

Perinatal Healthcare Equity Measure

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Suggested Citation:

Drury, S.D., Johnson, A., Lara-Cinisomo, S., Hodnett, D., Gaston-Hawkins, L, O'Neill, P., Friedman, L., Liu, C., Chavez, A., Mayne, C., Carter, A.S. (2020). The Brief Assessment of Perinatal Healthcare Equity. Tulane University. Unpublished.

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.	<p>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.</p> <p><u>CHECK ALL THAT APPLY.</u></p> <table border="0"> <tr> <td><input type="checkbox"/> My country of birth</td> <td><input type="checkbox"/> I do not feel that I was treated poorly</td> </tr> <tr> <td><input type="checkbox"/> My language or the way I talk</td> <td><input type="checkbox"/> I choose not to answer</td> </tr> <tr> <td><input type="checkbox"/> My ethnicity</td> <td><input type="checkbox"/> I am not sure</td> </tr> <tr> <td><input type="checkbox"/> My race</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My shade of skin color</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My age</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My gender</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My sexual orientation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My religion</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My height or weight</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My education or income level</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My physical disability</td> <td></td> </tr> <tr> <td><input type="checkbox"/> My mental disability</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Another reason, please describe: _____</td> <td></td> </tr> </table>				<input type="checkbox"/> My country of birth	<input type="checkbox"/> I do not feel that I was treated poorly	<input type="checkbox"/> My language or the way I talk	<input type="checkbox"/> I choose not to answer	<input type="checkbox"/> My ethnicity	<input type="checkbox"/> I am not sure	<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: _____	
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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.	<p>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.</p>			

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