Discovering and Elevating Respectful Care Strategies: Providers Share their Strategies to Improve Equitable Delivery of Sexual + Reproductive Health Services

Deja Logan, Jenita Parekh, Ria Shelton, Kylee Novak, Elizabeth Wildsmith (Child Trends)



BACKGROUND

- People with marginalized identities tend to have worse sexual and reproductive health (SRH) outcomes.^{1,2}
- As the only federal grant program dedicated to providing free or low-cost comprehensive family planning services at clinics across the U.S., Title X often serves communities that have historically received limited or sub-standard SRH care.
- Previous research found that providers were interested in prioritizing equitable and respectful care, but few reported having opportunities to identify strategies that successfully do so.³
- Study aim: to elevate a model of respectful SRH care by identifying existing and emerging client-centered, respectful care strategies to improve client experiences with family planning care.

WHAT IS RESPECTFUL CARE?

Stemming from the Cycle to Respectful Care developed by birth equity researchers,⁴ respectful care acknowledges bias and racism in the healthcare system, promotes freedom and dignity, honors the experiences of historically excluded people, and balances power between the client and provider.

METHODS

- Providers were recruited from Title X clinics nationwide for virtual, semi-structured interviews
- 32 interviews occurred from May-October 2023
- Interviews were digitally recorded, transcribed, and verified for accuracy
- Transcripts were coded by a team of three researchers
- Data were analyzed using a deductive, thematic analysis approach

FINDINGS

Strategies for Promoting Respectful Care

Interviews with 32 providers identified provider-level, provider-client level, and clinic-level strategies. We highlight three of the 18 identified strategies below.

Provider

Clinic

care.

Acknowledge the history of racism and discrimination in family planning care.

"I've noticed and I've heard from a lot of women of color that they're afraid of the long-acting contraceptives, maybe was promoted as a way to sterilize the population. Like they haven't used those exact words, but that's the idea that I've gotten from some of them." – Provider from an adolescent medicine practice in the Southeast

Provider-Client

Adjust behaviors to create a more comfortable visit where clients feel respected.

Hire staff who represent the

communities served, speak their

language, and prioritize patient centered

"Your voice is humble, your tone is soft and gentle. You are not standing above someone. I try to make sure that I'm actually kind of lower than the patients in a room. So it's like that wherever they're sitting, that my seat is a bit lower. My computer is not in front of my face. That they are looking at me and not the back of a computer." – Provider who works at a federally qualified health center in the Northeast

"If you're hiring a staff that's reflective of the people you're serving, they will tell you. I mean, they will say this is not okay or you know, if you're hiring people from your own neighborhoods, they're going to tell you, "This is what I'm hearing in my neighborhood. This is what I'm hearing in my group or in my community, at the rec centers."" – Provider from a health department in the Midwest

Facilitators and Barriers

Facilitators

Supportive leadership and colleagues can build a clinic culture of respectful care.

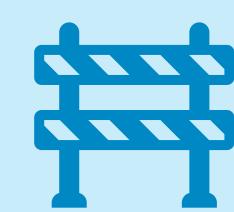


Team structures with open communication can enhance clinic operations.

Opportunities for trainings and continued practice are helpful for retaining knowledge and skills.

Barriers

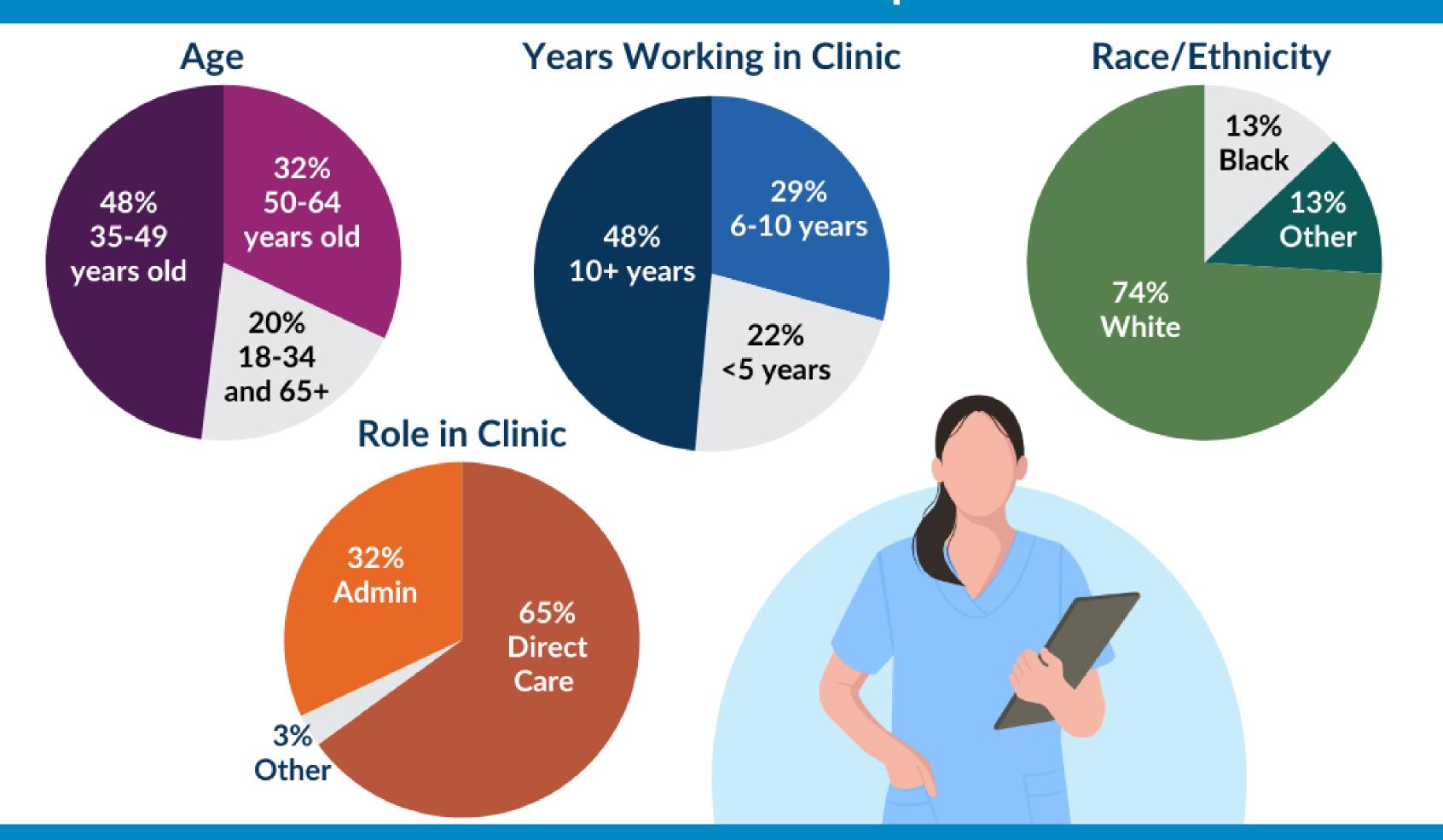
Inadequate funding, staffing, and time is a barrier to supporting needs of and building relationships with marginalized populations.



Provider burnout and stress can bleed into interactions with patients.

Some providers are unaware of their biases and behaviors and may be unwilling to unlearn.

Characteristics of 32 Title X providers



CONCLUSION

- Strategies to mitigate disparities in SRH care can be implemented on personal, interpersonal, and community levels.
- Trainings on racism and bias should incorporate formal and informal follow up activities, conversations, etc. for continued learning.
- Providers need self-care and burnout support in the clinic.
- Transparency among leadership and between staff is important to creating an atmosphere for honesty and growth.
- Time, funding and organizational investment are needed to make structural changes within the clinic setting.

1. Sutton, M. Y., Anachebe, N. F., Lee, R., & Skanes, H. (2021). Racial and ethnic disparities in reproductive health services and outcomes, 2020. *Obstetrics and gynecology*, 137(2), 225–233.

2. Howell, E. A., Brown, H., Brumley, J., Bryant, A. S., Caughey, A. B., Cornell, A. M., ... & Grobman, W. A. (2018). Reduction of peripartum racial and ethnic disparities: A conceptual framework and maternal safety consensus bundle. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 47(3), 275-289.

3. Briggs, S., Logan, D., Solomon, B., Kim, L., & Manlove, J. (2022). Title X provider strategies to increase client access to family planning services. Bethesda, MD: Child Trends.

4. Green, C. L., Perez, S. L., Walker, A., Estriplet, T., Ogunwole, S. M., Auguste, T. C., & Crear-Perry, J. A. (2021). The cycle to respectful care: A qualitative approach to the creation of an actionable framework to address maternal outcome disparities. *International Journal of Environmental Research and Public Health*, 18(9), 4933.