Supporting your Perinatal Units During COVID-19: Health Equity for California Latinx Communities

September 29, 2020
Webinar Logistics

- Attendees are automatically muted upon entry
- The “chat” function has been disabled. **Please utilize the Q&A box if you are having technical difficulties and to submit any questions you have for the presenters.** We will answer a select number of questions relevant to the topics presented during the Q&A portion of the webinar. The remainder of the questions may be used to inform the topics of future webinars in this series.
- **The slides and webinar recording will be made available on www.CAperinatalprograms.org shortly after the webinar.** Due to the rapidly changing guidelines around COVID-19, the slides and recording may be taken down after two weeks.
The information shared in this webinar series and on our resource site serve as examples of how hospitals, healthcare workers, and families in California are responding to COVID-19. We understand that each hospital is working with a different set of resources and constraints. As such, some of the recommendations presented may not apply to your hospital setting. Guidelines and recommendations should be adapted to fit your local needs.

As this is a rapidly evolving public health situation, we encourage you to consider the most recently available local health department and CDC guidance when developing your internal protocols.
Today’s Presenters

- **Diana Robles, MD** - Maternal-Fetal Medicine Fellow, Department of OB/GYN and Reproductive Sciences, University of California, San Francisco

- **Cristina Gamboa, MD** – Director of Ambulatory Women's Health Services, Department of OB-GYN, Salud Para La Gente

- **Carmin Powell, MD** – Clinical Assistant Professor of Pediatrics, Stanford University School of Medicine; Co-Director, LEAD Program at Stanford Medicine; and Site Director, Chair Pediatric Department, Watsonville Community Hospital

- **Robert Castro, MD** – Clinical Professor of Pediatrics, Stanford University School of Medicine and NICU Medical Director, Salinas Valley Memorial Hospital

*Today’s presenters have nothing*
## Today’s Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Courtney Breault, MS, RN</td>
</tr>
<tr>
<td>Introduction</td>
<td>Diana Robles, MD</td>
</tr>
<tr>
<td>Barriers to Obstetric and Neonatal Care and Actionable Items</td>
<td>Carmin Powell, MD Cristina Gamboa, MD</td>
</tr>
<tr>
<td>Outreach, the Effects of Moving a Patient Away from their Community, and Translation</td>
<td>Robert Castro, MD</td>
</tr>
<tr>
<td>Community Connections, Partnerships and Networking</td>
<td>Cristina Gamboa, MD</td>
</tr>
<tr>
<td>Closing Thoughts</td>
<td>Carmin Powell, MD</td>
</tr>
<tr>
<td>Q&amp;A Session</td>
<td>Moderated by Christina Oldini, MBA, RN, CPHQ &amp; Courtney Breault, MS, RN</td>
</tr>
<tr>
<td>Closing</td>
<td>Christina Oldini, MBA, RN, CPHQ</td>
</tr>
</tbody>
</table>
Introduction

Diana Robles, MD
Proportion of Cases and Deaths by Race and Ethnicity in CA as of Sept 22, 2020

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx
Pregnant people in the Latinx community are disproportionately affected by SARS-CoV-2 infection

TABLE 1. Demographic characteristics, symptoms, and underlying medical conditions among women aged 15–44 years with known pregnancy status and laboratory-confirmed SARS-CoV-2 infection (N = 91,412),* by pregnancy status — United States, January 22–June 7, 2020

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Pregnant women (n = 8,207)</th>
<th>Nonpregnant women (n = 83,205)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group (yrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15–24</td>
<td>1,921 (23.4)</td>
<td>19,557 (23.5)</td>
</tr>
<tr>
<td>25–34</td>
<td>4,469 (54.4)</td>
<td>31,818 (38.2)</td>
</tr>
<tr>
<td>35–44</td>
<td>1,817 (22.1)</td>
<td>31,830 (38.3)</td>
</tr>
<tr>
<td>Race/Ethnicity†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>3,048 (46.2)</td>
<td>22,394 (38.1)</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>254 (3.8)</td>
<td>1,869 (3.2)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>1,459 (22.1)</td>
<td>14,922 (25.4)</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>1,520 (23.0)</td>
<td>17,297 (29.4)</td>
</tr>
<tr>
<td>Multiple or other race, non-Hispanic⁥</td>
<td>321 (4.9)</td>
<td>2,299 (3.9)</td>
</tr>
</tbody>
</table>

https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm
Latinx workers are overrepresented in many front-line occupations.

Majority of multigenerational households in California

# of Multigenerational Households

- Total in California
- Hispanic, all races
- Asian, NH
- White, NH
- Black, NH

US Census, [https://data.census.gov/cedsci/](https://data.census.gov/cedsci/) American Community Survey 2018
Estimated higher loss of employment income

% of population that experienced loss of employment income since March 13, 2020

- Hispanic or Latino: 63%
- White, NH: 50%
- Black, NH: 54%
- Asian, NH: 51%

Systemic factors that contribute to increased risk

- Proportion of essential workforce
- Housing factors
- Extent of economic impact
- Healthcare access and utilization
Barriers to Obstetric and Neonatal Care and Actionable Items

Carmin Powell, MD
Cristina Gamboa, MD
Nationwide, Hispanic or Latina mothers make up nearly half of the coronavirus cases among pregnant women, according to data from the Centers for Disease Control and Prevention.
Social Determinants of Health

- Examples of SDOH that have been exacerbated in Latinx communities during COVID-19 pandemic
  - Biological risk factors may reflect environmental exposures (ex. Diabetes, Asthma, HTN)
  - Poverty/Low-income
  - Limited jobs and social mobility
  - Working as essential or frontline
  - Working in jobs with lack of adequate PPE (ex. Meat plants, field work)
  - Use of public transportation, relying on crowded buses, subways
  - Living conditions where social distancing is impossible
  - Living in food deserts or places without access to healthy foods
  - Underinsured, self-rationing of health care as a strategy
  - Limited education and poor health illiteracy
Patient choice and distrust of health care system

Late self-referral or seeking medical care when necessary

Culture, societal and religious based health beliefs, and even disease fatalism may be present in some minority communities.

Behavioral choices: Attending events with large crowds; visiting non-essential businesses

An adequate pandemic response requires understanding of the cultural differences that drive these choices.
Bias and Systemic Inequalities

- Workforce diversity within health care makes a difference, especially for decision-making by minority patients.
- Persistent racial, ethnic, and cultural incongruity between physicians and patients, especially for Latinx patients that comprise ~ 39% population in CA
- Unconscious and conscious racial bias in health care exists, especially towards our marginalized and immigrant populations
- Lack of cultural competency/humility training healthcare workforce
- Adverse social determinants of health and systems of structural racism

_These factors can lead to variation in treatment options and care for Latinx, Black, Indigenous and Native patients with COVID-19._
Barriers in NICU/Nursery setting

Barriers in NICU/Nursery setting

- Unclear and not applicable guidance for NICU/nursery care
- Restrictive visitation policies impacting NICUs and nurseries
- Disruption of early neonatal and maternal bonding (i.e. skin to skin contact, breastfeeding)
- Limited testing capacity and screening for spouse/support person
- Inabilities to adapt space to accommodate infection control precautions
Barriers in Latinx Obstetric Population & Actions To Address

- Access to care and testing availability
  - Staff and resource adjustment
  - Partnership with entities providing novel testing and expedited results
- Language and literacy barriers
  - Bi/Tri-lingual multi-media patient education & information resources
  - Culturally proficient resources
- Immigration status
  - Coverage regardless of immigration status
  - Patient advocacy and medical-legal partnership
Barriers in Latinx Obstetric Population & Actions To Address

- Strict visitor policies
  - Flexible policy development
  - Use of technology during prenatal care, labor and delivery
- Active employment in pregnancy as an essential worker
  - Communication and education to agencies employing essential workers
  - Surveillance testing for employers of essential workers
- Stigma, concern of vertical transmission and fear of disclosing COVID-19 infection
  - Availability of behavioral health services
  - Alignment of OB and Pediatric patient education & information
References


• **Advancing** Health Equity by Translating Lessons Learned from NICU Family Visitations during the COVID-19 Pandemic. Pang E, Sey R, Dè Beritto T, Lee H. C., Powell C. *Neoreviews*. January 2021. 22 (1) 10.1542/neo.22-1-e1000


Outreach, the Impact of Moving a Patient Away from their Community, and Translation

Robert Castro, M.D.
COVID-19: CA Cumulative Cases/100K

The other category includes Native Americans and people of two or more races.

California Department of Public Health
Outreach Obstacles

• EDUCATION

Should I wear gloves for everyday errands?
¿Debería usar guantes para hacer recados todos los días?
Outreach Obstacles

• EDUCATION

Facebook Live
Orlando Rodríguez, MD
y Michael Sepúlveda, MD

Tema: COVID-19, La Cuarentena y la Influenza

Lunes, 14 de septiembre
3pm hora del pacífico

SINTONICE FACEBOOK LIVE @SVMHS
Outreach Obstacles – Ag Workers Education

SYMHS COVID-19 Outreach Program for Agricultural Workers

If you’re going to be close together, you are wearing your mask.
Outreach Obstacles – Ag Workers Education

<table>
<thead>
<tr>
<th>Farm</th>
<th>Educated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sabor Farms</td>
<td>253</td>
</tr>
<tr>
<td>Ortiz Bros.</td>
<td>150</td>
</tr>
<tr>
<td>Driscoll’s Family Farms</td>
<td>200</td>
</tr>
<tr>
<td>Nature Bloom</td>
<td>300</td>
</tr>
<tr>
<td>Ascona Harvesting</td>
<td>150</td>
</tr>
<tr>
<td>MarVista Farms</td>
<td>150</td>
</tr>
<tr>
<td>Royal Oaks</td>
<td>550</td>
</tr>
<tr>
<td>Dole</td>
<td>800</td>
</tr>
<tr>
<td>Elkhorn Packing</td>
<td>801</td>
</tr>
<tr>
<td>Braga Ranch</td>
<td>1250</td>
</tr>
<tr>
<td>Foothill Packing</td>
<td>1600</td>
</tr>
<tr>
<td>Church Bros.</td>
<td>700</td>
</tr>
<tr>
<td>Costa Farms</td>
<td>180</td>
</tr>
<tr>
<td>Taylor Farms</td>
<td>3200</td>
</tr>
<tr>
<td>Christensen &amp; Giannini</td>
<td>400</td>
</tr>
<tr>
<td>D’Arrigo Bros.</td>
<td>1000</td>
</tr>
<tr>
<td>Filice Farms</td>
<td>30</td>
</tr>
<tr>
<td>Harvest Pacific</td>
<td>55</td>
</tr>
</tbody>
</table>

Ag Workers Educated: 11,769
Access to community perinatal care:

- 5 Hospitals/Monterey and southern Santa Cruz counties
Regional Perinatal Care Transports

Access to regional perinatal care:

- Bay Area - 3 Regional Centers
- Perinatal/Neonatal Transports
- COVID-19
Regional Perinatal Care

COVID-19:
- Parental/Family Support Separation.
- Distance/Traffic
- Housing
- Visitor Restrictions
- Outpatient appts.

80 – 100 miles.
2 – 3 hours travel time

The content in these slides is current as of Sept 29, 2020.
Community/Regional NICU Care
Language Barrier

- Spanish - On Demand Translation/Translators
- Arabic, Mandarin, Vietnamese, Russian, etc., including Sign language.
- Some systems promote over 240 languages.)
Language Barrier

- Spanish Translation/Translators

Ask THE EXPERTS

Facebook Live
Orlando Rodríguez, MD
y Michael Sepúlveda, MD

Tema: COVID-19, La Cuarentena y la Influenza

Lunes, 14 de septiembre
3pm hora del pacífico

SINTONICE FACEBOOK LIVE @SVMHS
Language Barrier

• Non-Spanish Monolingual Latinx/Hispanic Population
Access Barrier – Digital Divide

Digital divides impact access to:

- Healthcare updates
- Internet educational tools
- Virtual healthcare appointment
- Digital video/NICU
Community Connections, Partnerships, and Networking

Cristina Gamboa, M.D.
Community Partnership:
Medical Collaboration & Access to Care

- County Health Department and cross county physician collaboration
  - Emergency privileges for medical providers

- University of California Santa Cruz Molecular Diagnostic Lab
  - Provided novel testing with direct communication of results
  - Partnered with Community Health Centers to assure testing is available regardless of ability to pay
  - Cost of tests provided by Community Foundation
Community Partnerships: Multisector Collaboration

- **Save Lives-Pajaro Valley Community Group**
  - Ensure all community households have the information & resources they need to remain healthy and well during & beyond COVID-19

- **Thriving Immigrant Collaborative**
  - Community forums to provide health education and resources

- **Pajaro Valley Unified School District**
  - Connect to PVUSD students & their families to provide essential community information to ensure they know how to access healthcare services and how to stay safe during COVID-19
Community Partnership: Family Essentials

- Second Harvest Food Bank
  - Weekly food distribution at clinic sites
- UndocuFund
  - Financial relief for immigrant households affected by the pandemic
Closing Thoughts

Carmin Powell, M.D.
“Good article. At the end of the day, one of the issues about disenfranchising people is having someone else tell you what you should be called. I think the group of Latinos in this country are just becoming aware of what they can do, so it is important that everyone get the chance to say who and what they are. I think this is true for many groups of color. I will have two grandchildren next year, and they will hopefully get to decide what they want to be called.”

- Fernando Mendoza MD, MPH, Emeritus Professor of Pediatrics (Active), Associate Dean of Minority Advising and Programs
Strategic Support

Academic Centers’ Opportunities to Help Communities of Color:

- Access to health care
  - Linking with community health care systems: SCCPH/ SCVMC, FQHC, physician networks in underserved communities
  - Close the gap on health facilitators: Interpreter services, technology- telehealth, combined services for complex care (Complex Care Clinic)
- Research on health disparities: basic, clinical and policy
- Educational – train a diverse physician workforce & educate all health professionals in social determinants /unconscious bias in health care
  - COEDME: Pipeline, Leadership/Advocacy, Social Justice Curriculum/ UCB
  - Grant for COVID-19 and Telemedicine HRSA Grant- CARES ACT
- Advocacy for Underserved – Faculty involved with residents/ students

Slide courtesy of Fernando S. Mendoza, MD, MPH, Emeritus Professor of Pediatrics (Active), Associate Dean of Minority Advising and Programs
Research on Health Care Policy to Improve Community Health

How does DACA affect the health of America's children?

Since 2012, DACA has provided temporary protection from deportation to almost 800,000 unauthorized immigrants in the United States.

Mother’s DACA Eligibility

Over 50% reduction in adjustment and anxiety disorders in their children

See full study in the journal *Science* for details on results and methods: Jané Heitmann, Duncan Lawrence, Linna Martin, Bernard Blakes, Lucia Figueroa, Michael Hotard, Tomás Jiménez, Fernando Mendoza, María Rodríguez, Jonas J. Swartz, and David Latin. "Protecting unauthorized immigrant mothers improves their children's mental health."

EQUITABLE MATERNAL HEALTH COALITION

Our Vision

To ensure safe, affordable, sustainable and intentionally equitable access to care that advances safe motherhood and healthy pregnancy outcomes, as well as prevents maternal risk and death.

March of Dimes is the lead funder organization for the Equitable Maternal Health Coalition and provides governance and management, policy development and advocacy, data and research, and communication and outreach efforts.

For more information, please visit EMHC's website: www.equitableemhc.org
PRIORITY: Pregnancy Coronavirus Outcomes Registry

PRIORITY Study Participant Characteristics

<table>
<thead>
<tr>
<th>Enrolled</th>
<th>COVID Status</th>
<th>Current Pregnancy Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,310</td>
<td>846 COVID+</td>
<td>238 Other</td>
</tr>
<tr>
<td></td>
<td>226 COVID-</td>
<td>535 Pregnant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>775 Recently Pregnant</td>
</tr>
</tbody>
</table>

Age (in years)

- <20: 32
- 20-24: 159
- 25-29: 384
- 30-34: 465
- 35-39: 227
- 40-44: 30
- >44: 30

How far along in the pregnancy (in weeks)

- <10: 71
- 11-15: 63
- 16-20: 136
- 21-25: 177
- 26-30: 163
- 31-35: 176
- >35: 150

Race/Ethnicity

- American Indian/Alaska Native: 1.1%
- Asian: 6.0%
- Black or African American: 9.7%
- Hispanic or Latina: 35.0%
- Native Hawaiian or Other Pacific Islander: 1.2%
- Unknown: 4.7%
- White: 49.4%

On May 4, 2020, we launched a Reproductive Health Equity and Birth Justice Core aimed at increasing community partnerships and recruitment efforts among Black, Indigenous, and People of Color. We strive to ensure that PRIORITY participants appropriately represent racial and ethnic groups that have experienced the highest number of COVID-19 cases and deaths.

https://priority.ucsf.edu/
Take Home Points to Achieve Equity

• Perinatal units must provide multi-lingual, culturally relevant resources to dispel misinformation regarding COVID-19

• Assess and address needs of marginalized/vulnerable populations to combat health disparities

• Collaborate to mitigate structural and systemic barriers in your perinatal units

• Engage in advocacy efforts and community-based partnerships to support patients and families

• Educate yourself and colleagues on SODH, bias, structural and systemic racism in healthcare

• Linking academic health care centers with community health care systems to provide robust systematic and evidence-based care to underserved communities
VOTE! VOTAR!
Q&A

Moderated by
Christina Oldini, MBA, RN, CPHQ and
Courtney Breault, RN, MS
Closing

Christina Oldini, MBA, RN, CPHQ
Disclaimer

- The information shared in this webinar series and on our resource site serve as examples of how hospitals, healthcare workers, and families in California are responding to COVID-19. We understand that each hospital is working with a different set of resources and constraints. As such, some of the recommendations presented may not apply to your hospital setting. Guidelines and recommendations should be adapted to fit your local needs.

- As this is a rapidly evolving public health situation, we encourage you to consider the most recently available local health department and CDC guidance when developing your internal protocols.
The slides and webinar recording will be made available on our resources site later today. Due to the rapidly changing guidelines around COVID-19, they may be taken down after two weeks.

For more information email: info@CAperinatalprograms.org
Important Updates for CA Hospitals

- As of 8/7/20, the California Department of Public Health recommends that one support person be allowed to be present with labor and delivery patients. CDPH also recommends that a doula, if used, be permitted to be present if prior arrangements have been made with the hospital and the doula complies with hospital PPE and infection control guidelines. (CDPH AFL 20-38.4)

- As of 8/7/20, the California Department of Public Health reaffirmed its earlier recommendation that NICU and PICU patients be allowed two designated support persons that may visit at the same time. (CDPH AFL 20-38.4)

CPQCC/ CMQCC Webinars

- NEW Supporting Your Perinatal Units During COVID-19: Health Equity for California Latinx Communities (9/29/20, 12:00 PM PDT) | REGISTER


- Supporting Your Perinatal Units During COVID-19: Outpatient Care and Patient Education (Multidisciplinary Panel, 5/15/20) | Webinar Recording and Slides


*Please Note: Due to the rapidly changing guidelines around COVID-19, older webinar recordings were taken down.*
Sample Hospital Resources

The resources below were shared by individual hospitals as examples of their policies during COVID-19. They may not reflect the most up-to-date policies being used by these hospitals but are continually reviewed for accuracy and relevance.

Screening/Testing

- Steps to Evaluating a Patient with Respiratory Symptoms (Zuckerberg San Francisco General, 5/26/20)
- Admission Testing and Management for L&D and Postpartum (UCLA, 4/28/20)
- L&D Asymptomatic Patient Rapid COVID-19 Testing Algorithm (Stanford Health Care, 4/22/20)
- L&D Pre-Procedure COVID-19 Testing Algorithm (Stanford Health Care, 4/22/20)
- How to Obtain a Nasopharyngeal Swab (The New England Journal of Medicine, 4/17/20)

Surgical

- Code C COVID Scenario Storyboard (UC Davis, 5/19/20)
- L&D OR Algorithm (UCLA, 4/28/20)
- L&D Emergency OR Algorithm (UCLA, 4/28/20)

COVID+ or PUI General Care

- UPDATED Example of a Frequently Updated Policy (CPMC, 8/25/20)
- L&D COVID-19 Patient Care Algorithm (Stanford Health Care, 8/25/20)
- Prone Positioning for Pregnant Women With Hypoxemia Due to Coronavirus Disease 2019, Demonstration Vid (8/20)
- COVID-19 Coding Decision Tree (Stanford Health Care, 4/14/20)
- Care of Neumates Born to Women with Suspected/Confirmed SARS-CoV-2 (UC Davis Health, 4/10/20)
- Neonatal Respiratory Filter Examples (LAC-USC and Stanford Health Care, 3/25/20)

Organizational Recommendations

American Academy of Pediatrics

- UPDATED Management of Infants Born to Mothers with COVID-19 (9/10/20)

American College of Obstetricians and Gynecologists

- UPDATED FAQ for Obstetricians-Gynecologists, Obstetrics (9/10/20)
- Patient FAQ (8/12/20)
- Practice Advisory (8/12/20)
- Outpatient Assessment and Management Algorithm (ACOG SMFM, 7/14/20)
- Resumption of Comprehensive Women’s Health Care (9/8/20)
- Early Acute Respiratory Support for Pregnant Patients with Coronavirus Disease 2019 (5/6/20)
- Simulation Guide (4/20/20)

Centers for Disease Control and Prevention

- UPDATED Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 (9/16/20)
- Information on Pregnancy & Breastfeeding (9/11/20)
- Evaluation & Management Considerations for Neonates at Risk of COVID-19 (8/3/20)
- Interim Considerations for Infection Prevention and Control in Inpatient Obstetric Healthcare Settings (5/28/20)

Society for Maternal-Fetal Medicine

- What Maternal-Fetal Medicine Subspecialists Need to Know (7/23/20)
- Outpatient Assessment and Management Algorithm (ACOG SMFM, 7/14/20)
- SMFM Management Considerations for Pregnant Patients with COVID-19 (7/2/20)
- Strategies to Provide Equitable Care During COVID-19 (5/28/20)

Additional Resources

- UPDATED Interim Considerations for Obstetric Anesthesia Care Related to COVID (Society for Obstetric Anesthesia and Perinatology, 9/10/20)
- Visitor Limitations Guidance (including L&D & NICU) (CA Department of Public Health, 8/7/20)
- Neonatal COVID19 Repository (Dr. K.S.Gautam, Texas Children’s Hospital/Rayor College of Medicine, 7/19/20)
- Guidance for Pregnant and Breastfeeding Women During the COVID-19 Pandemic English Version / Spanish Version (California Department of Public Health, 5/13/20)
- Milk Handling for COVID-19 (Human Milk Banking Association, 4/14/20)
- Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates with COVID-19 (American Heart Association, 4/9/20)
- Doulas and COVID-19 (DONA International, 3/12/20)
Viewing a Recording
Claim Online:
covid19cme.stanford.edu

Viewing Live
Go to:
https://stanford.cloud-cme.com/healthequity
Enter: 38932

All Stanford Accredited CME on COVID-19 is available at:
covid19cme.stanford.edu

Questions? Email: stanfordcme@stanford.edu

Stanford Center for Continuing Medical Education