Hosted By

cpqcc california perinatal quality care collaborative

Stanford MEDICINE | CARE Center for Asian Health Research and Education

UCSF University of California San Francisco

CMQCC California Maternal Quality Care Collaborative

Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Birth Equity Conference

May 16, 2022 | 10am – 3pm

In-person & Virtual

Frances C. Arrillaga Alumni Center *at* Stanford University

This conference convenes community leaders, caregivers, and researchers to enhance awareness of and exchange knowledge about AANHPI childbirth processes and outcomes. We aim to develop the groundwork for a collaborative learning network to ensure quality care for AANHPI families. This conference kicks off our larger NIH-funded project *Disparities in Processes and Outcomes of Care Across Asian-American, Native Hawaiian, & Pacific Islander (AANHPI) Populations at Childbirth,* R01HD103662.

#AANHPIbirthequity

1

Website link for agenda + more

https://med.stanford.edu/profitlab/aanhpi-conference-may-16--2022.html

- Agenda
- Handouts
  - Breakout session questions
  - Qualitative research info flyer
  - AANHPI logo selection
  - CARE annual report

Scan for web link

Conference recording and speaker slides will be available after the event

2

WELCOME

Elliott Main, MD
Co-Principal Investigator

Jochen Profit, MD, MPH
Co-Principal Investigator

Disparities in Processes and Outcomes of Care Across Asian-American, Native Hawaiian & Pacific Islander (AANHPI) Populations at Childbirth
NIH-funded study

Agenda at-a-glance	
10am	Welcome
10:15am	Keynote – Dr. Gil Gee
10:45am	Keynote Q&A
10:55am	State of the Data
11:15am	Panel
12:15pm	Lunch
12:45pm	Case Study
1:30pm	Breakout Sessions
2:00pm	In-person Report Outs
2:45pm	Next Steps
3:00pm	Adjournment

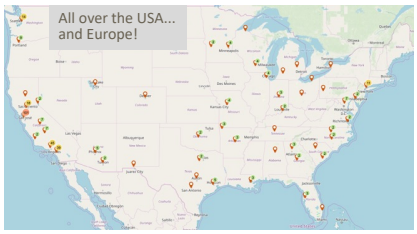
3

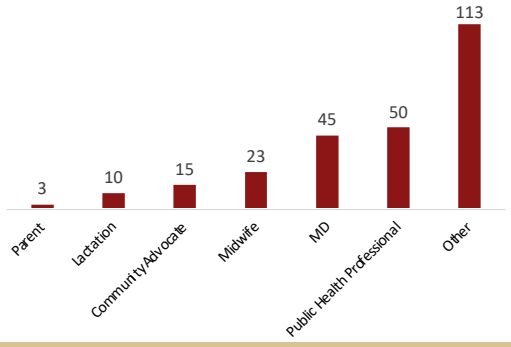
Conference and NIH Study Goals

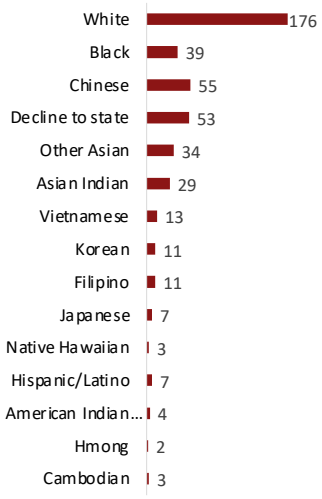
- Partner with communities to investigate and understand:
  - Disparities in care across AANHPI birthing populations
  - The birthing/NICU experiences of AANHPI families to identify potential drivers of disparities
  - Role of hospitals and care providers in AANHPI childbirth/NICU outcomes
- Long-term: We want to create practical solutions that will optimize care for AANHPI populations in California.

4

Conference attendees at a glance >425







5

Study Organizations & Teams

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Jochen Profit, MD, MPH; Sanary Lou; Sahil Tembulkar; Sheila Razdan, MD, MPH; Laura Hedli, MS; Suzan Carmichael, PhD; Xin Cui, PhD, MPH

Stanford MEDICINE | CARE Center for Asian Health Research and Education

Latha Palaniappan, MD, MS; Nina Li, MA

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Elliott Main, MD; Christine Morton, PhD; Shen-Chih Chang, PhD

UCSF University of California San Francisco

Salma Shariff-Marco, PhD, MPH; Christine Duffy, MPH; Janice Seto, MPH; Debby Oh, Msc, PhD; Scarlett Lin Gomez, PhD, MPH

6

Stanford Medicine
Center for **A**sian Health **R**esearch and **E**ducation (CARE)

Latha Palaniappan, MD, MS
Co-Director and Co-Founder, CARE

Co-Investigator
Disparities in Processes and Outcomes of Care Across Asian-American, Native Hawaiian & Pacific Islander (AANHPI) Populations at Childbirth

7

Introduction to Keynote

Salma Shariff-Marco, PhD, MPH
Associate Adjunct Professor
Department of Biostatistics and Epidemiology, UCSF

Co-Investigator
Disparities in Processes and Outcomes of Care Across Asian-American, Native Hawaiian & Pacific Islander (AANHPI) Populations at Childbirth

Dr. Shariff-Marco first worked with Dr. Gee during her post-doctoral training at the National Cancer Institute, on the development of a survey instrument to assess self-reported experiences of racial and ethnic discrimination for the California Health Interview Survey. Since then, they have continued to collaborate on studies of Asian American health and health inequities, examining the role of structural and social determinants of health.

8

Keynote: Dr. Gilbert Gee

Gilbert Gee, PhD
Professor, Department of Community Health Sciences
Fielding School of Public Health, UCLA

Dr. Gee's research focuses on the social determinants of health inequities of racial, ethnic, and immigrant minority populations using a multi-level and life course perspective. A primary line of his research focuses on conceptualizing and measuring racial discrimination, and in understanding how discrimination may be related to illness. He has also published more broadly on the topics of stress, neighborhoods, immigration, environmental exposures, occupational health, discrimination and on Asian American populations.

Keynote Q & A

- In person attendees raise hand and microphone will be brought to you
- Virtual attendees put comments and questions in chat – our hosts will moderate

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A Brief Look at AANHPI Birth Data in California

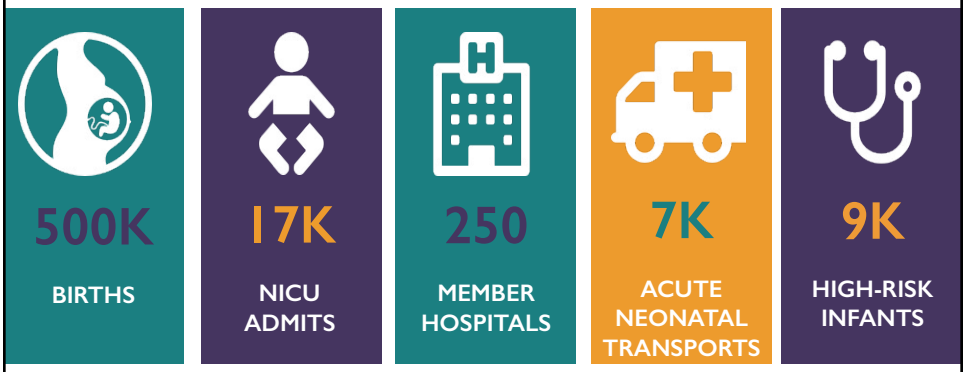
Jochen Profit MD, MPH & Elliott K. Main, MD
Shen-Chih Chang, PhD, MS, Sheila Razdan, MD, MPH, & Xin Cui, PhD, MPH

#AANHPIBirthEquity

11

12

CPQCC/CMQCC:
"By the numbers" (annual impact)



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13

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Key Activities

1. Real-time data: Audit and Feedback, Benchmarking
2. QI focus
3. Education
4. Partnerships
5. Community Engagement
6. Research

Key Successes

1. Create a culture of quality and safety among California neonatal and maternity units
2. Significant improvements in neonatal and maternal care and outcomes
3. National leader in perinatal equity

14

State of the Data: Maternity Characteristics and Outcomes in AANHPI Populations in California

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Quality Care Collaborative

15

Hierarchical Algorithm to Identify Race and Ethnicity

- Those who self-reported to be
  - Native Hawaiian in any of the three race fields were categorized into the group of "Native Hawaiian"
  - GUAMANIAN, SAMOAN, or PACIFIC ISLANDER in any of the three race fields were categorized into the group of "Other PI"
  - in any of the Asian groups in any of the three race fields were categorized as follows:
    - Single specific Asian American group
    - Asian American with Asian American multiple "origins"
    - Asian American with non-Asian American multiple race categories
- Hispanics in the ethnicity field regardless of categories below
- Those who self-reported to be
  - White in the first race field were categorized into the group of "Non-Hispanic White"
  - Black in the first race field were categorized into the group of "Non-Hispanic Black"

16

AANHPI Deliveries in California

California Birth Certificate Data, 2019-2020

Total California	828,483	%
Total AANHPI	139,450	16.8
Total AA	133,311	16.1
Total NHPI	6,139	0.74

(4.4%)

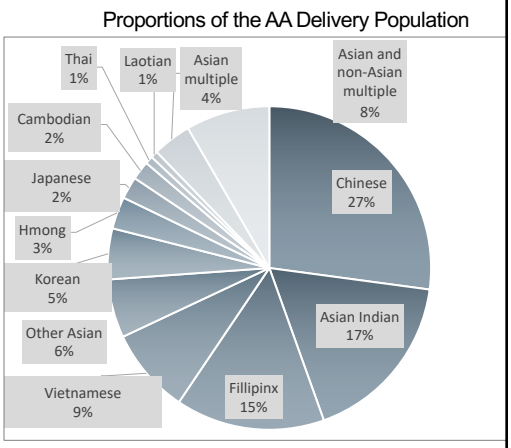
Total PI	6,139	0.74
Native Hawaiian	1,343	0.16
Other Pacific Islander	4,796	0.58

(78%)

17

Distribution of AA Deliveries in California, 2019-2020

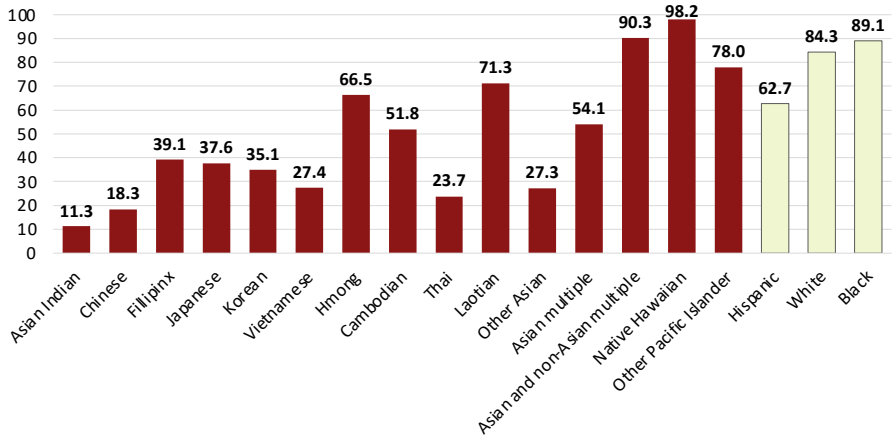
Total Asian	133,311	16.09
Chinese	36,164	4.37
Asian Indian	23,198	2.80
Fillipinx	19,879	2.40
Vietnamese	11,427	1.38
Other Asian origins	7,804	0.94
Korean	6,773	0.82
Hmong	4,274	0.52
Japanese	2,953	0.36
Cambodian	2,505	0.30
Thai	1,050	0.13
Laotian	944	0.11
Asian multiple origins	5,158	0.62
Asian/non-Asian multiple race	11,182	1.35



California Birth Certificate Data

18

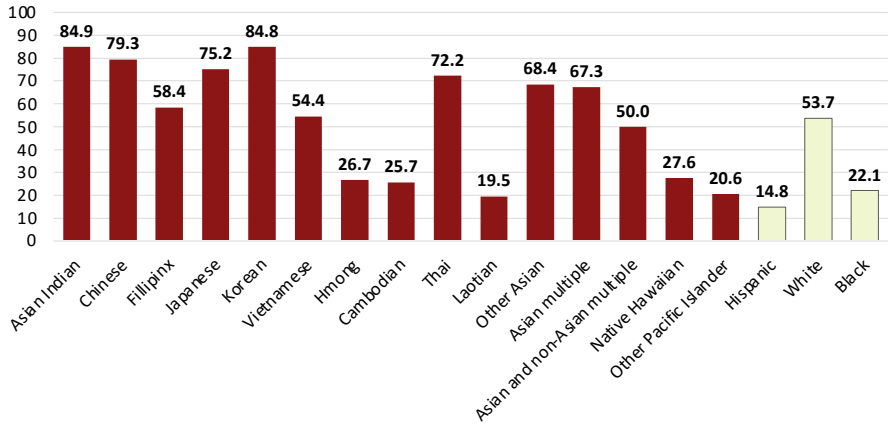
California Mothers Born in the U.S. (%)



California Birth Certificate Data, 2019-2020

19

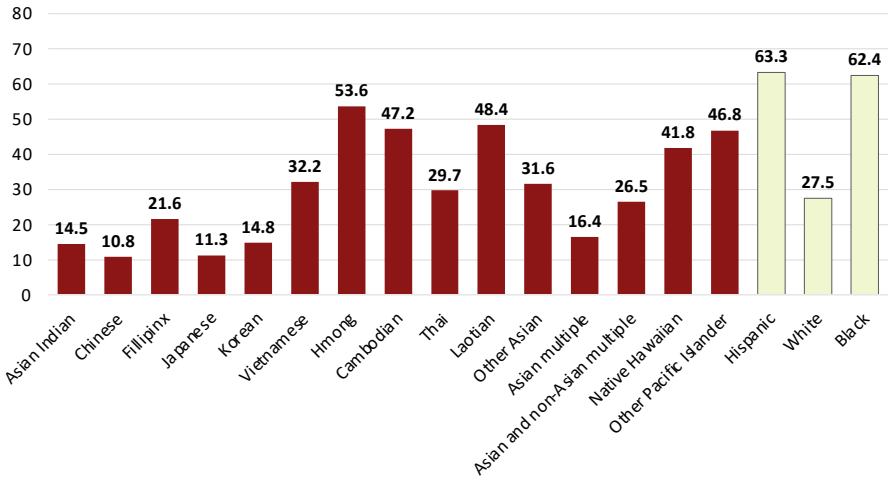
Maternal Education Level Bachelor or Higher (%)



California Birth Certificate Data, 2019-2020

20

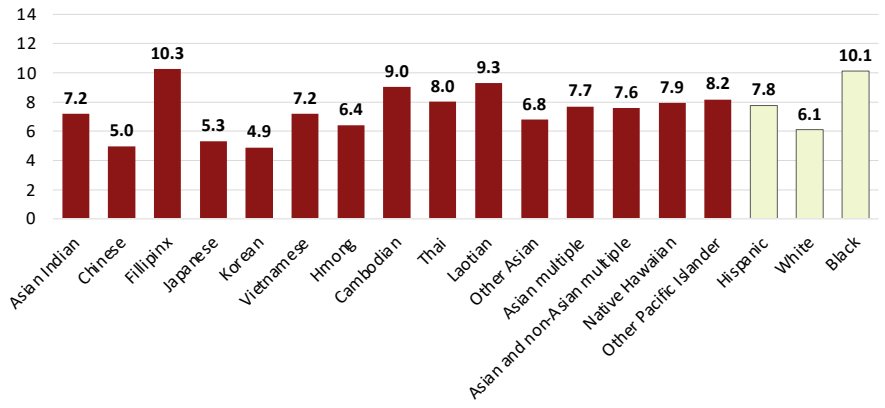
Medi-CAL (%)



California Birth Certificate Data, 2019-2020

21

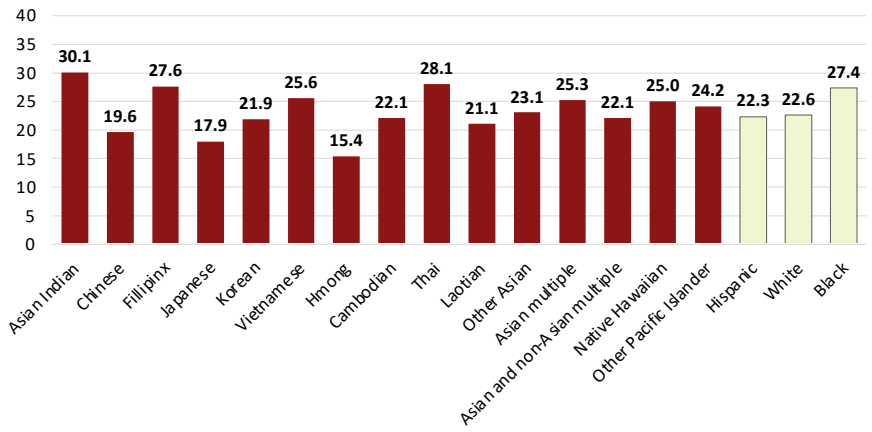
Preterm Birth (Gestational Age < 37 weeks) (%)



California Birth Certificate Data, 2019-2020

22

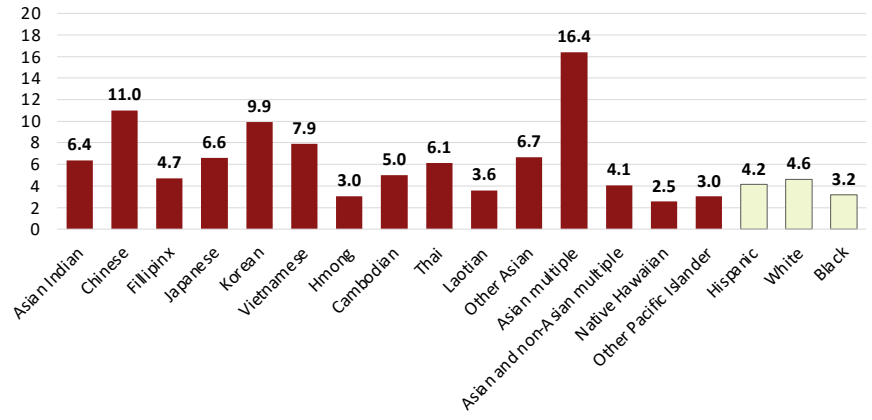
NTSV Cesarean Rate (%)



California Birth Certificate Data, 2019-2020

23

Episiotomy (%)



California Birth Certificate Data, 2019-2020

24

Drill down more deeply for insights

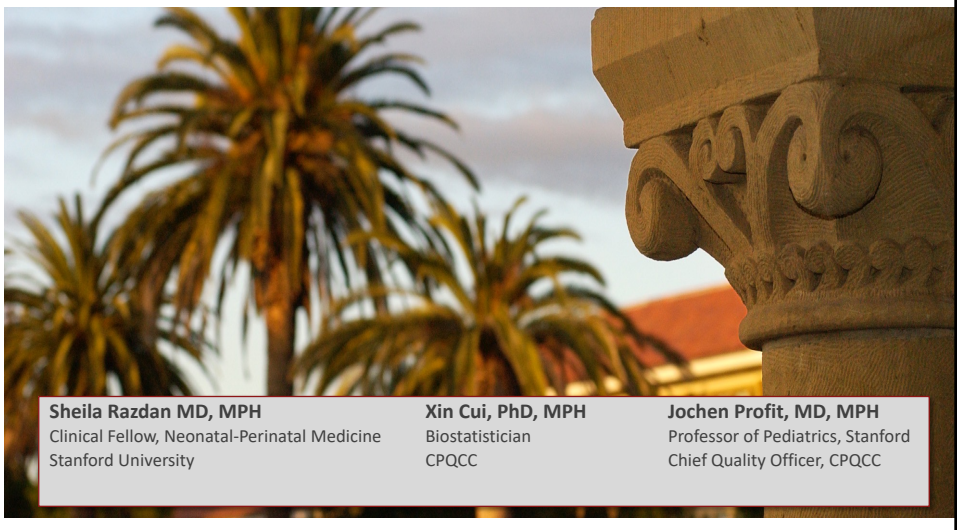
Explore the "Non-specified" Asian Populations (18%)

- Other Asian origins (6%)
  - Using country of birth and text fields
- Asian Multiple origins (4%)
- Asian/non-Asian multiple races (8%)

- Birthplace, Preferred language
- Variation by Hospital/Geography/Concentration
- Social demographic indicators, Comorbidities
  - Patient level and census tract level

25

State of the Data: AANHPI Infants in the NICU



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Clinical Fellow, Neonatal-Perinatal Medicine
Stanford University

Xin Cui, PhD, MPH
Biostatistician
CPQCC

Jochen Profit, MD, MPH
Professor of Pediatrics, Stanford
Chief Quality Officer, CPQCC

@CPQCC @SheilaRazdan

26

Very Low Birthweight Infants Definitions

Infants born before 29 weeks gestation

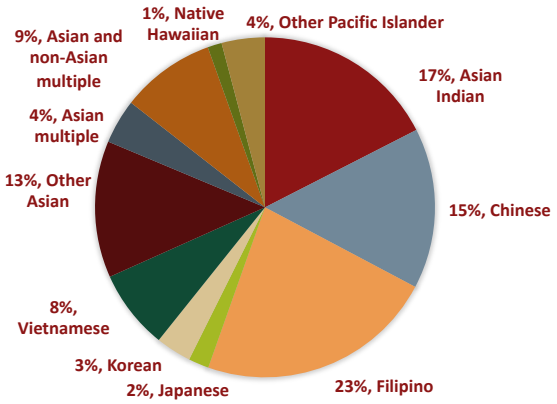
OR

Infants who weigh less than 1500 grams (3 lbs 4 oz)

27

AANHPI Very Low Birthweight Infants in California, 2011-2019

Asian Indian	1142
Chinese	998
Filipino	1481
Japanese	127
Korean	221
Vietnamese	494
Other Asian	850
Asian multiple	277
Asian and non-Asian multiple	587
Native Hawaiian	88
Other Pacific Islander	269
Total	**6534**



28

Risks, Care Processes, and Outcomes

- Small for gestational age (< 10 %ile)
- Antenatal steroids
- Chronic lung disease
- In-hospital survival
- Breastmilk at discharge

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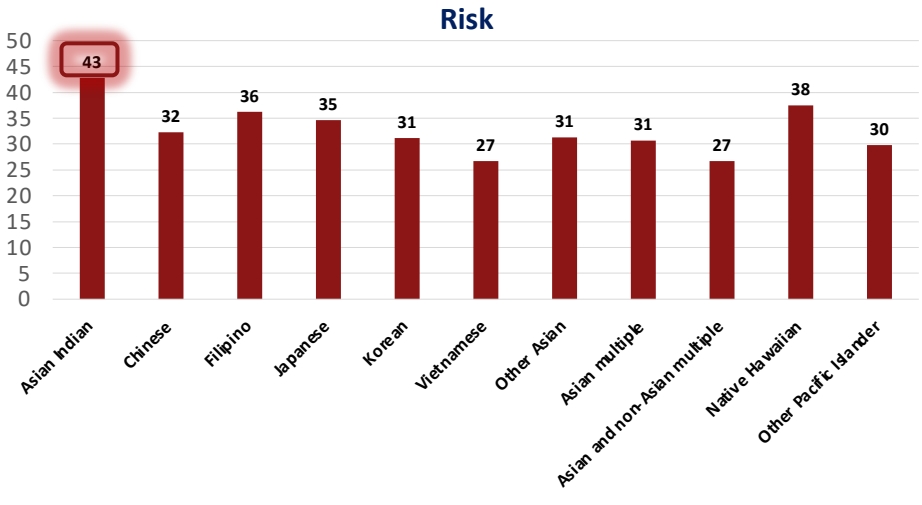
29

Small for Gestational Age (% less than 10th percentile)

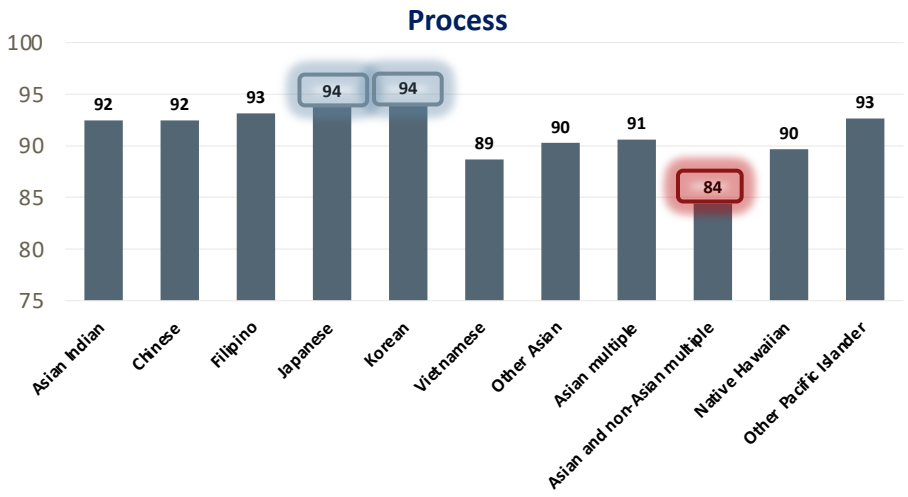
AANHPI Very Low Birthweight Infants in California, 2011-2019



30

Antenatal steroids (%)

AANHPI Very Low Birthweight Infants in California, 2011-2019



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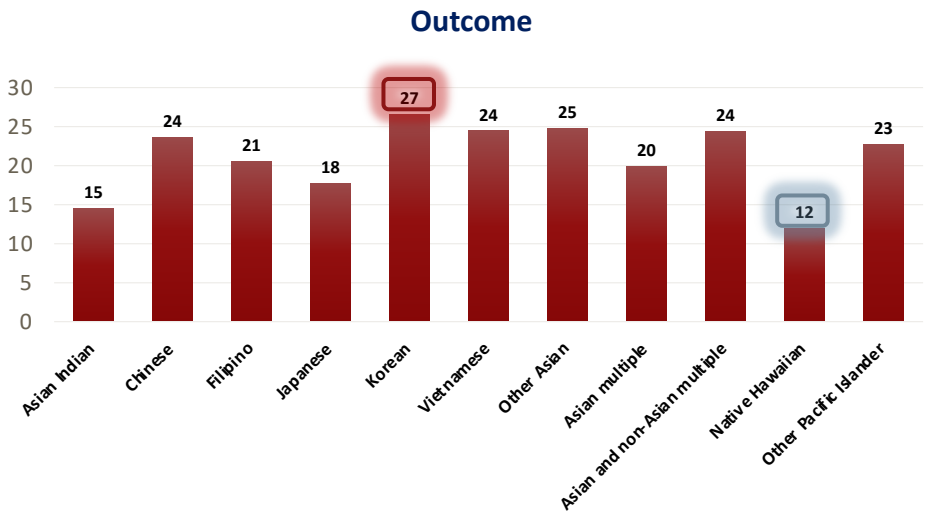
31

Chronic lung disease (%)

AANHPI Very Low Birthweight Infants in California, 2011-2019



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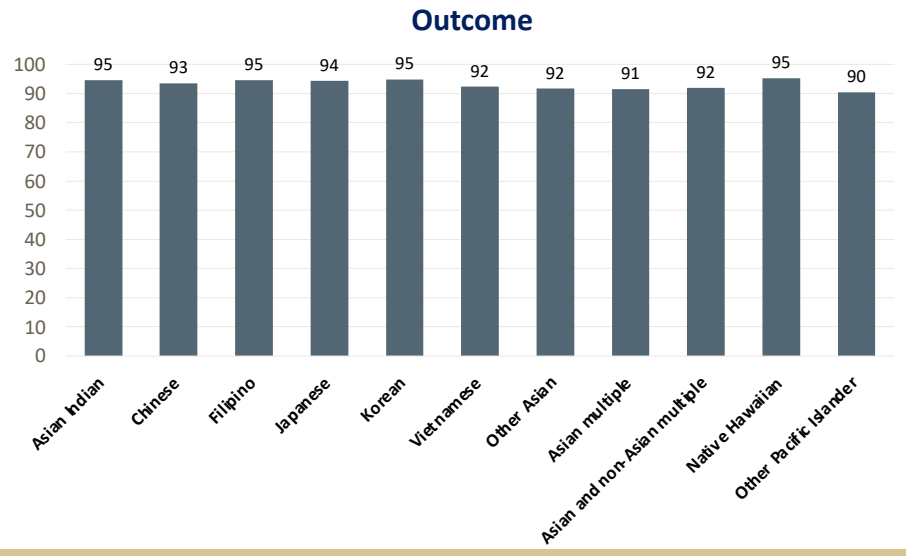
32

In hospital survival (%)

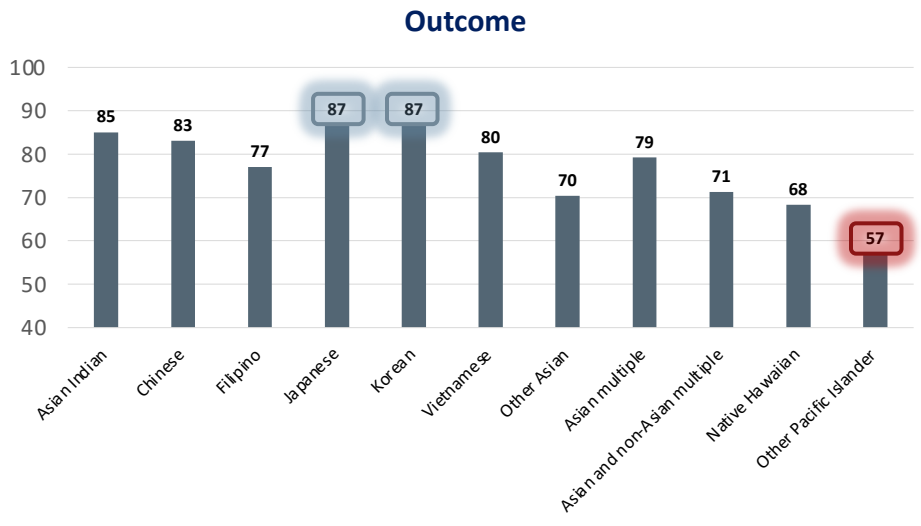
AANHPI Very Low Birthweight Infants in California, 2011-2019



33

Any breastmilk at discharge (%)

AANHPI Very Low Birthweight Infants in California, 2011-2019



34

Take home points

- Substantial variation across AANHPI groups
- **Other Pacific Islander** population experiences clinical challenges deserving additional attention
- **Infants of mixed race** are vulnerable to possible differences in care processes
- These are preliminary findings that require more analysis

@SheilaRazdan @CPQCC

Lactation, public health, and nursing perspectives on disaggregated data, better quality measures and respectful care

- Skye Shodahl, MA;
- Fuatino Ruta Lauleva luai'ufi Aiono;
- Grace Yee, BA, CLE
  - AANHPI Lactation Collaborative of California

- Deepika Goyal, PhD, MS, FNP
  - San Jose State University School of Nursing

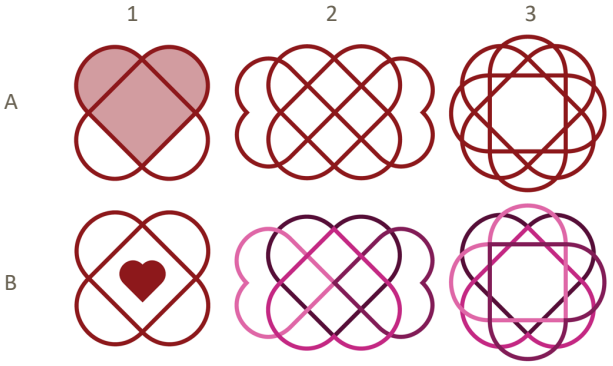
- Anna Sutton, RN, PHN, MSN
  - Santa Cruz County HSA—Public Health Division

LUNCH BREAK

Logo selection

In-person attendees: Please refer to handout in the conference folder to help us choose our study logo.

Virtual attendees: please vote in the poll.



37

Safety net hospitals and respectful, equitable and quality care for AANHPI families: The Santa Clara Valley Medical Center experience

Maternal

James Byrne, MD

Mora Oommen, MA

Neonatal

Priya Jegatheesan, MD

Laura Berritto, MHA, BSN, RNC

Sangeeta Mallik, PhD

Rupatee "Polly" Patel DNP, MS, BSN, BC-PNP, BC-PHN, IBCLC

38

Key Issues

39

Breakout Sessions: Topics

- **Maternal health**: includes experiences of pregnancy/childbirth, and specific outcomes such as cesarean, induction, episiotomy, severe maternal morbidity
- **Neonatal health**: includes hospital postpartum practices, lactation support and breast milk feeding; NICU care of very low birthweight infants and clinical quality of care and outcomes measures
- **Community health**: includes prenatal and postpartum maternity care interactions and parental mental health; infant feeding and postpartum support, including local organizations

40

Breakout Sessions: Questions

1. Part of the goal of the conference is to think more deeply and critically about the disaggregation of AANHPI health data. How will disaggregating data around [TOPIC] benefit AANHPI families?
2. Thinking about [TOPIC], what are barriers to quality? What are potential/existing solutions to these barriers?
3. How can the broader medical community support AANHPI families to have positive birth, postpartum, and NICU experiences?

41

Breakout Facilitators

IN PERSON
Maternal: Leslie Kowalewski, Susan Perez
Neonatal: Henry Lee, Suzan Carmichael
Community: Rebecca Robinson, Anna Sutton

VIRTUAL ***Attendee Note:*** Please limit each room to only **40** persons. If you see the limit has been reached, please choose a new room. Thank you for your cooperation.
Maternal 1: Valerie Cape
Maternal 2: Christine Morton
Maternal 3: Emily McCormick
Maternal 4: Curisa Tucker
Neonatal 1: Christina Oldini
Neonatal 2: Shamita Punjabi
Neonatal 3: Sheila Razdan
Community 1: Caroline Toney-Noland
Community 2: Marina Magalhaes
Community 3: Salma Shariff-Marco/Laura Hedli

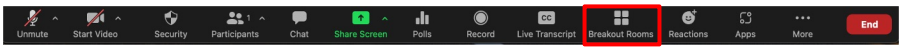
Scan for Zoom link

https://stanford.zoom.us/j/91468992975?pwd=WlFaWTBRV2dJZ2pmWkltT2tNc3EyQT09

42

Breakout Rooms

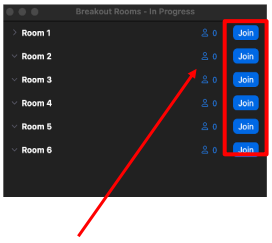
Open the Breakouts window by clicking the 4 boxes icon with "Breakout Rooms" towards the right of your Zoom menu bar.



43

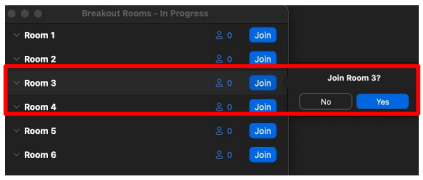
How to join your breakout room

Click the blue Join button to join a room. The rooms are organized by topic: maternal health, neonatal health, and community health. There will be multiple rooms addressing the same topic. Pick the topic you'd like to explore, and select to join any of the rooms addressing that topic.



This icon tells you how many participants are in each breakout room. If you notice this number exceeds 40, please choose another breakout room.

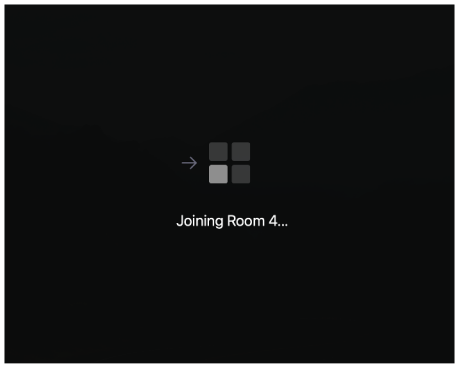
Once you've selected a room, a small pop up window will show up asking "Yes" or "No" to confirm that's the room you want to join.



44

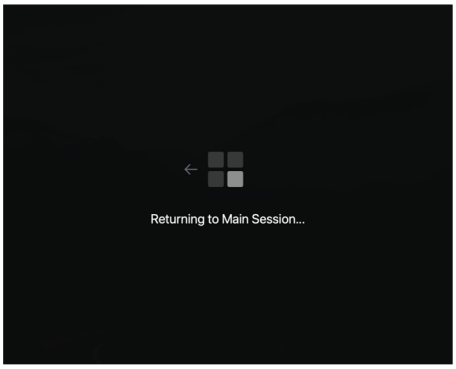
The Joining Experience

While in the process of joining a room, your view will change as the the transition is processing.



45

When you're returning to the main room…



You'll be welcomed with this loading page as you are transitioning from the Breakout Rooms.

46

Report Outs

- In person attendees raise hand and microphone will be brought to you
- Virtual attendees put comments and questions in chat – our hosts will moderate

Word cloud from Disparity Stories collected via registration survey

47

Wrap

Latha Palaniappan

- Gap btw representation and funding

Gilbert Gee

- Incredible diversity - aggregation creates mush, need for disaggregation
- Language (linguistic isolation) - Sampling issues, bias built into research
- AANHPI - Most rapidly growing group
- Difference btw AA and NHPI
- Cultural misalignment-acculturation (difficult topics, talking about death, religion) need input from community members
- Nativity, ignores secular trends in other countries
- Discrimination is easy to see - structural racism is difficult to see - often times Asians are visible only in tables but not actually highlighted, often rendered invisible

48

Wrap – Community groups

Skye Shodahl

- Model minority
- Importance of disaggregation

Ruta Aiono

- Don't treat PI as an afterthought
- Go to community organizations bearing gifts, get the stories
- Look to NZ/Australia for PI specific education

Grace Yee

- Chinese immigration, lack of translation, culturally appropriate
- Reframe cultural attributes as assets

Deepika Goyal

- AA mental health

49

Wrap

SCVMC

- Transcultural model and humility
- Individualize
- Follow through

50

Big Picture

- AANHPI: >6% of population, 0.17% of NIH funding (1992-2018 – Doan et al JAMA Open)
- Population of vast diversity
  - Offers both scientific opportunity and challenges
  - Finding the right balance of lumping and splitting
  - Think beyond your own areas of interest, and think broad and intersectional
  - Try and pick the big priorities – a few important ones
  - Think innovation in ways of doing population/clinical studies

Types of projects for funding - Examples

- **Infrastructural study:** Multi-center multi-ethnic cohort of the most populous AsA and NHPI groups using a "populomics" approach to measure individual, social, environmental risk factors, early life-course exposures, for etiologic studies of multiple birth outcomes.
  - Hybrid recruitment? Efficiency? Focus on a few informative sub-populations? Over-sampling of some groups? Links to other cohorts nationally/internationally?
- **Thematic areas for smaller initiatives:**
  - Methodological –e.g., acculturation, migration, racism, lifestyles
  - Focused, innovative, high impact topics
  - Important topics with scant data
  - Generalizable scientific areas
  - Secondary data analyses

Putting the pieces together

- Missed Opportunity – can we disaggregate Asian Pacific Islanders in existing National Datasets according to US Census categories (harmonize for denominator data)
- RFAs for secondary analysis for existing datasets
- Population Science for the Future-Opportunity to use new consumer digital technologies for risk factor/outcome monitoring (Fitbit, Applewatch)
- Hybrid approach with EHR – using patient population for sampling frame to do targeted recruitment for in depth data collection, then for passive collection of longitudinal outcomes
- Biobanking and Sample repositories, clinical remnant specimens to leverage across disciplines and lower barriers for participant entry
- Framework to study multiple/mixed race/ethnicity – 1 in 7 babies are mixed race, 20% of mixed race babies are API mixed race
- What would you write in the RFA, PA, RFP?)

Next Steps

- Ongoing collaboration
- Post conference evaluation – will be sent via email
  - Who or what topics were missing?
  - How do you want to stay engaged with our project?
  - What did you learn that will help you in the work you do?