



February 21, 2020

National Institutes of Health
Office of Extramural Research
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Bethesda, MD 20892

**Association of
American Medical Colleges**
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Re: NOT-OD-20-063, Request for Information (RFI): Input on a Proposed Research Initiative to Decrease Maternal Mortality

The Association of American Medical Colleges (AAMC) appreciates the opportunity to comment on the National Institute of Health’s request for information regarding proposed research initiatives to decrease maternal mortality. The AAMC is a not-for-profit association representing all 154 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and more than 80 academic and scientific societies. These institutions conduct over half of the research funded by the National Institutes of Health (NIH), and through these institutions and organizations the AAMC represents nearly 173,000 faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

With rising maternal mortality rates disproportionately affecting black, American Indian, and Alaskan Native women, the AAMC recognizes that health and health care disparities derive from causes across various levels and systems: Biology, individual behavior, community characteristics, the built environment, and social and economic factors that all contribute to health gaps endemic in the United States. The AAMC applauds the NIH’s effort to develop a cross-Institute and Center (IC) research initiative that will include innovative, cross-cutting, multi-pronged approaches to reduce maternal deaths among women of color. In furtherance of these efforts to build the evidence base of solutions to maternal health inequities, the AAMC offers the following comments and recommendations.

The AAMC applauds NIH’s emphasis on community engagement (CE) as an integral component of this research agenda, and we encourage NIH to continue to actively engage all communities who suffer from disproportionate maternal morbidity and mortality in the development of the trans-institute plan. While researchers, policymakers, and community leaders have important perspectives that are crucial to include, there is great value in including the voices of individuals who most often bear the brunt of health inequities.

The AAMC recommends better utilization of the National Center for Advancing Translational Sciences’ (NCATS) CTSA community engagement cores as a means to more effectively translate advances into improved community health. In previous comments¹ to NCATS, AAMC encouraged NCATS to increase (CE)-focused funding to allow the CE cores to develop into “CE hubs” tasked, in part, with weaving together community- and patient-engaged efforts across the research, clinical, and

¹ AAMC Comment Letter Enhancing the Clinical and Translational Science Awards (CTSA) Program
<https://www.aamc.org/system/files/2019-10/ocomm-ogr-AAMCCommentLetterCTSARFI.pdf>

training missions of their institutions. This coordination will facilitate collaborations, ensure community partners are not overburdened by multiple faculty requests, minimize redundancy of effort, and bring CTSA-level expertise to community- and patient-engaged projects across an academic medical center.

A lack of quality maternal care services in rural communities, worsened by recent and ongoing hospital closures, has exacerbated inequities experienced by rural women. In rural communities without specialized health care, some providers are using telehealth programs like Project ECHO (Extension for Community Healthcare Outcomes)², to connect with specialists. Through Project ECHO, OB/GYNs can speak with primary care providers in rural communities to help them understand what to do during an appointment with a pregnant patient. **AAMC supports NIH's effort to investigate and evaluate other alternative care models (e.g. midwives, doulas, community health workers) and the use of telemedicine for communities with limited health care access.** The AAMC recognizes that prevention research is crucial for assessing, facilitating, and stimulating solutions focused on disease prevention and health promotion in rural communities. Work at other federal agencies such as Centers of Disease Control and Prevention (CDC) Prevention Research Centers³, to identify, translate, test, and evaluate public health interventions to improve community and population health is crucial for improving the health of underserved communities. We encourage NIH to incorporate their patient-engagement and health equity efforts into the Federal Interagency Health Equity Team (FIHET) so that health equity science and scholarship as well as strategies for comprehensive patient and community engagement can be developed and deployed across the federal government.

The AAMC encourages the development of funding opportunities to build the evidence base of practical, health system-community partnered efforts to address patient-level-social factors related to maternal mortality. Researchers, policymakers, and providers are increasingly aware that social factors play a significant role in facilitating or impeding the health and well-being of communities. These factors include both patient-level, health-related social needs such as personal food insecurity, housing instability, and transportation access, as well as their community-level correlates (i.e. lack of supermarkets, lack of affordable housing units, and absence of reliable public transportation). AAMC-member hospitals and health systems have helped to address the individual social needs of mothers by a) screening and referring for health-related social needs; (b) identifying challenges such as transportation barriers, low health literacy, and difficulty keeping regular appointments; and then (c) using this information to develop or refer patients to services addressing those unmet social needs. While the proliferation of these practices is encouraging, most of these efforts are not evaluated or undertaken for the purpose of knowledge generation. Such health equity- and community health-focused science is currently among the least likely to be funded by NIH.⁴

Similarly, while there is growing evidence that inequities in maternal mortality are to a significant degree driven by root drivers like racism, sexism, classism, and xenophobia, there has not been a concomitant

² Pregnancy ECHO Programs <https://physicians.utah.edu/echo/clinical-support-areas/ob-clinic.php>

³ CDC Prevention Research Centers <https://www.cdc.gov/prc/index.htm>

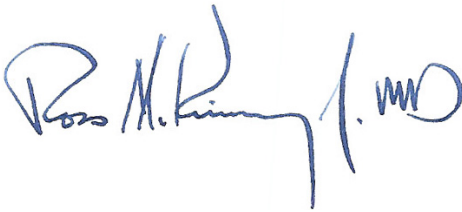
⁴ Hoppe, T. A., Litovitz, A., Willis, K. A., Meseroll, R. A., Perkins, M. J., Hutchins, B. I., ... & Santangelo, G. M. (2019). Topic choice contributes to the lower rate of NIH awards to African-American/black scientists. *Science Advances*, 5(10), eaaw7238.

effort to study how to undo those drivers through structural and systemic changes⁵. **We recommend that NIH increase funding for health policy research aimed at specifying the social and structural mechanisms through which maternal mortality disparities arise, thus orienting resulting policy-level interventions toward those mechanisms and toward success.**

As the trans-NIH research agenda to reduce maternal death evolves, we highly recommend continuing to identify evidence-based solutions which are translatable, effective, and can address the multiple health needs of mothers burdened by this crisis. In order to reduce maternal deaths, it is important to utilize multi-faceted approaches that address the societal and clinical factors which impact the rising rates of maternal deaths among black, American Indian, and Alaskan Native women in the United States.

The AAMC appreciates the opportunity to provide comments to the NIH on this issue and would be happy to provide any further information that would be of use. Please contact me or my colleague, Karey M. Sutton, PhD, Director, Health Equity Research Workforce, at ksutton@aamc.org.

Sincerely,

A handwritten signature in blue ink that reads "Ross McKinney, Jr., M.D." with a stylized flourish at the end.

Ross McKinney, Jr., M.D.
Chief Scientific Officer

CC: Karey M. Sutton, Ph.D.

⁵ Howell E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical obstetrics and gynecology*, 61(2), 387–399. <https://doi.org/10.1097/GRF.0000000000000349>
Eichelberger KY, Doll K, Ekpo GE, Zerden ML. Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology. *Am J Public Health*. 2016 Oct;106(10):1771–1772.