

MATERNAL HEALTH INCUBATOR
MAY 24, 2022

HEALTH JUSTICE
IS THE PATH...

Welcome!

HEALTH EQUITY
IS THE GOAL

SO THAT EVERY COMMUNITY STARTS FROM THE SAME STARTING LINE!

IT'S **MORE** THAN THE CLINICAL
DR. ZSAKEBA HENDERSON | MARCH OF DIMES



WE NEED HEALTHY BIRTHING PEOPLE for HEALTHY BABIES

MANY DISPARITIES...

LOCATION

RACE
BLACK
INDIGENOUS
LATINX
HIGHER MATERNAL DEATH OR NEAR-DEATH

DATA
MULTIPLE DEFINITIONS OF MEASURES
VARIABLE FUNDING

WE ARE FACING an URGENT HEALTH CRISIS

COVID-19
HAS ↑ SURVEILLANCE ON BIRTHING PEOPLE & INFANTS in REAL-TIME

SOCIAL DETERMINANTS OF HEALTH

- CO-MORBIDITY
- LONGITUDINAL

WE ARE ASKING THAT THIS CONTINUE BEYOND THE PANDEMIC

DEMONSTRATED NEED TO HAVE BETTER KNOWLEDGE OF VACCINE EFFICACY ON BIRTHING PEOPLE

TAKE ACTION!

QUALITATIVE

HOW/WHY BEHIND QUANTITATIVE DATA



INVEST

SHARE

MORE EQUITABLE DATA COLLECTION PRACTICES

PREGNANCY

DELIVERY

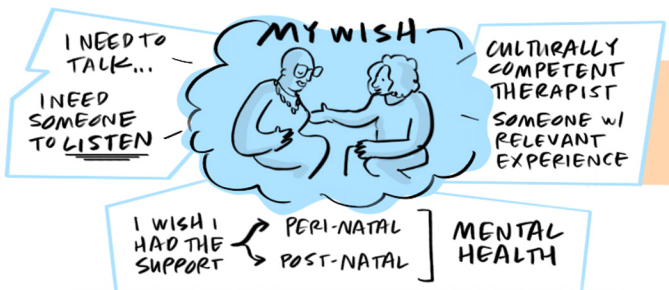
POSTNATAL

MORTALITY

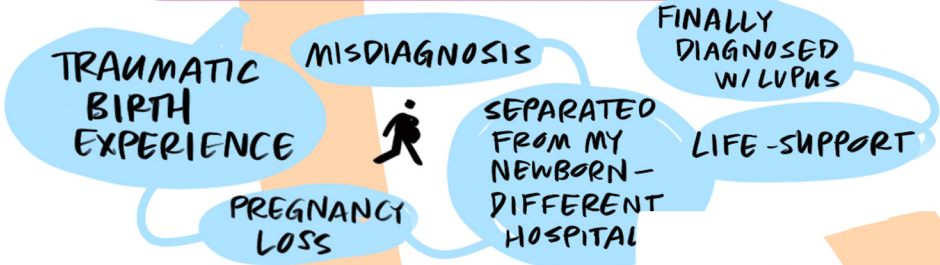
REMOVE BARRIERS TO ACCESS

SUPPORT STATE & LOCALITY-BASED DATA

WE NEED... IMPROVED DATA COLLECTION



TENILLE S. LEAK-JOHNSON
 ASST. PROFESSOR, PHYSIOLOGY,
 MOREHOUSE SCHOOL OF MEDICINE



PATIENT PERSPECTIVES
 MODERATOR: DR. JOIA CREAR-PERRY

RECOGNIZING & CELEBRATING
SACREDNESS
 of BIRTH

WE NEED TO BUILD the
VILLAGE

DON'T SEPARATE the
MENTAL SUPPORT
 FROM THE MATERNAL
 HEALTHCARE SYSTEM

YOLANDA LUMAN | Drawing Change
 AAMC CENTER FOR HEALTH JUSTICE



2 mos IN MATERNITY "HOUSE"

- HYPERMEDICALIZED
- ISOLATED
- MENTALLY VERY DIFFICULT WHEN HAD TO DELIVER

ALANNAH HURLEY
 UNITED TRIBES OF BRISTOL BAY

BUT HAD AMAZING BIRTHING SUPPORT ORGANIZATION



CAN I JUST GIVE HER FORMULA?
 I GUESS?!



SINGLE MOM...

MISSED OUT ON LACTATION EXPERIENCE

MARIAM AYDOUN
 COMMUNITY ACTIVIST

IMMIGRANT- AND PROUD WASHINGTONIAN
 JOB LOSS - PANDEMIC
 HOMELESSNESS
 SEXUAL VIOLENCE
 RACISM
 DOMESTIC VIOLENCE

WANDA BARFIELD

DIRECTOR, CDC DIVISION REPRODUCTIVE HEALTH



DISPARITIES in REPRODUCTIVE HEALTH across:

- GENERATIONS
- RACE
- EDUCATION
- NUTRITION
- ECONOMIC STATUS

NO ONE SHOULD DIE GIVING Life



NEED TO UNDERSTAND MEDICAL and NON-MEDICAL CONTRIBUTORS TO MATERNAL MORTALITY

EQUITY in DATA COLLECTION



FULL PICTURE THROUGH DIVERSITY - (WHICH WE ENSURE IN OUR COMMITTEES)

APPROACHES NEEDED:

- LONGITUDINAL
- MEASURING DISCRIMINATION
- TELLING THE STORIES BEHIND DATA POINTS and



DEMONSTRATES PATIENT VOICES

HEAR HER CAMPAIGN

RACE IS NOT BIOLOGICAL RISK FACTOR - SOCIAL CONSTRUCT

DEMONSTRATES PATIENT VOICES BIAS:

- * DISCRIMINATION
- * INTERPERSONAL RACISM
- * STRUCTURAL RACISM

HOW TO

MEASURE?

PANEL DISCUSSION:

LEADING BY EXAMPLE

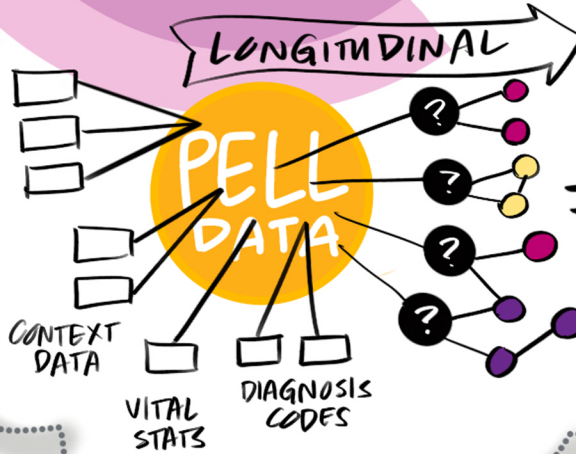
MAY 24, 2022

EUGENE DECLERQ

BOSTON UNIVERSITY, SCHOOL OF PUBLIC HEALTH

HOW TO ASK BETTER QUESTIONS

PROGRAM DATA



BETTER QUESTIONS - (BASED ON MORE DATA/VARIETY, OVER TIME)



YOU'RE GOING TO HAVE A BIG BABY



ex. "BIG BABY" MYTH ACTUALLY BIRTH WEIGHT IS GOING DOWN!

INFO HAS DOMINO EFFECT



- TENDED TO SELF INDUCE
- REQUEST EPIDURAL
- ALL ACTIONS AFTER BEING TOLD "BIG BABY"

NEED TO LISTEN TO BIRTHING PEOPLE TO ASK RIGHT QUESTIONS!

POSITIONED TO PLAY MAJOR ROLE IN MATERNAL CARE

MANY WILL BE MANDATORY IN 2022

MIHI - LEARNING COLLABORATIVES

ADDRESSING SPECIFIC NEEDS

MEDICAID MATERNAL INFANT HEALTH



2/3 ENROLLED ARE REPRODUCTIVE AGE

42% ALL BIRTHS FINANCED BY MEDICAID

REDUCING LOW-RISK CESAREAN DELIVERY

→ CMS LEADER IN MEASURING LOW-RISK CESAREAN BIRTH ACROSS STATES

→ LEARNING COLLABORATIVE LAUNCHED MAR 2022

QUALITY MEASUREMENT & MATERNAL INFANT HEALTH INITIATIVE (MIHI)



TOBACCO CESSATION

- LAUNCHED SERIES OF SHORT, ON-DEMAND RECORDED PROGRAMS
- RESOURCES FOR CHANGE
- QUALITY IMPROVEMENT COACHING

IMPROVING POSTPARTUM CARE



* MORE FOLLOW-UP

CMS MATERNAL & INFANT HEALTH ACTIVITIES

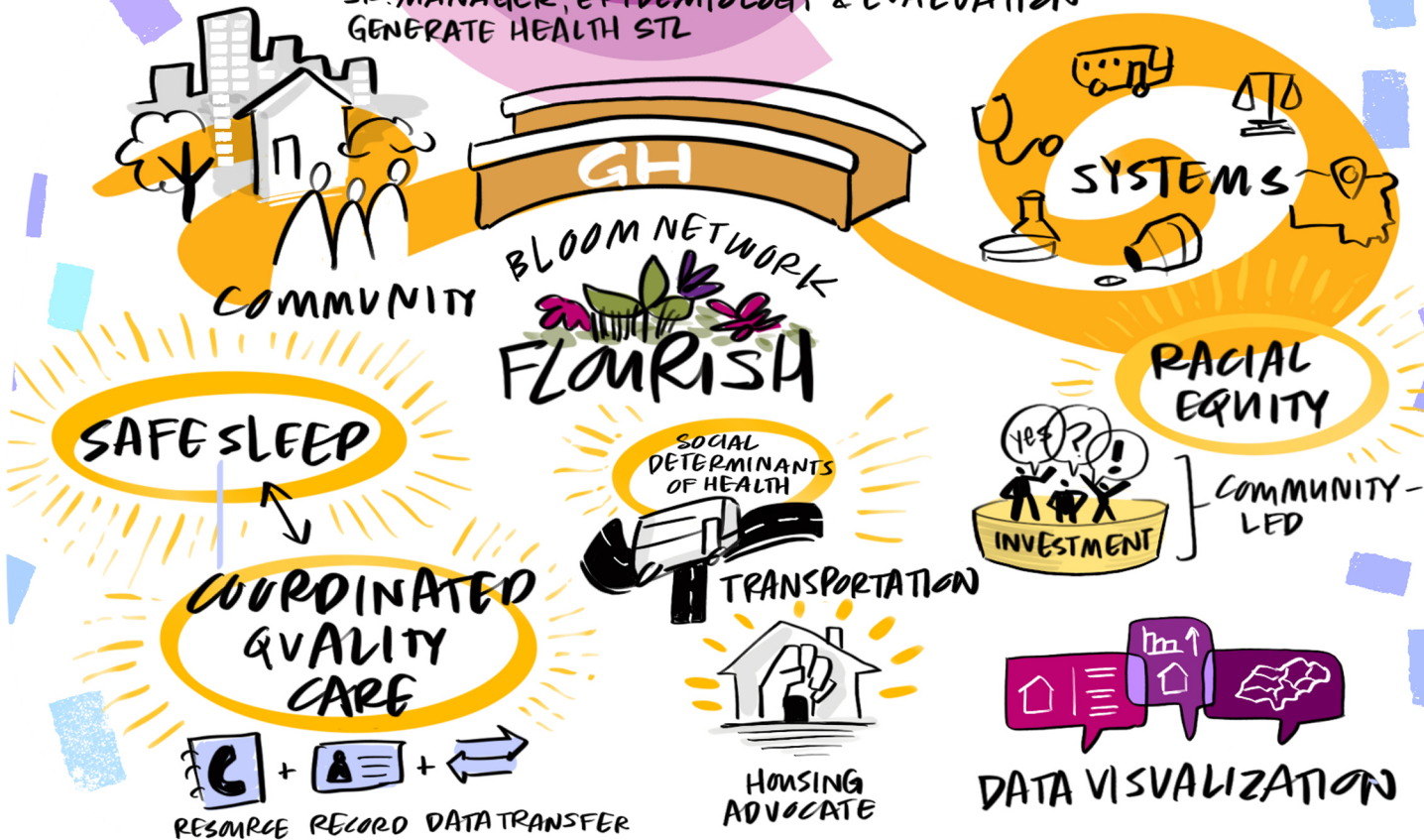
- POSTPARTUM EXTENSION GUIDANCE (COVERAGE ↑ 12 MOS)
- EQUITY ASSESSMENT
- CHALLENGE.GOV PRIZE

KRISTEN ZYCHERMAN

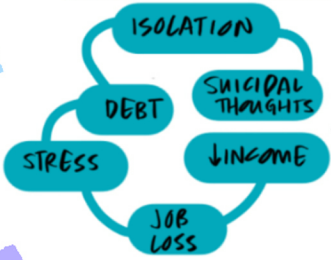
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) and CHIP

SARAH KENNEDY

SR. MANAGER, EPIDEMIOLOGY & EVALUATION
GENERATE HEALTH STL



LEGAL SERVICES TO IMPROVE MATERNAL HEALTH OUTCOMES



IF WE COULD SUPPORT WHOLE PERSON, THIS WOULD BENEFIT:

- INDIVIDUAL
- HEALTH CARE PROVIDERS
- SYSTEM

P-LAW = PERINATAL LEGAL ASSISTANCE & WELL-BEING PROJECT



- BREAKING BARRIERS TO HEALTH & WELL-BEING
- REFER PATIENTS w/ LEGAL NEEDS
- STUDENT LEARNING
- EVALUATE IMPACT TO BUILD UP MLP EVIDENCE BASE

SYSTEMIC CHANGES

WE KNOW WHAT'S WRONG. BUT HOW TO MAKE THOSE STRUCTURAL CHANGES?

ROXANA RICHARDSON
 MEDICAL-LEGAL PARTNERSHIP DIRECTOR
 MANAGING ATTORNEY PERINATAL LEGAL ASSISTANCE AND WELLBEING PROJECT
 GEORGETOWN UNIVERSITY HEALTH JUSTICE ALLIANCE

Q & A

STOP SEPARATING MATERNAL AND INFANT HEALTH

BIAS IN DATA COLLECTION

↳ WHAT QUESTIONS ARE ASKED MAKES HUGE DIFFERENCE IN OUTCOMES

LIKE REFERRING LOW-RISK PREGNANCIES TO MIDWIVES?

LIKE GIVING HCPs MORE TIME w/ PATIENTS?

- ↳ MENTAL HEALTH SCREENING
- ↳ POSTPARTUM VISITS
- ↳ HEALTHY BIRTHING PEOPLE MAKE HEALTHY BABIES



HOW TO CONNECT DATA TO RESOURCES and ACTION?



YOLANDA LIMAN | Drawing Change

WHAT BIRTHING PEOPLE IN THE U.S. ARE SAYING

LOGAN BURDETTE,
HEALTH POLICY INTERN,
AAMC CENTER FOR HEALTH JUSTICE
MAY 24, 2022

80% POSITIVE BIRTHING EXPERIENCE

IN SPRING 2022, AAMC CENTER FOR HEALTH JUSTICE CONDUCTED A POLL OF 1206 BIRTHING PEOPLE



20% FAIR OR POOR EXPERIENCE

MENTAL HEALTH CONCERNS WERE THE MOST REPORTED COMPLICATIONS

(OF ALL BIRTHING PEOPLE) 66% EXPERIENCED POSTPARTUM COMPLICATIONS

30% WERE NEVER SCREENED FOR MENTAL HEALTH



DEPRESSION

ANXIETY RETURNING TO WORK

ESTABLISHING MILK SUPPLY

BED-RIDDEN FROM EPIDURAL FOR LONG TIME

LOW INCOME

GEN-Z

RURAL

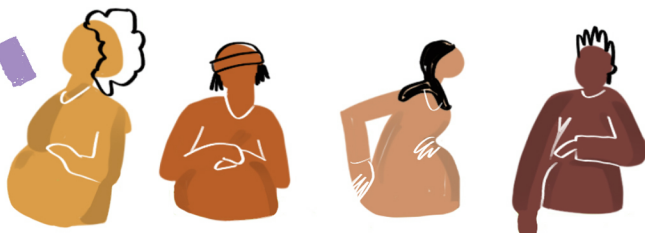
LGBTQ+

TO REPORT LESS THAN "GOOD" BIRTHING EXPERIENCE

37% EXPERIENCED BIAS AND DISCRIMINATION

MORE LIKELY TO REPORT IF:

- NON-HISPANIC BLACK
- GEN-Z
- LOWER INCOME
- LGBTQ+





IMPACT of COVID-19 ON BIRTHING PEOPLE

62%

INELIGIBLE FOR
VACCINE WHILE
PREGNANT



"THE PANDEMIC STARTED
WHEN MY BABY WAS
VERY SMALL... NOT
KNOWING MANY THINGS
ABOUT MY POSTPARTUM
... IT WAS DIFFICULT"



"I HAD TO GIVE BIRTH
WITH A MASK ON AND
NO VISITORS... THAT
BROKE MY HEART."



OF THOSE ELIGIBLE,
BIRTHING PEOPLE
MORE LIKELY TO BE
VACCINATED WERE

- HISPANIC
- COLLEGE EDUCATED
- HIGHER INCOME

COMMON THEMES:

- NO VISITORS ALLOWED
- FEAR FOR CHILD'S HEALTH
- LACK OF SOCIAL SUPPORT
- LIMITED ACCESS TO DOCTORS
- DIFFICULTIES w/ WORK and FINANCES



KANIKA HARRIS
ANUSHAY HOSSAIN
TERRID WRIGHT

MODERATOR: ALY PERLSON
 AAMC GOV. RELATIONS

**PANEL DISCUSSION:
 IMPLICATIONS FOR POLICY**

MAY 25, 2022

HOW DO WE ENSURE THE RIGHT PEOPLE ARE AT THE TABLE?

PEOPLE CLOSEST TO PROBLEM HOLD THE SOLUTION

WORDS MATTER WHEN PARTNERING WITH COMMUNITIES

"ACCESS"

- YOU WILL ONLY KNOW WHAT THIS MEANS BY ASKING THE COMMUNITY
- NUMBERS → MAGNITUDE
- STORIES → WHY AND HOW

"CULTURALLY RELEVANT"

- ESPECIALLY WHEN ADDRESSING MENTAL HEALTH

WHICH IS WHY WE NEED TO TALK TO COMMUNITIES AND BRING THEM INTO LEGISLATION WORK!

BEHIND EVERY STATISTIC IS A REAL PERSON

LEADING BY EXAMPLE

EVEN THE WAY WE RUN MEETINGS

COVID

DEMONSTRATED RACIAL HEALTH DISPARITIES COULD ONLY BE EXPLAINED BY STRUCTURAL RACISM

DATA EQUITY

INTERPRETATION

COLLECTION

USE

BUILD & GROW PERINATAL HEALTH PROFESSIONALS

MIDWIVES
 DALLAS
 BIRTHING CENTERS

WHERE DO WE START?

STARTS IN MEDICAL SCHOOLS

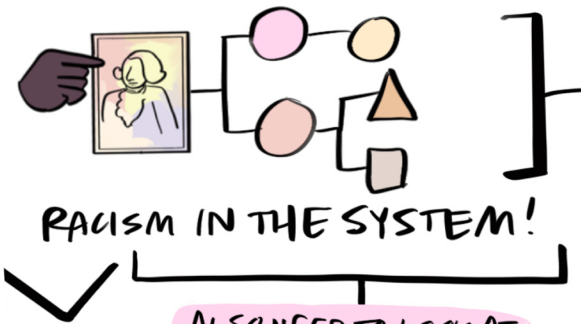
WE NEED TO BLOW THE CURRICULUM UP!

WHILE HOSPITALS SORT THEMSELVES OUT!

AND, YES WE NEED TO WORK WITH and THROUGH THE SYSTEM

RECOGNIZING RACISM IN THE SYSTEM WITHOUT VILLAINIZING THE SYSTEM

WHAT DO WE NEED TO CONSIDER IN LEGISLATION?



RACISM IN THE SYSTEM!

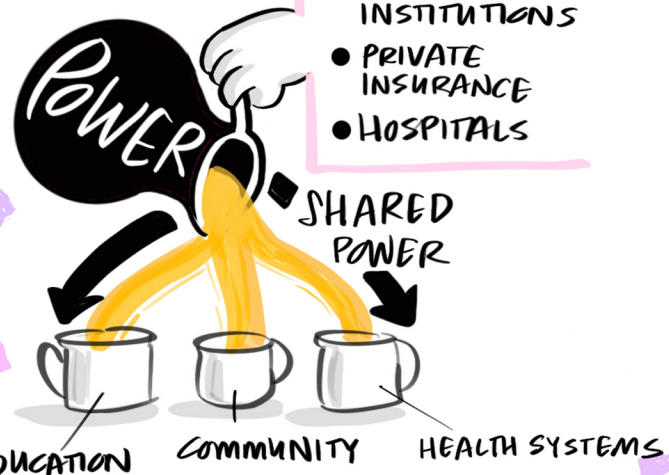
WE NEED TO TALK THROUGH THE NITTY GRITTY OF THESE SYSTEMS

CROSS-SECTOR COLLABORATION?

- GOVT-FED & STATE
- EMPLOYERS
- EDUCATIONAL INSTITUTIONS
- PRIVATE INSURANCE
- HOSPITALS

ALSO NEED TO LOOK AT ESTABLISHED HEALTH CARE PROFESSIONALS WITH "OLD WAYS OF THINKING" WHO ARE TRAINING NEW RESIDENTS

GIVE BIRTHING PEOPLE FULL AGENCY to ARTICULATE WHAT EQUITABLE ACCESS LOOKS LIKE



LET'S TALK ACCESS-POLICY, REGULATION

LEAN IN TO KNOWLEDGE THAT'S EXISTED FOR GENERATIONS!

BIRTHWORK IS FAMILY WORK



INCLUDING LGBTQ+ BIRTHING PEOPLE IN THE ROOM

- LISTEN w/ HUMILITY
- LEAN IN and LEARN

YOLANDA LIMAN | Drawing Change





Welcome!
MAY 25, 2022

DARIA GRAYER

SENIOR LEAD SPECIALIST,
SCIENCE POLICY & REGULATIONS, SCIENTIFIC AFFAIRS
AAMC CENTER FOR HEALTH JUSTICE



STATE AND FEDERAL POLICY

KEY ISSUES FRAMING TODAY

- HOW POLICY MAKERS & LEGISLATORS CAN USE EVIDENCE TO MOVE SWIFTLY TO ADDRESS MATERNAL HEALTH AND MORTALITY
- HOW COMMUNITIES CAN CO-DEVELOP POLICY and LEGISLATION
- EXPANDING MATERNAL HEALTH RESEARCH FUNDING TO COMMUNITY ORGANIZATIONS
- ↑ COLLECTION AND EVALUATION OF DATA (INDIVIDUAL & LONGITUDINAL STUDIES)
- ↑ ACCESS TO MATERNAL CARE
- ↑ DIVERSIFICATION OF HEALTHCARE WORKFORCE
- ↑ POSTPARTUM INSURANCE COVERAGE AND PAID LEAVE



Remarks: **LEAD SPONSOR**

SHARICE DAVIDS
U.S. REPRESENTATIVE, KS
ONE OF 1ST TWO NATIVE AMERICAN WOMEN IN CONGRESS!



WE ARE FACING A **CRISIS** of MATERNAL HEALTH in the U.S.

ESPECIALLY BLACK AND INDIGENOUS BIRTHING PEOPLE

DYING **3-4X** HIGHER THAN WHITE COUNTERPARTS

↑ COMMUNITY ENGAGEMENT IN MATERNAL MORTALITY REVIEW COMMITTEES

IMPROVED DATA COLLECTION @ MINORITY SERVING INSTITUTIONS

1ST STUDY NATIVE AMERICAN MATERNAL HEALTH CRISIS

FRANKLY, IT'S SHAMEFUL.

YOLANDA LIMAN

Drawing Change



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