Systems and Policies Driving Black Maternal Health

New York Maternal Mortality Summit

Joia Crear-Perry MD, Founder/President
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
Mission
To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal
Reducing black infant mortality rates by 25% in the next 5 years in cities with the highest numbers of Black infant deaths and to reduce Black IMR to at or below the national average in these sites in the next 10 years.

Our vision is that every Black infant will celebrate a healthy first birthday.
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.
NBEC Programs

Safe Landing
Birth Equity Solutions
Black Mamas Matter
Campaign for Black Babies
• 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.
Learning Objectives

- Discuss how social determinants shape hospital policy and patient care
- Examine scope of New York City hospital systems
- Share maternal experiences of class and race in hospital settings
- Define small and large-scale improvements for maternal health
SDHI & Choice Points
Root Causes

- Institutional Racism
- Class Oppression
- Gender Discrimination and Exploitation

Power and Wealth Imbalance

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

Social Determinants of Health

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

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*
Race- A Social Construct with Deep Implications

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

WHAT?
Race is not biologically significant.
We socially categorize ourselves and assign rules for interaction based on those groups (class, ethnicity, religion, etc.)

HOW?
The experience of systematic racial bias—not “race” itself—compromises health.

EXAMPLE
Racial Equity Lens

• Inequities are often driven by race/ethnicity, income and language.
• Health care system alone isn’t equipped to overcome these inequities, because it was built in an institutionally racist American society.

Racial Equity

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

Personally Mediated

Internalized

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
They’re a consequence of deliberate political action which can be undone with deliberate political action on many levels.

Decision-makers in all sectors of public service exhibited racial prejudice and bias through policies disempowering families and communities of color.
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.
Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.
A "Best"
B "Still Desirable"
C "Definitely Declining"
D "Hazardous"
Dimensions of Power

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

2) Agenda
   Conscious and subconscious position on matters

3) Decisions
   Policies and laws

“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.

Source: Grassroots Policy Project
Choice Points

Power of any level, expressed through our biases (conscious or unconscious), may lead to 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 feasibility
- Rearing, learned patterns
- Past trauma, PTSD
- Societal norms
- Stereotypes
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
Implicit Bias

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
The Shift in New York

Insurance status segregation was eliminated and replaced with economic segregation. Public policy continues to sort people, creating a norm of inequality.

• The first hospitals accused of in 1994
• Housing segregation of low income families dictates access to hospitals
• The consequences devastate poor, minority New Yorkers, who are less likely to be treated at the best hospitals.
• “Black-serving” and “White-serving” hospitals
• City/charity hospitals are mostly Black-serving
• White-serving hospitals are private and may not accept Medicaid
Hospital Segregation

Explicit and implicit actions from hospital policy-makers contribute to the stratification of care institutions, some of which are ill equipped to provide excellent quality of care to all women and families.

- Medicaid* was the primary payer for 59% of New York City births in 2014.
- Medicaid patient migration barriers
  - caps on the number of clinic patients
  - private providers at a particular hospital traditionally not accepting Medicaid
  - Some hospitals strategically reach out to communities with high rates of commercial insurance.
  - Commercial insurance pays twice the amount of Medicaid reimbursements
- Government funding is insufficient to cover rising expenses (such as insurance premiums for employees, labor and supply costs) and provide optimum, safe, care to women.
“Skyboxification of American Life”

“The rich and poor no longer rub... elbows in the bleachers of stadiums. In that context, the skyboxing of health care should not be surprising... . While it would be hard to argue that everyone is entitled to personal chefs preparing their hospital meals or roses on their end tables, it is unsettling when those hospitals with pedestrian food and bare tabletops can't afford to have an interventional radiologist on hand to treat women with uncontrolled hemorrhage—a leading cause of maternal death.”

Michael Sandel- Harvard
Institutional Racism and Maternal Health

- 3 of 4 black mothers deliver in ~25% quarter of the country’s hospitals.
- SMM for Black women was 3 times that of white women.
- SMM for women with Medicaid or Family Plus was higher than women with private insurance (261.1 v 168.2 per 10,000 deliveries.)
- SMM was highest among women living in high poverty zip codes with 30% and more living below FPL, excluding Black women, whose SMM rate are high, regardless.
- Brookedale University Hospital Medical Center
  - Low income, ungentrified areas of Brooklyn have 4x the complication rates of nearby neighborhoods
  - More than half of mothers who hemorrhaged during delivery experienced complications at
  - ~65% of all SMM cases needed a blood transfusion
Figure 16. Map of Severe Maternal Morbidity by Community District of Residence, New York City, 2008–2012

SMM per 10,000 deliveries by community district
- 113.3 - 160.9
- 161.0 - 231.9
- 232.0 - 340.9
- 341.0 - 497.4
- Action Center Neighborhoods
- Parks and airports
Determinants of Maternal Mortality

**Social**
- Substandard housing and housing instability
- Concentrated poverty
- Neighborhood safety
- Air quality and environmental stresses
- Poor access to quality, whole foods and adequate nutrition
- Poor access to quality, comprehensive health care services
- Unequal educational opportunities
- Poor employment opportunities, including lack of access to flexible scheduling and livable wages
- Disproportionate police violence

**Clinical**
- Eclampsia
- Cardiac disease
- Acute renal failure
- Preconception BMI
- Chronic conditions
- Serious obstetric complications
  - Blood transfusion
  - Ventilation
  - Hysterectomy
  - Heart failure
## 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>
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<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>
Respectful Care and System Accountability

Workforce is not trained in recognizing and diverting racial bias.

Mothers frequently reported that medical staff underestimate their pain, often undertreating African American patients.
Policy Improvements for Maternal Health Equity
Hospital system leaders, families and providers have power to operationalize equity.

>>> Decrease preventable maternal death

>> Improve overall quality
Health Department Recommendations

1) Improve women’s overall health
2) Focus on high risk populations
3) Explore savings from harm reduction
4) Evaluate trends in data
5) Share data with/educate providers
6) Research modifiable determinants of poor outcomes
NBEC Recommendations

• Improve state perinatal quality collaborative with comprehensive data, disaggregated by race, geography and SES.
• Standardize data collection with ACOG ICD-9 and 10 codes.
• Employ aspects of the AIM Patient Safety Bundles for racial disparities and obstetric hemorrhage.
• Conduct better analysis on community voice and the stress response of racism.
• Accept Medicaid- without exception- in all area hospitals.
• Train and educate providers in racial and reproductive justice.
• Conduct research on predisease pathways and connections between maternal and infant health.
Questions?
Thank you

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