Examining COVID-19 Risk Reduction Behaviors and Diagnosis in Oregon PRAMS





Introduction

Are there COVID-19 disparities documented in Oregon?

Yes. Data from Oregon's COVID-19 case investigation database have shown that people who identify as Hispanic and Latino/a/x, Black and African American, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander have been disproportionally impacted by COVID-19. See the report:

What is known about differences in COVID-19 prevention across varying race and

What is known about differences in COVID-19 prevention across varying race and ethnicities in the United States?

Literature indicates that among racial and ethnic groups in the United States, white people are the least likely to wear masks and participate in COVID-19 risk reduction behaviors with potential explanatory mechanisms rooted in privilege, power, and access to social and economic resources.

What do we know about pregnant people and their COVID-19 risk reduction behaviors?

Little information exists about pregnant people, their adherence to COVID-19 risk reduction behaviors, and how this behavior may vary across race and ethnicity.

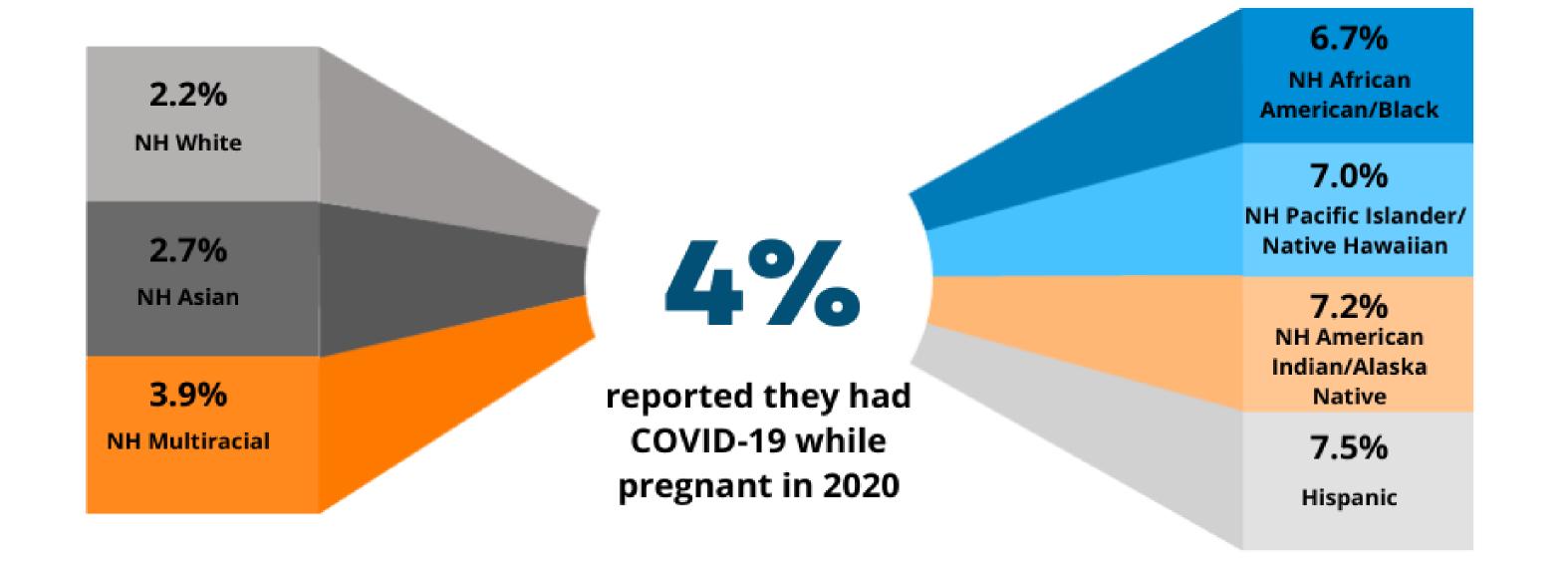
What is PRAMS and how did we use it?

The Pregnancy Risk Assessment Monitoring System (PRAMS), a joint project between the CDC and Oregon Health Authority, collects information from birthing parents about their experiences before, during, and after pregnancy. Oregon added supplemental questions on COVID-19 experiences to its PRAMS survey to understand the pandemic's impact on pregnancy and birth across the state.

Methods

Are there differences in COVID-19 risk reduction behaviors and diagnosis among pregnant people in Oregon across race/ethnicity*?

- Data Source: Oregon PRAMS COVID-19 Experiences Supplement (July December 2020)
- Sample: A population-based, stratified, random sample of live births; Oregon PRAMS oversamples by birthing parent race/ethnicity.
- Statistical Analysis: We calculated prevalence rates with 95% CIs disaggregated by 7 composite race and ethnicity categories (Hispanic [unweighted n=280], Non-Hispanic (NH) Asian [n=141], NH Black or African American [n=93], NH American Indian and Alaska Native [n=37], NH Pacific Islander and Native Hawaiian [n=41], NH Multiracial [n=148], and NH White [n=185].
- Software: SPSS version 24



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In 2020, Hispanic and Non-Hispanic Black and African American, American Indian and Alaska Native, Pacific Islander and Native Hawaiian, and Multiracial pregnant Oregonians had higher rates of individual-level COVID risk reduction behaviors but still reported higher prevalence of COVID-19 diagnosis.

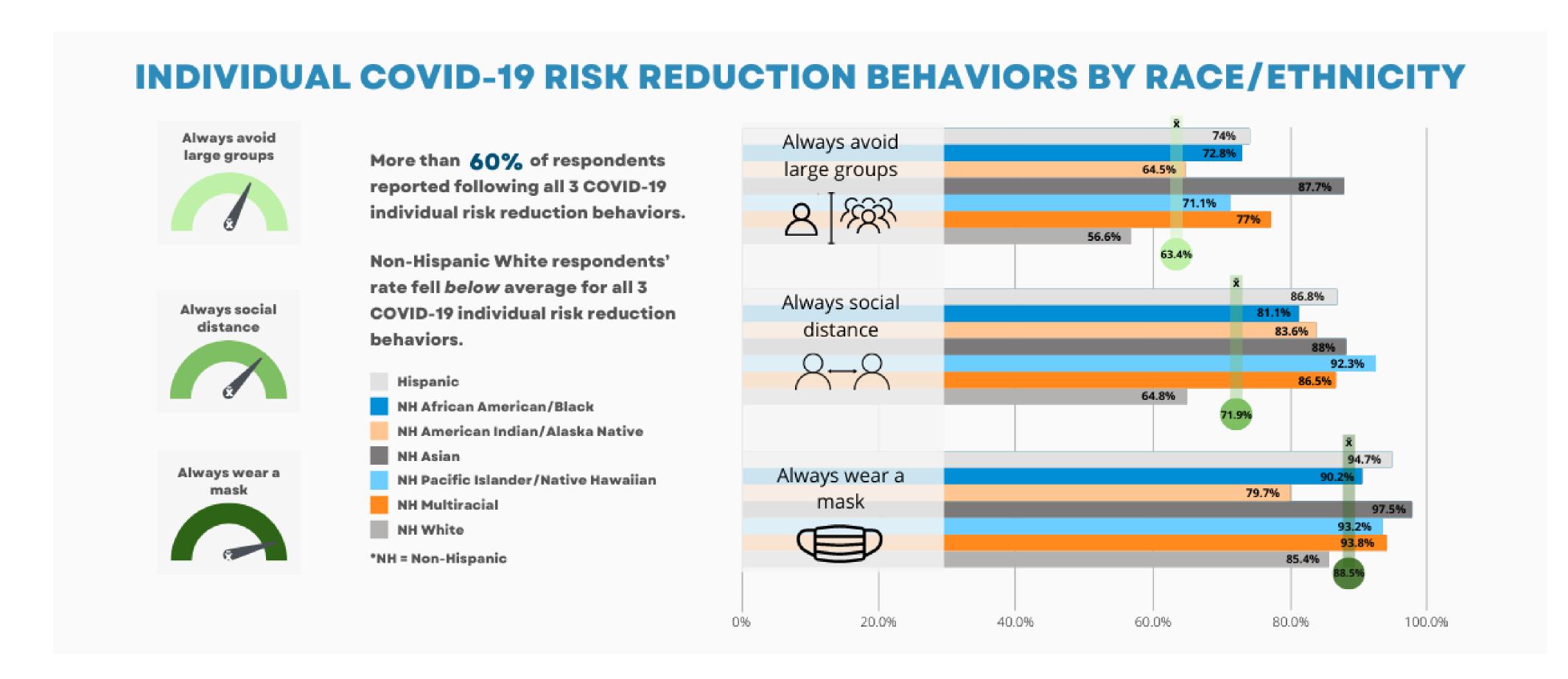
Individual level actions may not be sufficient to help protect pregnant people from COVID-19; therefore there is a need for stronger community and societal-level prevention.

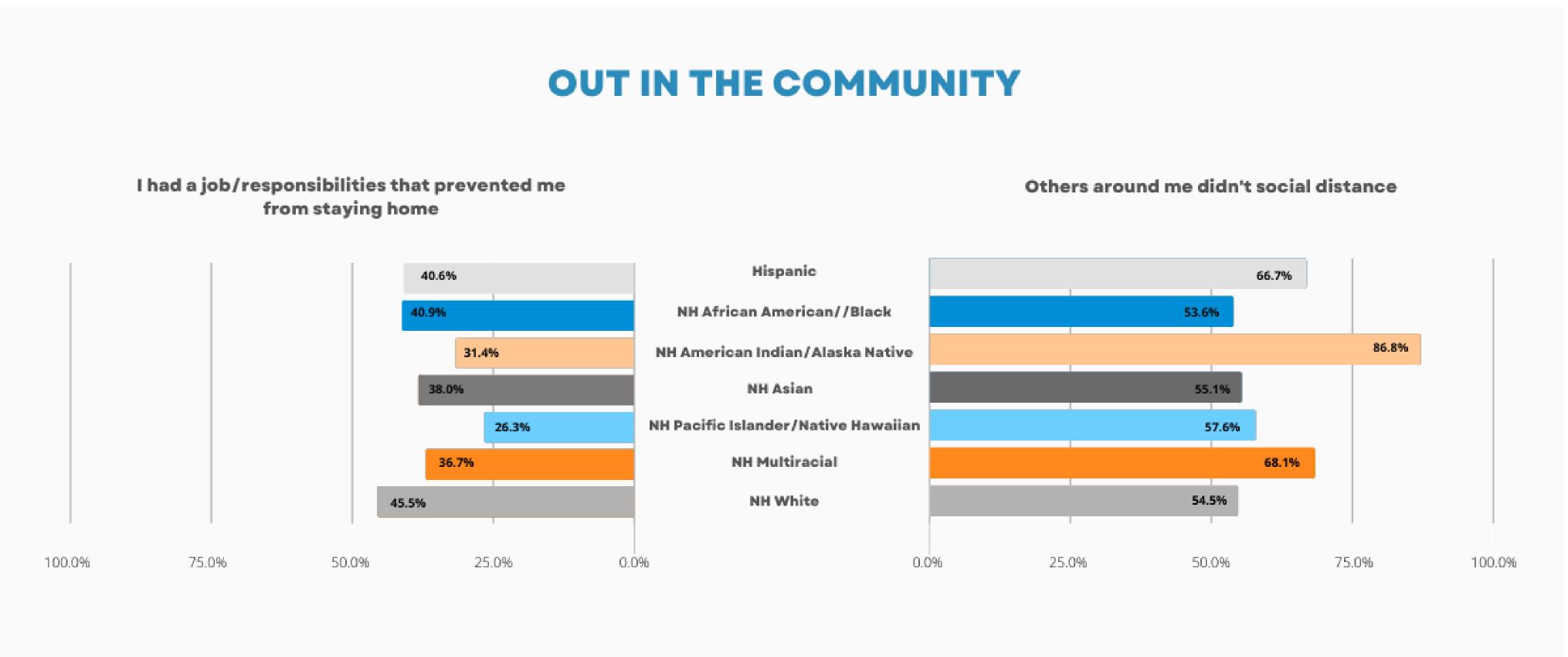
*Footnote

The broad composite racial/ethnic categories used in this study and on Oregon Birth Certificates are limiting. We want to acknowledge that aggregation of data into these broad groups:

- masks critical within-group differences;
- does not reflect the lived experience and the wide diversity of ethnic groups that exist within each group;
- and continues to perpetuate existing inequities.

In an effort to address issues of equity, representation, and intersectionality, Oregon agencies began collecting more granular data on race, ethnicity, language and disability status. These data are included on birth certificates as of April 2022 and will be integrated within PRAMS.





Discussion/Implications

The Oregon Health Authority worked to address multiple levels of prevention by funding over 170 community-based organizations in COVID-19 response efforts to ensure culturally and linguistically responsive services.

This may have supported the greater risk reduction behaviors reported among the Hispanic and Non-Hispanic Black and African American, American Indian and Alaska Native, Pacific Islander and Native Hawaiian, and Multiracial pregnant populations.

Most of these pregnant Oregonians reported not having a job or other responsibilities that prevented them from staying home during this part of the pandemic, but did report that when they were out in public, others around them did not social distance.

Limitations: PRAMS COVID supplement data do not account for structural determinants and complex factors contributing to health inequities associated with risk of COVID-19 diagnosis. Additionally, survey data cannot be utilized to determine causality between risk reduction behaviors and self-reported diagnosis.

