Overview of Connecticut's Reproductive Justice Alliance

Presenter: Katharyn (Kasia) Baca, PhD, MPH

(She, Her, Hers)

CDC MCHEP State Assignee

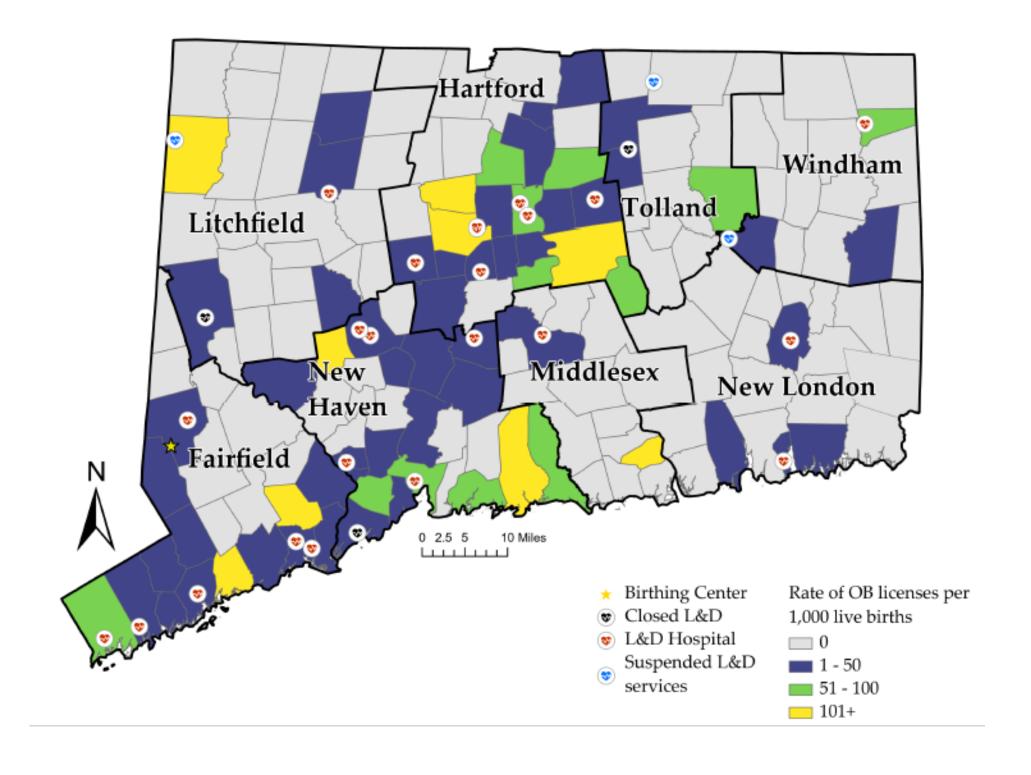
Community, Family Health, and Prevention Section

Connecticut Department of Public Health





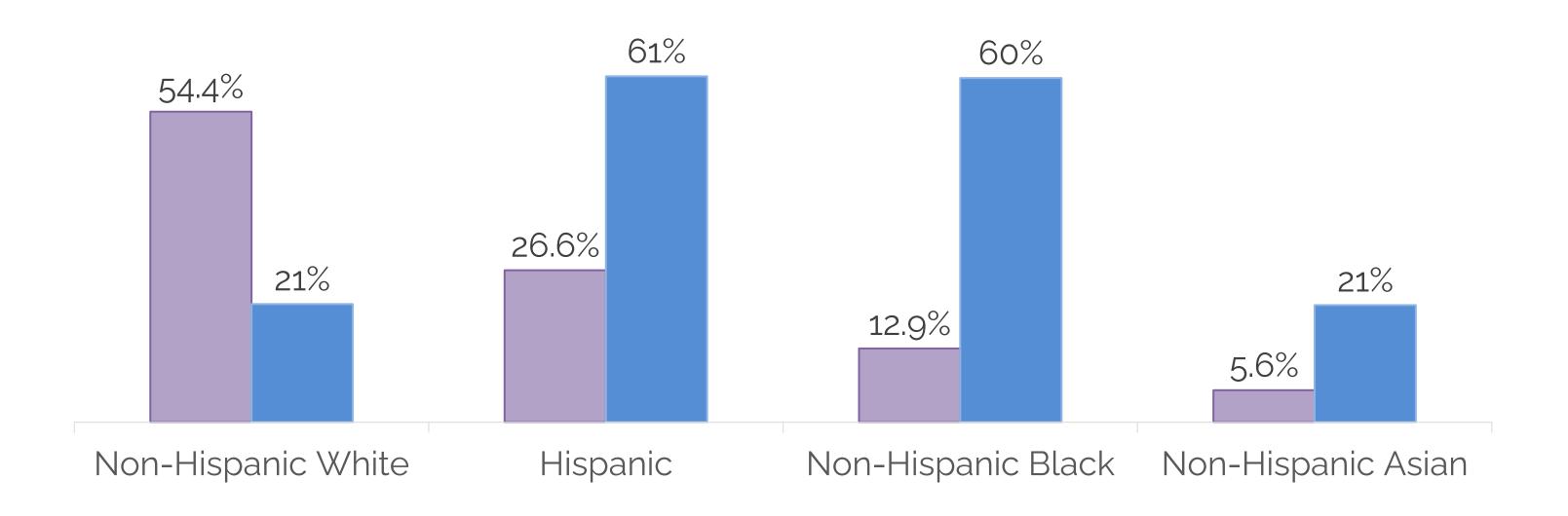
Connecticut Birthing Hospitals, Birth Center, and Rate of OB Licenses per 1,000 Live Births





Maternal Health in Connecticut

Distribution of Births and Proportion of Births on Medicaid at Birth by Race + Ethnicity, 2021



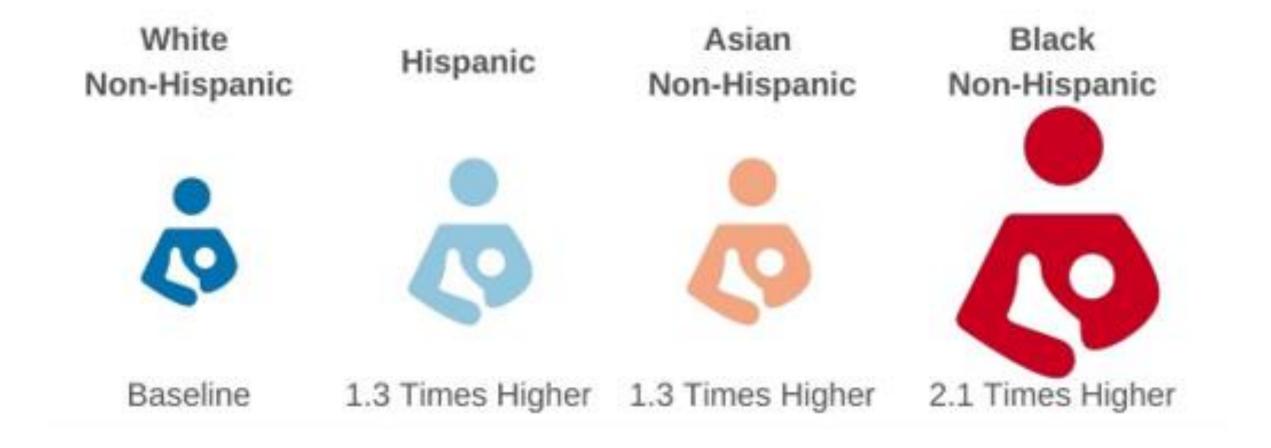


Source: 2021 Birth Provisional Data

The Issue

There are racial and ethnic disparities in severe maternal morbidity in CT.

SMM is more likely to occur among Black non-Hispanic, Asian non-Hispanic, and Hispanic mothers compared to White non-Hispanic mothers.

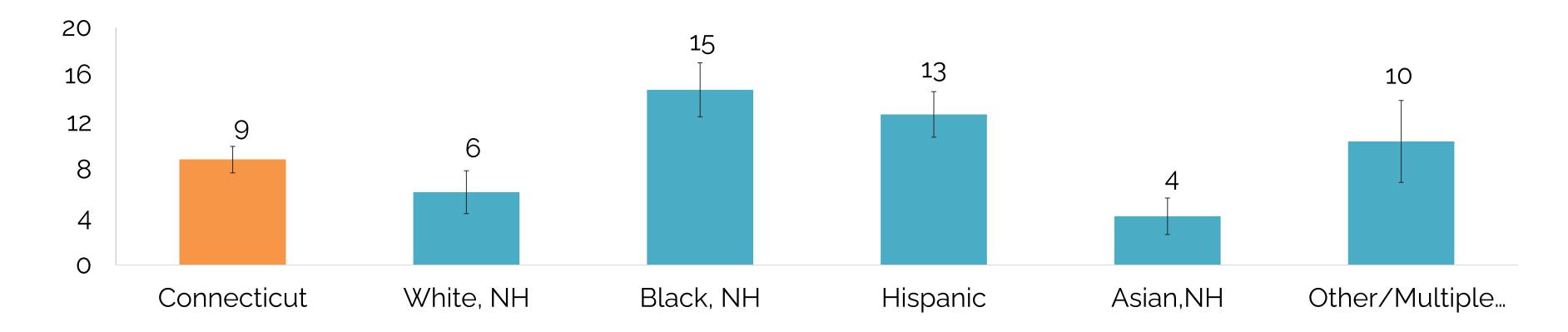




The Issue

An important contributor is racism and discrimination experienced while accessing maternal health services.

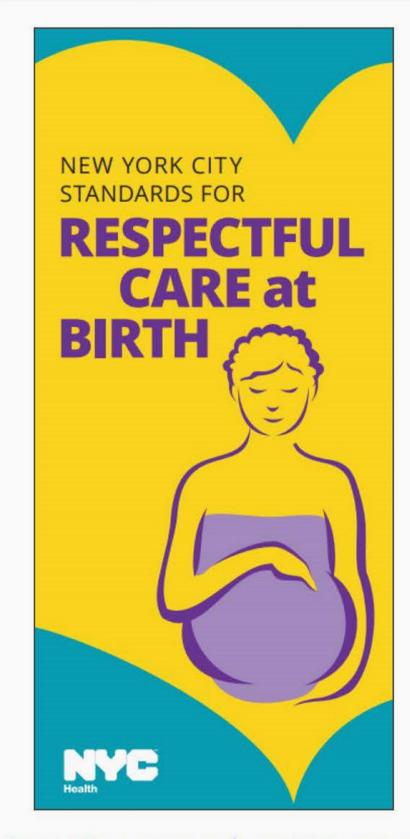
8.9% of CT mothers reported being **treated unfairly in getting health-related services** during pregnancy based on one or more factor, such as their race, ethnicity, or culture; age; language spoken; citizenship; insurance or Medicaid status; or some other reason.





Source: PRAMS 2018-2020

NYC DOHMH Strategies to Address Inequity in Maternal Outcomes



- Maternal Mortality and Morbidity Review Committee (M3RC)¹
- The Severe Maternal Morbidity (SMM) Project (Merck for Mothers)¹
- NYC Standards for Respectful Care at Birth²
- Birth Justice Defenders²
- Maternity Hospital Quality Improvement Network (MHQIN)²
- PRAMS Birth Justice Supplement³

¹Hannah Searing (hsearing@health.nyc.gov)

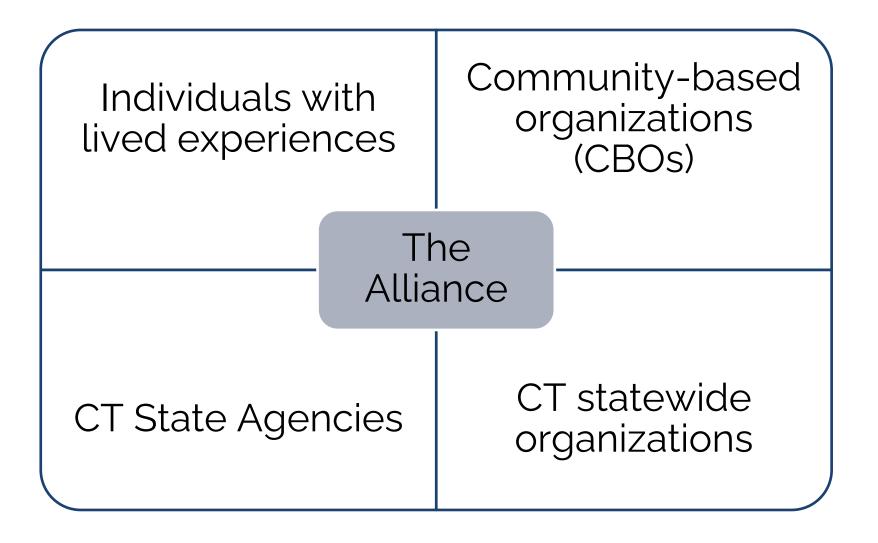
²Alzen Whitten (awhitten@health.nyc.gov)

³Lauren Birnie (lbirnie@health.nyc.gov)





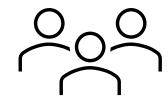
Reproductive Justice Alliance (Alliance)





Reproductive Justice Alliance (Alliance)





Leadership Team

Core Team

Workgroups Individuals from

Core Team

Provides leadership and oversight Provides guidance and expertise Provides support

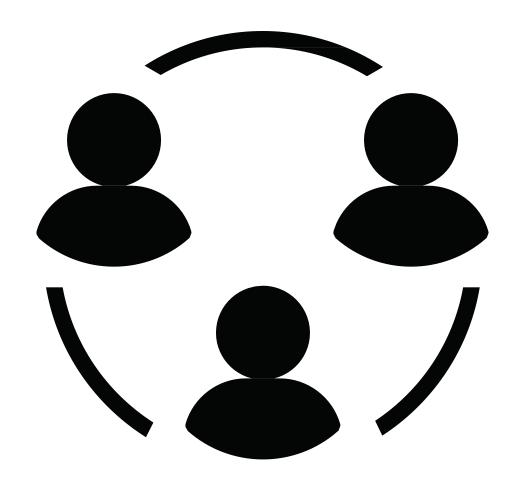
Meets Weekly

Meets Quarterly

Meets as Needed



The Approach







Objectives are to increase:

Access to respectful, quality maternity care;

Respectful interactions between patients, providers and staff;

Quality of health care systems, resources, and policies related to maternal health; and

Accountability of health care systems by centering patients' voices.



Staffing

Funding, including

community grants

Reproductive

inform work.

including:

Justice Alliance

Data and reports to

Pregnancy Risk

System (PRAMS)

Data to Action

Accountability

(RBA) to identify

Mortality Review

Results Based

priorities

CT Maternal

Committee

Report

Assessment

Monitoring

<u>Activities</u>

Qualitative Research

- Focus group discussions
- In-depth interviews

Mixed Methods Research*

- Severe maternal morbidity analysis
- Policy analysis
- Geographic mapping and analysis of maternity care
- Resource mapping

Community Engagement

- Ensure participation of community-based organizations, pregnant people of color, and tribal nation among others
- Identify partners at hospital, policy, and legislative levels

Products/Deliverable⁺

- Data reports on state of maternal health in CT – with a strategic plan
- Infographics
- Presentations
- Know Your Rights
 Campaign for birthing people
- Assessment of needed structural and policy changes or improvements (e.g. provider trainings)

Establishment of community sub-committee OR community advisory boards

List of hospital, legislative and policy partners/champions

Short-Term⁺

Improved data sharing and transparency with communities

Pregnant and birthing people are informed and empowered on their rights to maternity care

Programmatic initiatives and next steps are informed by community needs and experiences

Increased educational opportunities with staff and providers around respectful maternity care

Increased community engagement and participation

Hospital, legislative and policy partners are engaged on issues around respectful care

Longer-Term⁺

Pregnant and birthing people of color have improved access to quality maternity care, including respectful maternity care

Improved structural systems, resources and policies related to maternal health (TBD)

Increased accountability of health care providers and systems to patients

Providers are well trained to provide pregnant and birthing people of color with respectful maternity care

Affected communities have equal power and shared decision making in the research

Reduction in disparities in maternal morbidity and mortality

Draft Logic Model for Reproductive Justice Alliance. 4/1/2022

Why Focus Group Discussions (FGDs)?

- To get an understanding of the thoughts and experiences of respectful maternity care in CT and access to care.
- To generate ideas of how to improve respectful care in CT from those who experienced disrespectful care, including racism and discrimination.
- To promote community engagement in strategizing ways to improve respectful care.

FGDs Research Questions

- a) How do Black and/or Hispanic or Latina birthing people in CT experience disrespectful maternity care?
- b) What are some strategies to improve respectful maternity care in CT, given the shared experiences and recommendations?
- c) What are some barriers and facilitators to maternity care services for Black and/or Hispanic or Latina birthing people?

Methodology: Discussion Guide Development

Topic	Additional Themes	Logic Model Outcome	Original Question Proposed
			by RJA
Perceptions of health		Pregnant people are	1. What makes you think a
facilities and services		informed and	health facility (any location
– General		empowered on their	where healthcare is provided)
		rights to maternity care	has good quality services?
			What makes you think a health
			facility has bad quality
		Providers are well	services?
		trained to provide respectful maternity care	OR 1. What is most important to you when choosing a healthcare facility? 2. Do attitudes and behaviors
			differ between providers? (If yes, PROBE: Why do you think
			so?)

Methodology: Discussion Guide Development

Prenatal Care (20 minutes)

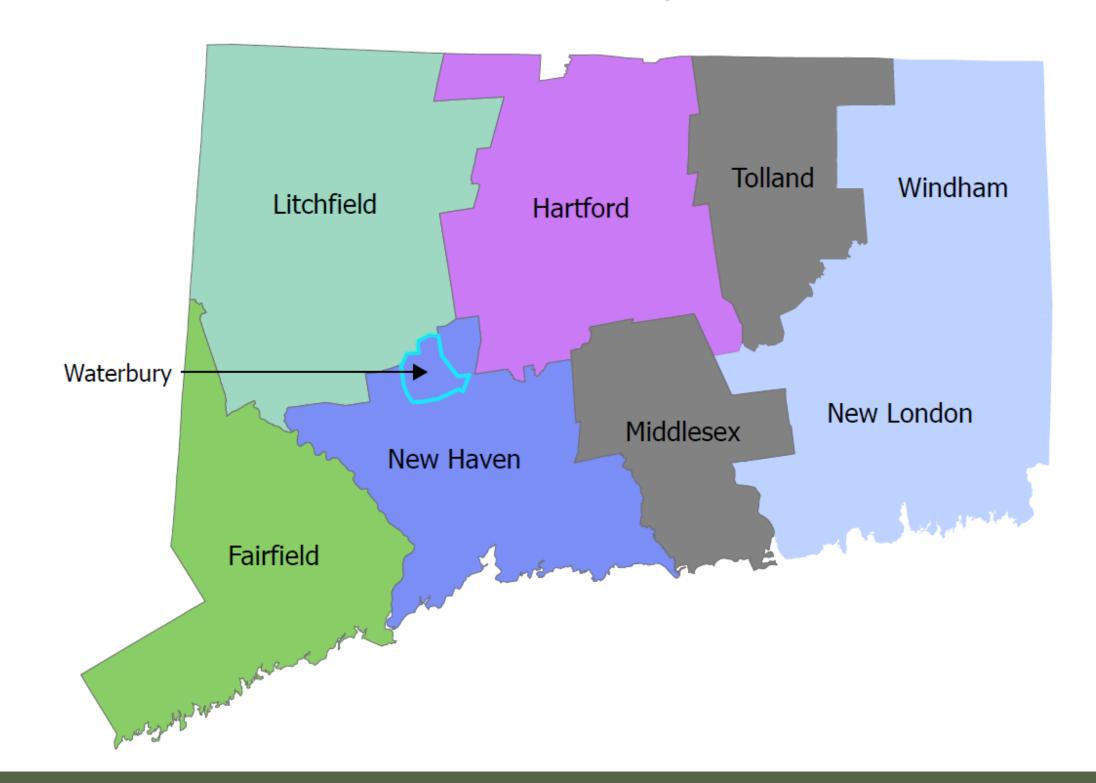
First, we would like to understand your prenatal care experiences during pregnancy. Thinking back to your most recent pregnancy:

- 2. How did you choose where to go for prenatal care services?
 - ⇒ NOTE: This response can be for both clinical or non-clinical prenatal care services.

[PROBE: What factors influenced your decision? Whose opinions did you consider?]

- ⇒ Understanding what factors influenced where and how they chose prenatal care
- 3. What did you like about the prenatal care you received? [PROBE: Who or what made a difference? What did the facility do well?]
 - ⇒ Identifying positive experiences during prenatal care both at provider and facility level

Planned to recruit from 6 (out of 8) counties for a total of 12 FGDs (one for each English and Spanish language)



Changes to number of FGDs:

- Greater Waterbury funding
- Windham & New London were combined due to low recruitment

Process

IRB Approval

- DPH Human Investigations Committee
- Multiple protocol submissions across the development process

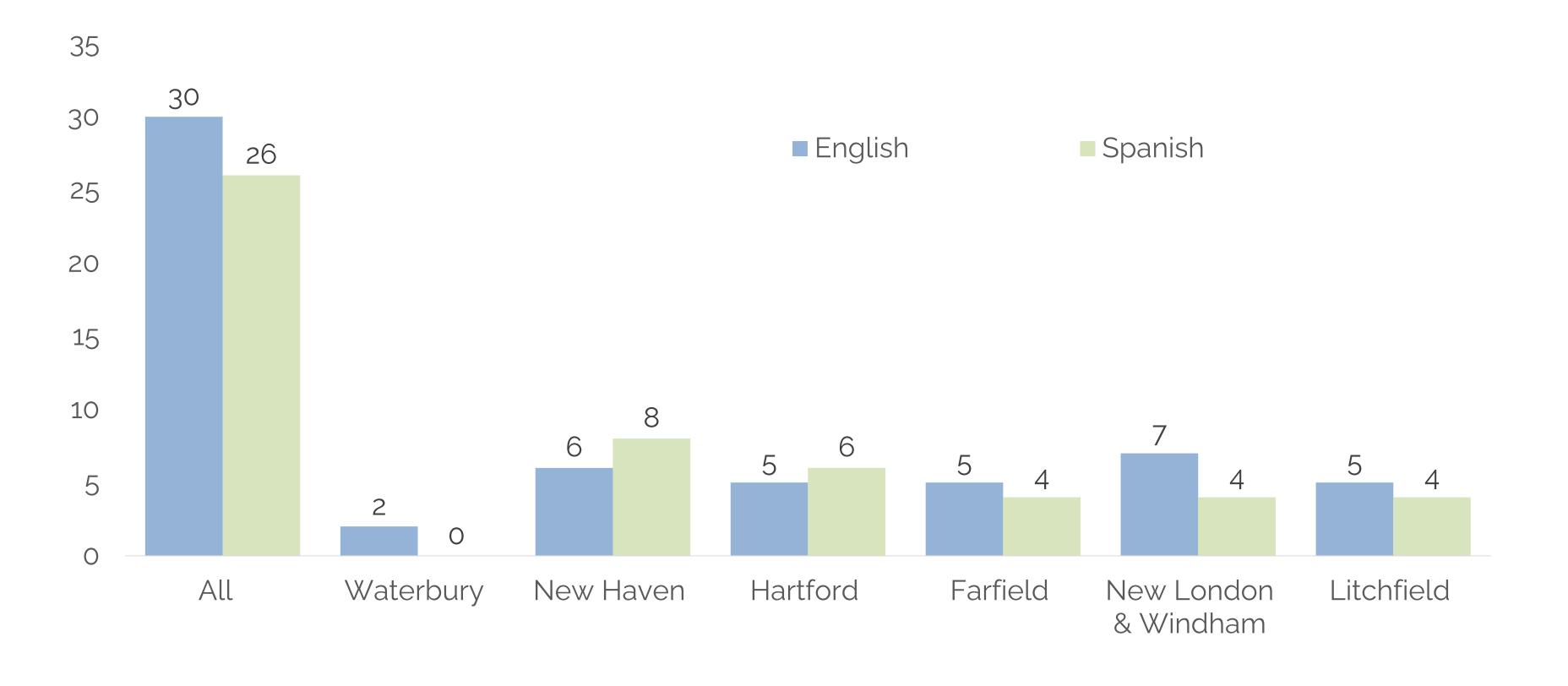
Recruitment

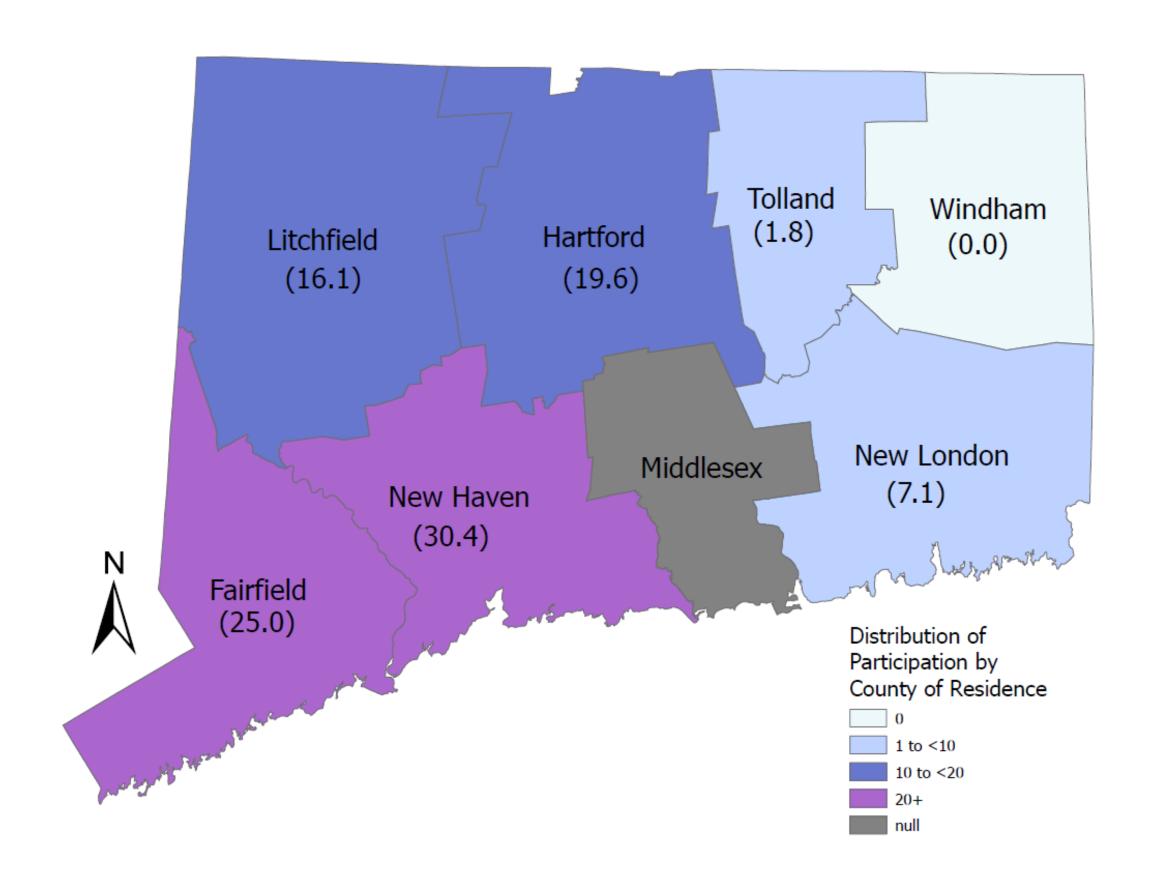
- Eligibility: Identify as Black and/or Hispanic/Latino(a), delivered in CT in past year, 18+ years of age
- Worked with community-based partners in specified counties to advertise/recruit

Registration

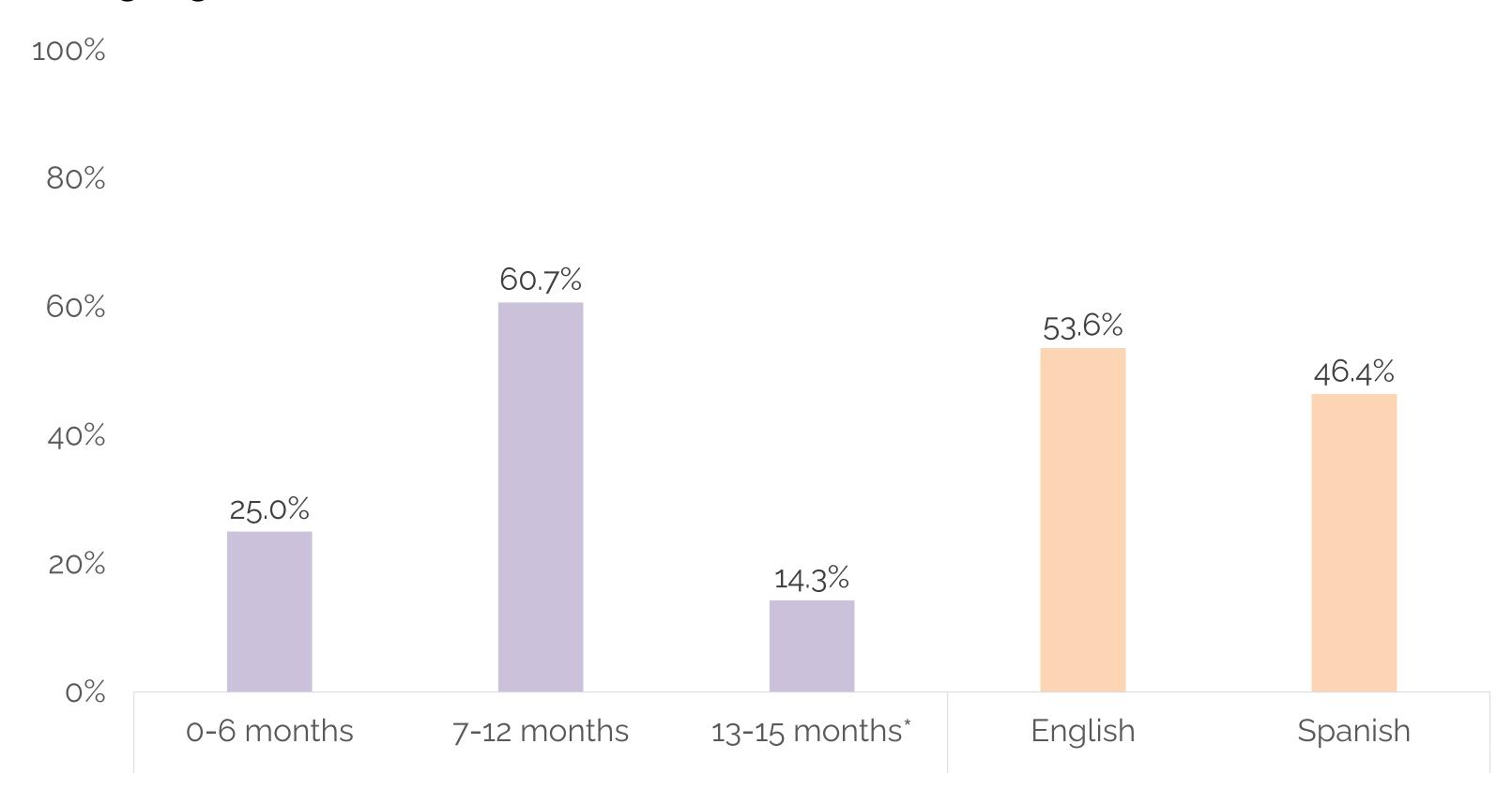
- DPH staff were points of contact for interested individuals
- Informed Consent
- Brief demographic survey

Number of individuals participating in FGDs, by targeted geographic region of residence and spoken language.

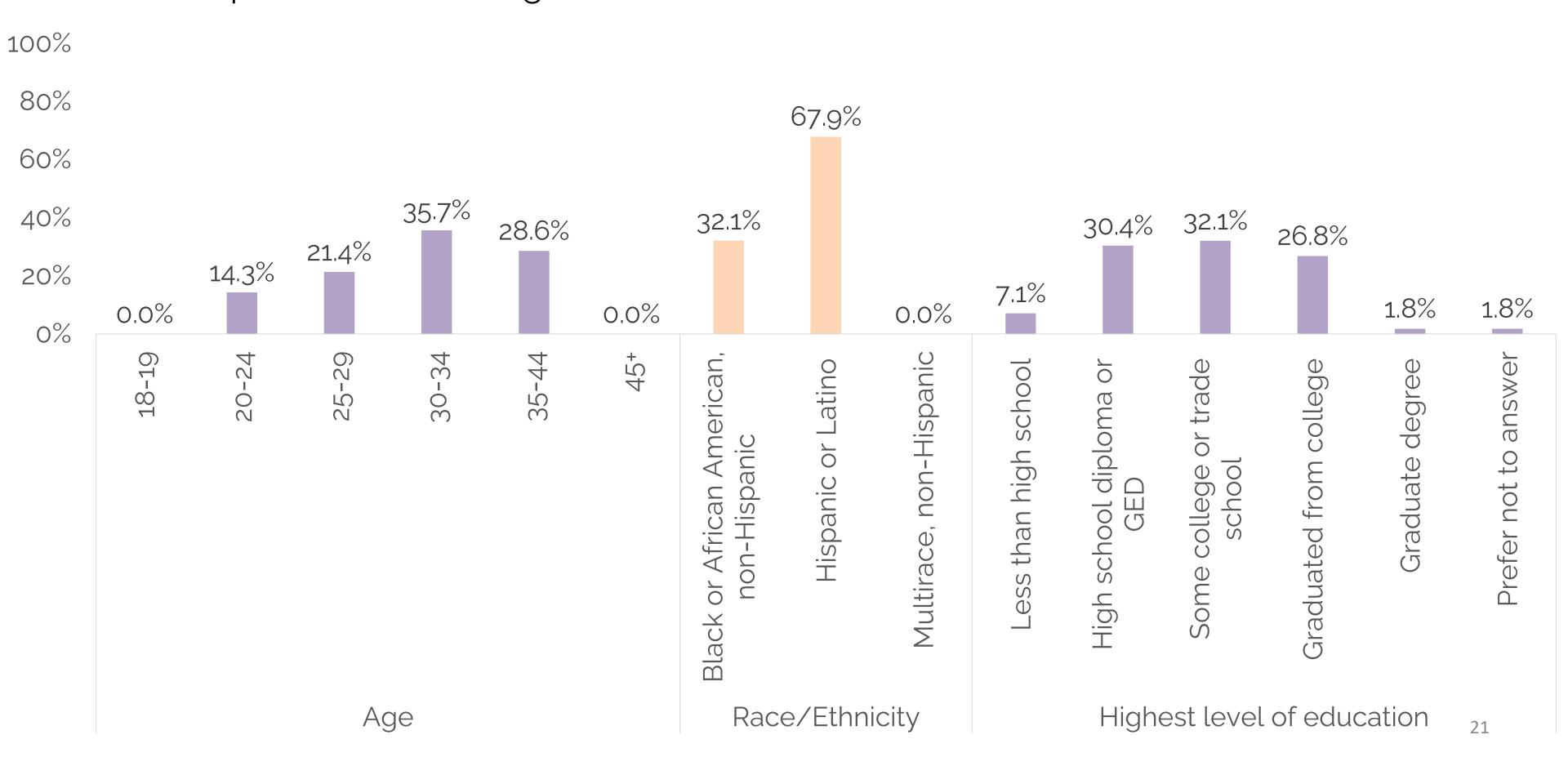




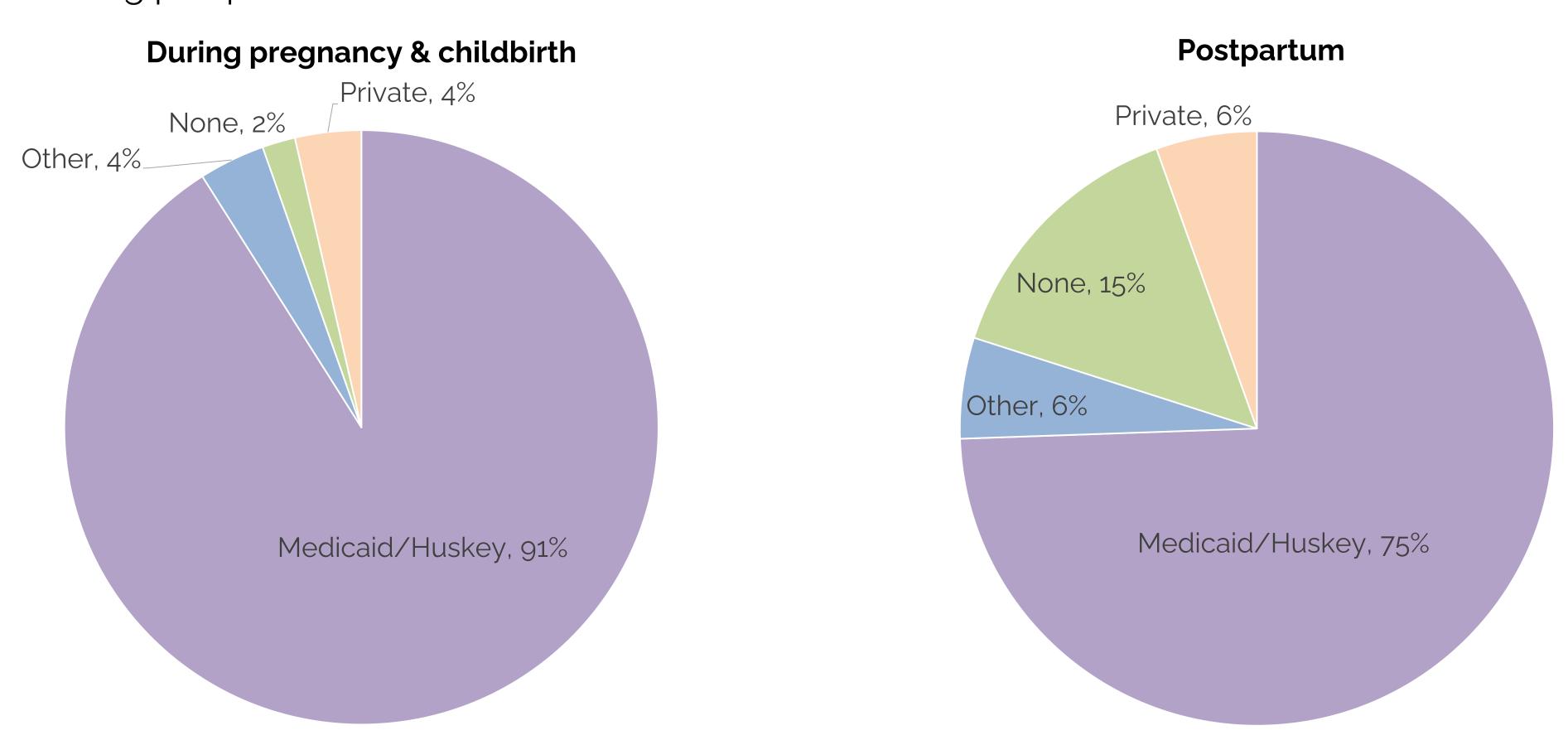
Tolland and Middlesex were excluded from recruitment. Majority of participants had a baby that is 7-12 months of age and about 47% preferred Spanish language.



Majority of participants were in their 30s, Hispanic or Latina, and had a high school diploma or GED or completed some college or trade school.



Among the participants, 91.1% had Medicaid for insurance during pregnancy and childbirth, and 74.6% during postpartum. More participants reported no insurance during postpartum.



How will the Alliance use this information?

- Data reports on state of maternal health in CT with a strategic plan in improving respectful maternity care.
- Infographics
- Presentations
- Know Your Rights Campaign for birthing people
- Assessment of needed structural and policy changes or improvements (e.g., provider trainings)
 - Including developing a method for accountability for when staff is mistreating patients.
- Support community, county and state activities around respectful maternity care.

Successes

- Participants were excited to participate in the FGDs and future follow-up.
- FGDs have provided CT with valuable information on how to improve respectful maternity care.
- Through HRSA Technical Assistance funds, we were able to gain qualitative skills from a subject matter expert in respectful care.
- Brought a focus of racism and discrimination and respectful care in Title V work.
- Had multiple funding sources to support this work—Health Resources and Services Administration (HRSA) Technical Assistance; HRSA State Systems Development Initiative (SSDI); HRSA Title V Maternal and Child Health Services Block Grant; March of Dimes Connecticut Chapter; Connecticut Health Foundation; and Northwest Connecticut Community Foundation.

Challenges

- There have been several time delays due to the contractual process and resubmissions to human investigations committee.
- State level analysis—community organizations are interested in data in their specific area, but this is a state level analysis.
- Recruitment through community-based organizations had challenges.
 - Staff turnover
 - Staff time to recruit
 - Interested clients/patients who did not meet eligibility criteria

What can state health departments do?

- Find a champion at your health department
- Find who is doing this work in your state and create effective partnerships
- Reach out to other states
- Find funding opportunities
- Hire outside consultants who are experts in subject matter

THANK YOU

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.