

2022

Frederick County Black Maternal Health Disparity Study



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Overview

To create a portrait of Black maternal health in Frederick County, we must reconcile how Black women perceive maternal health through the lens of their lived experiences, with the quantitative data available at the County level. Doing so is imperative for elucidating the factors that shape Black women's prenatal, intranatal, subsequent postnatal experiences. The Frederick County Health Department Health Disparities Study (FCHD-HDS) sought to achieve this by convening Black birthing women who reside in Frederick County, creating a Community Advisory Board (CAB) to amplify Black women's expertise and leadership in establishing a path for addressing the constellation of factors that influenced their birthing experiences.

The data collected at the County level characterizes black maternal health disparities in terms of specific outcomes. However, it is the CAB's collective voice that more fully illuminates what is driving pregnancy and birth inequities experienced by Black women in Frederick County.

Accordingly, this report seeks to present what CAB members identified as the root causes of Black maternal health disparities, the County-level data related to that particular factor, and the areas of convergence and divergence between CAB members' assertions and the available data points. It is important to note that this report is structured in such a way as to highlight the ways in which community-based participatory research strategies undergirded our approach to surfacing the fundamental root causes of maternal health disparities in Frederick County. Furthermore, we employed a conceptual model, derived by national leaders of birth equity and Black maternal health, to organize the CAB members' delineation of the primary drivers of black maternal health outcomes.



Background

A Glimpse of the Local and National Black Maternal Health Landscape

Black women are three times more likely to die from a pregnancy-related cause than White women in the United States. Black women are also more likely to have a preterm delivery and have a baby who is low birth weight. Disparities in maternal and infant health may reflect increased barriers to care for Black women. Insurance coverage before, during, and after pregnancy has been found to facilitate access to care that supports healthy pregnancies, as well as positive maternal and infant outcomes after childbirth. However, while Medicaid helps to fill potential coverage gaps, particularly during pregnancy and for children, insurance coverage in and of itself does not confer full protection against adverse maternal and infant outcomes. There are critical barriers to care that disproportionately affect Black women in such a way as to profoundly, and uniquely, shape the pursuit and receipt of healthcare services. These barriers include limited access to racially concordant providers, which has been associated with positive health outcomes for people of color across a range of conditions and health states; and challenges accessing culturally sensitive care. These challenges are further compounded in rural and medically underserved areas – for example, there is evidence to suggest that a rise in closures of hospitals and obstetric units in rural areas has a disproportionate impact in communities with larger shares of Black patients.¹

The same trends occurring at a national level appear to be present in Frederick County, Maryland. Data from 2016 to 2020, summarized in Table 1, captures some of the maternal and child health outcomes by race/ethnicity.² The data reveals that the proportion of women who sought early prenatal care is lower for Black women than it is for their White counterparts. Perhaps correspondingly, Black women residing in Frederick County had higher rates of preterm birth and low birth weight, compared to White women.

| Table 1. Disparities in MCH Outcomes in Frederick County, 2016-2020 | | |
|---|------------------------------|------------------------------|
| | Black Frederick County Women | White Frederick County Women |
| Early Prenatal Care | 59% | 73% |
| Preterm Birth | 12% | 8% |
| Low Birth Weight | 12% | 6% |

Additional County-level data paints a similar picture. Frederick County's 2022 Community Health Needs Assessment (CHNA) indicates that over the last 12 years, the infant mortality rate improved for infants born to White women, but worsened for infants born to Black women, widening the disparity to more than twice (2.6x) of that previously reported. Indeed, virtually every other indicator of health and well-being is worse for Black women when compared to White women, including incidence of pre-pregnancy diabetes, pre-pregnancy high blood pressure, eclampsia, and Cesarean section.

Differences in health insurance coverage and access to care notwithstanding, these factors *only partially* contribute to racial/ethnic disparities across the maternal health spectrum for Black

¹ Hill, L., Artiga, S., Ranji, U. Kaiser Family Foundation, Racial Disparities in Maternal and Infant Health: Current Statues and Efforts to address them. 2022.

² Frederick County Birth Data 2016-2020

women. The fact that these disparities persist, even after controlling for patient characteristics (e.g., socioeconomic status and health behaviors) and health care system factors (e.g., site of care), affirms the veracity of studies concluding that birth inequities are rooted in a complex interplay between social, political, and economic forces. Considerations of Black maternal health must attend to the intersection of race, gender, poverty, and other social factors and the ways in which they undergird individuals' and communities' prenatal, intranatal, and postnatal experiences and outcomes. Further, such an approach must incorporate principles of reproductive justice, which emphasizes the impact of exposure to adverse social determinants of health plays on reproductive health in ways that have been historically and uniquely harmful to Black communities¹.

Partnership to Center Black Women's Lived Experiences

Developing a response to these intractable disparities requires contending with three interlocking realities. The first is that there is variation in the quality of healthcare services delivered and differential access to pre-, intra-, and postnatal care. The second is that these variances converge with non-medical factors that shape the circumstances in which Black women live and work – known as social determinants of health – to adversely affect Black women's maternal health. The third is that structural racism, which has increasingly been cited as a fundamental root cause of health inequities at large, profoundly affects the maternal health experience, not only within the confines of the healthcare delivery system, but also, in the broader cultural, economic, and sociopolitical environments that Black women navigate. Cultivating a contextualized understanding of these realities is essential to developing, implementing, and sustaining a suite of strategies that reduce maternal health disparities. Importantly, this cannot occur without partnering alongside Black women, with the express goal of amplifying and centering Black women's perspectives, insights, and articulations of their lived experiences.

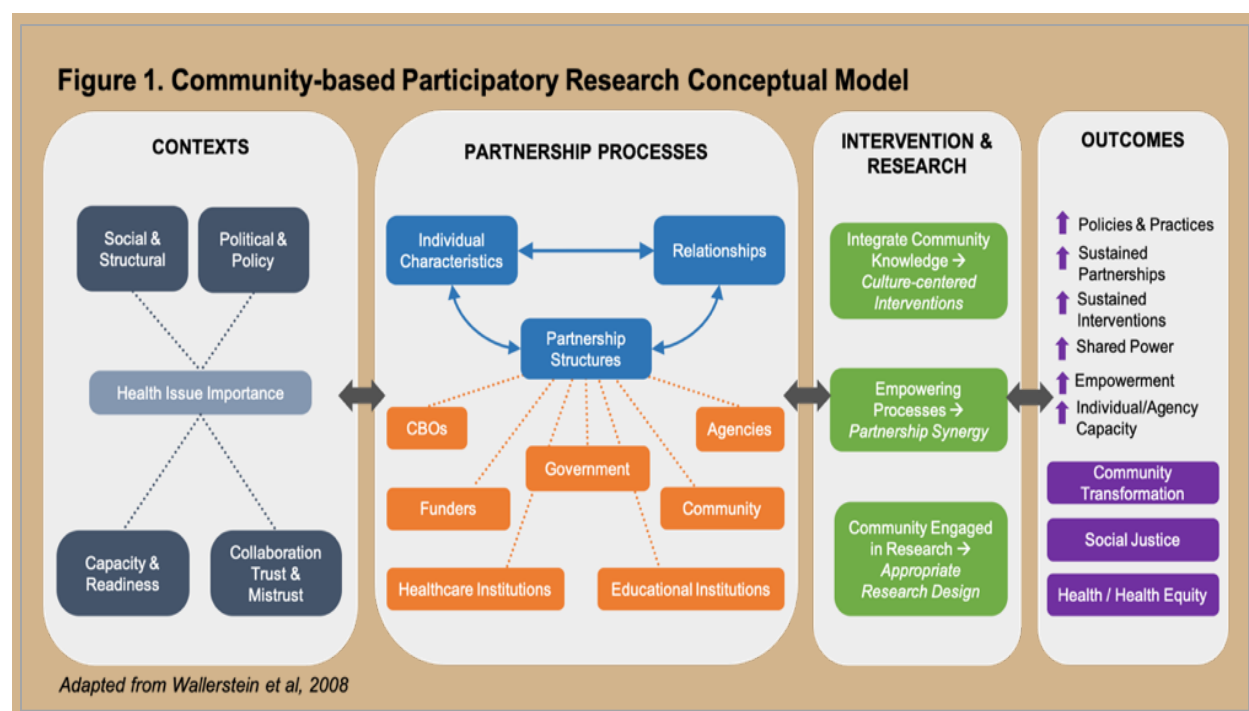
To this end, in January of 2022, the Frederick County Health Department (FCHD) issued a request for proposals to conduct a health disparity study singularly focused on clarifying facets of the maternal health continuum among Black women who live in Frederick County. The Frederick County Black Maternal Health Disparity Study, which aimed to build on findings and community feedback from the County Health Department's 2019 CHNA, revealed a strong need to develop, execute, and evaluate maternal interventions specifically targeting racial disparities. To achieve this, FCHD selected Health Management Associates (HMA) to uncover the constellation of multilevel, intersecting factors that influence Black maternal health. This report summarizes key findings from the study, whose methodological approach was geared toward elevating Black women's lived experiences to provide a fuller understanding of the range of factors that fundamentally influence Black maternal health in Frederick County. The study reflects input from the Frederick County Health Department, the new Black Maternal Health Community Advisory Board (CAB), relevant stakeholders, and community members during a range of community engagement and data collection activities.

Overarching Approach: Community-based Participatory Research

The Frederick County Health Department worked with Health Management Associates to create and convene the Frederick County Black Maternal Health (FCBMH) Community Advisory Board (CAB). Upon the study's inception, the CAB was conceived as a vehicle for applying best practices in community-based participatory research (CBPR). CBPR is widely regarded as the gold standard of community-engaged research in all its various permutations. It facilitates pathways for those

who, by virtue of systematic social disadvantage are most negatively affected by factors that lead to health disparities, to subsequently shape the course of research aimed at disrupting relationships between social determinants of health and the emergence of health inequities. CBPR emerges from education and research traditions that position learners or research participants as experts in the phenomenon of interest. Thus, as seen in Figure 1, the hallmark of CBPR entails engaging community members as equal partners throughout the research trajectory.³

For the purposes of the FCHD Maternal Health Disparity Study, the FCBMH-CAB convened to guide the study team on the project design (methods, approach, feasibility, and practicality); interpretation; and analysis of the project findings, through input and ongoing feedback. HMA prioritized engagement with FCHD, the CAB, and other community stakeholders at every step of the research project. This approach was regarded as crucial in view of the convergence of racism, classism, sexism, and other structural forces shaping Black maternal health disparities. As such, the consultant group was committed to partnering with community members, and other key stakeholders, and proposed a retreat-style engagement model to guide the conduct of this mixed methods study. This approach concretized CBPR principles as the foundation of the study and early steps towards identifying the root causes of Black Maternal Health disparities in Frederick County. During the retreat series, HMA and FCHD worked closely with the CAB to establish a shared vision for black maternal health in Frederick County, explore the sociocultural and historical contexts shaping birth outcomes among Black birthing persons, discuss promising practices, characterize the landscape of resources available to support Black mothers, brainstorm appropriate data collection activities, and identify key stakeholders to engage.



³ Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R. (2008). What predicts outcomes in CBPR. *Community-based participatory research for health: From process to outcomes*, 2, 371-92.

Contextualizing Factors Related to Black Maternal Health

The Approach

Frederick County Black Maternal Health Retreat Series

In collaboration with FCHD, HMA hosted the Frederick County Black maternal health retreat series, a 5-session retreat series that convened a monthly CAB retreat from July to November of 2022. The retreat series was designed to center the lived experience of Black women in Frederick County and fostered deep, bidirectional learning between HMA, FCHD, and the CAB, and served as the primary vehicle through which CBPR principles were operationalized. Together, CAB members and the HMA research team engaged in rich discussions, exploring the core drivers of maternal and infant health disparities, and the factors that may support ideal outcomes. CAB members were recognized as local experts in these retreats; their perspectives shed light on the range of lived experiences and conditions central to healthy pregnancies and births. Each retreat session was instrumental in guiding the study's design, execution, analysis, and interpretation of findings. The research team jointly explored the drivers of maternal and infant health disparities and the factors that might support ideal outcomes.

Retreat Framework and Topics

The retreat series was hosted in-person at community-based organizations to ensure a welcoming environment for the deeply personal conversations and activities that took place. To reduce the potential exposure and spread of the COVID-19 virus, all retreat participants and facilitators were required to take a COVID-19 test onsite at each retreat. HMA, FCHD and the CAB collaborated throughout the series to: (1) review the data and define a vision for Black maternal health; (2) describe the story behind the statistics; (3) explore evidence-based practices that address root causes of the problem and identify gaps in Frederick; (4) identify key stakeholders and potential partners who could offer additional context and (5) explore opportunities for the CAB to socialize the drivers and identify the needs of the group to meaningfully engage in the next phase of the project.

CAB members also contributed to the discovery process of the study by providing guidance and feedback for data collection activities that targeted post-partum women, family members or caregivers and providers. The interviews and focus groups offered a space for participants to reflect on their birthing experiences, and/or those of their family and loved ones, as well as their general healthcare experiences.

Who serves on the CAB?

HMA partnered with FCHD to delineate eligibility criteria and to actively market the opportunity to ensure that the CAB represented an array of points of view and experiences. To be eligible for participation, candidates were required to 1) be a Black mother 2) have an interest in sharing their experiences being pregnant and/or giving birth, 3) be willing to meet with other mothers and discuss factors that have shaped the local Black birthing experience, 4) have a desire to brainstorm ideas to improve birth outcomes for Black mothers, and 5) be able to commit to attending at least 4 of the 5 retreat sessions. The 5-session, 5-hour monthly retreat series engaged fourteen mothers in the inaugural CAB cohort. Twelve of the fourteen CAB members attended at least three of the BMHRS sessions. Each CAB member received a \$25/hr. stipend for attending each session and were offered childcare and transportation stipends to offset additional barriers to participation.

Figure 2. Black Maternal Health Community Advisory Board 2022



Antoinette Revet

Ashlee Harris

Charity Munene

Danielle Haskin

Desiree Tucker

Ebony Haslam

Jacqueline Douge

Kia Tisdale

Kieanna Saah

Keisha Miller

Sharon Grimes

Shatema Mills

Sheriann A. Holder-France

Tarolyn Thrasher

Vanessa Branch

Defining the Black Maternal Health Disparity Conceptual Framework

This section outlines the concepts and ideas that guided the retreat sessions as well as the discoveries made by the CAB during the Frederick County Black maternal health retreat series. The Black Maternal Health Disparity Conceptual Framework was produced using feedback from the CAB and the analysis of the additional discovery activities initiated during the retreat series. The framework below captures how the root cause of disparities, systemic racism, contributes to several conditions and agitates the drivers of poor health outcomes for Black mothers in Frederick County.

Table 2. Black Maternal Health Disparity Conceptual Framework

| | | | |
|-----------------|--|--|--|
| Systemic Racism | Low socioeconomic position | Historic disinvestment in Black maternal health | Distribution and awareness of resources to address maternal health |
| | Adverse sociocultural factors | Historical trauma and lived experience navigating healthcare and wrap-around services | “Strong Black Woman” trope, education, stigma against pursuing help, suboptimal family/partner support, challenges with self-advocacy |
| | Minority status in a predominantly White geographic area | Low social capital | Poor social connectedness, lack of culturally relevant programs, activities, and social support |
| | Differential access to quality healthcare | Health Insurance Availability of racially concordant providers Accessibility of care | Affordability of care, accessibility of medical appointments for working moms, medical expenses, restrictive eligibility requirements for services, timely access to OB Gyn Care |
| | Culturally incompetent clinical care delivery | Perceived bias Perceived lack of emotional and physical safety | Lack of prenatal, intranatal, and postnatal care tailored to specific needs, low comfort with and confidence in provider, poor trust, low patient-provider partnership |

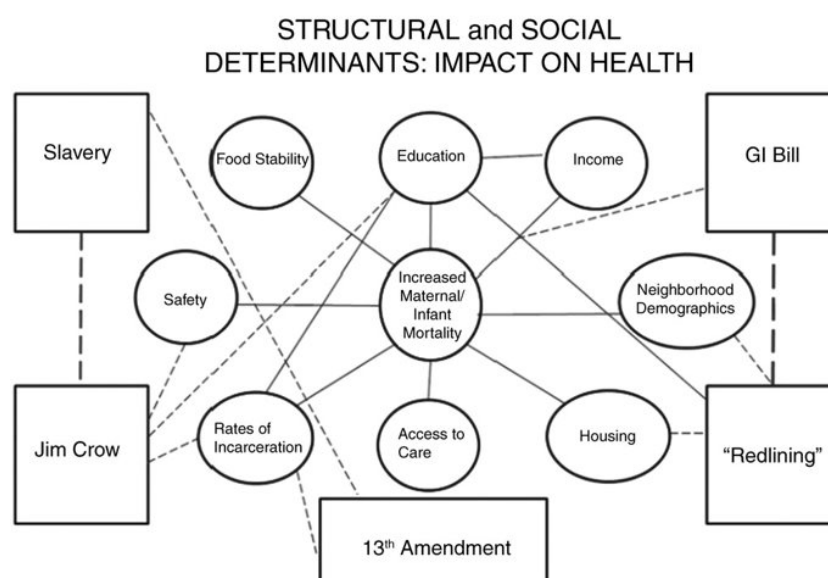
Establishing a shared language & approach

HMA and FCHD aimed to respect and uplift the CAB members' intrinsic expertise. Their lived experiences contextualized the data and helped describe the complex relationship between systemic racism and Black maternal health disparities. Early discussions of the impacts of the structural and social determinants of health revealed a lack of power and autonomy among Black mothers engaging the healthcare system. To help ground this revelation and describe a context of historic disengagement, the research team introduced the Restoring Our Own Through Transformation (ROOTT) theoretical framework's, "Web of Causation".⁴ The framework highlights the historical influences that have shaped the increased likelihood of Black maternal and infant mortality.

The ROOTT Framework and Web of Causation

Retreat discussions were framed around the historical, systemic, structural, and political forces that created and perpetuate poor outcomes. This was achieved by orienting the CAB to the definition of social determinants of health and to the Restoring Our Own Through Transformation (ROOTT) theoretical framework. The ROOT framework displays the "Web of Causation" to highlight the historical influences that have shaped the increased likelihood of Black maternal and infant mortality. The Web of Causation explicates the multiple and interconnected pathways between structural and social determinants which lead to increased Black maternal and infant mortality rates. It reinforces the idea that social determinants like education, income, and housing are all influenced by structural racism and the institutional policies and practices that continue to inhibit access to health promoting resources and tools for Black communities across the country. Importantly, the Web of Causation shifts the onus away from the individual actions or experiences of Black mothers and acknowledges the historical influences of Black maternal health disparities.

Figure 3. Web of Causation



⁴ Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. *J Womens Health (Larchmt)*. 2021 Feb;30(2):230-235. doi: 10.1089/jwh.2020.8882. Epub 2020 Nov 12. PMID: 33181043; PMCID: PMC8020519.

Figure 4. Maternal Needs



Early in the series, the group explored the ideal state, prioritizing the needs of new mothers and their babies in Frederick County. The word cloud in Figure 4 displays the responses from the group. From there, the CAB outlined a vision for Black maternal health in Frederick County. The statement was revisited in each retreat to ensure that it truly reflected their goals of the group. To begin to inspect the Black maternal experience in Frederick County, the CAB used the Community Phone List, a local resource and service list promoted by the numerous agencies and organizations, to reflect on the current state, highlight assets or protective factors, explore gaps, and identify barriers to accessing resources. The CAB shared relevant stories and experiences that helped uncover the drivers of inequities in Black maternal disparities and health outcomes.

Black Maternal Health Community Advisory Board Vision

"We envision a Frederick County where Black mothers and families are **thriving** through a community that provides **resources** and **funding** to support optimal health and wellbeing, health **equity** and **justice**, and where Black women and babies have access to **unbiased**, quality, and affordable health care that is **tailored** to their specific needs.

Defining the root cause and primary drivers for Black Maternal Health Disparities

Disparities in Black maternal outcomes persist after controlling for patient characteristics (e.g., health behaviors, preconception health) and health care system factors (e.g., site and quality of care), which suggests that there are contributing factors that explain the high prevalence of maternal morbidity.¹ It is possible that racial biases at the individual, community, institutional, and societal levels may play a role in perpetuating racial and ethnic disparities in maternal outcomes. These biases undergird the root cause and drivers of Black maternal health disparities. This report outlines the CAB defined drivers that contribute to disparities for Frederick County Black mothers including low socioeconomic position, adverse sociocultural factors, minority status in a predominantly white geographic area, differential access to quality healthcare, and culturally incompetent clinical care delivery.

The ROOT theoretical framework highlights how systemic racism influences current systems and institutions. It describes how structural determinants of health like governance, policy and societal norms have shaped social determinants of health and explains why they cannot be addressed separately. Racism is a fundamental determinant of health status because it contributes to social inequalities (e.g., poverty) that shape health behaviors, access to healthcare, and interactions with medical professionals. Systemic racism directly influences the social determinants and key drivers of Black maternal health disparities identified by the CAB as a root cause.

Low socioeconomic position and access to resources. Institutional practices, like “redlining” or the systemic denial of services in minority neighborhoods, have long been a contributor to the inequities in local resources in Black communities. These overtly oppressive activities have also influenced the socioeconomic position of Black women as reflected in their education levels, occupations, income, and other psychosocial factors.⁵ Undergirded by systemic racism, redlining has also contributed to the historic disinvestment in Black communities and in turn has reduced access to Black maternal health services that promote optimal birth outcomes. Gaps in the distribution and awareness of quality resources were identified by the CAB as key contributors to Black maternal health disparities in the county.

Upon reviewing the distribution of community resources that address the County’s top five health concerns, distribution of community resources reveals that many resources are concentrated in a few zip codes (21701, 21702, 21793). The racial breakdown of these zip codes suggests that non-Hispanic Black residents of Frederick County may be in greater proximity to these community resources.⁶ Despite this distribution, CAB members shared that access to these resources was limited by low awareness of their availability, as well as perceptions of the low quality of services rendered by organizations’ staff members. CAB members also discussed the impact of leadership and staff, within organizations, whose attitudes towards them hindered their willingness to seek needed support. CAB members appeared to be surprised that most of the community resources in Frederick County are concentrated in predominantly Black communities. Nonetheless, their perceptions of the ease of accessing such resources, the quality of delivery provided by various organizations, and the notion that these resources address core needs, suggests that the mere presence of needed resources will not necessarily lead to their uptake.

Figure 5. County Resources, 2022

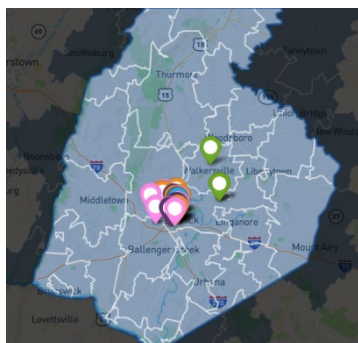
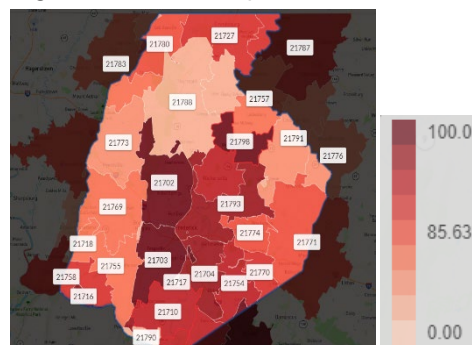


Figure 6. Percentage of Black (non-Hispanic) Residents, 2016-2020

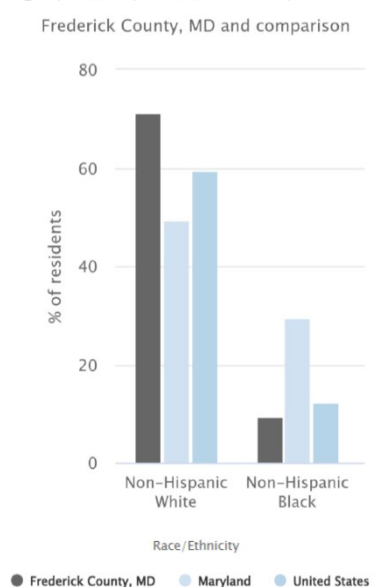


⁵ Galobardes B, Shaw M, Lawlor DA, Lynch JW, Davey Smith G. Indicators of socioeconomic position (part 1). *J Epidemiol Community Health*. 2006 Jan;60(1):7-12. doi: 10.1136/jech.2004.023531. PMID: 16361448; PMCID: PMC2465546.

⁶ <https://www.census.gov/programs-surveys/acs/>; <https://metop.io/place/region/frederick-county-md/#>

Adverse sociocultural factors and health education. Historical trauma and its impact on the lived experience of navigating the healthcare system also contributes to disparities in the Black maternal experience. The stories shared during the retreats revealed that Black women, especially first-time mothers, might lack the awareness and confidence to advocate for themselves during the birthing process. The CAB named three sociocultural factors that challenge true self-advocacy including, the “Strong Black Woman” trope, stigma against pursuing help, and suboptimal family/partner support. The group named education as a key contributor impacting their birthing experience. They framed education in terms of health education about care across the pregnancy trajectory – that is, its provision (by providers and other community-based entities) and its receipt (from members of the community, particularly fathers, mothers, children, and other family members). The group also discussed the need for culturally relevant delivery of health education. Collecting data that is responsive to community members’ framing of education, rather than typical sociodemographic definitions can help shed light on prevailing knowledge, attitudes, and beliefs about pregnancy care and the Black maternal experience. It will be important to understand the barriers and facilitators, operating at intrapersonal and institutional levels, which shape the ability to access and comprehend needed health information.

Demographics by Race/Ethnicity, 2017–2021



Minority status and the lack of social support. Living as a minority in a predominantly White geographic area presents a variety of circumstances and obstacles to circumvent.⁷ According to the CAB, general experiences living in Frederick County as a Black woman, included navigating what was often described as pervasive racism. The members also recalled the challenge of preserving their culture within their families while living in a region with reduced racial representation. Limited interactions or poor social connectedness with other Black women across the County increase the chasms in social capital, reducing the sharing of and access to quality information, services, and support. The group also highlighted the discomfort associated with accessing resources or services that were intended for non-Black communities as barriers to participation. Living in a predominantly White area circumscribed their ability to have their physical and social health needs met in a culturally competent, sensitive

manner. This reinforces the importance of culturally relevant wrap-around services, programs, and activities to promote positive Black maternal experiences.

⁷ <https://www.census.gov/programs-surveys/acs>; <https://metop.io/place/region/frederick-county-md/#>

Differential access to quality care and healthcare engagement. The impact of systemic racism is also embedded in healthcare policy that inhibits access to high-quality care among Black mothers. Inadequate health insurance is one of the largest barriers to healthcare access, and the unequal distribution of coverage contributes to disparities in the Black maternal experience.⁸ As it relates to access and affordability of care, CAB members discussed restrictive Medicaid eligibility requirements and the limited availability of medical appointments for working mothers as things that influence the Black maternal health experience. The group highlighted the need for culturally competent providers as precursors for quality care. The interplay between a paucity of Black providers for Black pregnant women, latent discriminatory beliefs from non-Black providers, and perceptions of the subsequent quality of care delivered reflects the limited availability of racially concordant providers. Members also recalled instances of seeking care elsewhere, or experiences receiving prenatal care from Black providers in other cities and the negative contrasts with that obtained in Frederick County. In reviewing the data that shows differences in prenatal care, pre-term birth, and low birth weight by race/ethnicity, CAB's feedback suggests that there is a strong possibility that poor access, intertwined with low perceived quality of care delivery, may intersect to affect receipt of early prenatal care.

| Table 3. Percentage of Live births with access to early prenatal care, 2020 | | | |
|---|----------|-------|---------------------------------------|
| | Maryland | US | Black Frederick County Mothers (2019) |
| Early Prenatal Care | 75.1% | 77.7% | 71% |

Culturally incompetent care and poor trust. “Access to high-quality maternity care that acknowledges and respects the cultural experiences and contexts in which Black women live” is critical in combating the disparities in the care process. The perceived clinical biases reinforced by systemic policies and practices contribute to culturally incompetent clinical care delivery. Prenatal, intranatal, and postnatal care that is not tailored to the specific needs of Black women results in reduced comfort with and confidence in OB providers. In the absence of true patient-provider partnerships, the group experienced poor trust and a lack of safety. CAB members framed safety in terms of organizational competence and emotional safety, specifically, interpersonal relationships between Black women, providers, and latent discriminatory beliefs that govern decision-making. They shared that these gaps contribute to actual unsafe birthing conditions and served as a driver of poor maternal health outcomes. The characterization of what constitutes safety was influenced by the interplay between racism, sexism, and bodily autonomy. To further examine the impact, it is essential to collect data that is responsive to how Black women define safety, from a global concept and its specific ramifications for the pregnancy period.

⁸ Call, K. T., McAlpine, D. D., Garcia, C. M., Shippee, N., Beebe, T., Adeniyi, T. C., & Shippee, T. (2014). Barriers to care in an ethnically diverse publicly insured population: Is health care reform enough? *Medical Care*, 52(8), 720–727.

Looking Ahead

BMHRS Reflections

Upon completion of the BMHRS, CAB members expressed gratitude for the space to share ideas, process challenging experiences, connect with other Black mothers. The extended retreat series format was critical to building trusting relationships as the group explored root cause and drivers that influence these disparities. They valued the opportunity to contribute to the discovery activities and tools and stakeholder outreach. The CAB suggested that future activities should be shared in real time to inform and mobilize others to engage in conversations around shifting the narrative for Black women and mothers in Frederick County. In the next phase of this project, the CAB hopes to strengthen relationships with partners like Black Mama's Building Bridges who is sharing Black maternal stories to help reduce disparities. The group is eager to collaborate with stakeholders who have the power and position to promote protective factors that can influence positive Black maternal health outcomes and create impactful systemic change. As emerging change agents, the CAB is eager to build on these discoveries to identify potential strategies that improve Black maternal health outcomes.

Protective Factors for Positive Black Maternal Health Outcomes:

- a) Doula midwife support
- b) Parenting classes
- c) Welcoming support groups
- d) Social determinants of health support
- e) Cultural/racial representation among providers
- f) Equitable prenatal and postpartum care