



# Maternal Health Equity

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August 31, 2023

# Objectives

- Describe equity as it relates to health and birth
- Describe racial disparities in maternal mortality and severe maternal morbidity in the United States and Kansas
- Describe the historical context of racism in medicine
- Describe intersectionality and how this concept impacts health care
- Review steps to improve equity within the birthing community



Optimizing maternal and infant outcomes are both our  
challenge and opportunity.

*Audra Meadows, MD*

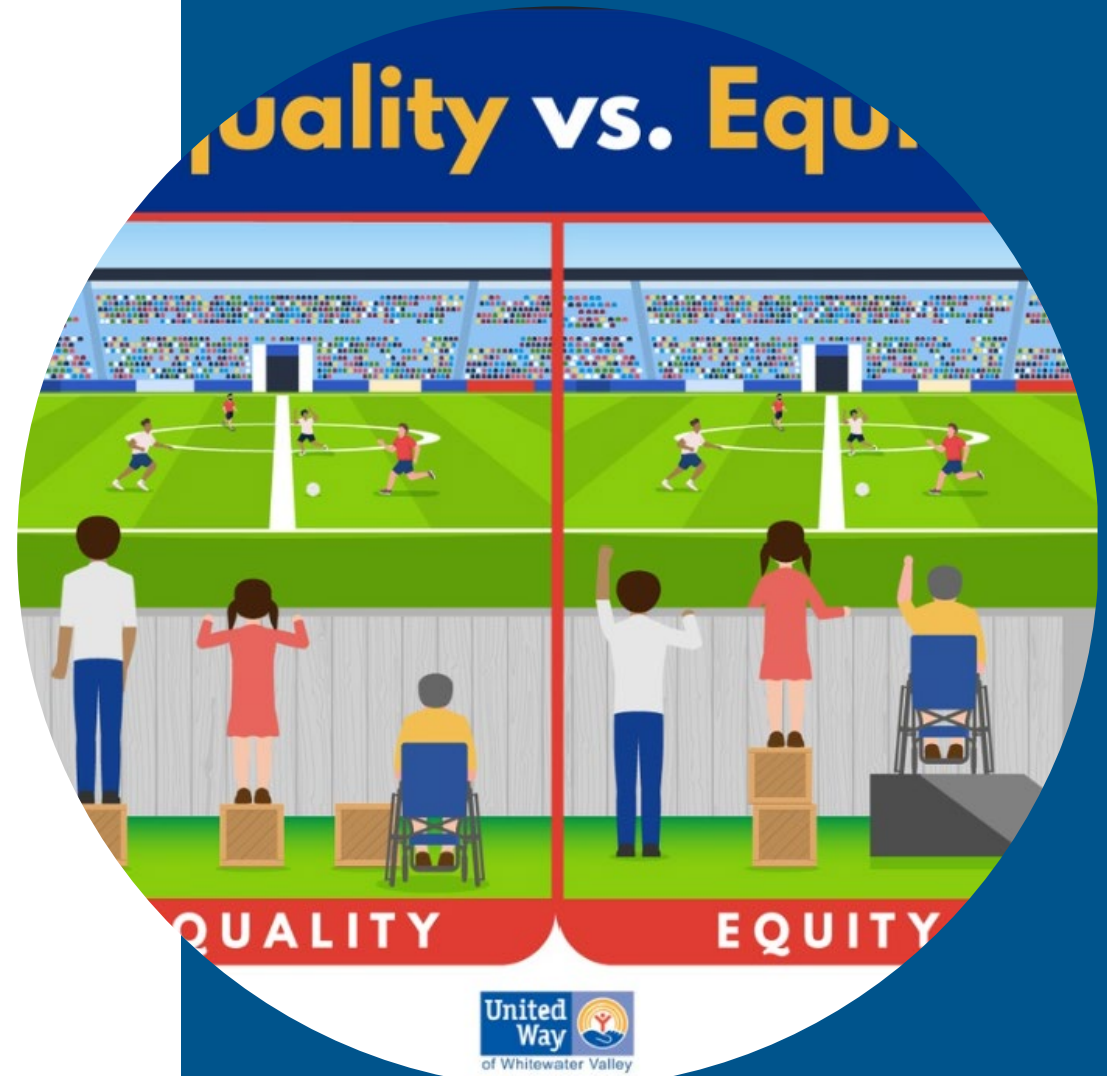


# Health Equity

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# Equality vs. Equity

- [Equity vs. Equality: The Difference Between Two Similar Words \(givetheunitedway.com\)](http://givetheunitedway.com)



# Health Equity

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities  
-- Healthy People 2030

## Leveraging Healthy People to Advance Health Equity

Health Equity is the attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and social determinants of health — and to eliminate disparities in health and health care.



### Objectives

Identify priorities by browsing **Leading Health Indicators and other objectives**

Compare **population-level progress** to national targets



### Data

Use **Healthy People data** to track health disparities and inform program and policy development



### Resources

Find inspiration by consulting **evidence-based resources** to use in your community

Review **Healthy People in Action stories** to learn how others are addressing health equity



### Frameworks

Use the **Healthy People 2030 framework** as a model for program planning

Use the **social determinants of health framework** to build **partnerships across sectors** and communicate root causes of health disparities



### Definitions

Use the definitions of **health equity** and **health disparities** to promote a shared understanding and identify areas for collaborative action to improve health for all

## Leveraging Healthy People to Advance Health Equity

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U.S. Department of Health and Human Services. Health Equity and Health Disparities Environmental Scan. Rockville, MD: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion; 2022.

[Health Equity in Healthy People 2030 - Healthy People 2030 | health.gov](https://www.health.gov/health-equity)

# Birth Equity

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort -- Joia Adele Crear-Perry, MD, NBEC

- Disparity: differences in outcomes
- Inequity: differences in outcomes due to injustice

[National Birth Equity Collaborative \(NBEC\) - For All Black Birthing People](#)

**MATERNAL OUTCOMES:**

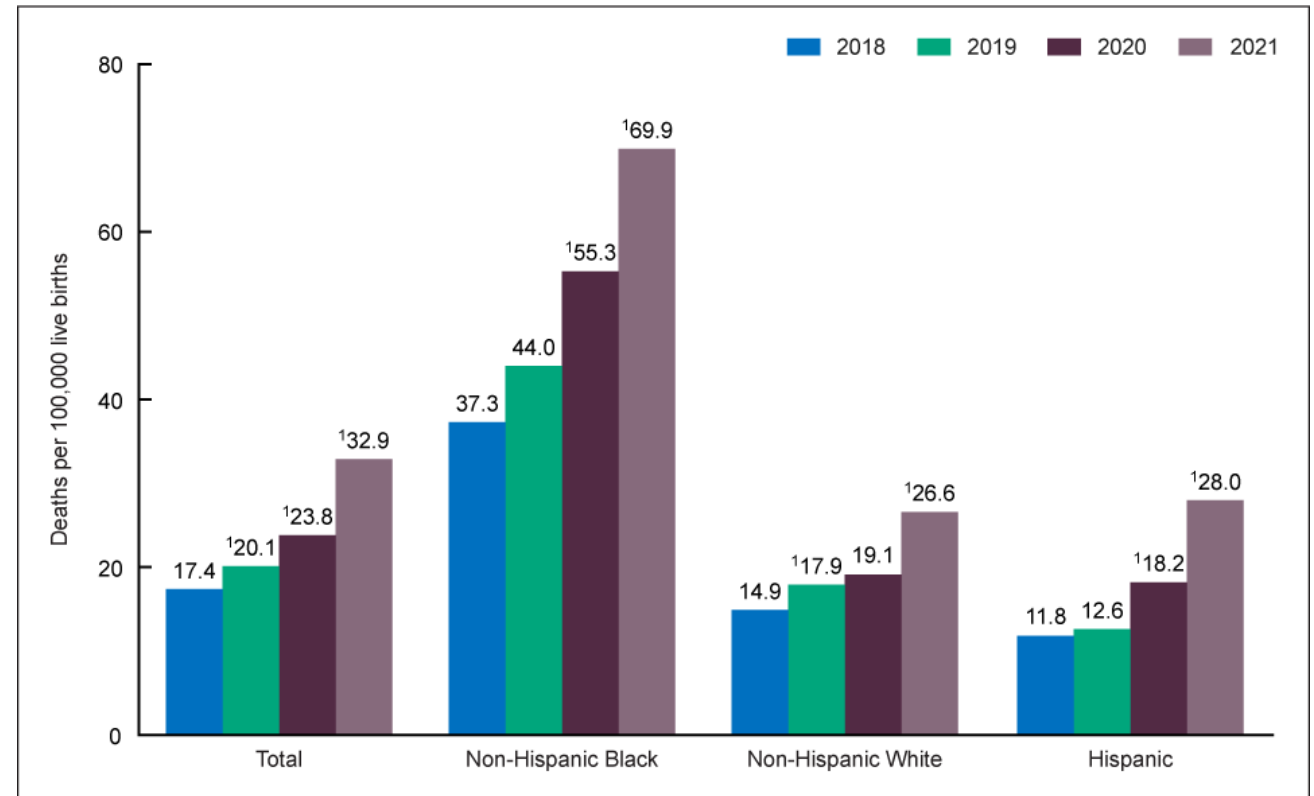
Need for Improvement

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# Maternal Mortality—United States

- ~80% of maternal deaths are preventable
- Risk of maternal death for Non-Hispanic Black birthing parents 3x that of Non-Hispanic White birthing parents



<sup>1</sup>Statistically significant increase from previous year ( $p < 0.05$ ).  
NOTE: Race groups are single race.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

# Maternal Mortality—Kansas

Maternal Mortality - American Indian/Alaska Native

Data unavailable



Maternal Mortality - Asian/Pacific Islander

Data unavailable



Maternal Mortality - Black

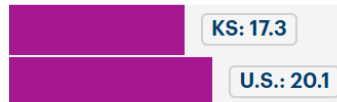


Maternal Mortality - Hispanic

Data unavailable



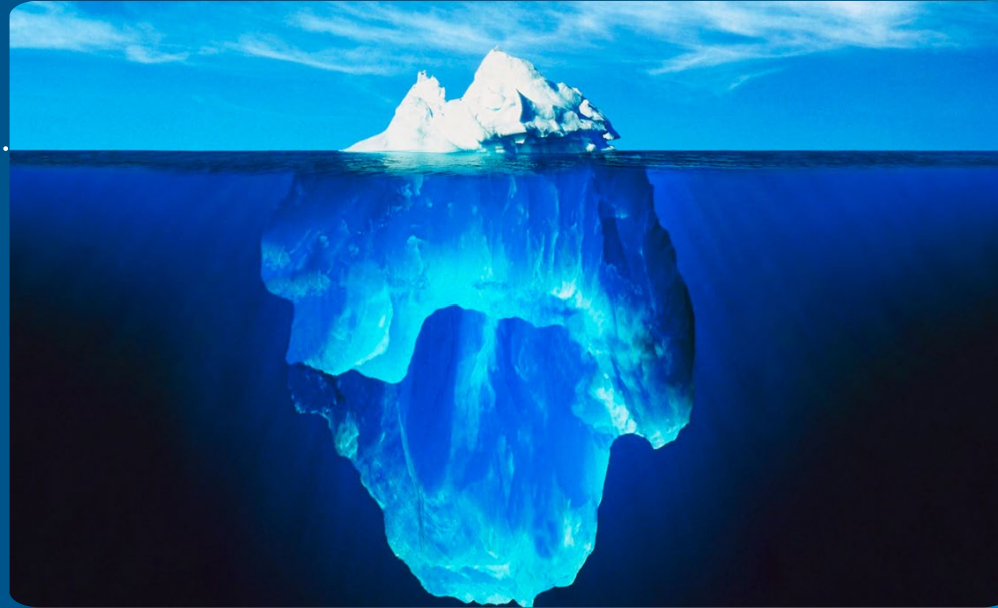
Maternal Mortality - White



Deaths per 100,000 live births

Federally Available Data, Maternal and Child Health Bureau, Health Resources and Services Administration, 2016-2020

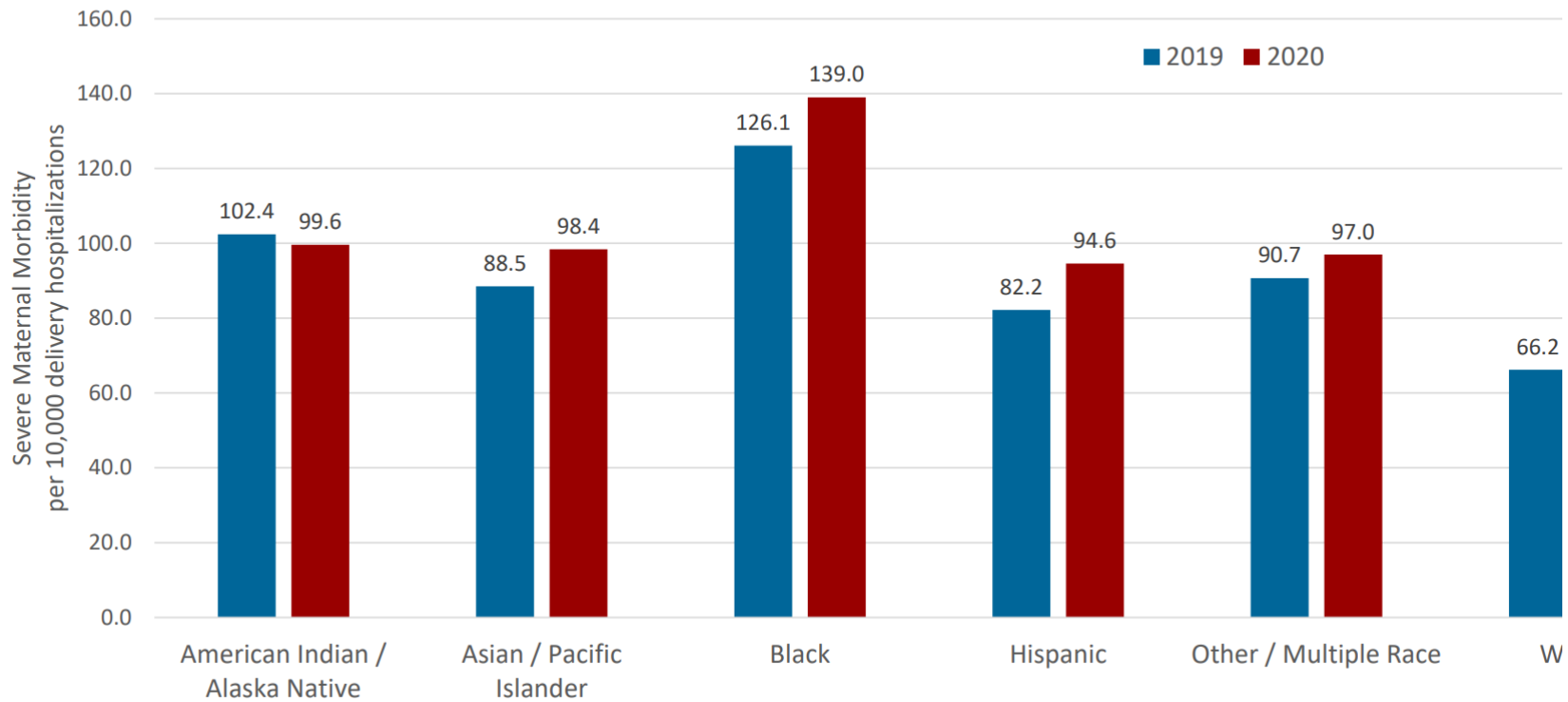
[Explore Maternal Mortality in Kansas | AHR \(americashealthrankings.org\)](https://americashealthrankings.org)



# Severe Maternal Mortality

# Severe Maternal Morbidity—United States

## SMM by Race and Ethnicity

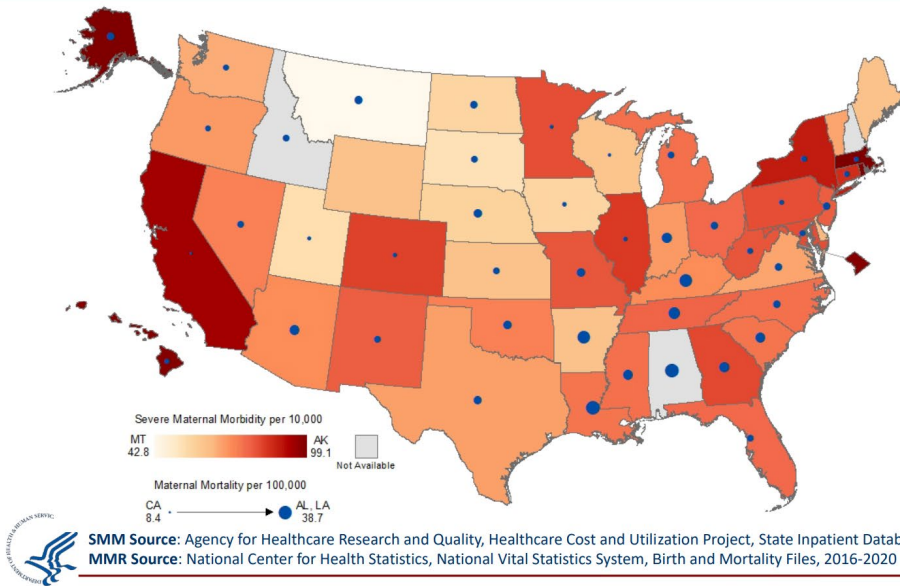


From 42 states with adequate reporting of race and ethnicity

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases

# Severe Maternal Morbidity—Kansas

## SMM and Maternal Mortality



SMM shows little geographic patterning with the highest rates in certain states on both coasts

Maternal mortality is highest in the southeast

Correlation: -0.25



Severe Maternal Morbidity - American Indian/Alaska Native

Data unavailable

U.S.: 102.4

Severe Maternal Morbidity - Asian/Pacific Islander

Data unavailable

U.S.: 88.5

Severe Maternal Morbidity - Black

KS: 109.7

U.S.: 126.1

Severe Maternal Morbidity - Hispanic

KS: 75.8

U.S.: 82.2

Severe Maternal Morbidity - Other race

Data unavailable

U.S.: 90.7

Severe Maternal Morbidity - White

KS: 60.7

U.S.: 66.2

Per 10,000 delivery hospitalizations

[Severe Maternal Morbidity: Trends and Disparities \(hrsa.gov\)](https://hrsa.gov)

[Explore Severe Maternal Morbidity in Kansas | AHR \(americashealthrankings.org\)](https://americashealthrankings.org)

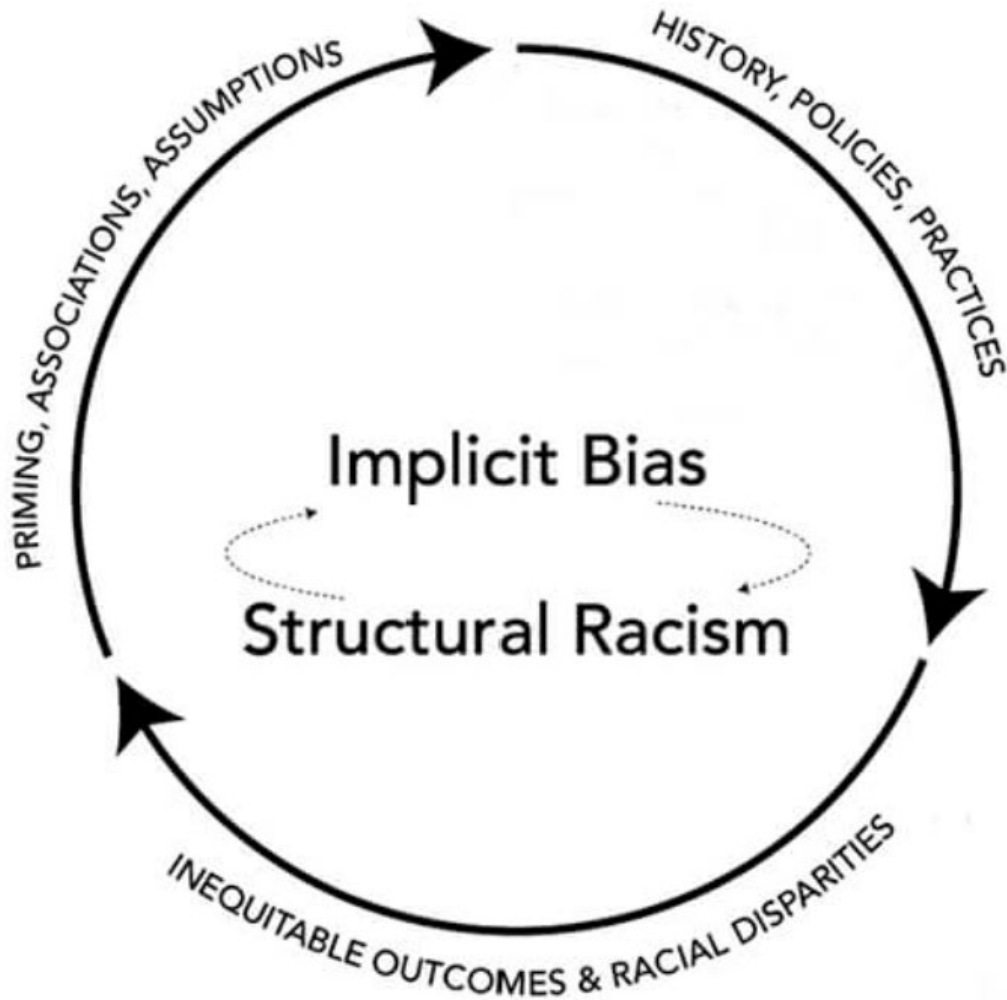
Federally Available Data, Maternal and Child Health Bureau, Health Resources and Services Administration, 2019

**MATERNAL OUTCOMES:**

How Did We Get Here?

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# Implicit Bias + Structural Racism = Health Disparities



# Race

- Not a biological or genetic condition
- Social construct
  
- 16th & 17th Century in the United States
  - Based on since debunked biological differences
  - Created to justify racism, slavery, and social hierarchy
  - Though that poor outcomes were based on “preordained natural order,” and not social hierarchy

Nuriddin, A, Mooney, G, White, Alexandre. Reckoning with histories of medical racism and violence in the USA. The Lancet, Vol 396, issue 10256, p949-951.



# Betsy, Lucy and Anarcha

- Dr Marion Sims, “father of modern gynecology”
- Surgeries on enslaved women in Alabama without anesthesia
- Surgeries on impoverished Irish women in New York



©1951, PARKE-DAVIS

J. MARION SIMS: GYNECOLOGIC SURGEON

Nuriddin, A, Mooney, G, White, Alexandre. Reckoning with histories of medical racism and violence in the USA. The Lancet, Vol 396, issue 10256, p949-951.

# Reproductive Care Today

- Medical practices rooted in racism affect health care today
- ~1900-1979: 20,000 sterilizations performed in California state institutions
- 1930s-1980s: “Mississippi Appendectomy”
- Sterilization of 3,406 American Indian women performed without consent
- 2006-2010: ~150 female inmates in California coerced into sterilization
- 2020: Forced hysterectomies of immigrants in ICE detention centers

Estrada A. The Politics of Female Biology and Reproduction. *The Current*. <https://www.news.ucsb.edu/2015/015287/politics-female-biology-and-reproduction>. Accessed on February 7, 2021.

Roberts, D. (1998). *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York. Vintage.

Native Voices. Timeline: Renewing Native Ways. 1976: Government admits unauthorized sterilization of Indian women. <https://www.nlm.nih.gov/nativevoices/timeline/543.html>. Accessed on February 7, 2021.

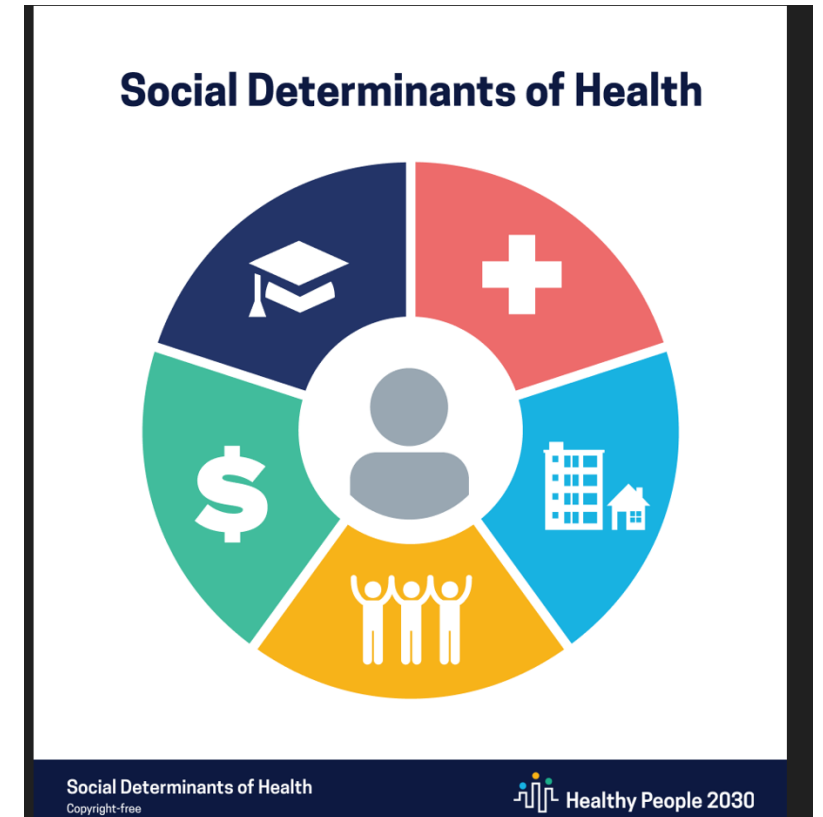
Johnson C. Criminal Justice: Female inmates sterilized in California prisons without approval. <https://revealnews.org/article/female-inmates-sterilized-in-california-prisons-without-approval/>. Accessed on February 7, 2021.

Manian M. Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself. ACLU. <https://www.aclu.org/news/immigrants-rights/immigration-detention-and-coerced-sterilization-history-tragically-repeats-itself/>. Accessed on February 7, 2021.



# Social Determinants of Health

- Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks
  - Economic Stability
  - Educational Access and Quality
  - Healthcare Access and Quality
  - Neighborhood and Build Environment
  - Social and Community Context



[Social Determinants of Health - Healthy People 2030 | health.gov](https://www.health.gov/ourinitiatives/initiatives/sdoh/)

**MATERNAL OUTCOMES:**

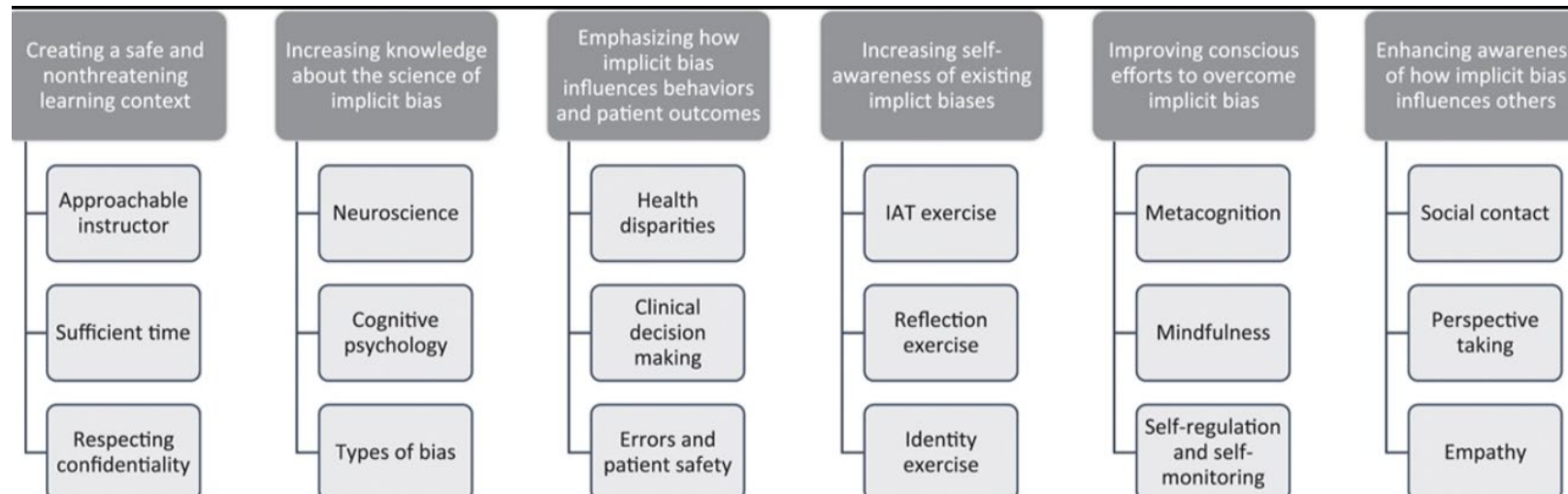
**Need for Action**

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# Steps to Improve Health Equity

- Awareness of Bias

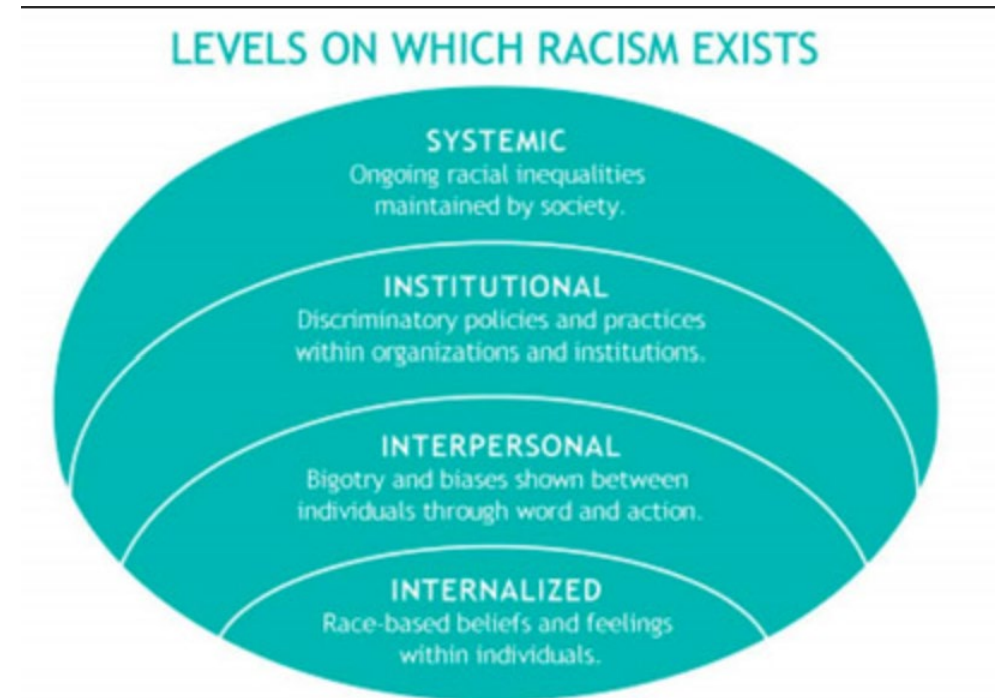
- General pattern to think a certain way; a quick route our brains use to make decisions quickly
- Prejudice in favor or against one thing, person, or group
- Racial/ethnic bias intertwined with SDoH
- Awareness and understanding of biases is a first step toward making conscious decisions to act fairly



Sukhera, Javeed MD, DABPN, FRCPC; Watling, Chris MD, PhD, FRCPC. A Framework for Integrating Implicit Bias Recognition Into Health Professions Education. *Academic Medicine* 93(1):p 35-40, January 2018. | DOI: 10.1097/ACM.0000000000001819

# Steps to Improve Health Equity

- Learn about your patient population
  - Collect Data, Surveys
- Identify health care inequities and services that address these inequities
  - State Maternal Mortality Review Committees
- Create programs to address inequities in your patient population
  - Maternal Safety Bundles + Data on Outcomes Inequities
  - Unique lens with ability to transform



Hamm RF, Howell E, James A, Faizon R, Bloemer T, Cohen J, Srinivas SK. Implementation and outcomes of a system-wide women's health 'team goal' to reduce maternal morbidity for black women: a prospective quality improvement study. *BMJ Open Qual.* 2022 Nov;11(4):e002061. doi: 10.1136/bmjopen-2022-002061. PMID: 36384880; PMCID: PMC9670954.

# Thank You

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An aerial photograph showing a large number of small, white boats scattered across a dark, calm body of water. The boats are viewed from above, and their shadows are cast on the water's surface. The overall scene is serene and evokes a sense of community and shared success.

A rising tide lifts all boats