Root Causes of Black Maternal Health Inequities
Improving Access to Perinatal Care: Confronting Disparities & Inequities in Maternal-Infant Health
Joia Crear-Perry MD, Founder/President
Disclosure Information

We have no financial relationships with any commercial interest related to the content of this activity.

Dr. Joia Crear-Perry
Mission
NBEC creates solutions that optimize Black maternal and infant health through training, policy advocacy, research and community centered collaboration.

Vision
All Black mothers and babies thrive.

Core Values:
Leadership, Freedom, Wellness, Black Lives, Sisterhood
Learning Objectives

Overview the work of National Birth Equity Collaborative

Understand the association between health equity and racial equity

Discuss policies that perpetuate health disparities

Explore social determinants of health inequities and syphilis
Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person.

Article 25.

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

- Loretta Ross

We must...

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities
birth equity (*noun*):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD

*National Birth Equity Collaborative*
Dismantling systems of power and racism
Assessing and Educating on SDHI
Provide policy improvements

“Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success.”

— Arthur James, M.D.
Maternal Mortality/Morbidity

Source: CDC Wonder.
# Maternal Mortality and Severe Morbidity

Approximate distributions, compiled from multiple studies

<table>
<thead>
<tr>
<th>Cause</th>
<th>Mortality (1-2 per 10,000)</th>
<th>ICU Admit (1-2 per 1,000)</th>
<th>Severe Morbid (1-2 per 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE and AFE</td>
<td>15%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Infection</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>15%</td>
<td>30%</td>
<td>45%</td>
</tr>
<tr>
<td>Preeclampsia</td>
<td>15%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Cardiac Disease</td>
<td>25%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Root Causes

- Institutional Racism
- Class Oppression
- Gender Discrimination and Exploitation

Power and Wealth Imbalance

- Labor Markets
- Housing Policy
- Education Systems
- Globalization & Deregulation
- Social Safety Net
- Social Networks
- Tax Policy

Social Determinants of Health

- Safe Affordable Housing
- Quality Education
- Transportation
- Availability of Food
- Job Security
- Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*
LEVELS OF RACISM

- Institutional
- Internalized
- Personally Mediated
• Institutionalized racism - the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.

• Personally mediated - the differential assumptions about the abilities, motives and intentions of others by race.

• Internalized racism - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

-Camara Jones, MD, PhD, Past President APHA
Racism, not Race

Racial Bias $\rightarrow$ Discrimination

Racial Bias $+$ Power $\rightarrow$ Racism
Anthropological Approaches Demonstrate

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology but racism has biological effects.
- Social constructs are real for those who hold them.

These are four different ways to describe, conceptualize and discuss human variation... and cannot be used interchangeably.
Finding the Roots of Inequities

- Black mothers who are college-educated fare worse than women of all other races who never finished high school.

- Obese women of all races have better birth outcomes than black women who are of normal weight.

- Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.

- African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal.
Racism affects health both directly (i.e., via chronic stress) and indirectly (i.e., via race-based discrimination across multiple systems which creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.)
## Maternal Mortality/Morbidity Risk factors

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eclampsia</td>
<td>• Housing</td>
</tr>
<tr>
<td>• Cardiac disease</td>
<td>• Income</td>
</tr>
<tr>
<td>• Acute renal failure</td>
<td>• Neighborhood safety</td>
</tr>
<tr>
<td>• Preconception BMI</td>
<td>• Air quality and environmental stresses</td>
</tr>
<tr>
<td>• Chronic conditions</td>
<td>• Food Insecurity</td>
</tr>
<tr>
<td>• Serious obstetric complications</td>
<td>• Access to quality, comprehensive health care services</td>
</tr>
<tr>
<td>o Blood transfusion</td>
<td>• Low educational attainment</td>
</tr>
<tr>
<td>o Ventilation</td>
<td>• Unemployment and rigid scheduling</td>
</tr>
<tr>
<td>o Hysterectomy</td>
<td></td>
</tr>
<tr>
<td>o Heart failure</td>
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</table>
Whiteness and Health

Jennifer Malat, Sarah Mayorga-Gallo, David R. Williams

Combining the “concept of whiteness” - a system that socially, economically and ideologically benefits European descendants - with other research to determine the social factors that influence whites’ health.

Whiteness and health
• Societal conditions
• Individual social characteristics and experiences
• Psychosocial responses
Whiteness and Health

Positive Health Consequences
• “Positive illusions” and beliefs of American meritocracy promote self-enhancement and extend longevity
• Psychological benefits from economic and social policies that favor dominant culture

Negative Health Consequences
• Perceptions of white victimhood are common
  – 57-62% of white Americans believe that life has changed for the worse since the 1950s
  – 50-60% believe that discrimination against whites is as big of a problem as discrimination against blacks in the USA
• Unmet expectations for success cause high levels of psychological distress
• Lack of redemption narratives and coping mechanisms
Implicit bias (noun):

1. Bias is the “implicit” aspect of prejudice...[the] unconscious activation of prejudice notions of race, gender, ethnicity, age and other stereotypes that influences our judgment and decision-making capacity.

Devine, 1989
Bias is inherent

• Our individual perceptions of reality are built from personal experience, media messaging, rearing, societal norms, and stereotypes

• Unconscious assumptions based on these perceptions about another skew our understanding, unintentionally affecting actions and judgments

• Opens one up to prejudice or preconceptions of people not based on reason or experience
Decreasing Bias

Results
• Does not change racial attitudes or motivations to respond without prejudice
• Participants were more concerned and aware of discrimination and their own personal bias

Strategies
• Stereotype replacement
• Thinking of counter-stereotypic examples
• Individualizing instead of generalizing
• Perspective taking/”Walking in their shoes”
• Increasing opportunities for bias
Opioid addiction crisis is the most devastating drug epidemic since crack/cocaine

- **Heroin death rates**, which nearly tripled between 2010 and 2013, have reached a scale of mortality unseen since the peak of the HIV/AIDS epidemic two decades ago.
- **Every 19 minutes**, a baby is born dependent on opioids.
- Fetal/Neonatal Abstinence Syndrome is when the newborn experiences withdrawal symptoms.
- Declaring war on using mothers risks stigmatizing effective treatments.
- Babies exposed to their mother’s opioid addiction treatment (methadone or buprenorphine/suboxone) still test positive.
<table>
<thead>
<tr>
<th>White Opioid Narrative</th>
<th>Black Crack/Cocaine Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>- White women are America’s sisters and daughters</td>
<td>- Illicit drug use among white women at the time was equally prevalent</td>
</tr>
<tr>
<td>- Opioids are an “epidemic of despair” for Middle America</td>
<td>- Connotated careless Black motherhood in inner-city America</td>
</tr>
<tr>
<td>- Considered a disease, not a moral failing</td>
<td>- “Crack babies” considered biologically inferior, eventual super-predators, and a longterm burden on fed. Assistance &amp; service programs</td>
</tr>
<tr>
<td>- No conclusions made about prenatal opioid use or future of exposed babies</td>
<td>- Pregnant drug users were convicted as killers, drug dealers and child abusers</td>
</tr>
<tr>
<td>- Public health response through special funding ($45 Billion) in fed. health care bill that threatened Medicaid (frontline insurance responder)</td>
<td>- Mass incarceration of Black mothers through random drug tests, leveraging child removal and incarceration</td>
</tr>
</tbody>
</table>
Lessons Learned from Substance Abuse

Dr. Claire Cole debunked the “crack baby” term with scientific data, determining effects of poverty are a bigger driver of poor long-term developmental outcomes than drug abuse itself.

Understanding community context and humanizing the victims of drug addiction allowed for...

“Fetal/Neonatal Abstinence Syndrome” recognized over “Crack Babies”

Aid funding instead of increased criminal justice budgets
“Power is the ability to achieve a purpose. Whether or not it is good or bad depends on the purpose.”

– Dr. Martin Luther King Jr.

1) **Worldview**
   Cultural beliefs, norms, traditions, histories, faith, traditions and practices

2) **Agenda**
   Conscious and subconscious position on matters

3) **Decisions**
   Policies and laws

Source: Grassroots Policy Project
Power of any level, expressed through our biases (conscious or unconscious), can lead to racial discrimination

**Power + Bias = Discrimination**

**Choice-Point**
Critically assess the ultimate goal, personal biases and power dynamics when making decisions.

**Choice Influencers**
- Personal experience
- Professional position
- Administrative input
- Community input
- Timeline
- Goal
- Rearing, learned patterns
- Past trauma, PTSD
- Societal norms
- Stereotypes
“Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing.”

— Ibram X. Kendi, Stamped from the Beginning: The Definitive History of Racist Ideas in America
87% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.
History of Reproductive Injustice

• Black women’s bodies used as vessels for the institution of slavery in the U.S.
• Experimentation on black female slaves paved the way for modern day gynecology
• Dr. Samuel Cartwright’s Drapetomania facilitated and supported by Tulane University
• Black women forced to care for and breastfeed white babies
• Eugenics and systemic manipulation of Black family planning

Source(s):
Upstream v Downstream

Social Structure
Power and Wealth Imbalance
Social Determinants of Health
Psychosocial Stress
Unhealthy Behaviors
Individual Disease State
National & State Based Solutions

• Policy Change
  – Strategizing for passage of HR 1318 “Preventing Maternal Deaths Act”

• Maternal Mortality Review
  – MMRCs on local and state levels

• Culture Shift
  – Annual Black Maternal Health Week

• Perinatal and Maternal Care Quality Collaboratives
  – PQCs leading systems-wide education and trainings for health providers

• Adopting health and racial equity frameworks
  – E.g. IHI Health Equity Framework used in Health Department and Hospital strategic planning
Listen, First

• Always center the family experience for efficient use of resources and greatest impact
• Connect to and build trust with all patients of color and other oppressed populations
• Develop and invest in community engagement models for participatory policymaking
• Create/groom strategic partnerships for collective impact
Centering Family Experience

Storytelling humanizes issues.
A good story told by the right person can connect with elected officials and constituents like no other method.

Build a culture of storytelling.
Have everyone in your organization—from your Director to your interns—be on the look out for compelling stories and willing community advocates who can be trained.

Create simple calls to action.
What do you want viewers to do next? How can they get involved?
Community Advocacy

Birth Justice Defenders

New York City DOHMH

• 40+ Residents educating and advocating for respectful care during pregnancy and childbirth

Public Health IS Social Justice
Educate
Gain support
Activate

Advocacy Tools

– Phone calls and visits to legislative offices
– Contact through emails, newspaper op-eds, Letter to the editor
– Hard copy letters sent directly to lawmaker offices
– Accountability for lawmaker votes on high visibility issues
Black Mamas Matter Alliance

Black Mamas Matter is a Black women-led cross-sectoral alliance. We center Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice.
BLACK MATERNAL HEALTH WEEK 2019

Decolonizing Research to Develop Meaningful Policy for Black Maternal Health

Join us April 11-17 for a week of activism and community building for Black Mamas! In solidarity with National Minority Health Month and the International Day for Maternal Health and Rights, Black Mamas Matter Alliance founded Black Maternal Health Week to raise awareness, inspire activism, and strengthen organizing for Black maternal health.

Use hashtags: #BMHW19 & #BlackMaternalHealthWeek to join the conversation and show your support!
Advancing Holistic Systems of Care

Mamatoto Village Doula Services
Washington D.C.

Ancient Song Doula Services
Brooklyn, New York

Setting the Standard for Holistic Care of and for Black Women
Mothers Voices Driving Birth Equity
National Birth Equity Collaborative
Funded by the Robert Wood Johnson Foundation

BACKGROUND
Women in the US are dying in pregnancy and childbirth at unprecedented rates.

The community closest to the pain and suffering through disparate deaths and complications are Black mothers and birthing people.

Disrupting birthing narratives and care required cultural shifting from mother/individual blame to provider/systems accountability.

Cultural transformation depends on the capacity for providers and systems to listen to, understand, and respond to community voices in sharing stories of disrespectful and dismissive care and service gaps.

PURPOSE
To develop and apply a community informed theoretical model in the creation and testing of a participatory patient-reported experience metric (PREM) of mistreatment and discrimination in childbirth.

There is no metric for patient-reported experience of mistreatment and discrimination in childbirth and pregnancy developed by, for, and with impacted Black communities, mothers, and scholars

Research & QI Methodologies

- Systematic analysis and disruption of hierarchy of knowledge construction and power in all clinical research and public health
- Prioritization and amplification of community voice and knowledge
- Co-development of shared language, vision, and understanding of respectful and dignified maternity care
- Co-creation and testing of best practices that lead to improved listening, shared decision making and trust between Black mothers, clinicians, and health systems

OBJECTIVES
- Facilitate and sustain opportunities for Black mothers stories to be valued, seen, & heard in semi-structured focus group interviews
- Develop a community informed theoretical model in collaboration with Black mothers/birthing people based on group interviews
- Map existing theoretical constructs onto those identified from Black mothers and CBOs to inform the co-creation and co-testing of a PREM of respect, mistreatment, and discrimination
- Utilize the PREM in systems accountability, quality improvement patient advocacy and interprofessional education
Grassroot Examples

**Transportation** - Community action team/network participants to testify at city council to improve city-wide transportation infrastructure in response to data and maternal experience (signage, bike lanes, crossing guards, bus schedules, etc.)

**Uninsured rates & prev. of STD/STIs** - Healthy Start EPIC to convene and educate partners on how to advocate for state and federal health care protections on behalf of affected families (op-ed, joint sign on letters, press conferences, etc.)

Grassroot Examples Cont’d

- Food pantries
- Energy assistance
- Homeless shelters
- Domestic violence
  - Head Start
- Youth mentoring
  - Adult literacy
  - Land use
- Neighborhood blight
  - Day care
- Case management
- Counseling
- Job creation
- Job training
- Financial management
- Transportation
- Affordable housing
- Homeownership
- Business planning and loans
  - Health clinics
  - WIC
- Prescription assistance
Strategic Partnerships

Benefits of Collaboration

- Greater funding
- Increase opportunities for collective impact
- Data and intel on local matters
- Develop trusting relationships across sectors

• Universities/Academic Institutions
• Local/state advocacy organizations
• Local/municipal government
• Businesses frequented by target populations
• Racial and social justice organizations
• Local media outlets
Inequities in Medicaid Reimbursement

- The Medicaid participation rate varies by state, and it’s largely tied to reimbursement rates.
- There is no continuous data collection on Medicaid participation.
- Available data show the participation rate has not been affected under the ACA.

In 2013, a national survey concluded that...

- **68.9%** of physicians were accepting new Medicaid patients
- **84.7%** were accepting new privately insured patients
- **83.7%** were accepting new Medicare patients

Challenges for Providers

- Low reimbursement
- Delayed payment
- Billing requirements
- Location and demographic of patients
- Obligation to take on high clinical burden
- Family medicine, general practitioner salary is less appealing

<table>
<thead>
<tr>
<th>State</th>
<th>Physicians Accepting Medicaid</th>
<th>Rate compared to Medicare Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ</td>
<td>38.7%</td>
<td>48%</td>
</tr>
<tr>
<td>CA</td>
<td>54.2%</td>
<td>42%</td>
</tr>
<tr>
<td>LA</td>
<td>56.8%</td>
<td>68%</td>
</tr>
<tr>
<td>MT</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Z-Codes

Z59 Problems related to housing and economic circumstances
- Z59.0, Homelessness
- Z59.1, Inadequate housing
- Z59.2, Discord with neighbors, lodgers and landlord
- Z59.3, Problems related to living in residential institution
- Z59.4, Lack of adequate food and safe drinking water
- Z59.5, Extreme poverty
- Z59.6, Low income
- Z59.7, Insufficient social insurance and welfare support
- Z59.8, Other problems related to housing and economic circumstances
- Z59.9, Problem related to housing and economic circumstances, unspecified

Z60 Problems related to social environment
- Z60.0, Problems of adjustment to life-cycle transitions
- Z60.2, Problems related to living alone
- Z60.3, Acculturation difficulty
- Z60.4, Social exclusion and rejection
- Z60.5, Target of (perceived) adverse discrimination and persecution
- Z60.8, Other problems related to social environment
- Z60.9, Problem related to social environment, unspecified

Z65 Problems related to other psychosocial circumstances
- Z65.0, Conviction in civil and criminal proceedings without imprisonment
- Z65.1, Imprisonment and other incarceration
- Z65.2, Problems related to release from prison
- Z65.3, Problems related to other legal circumstances
- Z65.4, Victim of crime and terrorism
- Z65.5, Exposure to disaster, war and other hostilities
- Z65.8, Other specified problems related to psychosocial circumstances
- Z65.9, Problem related to unspecified psychosocial circumstances

Z72 Problems related to lifestyle
- Z72.0, Tobacco use
- Z72.3, Lack of physical exercise
- Z72.4, Inappropriate diet and eating habits
- Z72.5, High risk sexual behavior
- Z72.51, High risk heterosexual behavior
- Z72.52, High risk homosexual behavior
- Z72.53, High risk bisexual behavior
- Z72.6, Gambling and betting
- Z72.8, Other problems related to lifestyle

Problems related to life management difficulty
- Z73.0, Burn-out
- Z73.1, Type A behavior pattern
- Z73.2, Lack of relaxation and leisure
- Z73.3, Stress, not elsewhere classified
- Z73.4, Inadequate social skills, not elsewhere classified
- Z73.5, Social role conflict, not elsewhere classified
- Z73.6, Limitation of activities due to disability
- Z73.8, Other problems related to life management difficulty
- Z73.81, Behavioral insomnia of childhood
- Z73.810, Behavioral insomnia of childhood, sleep-onset association type
- Z73.811, Behavioral insomnia of childhood, limit setting type
- Z73.812, Behavioral insomnia of childhood, combined type
- Z73.819, Behavioral insomnia of childhood, unspecified
- Z73.82, Dual sensory impairment
- Z73.89, Other problems related to life management difficulty
- Z73.9, Problem related to life management difficulty, unspecified

Z75 Problems related to medical
- Z75.3, Unavailability and inaccessibility of health-care facilities
- Z75.4, Unavailability and inaccessibility of other helping agencies
Thank you

Founder President

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