No Quality without Equity:
A Growing Movement to Address Maternal Disparities

Zsakeba Henderson, MD, FACOG
Senior Vice President, MCH Impact
Chief Medical & Health Officer, March of Dimes

IL PQC
Illinois Perinatal
Quality Collaborative

HEALTHY MOMS. STRONG BABIES.

MARCH OF DIMES

No Quality Without Equity:

A growing movement to improve perinatal care

ZSAKEBA HENDERSON MD, FACOG
SENIOR VICE PRESIDENT, MCH IMPACT
INTERIM CHIEF MEDICAL & HEALTH OFFICER
MARCH OF DIMES

October 2022

PROPUBLICA

Lost Mothers

An estimated 700 to 900 women in the U.S. died from pregnancy-related causes in 2016. We have identified 134 of them so far.

by Nina Martin, ProPublica, Emma Cillekens and Alessandra Freitas, special to ProPublica
July 17, 2017

Too many black women like Erica Garner are dying in America's maternal mortality crisis

Garner may have been the victim of the stress of trauma and poor health care for black wo

By P.R. Lockhart | Jan 10, 2018, 9:30am EST

SHARE

Most Read

House Speaker Paul Ryan biggest fraud in America

The New York Times Magazine

FEATURE

Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

The answer to the disparity in death rates has everything to do with the lived experience of being a black woman in America.

HEALTH NEWS

United States Named the 'Most Dangerous' Developed Country for Women to Give Birth

Childbirth is killing black women in the US, and here's why

CNN

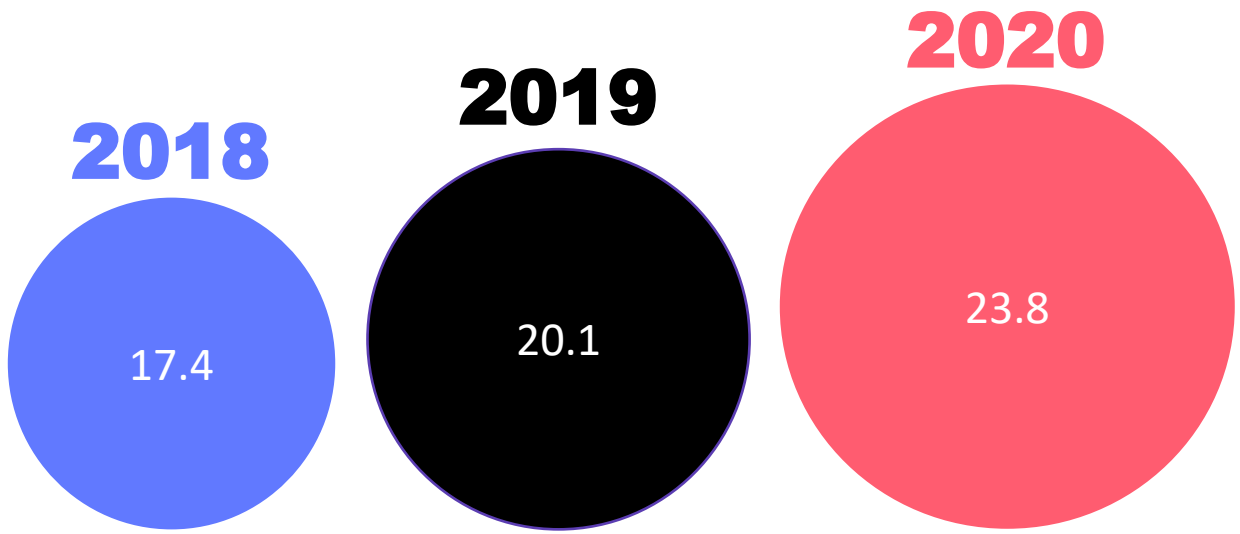
CBS NEWS / *August 5, 2018, 10:06 AM*

Maternal mortality: An American crisis

CBS NEWS

MATERNAL MORTALITY RATES IN THE U.S.

Latest data shows a statistically significant increase in maternal mortality.



658 Deaths of 3.8M Births

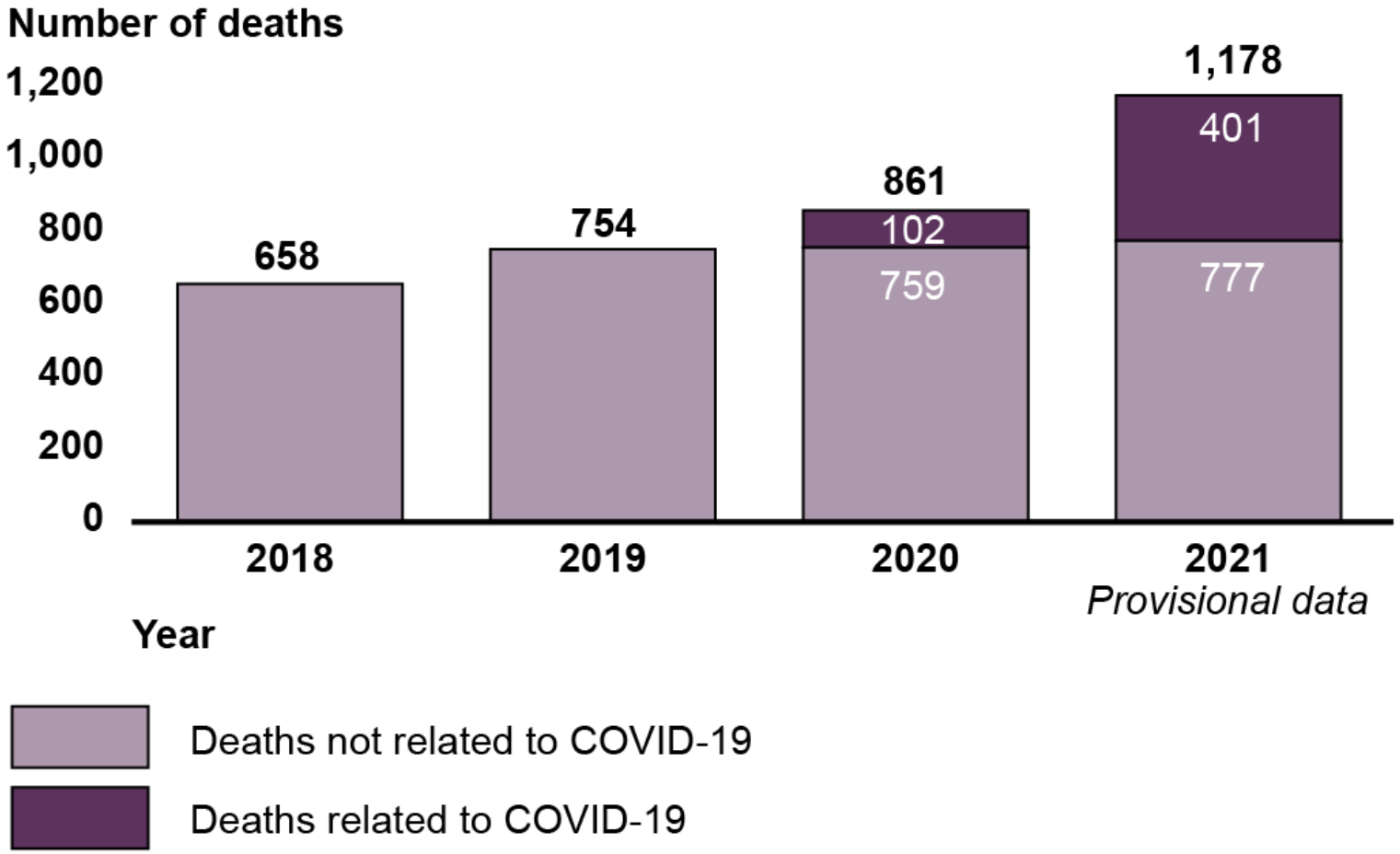
754 Deaths of 3.7M Births

861 Deaths of 3.6M Births

Maternal mortality rate is the number of maternal deaths per 100,000 live births.

Note: Asian, Native American, and other racial categories not provided.
Source: Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022.

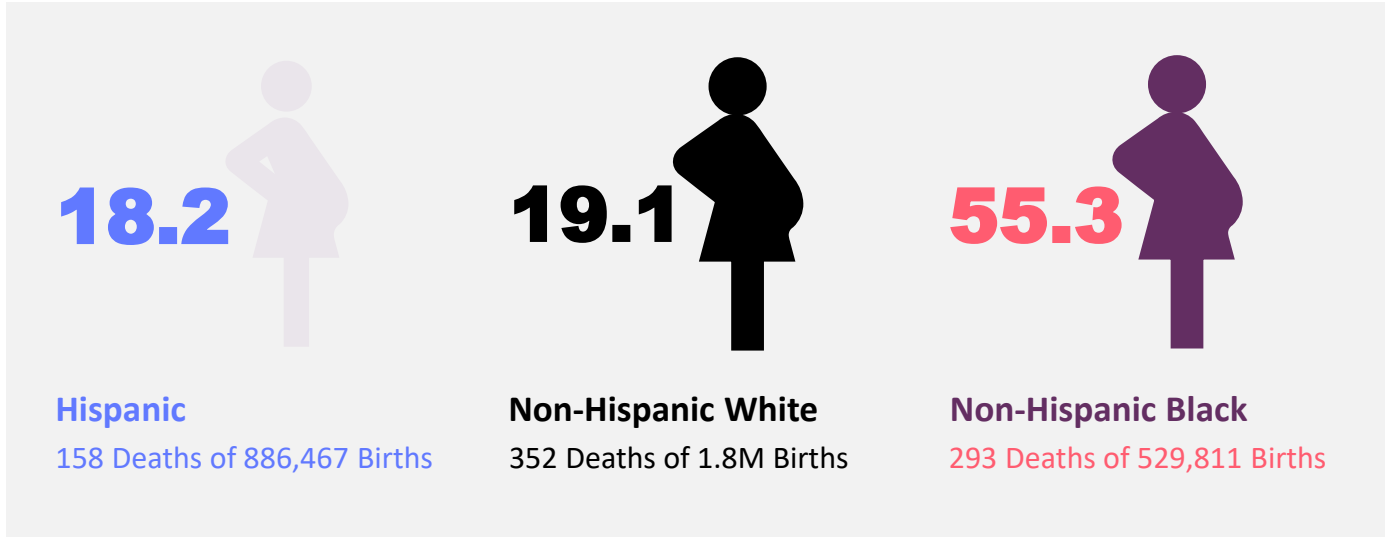
The Impact of COVID-19: Maternal Deaths, 2018 through 2021



Source: GAO analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) data. | GAO-23-105871

RACIAL & ETHNIC DISPARITIES REMAIN

In 2020, Black women accounted for more than double the overall Maternal Mortality Rate (MMR) of 23.8.



Note: Asian, Native American, and other racial categories not provided.
Source: Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022.

Maternal Deaths – Updated Data from CDC

More than four in 5 pregnancy-related deaths (84.2%) in the US were determined to be preventable

- **This is an increase from 66% from the previously published report summarizing pregnancy-related deaths from 13 states between 2008-2017**

Most pregnancy-related deaths occurred between 7 days to 1 year after pregnancy (53%)

- **This is up from 42.2% in the previous CDC maternal mortality report**

One quarter of deaths occurred on the day of delivery or within 7 days

- **This is down from 33% in the previous CDC maternal mortality report**

22% of deaths occurred during pregnancy

Trost SL, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

Maternal Deaths – Updated Data from CDC

CAUSES OF DEATH:

- **Mental health conditions (includes deaths to suicide and overdose/poisoning related to substance use disorder) – 23%.**
- Excessive bleeding (hemorrhage)- 14%
- Cardiac or coronary conditions (related to the heart)- 13%
- Infection- 9%
- Thrombotic embolism (a type blood clot)- 9%
- Cardiomyopathy (a disease of the heart muscle)- 9%
- Hypertensive disorders of pregnancy (relating to High Blood pressure) accounted for 7%

Causes of death varied by race/ethnicity

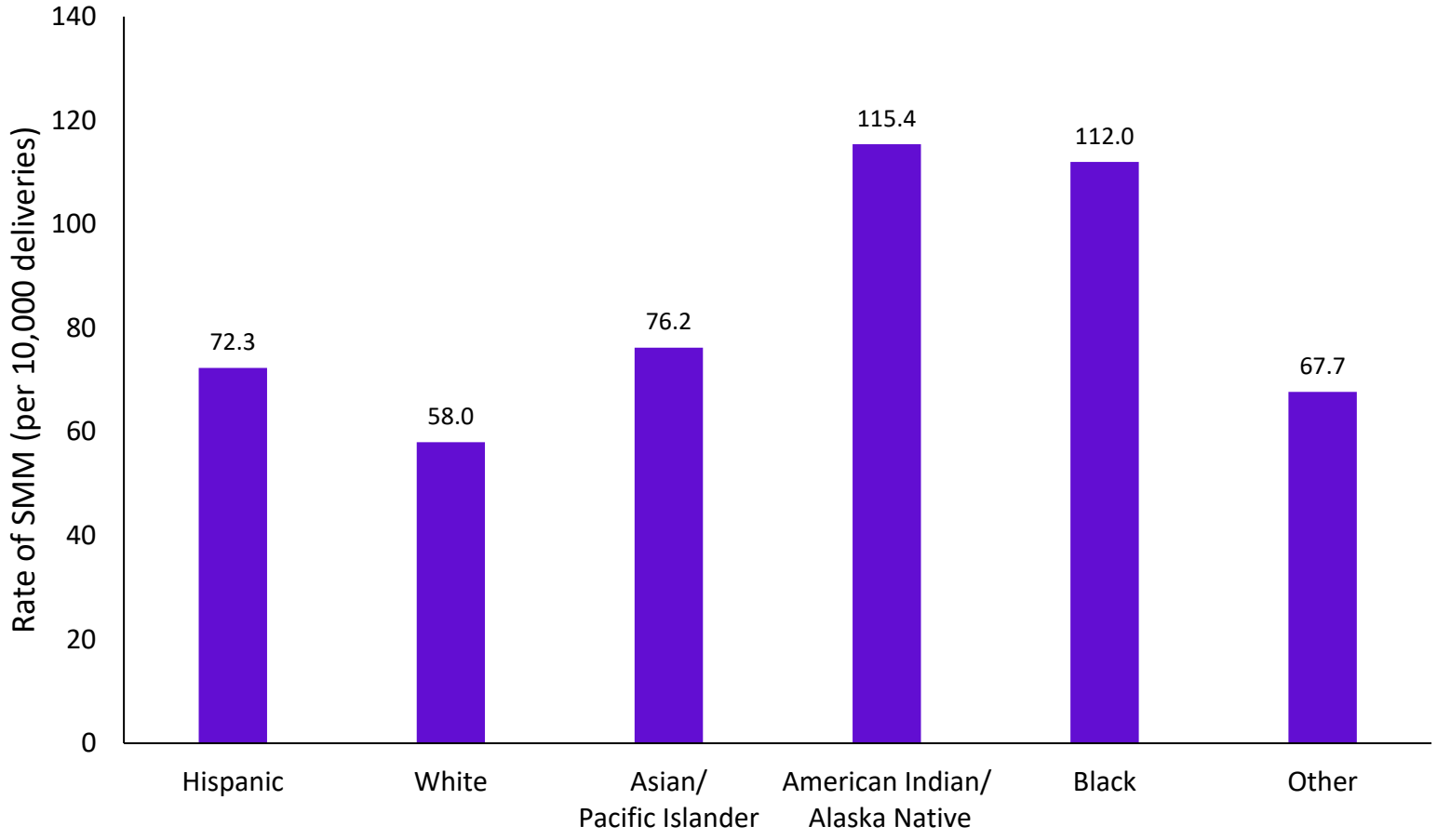
Almost **82% of deaths** occurred among women who lived in an **urban** residence

HEALTHY MOMS. STRONG BABIES. | MARCH OF DIMES

Trost SL, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

SEVERE MATERNAL MORBIDITY BY RACE/ETHNICITY, 2017

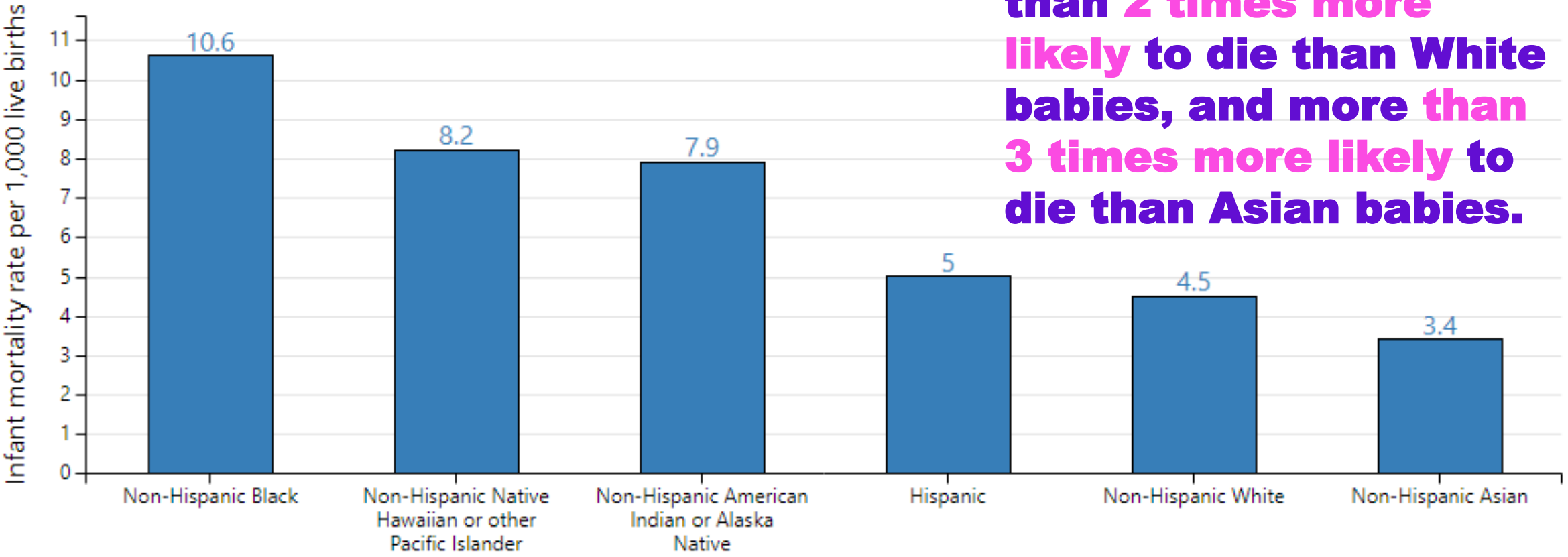
Rates among Black and American Indian/Alaska Native women are almost twice as high as the rate among white women.



Note: Estimates do not include blood transfusion as an SMM indicator using ICD-10_CM/PCS in 2017. Data from Indian Health Service hospitals or tribally operated facilities was not included in the data. The SMM rate for American Indian/Alaska Native hospital deliveries may not be representative of all American Indian/Alaska native hospital deliveries.
Source: U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Improve Maternal Health. 2020. Available at: https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf

DISPARITIES IN INFANT MORTALITY

Black babies are more than 2 times more likely to die than White babies, and more than 3 times more likely to die than Asian babies.



Infant Mortality 2019 | Maternal and Infant Health | Reproductive Health | CDC

SHARED LANGUAGE

Equity

- A human right built upon the belief that all individuals are of equal worth and should be afforded respect, dignity, justice, and fairness.

Health Equity

- All human beings must have every opportunity that is fair and just to achieve optimal health (*Braveman et al. 2018*).
- Health equity is when everyone has the opportunity to be as healthy as possible (*CDC 2020*).

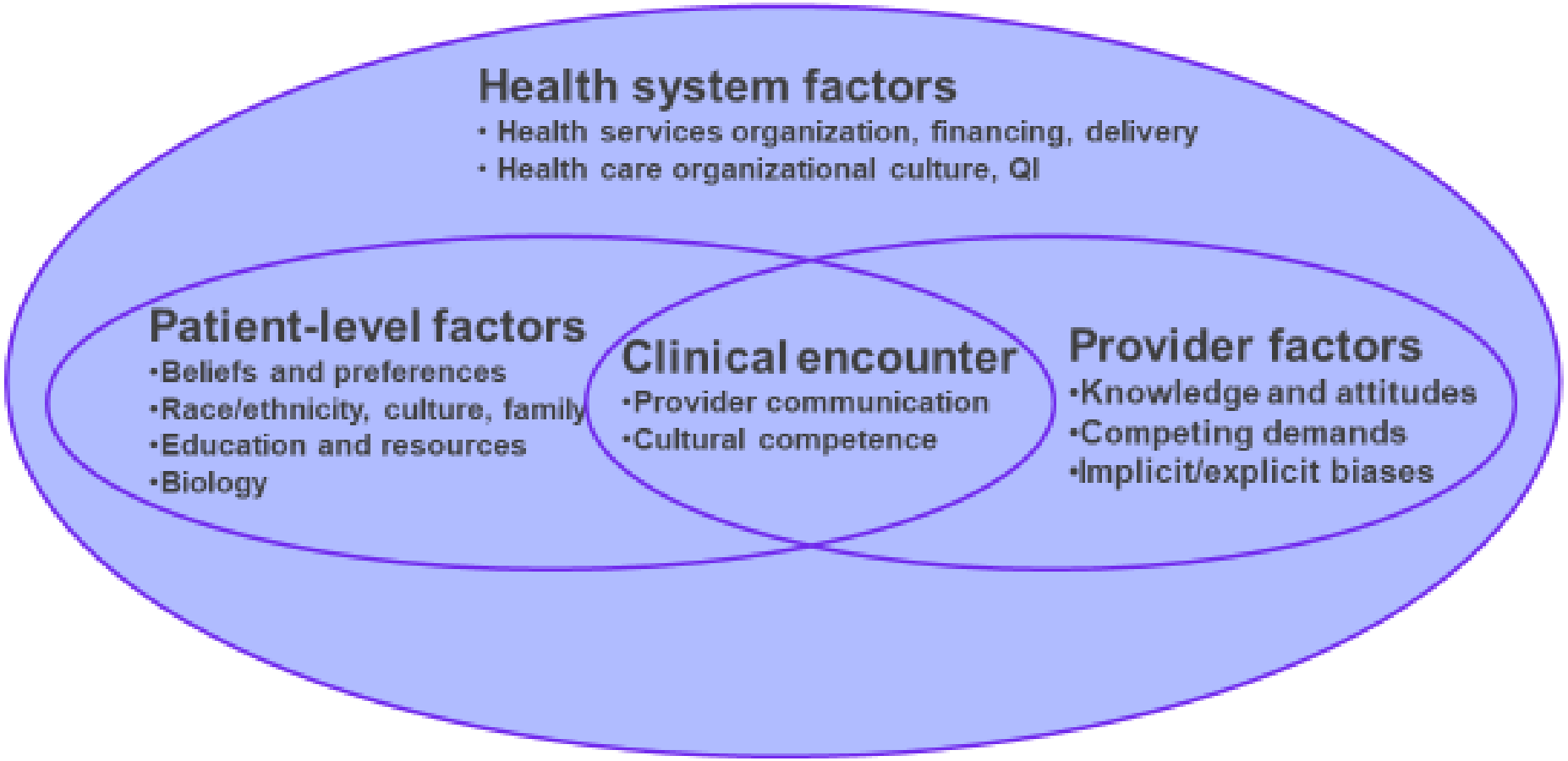
Birth equity

- The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort." (*National Birth Equity Collaborative 2019*)."

SHARED LANGUAGE

- **Implicit Bias**-Beliefs or stereotypes that affect a person's understanding, behaviors, and decisions in an unconscious and unintended manner.
- **Institutional Racism**-Policies and practices within and across institutions that disadvantage certain racial groups and contribute to disparities in society's sectors.
- **Structural Racism**-The historical, cultural, social, psychological, and legal system of racial bias across society and institutions that disadvantages certain racial groups.

UNDERSTANDING THE ORIGINS OF HEALTH AND HEALTH CARE DISPARITIES



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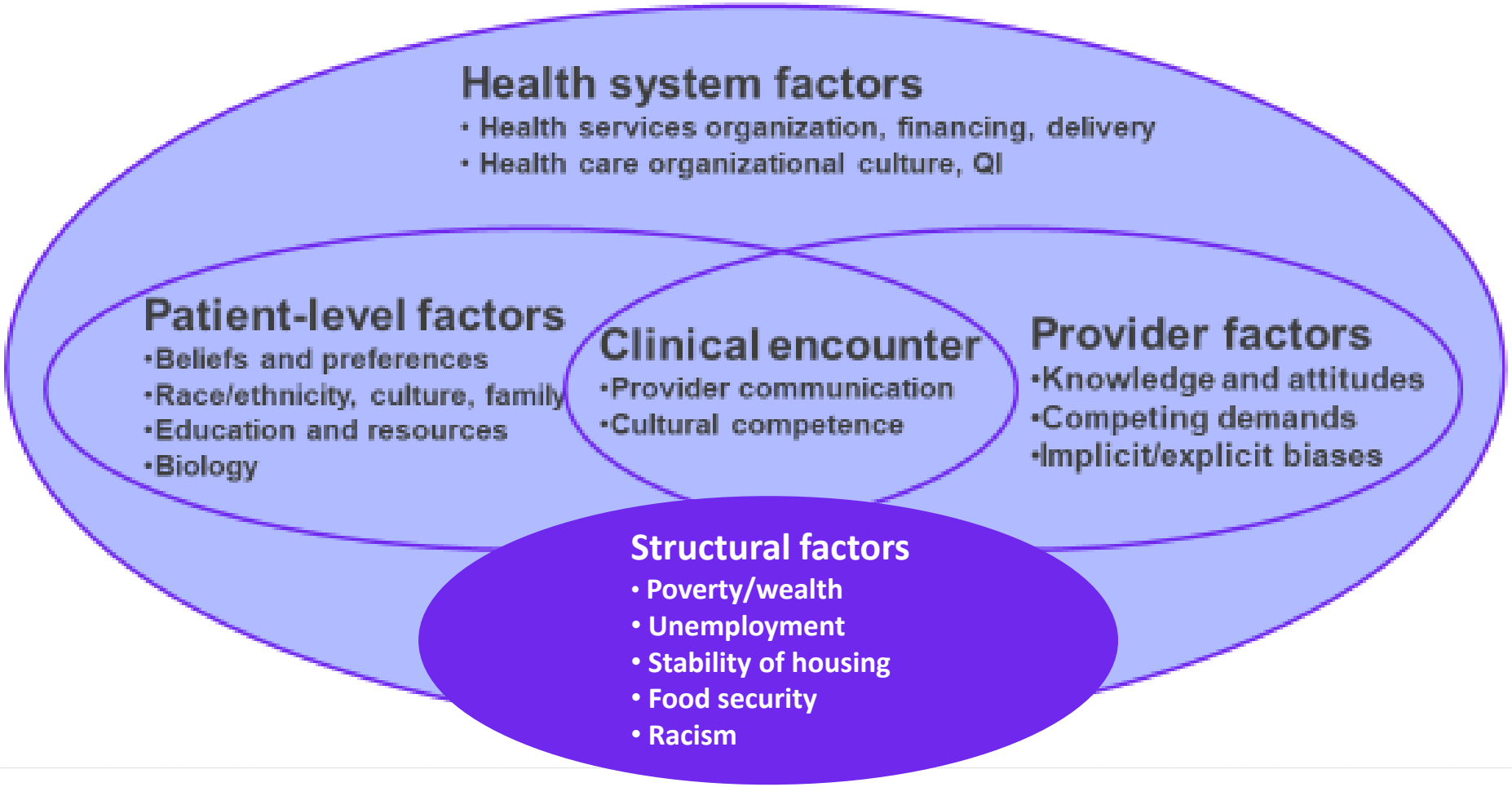
Kilbourne et al, Advancing health disparities research within the health care system: a conceptual framework. AJPH 2006

UNDERSTANDING THE ORIGINS OF HEALTH AND HEALTH CARE DISPARITIES



Kilbourne et al, Advancing health disparities research within the health care system: a conceptual framework. AJPH 2006

A COMPLEX ISSUE

<u>Inequitable distribution</u> of Social Drivers of Health (SDOH) is shaped by underlying root causes such as racism, class oppression, gender discrimination.

- Root causes --> affect health directly through chronic stress, AND
- Root causes --> affect health indirectly through differential access to high-quality schools, safe neighborhoods, good jobs, nutritious food, reliable transportation, healthy housing, and quality health care… all of which have been associated with adverse health outcomes, including birth outcomes.

SDOH FACTORS

Environmental Factors

- Low income & minority communities = heavier burden of environmental injustice
- Air Pollution, Lead & Arsenic, Contaminated Water, and Climate Change affect maternal morbidity and poor birth outcomes

Connected Communities

- Linked to higher preterm birth rates
  - Highly segregated communities
  - Neighborhood disadvantage
  - Exposure to economic insecurity

Racism

- Structural racism = associated with adverse birth outcomes and linked to toxic stress
- Negative effect of interpersonal discrimination and birth weight & preterm birth, and gestation age at birth
- SDOH , racism, and stress affect higher rates on perinatal depression.

SDOH FACTORS

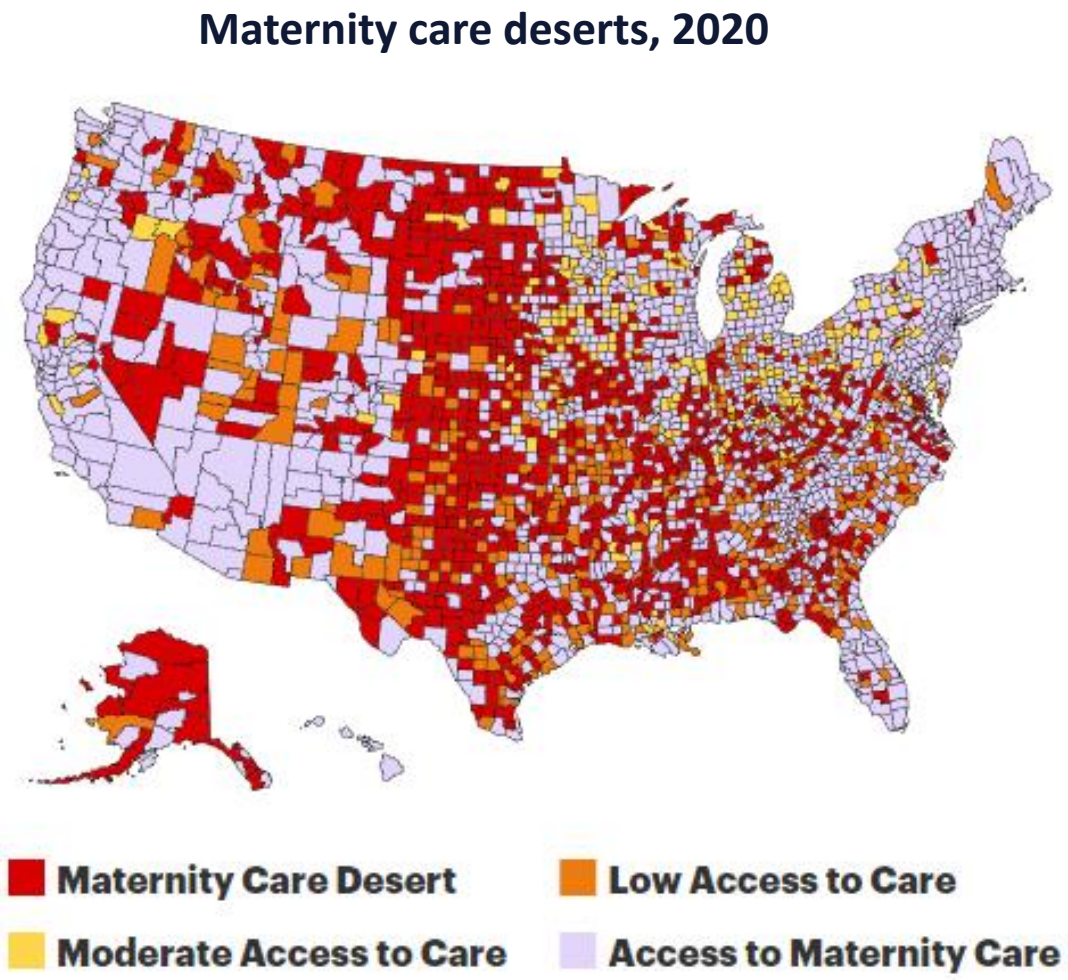
15.9% of women of childbearing age (15-44 years) lived below the poverty level in the U.S (2019)

- 43% of the near 4 million births were to mothers utilizing Medicaid
- Economic insecurity linked to lower access and utilization of prenatal care services, low-birthweight, psychosocial issues and malnutrition, higher levels of stress, depression and smoking and illicit substance

An increase in the % of rural counties without hospital-based OB/GYN services increased from 45-54% in past 10 years.

- Decreasing # of family physicians providing maternity care in rural settings.
- Women of color are disproportionately affected by biased or discriminatory policies that influence the quality and quantity of care, services, and resources received.
- >50% of counties across the U.S. have limited access or no access to maternity care

ACCESS TO MATERNITY CARE



Maternity Care Deserts

- **36%** of all U.S. counties are designated as maternity care deserts.
- More than **2.2 million women** of childbearing age live in maternity care deserts.
- In 2020, more than **146,000 babies** were born in maternity care deserts.

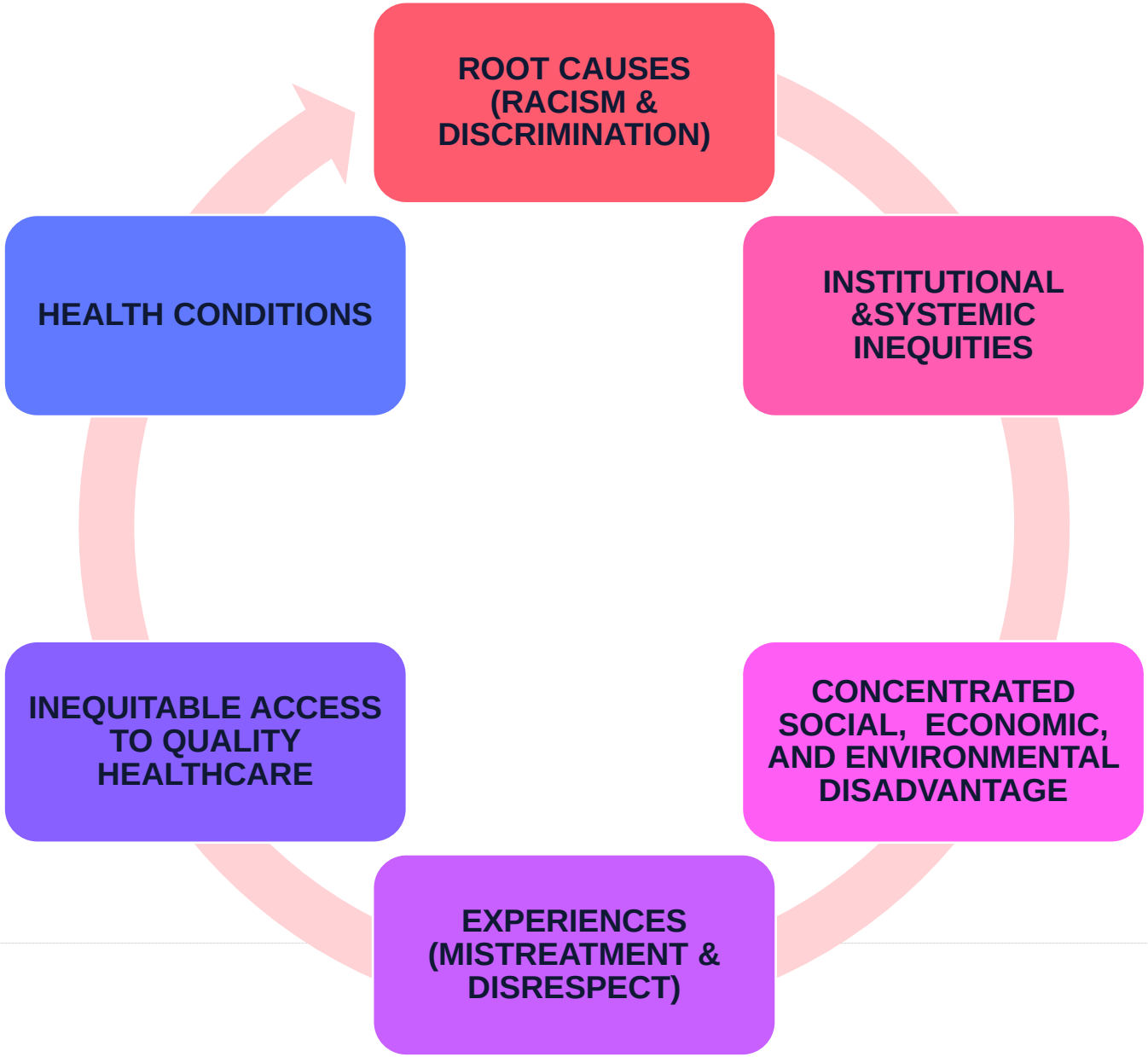
Limited Access to Care

- Over **2.8 million women** of childbearing age and nearly **160,000 babies** were impacted by reduced access to maternity care.

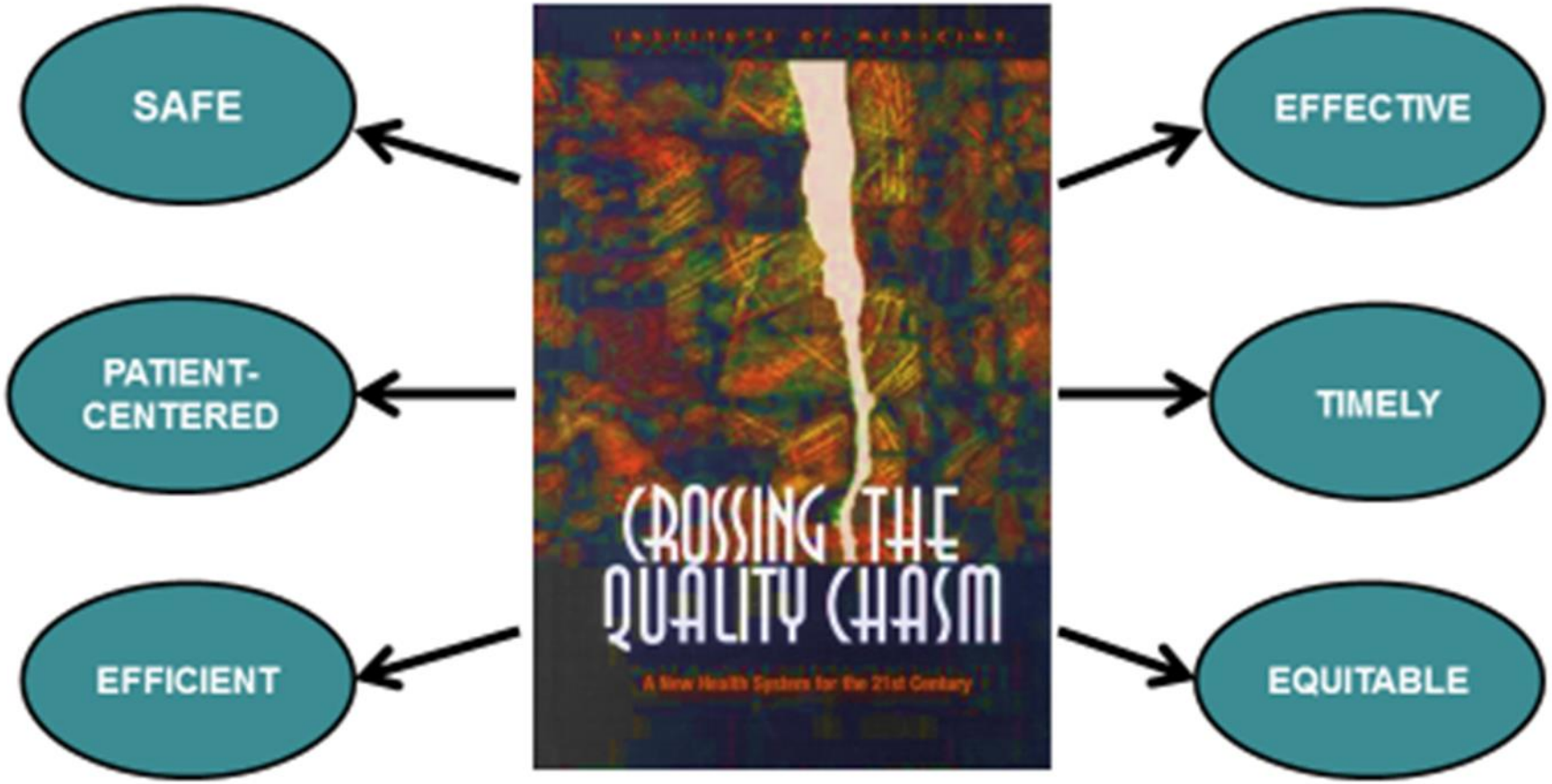
HEALTHY MOMS. STRONG BABIES. | MARCH OF DIMES

Source: Nowhere to go: Maternity Care Deserts across the U.S. March of Dimes, September 2022.

LEVELS FOR ACTION:



SIX AIMS FOR IMPROVEMENT



Institute of Medicine, National Academy Press, 2001

EQUITY IS A KEY COMPONENT OF QUALITY CARE

VS

Low income households received worse care than people in high-income households for about 60% of quality measures.

AHRQ National Healthcare Quality and Disparities Report, 2019.
https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2019qdr.pdf

EQUITY IS A KEY COMPONENT OF QUALITY CARE

VS

Blacks received worse care than Whites for about

40 percent of quality measures.

HEALTHY MOMS. STRONG BABIES. | MARCH OF DIMES

AHRQ National Healthcare Quality and Disparities Report, 2019.
https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2019qdr.pdf

IMPROVING CARE IN HOSPITALS TO REDUCE MORBIDITY AND MORTALITY

- **Hospital quality may be a critical lever for improving outcomes**
- **More than half of maternal mortality and severe events are preventable**
- **Data have demonstrated that both *within-hospital* and *between-hospital* disparities exist for severe maternal morbidity.**
  - Black women deliver in different and lower quality hospitals than whites
  - Quality of care received by women during childbirth may differ by race and ethnicity within individual hospitals

Howell, EA, et al. Seminars in Perinatology. 41(2017) 266-272

MISTREATMENT IN MATERNITY CARE

1 in 6 women reported experiencing one of more types of mistreatment

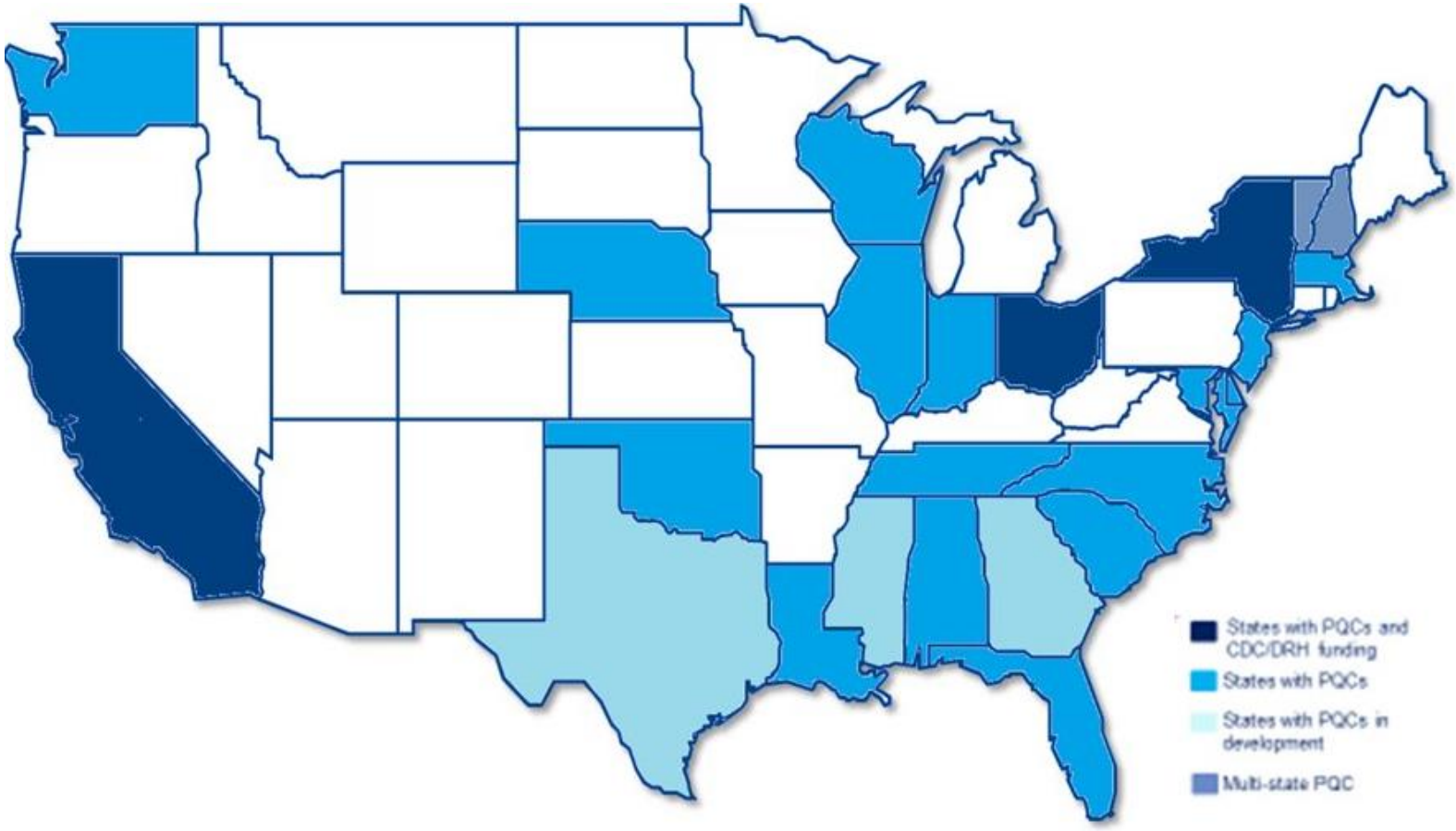
HEALTHY MOMS. STRONG BABIES.

MARCH OF DIMES

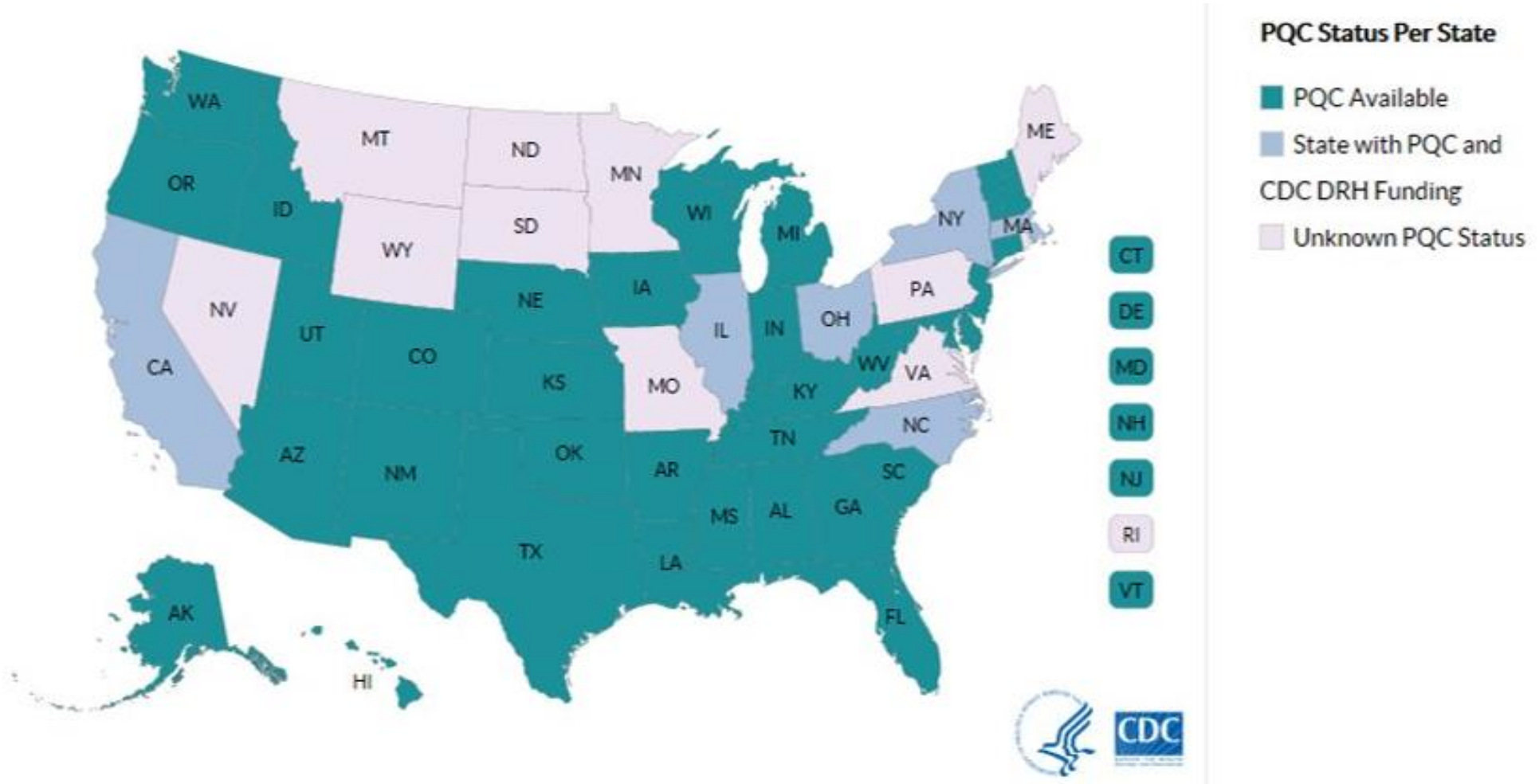
Vedam et al. Reproductive Health (2019) 16:77

HOW HAVE PQCS ADVANCED EQUITABLE MATERNITY CARE?

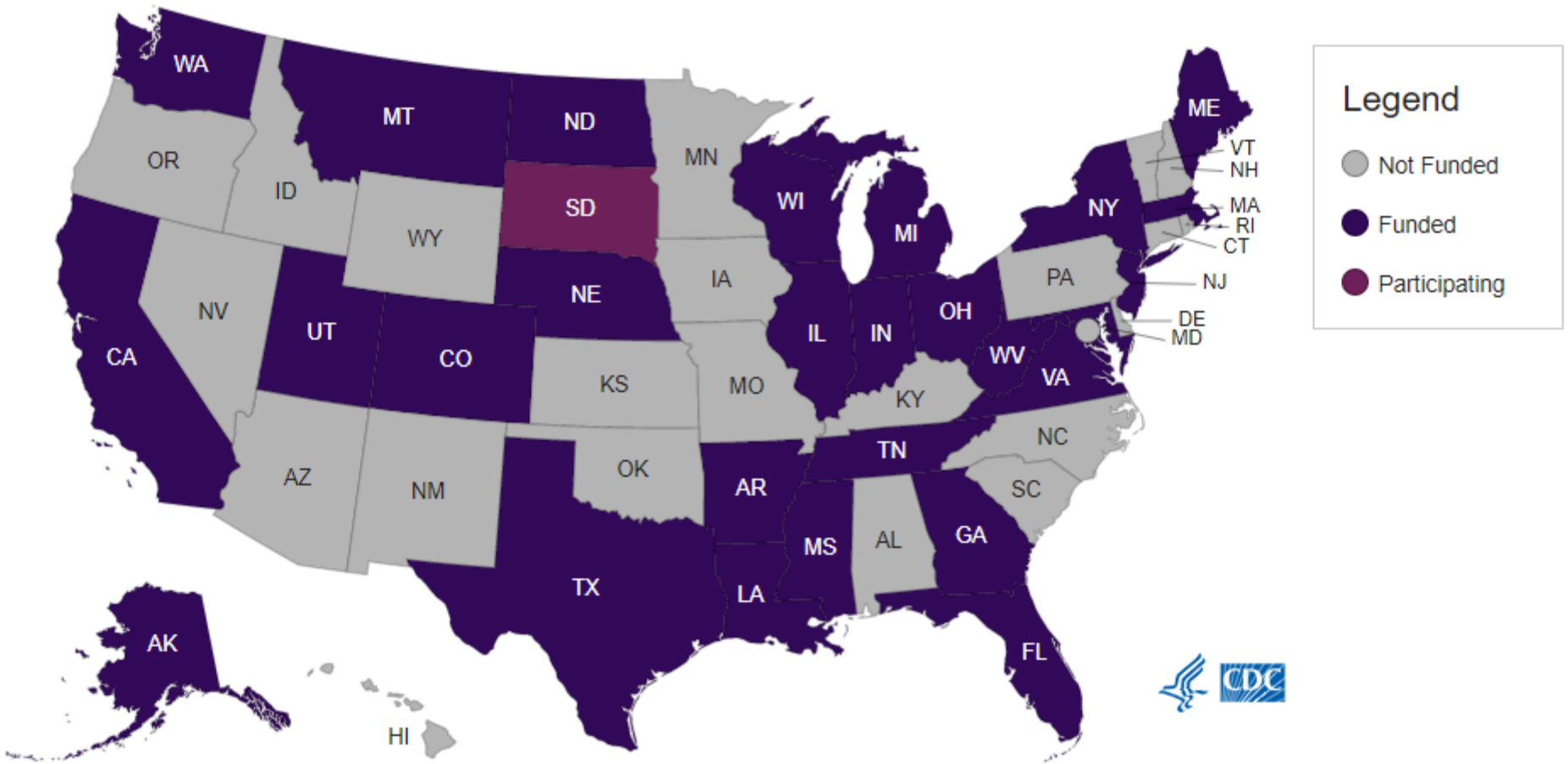
STATUS OF PQCS IN THE U.S. – 2013



STATUS OF PQCS IN THE U.S. – 2016



STATUS OF PQCS IN THE U.S. – 2022



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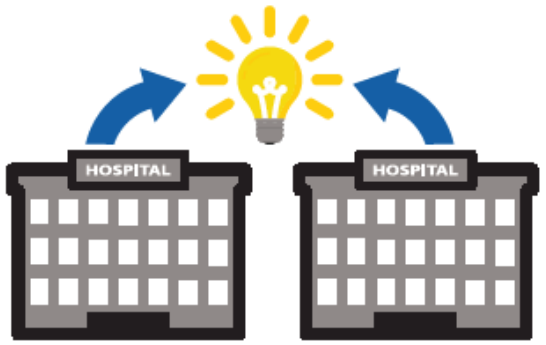
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html

KEY PQC STRATEGIES



Collaborative Learning

Rapid Response Data

Quality Improvement Science Support

Ultimate Goal = improvements in population-level outcomes in maternal and infant health

OPPORTUNITIES FOR PQCS TO IMPROVE BIRTH EQUITY

- Securing leadership commitment and investment
- Using an equity lens to collect, stratify and analyze data
- Addressing social determinants of health
- Promoting education and training
- Engaging patients and families
- Building community partnerships
- Centering patient and community narratives
- Providing respectful care

Collaborative Learning

Quality Improvement Science Support


Rapid Response Data

SHIFTING THE CULTURE!

HEALTHY MOMS. STRONG BABIES. | MARCH OF DIMES

Perinatal Quality Collaboratives: Working Together to Improve Maternal Outcomes (cdc.gov), Mason CL, et al. Perinatal Quality Collaboratives and Birth Equity. Curr Opin Anaesthesiol. 2022 Jun

Louisiana Perinatal Quality Collaborative (LaP

The **Louisiana Perinatal Quality Collaborative (LaPQC)** is an
of Family Health and an authorized agent of the **Louisiana Co**
Care and Prevention of Infant Mortality. LaPQC is a network
providers, public health professionals, and patient and commu
work to advance equity and improve outcomes for birthing pe
newborns in Louisiana. This team of people works together to
respond to the complex challenges birthing persons face durir
opulat

New York State
nyspQc
Perinatal Quality Collaborative

New Illinois Initiative Aims To Reduce Racial Disparities, Improve Childbirth Outcomes

Christine Herman June 1, 2021

CMQCC
California Maternal
Quality Care Collaborative

Birth Equity

PN QIN
PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK

PNQIN Massachusetts AIM Initiative Maternal Equity Bundle

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Maternal Health CARE

COLLABORATIVE TO ADVANCE RACIAL EQUITY

A public-private partnership between the U.S. Department of Health and Human Services and March of Dimes

DRIVERS OF THE BLACK-WHITE DISPARITY IN SMM

On March 19, 2021, a Black Maternal Health Stakeholder Group was convened to identify and discuss key drivers and solutions to the disparity gap in maternal health outcomes, including high SMM rates among Black women.

1. **RACISM (STRUCTURAL AND INTERPERSONAL)**
2. **LACK OF SHARED DECISION-MAKING AND COMMUNITY OVERSIGHT**
3. **NEED FOR DATA TRANSPARENCY AS A MODE OF ACCOUNTABILITY, ACTION AND FINANCIAL ALIGNMENT**
4. **LEADERSHIP AND SYSTEMS ISSUES**
5. **A SILOED APPROACH TO LABOR MANAGEMENT AND LABOR SUPPORT AS THE STANDARD OF CARE**

SOLUTIONS FROM STAKEHOLDERS TO CLOSE THE BLACK-WHITE GAP IN MATERNAL HEALTH OUTCOMES

Normalize person-centered, respectful, and anti-racist care for all.

Use a team-based approach to care with respect for all members of the birthing team.

Make data transparent and stratify data by race and ethnicity.

PROJECT OBJECTIVES

IMPROVE BIRTH EQUITY WITH BETTER DATA

Implement **best practice for collecting accurate patient-reported race and ethnicity data** and stratify quality data to identify disparities and opportunities.

CREATE A CULTURE OF EQUITY

Take actionable steps to advance equity, such as **forming an anti-racism workgroup and reviewing hospital policies.**

CENTER THE PATIENT IN DECISION-MAKING BY IMPLEMENTING RESPECTFUL CARE PRACTICES

TeamBirth, an intervention designed by Ariadne Labs, levels the playing field in childbirth to place the birthing person at the center of shared communication in a respectful environment.

ENGAGE PATIENTS, PARTNERS AND THE COMMUNITY FOR ACCOUNTABILITY

Coordinate a regional Community Accountability Panel (CAP) to provide **meaningful feedback directly to hospital teams on QI efforts.**

COMMUNITY ACCOUNTABILITY PANELS

Those most qualified to weigh in on what's happening at their local birthing facility — parents, families, and community members — often aren't at the table.

Maternal HealthCARE Community Accountability Panels are a novel mechanism for collecting **honest feedback** that is of value to hospitals and health systems.

Maternal HealthCARE
COLLABORATIVE TO ADVANCE RACIAL EQUITY

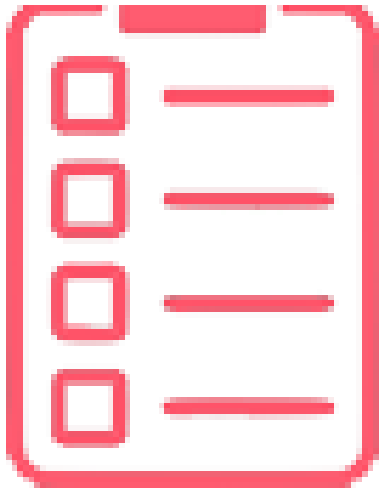
COMMUNITY ACCOUNTABILITY PANELS

- One CAP created in each state
- Recruited from communities served by participating hospitals
- CAP members are **compensated** for their time and expertise
- Quarterly meetings held on Zoom
- De-identified and aggregated project data is shared during each meeting
- Irth data is shared during each meeting

Maternal Health CARE
COLLABORATIVE TO ADVANCE RACIAL EQUITY

EVALUATION METHODS

- ✓ Hospital **progress in implementing** key measures
- ✓ Capturing the **patient experience**
  - MOR-Mothers on Respect Index
  - MADM-Mothers Autonomy in Decision Making Scale
  - Irth- BIRTH but the "B" was dropped for Bias
- ✓ **Culture survey** measuring OB dept staff and provider perceptions of racial equity and bias
- ✓ **Patient Outcomes** including SMM and NTSV outcomes stratified by race and ethnicity
- ✓ **Community Accountability Panel**
  - Meeting report for hospitals
  - Call-to-Action Report



PROJECT STATUS

March 2022 the project kicked off in hospitals in Ohio and Tennessee

The Black Maternal Health Stakeholders Group will meet again in Fall 2022

Wave 2 of the project starting will kick off in multiple states, targeting GA, MS, MO, and KS, in Spring 2023

STAFF CULTURE SURVEY BASELINE

- Completed by 316 staff and providers at 3 hospitals
- **Over 80%** of participants at all hospitals were White and non-Hispanic
- Overall, **hospital commitment** to racial equity and inclusion was scored higher than **unit commitment**
- Survey response themes and trends were the same across all three hospitals

STAFF CULTURE SURVEY

Likert Scale

Scale used to measure attitudes, knowledge, perceptions, values, or behavioral changes. Includes a series of statements that respondents rate.

Survey questions were scored on a 6-Point Likert Scale

- “Strongly Disagree” to “Strongly Agree”
- Each question was scored between 1-6, with **6** being the most desirable response and **1** being the least desirable.

STAFF CULTURE SURVEY KEY RESPONSE THEMES

HOSPITAL LEVEL STATEMENTS

- Highest scoring section of the survey for all hospitals
- Participants **highly rated** statements about their hospital being committed to racial equity but rated their hospitals **lowest** for providing the resources and tools needed to address racial equity.

STAFF CULTURE SURVEY KEY RESPONSE THEMES

UNIT LEVEL STATEMENTS

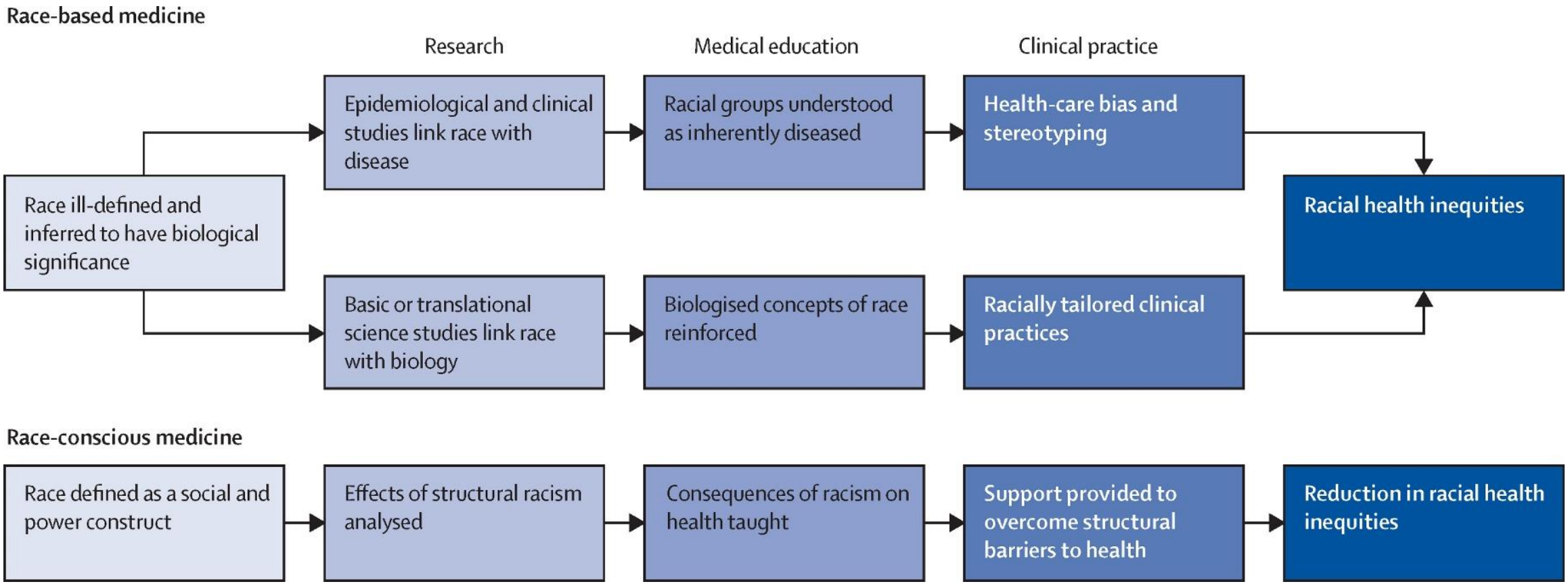
- Lowest scoring section of the survey for all hospitals
- Participants **highly rated** providers and staff for communicating effectively with patients from diverse backgrounds and for promoting cultural humility and respect.
- *"The individual bias of providers and staff on my unit effects how they meet the healthcare needs of people from racial or ethnic groups different than their own."* was the **lowest rated** statement with several team members agreeing with this statement in some way. **Providers** were the most likely to provide a low scoring response to these statements

STAFF CULTURE SURVEY KEY RESPONSE THEMES

INDIVIDUAL LEVEL STATEMENTS

- Participants felt strongly agreed with statements about the value in examining and discussing the impacts of race on maternity care.
- Participants also rated themselves **highly** for having a basic understanding of how social, economic or environmental factors impact racial equity.
- While participants stated they had knowledge and understanding of what impacts racial equity, **one of the lowest scoring statements for this survey was *"The disparity in severe maternal morbidity (SMM) outcomes for Black birthing people is a result of structural, institutional, and interpersonal racism."***

HOW RACE-BASED MEDICINE LEADS TO RACIAL HEALTH INEQUITIES



Cerdena JP, et al. Lancet 2020; 396: 1125–28

OBSERVED INEQUITIES FROM THE BEDSIDE

- **Ridiculing names that are culturally or ethnically different**
- **Characterizing families as inadequate based on bias and stereotypes**
  - Visitation patterns of families
  - Cultural preferences of families
  - Decision-making of families
  - Insurance status of families
- **Characterizing families as difficult**
- **Deviating from standard of care**

NEWS — October 24, 2022

Some Black physicians say they were pushed out of hospitals due to racial discrimination in medical workforce


I'm proof
Ask me how!
Quality Care
Saves lives


cpcqc


cpcqc
Healthier Outcomes For Colorado's Moms & Babies
MEMBER
of the
Colorado Perinatal Care Quality Collaborative
We Participate Because We Care

THANK YOU

Twitter:
@zsakeba
@marchofdimes

Website:
Marchofdimes.org

Email:
zhenderson@marchofdimes.org

Facebook:
Facebook.com/marchofdimes

KEY DEFINITIONS

- **Health Disparity** *(Healthy People 2010)*
  - The quantity that separates a group from a reference point on a particular measure of health that is expressed in terms of a rate, proportion, mean, or some other quantitative measure, often measured from the most favorable group rate

- **Health Disparity** *(Healthy People 2030)*
  - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage

- **Health inequity** *(Boston Public Health Commission)*
  - difference in health that is not only ***unnecessary and avoidable*** but, in addition, are considered ***unfair and unjust***
  - rooted in social injustices that make some population groups more vulnerable to poor health than other groups.

KEY DEFINITIONS

- **Health Equity** *(Office of Minority Health, CDC)*
  - The state in which everyone has a fair and just opportunity to attain their highest level of health.

- **Birth Equity** (*Green CL, et al. The Cycle to Respectful Care, Int. J. Environ. Res. Public Health)*
  - The assurance of the conditions of optimal births and wellbeing for all people with a willingness of systems to address racial and social inequities in a sustained effort.

PROJECT VISION

EVERY BLACK WOMAN WILL HAVE A SAFE AND RESPECTFUL BIRTH EXPERIENCE WITH ACCESS TO HIGH-QUALITY CARE BEFORE, DURING AND AFTER PREGNANCY

Maternal Health CARE
COLLABORATIVE TO ADVANCE RACIAL EQUITY

BLACK MATERNAL HEALTH STAKEHOLDER GROUP

Valon Alford, MSW, LCSW, LICSW, PMH-C

Linda Goler Blount, MPH

Carolyn Brooks, ScD, MA

Allison Bryant, MD, MPH

Charlene Collier, MD, MPH

Joia Crear Perry, MD, FACOG

Christina Davidson, MD

Ana Delgado, CNM

Lakeisha M. Dennis, MTS, MSN, RN, LCCE

Jamille Fields Allsbrook, JD, MPH

Veronica Gillispie-Bell, MD, MAS, FACOG

Millicent Gorham, PhD (Hon), MBA, FAAN

Rachel R. Hardeman, PhD, MPH

Zsakeba Henderson, MD, FACOG

Rose L. Horton, MSM, RNC-OB, NEA-BC

Elizabeth Howell, MD

Wanda Irving, MPA

Jennifer Jacoby, JD

Jennie Joseph, LM, CPM

Tonya Lewis Lee

Rolanda Lister, MD

Ebony Marcelle, CNM, MS, FACNM

Kay Matthews, LCHW

Monica McLemore, RN, PhD, FAAN

Julia Chinyere Operah, PhD

Chanel L. Porchia Albert CD, CPD, CLC, CHHC

Jessica Roach, MPH

Carol Sakala, PhD, MSPH

Stacey D. Stewart, MBA

Jamila K. Taylor, PhD

Shannon Welch, MPH

Tiffany Wiggins, MD, MPH, FACOG

Dorian Wingard, MPA

Akilah Witherspoon, CLC, CPFSW, CD

NATIONAL BIRTH EQUITY COLLABORATIVE PROJECT TEAM

Denys Symonette Mitchell, MSW (Project Lead at NBEC)

Dawn Godbolt, PhD (Moderator)

Susan Perez, PhD (Moderator)

Maternal Health CARE

COLLABORATIVE TO ADVANCE RACIAL EQUITY