Equity & Maternal Health:

Individuals' Needs & Societal Challenges

By Jodi Anthony, Sonya Phillips,
Caroline Logan, Clarke Baer, and Cori Sheedy

Why Maternal Health?

The United States has the highest rates of maternal mortality and morbidity among all developed countries. **In 2020, the maternal mortality rate in the United States was 23.8 per 100,000 live births[1] and an estimated 50,000-60,000 pregnant people experienced severe maternal morbidity.[2]** Within the United States, there are significant disparities in maternal health outcomes. Non-Hispanic Black, non-Hispanic American Indian or Alaska Native, and rural populations have significantly higher rates of maternal mortality and morbidity, which have been further exacerbated by the COVID-19 public health emergency.[3,4,5] The impact of poor maternal health outcomes also extends to infants and families. For example, poor maternal health outcomes are associated with increased rates of preterm birth, low birth weight, lower APGAR scores, and long-term impacts for partners, such as paternal depression.[6,7]

Most maternal deaths (80 percent of all deaths and 90 percent for American Indian/Alaska Native deaths) are **preventable**. Mental health conditions are the leading cause of preventable maternal deaths, and provider-related factors—such as the lack of identification of "high risk status" and delays in diagnosis and treatment—are the leading cause of maternal morbidity.

A Deeper Dive into the Social and Structural Determinants of Health

The inequities in maternal mortality and morbidity are largely caused by how social exclusion, economic disadvantage, and political or geographic marginalization are embodied throughout not just a person's life but also across generations (Figure 1).[8,9,10,11]

FIGURE 1: KNOWN HISTORICAL POLICIES, RACIST STRUCTURES, AND CURRENT SOCIAL DETERMINANTS THAT CAUSE MATERNAL HEALTH INEQUITIES **references at end*

Historical Policies and Structures

Enslavement

Forced wet nursing of white babies by Black women who were enslaved

Extinguishing native cultures through forced enrollment in boarding schools of American Indian/Alaskan Native children, taking of Indigenous lands

Jim Crow Laws

Redlining and banking rules

Voting rights

Forced sterilization and eugenics

Social security program that excluded farm and domestic workers

Lack of investment in Black-serving hospitals

Professionalization of midwives

Reproductive health experimentation on people of color

Social and Structural Determinants

Social and economic deprivation

- Food insecurity
- Housing instability
- Lack of accessible transportation systems
- Wealth gap
- Lack of affordable childcare

Racial and economic segregation in housing, hospitals, schools, and communities

Racism, other isms, and discrimination

- Unjust policing and incarceration of people of color
- Adultification and sexualization of Black children
- Access to vote
- Reframing of white supremacy
- Expert and academia as producers of knowledge and evidence
- Concept of 'family' and gender roles

Environmental hazards and climate change

- Toxic substances
- Extreme weather
- Natural disasters

Inadequate or degrading healthcare and behavioral health services

- Lack of insurance or coverage
- Lack of quality care
- Lack of public funding for public health infrastructure
- Siloed nature of health, education, behavioral, and human services

Targeted marketing of harmful commodities (e.g., tobacco, alcohol, other licit, and illicit drugs)

How Can We Improve Maternal Health and Address Inequities?

There is no panacea to address the complex social and structural determinants of health that contribute to poor outcomes and health inequities. Instead, action must be taken at the individual, community, state and national levels to create the holistic environment that's needed to ensure everyone can access the maternal healthcare they need.[12]

The tables on page 5 provide a hypothetical example of what could be done by a state network of community-based organizations (CBOs), local hospital systems, the state Medicaid agency, and federal funders.[13,14,15,16,17] While it does not provide an exhaustive list of activities, it highlights that efforts must include levers at the community and population (state and federal) levels. A well-functioning system must work in concert to address maternal health.

The tables mirror much of what was described in the 2022 White House Blueprint for Addressing the Maternal Health Crisis (the Blueprint), which identified strategies and funding priorities to improve respectful, quality, accessible, risk-appropriate services, and continuity across healthcare, behavioral health, and social service settings. Both the tables and the Blueprint highlight the essential role that CBOs—including community-based hospitals—play in achieving equitable outcomes. Such organizations, led by communities experiencing the inequities—like community-based doula programs, federally qualified health centers, community hospitals, and birth justice organizations—are essential to understanding the causes of health and inequity, and to crafting meaningful policies and practices to address them.

However, in the example, CBOs are asked to wear multiple hats, often with few resources. They likely sit on multiple community boards, they may not have a well-established grant writing or evaluation team, and they have limited time or resources to proactively identify new sources of funding or partnerships. Additionally, some CBOs have their own internal social justice and diversity challenges including a lack of representation of diverse staff and limited leadership development opportunities. This is compounded by the chronic historic and ongoing lack of resources invested within communities of color.[18]

Federal Spotlight

MCHB ORGANIZATIONAL TRANSFORMATION

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)

After working with MCHB to modernize its mission and strategies to optimize health and equity for maternal and child health populations—an effort that addressed everything from setting measurable objectives to branding—Abt supports the plan's implementation. With G2 Consulting Group, Impact Marketing + Communications, and Change Matrix, Abt works with MCHB to advance its strategic goals; transform the organization; execute improvements in operations, programs, and data management; and develop its workforce, with an explicit focus on increasing diversity, equity, inclusion, and accessibility (DEIA).

At the **individual level**, it should be assured that pregnant people encounter healthcare providers who listen and respect them and that their health, behavioral health, and health-related social needs—such as housing, food, and safety—are addressed with a multi-disciplinary, culturally concordant care team that includes midwives, doulas, and community health workers.

Individual level

- o Assess and address physical and behavioral health and social needs through validated screenings and team-based care and linkages
- o Develop families as decision-makers and leaders in their own well-being and that of their community
- o Provide quality obstetric care aligned with priorities and goals of the pregnant individual and their family

At the **community level**, pregnant people should live in communities with low pollution levels, safe streets, and access to healthy foods.

Community level

- o Identify and use pathways to elevate participant, family, and community voices into policy and program decision-making
- o Use patient experience surveys as part of published quality metrics
- o Facilitate cross-sector partnerships
- o Participate in interoperable data platforms that facilitate closed-loop referrals

At the **state and national levels**, the U.S. should have poverty alleviation policies and funding for good schools, and provide affordable health insurance throughout a person's life. Moreover, the structures and social hierarchy of racism, sexism, and classism must be dismantled.

State Medicaid policy

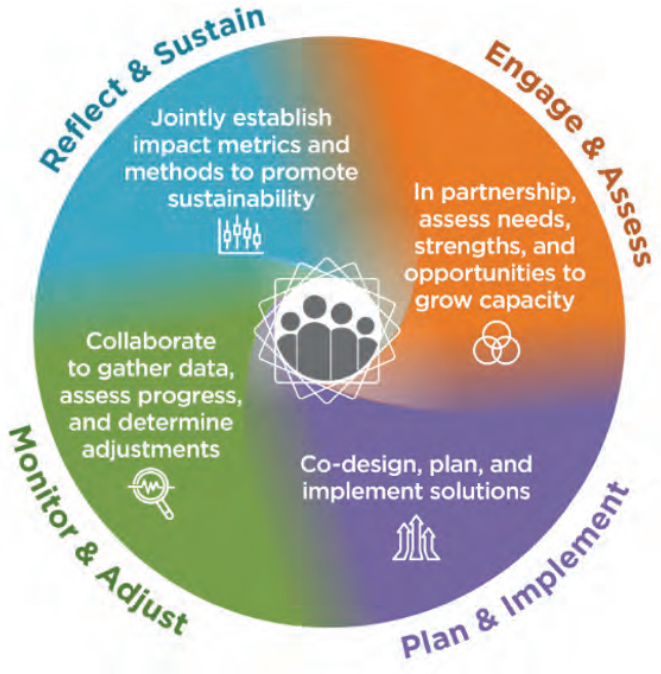
- o Maintain 12-months postpartum coverage
- o Assure people who are eligible for coverage do not lose it in when the public health emergency ends
- o Create value-based payment to address behavioral, social, and medical risks
- o Cover doulas and team-based care models
- o Designate birthing-friendly hospitals
- o Cover transportation, medication management, and breastfeeding support

Federal policy

- o Provide funding for program planning, partner development, and operating expenses of CBOs
- o Support organizational policies, practices, and trainings that reduce bias and increase diversity, equity, inclusion, and accessibility
- o Expand access to comprehensive reproductive healthcare
- o Require a living wage and paid family leave
- o Expand access to quality childcare

Bridging Policy to Practice: Abt and Community Partnerships

Abt Associates supports the transformation of the maternal health system by connecting policy to practice, taking into account the larger social context. We partner with federal and state agencies and CBOs to develop, implement, and assess evidence-informed programs by providing technical assistance, evaluation, and monitoring activities. Applying social epidemiological theory and equitable participation principles helps us understand causal linkages between the social and structural determinants of maternal health and the outcomes that we are striving to achieve. This also allows us to deliberately select with whom—and how—we work, assuring that we're clear eyed on power dynamics, build trustful relationships with communities most affected, and center community and individual voices to identify causes and develop solutions to address maternal health.



Technical Assistance

We often find that moving from addressing individual maternal health to creating the community change we truly need is daunting and requires vision, time, resources, and wisdom to navigate the imbalance of power that's reflected throughout our society. Hospital-community partnerships, specifically, require leaders committed to equitably working together.

We specifically map the maternal health ecosystem—centering the experiences of people before, during, and after pregnancy—to examine how the health and social system supports or undermines their health. We do this in partnership with members of the community and organization, asking ourselves whose voices are included, whose are not, and why. We also consider how sub-population groups may experience the ecosystem

Individual/local Spotlight

EVALUATING THE MCHB HEALTHY START PROGRAM

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)

Healthy Start aims to improve health outcomes before, during, and after pregnancy, and reduce racial and ethnic differences in rates of infant deaths and negative maternal health outcomes. Abt assessed associations between individual characteristics and selected health and behavioral outcomes. The study linked Healthy Start program data to state vital live birth and infant death records, and CDC Pregnancy Risk Assessment Monitoring System (PRAMS) survey data. Our findings suggested there were socioeconomic and racial/ethnic disparities in maternal and infant outcomes. The findings indicated that Healthy Start should enhance outreach to participants who live below federal poverty level and who have not graduated from high school.

differently and/or unjustly. Through collaboration in conducting the assessment, stakeholders identify their vision for what they want to accomplish, their existing strengths, and the potential barriers to accomplishing their goals.

Because we co-create from the beginning of our technical assistance support, participants inform and drive their own supports and learning, with ongoing opportunities for reflection, feedback, and adjustments to our inputs. Additionally, we collect qualitative data to understand outcomes across the diversity of participants. Our technical assistance providers apply the experiences they bring from working in the maternal health ecosystem as community-based doulas, social workers, community organizers, health clinic staff, and state health and welfare leaders to develop resources and activities that take into account the realities of working in under-resourced environments with competing priorities and pressures.

Evaluation and Learning

Abt focuses its evaluations to document the how, why, and under what conditions the project or policy contributes to improved maternal outcomes within complex local, state, and national systems. To effectively explore these questions, we step outside of the traditional research paradigm to actively engage community participation and provide opportunities for shared learning throughout the evaluation life cycle.

Some of our specific steps include:

- **Developing an evaluable theory of change that articulates causal pathways and critical assumptions.** We draw on a variety of theories and frameworks, and partners are encouraged to assess which are most meaningful for their context.
- **Establishing a stakeholder-led learning agenda.** Key partners in the maternal health ecosystem need to benefit from the information that the evaluation generates so that they can make improvements, change course, or scale what works. Additionally, we need to be able to answer questions about who benefits the most and least from the program, whether there are unintended consequences that could exacerbate inequities, and what external policies, systems, and environments influence program impacts and how. We work with our stakeholders to ensure we're delivering the insights they need.
- **Selecting and, as necessary, adapting measures.** We select equity, process, implementation, and outcome measures, and identify the drivers of equity. While the specific measures vary, we want to assess morbidity and mortality, where and why families are thriving, and perceptions of trust, experiences, and quality.

Community Spotlight

BREASTFEEDING - HOSPITAL-BASED QUALITY IMPROVEMENT INITIATIVE TO IMPROVE MATERNITY PRACTICES SUPPORTIVE OF OPTIMAL INFANT NUTRITION 2020-2024 (EMPOWER) CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)

Racial and ethnic disparities in breastfeeding rates contribute to significant differences in health outcomes. Abt works with CDC to implement EMPower Best Practices, a hospital-based quality improvement initiative designed to build the skills needed to close these gaps in health outcomes. Abt supports hospitals across the country improve their breastfeeding supports through virtual, skills-based competency training compliant with the WHO's Ten Steps to Successful Breastfeeding and aligned to Baby Friendly USA designation requirements; access to a portal housing breastfeeding and quality improvement resources, and mechanisms for peer-to-peer learning; training from designated breastfeeding and quality improvement coaches at each hospital; and support by tracking measures to help teams learn about—and improve the delivery of—safe and equitable implementation of optimal infant nutrition policies.

- **Identifying evaluation data sources.** As much as possible, we assess and utilize existing data sources to reduce burden on participants. Even with existing data, however, we must work with partners to improve quality, make meaning of the data, and generate new questions to help us reach our ultimate goals. We also integrate qualitative and quantitative data sources into narratives using the theory of change to guide analysis. In the process of collecting data, we consider:
  - **Instruments:** Engage diverse populations when developing instruments and assess bias in already-validated instruments.
  - **Outreach and recruitment:** Implement strategies to engage diverse populations and promote high response rates.
  - **Burden:** Ensure that the process of data collection does not have an inequitable burden across participants.
  - **Ability to detect impacts:** Use oversampling to ensure that our sample size will be sufficient to assess various populations of focus.
- **Generate and share results.** Depending on the scope of the evaluation, we create learning networks, data dashboards, resources, and key opportunities to share results, lessons, and outcomes.

Abt's goal is to advance health and economic well-being for all people. We seek to intentionally and collaboratively identify factors that affect inequitable access and care for pregnant people, and collaborate with our partners and communities to drive healthy, sustainable outcomes for all. If you're a federal, state, or local agency, or a foundation, we're available to discuss how we can collaborate with you to incorporate equity into all aspects of the design, implementation, and dissemination of your maternal and child health programs and policies.

State Medicaid Spotlight

INTEGRATED CARE FOR KIDS AND MATERNAL OPIOID MISUSE MODEL EVALUATIONS

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Abt provides evaluation support to two CMS innovation models designed to transform care delivery systems for pregnant people and children with behavioral health challenges who are covered by Medicaid and the Children's Health Insurance Program. The first model, Maternal Opioid Misuse Model (MOM), helps states coordinate and integrate the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder. The Integrated Care for Kids Model (InCK) aims to improve the quality of care for children under 21 years of age. Model strategies include screening beneficiaries for health-related social needs; expanding access to primary, specialty, and behavioral care; and providing enhanced coordinated care and data integration. Through evaluation activities for both models, we capture stakeholder and beneficiary perspectives, collect qualitative and quantitative data, enhance data quality, and understand the implementation and impact of each of the models.

SSDOH References (Figure 1):

Forced wet-nursing of white babies by Black women who were enslaved

- Green, V. L., Killings, N. L., & Clare, C. A. (2021). The Historical, Psychosocial, and Cultural Context of Breastfeeding in the African American Community. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 16(2), 116–120. https://doi.org/10.1089/bfm.2020.0316
- McGuire, M. (2021, August 23). Black breastfeeding after a history of trauma. HealthConnect One. Retrieved May 19, 2022, from https://www.healthconnectone.org/black-breastfeeding-after-a-history-of-trauma/

Extinguishing native cultures through boarding schools of AI/AN children

- Callimachi, R., & Chischilly, S. (2021, November 17). Lost lives, lost culture: The forgotten history of indigenous boarding schools. The New York Times. Retrieved May 19, 2022, from https://www.nytimes.com/2021/07/19/us/us-canada-indigenous-boarding-residential-schools.html
- Native American Rights Fund. (2019). (rep.). Trigger Points: Current State of Research on History, Impacts, and Healing Related to the United States' Indian Industrial/Boarding School Policy. Native American Rights Fund. Retrieved May 19, 2022, from https://www.narf.org/nill/documents/trigger-points.pdf.

Redlining and banking rules

- Bensoussan, E. (2020, June 22). The legacy of racism in the banking industry. NorthOne Blog. Retrieved May 19, 2022, from https://www.northone.com/blog/northone/the-legacy-of-racism-in-the-banking-industry
- Broady, K., McComas, M., & Ouazad, A. (2021). (rep.). An analysis of financial institutions in Black-majority communities: Black borrowers and depositors face considerable challenges in accessing banking services. Brookings Institution. Retrieved May 19, 2022, from https://www.brookings.edu/research/an-analysis-of-financial-institutions-in-black-majority-communities-black-borrowers-and-depositors-face-considerable-challenges-in-accessing-banking-services/.
- Fishback, P., Rose, J., Snowden, K., & Storrs, T. (2022). New evidence on redlining by federal housing programs in the 1930s. Journal of Urban Economics. https://doi.org/10.21033/wp-2022-01

Forced sterilization and eugenics

- Fresh Air Podcast. (2016, March 7). The Supreme Court ruling that led to 70,000 forced sterilizations. NPR. Retrieved May 19, 2022, from https://www.npr.org/sections/health-shots/2016/03/07/469478098/the-supreme-court-ruling-that-led-to-70-000-forced-sterilizations
- Reilly P. R. (2015). Eugenics and Involuntary Sterilization: 1907-2015. Annual review of genomics and human genetics, 16, 351–368. https://doi.org/10.1146/annurev-genom-090314-024930

Social security that excluded farm and domestic workers

- DeWitt, L. (2010, November 3). The Decision to Exclude Agricultural and Domestic Workers from the 1935 Social Security Act. Social Security Bulletin, Vol. 70, No. 4, pp. 49-68, 2010, Available at SSRN: https://ssrn.com/abstract=1702847
- Johnson, D. (2020, August 14). Viewing social security through the Civil Rights Lens. NAACP. Retrieved May 19, 2022, from https://naacp.org/articles/viewing-social-security-through-civil-rights-lens

Lack of investment in minority serving institutions and hospitals

- Burris, H. H., Passarella, M., Handley, S. C., Srinivas, S. K., & Lorch, S. A. (2021). Black-White disparities in maternal in-hospital mortality according to teaching and Black-serving hospital status. American journal of obstetrics and gynecology, 225(1), 83.e1–83.e9.

https://doi.org/10.1016/j.ajog.2021.01.004
- Clark, B. R. (2005). Hospital Flight From Minority Communities: How Our Existing Civil Rights Framework Fosters Racial Inequality in Healthcare. DePaul Journal of Health Care Law, 9(2), 1023–1100.

Professionalization of midwives

- Goodwin, M. (2020, July 1). The racist history of abortion and midwifery bans. American Civil Liberties Union. Retrieved May 19, 2022, from https://www.aclu.org/news/racial-justice/the-racist-history-of-abortion-and-midwifery-bans
- Wren Serbin, J., & Donnelly, E. (2016). The Impact of Racism and Midwifery's Lack of Racial Diversity: A Literature Review. Journal of midwifery & women's health, 61(6), 694–706. https://doi.org/10.1111/jmwh.12572

Reproductive health experimentation on people of color

- The National Partnership for Women & Families. (2020). (publication). Past as Present: America's Sordid History of Medical Reproductive Abuse and Experimentation. Retrieved May 19, 2022, from https://www.nationalpartnership.org/our-work/resources/health-care/past-as-present-americas-sordid-history-of-medical-reproductive-abuse-and-experimentation.pdf.
- Prather, C., Fuller, T. R., Jeffries, W. L., 4th, Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity. Health equity, 2(1), 249–259. https://doi.org/10.1089/heq.2017.0045

Adultification and sexualization of Black children

- Epstein, R., Blake, J. J., & Gonzalez, T. (2020). (rep.). Girlhood Interrupted: The Erasure of Black Girls' Childhood. Georgetown Center on Poverty and Inequality. Retrieved May 19, 2022, from https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/girlhood-interrupted.pdf.
- Taylor-Thompson, K. (2021, May 24). Treating all kids as kids. Brennan Center for Justice. Retrieved May 19, 2022, from https://www.brennancenter.org/our-work/analysis-opinion/treating-all-kids-kids

Reframing of white supremacy

- Anti-Defamation League. (2016, December 16). Re-branding White Supremacy. Anti-Defamation League. Retrieved May 19, 2022, from https://www.adl.org/blog/re-branding-white-supremacy
- Clark, S. (2020, July 1). How white supremacy returned to mainstream politics. Center for American Progress. Retrieved May 19, 2022, from https://www.americanprogress.org/article/white-supremacy-returned-mainstream-politics/

Expert and academia as producers of knowledge and evidence

- Almeida, S. (2015). Race-based Epistemologies: The Role of Race and Dominance in Knowledge Production. In M. Nagel (Ed.), Race, Resistance, Reason: Contextualizing Racial Epistemologies, Imagining Social Justice (Vol. 13). essay, Wagadu: A Journal of Transnational Women's and Gender Studies. Retrieved May 19, 2022, from https://americanstudies.yale.edu/sites/default/files/files/KnowlProdTeachInREADING.pdf.
- Dupree, C. H., & Boykin, C. M. (2021). Racial Inequality in Academia: Systemic Origins, Modern Challenges, and Policy Recommendations. Policy Insights from the Behavioral and Brain Sciences, 8(1), 11–18. https://doi.org/10.1177/2372732220984183

Footnotes:

1 Maternal Mortality Rates in the United States, 2020 (cdc.gov). Accessed Jan 17, 2023.

2 Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Updated June 22, 2022. Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC. Accessed August 16, 2022.

3 Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Updated June 22, 2022. Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC. Accessed August 16, 2022.

4 Thoma, ME, Declercq, ER. All-Cause Maternal Mortality in the US Before vs During the COVID-19 Pandemic. June 28, 2022. JAMA Netw Open. 2022;5(6):e2219133. doi:10.1001/jamanetworkopen.2022.19133.

5 Howell, E. A., Egorova, N. N., Janevic, T., Balbierz, M. A., Zeitlin, J., & Hebert, P. L. (2017). Severe maternal morbidity among Hispanic women in New York City: investigation of health disparities. Obstetrics and gynecology, 129(2), 285.

6 Zanardi, D. M., Santos, J. P., Pacagnella, R. C., Parpinelli, M. A., Silveira, C., Andreucci, C. B., ... & Cecatti, J. G. (2021). Long-term consequences of severe maternal morbidity on infant growth and development. Maternal and Child Health Journal, 25(3), 487-496.

7 Lyndon, A., Baer, R. J., Gay, C. L., El Ayadi, A. M., Lee, H. C., & Jelliffe-Pawlowski, L. (2021). A population-based study to identify the prevalence and correlates of the dual burden of severe maternal morbidity and preterm birth in California. The Journal of Maternal-Fetal & Neonatal Medicine, 34(8), 1198-1206.

8 Ben-Shlomo, Y., and D. Kuh. "A Life Course Approach to Chronic Disease Epidemiology: Conceptual Models, Empirical Challenges and Interdisciplinary Perspectives." International Journal of Epidemiology, vol. 31, no. 2, April 2002, pp. 285–293. https://doi.org/10.1093/ije/31.2.285.

9 Braveman, P., and C. Barclay. "Health Disparities Beginning in Childhood: A Life-Course Perspective." Pediatrics, vol. 124, November 2009, pp. S163–S175. https://doi.org/10.1542/peds.2009-1100D.

10 Williams, D.R. "Miles to Go Before We Sleep: Racial Inequities in Health." Journal of Health and Social Behavior, vol. 53, no. 3, August 2012, pp. 279–296. https://doi.org/10.1177%2F0022146512455804.

11 Chambers BD, Arega HA, Arabia SE, Taylor B, Barron RG, Gates Bet al. Black women's perspectives on structural racism across the reproductive lifespan: a conceptual framework for measurement development. Matern Child Health J. 2021;25(3):402–13. Crossref, Medline, Google Scholar 64, https://link.springer.com/article/10.1007%2Fs10995-020-03074-3

12 Adapted from HealthBegins. Upstream Communications Toolkit, accessed on Jan 19, 2023: https://healthbegins.org/wp-content/uploads/2022/02/HealthBegins-Upstream-Communications-Toolkit-Feb-2022.pdf

13 Black Maternal Health Research Re-Envisioned: Best Practices for the Conduct of Research With, For, and By Black Mamas https://harvardlpr.com/wp-content/uploads/sites/20/2020/11/BMMA-Research-Working-Group.pdf

14 Scheier, R. "Black Women Turn to Midwives to Avoid COVID and 'Feel Cared for.'" Kaiser Health News. September 17, 2020. https://www.healthleadersmedia.com/clinical-care/black-women-turn-midwives-avoid-covid-and-feel-cared.

15 Bigby, J., Anthony, J., Hsu, R., Fiorentini, C., & Rosenbach, M.L. (2020). Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children's Health Insurance Program.

16 Lois McCloskey, Judith Bernstein, The Bridging the Chasm Collaborative. Bridging the Chasm between Pregnancy and Health over the Life Course: A National Agenda for Research and Action, Women's Health Issues, Volume 31, Issue 3, 2021, Pages 204-218, ISSN 1049-3867. https://doi.org/10.1016/j.whi.2021.01.002.

17 Jodie G. Katon et al., Policies for Reducing Maternal Morbidity and Mortality and Enhancing Equity in Maternal Health: A Review of the Evidence (Commonwealth Fund, Nov. 2021). https://doi.org/10.26099/ecxf-a664

18 West, R., DiMeo, A., Langer, A., Shah, N., & Molina, R. (2022). Addressing Racial/Ethnic Inequities in Maternal Health Through community-based social support services: A mixed methods study. Maternal Child Health J 26, 708–718. https://doi.org/10.1007/s10995-021-03363-5

For More Information, Contact:

Jodi Anthony, Sc.D.
Principal Associate
Jodi_Anthony@abtassoc.com

Abt

abtassociates.com