

Insights

NICHQ Employee Spotlight: Rinka Murakami, MPH

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Analyst

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Job Title: Analyst

Years with NICHQ: 1 year

How has your background led you to join a national children's health organization?

I went to Boston University for both undergrad and graduate school. I studied health sciences and then went on to study epidemiology and biostatistics for my MPH. I couldn't pick a concentration because there were so many that I was interested in, but maternal and child health always stuck out to me because so much of what happens in the earlier years of life affects the rest of the life course and health outcomes. When I was a student back in the summer of 2018, I interned with NICHQ, and I was very lucky to find my way back here after I graduated and

started working here in 2022.

Personally, I've always been connected to Improving health disparities, especially those that are impacted by racial health disparities. My best friend in college was a Black woman who got pregnant during our senior year. The father wasn't in the picture, so I was happy to support her in any way I could by going to all the appointments, and I was with her when she gave birth. Unfortunately, there were some complications, and the baby was immediately sent to the NICU. There was hope that the situation would improve, but a few weeks later the infant passed away. I think we're always talking about maternal mortality, infant mortality, and racial differences in the U.S., but being there, living in the moment, seeing that happening, it wasn't numbers anymore. It was what my best friend was experiencing. It shook me and reaffirmed my decision to work in the maternal and child health space.

What does your role as an Analyst entail, and how do you bring your past experiences to your work now?

I worked for the Ryan White HIV Services Division of the Boston Public Health Commission when I was in grad school. I got to work on a community needs assessment there and use that data to best inform what services people needed most, where we wanted to increase funding – and those types of things. Being able to see the impact when we did focus groups was really exciting to me.

Now, as an Analyst, I'm grateful that I get to do that even more on a larger scale in different projects. With ECHO DINE, we're acting as the coordinating center for a big study, and I have gained new experience with that research side. Being able to participate in our own research paper using that data has been really exciting.

In my role as an Analyst, I feel passionate about being able to work on different health initiatives focused on improving birth equity and respectful care. That's something that I've been learning a lot about – respectful care in the birthing process.

You've worked with NICHQ's Programs and DARE departments, are there any NICHQ projects or deliverables that have been particularly impactful for you to work on?

It's also been really interesting to learn and think about how to examine birth equity and data. We'll look at it by race or ethnicity, by language, and other demographic information. These are all self-reported by the birthing people during their discharge. We've also started looking at different domains of respectful care. We ask if they feel that they had autonomy. We also ask questions related to stigma and discrimination. That way, hospital teams can pinpoint what steps in the birthing process they can improve to help support these birthing people in having a better experience in the hospital.

I've also been very lucky to join the National Network of Perinatal Quality Collaboratives (NNPQC) team this year, which has been fascinating given my previous experience working with a PQC as a project manager on a different NICHQ project. Now, discussing different issues and initiatives that these PQCs are working on, on a national level, and seeing them collaborate and share resources has been exciting.

What are you most proud of from your time here at NICHQ?

I'm most proud of this data report that I created to look at the responses we receive from a respectful care survey. It's hard to assess improvement without being able to examine data over time, but the reports these hospital teams were receiving just focused on monthly data. I proposed we look at the data continuously, from when these hospital teams joined until their current month, and try to see improvement. Since then, the report has evolved to not only look at the survey response rates or the percentages of negative responses for each question but also more recently by domain. It has been helpful for hospital teams so they can come up with more specific QI initiatives and work with our QI experts to test different PDSAs that might work well for them.

Looking ahead, what is one goal you're excited to accomplish with the DARE team this year?

Since joining the DARE Team, the thing I'm most excited about is getting into analysis papers and contributing to my first research paper. I feel lucky to be able to learn about different analysis methods, as our paper uses latent class analysis – something I was not previously familiar with. I'm looking forward to learning the process of preparing a paper and contributing to its development.