Healthy Moms, Health Babies Advisory Council
January 18th, 2019 Quarterly Meeting

Notes

Present: Dionka Pierce, Dr. Flip Roberts, Mary Catherine Moffett, Dr. Joia Crear Perry, Carmen Green, Dr. Robert Maupin, Dr. Chuck Preston, Audrey Stewart, Dana Smiles, Mariah Wineski, Amanda Brunson, Shawne Langston-Emery, Dr. Pooja Mehta, Amy Zapata, Dr. Kenneth Brown, Nick Albares, Karen Webb, Julie Johnston, Beth Scalco, Gloria Grady, Ellen Palmintier, Representative Stephanie Hilferty, Senator Regina Barrow, Frankie Robertson

Dionka reviewed purpose for the meeting

1. Continuing onboarding process
2. Role of HMHB Advisory Council: focus on data, community engagement, policy options
3. Health Equity orientation from Dr. Joia Crear Perry
4. 5 Whys exercise to drill down on the problem we have to address

Joia Crear Perry (NBEC) gave Health Equity Orientation

1. Intro
    a. Help orient us to the idea of structure and policies;
    b. Look for opportunities to undo disparities we helped create
2. Birth Equity definition
    a. Focus on assurance not just end goal or future state
    b. WHO's definition of health equity: how do we get there? Address…
        i. Justice
        ii. Social determinants of health
        iii. Intersectionality
        iv. Centering marginalized communities
        v. Culture and place
        vi. Structural racism
3. Need to be honest about the role our fields played in history and how they enforced racism and bias
4. Countries that have better outcomes than the US spend more on social programs and less on healthcare
5. Racism, Classism, and Gender Discrimination are root cause of SDOH:
    a. Racism, Classism, gender discrimination ->
    b. Power and wealth imbalance ->
    c. Social determinants of health and health inequities ->
    d. Psychosocial stress/ unhealthy behaviors ->
    e. Disparity in the distribution of disease
6. History of injustice
    a. Black women breastfeeding white babies
    b. Experiments on enslaved black women
    c. Early bias that black women are less sensitive to pain

7. Need to center voices of women experiencing adverse health outcomes – use IHI frameworks and get to specifics of incidents
8. Need to decrease implicit bias and institutional racism in organizations through trainings, partnerships, listening to women, root cause analysis, ICD-10 and Z codes

Questions/Thoughts/Reactions from Dr. Joia's presentation

1. Governor's Office has initiatives that aren't specifically marketed as equity-driven, but would have an effect: wages, early childhood
2. How can we adapt this training for clinical providers?
3. Need to contextualize for clinicians on the ground
4. Implicit bias is both in individuals and policies
5. Dr. Brown: early Medicaid was not given to women if they had a man in the house
6. People adapt. Providers adapted to checklists for surgery prep, they could adapt to other processes to improve outcomes

5 Whys Discussion

1. What should the problem statement be?
    a. Where are the disparities the worst? Where are outcomes the worst?
    b. Need to look at overall outcomes and disparity data together
    c. Louisiana overall rate is high, disparity similar to other states
    d. Higher number of Medicaid women affected by MM, SMM
    e. People are poorer in Louisiana – this plays a role
    f. There are little ways for women of color and low-income women to voice concerns in real time
    g. Need to bridge community services with providers – make sure they are talking to each other
    h. Question about SMM measure:
        i. Hospital discharge data
        ii. 21 codes of morbidity events
    i. Example from California: Start with something clinicians understand (i.e. C-sections) and move onto hemorrhage
    j. Our purpose is not to fix the problem, but to make recommendations for future efforts
    k. PCQ: working with hospitals through change package
    l. Transportation is not just an issue for getting to and from appointments, but laundry, day care, grocery store, work, etc.
    m. If reimbursement was based on patient satisfaction, how different would things look?
    n. Barriers between nurse, physician, and patient
    o. Need to figure out provider perspective of why system is failing
2. Rep. Hilferty: We're getting ready to go into legislative session this is a great time to propose new legislation

Perspectives from Community Organizations

1. Birthmark: Audrey Stewart
    a. Need to make sure we understand racism is the risk factor, not race

    b. Patient co-design, centered reporting
    c. There are models out there to help – start with the patient
    d. Set a vision for what it should look like when someone walks into the hospital to have a baby
    e. In more affluent hospitals, there is more access to power
    f. Utilize community health workers
    g. There are missed opportunities to connect care systems
2. Mariah Wineski:
    a. Role is to look at the intersection of violence on the lives of pregnant women and mothers
    b. Info that goes beyond just rates of violence
3. Shawne Langston-Emery:
    a. Residential substance abuse facility: majority white. Why? Where are others?
    b. Providers don't understand/listen to mother when baby going through withdrawals

Other thoughts:

1. Frankie Robertson: need to keep in mind the role racism/intimidation on the job has on maternal health
2. Julie Johnston: center voices of women with disabilities
3. Dr. Joe Hicks: trainings on institutional racism being offered to hospital staff around the state and community settings

Action Points:

1. Send questions to Dionka
2. Dionka and BFH team to create option before next meeting for people to respond to for problem statement
3. Next meeting: April 12, 2019, New Orleans