

Maternal Health Inequities: *Things we should have already known, but nonetheless learned from the COVID-19 pandemic*

Allison Bryant, MD, MPH

Senior Medical Director for Health Equity, Mass General Brigham Integrated Healthcare System

Vice Chair for Quality, Equity and Safety, Department of Ob/Gyn, Massachusetts General Hospital

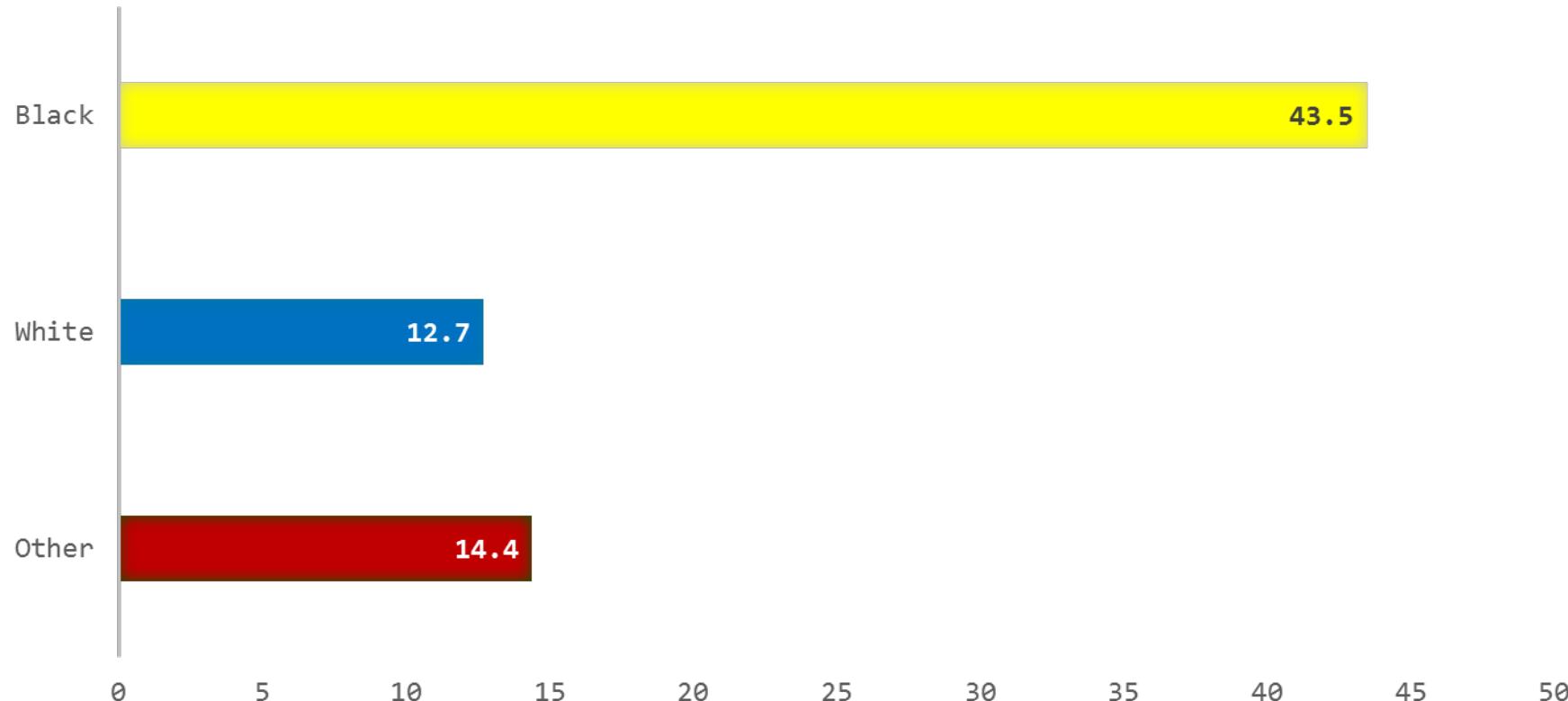
National Academies of Science Advancing Maternal Health Equity and Reducing Maternal Mortality Workshop // June 7, 2021

Maternal mortality: Inequities



PREGNANCY-RELATED DEATHS/ 100,000 LIVE BIRTHS (17.3)

■ Other ■ White ■ Black



Racial/ethnic inequities in Ob/Gyn



	AI/AN	Asian	Black	Hispanic	White
Disparities in health outcomes					
Infertility in last year (%)	--	10	12	9	7
Preterm birth (% of LB)	14	10	17	12	11
Fetal death (/1,000 live births+ fetal deaths)	--	--	11	5	5
Breast cancer deaths (/100,000 population)	16	12	31	15	22
Disparities in health care access and services					
Pap testing within 3 years (%)	--	--	66	53	62
Mammography within 2 years (% women 50-75)	73	73	64	69	70
Infertility treatment (%)	--	--	11	12	16
Cesarean delivery (%)	28	33	36	32	32

ACOG CO #649

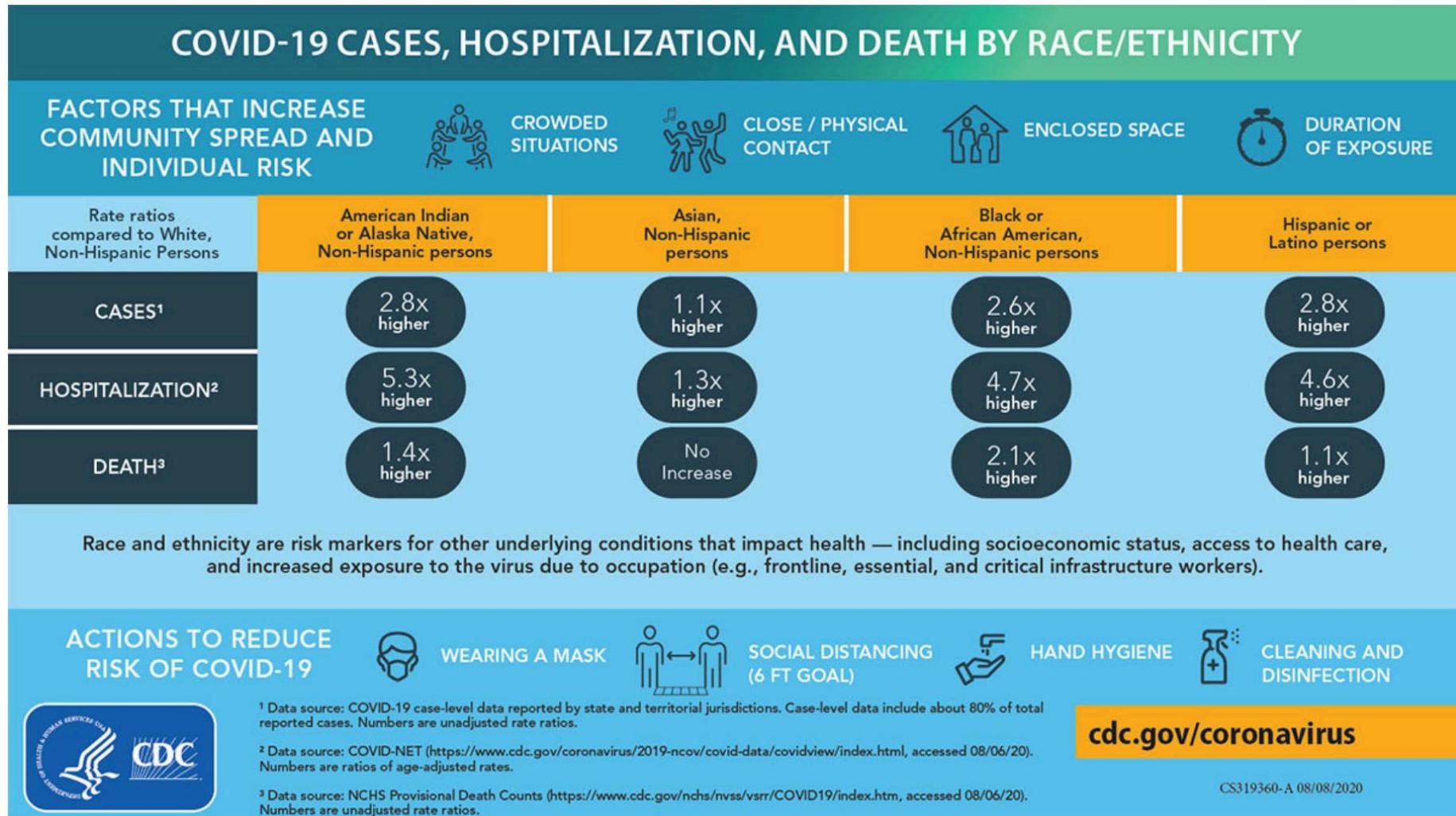
Disasters: Inequities



MASSACHUSETTS
GENERAL HOSPITAL
OBSTETRICS &
GYNECOLOGY



Inequities in COVID-19



Disasters x Inequities: Effect Modification

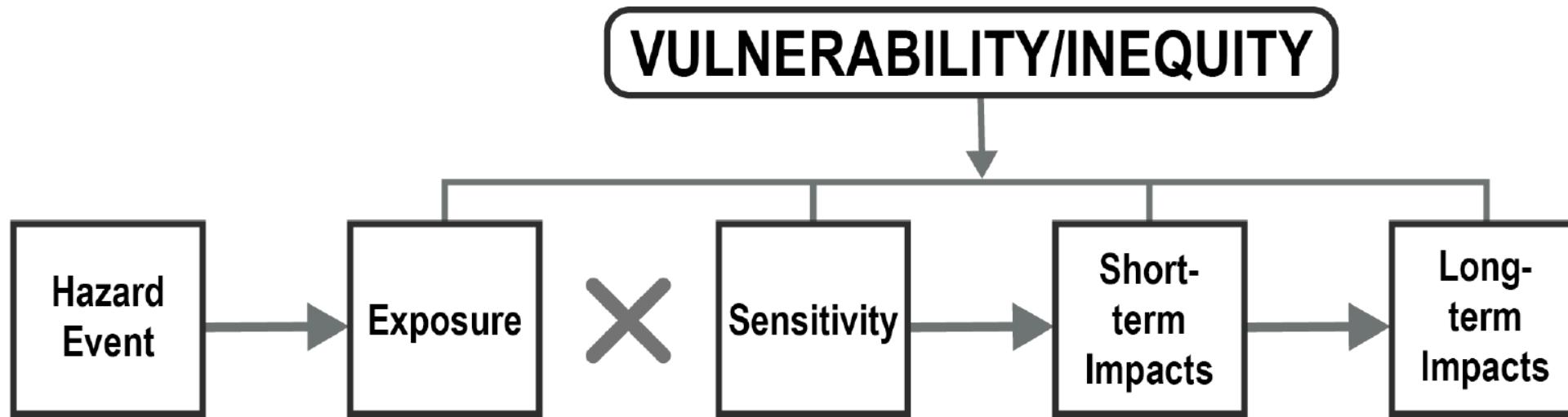


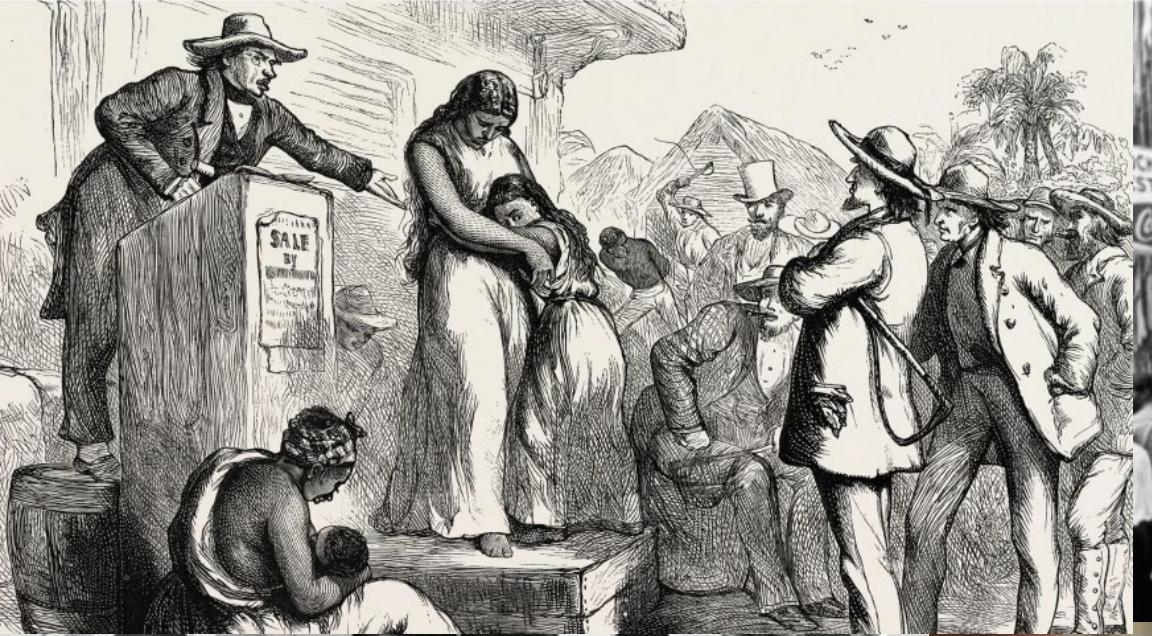
Figure 2. Simplified vulnerability and inequity conceptual framework (adapted from [41]).



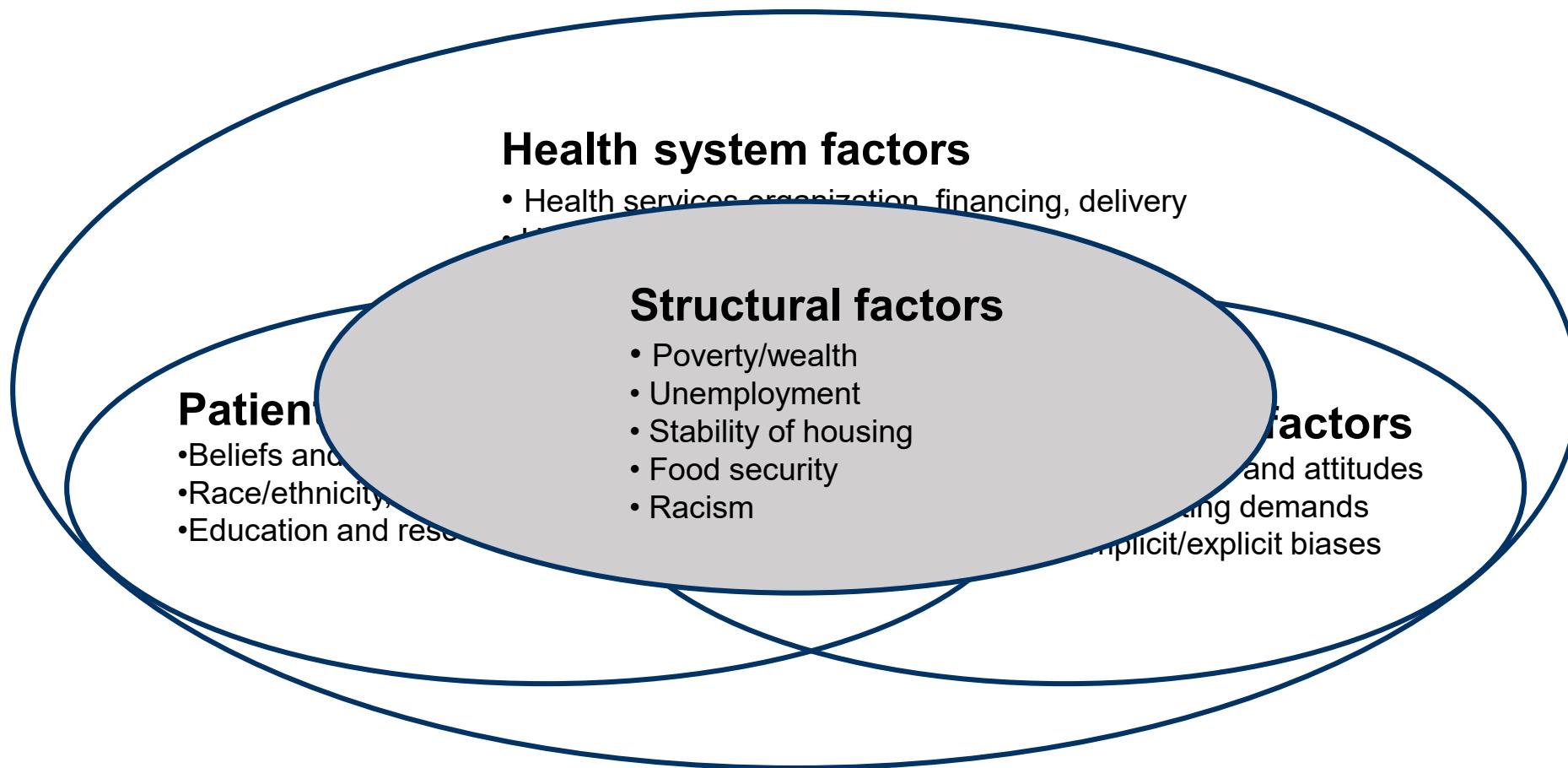
HEALTH INEQUITIES: HOW DID WE GET HERE?



HEALTH INEQUITIES: HOW DID WE GET HERE? (HOW COULD WE NOT HAVE GOTTEN HERE?)



Contributors to health and health care inequities

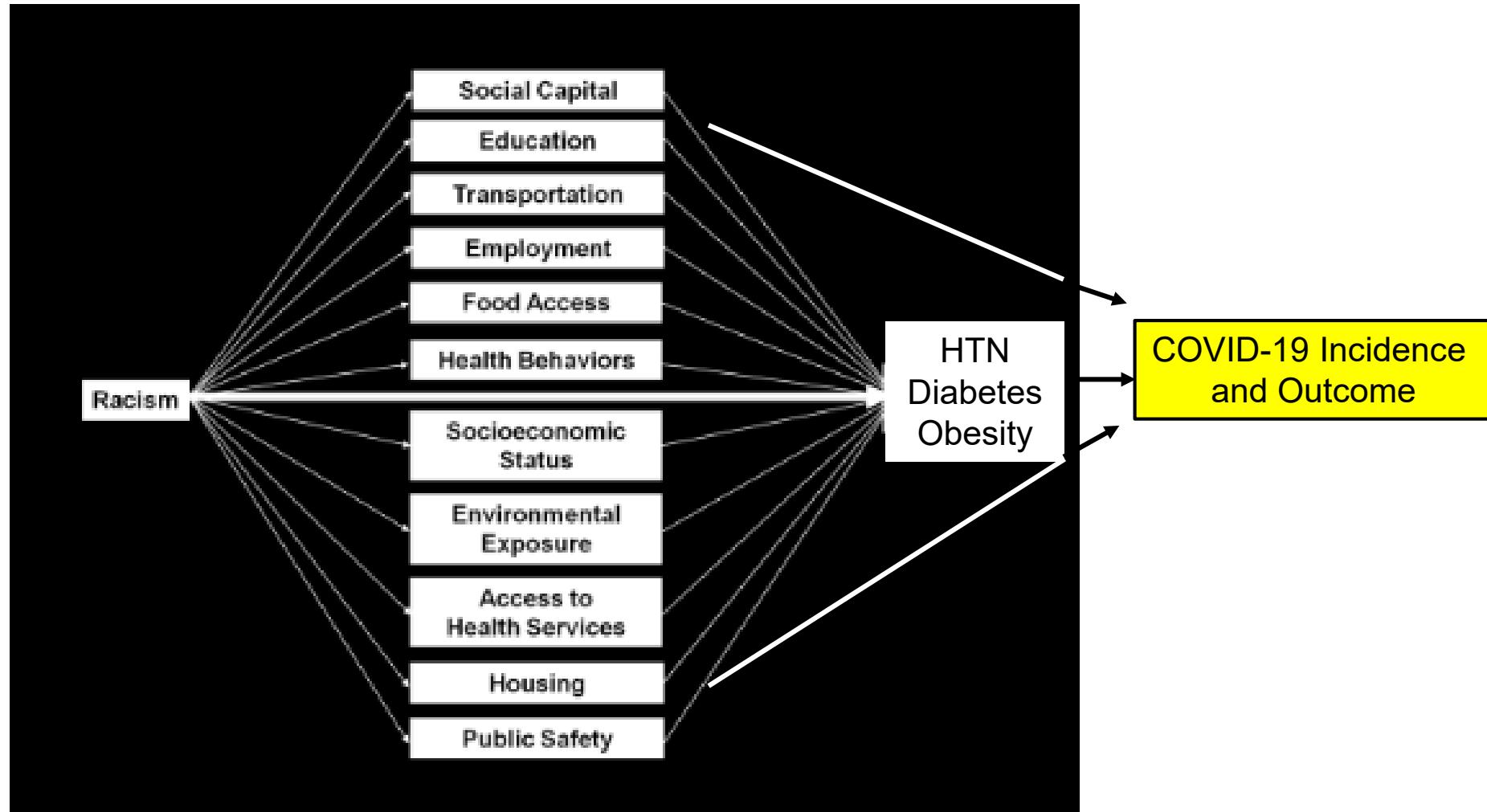


Adapted from Kilbourne et al,
AJPH 2006

Structural factors/ Social “determinants”



Reminder: Why Racism Matters



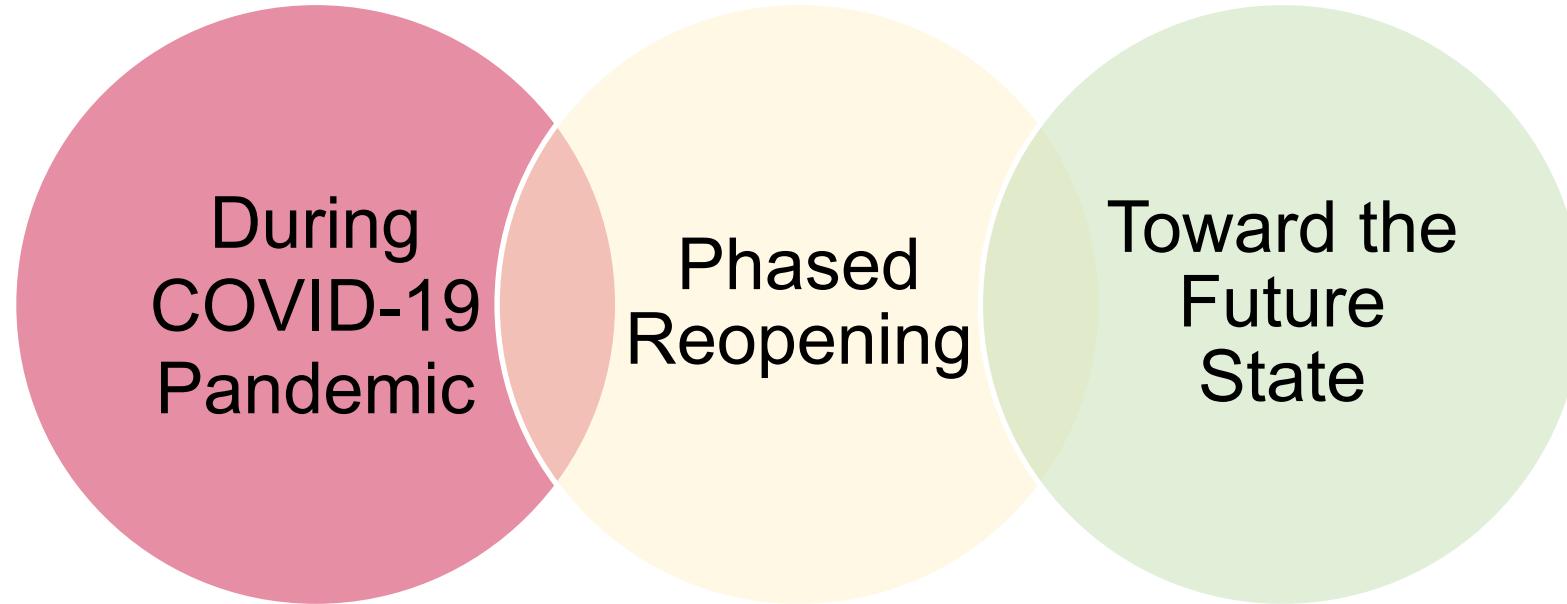
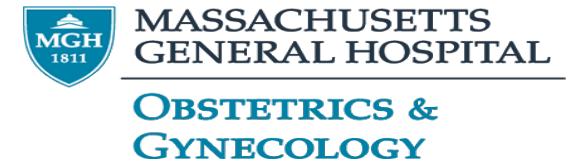
Equity in the time of COVID: Statements of the problem(s)

- Inequity in burden and consequences of disease
 - Living (e.g. marginal housing, multigenerational homes) and working circumstances (essential work) of many of our patients make social distancing and in-home isolation challenging
 - Many public health messages not delivered in multiple languages
 - Access to testing likely not uniform by population
 - The prevention mechanism – namely home confinement – increases the risk for gender-based violence and other mistreatment, with particular concern for those with fewer resources
 - Racist and xenophobic attitudes a threat to patients and workforce
 - Co-morbid conditions (diabetes, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S., due to long-standing inequities in access and quality of care, structural racism
 - In OB, these concerns overlay the backdrop of the maternal mortality / severe maternal morbidity crisis in the U.S., particularly among Black women



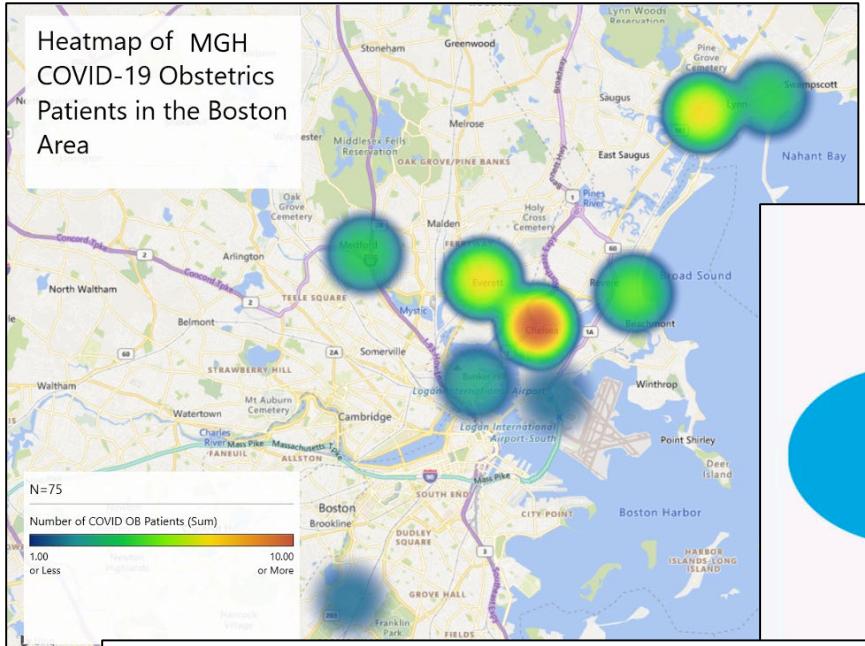
Focus	Scope	Completed	Ongoing & Next Steps	
			BIAS AND MISTREATMENT	COMMUNITY HEALTH
Workforce Recruitment	PRACTICE MANAGEMENT	<ul style="list-style-type: none">Providers with facility in languages other than English, willing to help to conduct telemedicine visits, particularly for OB, understanding that virtual visits through an interpreter may lack the richness even of in-person visit with interpreterGiven emergence of Chelsea as hotspot, need to conduct visits of potentially greater length or complexity, see OB patients in the RIC, need to consider if need to redeploy providers and increase sessions at CHC	<ul style="list-style-type: none">Pushed out Center for Diversity and Inclusion survey for faculty to complete re: facility in other languagesReceived department-specific data from survey, as well asHow to use language data - time to solicit clinical partners to conduct telehealth visits for patients of LEP? Won't be very easy to foster these partnerships; for those with ready ties to native/fluent speakers, can consider trading off visits. Will hold a meeting or program	<ul style="list-style-type: none">Many OB patients may have new needs and different SDs over the course of the pregnancy given the COVID crisisTo continue already-established practice of screening for SDs at the start of pregnancy. Increased SDs
Availability of tools to enable safe virtual care	REPRODUCTIVE JUSTICE	<ul style="list-style-type: none">OB telehealth visits will rely on having a blood pressure cuff available at homeVirtual visits to begin to enroll as of 4/6	<ul style="list-style-type: none">Provider bias<ul style="list-style-type: none">During times of crisis, clinician and system biases may be exaggerated, leading to further inappropriate differentials in careCommunity mistreatment<ul style="list-style-type: none">Uptick in xenophobia and racism toward Asian-Americans, both in community and among providers	<ul style="list-style-type: none">Re-emphasized this to faculty during provider meetings and Town HallsOngoing requests for team members to consider contributing to reporting of witnessed biases, microaggressions, racismSee if link to Dept of Radiology presentation from 4/9 is available for pushing to department
Reproductive Justice	DATA AND REPORTING	<ul style="list-style-type: none">OB telehealth visits will rely on having a blood pressure cuff available at homeVirtual visits to begin to enroll as of 4/6	<ul style="list-style-type: none">Reporting<ul style="list-style-type: none">Inequities in COVID, as well as other OB-related safety signals, like to be noted and exaggerated during this crisis	<ul style="list-style-type: none">Will continue to track OB safety metrics by race/ethnicity, language and insurance status, as we have always doneWill begin to track COVID+ tests, admissions among OB patients by race/ethnicity, language, insuranceUnderstand if we can track Gyn virtual visits (kept, cancelled) by equity metrics?Understand if we document ability of patients to accept telehealth visits when scheduling calls are made, and then analyze by equity metrics?
Reproductive Justice	RESEARCH	<ul style="list-style-type: none">During times of crisis, threats to reproductive justice may arise	<ul style="list-style-type: none">To extent we are seeing considerable inequities in prevalence and severity of COVID disease, want to make sure experience of all our patients is captured equitably in planned research enrollment and endeavors	<ul style="list-style-type: none">Advocacy to research leaders to make sure language capacity of recruiters is considered
	PHILANTHROPY		<ul style="list-style-type: none">Department faculty and others likely willing to give for specific (or general) aid in this time of crisis	<ul style="list-style-type: none">Consider internal drive for cash donations, "donations" of minutes/Mb for telehealth, directed toward patients and/or staff in need; ideally would be administered through central programs and not reliant on department individuals to organize; a source for Development Office?
			<ul style="list-style-type: none">Be able to accommodate keeping option for COVID+ will families together	<p>From SW team: "I wanted to chime in with info about another resource that we can offer to support patients round social determinants of health. The Social Services department has a wonderful Service Specialist, who can get patients with info about (employment, housing, food, etc) or another provider has this service, you can refer them to one of the OB specialists. After we assess the patient's social and needs (one, depending on their needs), we can refer to the Service Specialist. If the patient has resources, patient is able to do a self-advocacy call"</p> <ul style="list-style-type: none">Increase provider consciousness of this possibility

Integrating Equity and Community Health into Response, Reopening and Recovery: Upfront and Intentional



(credit: MGH Equity and Community Health COVID Taskforce)

Heatmap of MGH COVID-19 Obstetrics Patients in the Boston Area



What lessons did we carry into opening, and beyond?



MASSACHUSETTS
GENERAL HOSPITAL
OBSTETRICS &
GYNECOLOGY



SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



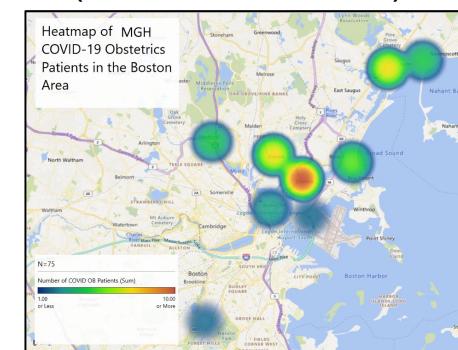
STIGMA



The value of data (no quality without equity)

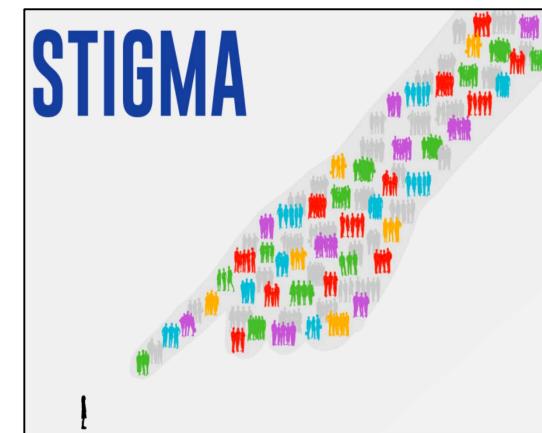
- Continue to track COVID, utilization and safety metrics by patient (race/ethnicity, language, SES) / community factors
 - Infection, hospitalization, death rates
 - Virtual visits, “re-opening” visits
 - Pregnancy and neonatal outcomes
- Population health approach
 - Creation of lists of cohorts to identify patients potentially falling through the cracks, particularly for vulnerable populations and those with COVID-19 infection

(credit: I. Goldfarb)



The threat of stigma

- Recognize the value of data, but also the potential danger in its interpretation
- Reminder of our biases and how they may manifest
- Consider ways to document racism, microaggressions and biases, teach upstander techniques



The importance of communication

- Understand language preference of patients and staff
- Ensure public health messaging accessible to multilingual audience
 - Similarly, recognize the language preference of staff, and tailor urgent messages for maximum uptake
- Multilingual care extenders



The interplay of community health and medical care

- Understand social determinants of health to be a dynamic and sometimes-situational construct
 - Screen frequently, know community resources
 - Food insecurity; housing “instability” vis-à-vis social distancing
- Health care team expansion
 - Medical students
 - Behavioral health specialists
 - Community health navigators

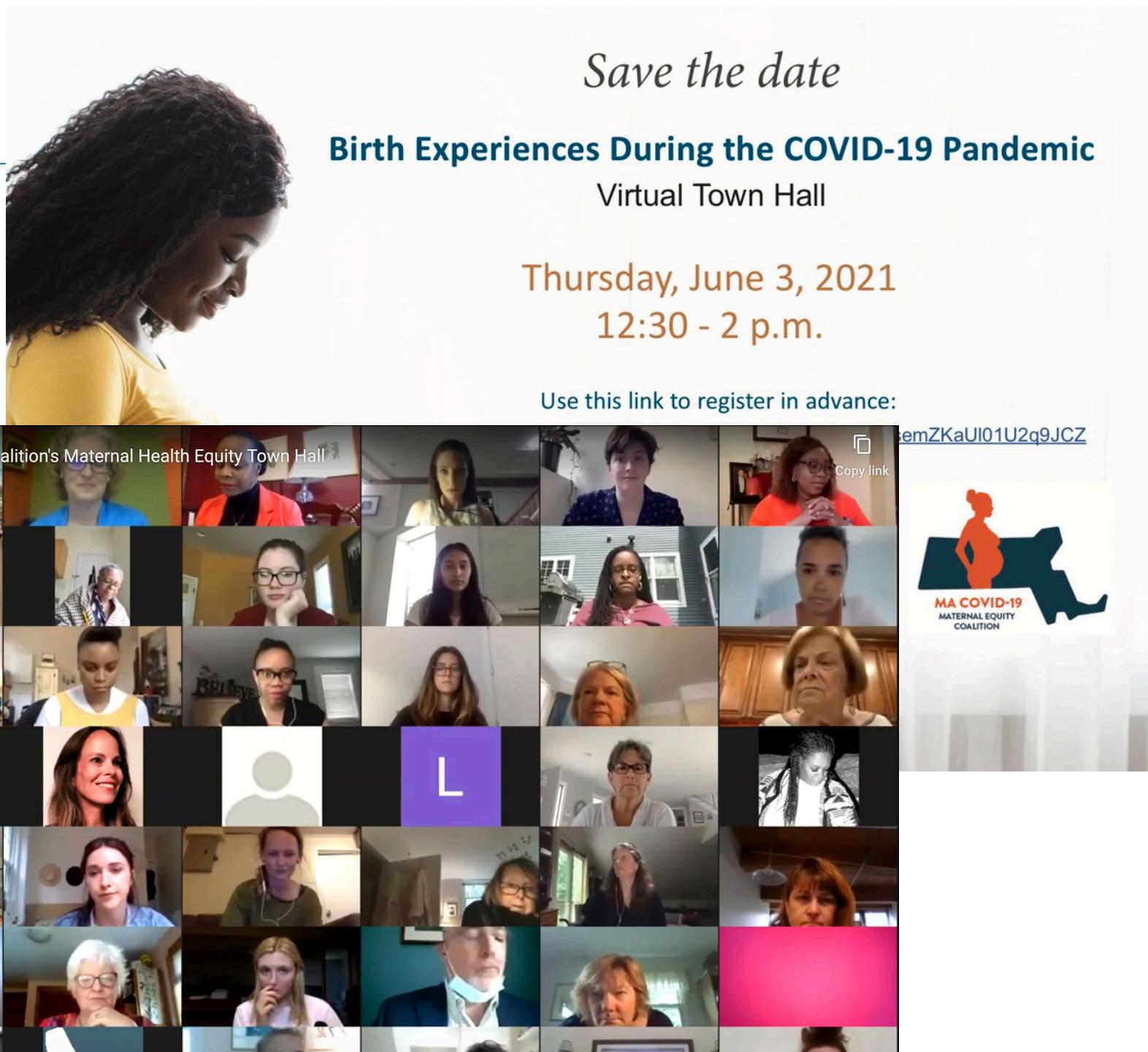
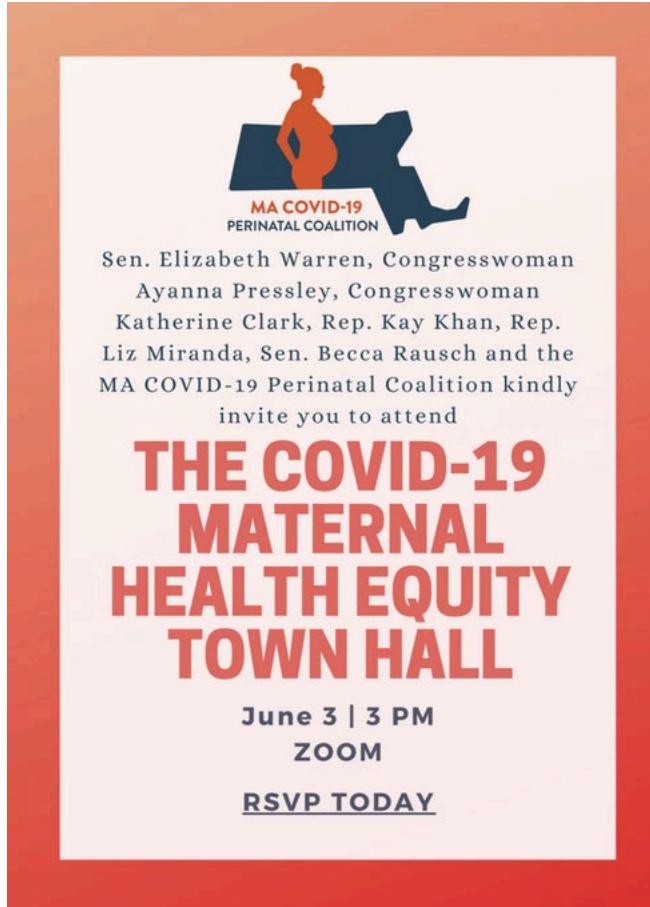


- *The root causes of poor disaster recovery can be stopped only by countering the devastating impacts of acute as well as chronic stressors. Disaster aid must prioritize those most vulnerable, regardless of race, ethnicity, income, and citizen status. One potentially daring but promising strategy is to **elevate community resilience as an essential public health service** and consequently integrate community resilience measures as performance benchmarks of federal, state, and local health agencies.*



What is patient centered maternity care?

Center on the voices of the affected



Reflecting on Equity in Perinatal Care During a Pandemic

P. Mimi Niles,^{1,*} Ifeyinwa V. Asiodu,² Joia Crear-Perry,³ Zoë Julian,⁴ Audrey Lyndon,⁵ Monica R. McLemore,² Arianna M. Planey,⁶ Karen A. Scott,⁴ and Saraswathi Vedam¹

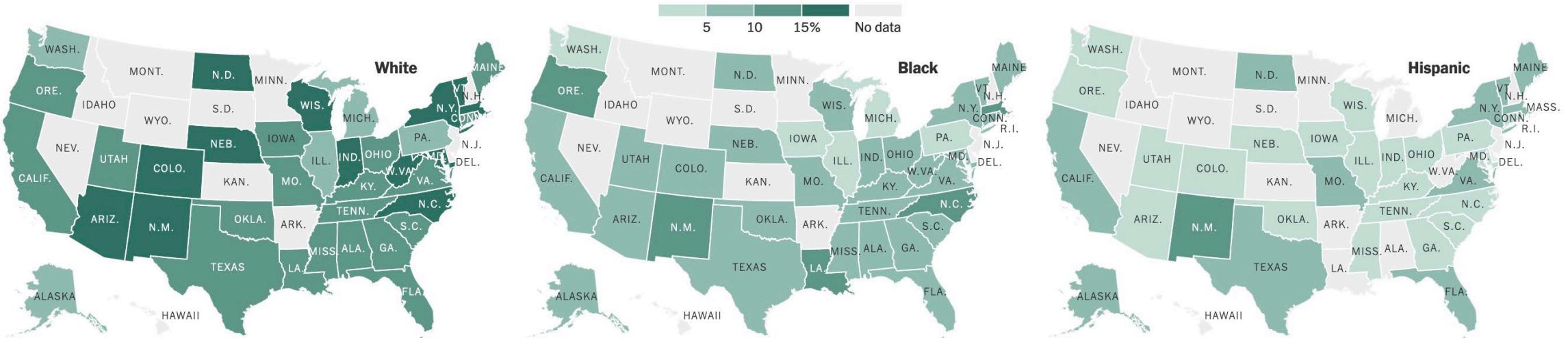
- “We conducted a thoughtful review of the available literature regarding COVID-19, in the framework of existing literature on equitable maternity care that centers the lived experiences of birthing people. **We disrupt the myth that policies that uphold the human rights of birthing people and policies that decrease risk of COVID-19 transmission are mutually exclusive.** We submit three main contributors to perpetuating inequitable maternity care:
 1. The lack of rigor in using case studies to suggest a change in evidence-based practice
 2. The lack of evidence-based solutions that address the root cause of inequitable access to services, resources and equipment
 3. The continued failure to apply a comprehensive human rights-based reproductive justice lens to how we care for birthing people and families”



COVID VACCINE EQUITY: WHAT DO WE NEED TO DO TO REACH THIS GOAL?



Vaccinations as a share of group's total population



Note: Delaware, Nevada and New Jersey report this data based on total doses, rather than people vaccinated.

Vaccination by race/ethnicity, as of May 2021



MASSACHUSETTS
GENERAL HOSPITAL
OBSTETRICS &
GYNECOLOGY

% at least one COVID-19 vaccine

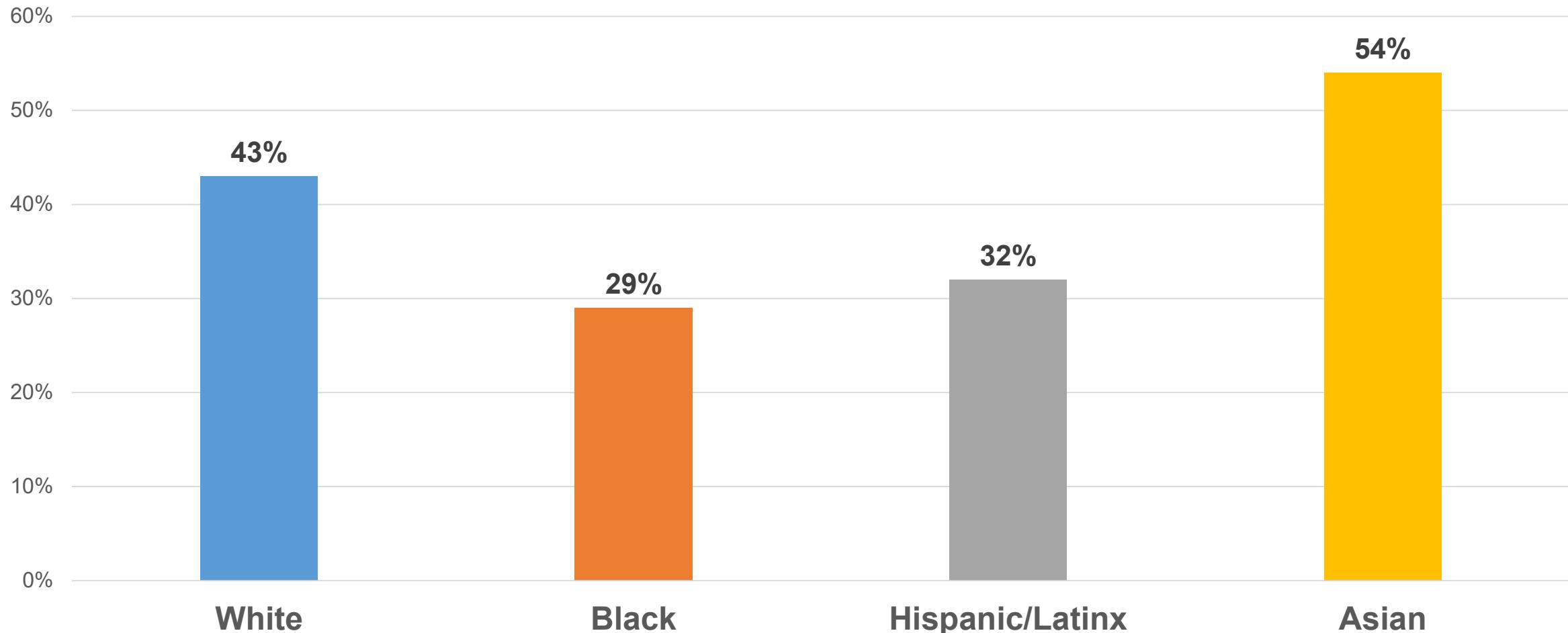




Figure 2

Black People as a Share of COVID-19 Vaccinations, Cases, Deaths and Total Population, May 24, 2021

Based on vaccinations, cases, and deaths with known race/ethnicity, among states reporting vaccinations by race/ethnicity

Click on the buttons below to see data for the different race/ethnicity groups:

[Black](#) [Hispanic](#) [Asian](#) [White](#)

State	Percent of Vaccinations	Percent of Cases	Percent of Deaths	Percent of Total Population
Alabama	24%	28%	29%	27%
Alaska	2%	NR	NA	2%
Arizona	3%	4%	3%	4%
Arkansas	12%	19%	15%	15%
California	4%	4%	6%	5%
Colorado	3%	3%	5%	4%
Connecticut	7%	NR	13%	10%
Delaware	15%	NR	21%	22%
District of Columbia	40%	55%	70%	46%

“Vaccine hesitancy”



MASSACHUSETTS
GENERAL HOSPITAL
OBSTETRICS &
GYNECOLOGY

The Washington Post
Democracy Dies in Darkness

Opinions

Black people are justifiably wary of a vaccine. Their trust must be earned.



A mock vial of the Pfizer coronavirus vaccine at a university hospital training in



Opinion by **Michele L. Norris**
Columnist

Dec. 9, 2020 at 2:02 p.m. EST

I Won't Be Used as a Guinea Pig for White People

Mistrust of vaccines runs deep in African-American communities. Against formidable odds, Father Paul Abernathy and his teams are trying to convince residents of Pittsburgh's historic Black neighborhoods to volunteer for trials testing a Covid-19 shot.

Experts warn of low Covid vaccine trust among Black Americans

Distrust over the Covid-19 vaccine runs high among Black Americans, but Black doctors are waging a battle to get the community informed – and vaccinated.



HEALTH

'Tuskegee always looms in our minds': Some fear black Americans, hardest hit by coronavirus, may not get vaccine

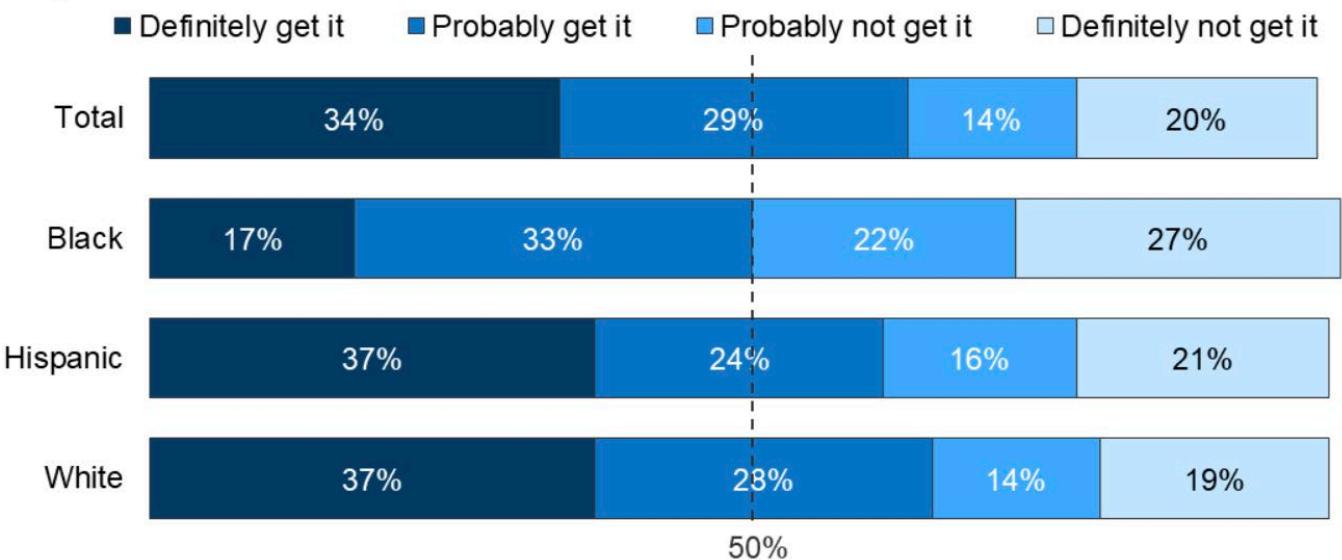
Jayne O'Donnell USA TODAY

Published 7:00 a.m. ET Apr. 19, 2020 | Updated 10:09 a.m. ET Apr. 20, 2020

Figure 13

Black Americans Less Likely To Say They Would Get COVID-19 Vaccine Even If It Was Free And Determined Safe By Scientists

If a coronavirus vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...?



KFF

SOURCE: KFF/The Undefeated Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

Figure 13: Black Americans Less Likely To Say They Would Get COVID-19 Vaccine Even If It Was Free And Determined Safe By Scientists



Large Majorities Of Both Black And White Seniors Are Eager To Get Vaccinated; Gaps Emerge At Younger Ages

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?

■ Already vaccinated ■ Get it as soon as you can ■ Wait and see how it's working

■ Get it only if required ■ Definitely not get it

18-49



50-64



65+



NOTE: See topline for full question wording.

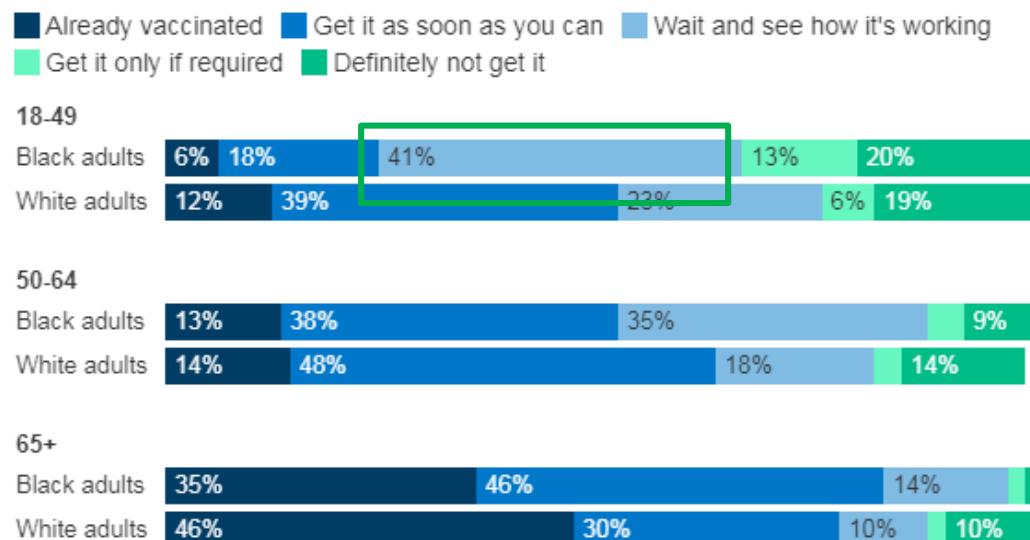
SOURCE: [KFF COVID-19 Vaccine Monitor \(Feb. 15-Feb. 23, 2021\)](#) • Download PNG

KFF COVID-19
Vaccine Monitor



Large Majorities Of Both Black And White Seniors Are Eager To Get Vaccinated; Gaps Emerge At Younger Ages

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?



NOTE: See topline for full question wording.

SOURCE: [KFF COVID-19 Vaccine Monitor \(Feb. 15-Feb. 23, 2021\)](#) • [Download PNG](#)

KFF COVID-19
Vaccine Monitor

hesitant adjective

Save Word

hes-i-tant | \ 'he-zə-tənt \

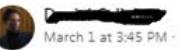
Definition of *hesitant*

: slow to act or proceed (as from fear, indecision, or unwillingness) : tending to hesitate : showing or feeling reluctance or hesitation



Improving vaccine access: state strategies

- Using CDC Social Vulnerability Index to allocate vaccine
- Prioritizing vaccination appointments by group or neighborhood
- Call centers or texting options to facilitate access to those for home online sign-ups may not work well
- Locating vaccine clinics in underserved areas
- Collaboration with CBOs, FQHCs
- Social media campaigns
- Increasing information that vaccine is available at no cost
- Clarification that vaccine can be given regardless of immigration status
- Public reporting of vaccination data by race/ethnicity



March 1 at 3:45 PM · Boston ·

Imagine going to get your #vaccine and being greeted with this:

Props to Black Boston COVID-19 Coalition
#blackexcellence

— with [REDACTED] and 3 others at Reggie Lewis Track and Athletic Center.

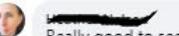
132

19 Comments 8 Shares

Love

Comment

Share



Really good to see and about time!

Like · Reply · 2w



Excellence

Like · Reply · 2w



This is beautiful!!!!

Like · Reply · 2w



I was vaccinated by the woman, 5th from the left. I sat down and cried, unexpectedly overwhelmed with sadness at the moment. She showed SUCH care, compassion and a DEEP understanding for my tears...Her presence made ALL the difference.

Care · Reply · 2w



Can anyone identify and tag that Doctor so she can know what kind of effect she had? (5th from the left)

Like · Reply · 1w · Edited



Banner Call [REDACTED] I tagged her it's Allison Bryant Mantha

Like · Reply · 1w

View 2 more replies



At one point she sat across from me and said "We've all been through so much"....She just got it. So, so grateful.

Care · Reply · 2w



And my [REDACTED]

Like · Reply · 2w



Brenda Dixon

Like · Reply · 2w

4

4

4