

Perinatal Healthcare Equity Measure

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This measure is intended to capture individual’s healthcare experiences. The sections below are tailored to perinatal populations. The user is welcome to **modify the language in red font** to fit how the measure is being used.

PRENATAL

The next questions are about how you feel about your healthcare during your pregnancy . Please check “yes” if the statement is true.					
1.	I feel my concerns about my pregnancy have been heard and valued by my healthcare provider team.	<input type="checkbox"/> ALWAYS	<input type="checkbox"/> Mostly	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> RARELY
2.	The care I have received during my pregnancy has been respectful.	<input type="checkbox"/> ALWAYS	<input type="checkbox"/> Mostly	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> RARELY
3.	The care I have received during my pregnancy has been compassionate.	<input type="checkbox"/> ALWAYS	<input type="checkbox"/> Mostly	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> RARELY
4.	It isn’t always easy to know exactly why people treat others poorly in health care settings. If you felt treated poorly during your pregnancy , please tell us why you think that happened. <u>CHECK ALL THAT APPLY.</u>				
	<input type="checkbox"/> My country of birth <input type="checkbox"/> My language or the way I talk <input type="checkbox"/> My ethnicity <input type="checkbox"/> My race <input type="checkbox"/> My shade of skin color <input type="checkbox"/> My age <input type="checkbox"/> My gender <input type="checkbox"/> My sexual orientation <input type="checkbox"/> My religion <input type="checkbox"/> My height or weight <input type="checkbox"/> My education or income level <input type="checkbox"/> My physical disability <input type="checkbox"/> My mental disability <input type="checkbox"/> Another reason, please describe: _____				
	<input type="checkbox"/> I do not feel that I was treated poorly <input type="checkbox"/> I choose not to answer <input type="checkbox"/> I am not sure				

LABOR & DELIVERY

The next questions are about how you experience or feel about the care you received/have received during the labor and delivery of your baby . Please check “yes” if the statement is true.				
1.	I feel my concerns about my health or my baby’s health were/have been heard and valued by my healthcare provider team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2.	The care I have received for myself and my baby was/has been as respectful.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3.	The care I have received for myself and my baby was/has been compassionate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4.	It isn’t always easy to know exactly why people treat others poorly in health care settings. If you felt treated poorly during your labor and delivery , please tell us why you think that happened.			

CHECK ALL THAT APPLY.

- My country of birth
 - My language or the way I talk
 - My ethnicity
 - My race
 - My shade of skin color
 - My age
 - My gender
 - My sexual orientation
 - My religion
 - My height or weight
 - My education or income level
 - My physical disability
 - My mental disability
 - Another reason, please describe: _____
- I do not feel that I was treated poorly
 - I choose not to answer
 - I am not sure

NEONATAL/INFANCY

The next questions are about how you experience or feel about your healthcare **since your baby was born. Please check "yes" if the statement is true.**

5.	I feel my concerns about my health or my baby's health have been/are heard and valued by my healthcare provider team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6.	The care I have received for myself and my baby has been/is respectful.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7.	The care I have received for myself and my baby has been/is compassionate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

8. It isn't always easy to know exactly why people treat others poorly in health care settings. If you felt treated poorly **since your baby was born**, please tell us why you think that happened.

CHECK ALL THAT APPLY.

- My country of birth
 - My language or the way I talk
 - My ethnicity
 - My race
 - My shade of skin color
 - My age
 - My gender
 - My sexual orientation
 - My religion
 - My height or weight
 - My education or income level
 - My physical disability
 - My mental disability
 - Another reason, please describe: _____
- I do not feel that I was treated poorly
 - I choose not to answer
 - I am not sure