Prematurity & Racial Disparity
Shareta Remikie, Ed.D.

March of Dimes
Director of Maternal Child Health
Southeast Florida Region
Objectives

1. Illustrate difference between Equality, Equity, and Reality
2. Present preterm birth data for the United States, Florida and Broward County.
3. Discuss the Disparities and Inequities in Maternal and Infant Health Outcomes
4. Explain the March of Dimes’ Strategic approach to preventing preterm births and fostering healthy babies, especially health equity efforts
5. Explore the March of Dimes’ “Toward Improving the Outcome of Pregnancy III in Perinatal Health Outcomes” toolkit, emphasizing “Quality Improvement Opportunities to Promote Equity”.
6. Share examples of successful perinatal models to achieve health equity.
Preterm birth rates


LMP=gestational age based on date of mother’s last menstrual period
OE=gestational age based on obstetric estimate
Preterm is less than 37 weeks gestation.
Prepared by March of Dimes Perinatal Data Center, April 2017.
Preterm birth rates
United States, 2014 & 2015

For the first time in 8 years, the US preterm birth rate increased between 2014 and 2015.

The increase and was driven by increases among black and Hispanic women.

Gestational age based on obstetric estimate.
Preterm is less than 37 weeks gestation.
Source: National Center for Health Statistics, 2014 and 2015 final natality data.
Prepared by March of Dimes Perinatal Data Center, April 2017.
Preterm birth rates
United States, 2014 & 2015

Provisional data suggest that the preterm birth rate continued to increase between 2015 and 2016.

Gestational age based on obstetric estimate.
Preterm is less than 37 weeks gestation.
Prepared by March of Dimes Perinatal Data Center, April 2017.
Preterm birth rates by maternal race/ethnicity

United States, 2012-2014 average

- Black: 13.3%
- American Indian/Alaska Native: 10.4%
- Hispanic: 9.1%
- White: 9.0%
- Asian/Pacific Islander: 8.5%

Preterm is less than 37 weeks gestation. Gestational age is determined using obstetric estimate.

Source: National Center for Health Statistics, 2012-2014 final data.
Prepared by March of Dimes Perinatal Data Center, 2016.

Embargoed until 11/1/2016
# 2016 PREMATURE BIRTH REPORT CARD

## Florida

<table>
<thead>
<tr>
<th>County</th>
<th>Preterm Birth Rate</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broward</td>
<td>10.2%</td>
<td>C</td>
</tr>
<tr>
<td>Dural</td>
<td>11.2%</td>
<td>D</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>10.1%</td>
<td>C</td>
</tr>
<tr>
<td>Miami-Dade</td>
<td>9.7%</td>
<td>C</td>
</tr>
<tr>
<td>Orange</td>
<td>9.6%</td>
<td>C</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>9.3%</td>
<td>C</td>
</tr>
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</table>

### COUNTIES

Counties with the greatest number of births are graded based on their 2014 preterm birth rates.

### RACE & ETHNICITY IN FLORIDA

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Preterm Birth Rate</th>
<th>Disparity Index</th>
<th>State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>9.0</td>
<td>14</td>
<td>#6</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>9.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>13.3</td>
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</table>

In Florida, the preterm birth rate among black women is 40% higher than the rate among all other women.
The March of Dimes Prematurity Campaign aims to reduce preterm birth rates across the United States. Premature Birth Report Card grades are assigned by comparing the 2015 preterm birth rate in a state or locality to the March of Dimes goal of 8.1 percent by 2020. The Report Card also provides county and race/ethnicity data to highlight areas of increased burden and elevated risks of prematurity.
### Counties in Florida

Counties with the greatest number of births are graded based on their 2014 preterm birth rates.

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Gestational age is based on obstetric estimate.
Source: National Center for Health Statistics, 2014 natality data.
2016 PREMATURE BIRTH REPORT CARD

RACE & ETHNICITY IN FLORIDA

Percentage of live births in 2012-2014 (average) that are preterm

- Hispanic: 9.0%
- Asian/Pacific Islander: 9.1%
- White: 9.1%
- American Indian/Alaska Native: 9.7%
- Black: 13.3%

In Florida, the preterm birth rate among black women is 46% higher than the rate among all other women.

Gestational age is based on obstetric estimate. Race categories include only women of non-Hispanic ethnicity. Source: National Center for Health Statistics, 2012-2014 natality data.

marchofdimes.org/reportcard
The likeness of fetal growth and newborn size across non-isolated populations in the INTERGROWTH-21\textsuperscript{st} Project: the Fetal Growth Longitudinal Study and Newborn Cross-Sectional Study

José Villar, Ari T. Papageorghiou, Ruyan Pang, Eric O. O'Hare, Lélia Cheikh Sennah, Fernanda C. Barros, Ann Lambert, Maria Canelás, Yasemin A. Jeffer, Emilio Bellini, Michael G. Gravett, Doug G Altman, Manonmao Purwar, Sharmaya O'Frederick, Julius A Noble, Cesar C Victoria, Zubair A Bhatta, Stephen H. Kennedy, for the International Fetal and Newborn Growth Consortium for the 21st Century (INTERGROWTH-21\textsuperscript{st}).


BJOG: An International Journal of Obstetrics & Gynaecology
pages 9-26, 17 MAY 2013 DOI: 10.1111/1471-0528.12047

Sites
- Brazil *
- China *
- India *
- Kenya
- Oman
- UK
- USA *
- Italy
Implications of Intergrowth 21st Project

Under optimal conditions women of different *races* and *ethnicities* living on different *continents* have similar birth outcomes.

Therefore, race, ethnicity and national origin are not THE determinants of birth outcomes.

Genes themselves, or “group flaws” do not determine birth disparities. Environmental and social factors cause differences in outcomes, and may modify gene expression by switching genes on and off.

We *cannot* continue to use the excuse that we are a diverse country.
Average Expense to Employer Newborn Care


$26 billion annually in total societal and economic costs associated with prematurity, including medical care and special education.
What is March of Dimes doing to prevent preterm birth...and foster healthy babies overall?
March of Dimes Strategic Approach

National Prematurity Campaign Collaborative

Prematurity Research Centers
Advocacy
Education
Care innovation and community engagement
Family-centered NICU

Data and information
March of Dimes Prematurity Strategic Map for Mobilizing Support: 2016-2020

A. Increase Effective Use of Evidence-Informed Clinical and Public Health Practice
B. Expand Discovery and Accelerate Translation and Innovation
C. Align Multi-level Support to Improve Health Equity
D. Develop and Implement Messaging, Policy & Practice Strategies
E. Secure the Funding and Resources Required for Success

F. Emphasize the Health of Women and Adolescents
G. Engage Families, Communities and Other Strategic Partners Across Sectors Through a Collaborative Infrastructure
H. Optimize the Use of Data and Evaluation to Drive Learning and Success

Achieve Equity and Demonstrated Improvements in Preterm Birth
Workgroups Structure

- **Clinical and Public Health Practice Workgroup**
  - Increase Effective Use of Evidence-Informed Clinical and Public Health Practice

- **Research Workgroup**
  - Expand Discovery and Accelerate Translation and Innovation

- **Health Equity Workgroup**
  - Align Multi-level Support to Improve Health Equity

- **Policy and Communications Workgroup**
  - Develop and Implement Messaging, Policy & Practice Strategies

- **Funding and Resources Workgroup**
  - Secure the Funding and Resources Required for Success
Collective Impact Model

- Common Agenda
- Mutually Reinforcing Activities
- Shared Measurement
- Continuous Communication
- Backbone Support
Prematurity Campaign Collaborative

Health Equity Workgroup Charges and Updates
Charge to the Health Equity Workgroup

1. Develop communications about health equity and prematurity
2. Identify research, policy and practice areas in need of development
3. Identify and spread best and promising practices and policies
4. Serve as expert resource to collaborative organizations and others
5. Explore potential working group and/or collaborative wide projects
6. Identify resources to achieve improvements in preterm birth and health equity
Objective: achieve equity and demonstrated improvements in preterm birth by aligning multi-level support to achieve health equity (Column C in the Strategic Map):

- Foster and support population-based solutions
- Foster and support community/place based leadership and engagement
- Align federal, tribal, state, local and community policy initiatives
- Partner across sectors to impact the root causes of inequity

Possible projects

1. Scientific consensus statement
2. Principles for workgroups and other organizations
3. Glossary of language
Toward Improving the Outcome of Pregnancy III

Enhancing Perinatal Health Through Quality, Safety and Performance Initiatives

December 2015

march of dimes®
# Summary of TIOP I and TIOP II and TIOP III

<table>
<thead>
<tr>
<th>Year Published</th>
<th>TIOP I</th>
<th>TIOP II</th>
<th>TIOP III</th>
</tr>
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</table>
| Focus         | A regional perinatal care system | Care before and during pregnancy  
Care during birth and beyond  
Data documentation and evaluation  
Financing | Enhancing perinatal health through quality, safety and performance initiatives |
| Primary Recommendations | Levels of care  
Level I — Uncomplicated maternity and newborn  
Level II — Uncomplicated and majority of complicated  
Level III — Uncomplicated and all serious complications  
Preparatory and continuing education in regional system  
Coordination and communication in regional system  
Major tasks — financing, education, initiating action | Health promotion and education  
Reproductive awareness  
Structure and accountability  
Preconception and interconception care  
Ambulatory prenatal care  
Inpatient patient care  
Infant care  
Improving the availability of perinatal providers  
Data, documentation and evaluation  
Financing perinatal care | Assuring the uptake of robust perinatal quality improvement and safety initiatives  
Creating equity and decreasing disparities in perinatal care and outcomes  
Empowering women and families with information to enable the development of full partnerships between health care providers and patients and shared decision-making in perinatal care  
Standardizing the regionalization of perinatal services  
Strengthening the national vital statistics system |
Towards Improving The Outcomes of Pregnancy

- Assuring the uptake of robust perinatal quality improvement and safety initiative
- Creating equity and decreasing disparities in perinatal care and outcomes
- Empowering women and families with information to enable the development of full partnerships between healthcare providers and patients and shared decision making in perinatal care.
- Standardize the regionalization of perinatal services
- Strengthen the national vital statistics system
TIOP III-Creating equity and decreasing disparities in perinatal care and outcomes

– Promote equity and care across the perinatal spectrum
  • Culturally sensitive
  • Developmentally and Linguistically appropriate

– Improve access to quality health care services regardless of patient’s ability to pay
Strategies for Success

- Establishment of evidence-based guidelines
- The collection of data by racial and ethnic group categories
- The development of strategies to incorporate disparities reduction goals into quality performance measures
- Outreach into local communities to understand the context in which people live
Successful Perinatal Models to Achieve Health Equity

- Northern Manhattan Perinatal Partnership
- Parkland Memorial Hospital
- Centering Pregnancy
- Perinatal Home Visitation Programs
- Project Dulce
- Baylor Health Care System
RESOURCES

“Unequal Treatment — Confronting Racial and Ethnic Disparities in Healthcare”
  The Institute of Medicine (IOM)

  The Office of Minority Health (OMH)

The National Center for Cultural Competence (NCCC)

“Improving Quality and Achieving Equity”
Action Needed

• Health care professionals, staff, administration and patients are educated and aware of perinatal health disparities, the importance of cross-cultural communication and cultural sensitivity training for all staff.

• Data are collected by patient’s race/ethnicity.

• Services are established where the need is identified to address race/ethnicity data collection, disparities and equity measurement and monitoring tools, interpreter services, medical homes, and cultural sensitivity training.

• Community-based relationships with the local public health department, community organizations and leaders are established.

• Monitor for disparities when analyzing high impact perinatal measures, such as infant mortality, late preterm births, and elective cesarean and induction delivery rates prior to 39 weeks.

• When disparities are identified, implement and evaluate interventions that address the root causes such as, language, literacy or cultural barriers.
Questions???????