S+RIVE A Project of CAI

ADVANCING SEXUAL + REPRODUCTIVE HEALTH EQUITY IN CLINICAL SPACES

FINAL EXECUTIVE SUMMARY | FEBRUARY 2023

INTRODUCTION

Background

Colorado is a national leader in sexual and reproductive health (SRH), yet inequities persist in the quality and experience of care among low-income, Black, Latinx/e, Indigenous, and rural Coloradans.[i] Recent national dialogue has acknowledged the need for **approaches to care that are based on principles of reproductive justice which center patients' perspectives, lived experiences, and autonomy, and meaningfully address racial and other health inequities**.[ii] This dialogue includes highlighting the growing evidence on how providers' biases (implicit or otherwise) can negatively impact patients' experiences of care and may contribute to, if not exacerbate, these inequities.[iii] Studies also show that **even among professionals who espouse values of equity, justice, and person-centered care, their clinical practices may reflect their personal biases more than these values**.[iv,v] The reproductive justice and health equity frameworks offer a call to action to undo the role of racism and other forms of bias and oppression in healthcare and improve patient experience and outcomes. Strategies to practically apply these frameworks, tailored for the provision of SRH care in clinical settings, are needed.

Guided by an advisory board of reproductive justice, reproductive health, community health, and clinical leaders, the S+RIVE Initiative was facilitated by **Cicatelli Associates Inc. (CAI)** with funding from Caring for Colorado's ReproCollab and the Colorado Health Foundation to design and pilot a capacity building strategy to bridge this gap. **S+RIVE sought to close these gaps by strengthening the capacity and commitment of Colorado SRH providers to implement individual, organizational, and community-level practices to purposefully work in service of reproductive justice**.

Approach

To build the capacity of SRH professionals in the practical application of principles of health equity and reproductive justice in clinical practice, **we identified knowledge, attitudes, and practices in alignment with these principles** drawn from existing discussions of reproductive equity and justice-informed approaches to care and input from the S+RIVE advisory board.[vi,vii,viii,ix,x] With these in mind, as well as an understanding of what is needed to support clinical staff with continuous learning and application of knowledge and skills learned in training, we crafted a **three-pronged, scaffolded, capacity building program** which included: **a statewide 3-hour mini-conference** to improve knowledge about reproductive justice and awareness of historical and present-day instances of reproductive oppression among SRH professionals; a **6-session training series** to build foundational knowledge, skills, and critical analysis to implement an approach to care aligned with principles of equity and justice; and a **community of practice (CoP)** which included 3 group sessions and monthly **individualized coaching** for training series participants who wanted greater help practically applying concepts in practice.

Evaluation

Mixed-methods evaluation was utilized to **gauge changes in participants' knowledge, attitudes, practices, and self-efficacy before and after the training series, after the CoP, and three months post-completion of the CoP** to explore sustained change in practice. These survey results serve as the primary data sources for this report, along with information collected during coaching calls and training and CoP session evaluations and activities.

KEY FINDINGS

REACH

S+RIVE activities reached 91 healthcare professionals with diverse roles, disciplines, and levels of leadership from **24 agencies across Colorado** including federally-qualified and other community health centers, hospitals, health departments, and Planned Parenthood affiliated health centers.

	Mini-conference	Training Series	CoP & Coaching
Timeline	October 2021	January-April 2022	May-October 2022
Duration	3 hours	6 sessions	3 group sessions & 38 hours of individual coaching
Participants	81, including MDs, NPs, CNMs, PAs, RNs, health educators, and administrators	10 including MDs, NPs, CNMs, RNs, and health educators, and administrators	7 including MDs, NPs, CNMs, health educators, and administrators

KNOWLEDGE

Participants demonstrated significant self-reported knowledge about concepts associated with reproductive justice and health equity frameworks before and after participation in the training series including societal strategies of oppression, core elements of a reproductive justice analysis, examples of reproductive oppression, providing care to patients with medical distrust, recognizing bias, and identifying reproductive justice-informed organizational approaches to care.

ATTITUDES & PRACTICES

Through the training series and CoP, participants strengthened attitudes and practices consistent with principles of reproductive justice, though room for growth remained in ensuring their clinical practices were in alignment with these principles.

Participants self-reported high agreement with attitudes and beliefs in alignment with reproductive justice principles at the beginning of the training series, averaging 4.6 on a Likert-type scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) on the following items:

- Seeing patients as experts in their care
- Entering the exam room as a learner
- Understanding how power and privilege as a healthcare professional can impact interactions with patients and colleagues
- Recognizing that actions may reflect implicit bias more than personal values
- Trusting patients to make the SRH choices that work best for them
- Being willing to take risks to promote equity and justice in clinical practice/role

Following the CoP, average agreement rose to 4.9. Furthermore, agreement remained as high when participants were surveyed three months after the conclusion of the CoP.

Attitude and practice data also helped identify areas where participants' clinical practices may not align with their reported beliefs. Despite participants' significant agreement with attitudes supporting reproductive justice, **40% of participants endorsed utilizing a most-to-least effective contraceptive counseling approach** prior to participating in S+RIVE. This was not wholly unexpected given that most to least effective counseling has been a long-standing and common

practice in the field, in part as a result of the Long-Acting Reversible Contraceptives (LARC) First movement, widespread training, recommendations from several national healthcare organizations, and frequently used job aids to support counseling. However, participants' endorsement of this approach steadily decreased over the course of S+RIVE, and **by the 3-month follow-up, no participants (0%) endorsed using this strategy**. This was a significant achievement and could suggest that S+RIVE was highly effective in encouraging participants to let patients' needs and desires drive counseling conversations. This mirrors recent shifts in best practices towards more reproductive justice-informed, patient-centered approaches[xi].

Additionally, **although participants' agreement that a role of SRH professionals is to reduce unintended pregnancy by promoting LARCs decreased over the course of S+RIVE (from 50% before the training series), agreement remained at 34% at the 3-month follow-up**. Similar to the LARC First movement, initiatives to increase access to contraception have long been framed as part of national goals to reduce unintended pregnancy as opposed to providing people with the information and care they need to decide if, when and under what circumstances they decide to start or expand their families. These findings highlight the need for additional strategies to help unlearn these long-held beliefs.

SELF-EFFICACY

All participants reported increased confidence implementing strategies consistent with principles of health equity and reproductive justice after their participation. S+RIVE participants reported that the training series and CoP made them feel either slightly or much more confident in applying the following skills:

- Identifying biases that may influence interactions with patients or colleagues
- Implementing bias mitigation strategies
- Creating intentional space for reflection in day-to-day practice
- Identifying and implementing strategies that support health equity
- Identifying when injustice occurs in interactions, practices, and policies
- Applying patient-centered strategies during client interactions

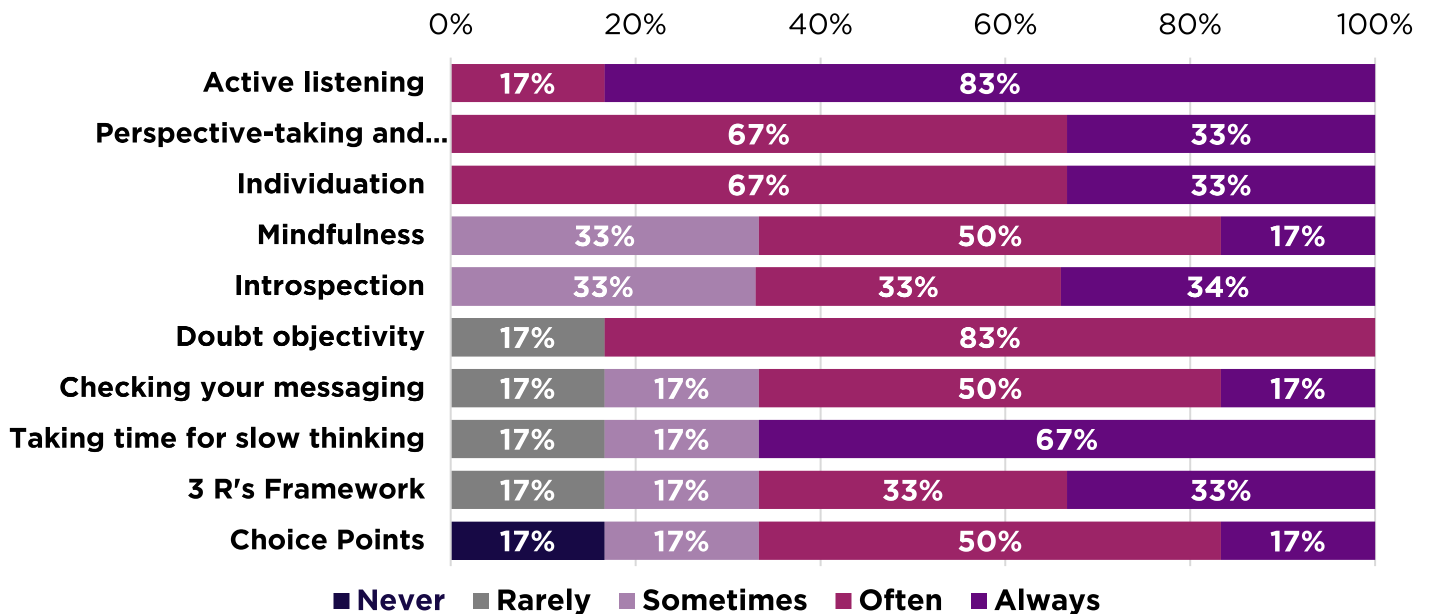
Notably, **71% of participants felt much more confident identifying strategies that support health equity** within their clinical practice following the CoP. Furthermore, confidence persisted after S+RIVE ended; in the 3-month post-survey, **all participants reported feeling moderately or more confident identifying instances of injustice and personal bias in their work**.

Of the items assessed, **participants had most room for improvement in their confidence creating space for reflection in their day-to-day practice**. While most participants indicated that the training series and CoP had slightly increased their confidence in this area, only one participant felt very confident in their ability to create intentional space for daily reflection at the 3-month follow-up.

USE OF TOOLS & FRAMEWORKS

The S+RIVE training series and CoP covered a range of tools and frameworks to support participants in their ability to thoughtfully build reflective practices, identify and mitigate bias, and center equity in their decision-making.

In the 3-month post-survey, respondents indicated the extent to which they used these strategies within the previous month. **Active listening was reported as the most widely-utilized skill, followed by perspective-taking and empathy, and individuation**. Choice points and the 3R's (Recognize, Reflect, React/Repair) Framework were among the lesser-utilized tools. These findings align with the skills participants reported they expected to use at the conclusion of the CoP.



PARTICIPANT VOICES

Participants provided rich reflections on how S+RIVE helped them to apply principles of equity and justice in their lives and clinical practices, as illustrated below.

"[By practicing mindfulness before and during patient encounters], I feel like honestly, I've been able to get back to the joy of patient care. Learning [patients'] stories in an exam room, we share an intimate experience, and sometimes as a provider, we take that for granted."

"I have an unyielding desire to help and 'fix people'. I have learned so many tools within this training to let go of that need. I have changed my practice in many ways to allow my patients to speak as experts and guide their care."

"I am more willing to be honest and admit that I still have room to grow, especially with trust, risk-taking, and providing care."

"I feel like we say that [the patients and participants we work with are experts too] but when I think of the way we teach, our actions do not always align with that value. I am committed to changing that."

"[S+RIVE] offered me a steady routine so I could habituate my thinking about learning about RJ practices. It gave me helpful tools to incorporate RJ practices into my life and work. It helped me be accountable to myself and others."

"It all seems more clear now. For example, why it is important to discontinue a LARC immediately and why it is important to ask open-ended questions and take notice of my body language while I listen to the patient's answer. It all is based on building trust with the patient which will ultimately likely lead to better health outcomes for our patients (in addition to them feeling seen and heard)."

CHANGES TO PRACTICE

The S+RIVE Initiative prompted participants to make change at multiple levels. Goals formed at the conclusion of the training series comprised the Action and Accountability plans that guided participants' work throughout the CoP.

Goals spanned four socioecological levels: individual, interpersonal, institutional, and community. The table below illustrates selected actions taken during the Initiative by S+RIVE participants.

Actions taken by S+RIVE participants

Level	Actions	Level	Actions
INDIVIDUAL	• Used the 3R's (Recognize, Reflect, React/Repair) as a reflection and action tool in various settings • Completed Somatic Abolitionism training • Pursued abortion doula training in preparation for abortion provider role	INTERPERSONAL	• Practiced mindfulness before and during patient encounters • Readily discussed LARC removal and patients' previous experiences of coercion • Monthly accountability partnership meetings
INSTITUTIONAL	• Implemented non-tiered birth control counseling in health education programs • Started partnership to distribute chest binders at school-based health centers • Strengthened workflow and communication to accommodate late patients and walk-ins • Co-presented on reproductive justice during Pediatric Grand Rounds • Approval to provide medication abortion	COMMUNITY	• Created a reproductive justice-aligned midwifery network representing Colorado and 8 states/territories • Collaborated with youth advisors and school-based health centers to develop a PATCH youth educator program serving peers and healthcare professionals

In the 3-month follow-up period, participants reported continued work on practicing mindfulness, taking time to reflect on biases, active listening, and perspective taking; elevating opportunities for leadership for fellow BIPOC staff; coaching others on employing bias mitigation strategies; creating opportunities for education/learning on reproductive justice, and the creation of a community advisory group to review clinical practices.

IMPLICATIONS & OPPORTUNITIES

The S+RIVE Initiative offered **a unique opportunity to bring together advocates, organizers and clinical leaders in Colorado to inform the development of an approach to build the capacity SRH care providers to practically apply principles of reproductive justice and health equity in their clinical practices.**

Participants who completed all 3 parts of the initiative (conference, training series, and CoP with individualized coaching) **demonstrated shifts in their knowledge and attitudes, and notable progress in adoption of practices** aligned with principles of equity and justice to mitigate bias in the delivery of care. Participants also began **developing habits of continual recognition, reflection, and reaction** to foster the humility needed for the lifelong process of trying to bring one's practices and values into alignment. Participants reported S+RIVE was an effective use of their time and an experience they would recommend to others, participants specifically identified **individualized coaching as the most valuable and impactful part of the experience,** and all but one participant reported they would have continued with coaching if given the opportunity.

Building SRH professionals' capacity to mitigate bias and center equity in the design and delivery of services is a national priority. **Colorado has a timely opportunity to take its nationally recognized leadership in SRH to the next level by establishing a statewide vision for SRH care**

that is aligned with principles of equity and justice and reckons with the SRH care's complex intertwining with racism, classism, sexism, ableism and other forms of bias and oppression.

Key health systems within Colorado that have focused attention on equity in recent years (e.g., community health centers, Title X providers, school-based health centers, Planned Parenthood affiliate health centers) have the opportunity to **leverage existing professional development and capacity building funding to take lessons learned from S+RIVE** to continue building an SRH workforce who can promote justice and equity in the delivery of SRH services.

This includes developing healthcare professionals' awareness of reproductive oppression and bias throughout history and in their individual and organizational practices, as well as building their capacity to develop and implement practices that reduce bias in the provision of care and promote autonomy. This approach also includes investing in the time and effort it takes to **help care professionals unlearn long-held attitudes and practices and realign actions with values.**

On-going support through individualized coaching and communities of practice are key to supporting sustainable implementation and evolution of promising practices in collaboration with other healthcare professionals and starting to form systems of accountability. These opportunities also **create leadership opportunities for professionals who have made a commitment to interrogating bias and centering equity and justice within their clinical practices** through mentorship and role modeling for others of how this approach can be realistically implemented in clinical settings.

While participants in S+RIVE were a knowledgeable, passionate, and highly motivated group of individuals who voluntarily committed 9 months to this work, consideration must be given to what it would take to impact the knowledge, attitudes, and practices of a group of professionals with less existing knowledge and experience with concepts of equity and reproductive justice.

Deepening engagement of patients as co-designers in care is also needed to further strengthen person-centered care and collaboratively craft a vision of SRH equity and justice with the communities most impacted by their absence. This collaboration needs to be prioritized and adequately resourced to ensure patients are compensated for their expertise and healthcare agencies are able to create sustainable plans for leveraging this expertise.

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[i] The Colorado Health Foundation. (2018). Executive Summary: Health Care Perceptions of Low-Income Coloradans, p. 5. Accessed here: https://coloradohealth.org/reports/health-care-perceptions-low-income-coloradans; Colorado Consumer Health Initiative. (2022). How Coloradans Feel about Affordability and Healthcare Reform (Survey Brief), p.4. Accessed here: https://cohealthinitiative.org/wp-content/uploads/2022/03/CO-affordability-survey-brief-2022.pdf

[ii] American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, Contraceptive Equity Expert Work Group, and Committee on Ethics (2022). Patient-Centered Contraceptive Counseling: ACOG Committee Statement Number 1. *Obstetrics and gynecology*, *139*(2), 350–353. https://doi.org/10.1097/AOG.0000000000004659

[iii] Chapman, E. N., Kaatz, A., & Carnes, M. (2013). Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. *Journal of general internal medicine*, *28*(11), 1504–1510. *https://doi.org/10.1007/s11606-013-2441-1*

[iv] Manzer, J. L., & Bell, A. V. (2022). The limitations of patient-centered care: The case of early long-acting reversible contraception (LARC) removal. Social science & medicine (1982), 292, 114632. https://doi.org/10.1016/j.socscimed.2021.114632

[v] Manzer, J. L., & Bell, A. V. (2021). "We're a Little Biased": Medicine and the Management of Bias through the Case of Contraception. *Journal of health and social behavior*, *62*(2), 120–135. *https://doi.org/10.1177/00221465211003232*

[vi] SisterSong: National Women of Color Reproductive Justice Collective and National Women's Health Network (2016). LARC Statement of Principles. Accessible at: https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf

[vii] Loder, C. M., Minadeo, L., Jimenez, L., Luna, Z., Ross, L., Rosenbloom, N., Stalburg, C. M., & Harris, L. H. (2020). Bridging the Expertise of Advocates and Academics to Identify Reproductive Justice Learning Outcomes. *Teaching and learning in medicine*, *32*(1), 11–22. https://doi.org/10.1080/10401334.2019.1631168.

[viii] Holt, K., Reed, R., Crear-Perry, J., Scott, C., Wulf, S., & Dehlendorf, C. (2020). Beyond same-day long-acting reversible contraceptive access: a person-centered framework for advancing high-quality, equitable contraceptive care. *American journal of obstetrics and gynecology*, *222*(4S), S878.e1–S878.e6. https://doi.org/10.1016/j.ajog.2019.11.1279

[ix] Shankar, M., Williams, M., & McClintock, A. H. (2020). True Choice in Reproductive Care: Using Cultural Humility and Explanatory Models to Support Reproductive Justice in Primary Care. *Journal of General Internal Medicine, 36*(5), 1395-1399. https://doi.org/10.1007/s11606-020-06245-8

[x] Dehlendorf, C., Akers, A. Y., Borrero, S., Callegari, L. S., Cadena, D., Gomez, A. M., Hart, J., Jimenez, L., Kuppermann, M., Levy, B., Lu, M. C., Malin, K., Simpson, M., Verbiest, S., Yeung, M., & Crear-Perry, J. (2021). Evolving the Preconception Health Framework: A Call for Reproductive and Sexual Health Equity. *Obstetrics and gynecology*, *137*(2), 234–239. https://doi.org/10.1097/AOG.0000000000004255

[xi] American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, Contraceptive Equity Expert Work Group, and Committee on Ethics (2022). Patient-Centered Contraceptive Counseling: ACOG Committee Statement Number 1. *Obstetrics and gynecology, 139(2), 350–353.* https://doi.org/10.1097/AOG.0000000000004659