## Abstract

Algorithmic Oppression: An Intersectional Anti-Racist Approach to Addressing Birth Inequities in Black Women Contact: Laurie Nsiah-Jefferson, Ph.D., MPH., MA. Heller School for Social Policy and Management, Brandeis University <u>la.nsiahjefferson@umb.edu</u> <u>ljeffers@brandeis.edu</u> 617-930-0506

Black women are three times more likely to die from complications of pregnancy and two times more likely to experience severe maternal morbidity. These outcomes are driven by systemic, structural, interpersonal, and internalized racism, and sexism, exacerbated by the US socio-political context, inequitable social and health policies, and algorithmic oppression (AO). We ask: What is the impact of algorithmic bias/oppression/racism on birth inequities? How can public and institutional policies mitigate algorithmic bias/oppression/racism? An intersectional antiracism framework was utilized to examine and evaluate actions and provide recommendations related to ameliorating AO. We used intersectionality-based policy analysis to critique proposed and current health and maternity care policies for black women. In line with intersectional research, we used mixed methods to investigate the impact of AO on black birthing people and to amplify their voices. Further, we explained our preference for the term, algorithmic oppression vs bias. We conducted a detailed literature review on the extent and causes of inequities in birth outcomes; types and impacts of AO in health and maternity care and outcomes. Finally, we identified proposed and current public and organizational policies, advocacy efforts, and clinical guidelines related to AO. We will: 1) Provide examples of algorithms applied in maternity care to highlight the potential impact they can have on inequities in maternity care. 2) Describe 6 types of AO that can impact birth outcomes. 3) Describe the level and extent of public policies, legal strategies, advocacy, and organizational interventions to address AO in health and maternity care, and discuss gaps and deficiencies. 4) Highlight the design or redesign of algorithms by entities to address AO in maternity care 5) Offer antiracist recommendations to address AO at the policy and administrative levels, in advocacy and law. 6) Highlight the project's next steps.

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