place in our own hospitals. We will highlight promising best practices hospitals can take to address disparities and further discuss clinical practices and communication skills likely to increase equity in perinatal care.*
Polling question:

Today’s webinar was a good use of my time
(agree-disagree-unsure)

Open Text feedback – type into “Questions”:

What could have been done better or differently?