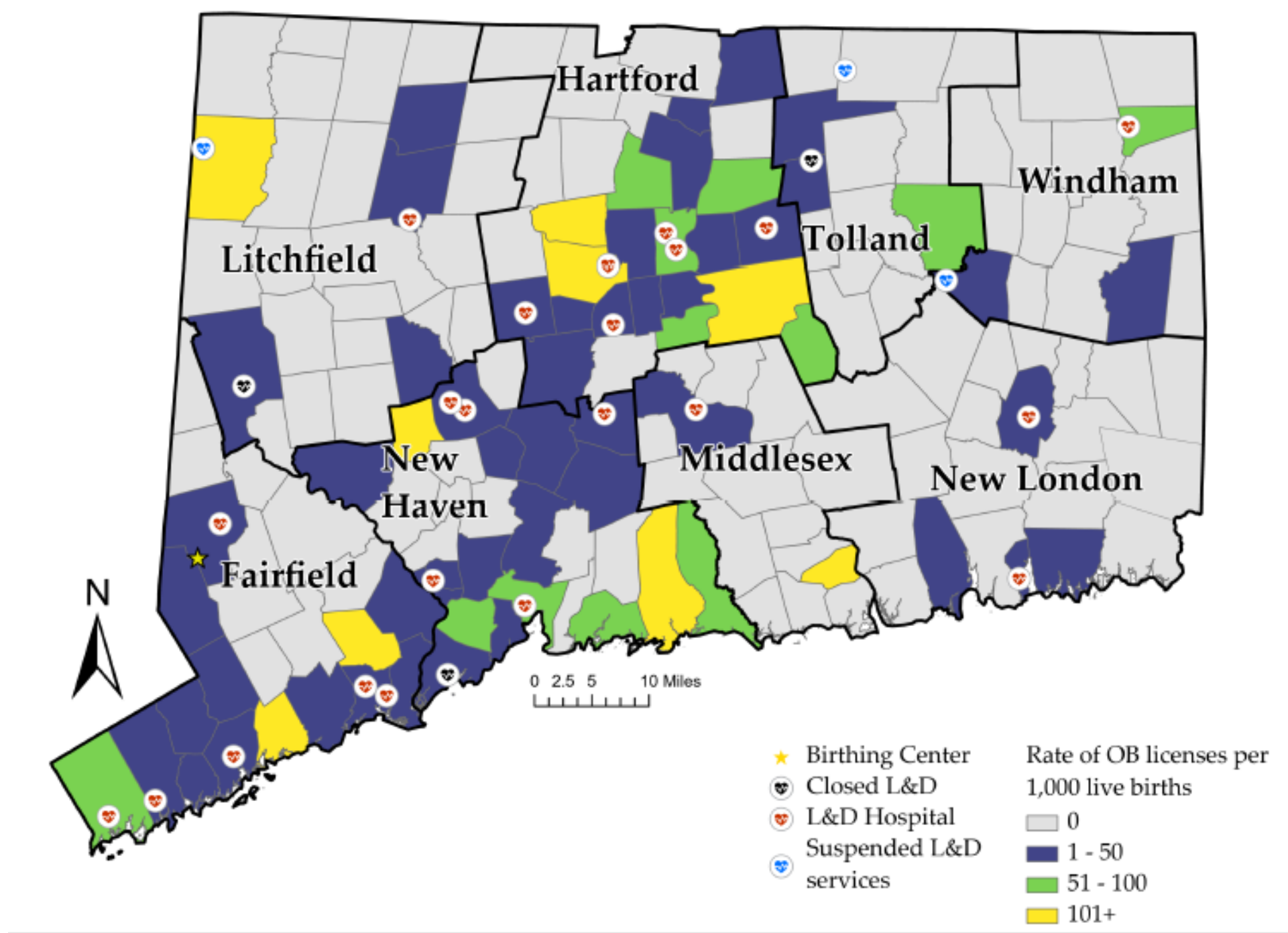


# Overview of Connecticut's Reproductive Justice Alliance

Presenter: Katharyn (Kasia) Baca, PhD, MPH  
(She, Her, Hers)  
CDC MCHEP State Assignee  
Community, Family Health, and Prevention Section  
Connecticut Department of Public Health



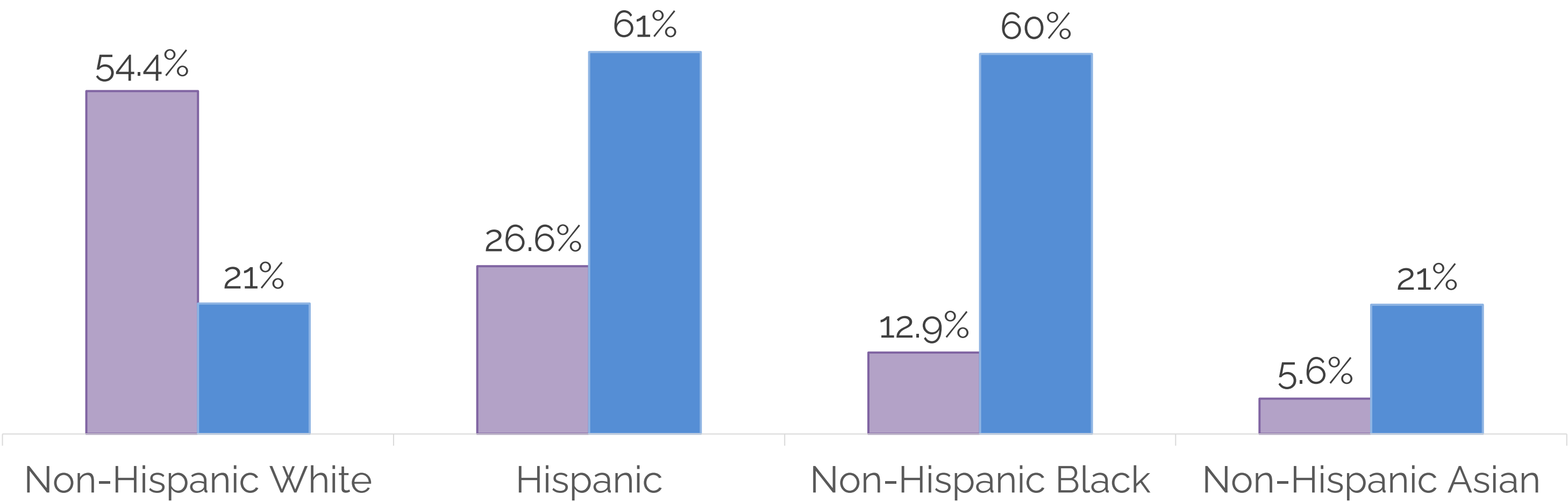
# Connecticut Birthing Hospitals, Birth Center, and Rate of OB Licenses per 1,000 Live Births



Source: CT DPH Practitioner Licensing and Investigations Section; active licenses as of May 2022.

# Maternal Health in Connecticut

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

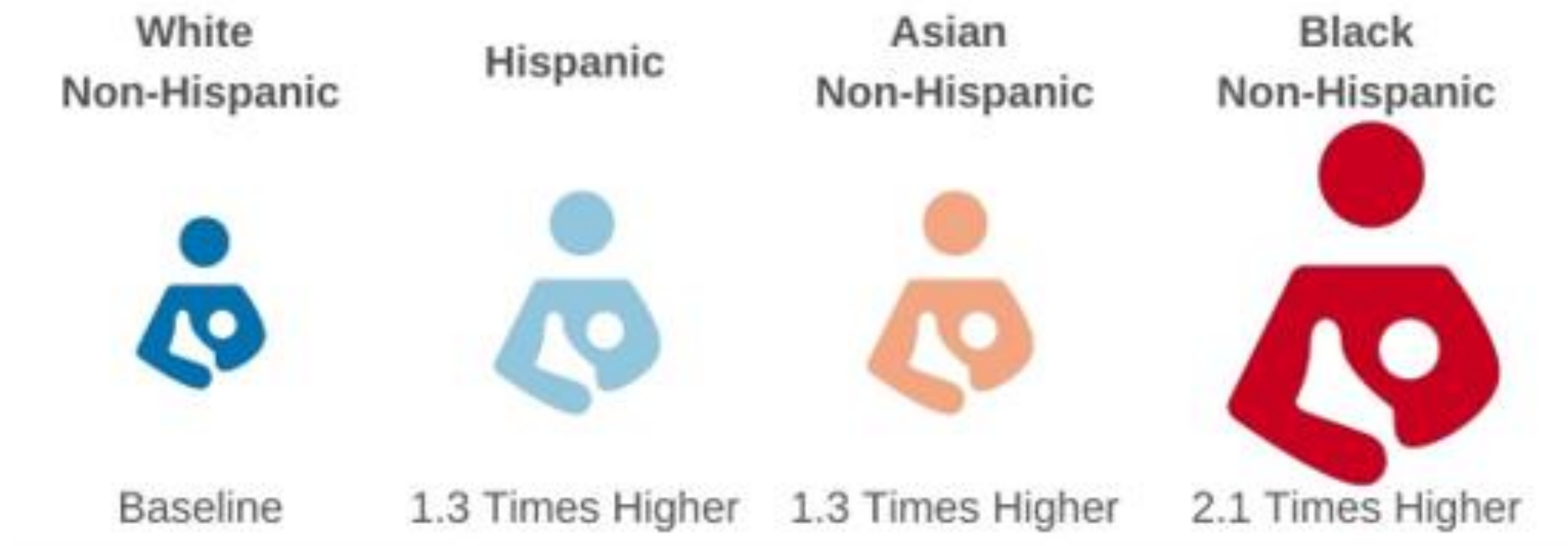


*Source: 2021 Birth Provisional Data*

# The Issue

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

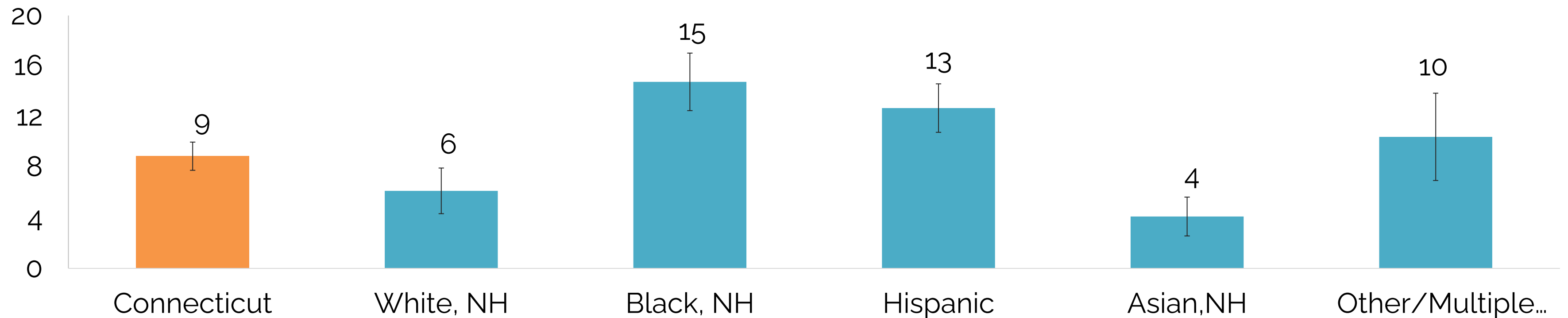
SMM is more likely to occur among **Black non-Hispanic**, **Asian non-Hispanic**, and **Hispanic mothers** compared to **White non-Hispanic mothers**.



# The Issue

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

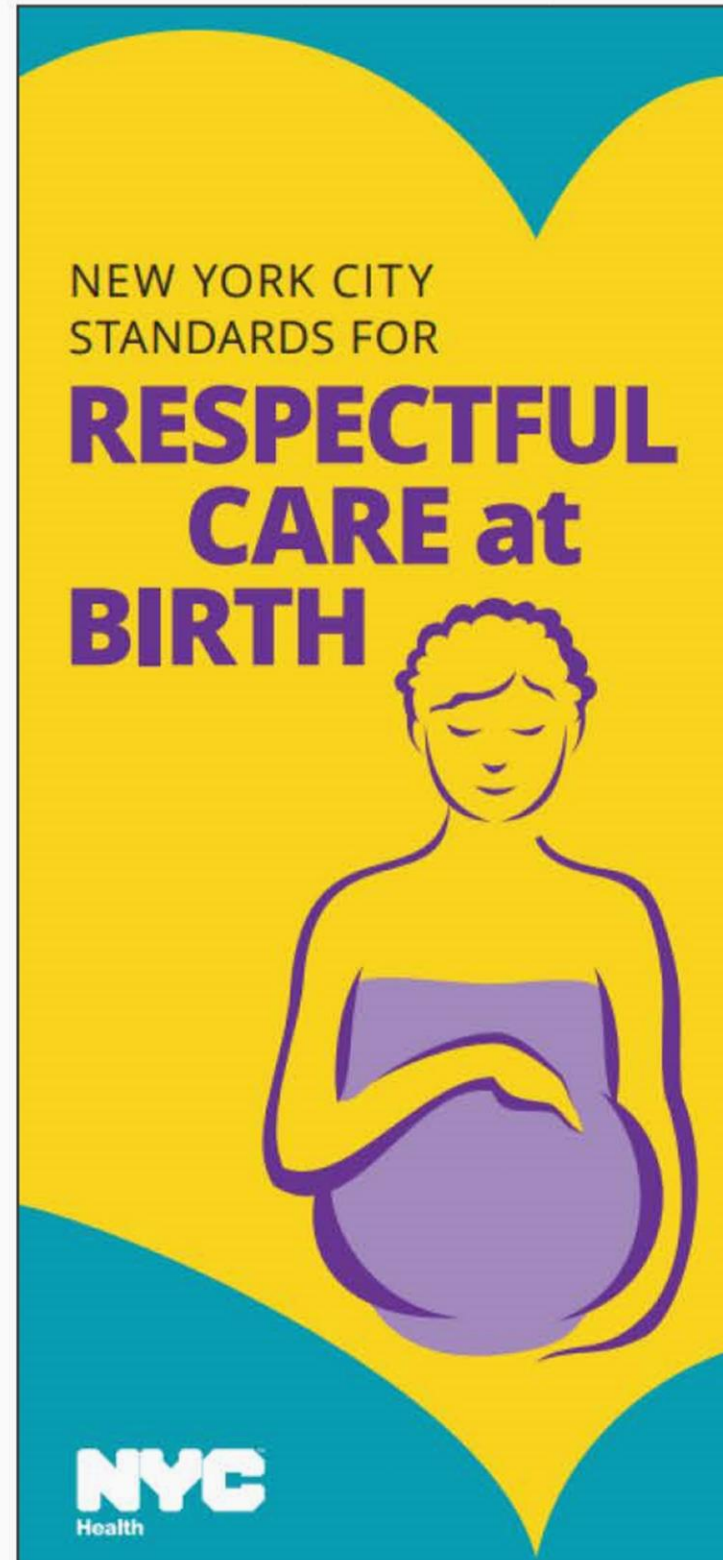
**8.9%** of CT mothers reported being **treated unfairly in getting health-related services** during pregnancy based on one or more factor, such as their race, ethnicity, or culture; age; language spoken; citizenship; insurance or Medicaid status; or some other reason.



Source: PRAMS 2018-2020



# NYC DOHMH Strategies to Address Inequity in Maternal Outcomes



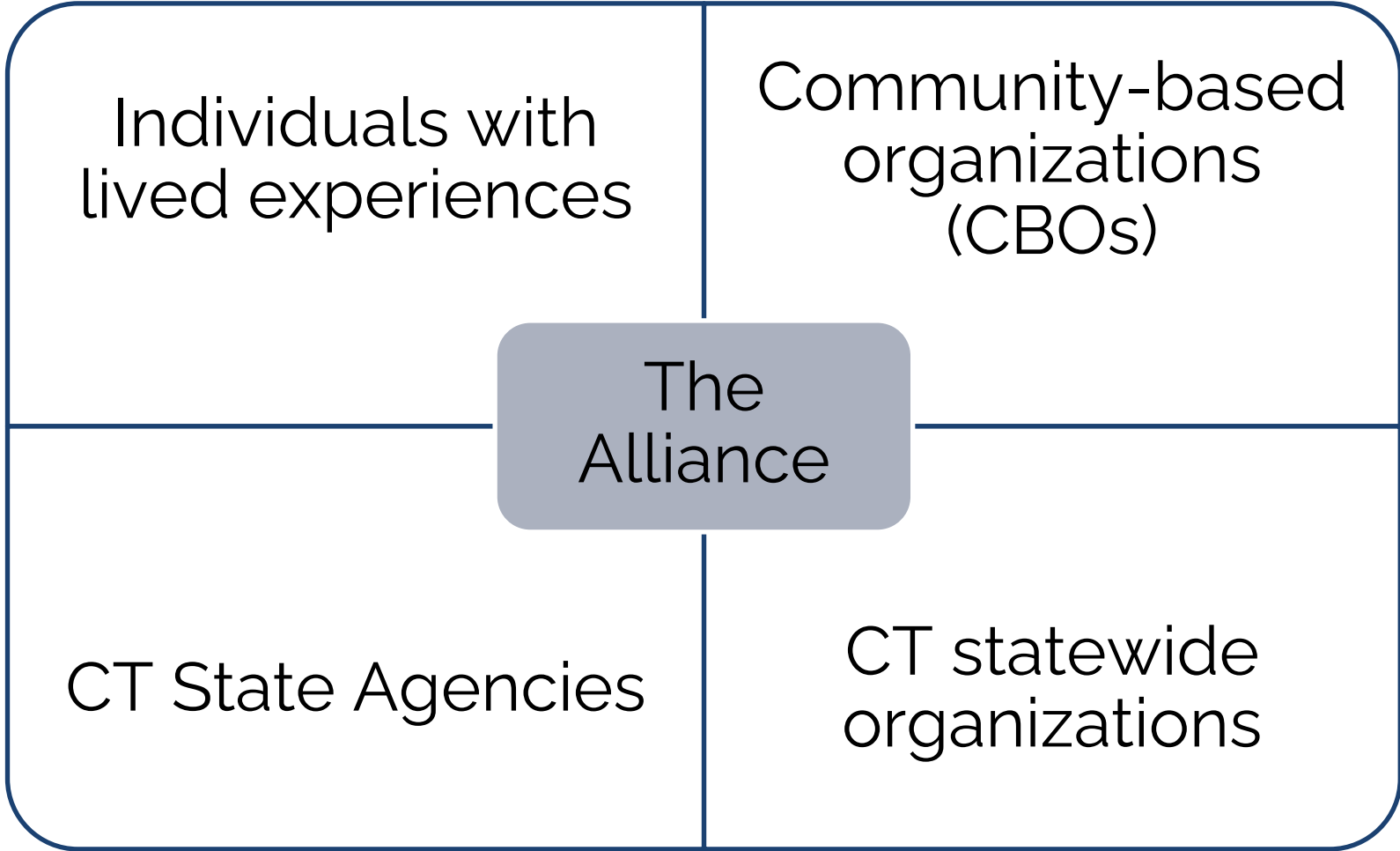
- Maternal Mortality and Morbidity Review Committee (M3RC)<sup>1</sup>
- The Severe Maternal Morbidity (SMM) Project (Merck for Mothers)<sup>1</sup>
- NYC Standards for Respectful Care at Birth<sup>2</sup>
- Birth Justice Defenders<sup>2</sup>
- Maternity Hospital Quality Improvement Network (MHQIN)<sup>2</sup>
- PRAMS Birth Justice Supplement<sup>3</sup>

<sup>1</sup>Hannah Searing (hsearing@health.nyc.gov)

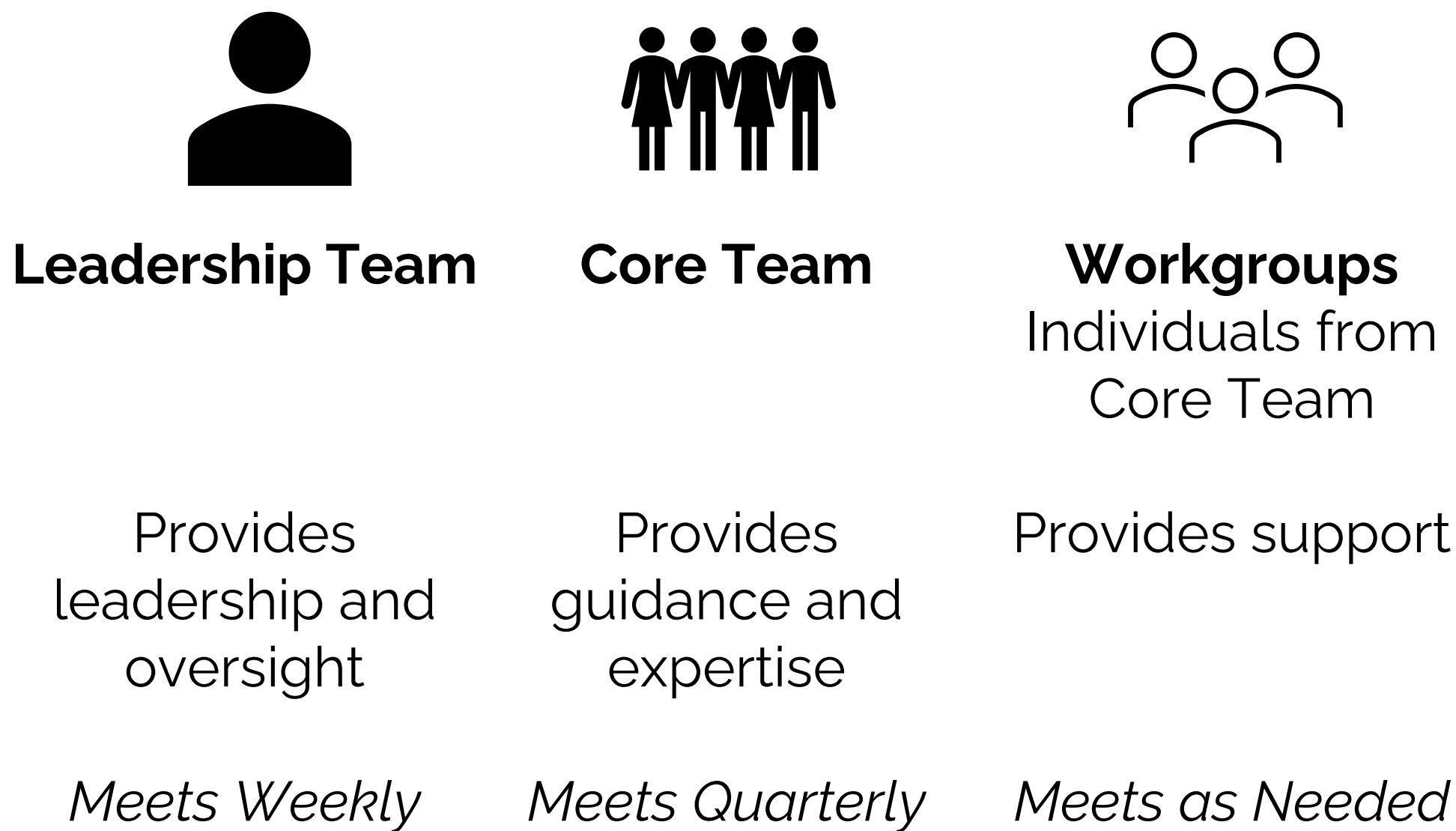
<sup>2</sup>Alzen Whitten (awhitten@health.nyc.gov)

<sup>3</sup>Lauren Birnie (lbirnie@health.nyc.gov)

# Reproductive Justice Alliance (Alliance)



# Reproductive Justice Alliance (Alliance)





# The Approach



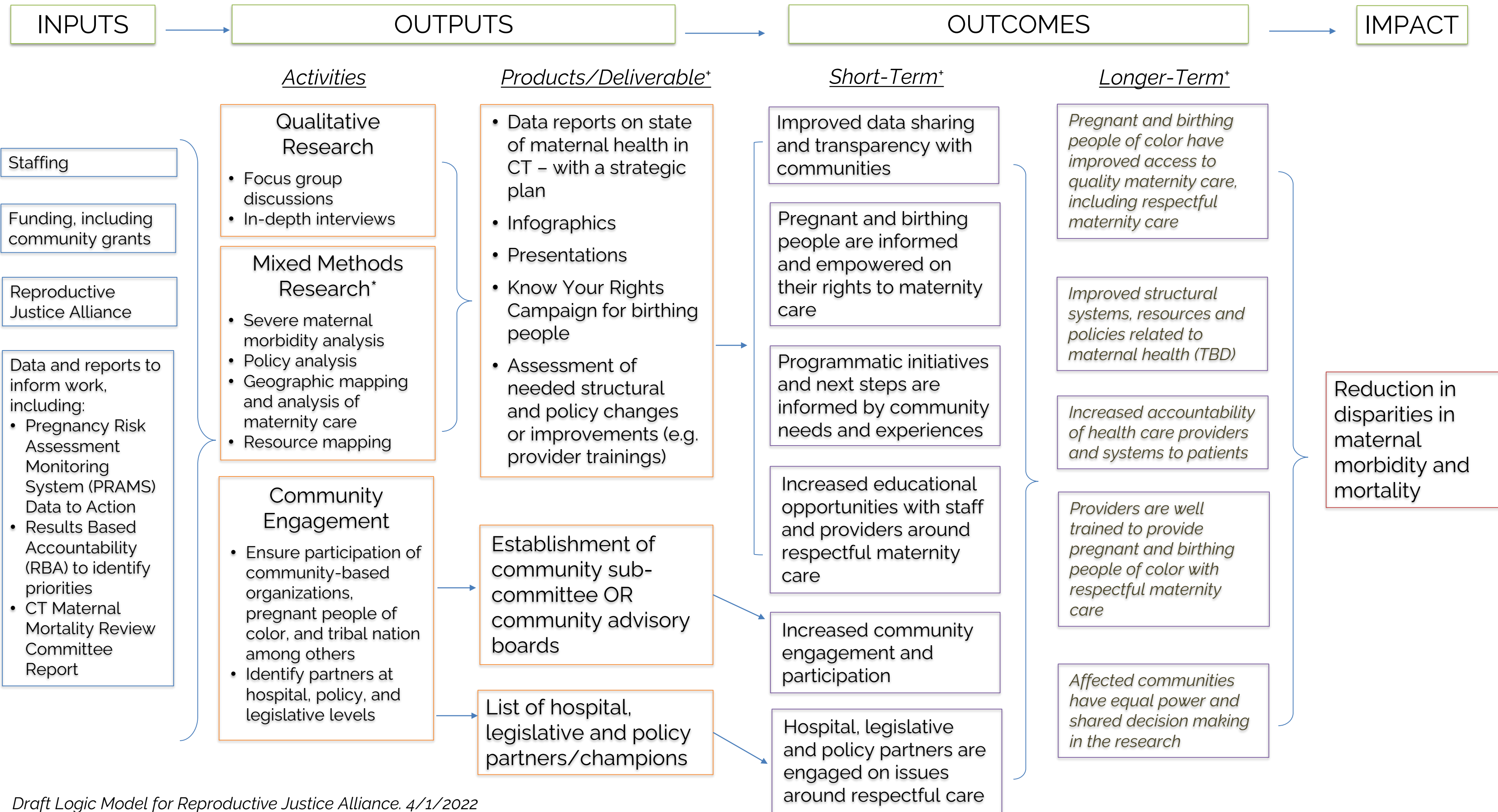
# Objectives are to increase:

**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.**



# 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 facilities and services – General		Pregnant people are informed and empowered on their rights to maternity care  Providers are well trained to provide respectful maternity care	1. What makes you think a health facility (any location where healthcare is provided) has good quality services? What makes you think a health facility has bad quality services?  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?]

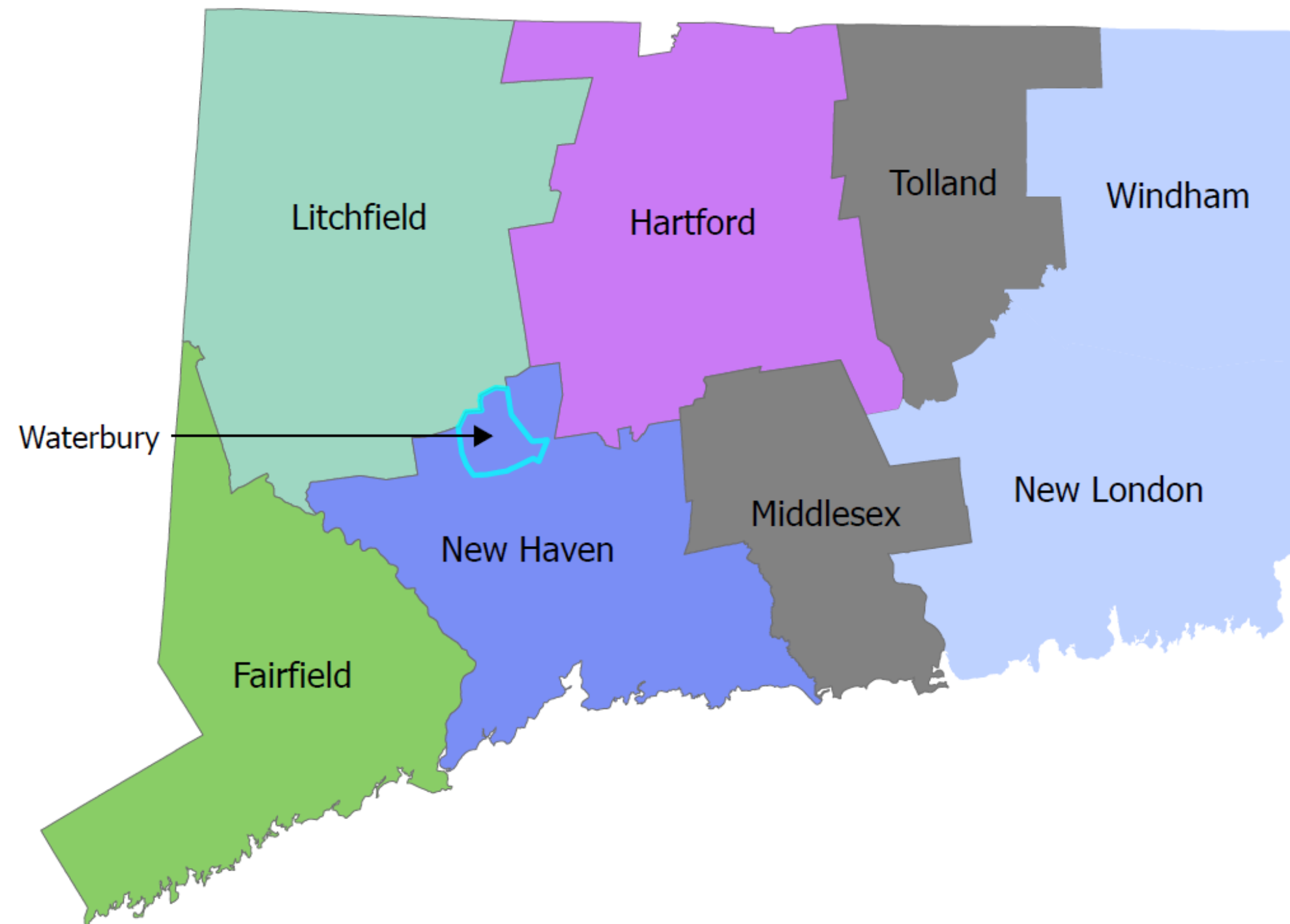
⇒ **Understanding what factors influenced where and how they chose prenatal care**

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



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

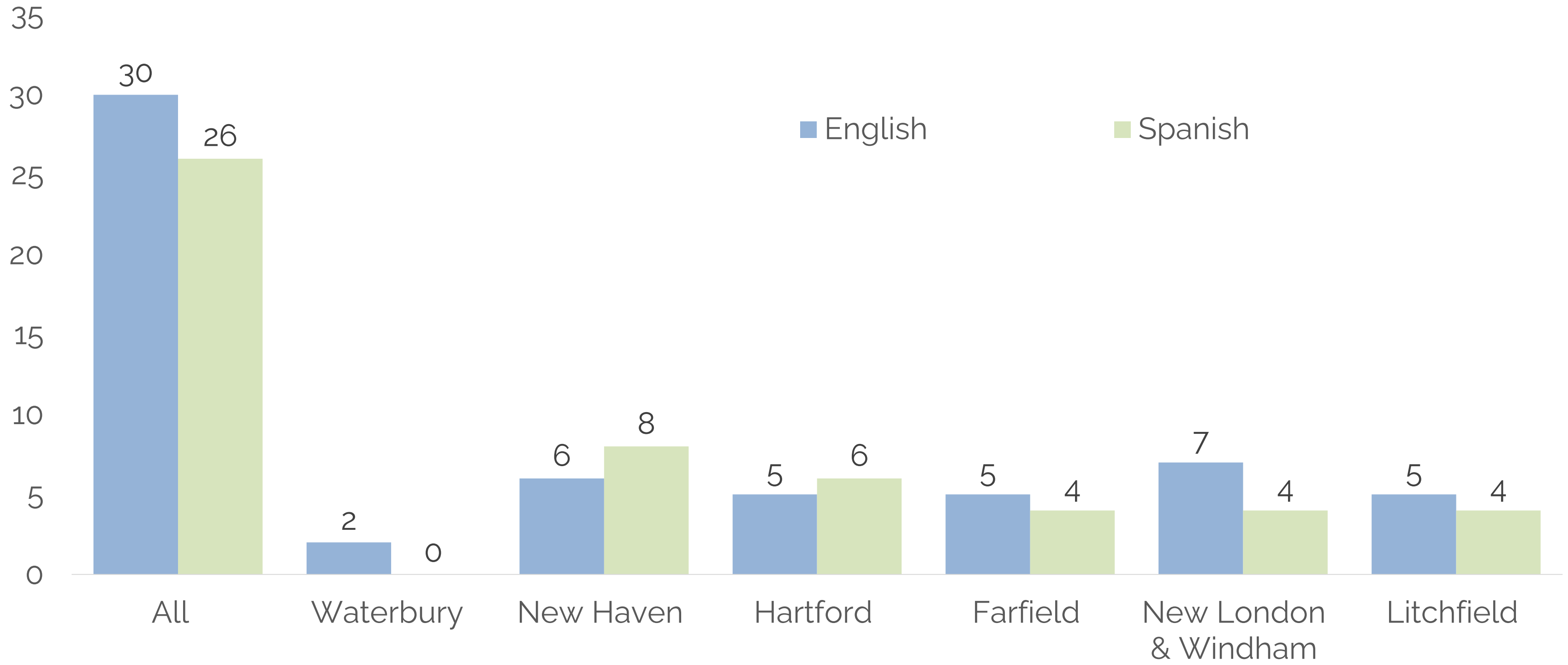


- Eligibility: Identify as Black and/or Hispanic/Latino(a), delivered in CT in past year, 18+ years of age
- Worked with community-based partners in specified counties to advertise/recruit

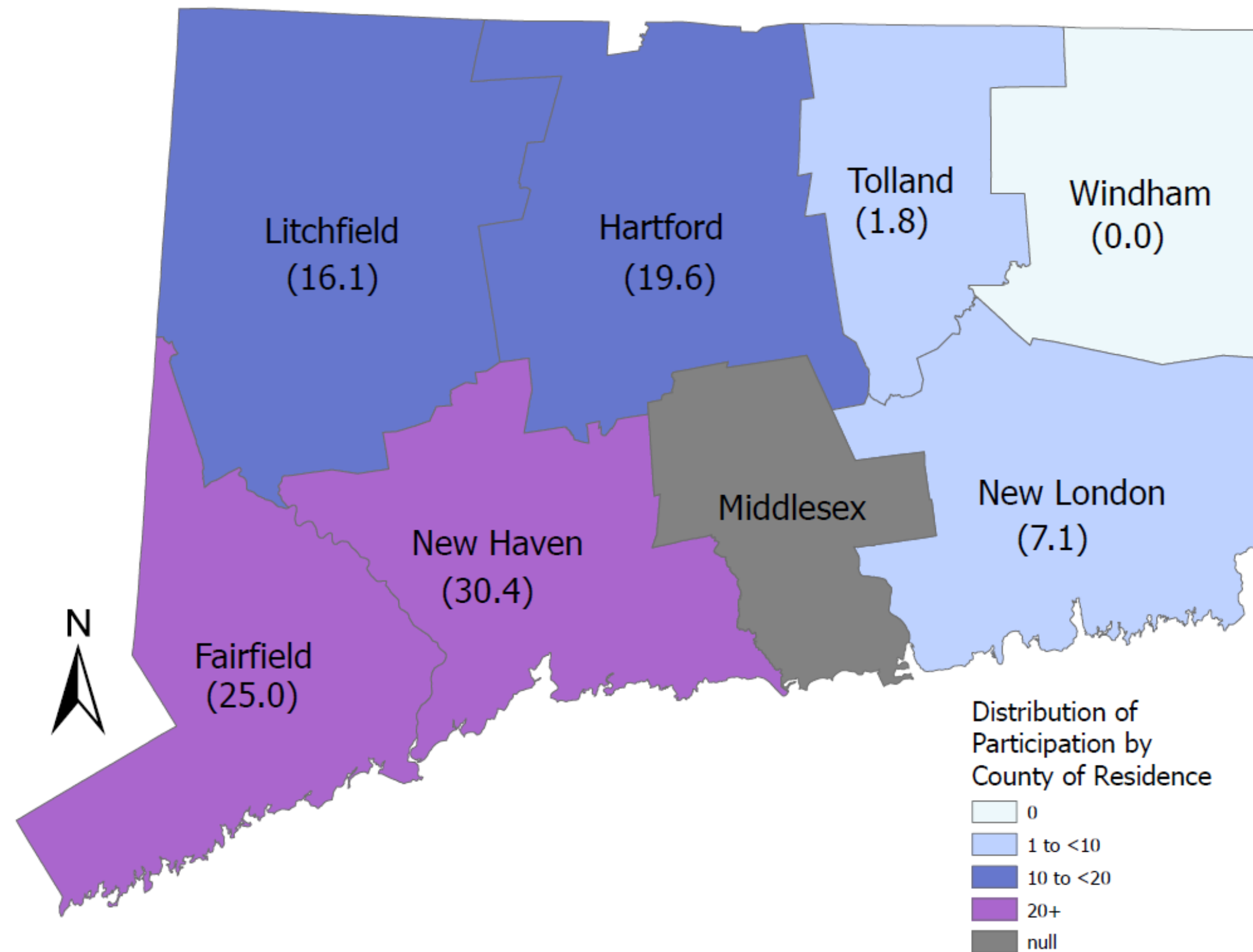


- DPH staff were points of contact for interested individuals
- Informed Consent
- Brief demographic survey

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

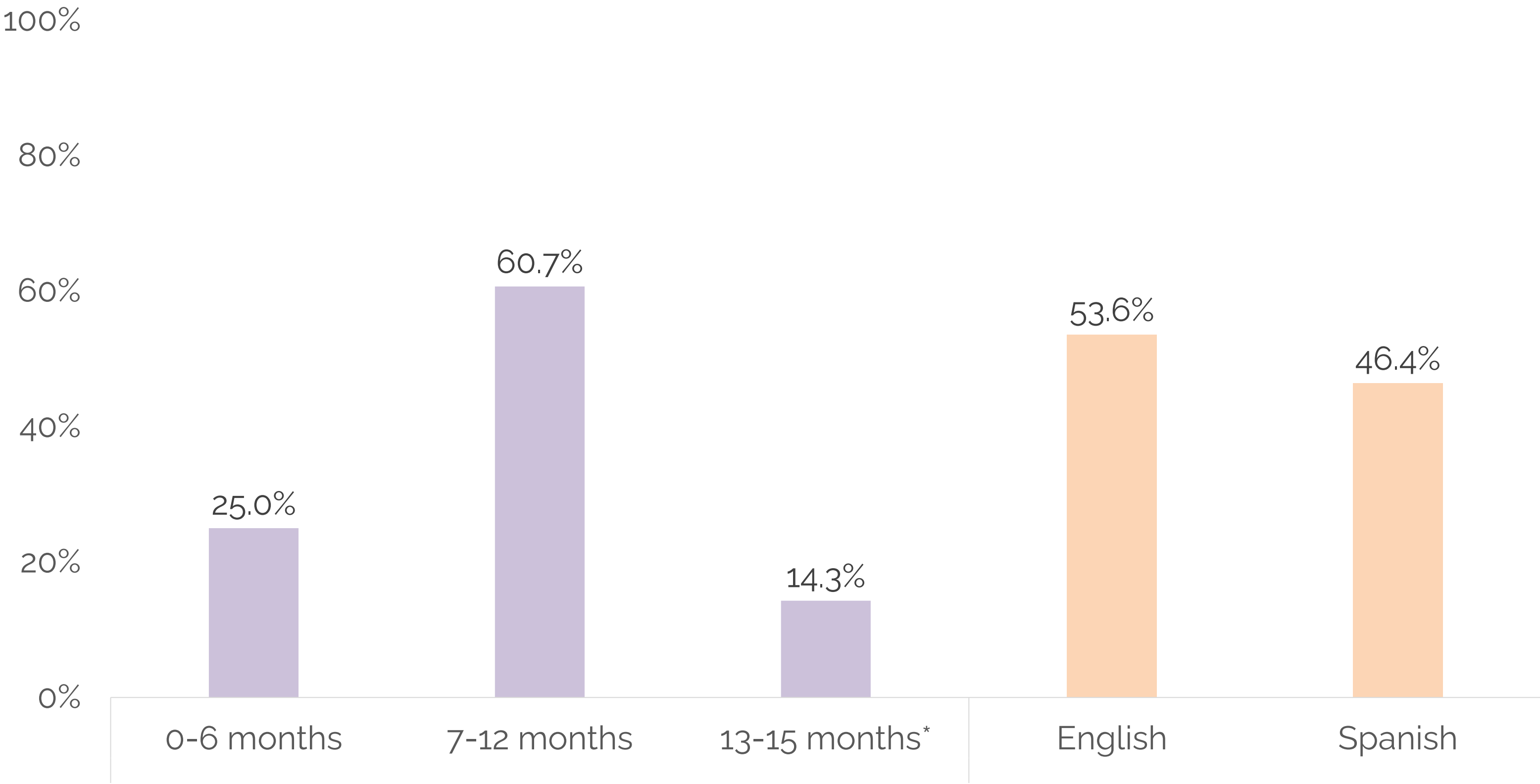




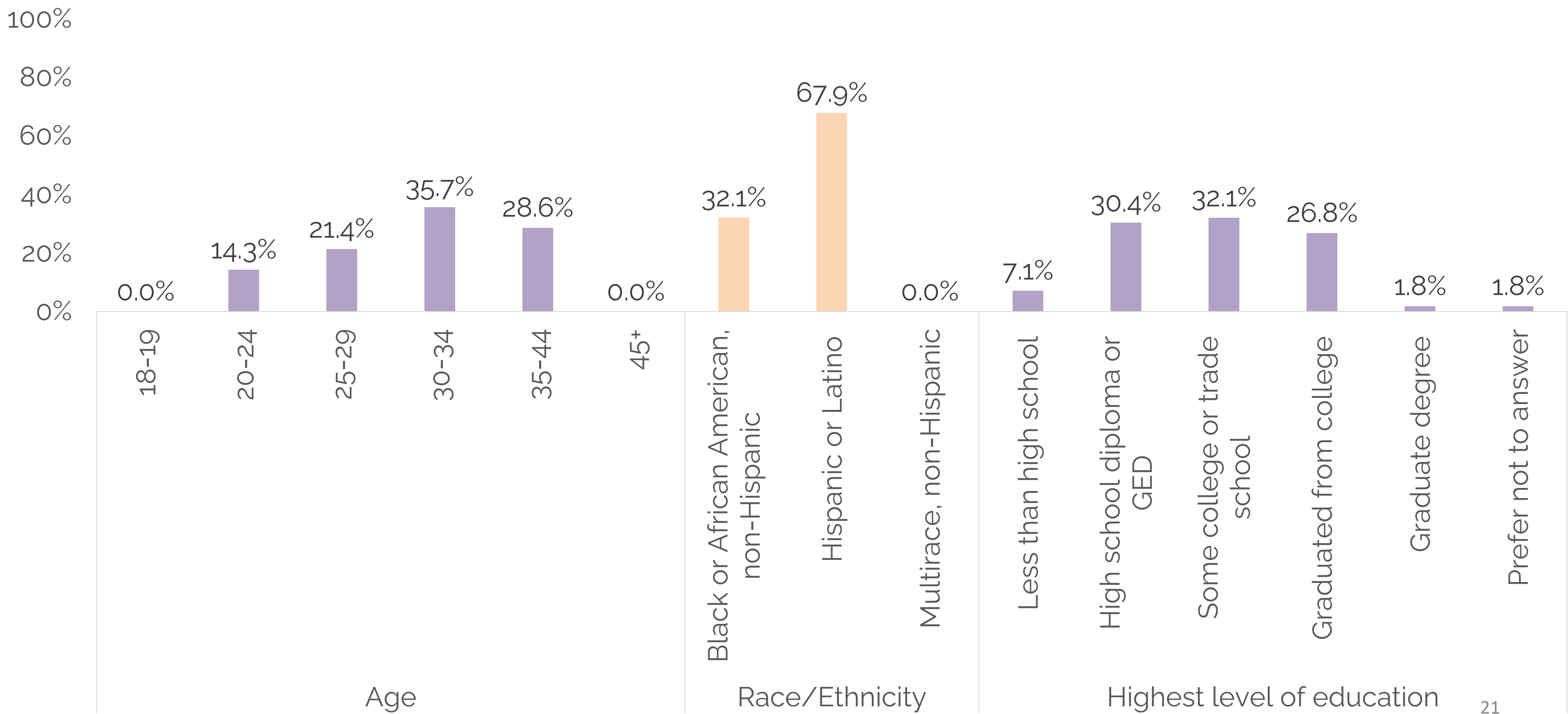


Tolland and Middlesex were excluded from recruitment.

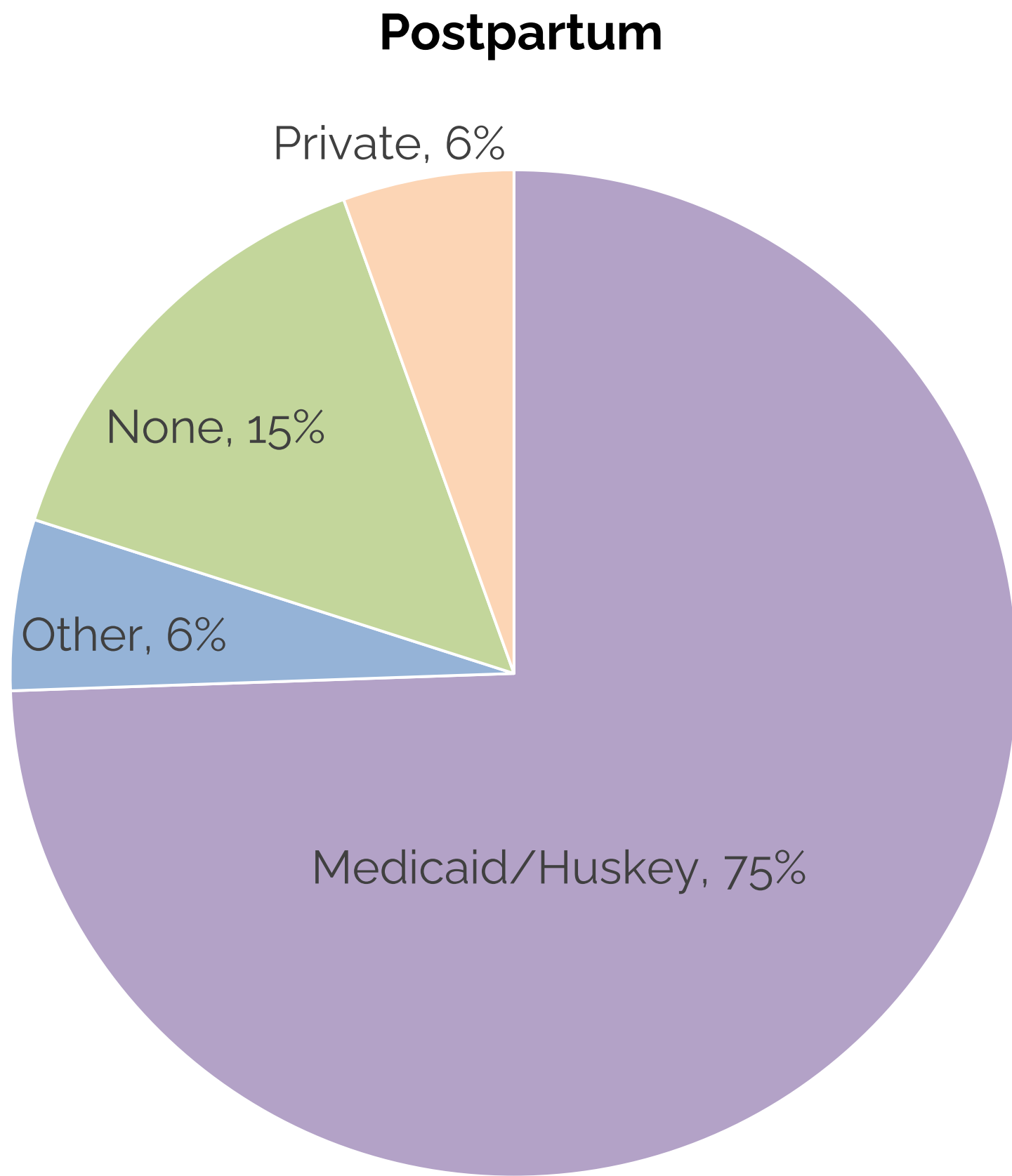
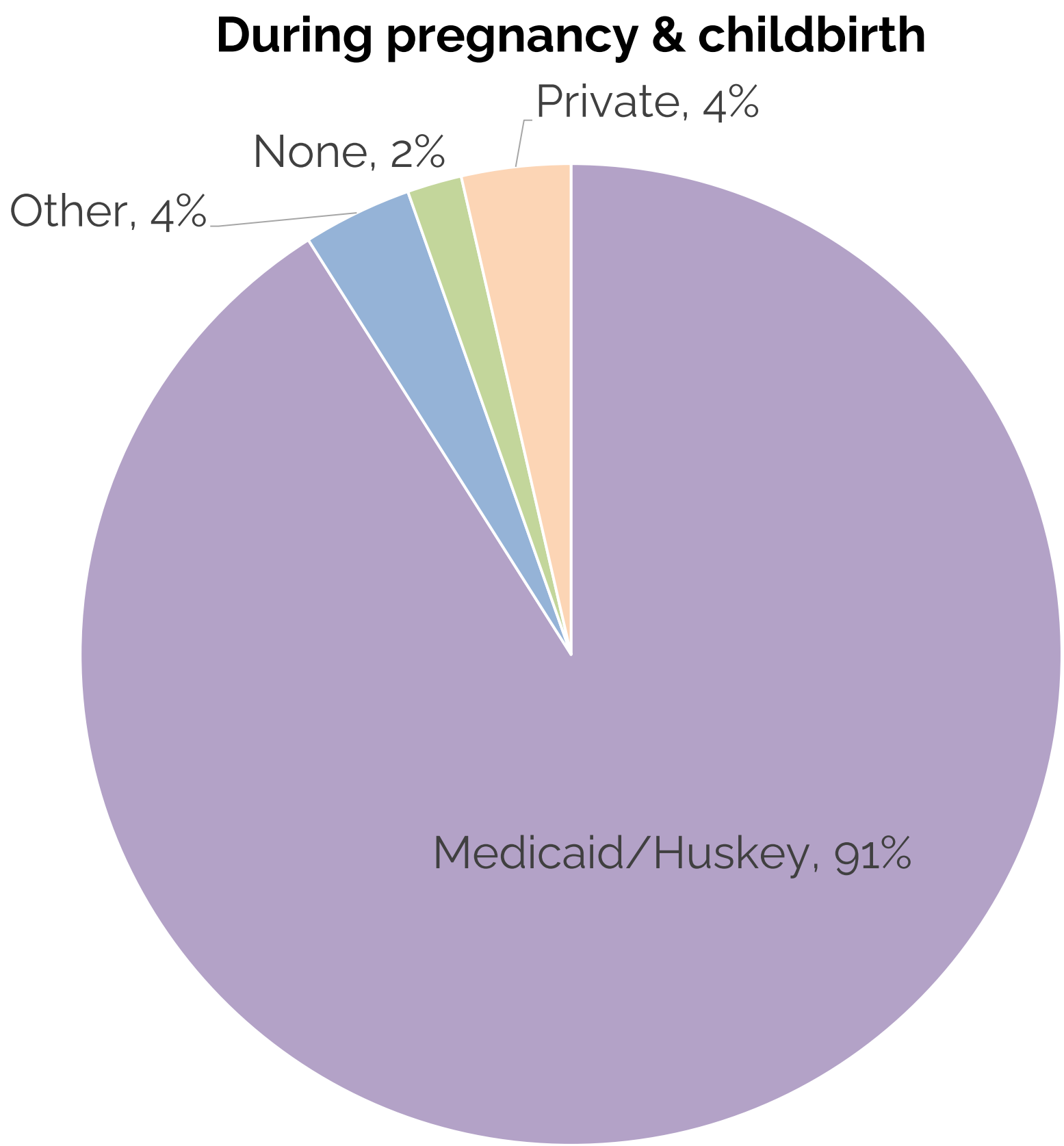
Majority of participants had a baby that is 7-12 months of age and about 47% preferred Spanish language.



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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**CTRJAlliance@gmail.com**

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.