MMA Center for Quality Improvement

PQC4ME

Diversity, Equity, Inclusion and Belonging Workgroup

Purpose: The purpose of this document is to guide PQC4ME leaders and participants, partners and collaborators in conceiving, planning, implementing, and evaluating perinatal quality improvement initiatives.

Audience: The audience for this document includes PQC4ME leaders and participants – including birthing people, families, and others with lived experience, in communities, hospitals, health systems, rural health centers, birthing centers, home settings, community-based organizations, state and local government, advocates, funders and others who may be involved in PQC4ME's initiatives.

Definitions

Diversity: Diversity is the presence of differences in people that can include socioeconomic status, (dis)ability, race and ethnicity, gender identification, religion or belief systems, education and knowledge, sexual orientation, family configuration, population density (rural through urban), nationality, language, age, or other factors. Given the complexity of Maine's multicultural population, welcoming diversity can improve relevance and outcomes of projects to the populations served. *Intersectionality* recognizes that any combination of these factors can co-exist within individuals and populations and serve to increase the impacts of these factors.

Equity: Equity is the active promotion of justice, impartiality, and fair treatment of all people. It includes consideration of individual needs and differences, such as gaps in opportunity, and acknowledges that disparate impacts require solutions that address the disparities to improve outcomes. Equity requires an understanding of the root causes of disparities, with associated remedial actions. These actions can occur within institutions and their systems, processes, procedures, and how resources are distributed. This includes health equity (insert "bicycle" visual from the Robert Wood Johnson Foundation to illustrate). Equity requires the use of respectful language that is understood by individuals within the context of their lives. Accessibility of services, including health care, and services that make health care accessible such as translation, cultural brokers, transportation, etc. are also included.

Inclusion: Inclusion is the creation of safe space(s) where identification of priorities and development of solutions is led by impacted communities. Input, partnership, and leadership are provided by individuals from historically minoritized groups, such as racial, Indigenous, and Maine tribal populations, as well as LGBTQ+ people and other populations. Inclusion requires active listening, cultural humility, and engagement with historically disadvantaged or 'othered' communities to create meaningful collaboration. Diversity without inclusion is tokenism. Anti-oppression, not assimilation, is the intent.1

Belonging: Belonging is an outcome of inclusion. When diverse community members feel welcomed, and they trust that their voices will be heard and respected, they become full participants in decision-making, project implementation, and quality improvement opportunities.

Additional Definitions

Cultural Humility: Cultural humility is an intentional lifelong process of self-reflection and self-critique whereby the individual learns about others' cultures and lived experience, with a goal of mitigating power imbalances. Cultural humility begins with examination of one's own beliefs and cultural identities, while remaining open to deep and authentic listening and learning about another's cultural identity and history and acknowledging those aspects that are important to the individual.

Health Equity: Health equity means that all people have what they need to lead healthy, productive, and purposeful lives. This includes, but is not limited to, access to quality, affordable health care. The goal is elimination of health disparities caused by factors that can be changed. This change requires a commitment to examine and address barriers across services, systems, and sectors to achieve fair and just health outcomes for all.2

Intersectionality: Intersectionality acknowledges that everyone has their own unique experiences of discrimination and oppression, and the cumulative and overlapping effects that can occur based on such as gender, race, class, sexual orientation, and physical ability. Intersectionality recognizes that identity markers (e.g., "woman" and "Black") do not exist independently of each other, and that each informs the others, often creating a complex convergence of oppression.

Perinatal: For purposes of the PQC4ME work we are including the immediate preconception period, through pregnancy, birth & postpartum, and the first year of the infant's life.

Those who give birth: also known as *Birthing people,* includes those who give birth and identify as women, transgender, gender diverse, those who give birth and do not parent their infants, and parents who adopt or foster infants, others (adoptive-, foster-, step-parents, etc.) are included as parents and family.

Statement of Purpose:

1. PQC4ME works to advance equity, diversity, inclusion and belonging in all efforts to improve perinatal outcomes in Maine; outcomes from preconception through pregnancy, birth, postpartum, and the first year of life, for infants, parents, and families.

2. PQC4ME is committed to centering diversity, equity, inclusion and belonging both within the organization, and within the communities of people and professionals with whom we engage.

3. PQC4ME seeks to actively recognize and openly acknowledge social disparities and elevate the voices of intentionally and historically excluded people within every aspect of the work of PQC4ME.

4. PQC4ME demonstrates this commitment to social justice by engaging with all professionals, families, and communities inclusive of their race, ethnicity, culture, family structure, gender identity and expression, sexual orientation, beliefs, age, ability, national origin, immigration status, primary

language, religion, or socio-economic status, and values this inclusion during data collection and reporting.

5. Using the Quality Improvement process, PQC4ME strives to improve health equity in healthcare delivery and outcomes for the people of Maine through implementation of education, evaluation, practices, and policies to reduce the effects of poverty, discrimination, and other social determinants of health.

Guiding Principles and Discussion Questions

PQC4ME has adopted the following principles to guide and support our work.

Principle 1: All Maine people have just and equitable opportunities for optimal health and thriving.

- Are the relevant historical, social, cultural and economic factors that limit access to quality health care considered?
- What systemic barriers within health care, jobs, food, housing, childcare and other social determinants are present that affect health and thriving?
- How will the project address the experiences of structural racism and bias on access to quality health care and outcomes?

Principle 2: Those who are most affected by disparities are included in all aspects of decision making and benchmarking progress against outcomes.

- What power dynamics must be rebalanced to assure inclusion of those most affected at all decision points, including choosing outcomes that matter most and the best ways to achieve them?
- How will actions and policies reach and positively impact the affected population?
- What is the process for measuring progress against short- and long-term outcomes?
- Who is involved in choosing and interpreting what is measured?
- What resources and accommodations need to be considered to support those most affected in participating?

Principle 3: All data collected, analyzed, and reported will be disaggregated to reflect the outcomes and experiences of the most affected populations, while adhering to established data reporting guidelines, including privacy and security, and data sovereignty.

- Do data collection, analysis and reporting processes reflect equity principles?
- Will data inform and facilitate actions and policies?
- How will those who are represented in the data be involved its collection, analysis, interpretation, and reporting?
- How are storytelling and case studies used to augment quantitative data?

Principle 4: Diverse partners are engaged and help to lead cross-sector efforts to imagine and implement sustainable practices to advance equity, access to quality healthcare, and individual and community health for all.

- What new partners and alliances need to be at the table to change the system?
- How can partners' equity-related work be leveraged and amplified?
- How does the PQC4ME respectfully and reciprocally engage with partners in their communities and in ways that are accessible to them?
- What policy gaps need to be addressed that will contribute to improved long term outcomes?

Principle 5: Catalyze bold, creative and visionary leadership throughout our communities, to imagine and guide system changes that advance equity, access and quality of healthcare and individual and community health for all.

- How will the PQC4ME support the leadership within diverse communities?
- What examples of leadership exist and what are the best ways to connect with and amplify diverse voices?
- What factors contribute to reciprocal effective cross-sector, equity-promoting leadership?
- How can equity-promoting cross-sector leadership skills be built and nurtured?

Sources and References

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