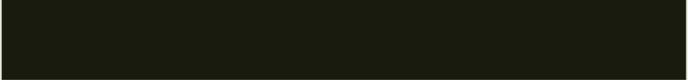# DATA AND RESEARCH TO ACTION WORKGROUP REPORT

SACIM January 25-26, 2021 Virtual Meeting

Magda Peck ScD, DRAW Co-Lead, SACIM Member

DATA AND RESEARCH TO ACTION (DRAW)

Assures that SACIM's ongoing deliberations and decision-making for producing strategic policy recommendations for preventing maternal and infant mortality and promoting health equity,

are based on available evidence and science that are credible and reliable, timely and relevant.

Praxis 2020

DATA AND RESEARCH TO ACTION WORKGROUP
Since September 2020 SACIM meeting:

- 2 New members: Ndidi Amutah Onukagha (Tufts U), Rosemary Fournier (MPHI/NCFRP/FIMR) (N=15)

- Resources: COVID-19, Environmental Health (new)

- Data/research on influence and impact of RACISM on maternal and infant health

  - Drafted 'letter': prior Executive Order 13950 (since rescinded)- *Combating Race and Sex Stereotyping* -

January 2021 Breakout Questions:
WHAT DID WE DISCOVER AND LEARN TODAY?
WHAT ARE UNANSWERED QUESTIONS?
WHAT ARE KEY GAPS IN DATA AND RESEARCH?
WHAT ARE LEADING OPPORTUNITIES FOR ACTION?

New Cross-Government MATERNAL HEALTH INITIATIVE	HRSA/ MCHB TITLE V UPDATES	COVID 19 PANDEMIC + PREGNANT WOMEN: Prevention + Impact Testing + Vaccine	BORDER HEALTH + PREGNANCY, WOMEN AND INFANTS' HEALTH AND SAFETY

SUSTAINED FOCUS ON HEALTH AND RACIAL EQUITY

COVID 19: LETTER TO HHS Secretary June 2020 DRAW RECOMMENDATIONS

11.   Expand investments in robust data and surveillance methods and systems, ensure the uniform and standardized collection and full reporting of race and ethnicity data, and support strategic research and evaluation efforts to monitor the impact of additional clinical and community approaches for protecting infants, mothers and women amidst the COVID-19 pandemic.

12.   Utilizing accepted data standards, promote and support greater data sharing and interoperability of data and systems across sectors, to address social and environmental factors driving racial disparities in maternal and infant mortality amidst the Covid-19 pandemic and beyond.

9/23/20 DRAW Recommendations: *COVID-19*

1. Given known and increasing racial disparities – and underlying racism - in COVID-19, *encourage and support greater cross-sector data standards and linkages* *to capture underlying social, political, economic and environmental determinants, to inform policy*

2. *Promote and enhance data systems to link records and information between mothers and their babies (dyads),* *to inform strategies and develop more aligned policies. E.g.*

   - *Enhanced electronic health record linkages*

   - *Innovative, comprehensive birth registries*

WHAT ARE KEY GAPS IN DATA AND RESEARCH?
WHAT ARE LEADING OPPORTUNITIES FOR ACTION?

MATERNAL HEALTH INITIATIVE	HRSA MCHB TITLE V	COVID 19 PANDEMIC + PREGNANT WOMEN: Prevention + Impact + Testing + Vaccine	BORDER MIGRANT HEALTH
		1. Support the **inclusion of pregnant women in vaccine trials;** monitor vaccine safety 2. Database on **pregnant providers** who get vaccinated 3. Anticipate *where we will be in 3 months:* **monitor social inequalities in vaccine provision** - MCH impact 4. **Better link maternal–fetal-infant data in electronic health records** 5. **At Border:** work across agencies for better COVID surveillance and policies within detention centers AND in care after (via migrant clinician networks)	

WHAT ARE KEY GAPS IN DATA AND RESEARCH?
WHAT ARE LEADING OPPORTUNITIES FOR ACTION?

MATERNAL HEALTH INITIATIVE	HRSA/MCHB TITLE V	COVID 19	BORDER HEALTH
• Strengthen and sustain whole of government collaboration to prevent maternal mortality and morbidity • Further align, link and integrate data methods, systems, findings across agencies – apply to programs, policies • Update data systems, universal EHR • Extend initiative to have greater impact on infant mortality (dyads) • Sustain attention to structural racism and implicit bias	-- Greater participation of States in performance measures and action plans, to eliminate racial disparities in M/IMR, measure and monitor systemic racism, address implicit bias, promote racial equity (e.g. in Guidance) -- Scale up and sustain AIM, continue to monitor and evaluate impact, ROI -- Continue to value, lift up, listen to voices and stories to guide policy		

WHAT ARE KEY GAPS IN DATA AND RESEARCH?
WHAT ARE LEADING OPPORTUNITIES FOR ACTION?

MATERNAL HEALTH INITIATIVE	MCHB TITLE V	COVID 19 + PREGNANT WOMEN:	BORDER HEALTH/IMMIGRATION + pregnant women and infants' health and safety
			DETENTION Policies and Practices (>HHS: DHS, CBP, ICE) RESEARCH/DATA/STORIES TO INFORM POLICY IMPACTING PREGNANT WOMEN AND INFANTS ■ 'Systems built for single Mexican men' harmful to women/children: **redesign as family-friendly** ■ Greater focus on pregnant women infants ■ Impact of family separations, including fathers ■ Change CBP practice: confiscating medications and medical records at entry ■ Anticipate increased numbers, scale up capacity ■ Covid-19 prevention, dx, tx in detention + care

WHAT ARE KEY GAPS IN DATA AND RESEARCH?
WHAT ARE LEADING OPPORTUNITIES FOR ACTION?

MATERNAL HEALTH INITIATIVE	MCHB TITLE V	COVID 19 + PREGNANT WOMEN:	BORDER HEALTH/IMMIGRATION + pregnant women and infants' health and safety
			CARE (AFTER DETENTION) (HHS/ORR) ▪ Promote, expand use of Electronic Medical Record to support women, children, families at entry; ▪ Better data on unaccompanied infants and children ▪ Increased priority for pregnant women, infants with special health care needs (under MCHB jurisdiction) ▪ Expanded assessment, data, tracking of physical and mental mental health conditions of pregnant women and children during, after detention, to inform policy and direct resources and services

Sept 2020 DRAW Recommendations:
SYSTEMIC RACISM and Maternal/Infant Mortality

A. Invite, welcome, listen, believe, learn from, build upon, integrate stories … of women and their families, about their (reproductive) health lived experiences.

B. Promote and support innovation in metrics, frameworks, data systems, research methods

- *better understand and address impact of structural and systemic racism on maternal and infant mortality, and on women and children's well-being across generations.*

- *shift from individual behavior to* ***systems*** *change, from measuring 'race' to addressing* ***structural racism***

SYSTEMIC RACISM and Maternal/Infant Mortality

C. *Innovate and expand ways to standardize, capture, link and use data across systems, sectors, and places,* to better understand and address racial inequities specific to women and infants

- Environmental Exposures + Climate Change + Maternal and Infant Health (today's panel)

- Telehealth + Broadband infrastructure + Technology = Virtual Access

- Link inpatient + outpatient data for women of reproductive age

HEALTH AND RACIAL EQUITY:
MORE OPPORTUNITIES FOR ACTION

1. Sustain September 2020 SACIM strategies

2. Extend MMRC Racism/Racial Equity methods, metrics to other mortality review processes (e.g. FIMR), practices

3. Better linked data systems (M-B *dyads)* for stronger data on upstream, historic, structural factors; unequal treatment; SDOH

4. Align and support new Administration's commitment to *Advancing Racial Equity*

SACIM = Jeanne Conroy, Paul Wise, Magda Peck,
Ex-Officio: Danielle Ely (NCHS), Cheryl Broussard (CDC), *Alison Cernich (NIH)
PLUS: **Rosemary Fournier (MPHI/FIMR), *Ellen Tilden (OHSU); Ada Determan (HRSA/MCHB)

Staffing support (transcription, notetaking, virtual communications)

SACIM January 2021 Meeting
1/25/21 DRAW Workgroup Breakout Session: 4:45–6pm EDT

QUESTIONS? COMMENTS?

DRAW Workgroup Breakout Summation

SACIM Member - Magda Peck ScD, Co-Lead