Wednesday, October 13, 2021
Dr. Veronica Gillispie-Bell
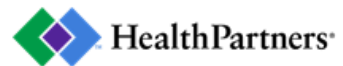
Achieving Health Equity: Tools to Move Forward

1

MN Health Plans Collaborative

2

Dr. Veronica Gillispie-Bell

Dr. Gillispie-Bell is a Board-Certified Obstetrician & Gynecologist and Associate Professor for Ochsner Health in New Orleans, LA. She is the Medical Director of the Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review for the Louisiana Department of Health.

3

Promoting Maternal Respectful Care

Veronica Gillispie-Bell, MD, MAS, FACOG

Medical Director, Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review

4

Disclosures

**I have no financial disclosures related
to the content of the lecture today**

5

Objectives

- Understand how quality links to equity
- Discuss the importance of looking through a lens of equity
- Describe barriers to providing equitable, respectful care
- Identify practical steps to be undertaken in quality improvement to support equitable and respectful care through a quality collaborative

**LOUISIANA
DEPARTMENT OF
HEALTH**

PARTNERS FOR
FAMILY HEALTH
LOUISIANA

6

3

Linking Quality to Equity

- The Institute of Medicine defines quality as *"the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"*

- Health disparities are the health outcome measure of progress toward health equity[*]

| Equity	Safe
	Effectiveness
	Patient-Centered
	Timely
	Efficient

LOUISIANA
DEPARTMENT OF HEALTH

Braveman, P. A., Kumanyika, S., Fielding, J., Laveist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. American journal of public health, 101 Suppl 1(Suppl 1), S149–S155. https://doi.org/10.2105/AJPH.2010.300062

PARTNERS FOR
FAMILY HEALTH
LOUISIANA

7

Equal Care is NOT Equitable Care
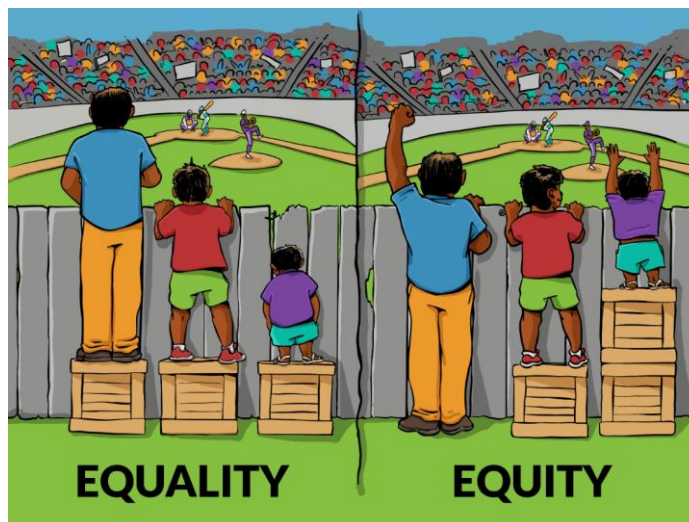
EQUALITY   EQUITY

Ref "Interaction Institute for Social Change" Artist: Angus Maguire

8

Equitable Care Is the same QUALITY of care

Neutral

Narrowing

Widening

More of the same
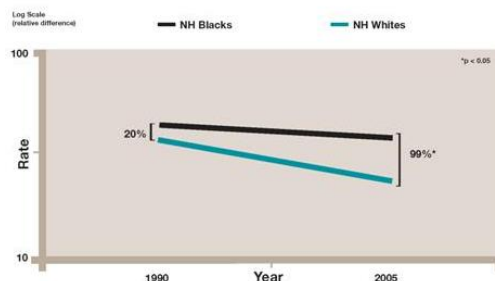
Shows improvement

Gap worsens

Breast Cancer Mortality Among Non-Hispanic Blacks and Non-Hispanic Whites in Chicago: 1990-2005

*Finding Answers: Solving Disparities through Payment and Delivery System Reform; solvingdisparities.org

9

Maternal and Infant Health Disparities

- Nationally, Black women are four times more likely to suffer a maternal mortality than white women

- The rate of preterm birth among Black women is 50% higher than that of white women

- The infant mortality rate for Black infants is 2.3 times higher than that of non-Latino white infants

- The Severe Maternal Morbidity (SMM) rate for a Black woman with a college degree is 2 times higher than that of a white woman with a high school diploma

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

10

Why do we have inequitable care?

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

11

Health Disparities vs. Health Care Disparities

- Health Disparities
  - *"A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage"* the Healthy People 2020

- Health Care Disparities
  - "*…Differences in health care quality, access, and outcomes adversely affecting members of racial and ethnic minority groups and other socially disadvantaged populations"* National Quality Forum

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

12

Examples of Inequitable Care

- Black individuals are less likely to be offered preventive services such as cancer screening and influenza vaccine
- Black individuals are less likely to have adequate treatment of pain
- Blacks and Hispanics are less likely to receive bypass surgery even when medically indicated
- Women are less likely to undergo appropriate cardiovascular testing

Implicit Bias

13

Implicit Bias Defined

- Implicit bias, also known as unconscious bias, is defined as "*the attitudes or stereotypes that affect our understanding, actions, and decisions in an **unconscious** manner*"

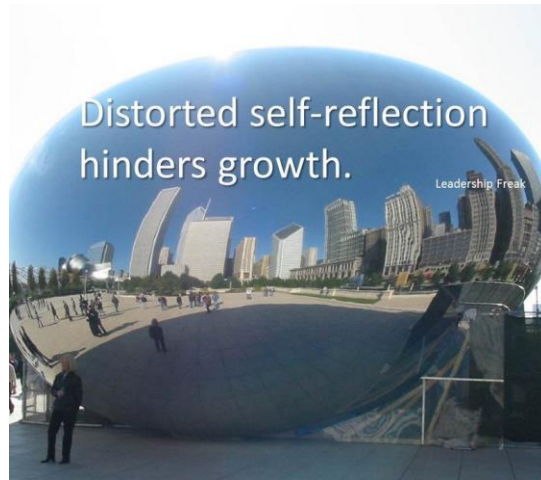 *- Kirwan Institute for the Study of Race and Ethnicity*

Left, Capitol police during the Black Lives Matter protest on June 3
Right, Capital police during the riot on the Capital on January 6

Photo by Manuel Balce Ceneta

14

Moment of Reflection

Distorted self-reflection hinders growth.

Leadership Freak

LOUISIANA
DEPARTMENT OF
HEALTH

PARTNERS FOR
FAMILY HEALTH
LOUISIANA

15

Causes of Implicit Bias

We like to take shortcuts

We tend to seek out patterns

Experience and social conditioning

16

Bias Beliefs about Black Women

- Bias beliefs about **Black women** are founded in four archetypes
  - Mammy
  - Sapphire
  - Jezebel
 - Welfare Queen

17

Bias Beliefs About Black Women

- **Mammy**
  - Stereotyped Black women as obese, dark-skinned, maternal figures, desexualized, loyal to white families
  - **Stereotyped as taking care of the white family's children but not her own**
  - Dark-skinned was also seen as ugly
  - Stereotyped Black women as only being domestic workers
  - Perpetuated in art, literature, and media
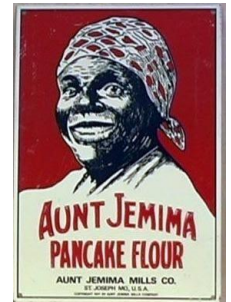
The Mammy Caricature. Jim Crow Museum of Racist Memorabilia. Published 2000, Edited 2012. https://www.ferris.edu/jimcrow/mammies/. Accessed on February 7, 2021.

18

Bias Beliefs About Black Women
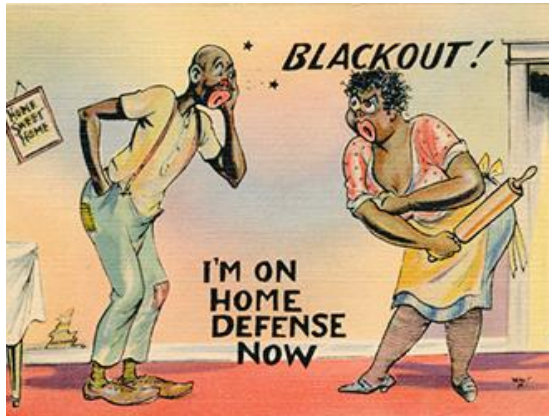
- **Sapphire archetype**
  - Sassy Mammies
  - Black women portrayed as rude, loud, stubborn and overbearing
  - Led to Angry Black Woman stereotype
  - Not wanting to fulfill this stereotype, Black women often remain silent

The Sapphire Caricature. Jim Crow Museum of Racist Memorabilia. Published 2008. Edited 2012. https://www.ferris.edu/HTMLS/news/jimcrow/antiblack/sapphire.htm. Accessed on February 7, 2021.

19

Bias Beliefs About Black Women

- **Jezebel archetype**
  - Stereotyped Black women as hypersexual
  - Began when Europeans began to travel to Africa. African women were scantily clothed compared to European women
  - Used to justify slave owners raping slaves
  - Perpetuated in art, novelties, and media

The Jezebel Stereotype. Jim Crow Museum of Racist Memorabilia. Published 2002. Edited 2012. https://www.ferris.edu/HTMLS/news/jimcrow/jezebel/index.htm. Accessed on February 7, 2021.

20

Bias Beliefs About Black Women

- **Welfare queen archetype**
  - Stereotype that Black women are uneducated, single mothers who have children to take advantage of public assistance
    - Reality is, according to the Nutrition Assistance Program Report Series, in 2013, **34%** of White households participated in SNAP compared to **23%** of Black households

Myles, Kersti (2017) "Jezebels and Jungle Bunnies: How the Stereotypes of Black Women Shape Legislation, the Legal Profession, and Feminist Jurisprudence." The Modern American: Vol. 10 : Iss. 1 , Article 1.
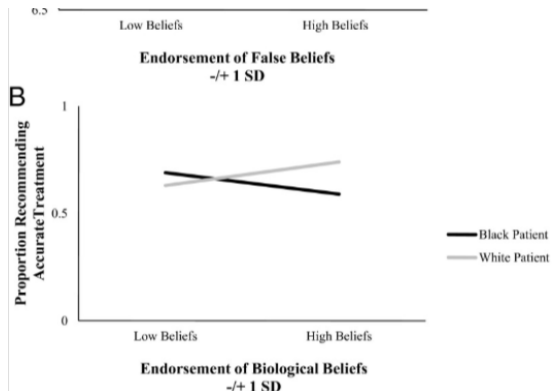
21

An Example of Implicit Bias in Medicine

THEN…

NOW…

22

Microaggressions

- *"A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)*

  - Merriam-Webster

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

23

Types of Microaggressions

- Microassaults
  - Conscious and intentional actions or slurs
- Microinsults
  - Verbal and nonverbal communication that subtly conveys rudeness and insensitivity that is demeaning to a person's race, ethnicity, or gender
- Microinvalidations
  - Communications that subtly, exclude, negate or nullify the thoughts, feelings or experienced reality of an individual

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

24

*Equitable
Care
is
Respectful
Care*

25

An inmate gave birth alone in jail. Lawmakers want changes to ensure it doesn't happen again.

By SKYLER SWISHER
SOUTH FLORIDA SUN SENTINEL | FEB 18, 2020 AT 7:01 PM

Advocates show their support for the Tammy Jackson Act on Feb. 18, 2020, at the Florida Capitol. (Skyler Swisher)

26

BY ROB HASKELL
PHOTOGRAPHY BY MARIO TESTINO
January 10, 2018

Dr. Alisha Liggett with her son as a newborn. Liggett, who grew up in Seattle and attended Garfield High School, is a doctor in New York.
CREDIT: COURTESY OF DR. ALISHA LIGGETT

'The day I was reduced to a Black birthing body.' A doctor reflects on pregnancy

OCT 08, 2020 at 4:50 PM

BY
Alisha Liggett, M.D.

27

"I'm not concerned with you liking or disliking me… All I ask is that you respect me as a human being."

-Jackie Robinson

"Respect for ourselves guides our morals, respect for others guides our manners."

- Laurence Sterne

28

Respectful Care is Patient-Centered Care

- *"Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."*

-Institute of Medicine

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

29

Picker Institute's Eight Principles of Patient-Centered Care

| Respect for patients' preference | Coordination and integration of care | Information and education | Physical comfort |
| Emotional support | Involvement of family and friends | Continuity and transition | Access to care |

30

Obstacles to Respectful Care

Bias

**Culture of a
Healthcare System**

Time

**Not using the
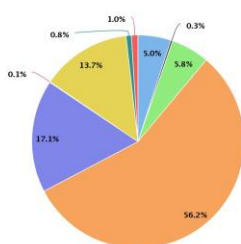RESPECT model**

31

Culture of a Healthcare System

- Respect
  - In a culture of respect, people perform better, are more satisfied, innovative, and display greater resilience
  - Respect for colleagues and respect for patients

- Equity
  - Has to be an integral part of our values
    - Acknowledging disparities exist
    - View of inequity as an injustice

32

Disrespectful Culture in Healthcare

- Passive-Disrespect
  - Procrastination, resist safe practices, chronic tardiness
- Dismissive treatment
  - Gossip, impatience, constant refusal to value, recognize, acknowledge contributions of others
- Nonverbal Insidious behavior
  - Sighing, staring or glaring, making faces, rolling eyes
- Systemic disrespect
  - Making patients wait, excessive workloads, requiring long work hours

- Disruptive behavior
  - Angry or rude outbursts, verbal threats, pushing or throwing objects
- Demeaning behavior
  - Shaming, censuring staff in front of others, insensitive jokes, sexual harassment
- Intimidating behavior
  - Arrogance, sarcasm, invading one's personal space intentionally
- Passive-Aggressive behavior
  - Refusal to do tasks, unreasonable criticism of authority, willful workarounds

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

33

Culture of Equity in Healthcare

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.

Click on legend item below to add or remove a section from the report.
- American Indian or Alaska Native (2,570)
- Asian (157,025)
- Black or African American (45,534)
- Hispanic (53,526)
- Multiple Race, Non-Hispanic (8,932)
- Native Hawaiian or Other Pacific Islander (941)
- Other (7,571)
- Unknown (126,144)
- White (516,304)

Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.

Source: Race and ethnicity are obtained from a variety of sources including DDS, ERAS, AFP, MCAT, SMDEP, GQ, MSQ, PMQ, FACULTY, CME, STUDENT with priority given to the most recent self-reported source.

- **Blacks** account for only **5%** of all active physicians
- **Hispanics** account for only **5.8%** of all active physicians
- Of all physicians, **64.1%** are **male**

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

34

Culture of Equity in Healthcare

- Of 200 hospitals and health systems surveyed, **55%** reported women were overlooked for executive leadership positions

- Almost **80%** of the healthcare workforce is women, only **19%** of hospitals are led by women, and only **4%** of healthcare companies have a female CEO

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

35

Not Enough Time...

- 27% of OBGYNS spend 17-24 minutes, 35% spend 13-16 minutes, and 27% spend 9-12 minutes
  - Physicians report the lack of time with patients causes decreased job satisfaction and physician burnout

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA
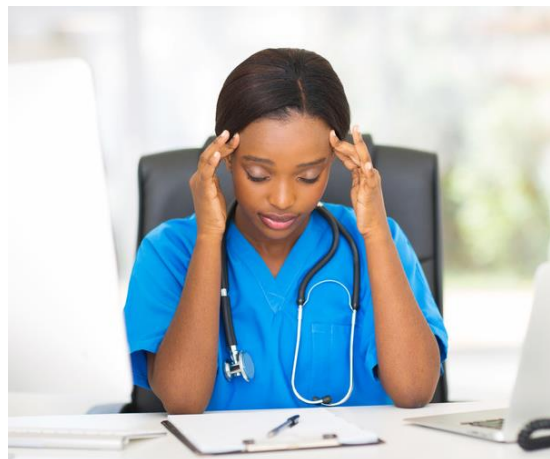
36

RESPECT Model

- **R**apport
- **E**mpathy
- **S**upport
- **P**artnership
- **E**xplanations
- **C**ultural Competence
- **T**rust

LOUISIANA
DEPARTMENT OF HEALTH

PARTNERS FOR
FAMILY HEALTH
LOUISIANA

37

Pathway to Change

Patient and Community Partners

Healthcare Systems

Healthcare Providers

Equity and Respectful Maternity Care

Policy Makers

38

Pathway to Respectful Care: Health Care Providers

- Change starts with me
  - **60%** of providers believed that quality of care is different by race but only **40%** thought that difference applied to their patient panel

- Acknowledge your own bias
  - Implicit Association Test:
    https://implicit.harvard.edu/implicit/takeatest.html

- Address your bias
  - See people as individuals
  - Recognize your belief as a stereotype
  - Increase opportunities to have contact with individuals from different groups
  - Empathy
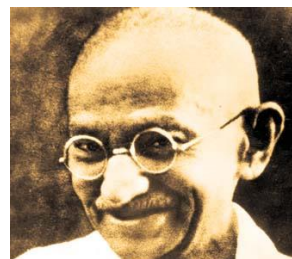
"BE THE CHANGE YOU WANT TO SEE IN THE WORLD."
MAHATMA GANDHI

39

Pathway to Respectful Care: Patient Partnership

- Keep patients at the center of innovations of care
- *"Family Centered Care is not something you do for a family, it's something you do WITH a family"*
  -Latoshia Rouse

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

40

Tools to Measure Respectful Care

- Mothers Autonomy in Decision Making Scale (MADM)
- Mothers on Respect Index (MOR)
- The Mistreatment Index (MIST)

LOUISIANA **DEPARTMENT OF HEALTH**

PARTNERS FOR FAMILY HEALTH LOUISIANA

41

Patients as Partners in Decision Making

Prescriptive — Healthcare provider creates the care plan and provides to the patient, which she may or may not follow

Shared — Healthcare provider and patient develop the care plan together, but patient's roles and responsibilities are not included

Partnership — There is mutual agreement on the plan and decisions, including shared accountability

LOUISIANA **DEPARTMENT OF HEALTH**

PARTNERS FOR FAMILY HEALTH LOUISIANA

42

Pathway to Respectful Care: Health Care Systems

- Explore different pay models for care. Move from **volume**-based care to **value**-based care
- Create systems that promote a **culture of respect**
  - Accountability
  - Engage and Support
  - Partner with Patients and Families

43

Pathway to Respectful Care: Policy Makers

- Review maternal policies through a lens of equity
  - Ex: California bill requiring implicit bias training for physicians, nurses and allied health professionals
- Black Maternal Health Momnibus
  - Grow and diversity the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support
    - Ex: Louisiana has created a Doula Registry

LOUISIANA
DEPARTMENT OF
HEALTH

PARTNERS FOR
FAMILY HEALTH
LOUISIANA

44

Linking Quality to Equity

- **Louisiana Maternal Mortality Review Report**
  - Leading causes of pregnancy-related maternal mortality: **hypertension** and **hemorrhage**
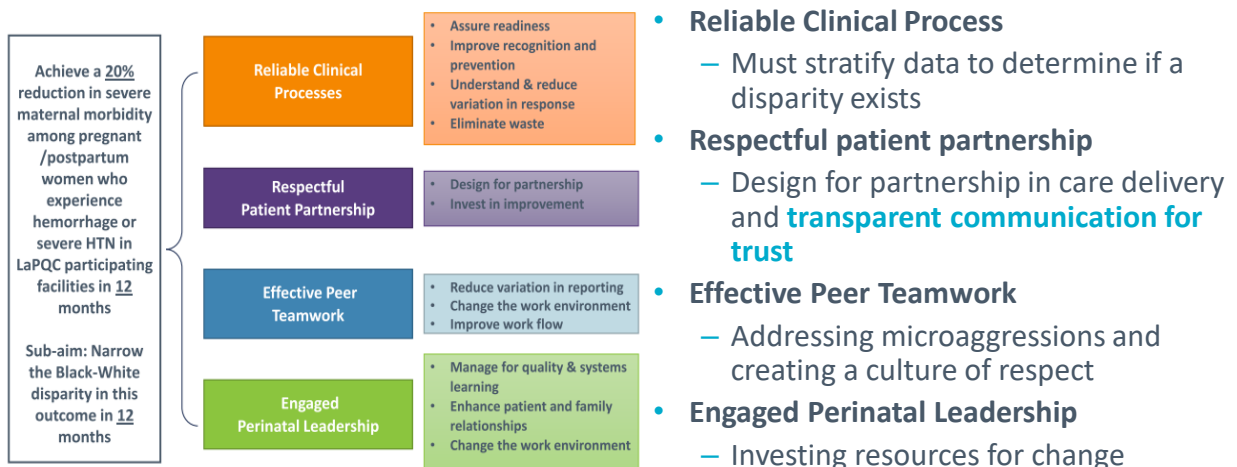 - **4 Black women** die at a rate of every **1 white woman**

- RMMI Aims
  - achieve a **20% reduction** in severe maternal morbidity in patients who experience a **hemorrhage** and/or severe **hypertension** in participating birth facilities between August 2018 and May 2020.
  - **narrow** the **Black-white disparity** in these outcomes in the same time period.

45

Designing Equity into the Activity

Achieve a **20%** reduction in severe maternal morbidity among pregnant /postpartum women who experience hemorrhage or severe HTN in LaPQC participating facilities in **12** months

Sub-aim: Narrow the Black-White disparity in this outcome in **12** months

Reliable Clinical Processes
- Assure readiness
- Improve recognition and prevention
- Understand & reduce variation in response
- Eliminate waste

Respectful Patient Partnership
- Design for partnership
- Invest in improvement

Effective Peer Teamwork
- Reduce variation in reporting
- Change the work environment
- Improve work flow

Engaged Perinatal Leadership
- Manage for quality & systems learning
- Enhance patient and family relationships
- Change the work environment

- **Reliable Clinical Process**
  - Must stratify data to determine if a disparity exists
- **Respectful patient partnership**
  - Design for partnership in care delivery and **transparent communication for trust**
- **Effective Peer Teamwork**
  - Addressing microaggressions and creating a culture of respect
- **Engaged Perinatal Leadership**
  - Investing resources for change

LOUISIANA **DEPARTMENT OF HEALTH**

PARTNERS FOR **FAMILY HEALTH** LOUISIANA

46

Creating a Culture of Equity

- **Making equity a priority**
- **Getting on the same page and speaking the same language**
  - Learning Session on Health Equity
    - Surveyed hospitals about Health Equity and Patient Partnerships
    - Acknowledging Implicit Bias
    - Panel discussion including a patient partner

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA
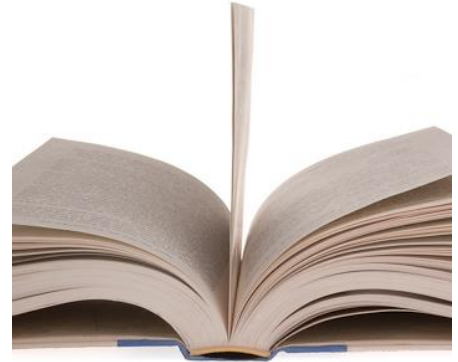
47

Making Equity a Priority

- Charter Chats
  - 30-60-90 Day Plan
    - Patient Partnership and Equity Goal

LOUISIANA DEPARTMENT OF HEALTH

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR FAMILY HEALTH LOUISIANA

Aim and 30-60-90 Plan

This document, based on your 20x2020 Charter, is to help you clarify your team aim, and plan for the next 90 days of improvement work with the LaPQC.

Focus of Your Work	
May 2020 Team Aim	
Patient Partnership and Equity Goal	

Last Quarter	
Three Things to Accomplish in Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	

Next Quarter – January-March 2020	
Three Things to Accomplish in Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	

48

Making Equity a Priority

- Louisiana Birth Ready Designation
  - Designation distinguishes those birthing facilities committed to practices that promote **safe, equitable and dignified births**
  - Five Key Areas
    - Participation
    - **Addressing Health Disparities and Patient Partnership**
    - Policy and Procedures
    - Structure Measures and Education
    - Outcome and Process Measures

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR **FAMILY HEALTH** LOUISIANA

49

Summary

- **Respectful maternity care** is necessary for quality and safety
- Re-center the work to the **who** and the **why**
- Make care **equitable** by making care **better** and **consistent**

Simone Landrum and her doula, Latona Giwa. LaToya Ruby Frazier for The New York Times

LOUISIANA DEPARTMENT OF HEALTH

PARTNERS FOR **FAMILY HEALTH** LOUISIANA

50

References

1. Braveman, P. A., Kumanyika, S., Fielding, J., Laveist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health*, *101 Suppl 1*(Suppl 1), S149–S155. https://doi.org/10.2105/AJPH.2010.300062
2. Sivashanker, K., & Gandhi, T. K. (2020). Advancing Safety and Equity Together. *The New England journal of medicine*, *382*(4), 301–303. https://doi.org/10.1056/NEJMp1911700
3. Patient Safety Bundle: Reduction of Peripartum Racial/Ethnic Disparities.(2016). The Council on Patient Safety in Women's Health Care. https://safehealthcareforeverywoman.org/wp-content/uploads/2017/11/Reduction-of-Peripartum-Disparities-Bundle.pdf.
4. Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
5. Institute of Medicine (US) Committee on Future Directions for the National Healthcare Quality and Disparities Reports; Ulmer C, Bruno M, Burke S, editors. Future Directions for the National Healthcare Quality and Disparities Reports. Washington (DC): National Academies Press (US); 2010. 3, Updating the Framework for the NHQR and NHDR. Available from: https://www.ncbi.nlm.nih.gov/books/NBK220155/
6. Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. (2019). MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3external icon
7. MacDorman M. F. (2011). Race and ethnic disparities in fetal mortality, preterm birth, and infant mortality in the United States: an overview. *Seminars in perinatology*, *35*(4), 200–208. https://doi.org/10.1053/j.semperi.2011.02.017
8. Leonard, S. A., Main, E. K., Scott, K. A., Profit, J., & Carmichael, S. L. (2019). Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of epidemiology*, *33*, 30–36. https://doi.org/10.1016/j.annepidem.2019.02.007
9. Vedam, S., Stoll, K., Martin, K., Rubashkin, N., Partridge, S., Thordarson, D., Jolicoeur, G., & Changing Childbirth in BC Steering Council (2017). The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. *PloS one*, *12*(2), e0171804. https://doi.org/10.1371/journal.pone.0171804
10. Vedam, S., Stoll, K., Rubashkin, N., Martin, K., Miller-Vedam, Z., Hayes-Klein, H., Jolicoeur, G., & CCinBC Steering Council (2017). The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth. *SSM - population health*, *3*, 201–210. https://doi.org/10.1016/j.ssmph.2017.01.005
11. Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery E, Rushton E, Schummers L, Declercq E; GVtM-US Steering Council. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. Reprod Health. 2019 Jun 11;16(1):77. doi: 10.1186/s12978-019-0729-2. PMID: 31182118; PMCID: PMC6558766.
12. NEJM Catalyst. (2017). What is Patient-Centered Care. *NEJM Catalyst Innovations in Care Delivery*. https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559. Accessed on October 24, 2020.

References

13. Nadal K. A (2014). Guide to Responding to Microaggressions. CUNY FORUM 2:1 (2014) 71-76.
14. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *The American psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271
15. James, T. Setting the State: Why Health Care Needs a Culture of Respect. Harvard Medical School Lean Forward. Published July 31, 2018. https://leanforward.hms.harvard.edu/2018/07/31/setting-the-stage-why-health-care-needs-a-culture-of-respect/. Accessed on October 24, 2020.
16. Disrespectful Behaviors: Their Impact, Why They Arise and Persist, and How to Address Them (Part III). Published April 24, 2014. https://www.ismp.org/resources/disrespectful-behaviors-their-impact-why-they-arise-and-persist-and-how-address-them-part. Accessed on October 24, 2020.
17. Grisham A. Medscape Physician Compensation Report 2017. Published April 5, 2017. https://www.medscape.com/slideshow/compensation-2017-overview-6008547. Accessed on October 24, 2020.
18. Mutha S, Allen C, Welch M. (2002). Toward culturally competent care: A toolbox for teaching communication strategies. San Francisco, CA: Center for Health Professions, University of California, San Francisco.
19. Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*, *48*(6), 1267–1278. https://doi.org/10.1016/j.jesp.2012.06.00
20. Wynia, M. K., & Sabin, J. E. (2013). Ethical challenges come home. *Journal of general internal medicine*, *28*(1), 9–11. https://doi.org/10.1007/s11606-012-2232-0
21. Moving Patient-Centered Care Forward: How Do We Get There? Robert Wood Johnson Foundation. Published October 2018. https://academyhealth.org/sites/default/files/movingpatientcenteredcareforward_october2018.pdf. Accessed on October 24, 2020.
22. Sokol-Hessner, L., Folcarelli, P. H., Annas, C. L., Brown, S. M., Fernandez, L., Roche, S. D., Sarnoff Lee, B., Sands, K. E., & Practice of Respect Delphi Study Group (2018). A Road Map for Advancing the Practice of Respect in Health Care: The Results of an Interdisciplinary Modified Delphi Consensus Study. *Joint Commission journal on quality and patient safety*, *44*(8), 463–476. https://doi.org/10.1016/j.jcjq.2018.02.003
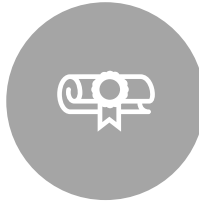
Thank You!

EVALUATION
LINK AT SIGN-OFF

CERTIFICATE OF PARTICIPATION
UPON COMPLETION OF EVALUATION

RECORDING & TOOLKIT -
HTTPS://STRATISHEALTH.ORG/HEALTH-PLAN-PERFORMANCE-IMPROVEMENT-PROJECTS-PIPS/PIP-HEALTHY-START-FOR-MINNESOTA-CHILDREN/

53