

# Policy Brunch & Learn

## Maternal Health Disparities

**Dr. Michele A. Rountree, IUPRA Associate Director of IUPRA & Steve Hicks School of Social Work Associate Professor**

**Jaymie Rivera-Clemente, Black Mamas Community Collective Senior Sister Doula**



The University of Texas at Austin  
**Institute for Urban Policy  
Research & Analysis**  
*College of Liberal Arts*

# Black Mamas Community Collective



# AGENDA

- Why we should care about Maternal Health Disparities
- Personal Impact of Black Women's Experiences of Maternal Health Disparities
- Priority Policy Recommendations at the City or State Level
- What can you do to keep Black mothers from dying?

2018 Task Force & DSHS Joint  
Biennial Report

Findings

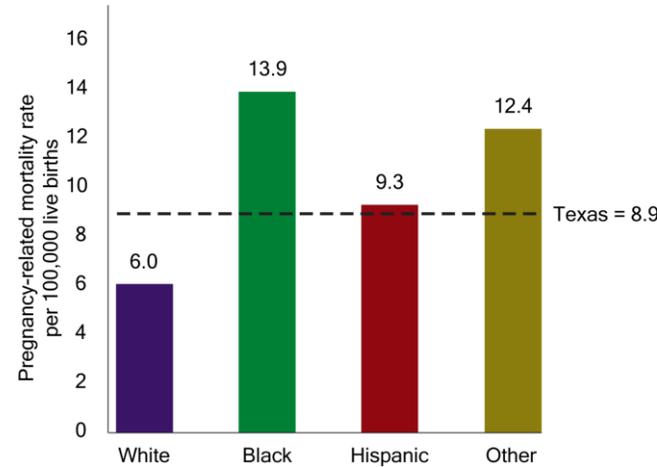
- Most pregnancy-related deaths were potentially preventable
- A complex interaction of personal, provider, facility, systems and community factors contributed to maternal death.
- Black women bear the greatest risk for maternal death.
- The increased risk for maternal death among Black women exists regardless of income, education, marital status, or other health factors.

Texas Health & Human Services. (2018). *Maternal mortality and morbidity task force and department of state health services joint biennial report*.  
<https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf>

18.pdf

# Maternal Death Rates by Demographic Characteristics, Texas, 2012-2015

**Figure 1: Pregnancy-related Mortality Rate by Race/Ethnicity, Texas 2012**



**Figure 2: Health Insurance at Delivery – Maternal Death Rates among Black Women, Texas, 2012-2015**

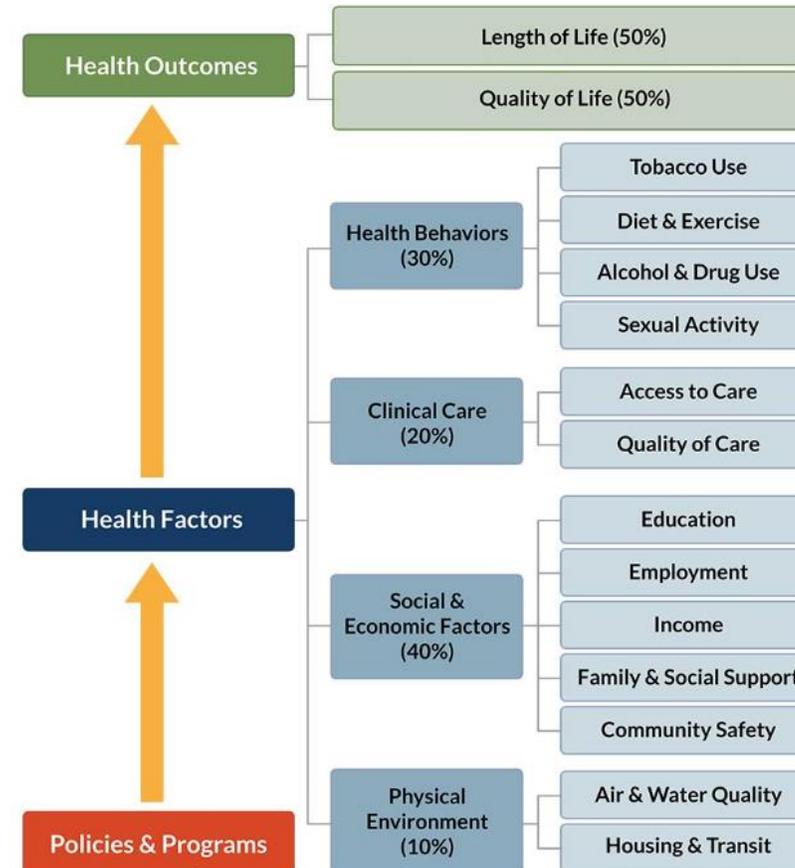
Health Insurance at Delivery	Number of Live Births	Number (%) Maternal Deaths	Rate (per 100,000 live births)
Medicaid	111,885	53 (69%)	47.4
Self-Pay/No Insurance	46,202	7 (9%)	15.2
Private Insurance	13,202	12 (16%)	90.9
Unknown	-	5 (6%)	-



# Drivers of Maternal Health Disparities

## Complex Interplay of Factors

- **Greater Life Stressors “Weathering Effect”**  
(Geronimus et. al, 2006)
- **Lack of Prenatal Care**  
(Texas Health & Human Services., 2018)
- **Implicit Bias Healthcare Professionals & Institutional Racism**  
(Penner, Dovidio, West, et al., 2010 ).

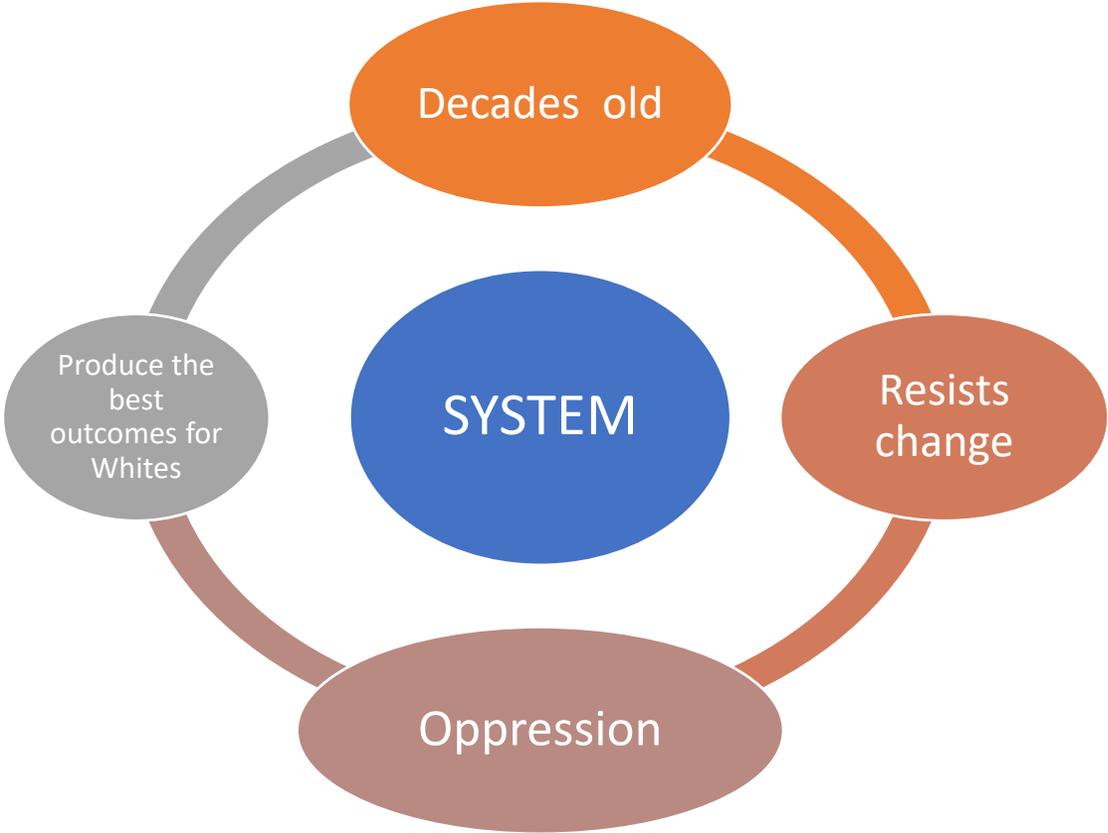


County Health Rankings model © 2016 UWPHI

# A “Groundwater Analysis” is based on several key observations about racial inequity

1. Racial inequity looks the same across systems
2. Systems contribute significantly to disparities
3. The systems-level disparities cannot be explained by a few ‘bad apples
4. Poor outcomes are concentrated in certain geographic communities; usually poor communities and communities of color
5. Systemic interventions and training works to change thinking, reduce disparities, and improve outcomes for all populations

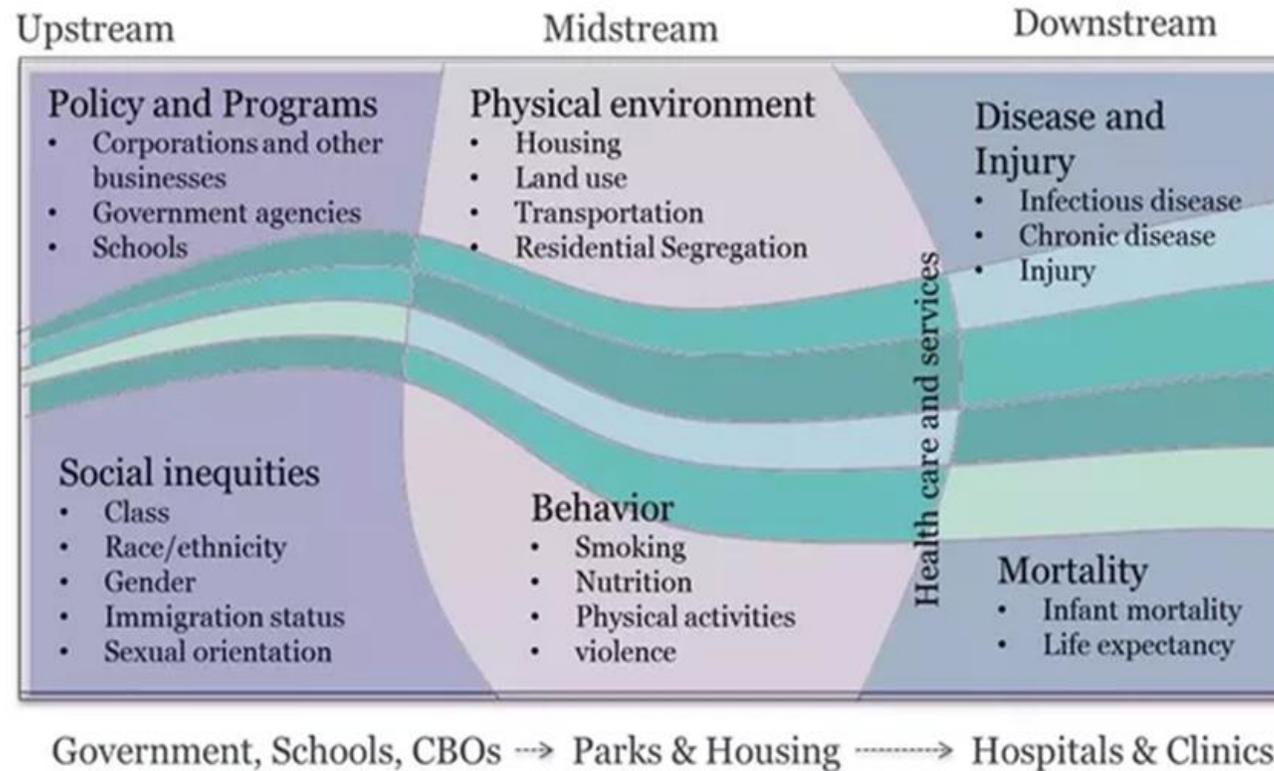
# The Design of Systems



# Many terms are used to describe racial inequity in outcomes across systems

Term	Definition	Most commonly used in:
<b>Disproportionality</b>	Disproportionality is the over or underrepresentation of a particular race or cultural group in a program or system.	<b>Child welfare</b>
<b>Health Disparity</b>	Health disparities are preventable differences in the burden of disease, disability, or opportunities to achieve optimal health	<b>Health</b>
<b>DMC – Disproportionate minority contact</b>	The disproportionate number of minority youth that come into contact with the juvenile justice system	<b>Juvenile justice</b>
<b>Achievement gap</b>	The observed disparity on a number of educational measures between the performance of groups of students	<b>Education</b>
<b>Equality</b>	Is a concept that <i>everyone</i> should be treated in exactly the same way	<b>Systems</b>
<b>Equity</b>	Is the concept that <i>everyone</i> should be treated in a way that meets their specific needs so they have a fair opportunity to attain their potential	<b>Systems</b>
<b>Health</b>	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity	<b>World Health Organization (WHO)</b>

# POLICY RECOMMENDATIONS





## Using Policy to Address Maternal Health Disparities: POLICY RECOMMENDATIONS

**Recommendation #1:** Enhance programmatic and policy responses statewide and locally targeting Black women.

**Recommendation #2:** Increase Medicaid access to health care services throughout the preconception, interconception periods and for 1 year following delivery since most Black maternal deaths occurred more than 60 days postpartum after Medicaid coverage ends.

**Recommendation #3:** Increase the number of Black Healthcare providers and require a curriculum for healthcare providers and practitioners that focuses on institutional racism across various healthcare disciplines.

# THANK YOU.

Dr. Michele A. Rountree [mrountree@mail.utexas.edu](mailto:mrountree@mail.utexas.edu)

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