The Intersection of Effective Chronic Disease Management & Health Equity

Black Maternal Health Crisis
Eliminating Racism in Healthcare: Lived Experiences, a Paradigm For Change

Joycelyn Thomas DNP, ARNP, FNP-Board Certified
Assistant Teaching Professor UW School of Nursing
“A people without the knowledge of their past history, origin and culture, is like a tree without roots”  Marcus Garvey
Trail Blazers in Washington State

> Dr. Michele P. Andrasik - Psychology & Women and HIV
> Dr. Doris Boutain - Community Health & CBPR
> Dr. Kemi M. Doll – Gynecology & Cervical Cancer
> Dr. Monica McLemore – Nursing & Reproductive Justice
> Dr. Wendy Barrington – Public Health Director ARCH
> Dr. Rachel Issaka – Gastroenterology & Population Health Colorectal Cancer Screening Program
> Dr. L'Oréal Kennedy – CNM/4th year Med Student – Breast Cancer
Who is Joycelyn

Bremerton, WA
West Seattle
Federal Way
1984 UW
Boeing
Alumnus
96’, 2013’, 2014’
Who is Joycelyn
“Our mission is to advance nursing science and practice through generating knowledge and educating future leaders to address health for all. Our vision is to pioneer improvements in health and health care through innovative nursing science, education and practice”
Community Engagement

- African American Reach and Teach Health
- Mary Mahoney Professional Nurses Organization
- Mt Zion Baptist Church, Health Ministry
- New Beginnings Christian Fellowship Ministry
- Track Coach Discus Shot
Professional Engagement – Early Career

- Leadership Council Perinatal Unit
- Created culturally specific childbirth education classes for Somali population
- Wait One Year Project, funded by March of Dimes
- MLK Jr. Service Award
Academic Engagement

> GAAN Fellow 2012 – 2014
  - TA for Dr.’s Voss, Boutain, Sadak, and Walker
  - Pedagogy courses required
  - Lectures included
    > Perinatal Mood Disorders
    > HIV Pregnancy
Post Graduation

WHO Safe Childbirth Checklist

On Admission

- Personal details
- Antenatal care history
- Date of delivery
- Blood and urine tests
- Blood pressure

Delivery

- Clean delivery area
- Sterilized instruments
- Clean hands
- Clean delivery aprons

- Clean clothes
- Clean towels

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Safe birth matters: facilitators and barriers to uptake of the WHO safe childbirth checklist tool in a Tanzania Regional Hospital

Joycelyn Thomas,1 Joachim Voss,2 and Edith Tarimo3
Post Graduation

- Employed ARNP Family Practice
- Medical Director
- Regional Leadership Council – King Region
- Compensation Committee
- Advanced Practice Council
Messages

> Are disproportionately affected by... than their white counterparts
> Have more aggressive disease related to...
> African Americans have the highest rate of...
Efforts

➢ Culturally Competent
➢ Cultural Humility
➢ Cultural Bumps
➢ Cultural Clues
➢ White Privilege
➢ Diversity Equity and Inclusion
➢ Implicit Bias
➢ Antiblackness
➢ White Fragility
COVID-19
Racial Disparity and Implicit Bias

Figure 2
People of Color Fare Worse than their White Counterparts Across Many Measures of Health Status

Number of health status measures for which group fared better, the same, or worse compared to White counterparts:

<table>
<thead>
<tr>
<th>Group</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>3</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Asian</td>
<td>21</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Legend:
- Data Limitation
- Better
- No Difference
- Worse

Note: Measures are for 2015 or the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White patients at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates data are not complete for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis, other groups are non-Hispanic.

KFF

COVID-19 Hospitalization and Death Rates among Active Epic Patients by Race/Ethnicity

Rate per 10,000, as of July 2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Hospitalization Rate</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Black</td>
<td>24.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>30.4</td>
<td>5.8</td>
</tr>
<tr>
<td>Asian</td>
<td>15.9</td>
<td>4.3</td>
</tr>
</tbody>
</table>

NOTE: Rates for Black, Hispanic, and Asian patients are statistically significantly different from White patients at the p<0.05 level. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis, other groups are non-Hispanic.

Data for other racial groups not shown due to insufficient data.

Racial Disparity in Preterm Birth: A Better Chance Project

Jane Hitti MD, MPH & Doris Boutain, PhD
Increased rate of preterm birth among African Americans

- Chronic social and psychological stressors, including but not limited to racism, may up regulate the maternal inflammatory response to reproductive tract infection and thereby increase the risk of preterm birth.
- Genetic predisposition to a heightened inflammatory response in either mother or fetus appears to increase risk of preterm birth particularly in women preexisting infection. May be interrelated.
Aims

> #2-Examine the correlation of maternal stress with inflammatory arousal, stratified by race and prior pregnancy history.
  
  - Perceived stress stressful events, social isolation and racial discrimination result in chronic inflammatory arousal characterized by elevated C-reactive protein, increased cytokine production in response to endotoxin stimulation, increased vaginal neutrophils and pro-inflammatory cytokines, periodontitis, endometritis, chorioamnionitis, and preterm birth.
Experiences

> Did not feel “heard”, ex. when calling in for preterm labor symptoms or addressing concerns with health care provider
> Procedures not explained, did not fully understand risk
> Isolation due to regentrification
Negative outcomes

- Disengagement
- Delayed care
- Not following advice
- Discriminating and disrespect
- Providers not aware of biases
Enhancing Provider Training Regarding Communication with African American Patients

- Need was identified by and agency
- Current materials did not have content addressing communication with African Americans
- Evidence based recommendations
Review of the Literature

> Negative experiences
  - Not being involved in decision making
  - Confusing terminology used by providers

> Enhance provider communication
  - Increase provider insights in the values and culture
  - Practice shared decision making
  - Provide relationship-center care
Critical Race theory (CRT) guided the development of the recommendations – CRT articulates various and subtle forms of racism that can inhibit effective communication

Four main concepts
– Race consciousness
– Contemporary mechanisms
– Centering the margins
– Praxis
Recommendation I

- Those designing and presenting training focused on provider communication with AAs should have preparation in the form of content regarding the lived experiences of AAs and participate in a group racial self-awareness exercise.
  - AA lived experiences (~3-1/2 pages of outlined content) include the legacy of slavery, continued experiences of discrimination, and cultural values.
  - Racial self-awareness exercises foster awareness of unconscious racial biases and stereotypes.
Recommendation II

> • Training sessions should incorporate content and skill-building exercises regarding microaggressions into the refresher course
  – Microaggressions: often unconscious words or behaviors of one person received as racial snubs or insults by the AA.
  – Recommendation II contains ~4 outlined pages of content on microaggressions.
  – Recommendation II contains a group racial self-awareness exercise & 2 skill building exercises
Recommendation III

> Training sessions should incorporate literature regarding provider communication with African Americans into the Four Habits Approach currently used for the communication courses.
  
  – Recommendation III contains ~6 pages of outlined content presenting evidence supported approaches to enhance provider communication with AAs.
Recommendation IV

> Utilize AA actors and actresses as patients in role-playing activities used to develop participant skills regarding provider communication with AA patients.
Centrality of culture in communication with every patient.

Considering culture only for AAs and not other cultural groups is a form of marginalizing AAs.

Diversity exists among African Americans based on factors such as age, the geographic region of residence, and education.

Positive AA lived experiences are vastly underrepresented since negative experiences likely contribute to poor patient-provider communication to a greater extent.
Overdue Reckoning on Racism in Nursing

Launched in September 2020 to open discussion that focused on coming to terms with racism in nursing – a “reckoning” that acknowledges the reality and begins with a process of healing and change...the intention of this project is to bring the voices of Black, indigenous, Latinx and other Nurse Of Color to the center, to explore from that center the persistence of racism in nursing, and to inspire/form actions to finally reckon with racism in nursing.
“When we speak we are afraid our words will not be heard or welcomed. But when we are silent, we are still afraid. So it is better to speak.”

--Audre Lorde