Opportunities to Advance Equity in Perinatal Care:

The Intersection of Community- and Theory-Informed Intervention Targets

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MENDS

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Background & question

Communities most affected by inequities have key insights into ways to mitigate them.

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Communities most affected by inequities have key insights into ways to mitigate them.

How do MENDS community recommendations intersect with what scholarship identifies as drivers of maternal healthcare inequities? **What are the mechanisms by which community-generated strategies may mitigate manifestations of racism in maternal healthcare?**

Conceptual model – CDC Workgroup

Developing Tools to Report Racism in Maternal Health for the CDC Maternal Mortality Review Information Application (MMRIA): Findings from the MMRIA Racism & Discrimination Working Group

Rachel R. Hardeman[1] · Anna Kheyfets[2] · Allison Bryant Mantha[3] · Andria Cornell[4] · Joia Crear-Perry[5] · Cornelia Graves[6] · William Grobman[7] · Sascha James-Conterelli[8,9] · Camara Jones[10] · Breana Lipscomb[11] · Carla Ortique[12] · Alison Stuebe[13] · Kaprice Welsh[14,15] · Elizabeth A. Howell[2,16]

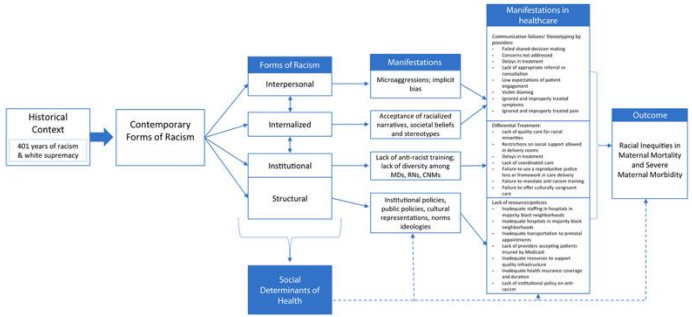

Fig. 1 A Conceptual Model of how Racism Operates and Results in Inequities in Maternal Morbidity and Severe Maternal Mortality

Hardeman et al. 2022. *Matern. Child Health J*

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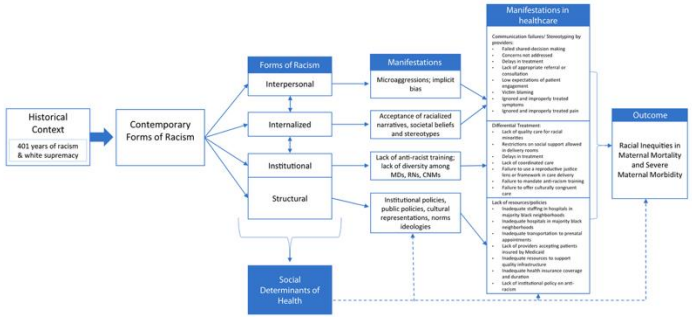

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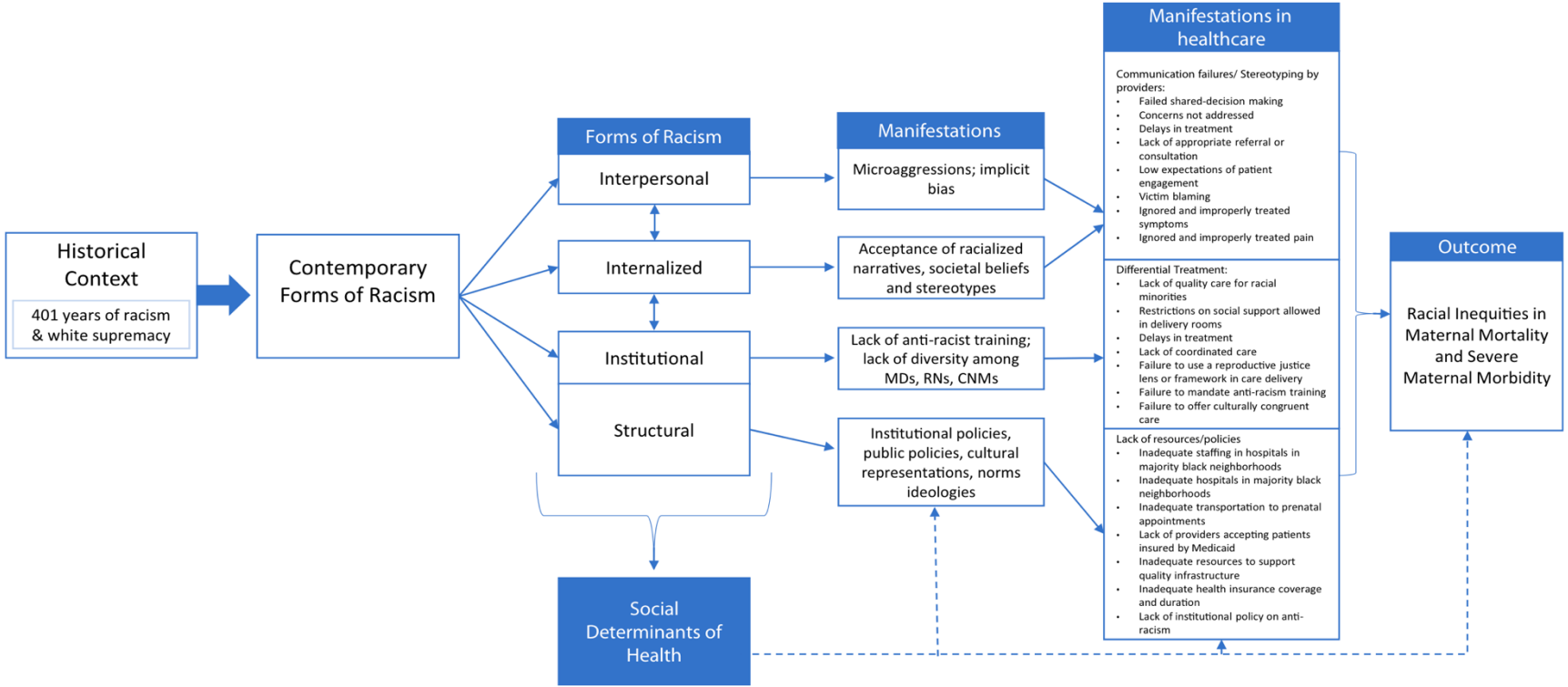

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- **Operationalization** of aspect of the CDC Work Group conceptual model

- **Deductive/inductive thematic analysis** of MENDS Study recommendations generated by Black and Pacific Islander mothers in San Francisco

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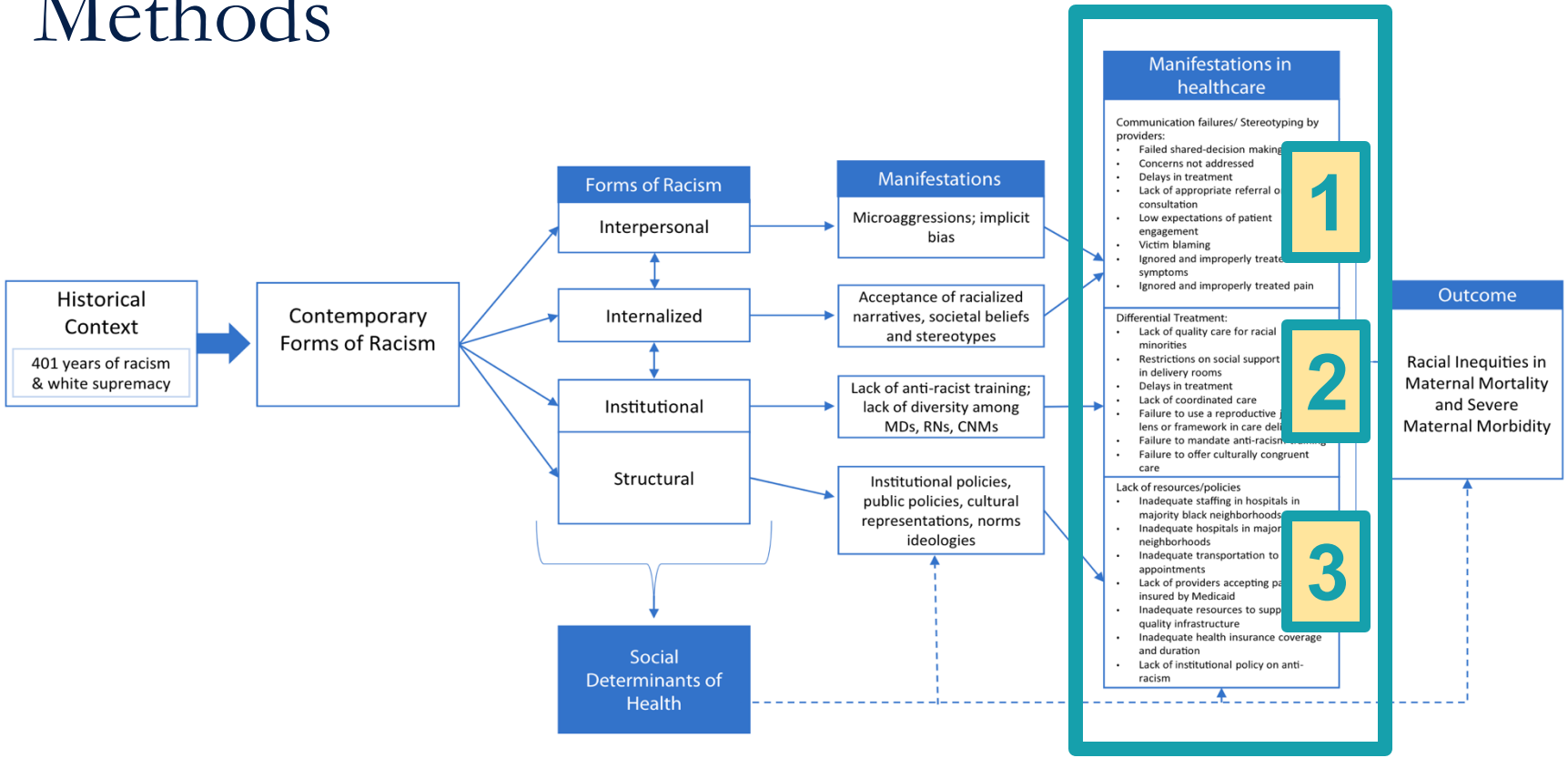

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Methods – Thematic categories based on CDC Work Group model

Potential targets of recommendations
Driver 1 – Problems in communication, stereotyping, and other interpersonal interactions, resulting from interpersonal racism/bias
Driver 2 – Differential and/or suboptimal treatment for racial minorities within healthcare settings (e.g., lower-quality care, inequitable burdens of hospital policies), resulting from institutional racism
Driver 3 – Lack of resources and/or policies that could support the health and healthcare of racial minorities (e.g., inadequate hospital staffing in minoritized neighborhoods, inadequate access to health insurance), stemming from structural racism.

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Methods – Deductive/inductive thematic analysis

- Iterative rounds of categorization, discussion, refinement
  - Two coauthors
  - High agreement.
    - Differences resolved through discussion
  - Team reviewed and affirmed

Results

48 recommendations to make maternity care better and safer for Black and Pacific Islander communities in SF

- 39 addressed one of 3 main ways racism manifests in healthcare (CDC Work Group model).
- 9 addressed complementary targets

Results – Deductive thematic analysis

n	Driver	Types of recommendations
7 (15%)	**Driver 1 – Problems in communication, stereotyping, and other interpersonal interactions**	• Promoting respectful communication and actions • Relationship-building • Anti-bias training
26 (54%)	**Driver 2 – Differential and/or suboptimal treatment** for racial minorities within healthcare settings	• Achieving community-defined quality of care • Establishing community-connected care teams • Ensuring provider and facility accountability

Results – Deductive thematic analysis

n	Driver	Types of recommendations
6 (13%)	**Driver 3 – Lack of resources and/or policies** that could support the health and healthcare of racial minorities	• Improving resources for and connections with community-based pre-natal and post-partum services, particularly racially- and culturally concordant programs
9 (19%)	**Other opportunities**	Strategies for hospitals to: • Inform and empower patients • Enhance trust- and relationship-building with focal communities • Mitigate social determinants of health outside of healthcare

Results – Addressing Driver #1

Problems in communication, stereotyping, and other interpersonal interactions
7 recommendations (15%)
• Listen more thoroughly to us.
• Connect with us, build a relationship.
• Take time to fully explain information and answer our questions.
• Give more information & ask more questions before going forward with c section.
• **Respect our preferences, wishes, and boundaries, including around change of provider/nurse and about our birth plan.**
• **Provide trainings that educate and un-bias staff and providers to care for our community.**
• Discuss narcotics with us respectfully, clearly and without bias.

Results – Addressing Driver #2

Differential and/or suboptimal treatment for racial minorities within healthcare settings
26 recommendations (54%)
• Accountability, disincentives
• Assessing care quality & empowering patients to report suboptimal care
• Improving quality of care (including coordination, additional services/resources) and the care teams who can provide it
• Specialized care teams to support minoritized patients

Results – Addressing Driver #2

Differential and/or suboptimal treatment for racial minorities within healthcare settings through accountability, disincentives
Constantly review patient feedback. Use a tablet with nurse/ provider pictures and names to collect patient feedback during the discharge process. Feedback can be provided anonymously or not.
Make it easier for us to report complaints and act on our rights. For example, put information in every room about how to report and how to connect with an ombudsman or patient relations. Make provider and staff names available for reporting.
Value our opinion and experience in complaints. Believe what we say.
Allow us to record our interactions with healthcare workers.
Involve "secret shopper" patients to show how healthcare workers treat us and how to improve.
Have penalties when healthcare workers cause us harm by not respecting our wishes, especially if there are previous complaints against them (e.g., cut pay, suspend, remove from staff).
Don't keep on staff healthcare workers who cause harm.

Results – Addressing Driver #3

Lack of resources and/or policies that could support the health and healthcare of racial minorities
6 recommendations (13%)
• Support & strengthen wraparound care -- prenatal and postpartum -- for us.
• Help us learn about and connect to resources available to us in the healthcare system, in the community, and from the city, county, and state. People working on this ("ambassadors") should be from our community and should know about local programs for us.
• **Create funds to support programs like EMBRACE, Black Centering, or M.A.N.A. that care for our communities.** (Racially- and culturally concordant perinatal care teams)
• Facilities that don't have or work with programs like EMBRACE or Black Centering should learn from other hospitals that have those programs.
• Fund and support community-based organizations to do outreach around health information and programs.
• Connect us with more postpartum mental health resources, starting in the hospital.

Results – Other targets

Other strategies for hospitals to improve maternity care experience & outcomes
9 recommendations (19%)
Strategies for hospitals to…**Inform and empower patients**
• Provide more information to us about birth care and medical procedures, risks and benefits, what they will feel like, what recovery will be like, and effects (short- and long-term). Have an ally or advocate be involved in this.
• Tell us how much procedures or medications will cost before giving them. Involve a financial person who knows the experiences of families of color.
• **Provide the Black Birthing Bill of Rights to all patients and be well-versed in it.**
• **Have a community task force.**

Results – Other

Other strategies for hospitals to improve maternity care experience & outcomes
9 recommendations (19%)
Strategies for hospitals to… **Enhance trust- and relationship-building with focal communities**
• Support programs and resources that help us build community with other parents in the community, before and for several months after birth.
• Have healthcare workers go into community to hear us, see our resilience, and see our beautiful families.
• Go out to the community twice a year to collect feedback about how your hospital is doing.

Results – Other

Other strategies for hospitals to improve maternity care experience & outcomes
9 recommendations (19%)
Strategies for hospitals to… **Mitigate social determinants of health outside of healthcare**
• Help support low-income moms in our community (e.g., financial support).
• Provide a care package to support us as we go home (like other countries do).

Recap & discussion

- Robust and varied community-driven recommendations address all three CDC Work Group manifestations of racism in healthcare.

  - Plus complementary interventions, specifically for patient empowerment and for facilities to understand and build relationships with communities they serve

Recap & discussion

- Recommendations relevant to suboptimal or inequitable care are particularly compelling
  - Typically outside of legislative or regulatory focus.
  - Could inform hospital's own quality improvement.

Implications

- Indicates how focal community recommendations could mitigate manifestations of racism in healthcare.
- Locates the recommendations in terms of theory- & research-based scholarship

→ Even greater confidence in their potential impact

Thank you

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Supplementary Slides

7/1/2024

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Other recs for Driver 3: quality of care

- Ask consent before you touch or examine us. (b5)
- Have all healthcare workers introduce themselves to me before delivery (b6)
- Help care teams lower their stress and stay calm while they care for us so we can stay calm (b7)
- Remember that we are still the patient even after we give birth (c8)
- Understand the natural birth process and how to support it. Know non-medical approaches. ("Natural" means natural processes and timing of birth, like with home birth) (c2) Ground them in community knowledge (c7)
- Give us more time in labor and delivery – including not rushing to do c-sections. (c3)
- Create relaxing, calming spaces for our births. Make it feel different than routine medical procedures and spaces. (c4)
- Provide consistent, continuous care. (c7)
- Understand and communicate with each other about a patient, her information, and her birth plan so you can be informed and do not have to ask us repeat questions. (b4)

Other recs for Driver 3: quality of care

- Before labor, let us choose nurses and providers with qualities we want (like experience of childbirth, other lived experiences) and to decide whether we want students involved. (c6)
- Give healthcare workers the support they need (mental, physical, breaks, etc.) to take good care of us. (c5)
- Make special considerations for people who don't have resources or support (e.g., provide a support person) (e8)
- Give us more food and more nourishing food in the hospital (e9)
- Help us feel better and heal during postpartum (e.g., caring interactions, body positioning, massage) (e10)
- Have staff and providers who are passionate, compassionate, have lived experience, and care about us, our pregnancies, and our babies. (c1)

Other recs for Driver 3: specialized care teams

- Hire healthcare workers who know and come from our communities (e1)
- Have healthcare workers from the community who specialize in mental health (e3)
- Have a care team and advocates that specialize in people of color and that advocate for us inpatient and postpartum. (e5)
- Know about and tell us about programs and care teams that are good for patients of color. (e4)

SBG notes

- Scott's – focused on inpatient. Focused on defining desirable or undesirable care. Higher level ideas.
  - Ours is focused on a particular community/ies + concrete strategies. Tailored focus. (anything about accountability?)
- Altman's – focused on both clinic and inpatient care. Specific ideas. Areas of focus overlap but are not the same. Based on interviews.
  - Ours focuses on specific communities and is set up to generate strategies. More focus on accountability