Washington State Medical Association
Physician Driven, Patient Focused

WSMA Foundation for Health Care Improvement

Delivering Culturally Sensitive Care to Prevent Maternal Mortality

The U.S. has the worst maternal mortality rate among developed nations. Death rates amongst Black birthing people are higher than other racial groups. Black birthing people are three times more likely to die from a pregnancy-related cause than White birthing people. Pregnancy-related mortality is preventable if the root causes are identified and addressed early on.

Eliminating inequities in maternal mortality and morbidity

Patient story: A pregnant Black woman who was very resistant to the possibility of cesarean section stated, "I'm a Black woman in the U.S. and I'm afraid I'm going to die in surgery." She knew the maternal mortality statistics for Black women and was justifiably anxious. The physician acknowledged the validity of her worry, discussed her concerns, and developed a plan to manage her safety during delivery.

Understand your patient population: *Consider these questions as you get to know the diverse communities you serve. Allow data to guide how you pursue a diagnosis, but not define it.*

Who is our patient population? What kind of demographic data do we have on the patients we serve (e.g., REAL, SOGI, disability data)? If we do not have the data, how can we collect it? What health inequities exist in the communities we serve? Are we connected to the communities we serve? How can we use our connections to better serve them? What are their needs, expectations, barriers, and history with health care?

Meet patients where they are

Physicians and PAs should build trust in the communities in which they work. Seek to build trust in and outside of the health care environment, particularly in your patients' communities.

Ask yourself: Where are my patients gathering? What community events can I attend? How can I learn more about my patients?

Take action! Offer to give a talk in a community setting and report back to colleagues what you hear in the community. Ask to present at the local synagogue, mosque, or temple; go to a baptism; attend the local craft fair, small business day, etc. Show up in the community.

Develop trust with your patients: *Deliver equitable care to your patients by ensuring your implicit and explicit biases, and knowledge gaps of patients' social and cultural identities do not negatively affect their outcomes and bodily autonomy.*

Trust the patient. Provide patients with all medically relevant information, including best- and worst-case scenarios, and then empower them to exercise autonomy in decision-making. Your clinical recommendation may not align with a patient's goal. Treatment efficacy may not be the most important goal to a patient. Recognize that patients make medical decisions in their own way. Family and community may have a large influence on a patient's decision-making process.

Identify what barriers and facilitators exist for your patient. For example, when you order labs at the clinic visit, patients may not have the flexibility to stay and get their blood drawn due to transportation, work schedule, or childcare limitations. Provide advance notice and offer logistical support to ensure patients can get access to care.

Maintain the trustworthy relationship you build with your patient. Follow up with the patient after their clinical encounter to see if things are going according to plan, and if not, how you can help. By circling back to the patient, you further build trust and strengthen your relationship with them.

WSMA
SEATTLE OFFICE
2001 6th Ave., Suite 2700 | Seattle, WA 98121
Tel: 206.441.9762

Listen and ask questions. Don't make assumptions. Use authentic inquiry and listening to build trust, facilitate care, and overcome barriers. Learn from diverse team members about how best to treat patient. Ask personal questions with interest and curiosity. Clarify your intent and establish a shared goal with the patient. Ask about potential differences; don't assume. Ask: "What is the most important aspect of your health to talk about today?" If there are multiple health concerns or barriers, allow for more than one visit or a longer visit. Recommend subsequent visits via telehealth or address other concerns at the next visit.

Stay accountable to your health care team
Evaluate your patients' barriers and facilitators. Encourage the whole team to participate in health equity training and make time to discuss what the team is learning.

Understand how structural racism and societal inequity create barriers for patients (e.g., financial, transportation, etc.)

Ask yourself:

1. What biases do I or my organization hold that affect my patients?
2. How can my team and I advance health equity for patients?
3. What systemic barriers exist for my patients and how can I alleviate those barriers?
4. What resources does my organization have to which I can refer my patients?

Take action! Physicians and the care team should educate themselves by:

- Diversifying your readings, journals, media, podcasts, documentaries, pop culture shows to include identities and communities that are different from your own.
- Continually review qualitative data that speaks to biases in your organization.
- Immediately mitigate biases when you witness them.
- Join a health equity advocacy group in your organization.
- Shadow at local clinics that care for a diverse community to understand bedside manner.

Ensure that your care team reflects the patients you serve

Ask yourself: Does my team reflect the patients we serve? How can I increase diversity in my team?

Take action! Hire team members who represent your patient population:

- Inquire about your organization's hiring practices.
- Advertise jobs more widely and assess your current recruitment strategies. Recruit from historically black colleges and medical universities and Latinx organizations.
- Ensure recruiting, application, and interview processes are unbiased.

Resources
Identify local resources and organizations to which you can refer patients (e.g., community health boards; health groups in churches, mosques, temples; community resource specialists; local, state, and federal programs that address basic social and economic needs). Provide patients with access to culturally sensitive resources, such as: social workers, interpreter services, patient navigators, cultural mediators, financial assistance, etc.

For each patient encounter, remember to:

- ✓ Ask questions with curiosity, and seek to understand your patient's beliefs, behaviors, and goals.
- ✓ Provide clinical explanation and pros and cons to the patient before making a treatment plan.
- ✓ Make referrals and connect patients to additional resources available in your community.
- ✓ Follow up with the patient after their clinical encounter to see if things are going according to plan, and if not, how you can help.

Building and maintaining trustworthy relationships with your patients is critical to delivering equitable and culturally sensitive care. Make the commitment today to advance health equity for the patients you serve.