Diversity, Equity, and Inclusion in Reproductive Medicine

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Disclosures

- Nothing to Disclose

Needs Assessment

- By end of this lecture, participants will be able to:
  1. Characterize the need for a diverse workforce in fertility centers
  2. Discuss the reason that women of color have lower rates of pregnancy success
  3. Identify the positive results that have come from ASRM's DEI initiatives

Background

- Reasons women of color avoid seeking fertility care:
  - Communication differences
  - Cultural stigma
    - Aversion to being labeled infertile
    - Emphasis on privacy

Background

- Bad experiences with the medical community
- Economic barriers

Background

- Economic barriers
  - Affect all women, particularly women of color
  - 19 states have fertility coverage with only 13 having IVF coverage
  - Denied access to more effective care (IVF)

Background

- Economic barriers
  - Time off work for cycles
  - Frequent travel to medical facilities
    - Geographically distant
  - Repeat cycles
  - High cost of GC for male same sex couples or single males ($75,000-$100,000)

Background

- Women of color encounter:
  - Conscious and unconscious assumptions about their fertility
    - No intrinsic fertility problems
  - Discuss the use of birth control over procreation
  - Dissuade from having children

Background

- Lower success parameters in AA, Asian and Hispanic women
  - Lower implantation
  - Lower clinical pregnancy
  - Increased miscarriage
- Reasons poorly understood and insufficiently studied

Background

- SARTCORS data base showed that African American women undergoing ART procedure alone were at higher risk of (Seifer et al. Reprod Bio Endocrinol, 2020)
  - 3x more
    - Tubal factor
    - Uterine factor
    - BMI ($\geq$ 30 kg/m^2)
  - Lower proportion of AA women in non-mandated states
  - Higher clinical pregnancy rates in mandated states

Access to Care

- Jackson-Bey et al. Fertility Sterility Reports 2022;3:106-21
- Survey fertility practice patterns of ACGME accredited Ob/Gyn residency programs
  - Exposure of residents of fertility care
  - Accommodations for patients seeking fertility care
- 80 of 270 programs responded (30%)

Resident or Fellow Clinic

- 31/80 had an affiliated REI clinic
- Training location
  - 52% in their resident clinic
  - 39% in a county hospital
- Clinical services offered
  - 100% diagnostic evaluation
  - 84% CC/LE
  - 16% gonadotropins
  - 10% IVF
  - 74% LSC for tubal disease
  - 19% Tubal reversal

Lower Cost Approach

- 30/80 offered discounted services
  - 73% IVF
    - Minimal stimulation protocols
    - Fewer labs and ultrasounds
  - 70% Clinical consultation
  - 53% IUI
  - Discounts positively correlated with practice size

Barriers to Fertility Services

- 97% Cost of treatment
- 97% Lack of insurance coverage
- 61% Patient does not qualify for financing
- 61% Language barrier
- 58% Health literacy
- 29% Administrative support
- 7% Low clinical interest
- 7% Trainee availability

Background

- Barrier to care for same sex couples and single women
  - ASRM definition of infertility

- One year of attempting conception under age 35 or 6 months if over age 35
  - Provider religious or personal beliefs
  - Struggle to be recognized as intended parents

Oocyte Donor Disparity

- Racial and ethnic disparities among donor oocyte banks in the US. Tsai et al. Fertil Steril, 2021.
- 12 oocyte banks
- 1574 donors identified

Oocyte Donor Disparity

- White 678 (43.1%)
- Black 140 (8.9%)
- Asian 121 (7.7%)
- Hispanic 380 (24.1%)
- Multi 253 (16,1%)

Background

- ABOG REI Demographics (Nov 2023)
- Board Certified:
  - 4.99% African American
  - 2.94% Hispanic
  - 12.48% Asian
  - 7.86% Multiracial
  - 0.15% Native American

DEI Task Force Establishment and Charge

- Dr. Michael A. Thomas appointed Chair by ASRM President Dr. Catherine Racowsky and ASRM CEO Dr. Ricardo Azziz

- **Task Force Charges:**

  Charge I: Enhancing opportunities to increase and support diversity and equity, and the inclusion of underrepresented minority populations, in the profession and leadership of reproductive medicine.

  Charge II: Reducing and eventually eliminating health disparities in access and outcomes to reproductive care.

DEI Task Force Membership

- Invitations issued to ASRM members based on personal and professional experience, and a demonstrated commitment to the Task Force goals

- Task Force Members were divided into two working groups to focus on the two Task Force charges, with one member of each serving as working group chair

DEI Task Force Membership

Charge I Working Group Membership:

Gloria Richard-Davis, MD, MBA, NCMP, Chair
Arthur Chang, PhD, HCLD/ELC/CC
Jeanetta Darno, SPHR
Kim Thornton, MD
Mikesha Middlebrook, RN, BSN
Adriana Cymet Lanski, Psy.D.
Ruben Alvero, MD

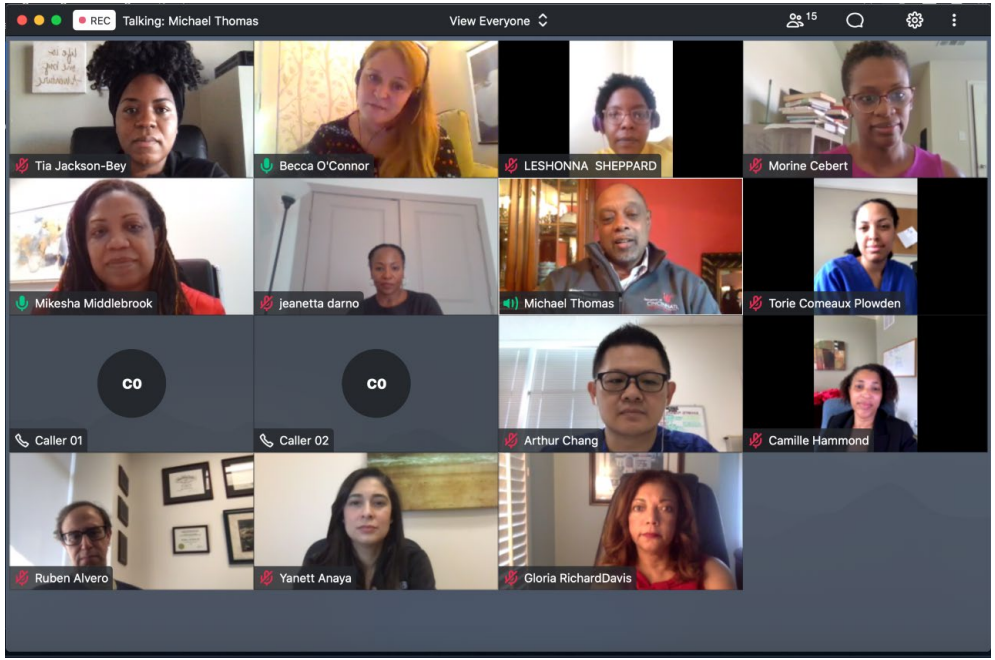
DEI Task Force Membership

Charge II Working Group Membership:

Morine Cebert Gaitors, PhD, FNP-C, Chair
Tia Jackson-Bey, MD, MPH
Camille T.C. Hammond, MD, MPH
Mark Leondires, MD
Yanett Anaya, MD
LTC Torie Comeaux Plowden, MD, MPH, FACOG
Jennifer Wood, RN, BSN

Methodology

Over the summer and fall of 2020, the DEI routinely met both as a whole and as subgroups to discuss and refine recommendations.



Charge I: Recommendations

Charge I: Enhancing opportunities to increase and support diversity and equity, and the inclusion of underrepresented minority populations, in the profession and leadership of reproductive medicine.

Recommendations, presented by Sub-Chair, Gloria Richard Davis, MD, MBA, NCMP

1. **Perform an Environmental Scan**

2. **Expand a Focus Recruitment and Retention of a Diverse Workforce**

3. **Increase Outreach, Education, and Opportunities for Diverse Populations, Including Pipeline Programs**

4. **Expand and Enhance Training to Support a Diverse and Informed Workforce18**

Environmental Scan

- Establish and collect demographic information on ASRM membership and practices
  - Practices (private and academic)
    - Providers
    - Laboratory personnel
    - Psych services
  - Society Leadership positions

Recruitment and Retention

- Expand diversity of fellowship and postdoctoral pool
- Develop and sustain mentoring opportunities
  - Participation by senior leadership
  - Uphold strong accountability for lasting change

Increase Pipeline Programs

- Intentional and strategic
- Start earlier than college or medical school
- Reproductive health education
  - High school
  - Middle school
- Simulation program

Enhance Training to Support Diverse Workforce

- Ongoing and specific training to minimize:
  - Bias
  - Stereotyping
  - Discrimination
  - Racism

Charge II: Recommendations

Charge II: Reducing and eventually eliminating health disparities in access and outcomes to reproductive care.

Recommendations, presented by Sub-Chair Morine Cebert Gaitors, PhD, FNP-C

1. **Promote Inclusive Terminology and Definitions**

2. **Reduce and Address Infertility Related Stigma in Diverse Populations**

3. **Advocate for and Support Inclusive Education in Reproductive Health**

Charge II Recommendations, cont.

4. Evaluate Opportunities to Enhance and Provide Low-Cost, Inclusive Services

5. Continue and Expand Advocacy Efforts for Inclusive Policies

6. Require Transparency to Promote Accountability

7. Ensure ASRM Publications Prioritize Diversity, Equity, and Inclusion

Inclusive Terminology

- Change in definition of infertility to include:
  - LGBTQIA community
  - Single women
  - Single men
  - People with disabilities

Reduce Infertility Stigma

- Work with local and national patient support groups to reduce stigma
  - Racial
  - Ethnic
  - Religious

Support Education in Reproductive Health

- Educate providers in best practices in discussing future fertility concerns in underrepresented populations (women of color and poor women)
  - Preventing STI
  - Anovulatory disease states (PCOS, etc.)
  - Endometriosis

Universal Coverage for Fertility Care

- Mandate fertility coverage in all 50 states
- Inclusive of:
  - IVF coverage
  - Fertility preservation

Opportunities to Provide Low-Cost Services

- REI practices work with Ob/Gyn, FP and IM to provide lower cost:
  - Telemedicine
    - Pre-screening
    - Diagnostic visits
  - Enhance home testing kits
    - Semen analysis
    - AMH

Expand Inclusive Policies

- ASRM play a bigger role in consolidating advocacy efforts
  - Insurance coverage
  - Economic and non-economic burdens
  - Education of patients and providers on existing disparities

Transparency in Reporting Fertility Results

- Promote SART fertility outcome reporting to include:
  - Race
  - Sexual orientation
  - Relationship status

Ensure DEI in ASRM Publications

- Fertility Sterility and sister journals to:
  - Require studies to enhance recruitment of underrepresented patient populations to reflect the community they serve
  - Statement on why recruitment efforts failed

Summary

- Factors that pose immense burdens for infertile individuals of diverse backgrounds include:
  - The high price of treatment
  - Inaccessibility of medical care
  - Infertility that could have been prevented but was not (*e.g.*, untreated infections leading to tubal damage; delays in seeking care)
  - Differences in success rates
  - Lack of accessible education
  - Implicit biases and discrimination

Summary

- As codified in ASRM's mission and values statement, ASRM values and prioritizes diversity, equity, and inclusivity.

- These recommendations, which have been shared with the President and CEO of ASRM at that time. They were discussed and approved by the ASRM leadership, then disseminated on the ASRM.org website

- Thanks to ASRM Leadership and Staff for prioritizing these matters and taking continued action to fully realize the Task Force goals.

SGO Goals and Strategies

- SGO mission for Diversity, Inclusion and Health Equity:
  - Attract diversity and develop future generation of health professionals
  - Increase diversity within membership, volunteers and staff
  - Identify and support research and education aimed at improving health outcomes

AUGS DEI Statement

- ***AUGS commits to:***
  - Creating an environment and experience for its members in which
    - diverse voices are sought, heard, and included.
    - it is safe to express ideas and foster discussion.
    - all participants feel represented by leadership and the organization as a whole.
  - Maintaining a leadership that is
    - intentionally diverse and inclusive.
    - transparent and accountable to the membership.
  - Promoting equity in the care of our patients by
    - recognizing and denouncing historical oppression.
    - seeking to understand and respond to their diverse experiences.
    - identifying and working against structural racism and other systemic discrimination that leads to disparate health outcomes.

SMFM Special Statement April 2022

- Statement on race in MFM research:

- “Profound inequities on maternal and fetal outcomes based on race exist, and the maternal fetal medicine community has an important role in eliminating these disparities….We must abandon commonly propagated myths that race is a surrogate for genetics or economic status and that data are exempt from potential bias.”

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Question 1

- What is a common reason that women of color avoid fertility care?
  1. Use of interpreter services
  2. Economic barriers
  3. Fear of dress code
  4. Previous pregnancy with an RE provider

Question 2

- A 34 year old African American presents with 3 years of infertility. Compared to her Caucasian counterparts, what is she at higher risk for?
  1. Poor embryo implantation
  2. Postmature delivery
  3. Lower rate of miscarriage
  4. Higher rate of blastocyst formation

Question 3

- Oocyte donors are highest among this group of women:
  1. African American
  2. Asian American
  3. Hispanic American
  4. Biracial