



Advancing NIH Research on the Health of Women: A 2021 Conference

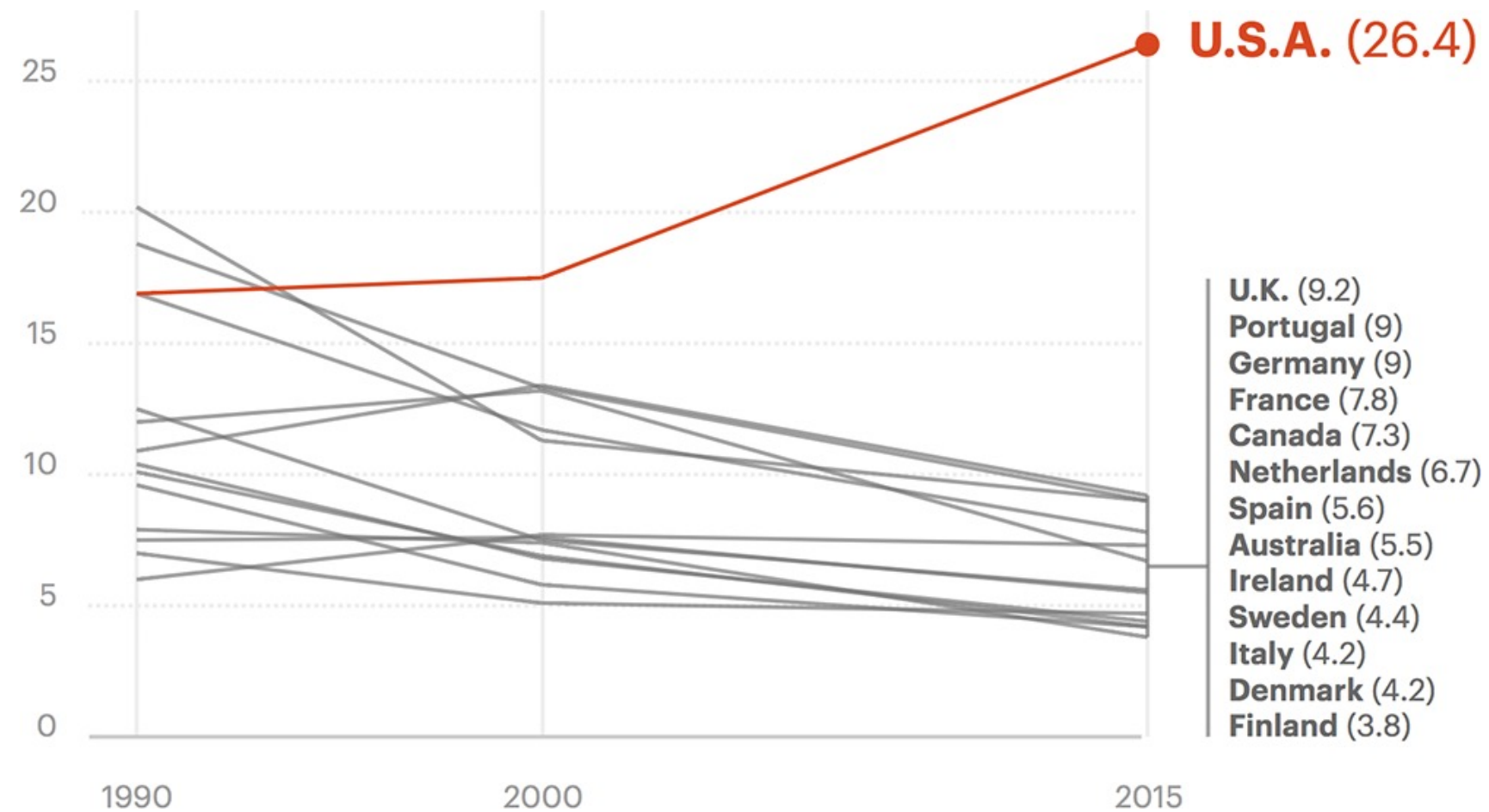
**You are what you love:
prioritizing women's health for a healthier society**

Maeve Wallace, PhD, MPH

Assistant Professor, Department of Social, Behavioral, and Population Science
Associate Director, Mary Amelia Center for Women's Health Equity Research
Tulane University School of Public Health
October 20, 2021

1. Maternal mortality in the US is a reflection of our societal values.

Maternal mortality by country and year



Notes

"Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*.
Credit: Rob Weychert/ProPublica. <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>

We study the things that we value

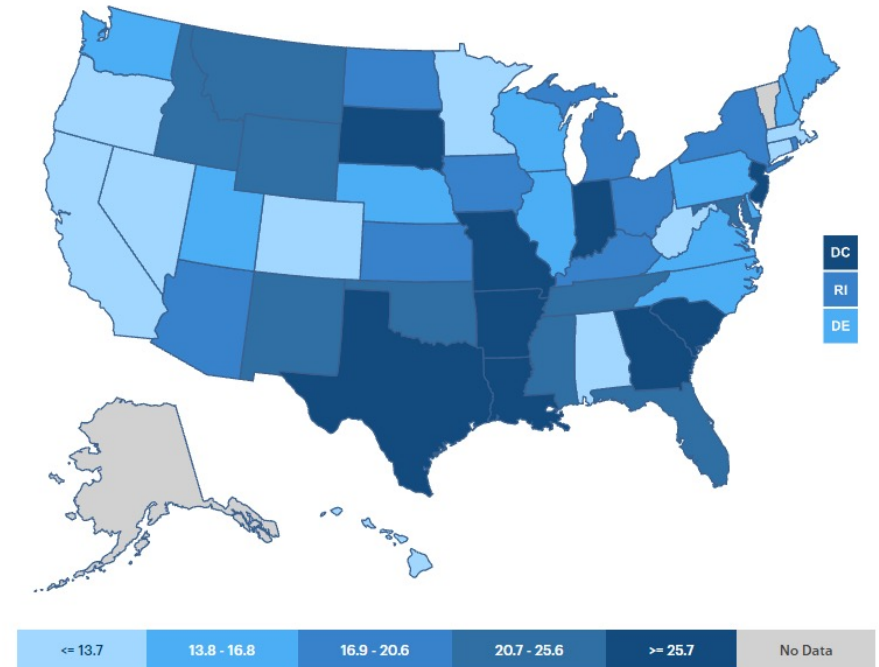
- Historically-embedded societal values guide decisions on who matters and what issues rise to the level of concern that warrant a commitment of our shared resources to address.

2. Innovative research questions approach maternal mortality as a broad indicator of population health and well-being.

Research Innovations

- Think beyond the biomedical model
 - Every maternal death is part of and inseparable from the context in which it occurs.
- Focus on
 - the **places** where women are born, live, work;
 - the **policies** that shape those places as protective or harmful to health;
 - the **structure** and functioning of a society that dictates the distribution of power and resources across people and places.

Maternal mortality by state, 2018



Notes

Thematic Map: Maternal Mortality, 2018. Numbers are deaths per 100,000 live births. America's Health Rankings, United Health Foundation.
https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/ALL?edition-year=2018

Research Innovations

- Consider the life-course relevance of maternal health
 - Pregnancy health is shaped by experiences long before and influences experiences long after childbirth.
- Consider that most women spend the vast majority of their lives not pregnant, if at all.
- Prioritize the right of every woman and girl to achieve their optimal health and well-being, regardless of the reproductive decisions they make.

Translations to save lives and improve health

- Shorten the timeline from evidence to action.

“The commitment to review each maternal death has to be wedded to a commitment to actually implement the policies and practices that have been proven to save lives...This critique should not be read as arguing that information is bad. Rather, the critique here is that if there is a limited pot of money, and that money can either be spent gathering information about a problem or making concrete interventions that are known to be effective ways to address the problem, it is a fascinating political choice to pursue the former over the latter.”

-Khiara Bridges, *Racial Disparities in Maternal Mortality*, New York University Law Review, Nov 2020 volume 95, number 5, excerpt from page 1315.

- Keys to improving care and health “at scale”: pull all of the levers at once

Thank you

Maeve Wallace, PhD, MPH

Office: (504) 988-7305

Email: mwallace@tulane.edu

 [@maeveellen](https://twitter.com/maeveellen)



TULANE UNIVERSITY
THE MARY AMELIA
CENTER *for* WOMEN'S
HEALTH EQUITY RESEARCH