

Alliance for Early Success

National Issues ▶ **State Action**

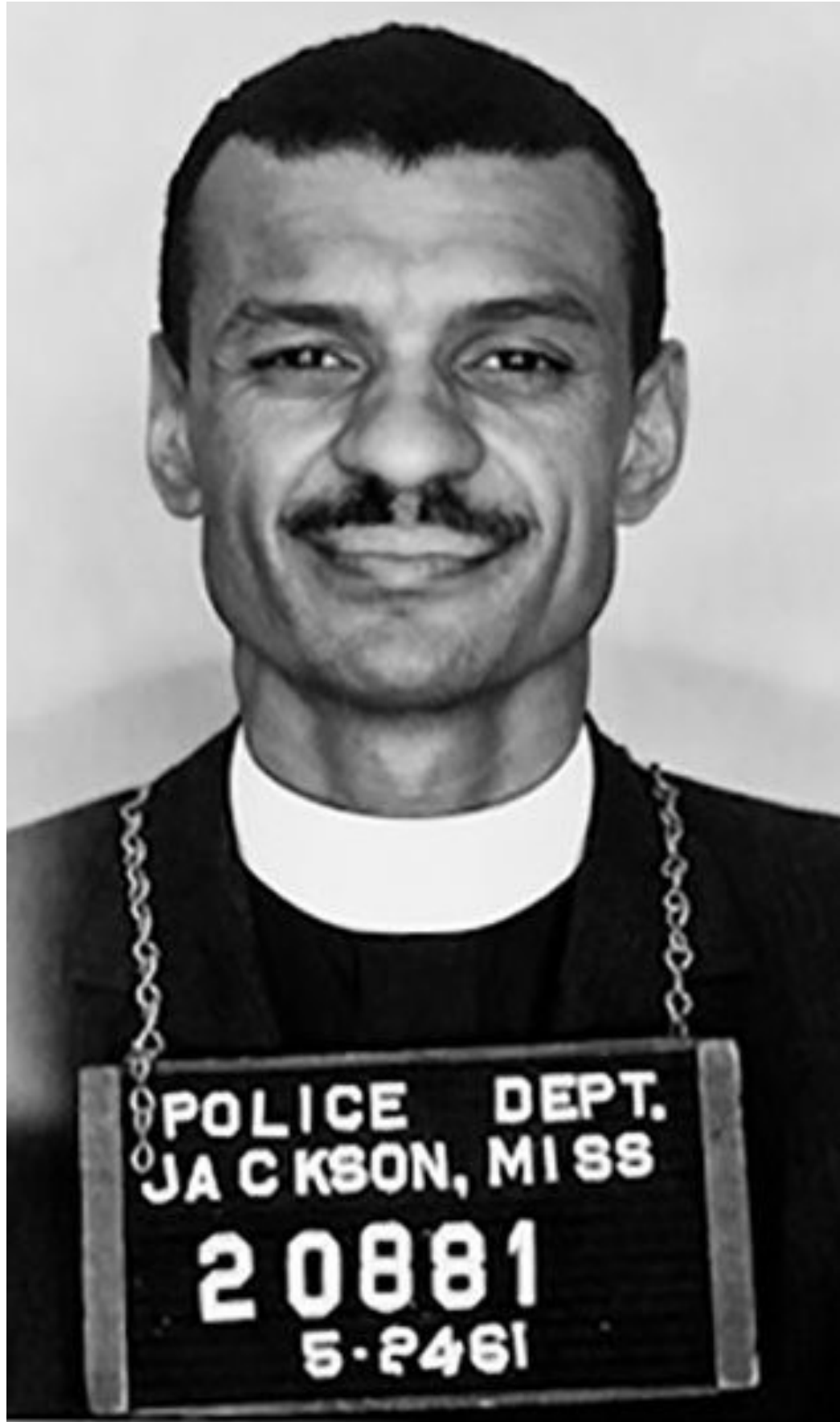
Risk Factor: Racism

The Structures that Drive Black Infant and Maternal Mortality

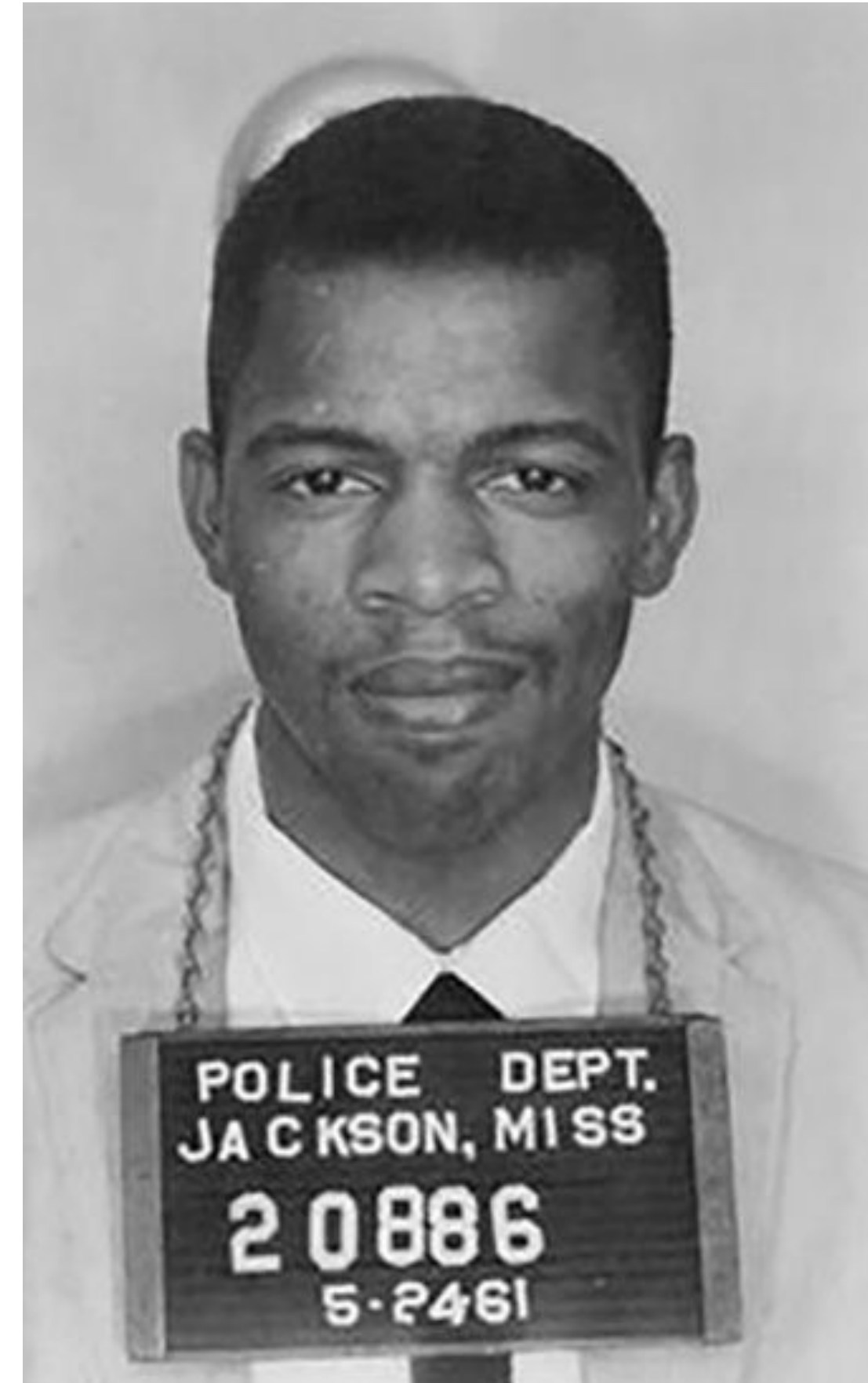
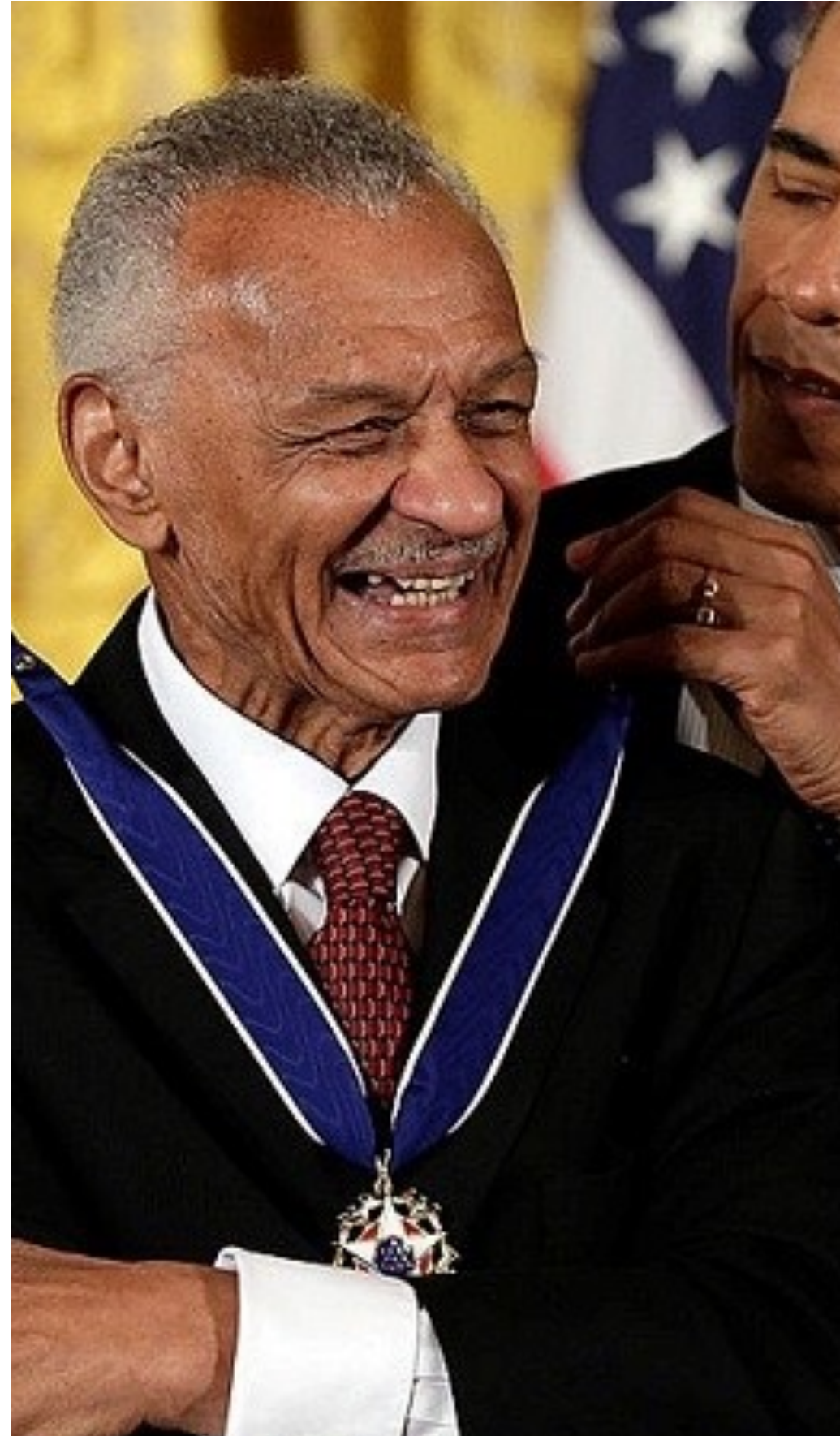
July 24, 2020

Welcome.





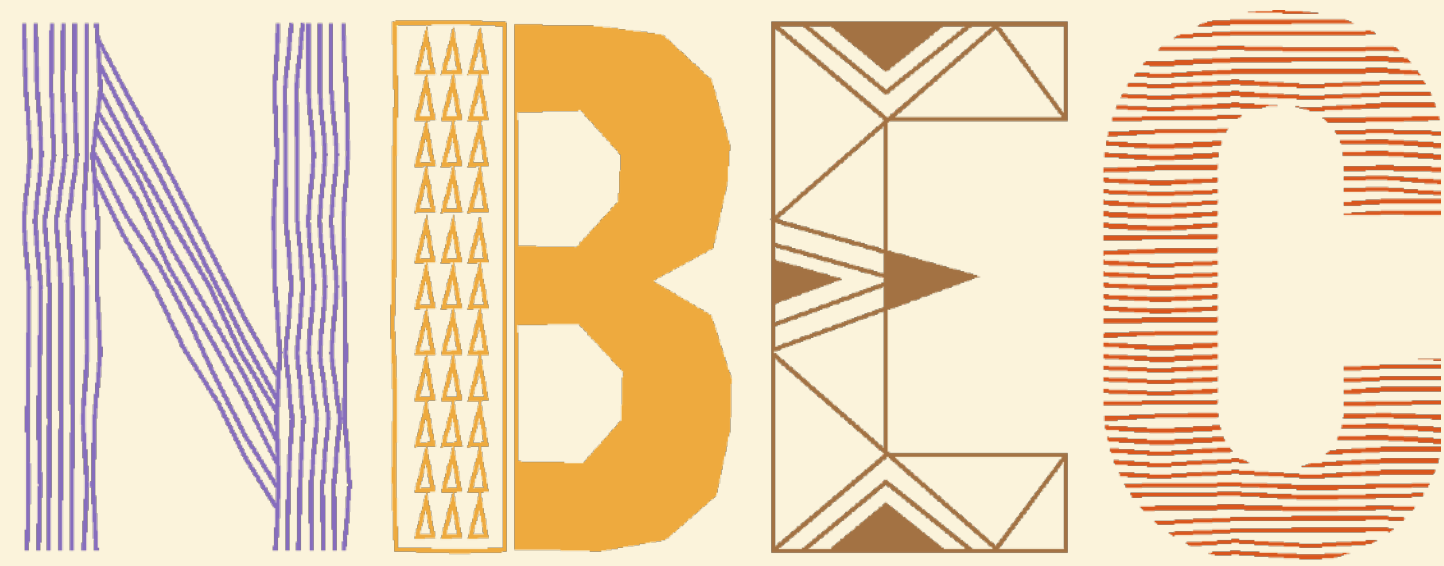
Cordy Tindell Vivian
July 30, 1924 – July 17, 2020



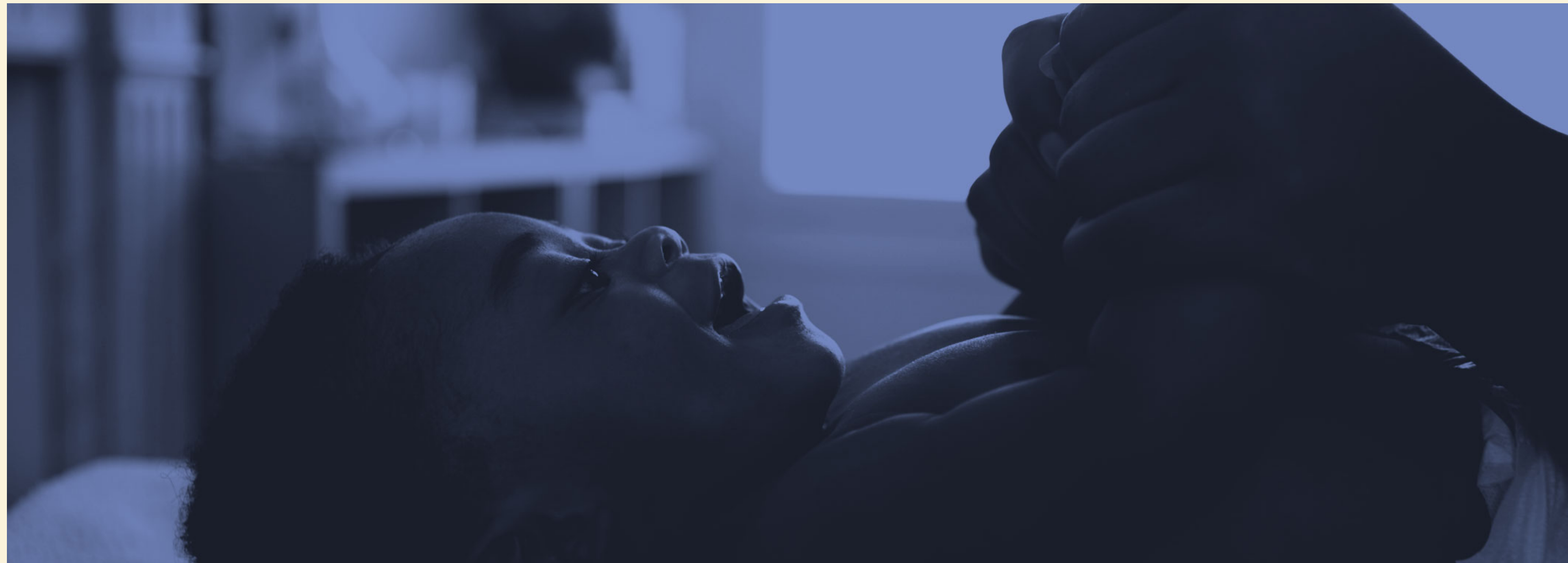
John Robert Lewis
February 21, 1940 – July 17, 2020



- ✓ **Submit your questions in the Q&A box**
- ✓ **We'll send recording and resources next week.**



NATIONAL BIRTH EQUITY COLLABORATIVE



Applying a Racial Equity Lens to Addressing Infant and Maternal Mortality

Joia Crear-Perry, MD, FACOG
Alliance for Early Success

Mission

NBEC created 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

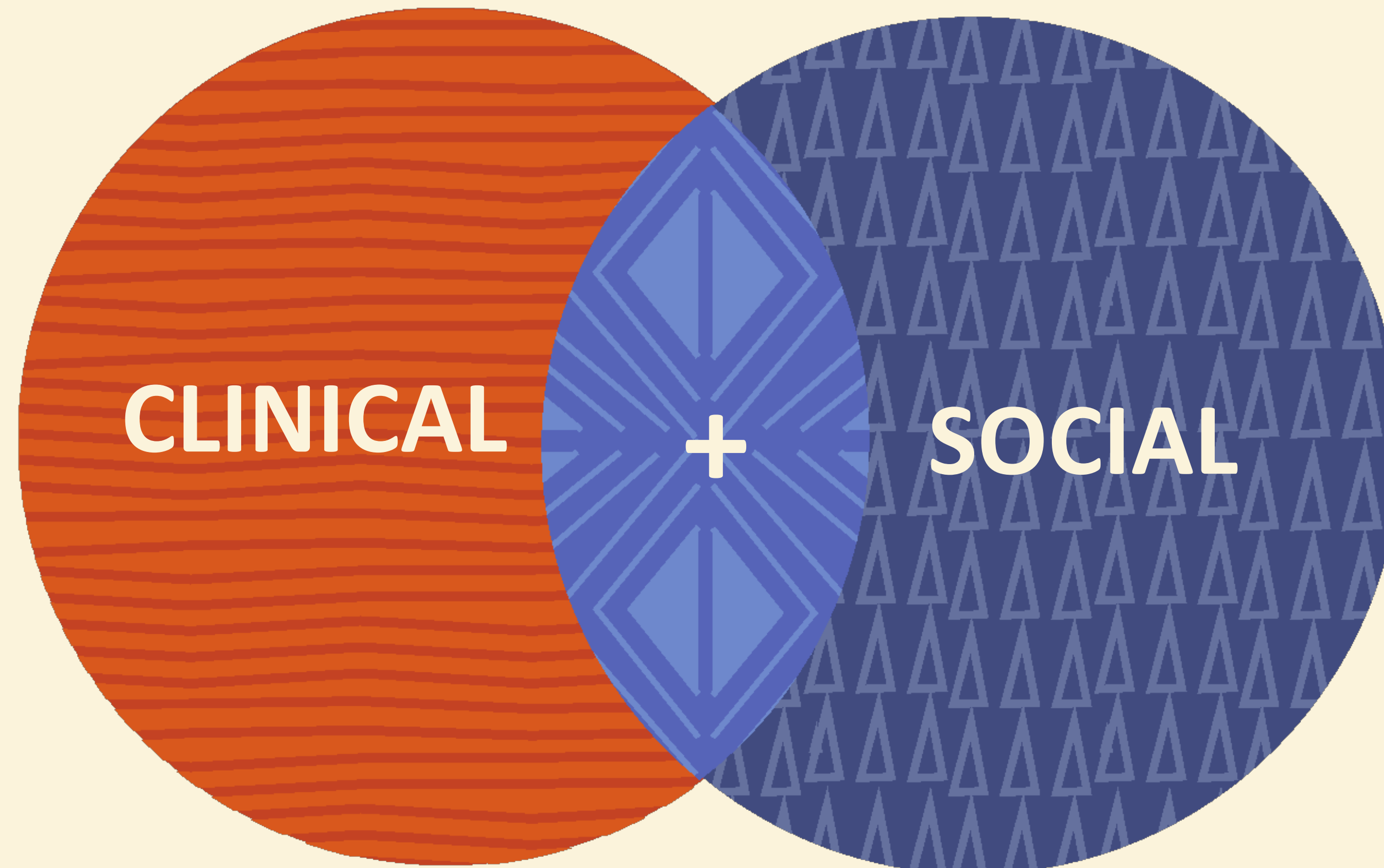
Freedom

Wellness Black Lives Sisterhood



NATIONAL BIRTH EQUITY COLLABORATIVE

NBEC Focus



- 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.”

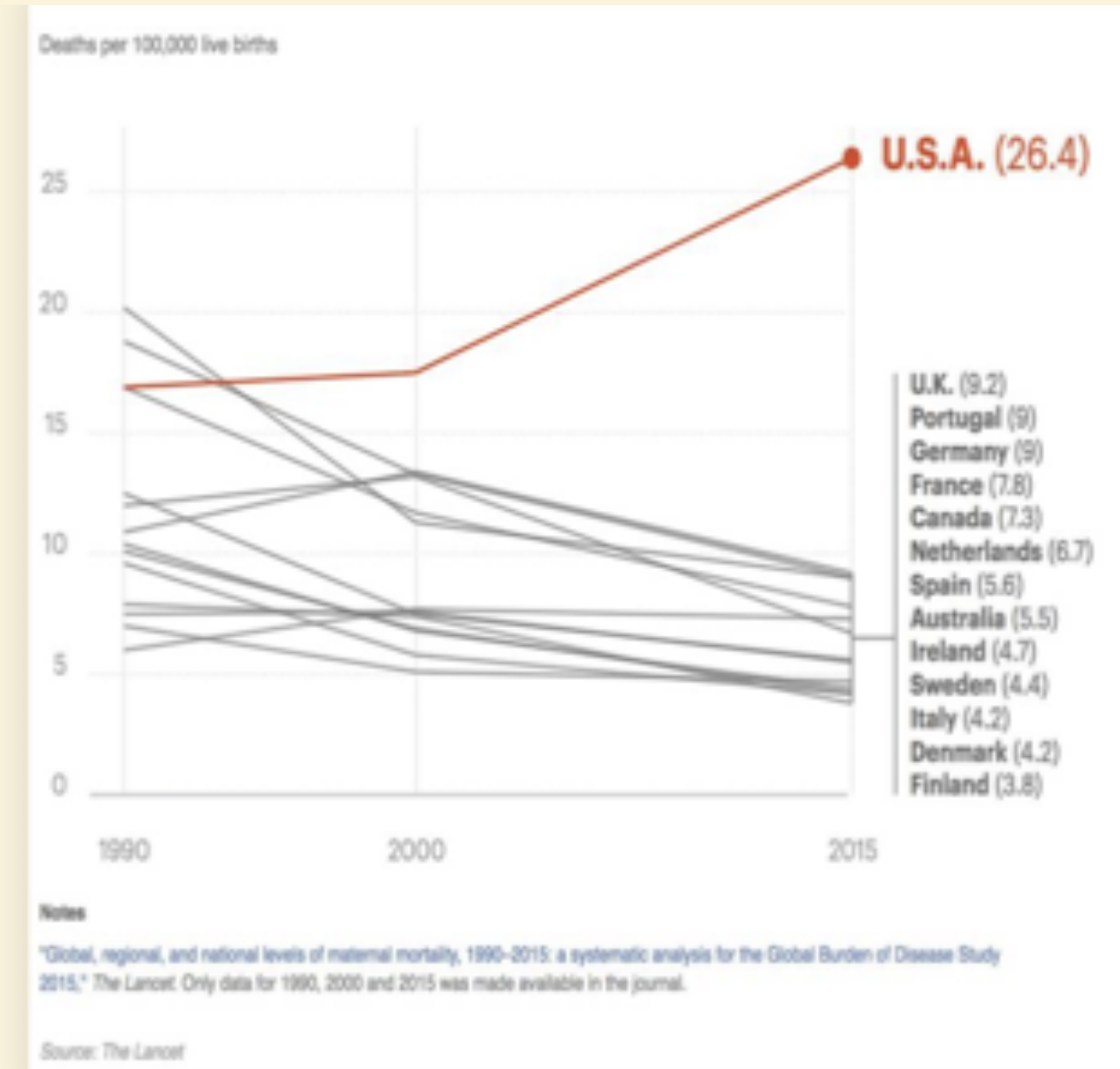
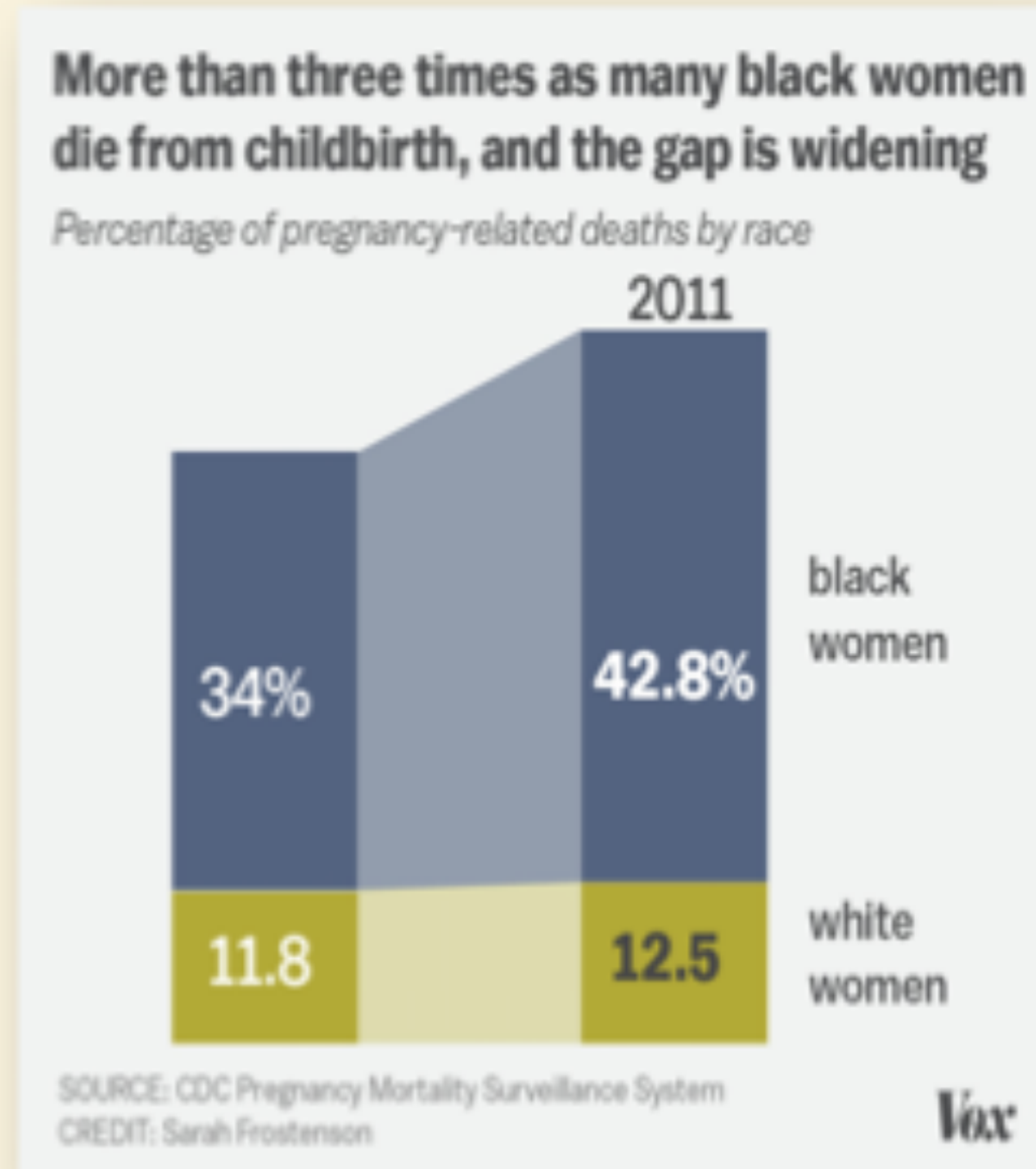
– Arthur James, M.D.

A photograph of a man, a woman, and a newborn baby. The man is in the foreground, leaning over and kissing the baby's head. The woman is in the background, smiling and looking towards the baby. The entire image has a blue tint.

THE INJUSTICE OF MATERNAL HEALTH DISPARITIES

Maternal Mortality in the U.S.

- Maternal Mortality rates in the U.S. has been rising since the 1990s
- The disparity in maternal mortality between black and white women continues to widen

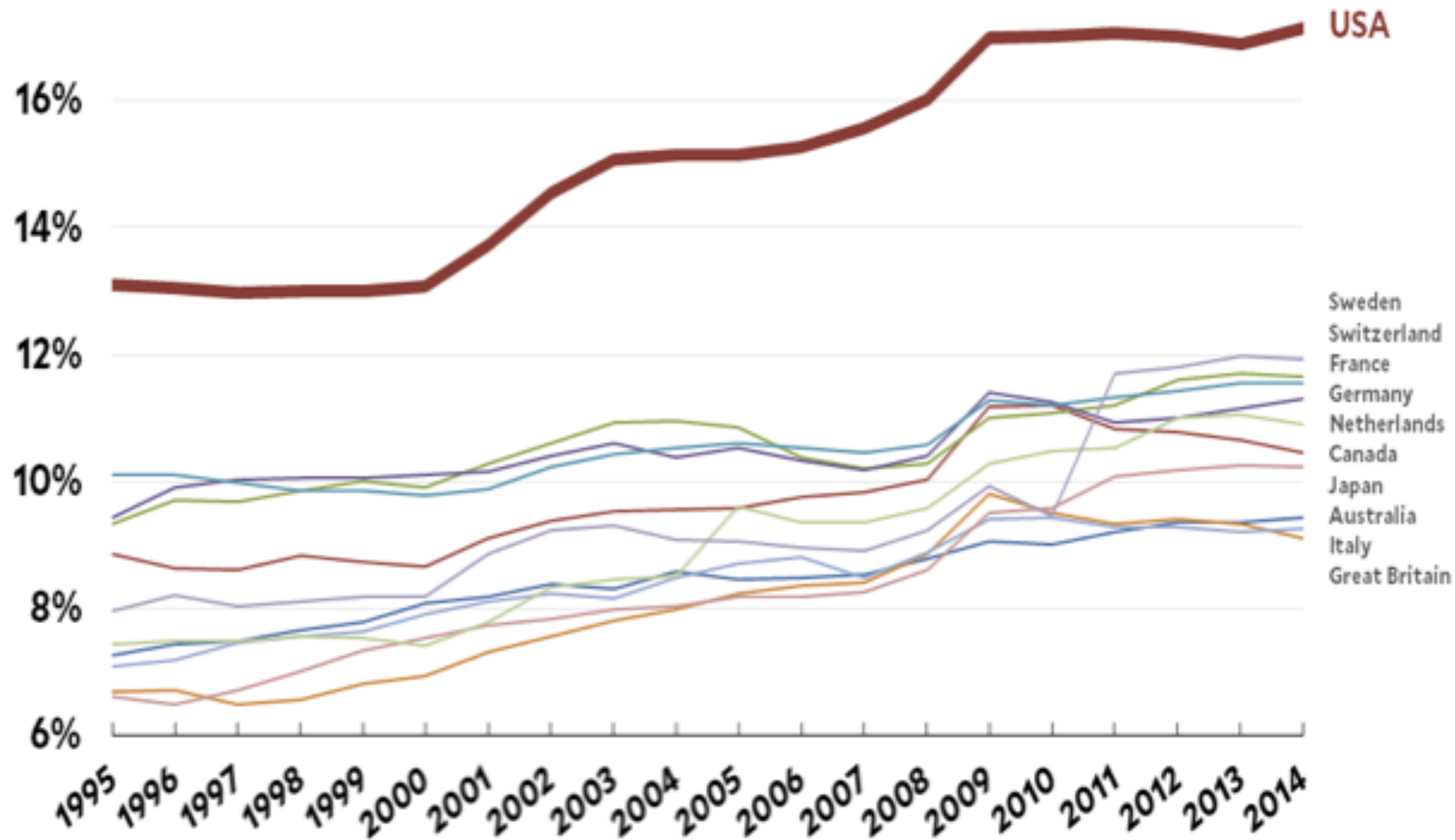


Source(s):

- World Health Organization (WHO), UNICEF, UNFPA, The World Bank, & UN Population Division, Trends in Maternal Mortality: 1990 to 2013, 43 (2014), available at http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1
- Severe Maternal Morbidity in the United States. Centers for Disease Control and Prevention, 2016.
- Differences in Maternal Mortality among Black and White Women -- United States, 1990.
- Centers for Disease Control and Prevention, 1995. MMWR Morb Mortal Wkly Rep. 1995 Jan 13;44(1):6-7, 13-4.
- Trends in Maternal Mortality: 1990 to 2015. World Health Organization (WHO), 2015.

Health Care Spending as % of GDP

1995-2014



Source: World Bank

Mother Jones

COLUMNS

Countries That Care Most About Human Rights

- Top 10 countries ranked by perception (US News & World Report, 2017)

Best Countries Rankings

- 80 countries evaluated by 21,000 global citizens (US News & World Report, 2017)

Maternal Mortality

- rates per 100,000 (World Bank, 2015)

COUNTRY	CARES ABOUT HUMAN RIGHTS	OVERALL BEST COUNTRY	MATERNAL MORTALITY /100,000
<u>Sweden*</u>	1	6	4
<u>Canada</u>	2	2	7
<u>Norway</u>	3	10	5
<u>Denmark</u>	4	12	6
<u>Netherlands</u>	5	11	7
<u>Finland</u>	6	13	3
<u>Switzerland</u>	7	1	5
<u>Australia</u>	8	8	6
<u>New Zealand</u>	9	14	11
<u>Austria</u>	10	18	4
<u>United States</u>		7	14
<u>China</u>		80	27
<u>Myanmar</u>		72	178
<u>South Sudan</u>			789

*First Feminist government in the world

Human Rights – The Global Standard

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.

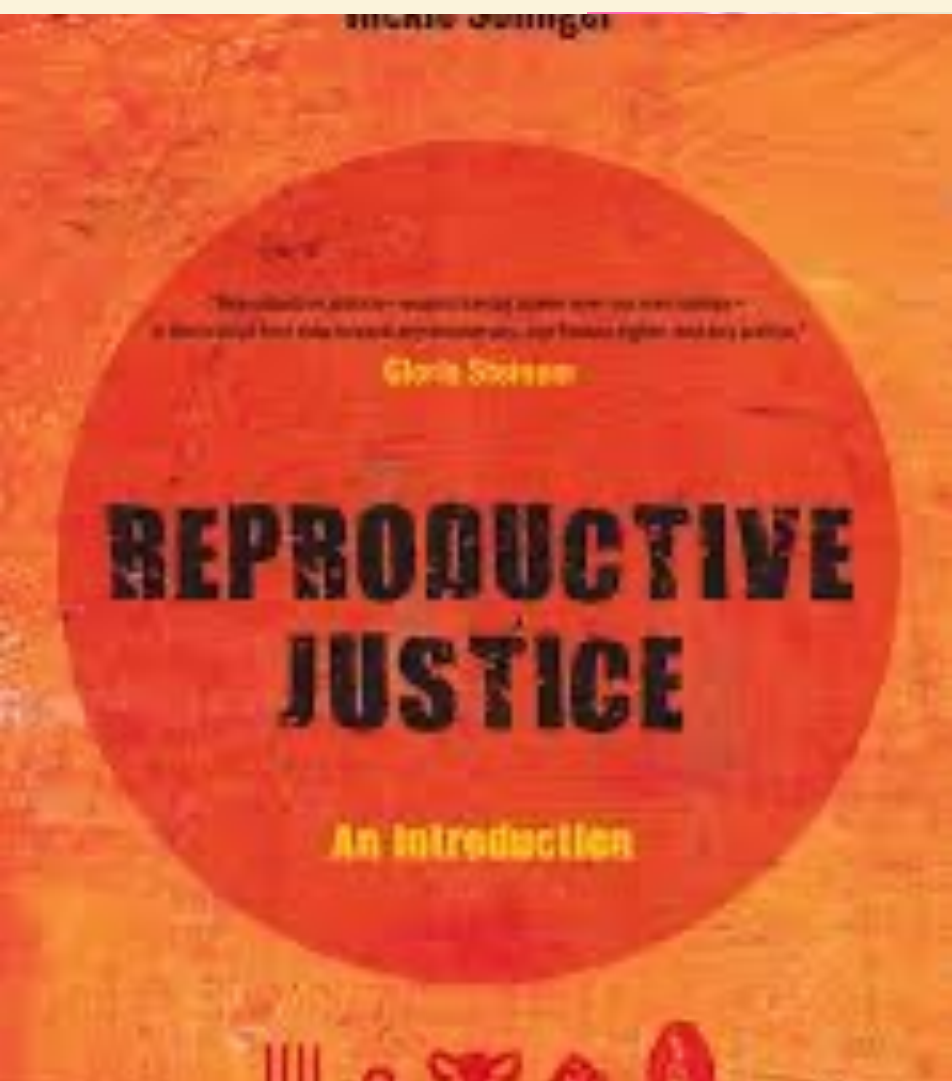
Reproductive Justice

We must...

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

- 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

Indicator ≠ Framework

Indicator

Indicator is a datapoint

- Measurement limited by current reality
- A product of our past understanding of public health and science
- Systems are more apt to adhere to specific prescribed indicators than to determine alternatives

Framework

A framework is a vision

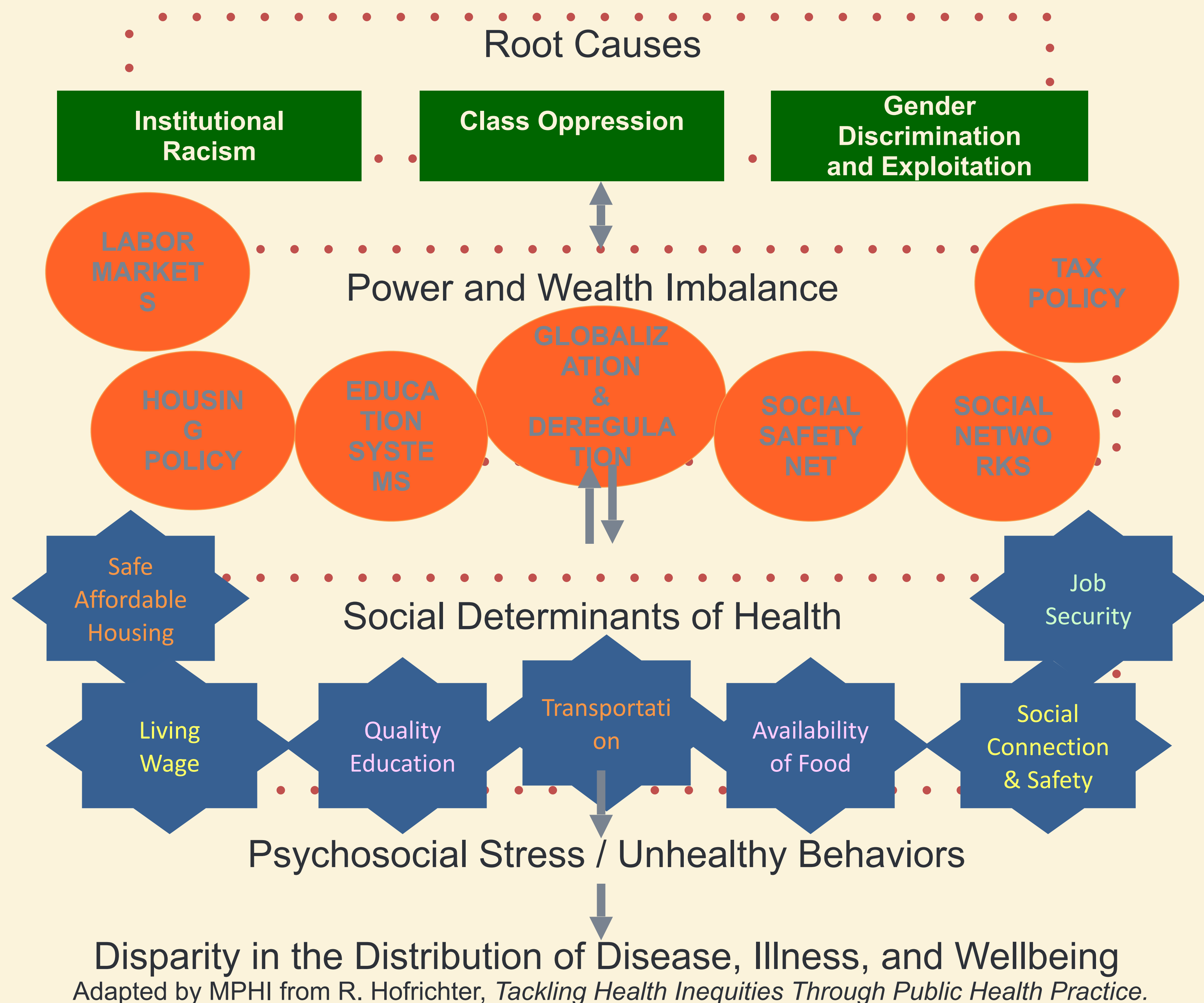
- Expands understanding of current reality
- Allows freedom to explore language of indicators
- Exploration of alternatives to traditional data collection & application
- Questions historical construction health systems

Adopting a Common Framework

What are “Social Determinants of Health”?

“The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. Examples of resources include employment, housing, education, health care, public safety, and food access.”

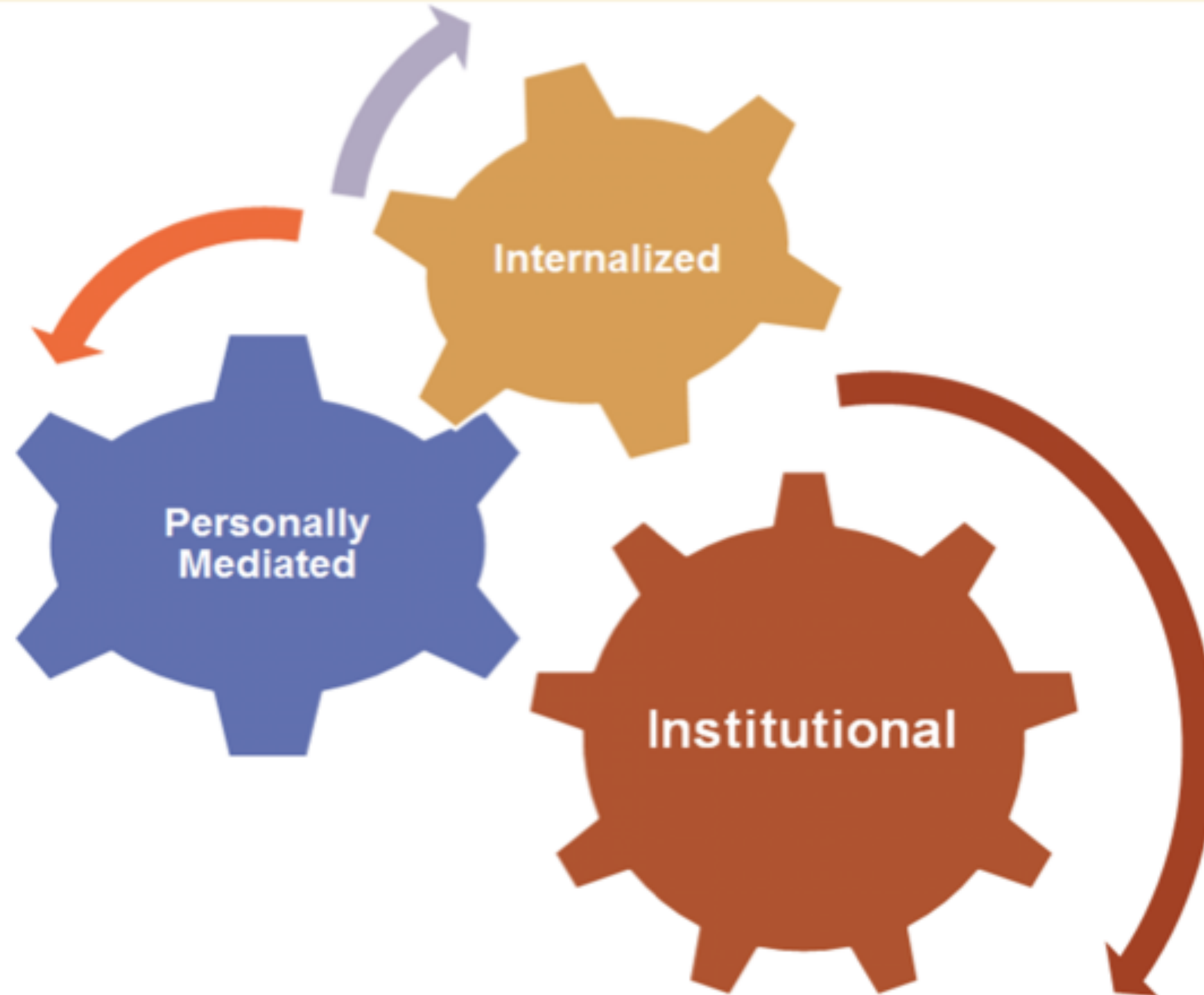
Source: World Health Organization (http://www.who.int/social_determinants/sdh_definition/en/)



A blue-tinted photograph of two young women looking down at a book together. The woman on the right is smiling and has her eyes closed, while the woman on the left is looking down with a slight smile. The text "Racism- Not Race" is overlaid in white in the center of the image.

Racism- Not Race

Levels of Racism



3 Levels of Racism

- **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

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

RACE
≠
ETHNIC GROUP
≠
POPULATION
≠
ANCESTRY

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 care.

A blue-tinted photograph of a man and a woman with a baby. The man is in the foreground, leaning over and kissing the baby's forehead. The baby is lying down, and the woman is in the background, smiling and looking towards the man. The text "POWER, AUTHORITY AND POLICIES" is overlaid in white, bold, sans-serif font across the lower half of the image.

POWER, AUTHORITY AND POLICIES

Power Imbalances Create Racist Policies

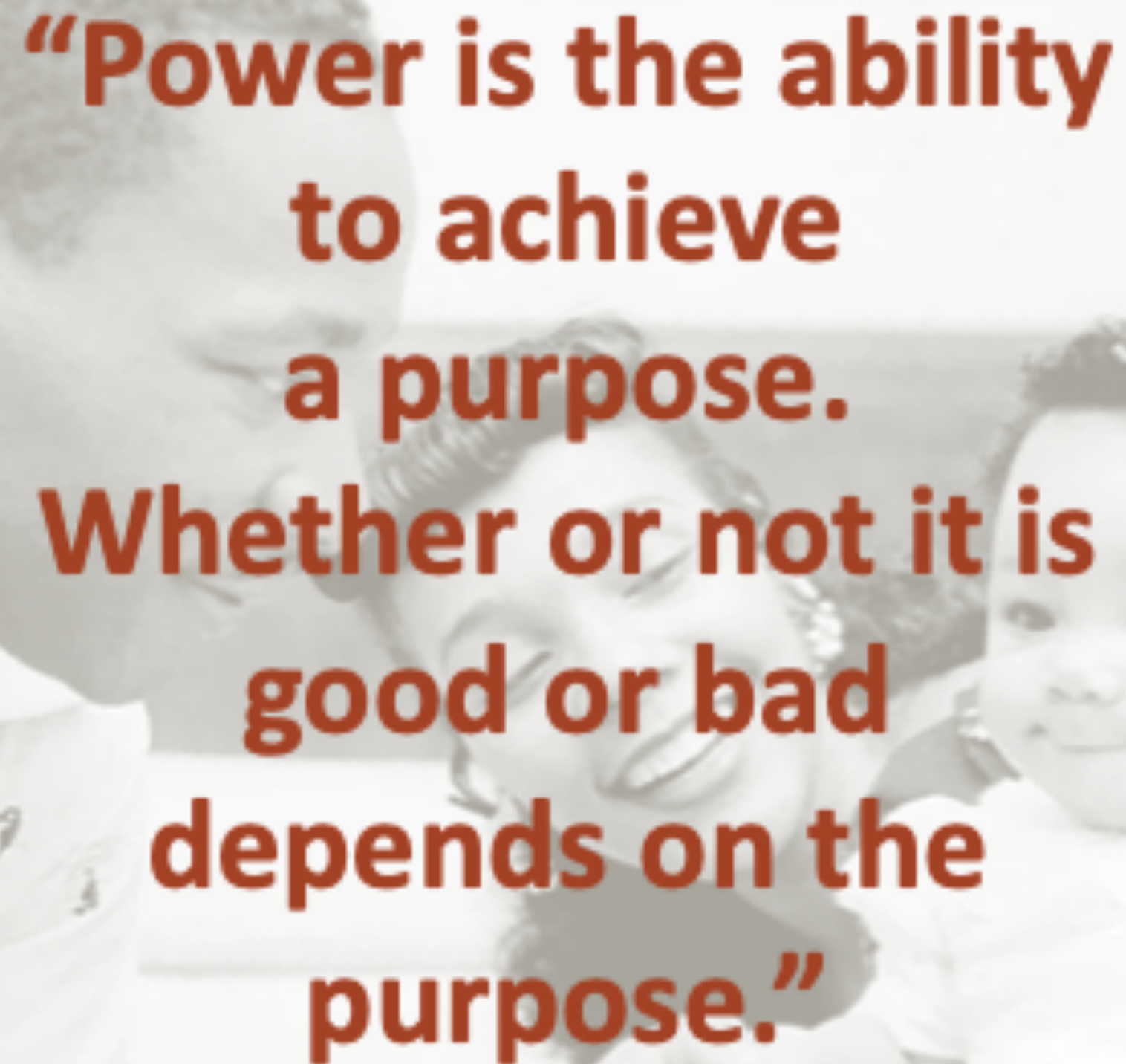
- Power imbalances create racist policies
- Racist policies create health disparities
- Past political action which can be undone with deliberate political action



“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*

Dimensions of Power



**“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



BEST PRACTICES and SOLUTIONS

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

Decreasing Bias

Strategies

- Stereotype replacement
- Thinking of counter-stereotypic examples
- Individualizing instead of generalizing
- Perspective taking/"Walking in their shoes"
- Increasing opportunities for contact

**Systematic racism reinforces
COVID-19 health disparities and
police violence, both of which kill
Black Americans at
disproportionately high rates.**

COVID-19 and Maternal Health Outcomes

- Black Americans are disproportionately dying from COVID-19
 - effects of discriminatory policing and work practices, barriers to healthcare access, and a lack of health coverage, housing segregation, lack of educational and employment opportunities, implicit bias in healthcare
- COVID-19 has had an overwhelming impact on Black maternal health outcomes
 - restricting patients from seeking prenatal and postnatal care due to concerns or fear of exposure
 - lead to provider missing underlying symptoms
 - limit/restrict number of people in the delivery room
 - mothers have to choose between their partner, midwife, or doula

Police Violence and Birth Outcomes

- Black people are disproportionately impacted by police violence
- The trauma of police violence creates stress and adds to the allostatic load and weathering, contributing to Black maternal mortality
 - allostatic load: the damaging biological effects of overexposure to stress hormones
 - weathering: the ongoing stress of racism results in higher levels of disease and biological aging in Black people
- 2016 study found police killings of unarmed Black people substantially decreased the birth weight and gestational age of Black infants residing nearby
- The immediate and long-range trauma police brutality causes is deadly

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

Solutions and Supports

- Access to Information and Resources:
 - Diversify educational campaigns and materials
 - identifying local resources or national hotlines
- Access to Services:
 - insurance coverage
 - transportation to and from the doctor's appointments.
 - Childcare services
- Flexibility:
 - Women need flexibility among health care providers
 - Paid family and sick leave benefits to allow time off for appointments.
- Community-based Support Services:
 - establish local community-based services and/or peer-support groups in community centers, churches, and schools to increase awareness and dispel the myths and stigma about mental illness.

(Keefe, Brownstein-Evans, & Rouland Polmateer, 2016)

Courageous Conversations about Race

Originally developed to support adults in having the conversations necessary to make progress on difficult subjects such as race, racism, ethnicity, and privilege.



*Adapted from Glenn E. Singleton & Curtis Linton, *Courageous Conversations about Race: A Field Guide for Achieving Equity in Schools*. 2006. pp.5865. Thousand Oaks, CA: Corwin.

Courageous Conversations about Race

Preparation Tactics

- **WHAT** is the situation and **WHAT** are your goals?
- **WHO** is involved; what are our roles and relationship?
- **WHY** does it require courage and **WHY** might there be conflict?
- **WHEN** and **WHERE** will the conversation be most successful?

ProInspire

Listening Tips for Allies

- Remind yourself that you can listen empathetically, and imagine yourself doing it
- Think back to a time when you very much wanted to be listened to
- Conceive of the person as a vulnerable person, maybe even a child, who wants to be understood
- Tell yourself that listening empathetically to another's viewpoint does not mean you are agreeing with it
- Remind yourself that the listening process you are about to do is part of a long-term effort to improve conditions you care about

David Campt, White Ally Toolkit

Courageous Conversations about Race

4 Agreements

1. Stay engaged
2. Experience discomfort
3. Speak your truth
4. Expect and accept non-closure

Ineffective responses for racism skeptics

- Shaming and blaming
- Using a barrage of facts
- Mic drops or comments that show insensitivity
- Using terms that are foreign to your conversation partner

Courageous Conversations about Race

A.I.R. it Out

A

- Address the person and the issue
- Acknowledge what the person says and how you are showing up

I

- Inquire about how they see things
- Inform them of the impact

R

- Resolve conflict
- Restore the relationship

ProInspire

Mind-Body Tactics

- Biting your lip
- Taking deeper breaths
- Imagining there is a drop of super-glue on your lips so they stay together and out of the “I’m about to say something” position
- Looking directly in their eyes and mentally sending them support
- Shifting your position to one that is more relaxed
- Touching your tongue to the roof of your mouth

David Campt, White Ally Toolkit

Racial Equity Lens

The health care system alone isn't equipped to overcome the inequities driven by income, language, education or racism

Racial Equity Lens

- Centers place, environment and social determinants
- Addresses aggravated risk for specific local challenges
- Addresses intergenerational and cumulative effects of structural racism on health

National and State Based Solutions

- Policy Change
 - Supporting the Momnibus: comprehensive legislation to address every dimension of the Black maternal health crisis in America
- Maternal Mortality Review
 - MMRCs on local and state levels
- Culture Shift
 - Annual Black Maternal Health Week
- Perinatal and Maternal Care Quality Collaboratives
 - PQC's 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

Policy Advocacy

The current pandemic has changed the face of advocacy.

Methods of Advocacy

- Send Email
- Write letters
- Phone calls
- Social media awareness campaigns
- Create scripts for utilization when contacting legislators.

Uplift and center the voices of Black women and women of color in all advocacy efforts.

Program and Organizational Best Practices

- Connect to and engage the most underserved people
- Center family and individual experiences*
- Invest time and resources in culture change
- Invest in strategic planning and TA for equity*
- Diversify healthcare workforce*
- Address implicit bias among individuals inside and outside your organization
- Equalize power dynamics between stakeholder groups
- Develop community engagement models for participatory policymaking to build community power

Source: <https://healthequity.globalpolicysolutions.org/wp-content/uploads/2017/08/HED-Lab-1-Final-Report.pdf>

BACKGROUND

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

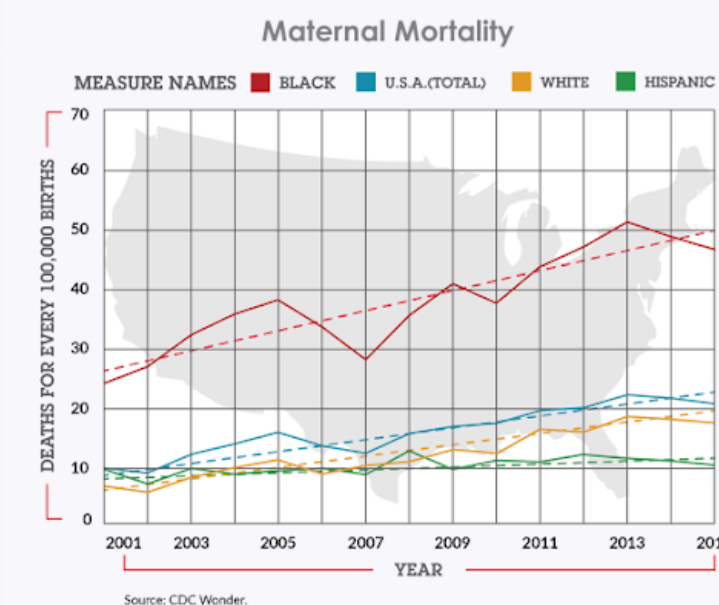
The community closest to the pain and suffering through disparate deaths and complications are Black mothers and birthing people.

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

Cultural transformation depends 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.



Listen to Black Women
Trust Black Women
Respond to Black Women



NBEC

National Birth Equity Collaborative (NBEC) optimizes Black birth outcomes through training, research, community centered collaboration, and advocacy. NBEC uplifts Black women led organizations, guiding clinicians and researchers to center women, their families and their stories.

**ACOG-
AIM**

The American College of Obstetrics and Gynecology (ACOG) is the lead partner in The Alliance for Innovation on Maternal Health (AIM) program. AIM is a national alliance to promote consistent and safe maternity care to reduce maternal mortality and severe maternal morbidity.

CMQCC

California Maternal Quality Care Collaborative (CMQCC) based at Stanford University, is a multi-stakeholder organization committed to ending preventable morbidity, mortality and racial disparities in California maternity care..

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

Reproductive Justice

Cultural Humility

Research Justice

Systematic analysis and disruption of hierarchy of knowledge construction and power in QI, 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

Meditate on this...

Individual ACTIONS

**I can take in the next 2 weeks for
respectful care and equity**

Staff/group ACTIONS

**we can take in the next 3-6 months for
respectful care and equity**






Thank you



Joia Crear-Perry, MD
Founder President

drjoia@birthequity.org

birthequity.org

   @birthequity

Alliance for Early Success

National Issues ▶ **State Action**

www.earlysuccess.org/stateactioncalls