

Reducing Disparities

African Americans & High Risk Pregnancies Summit



SPONSORS: Minnesota Department of Human Services Integrated Care for High Risk Pregnancies Initiative (ICHRP) Advisory Council with Community Voices and Solutions and Institute for Equity in Birth Outcomes

GOAL

Create better integrated pathways and stronger partnerships to address African American high risk pregnancies



What Do We Want?

Improved systems that work together to **identify and reduce social and behavioral risks** during African American pregnancies and address the disproportionate number of adverse birth outcomes.



Why?

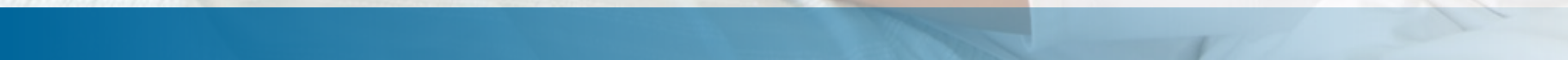
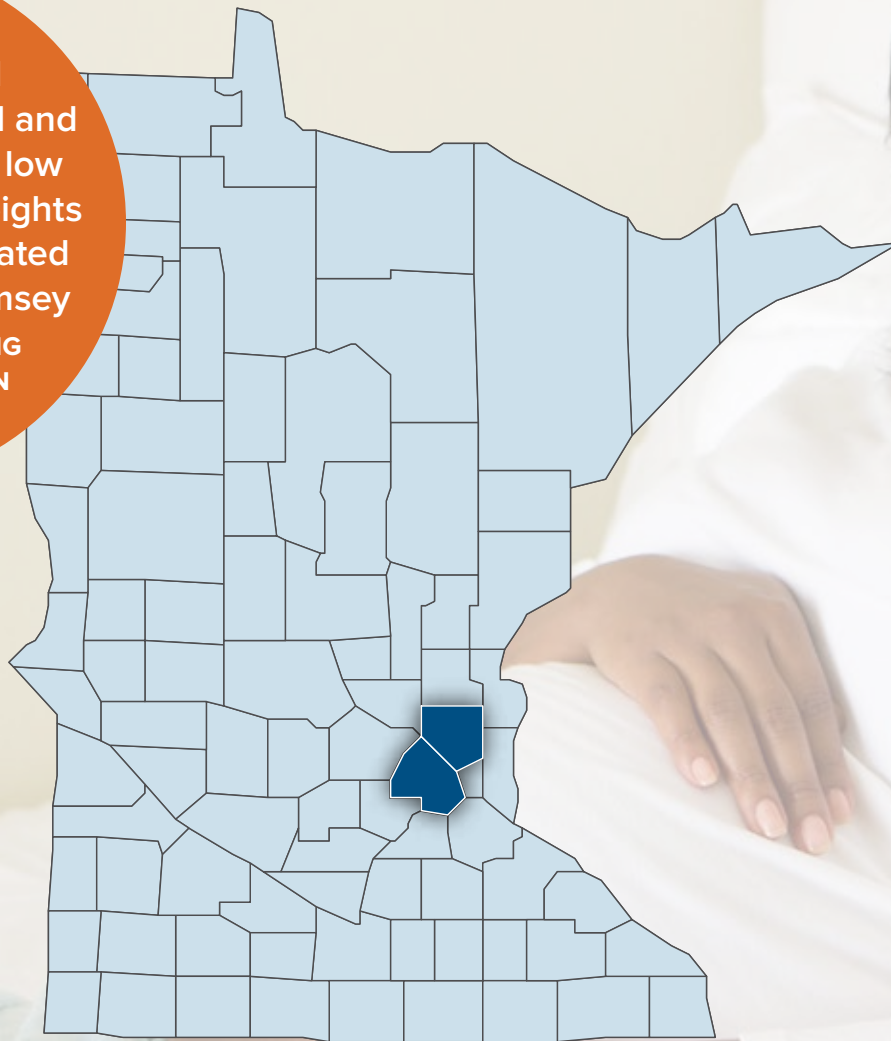
Medicaid data show that **support service coordination** during prenatal care for high risk pregnancy **could be considerably improved.**



Facts



Research shows that racial disparities in prenatal and infant mortality, and low and very low birth weights are significantly elevated in Hennepin and Ramsey Counties (EXCLUDING EDINA, BLOOMINGTON AND RICHFIELD).





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Low birth weight is influenced by nutrition, environmental and behavioral stressors, and receipt of quality parental care.

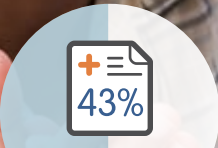
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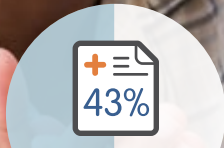
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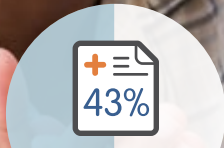
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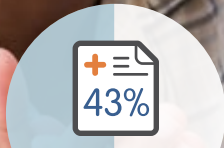


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7.3% = Whites
13.5% = African Americans



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Twin Cities, including some first-tier suburbs such as Brooklyn Park and Brooklyn Center have shown an average Medicaid rate of low birth weight:

8.9% = Minneapolis
8.7% = Ramsey County
9.2% = Hennepin County

(EXCLUDING MINNEAPOLIS, BLOOMINGTON, RICHFIELD AND EDINA)

Benefits



Better integrated care can
reduce adverse birth outcomes.




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Because adverse birth outcomes are geographically concentrated in Minnesota, the return on investment will be optimized by focusing improvements on a targeted population.




A pregnant woman and her partner are standing on a wooden pier by a lake at sunset. The woman is wearing a black dress over a light-colored top, and the man is wearing a black and white striped sweater. They are holding hands and looking towards the camera. The background shows a sunset over the water with a long pier extending into the distance.

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+ Because adverse birth outcomes are geographically concentrated in Minnesota, the return on investment will be optimized by focusing improvements on a targeted population.

+ Enhanced collaborative capacity across local systems of care.


A pregnant woman and her partner are standing together by a body of water at sunset. The woman is on the left, wearing a grey short-sleeved shirt under a black vest, and is holding her belly. The man is on the right, wearing a black and white striped sweater and jeans, and is holding her hand. The background shows a sunset over a lake with a wooden pier extending into the water.

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The African American community has access to funding and support to develop, implement, and evaluate their own solutions to address these needs in their community.

A close-up photograph of a man with dark skin and short hair, wearing a small hoop earring, gently hugging a pregnant woman's belly. The woman is wearing a brown maternity top. The man's eyes are closed, and he has a peaceful expression. The background is a soft, out-of-focus grey. The text "What Do Solutions Look Like?" is overlaid in white, sans-serif font in the upper left quadrant.

What Do Solutions
Look Like?

A soft-focus photograph of a woman with her eyes closed, gently cradling her pregnant belly with both hands. The image is in a light, ethereal tone, serving as a background for the text.

1

Addressing the psychosocial needs of women during pregnancy, and providing early access to quality prenatal care, will reduce risk for low birth weight.

2

Integrated prenatal care that links assessment of low birth weight risks with community supported risk reduction interventions has been shown to improve these adverse outcomes.

3

A core competency in recommendations to address health disparities is the involvement of the community, specifically the involvement of community health workers (CHWs).

Doulas are trained to assist women during childbirth, have been associated with helping address complex health problems during pregnancy such as preterm labor, low birth weight, and postpartum depression.

• **Doulas** and other paraprofessionals—making them integral parts of the care delivery team to involving them as community navigators, education providers, or outreach agents.

4

Many types of **organizations** enhance the value of supports and services needed by women at high risk for adverse birth outcomes.

Prenatal care clinicians, behavioral health practitioners, community-based organizations, social service entities, public health nursing staff, community birth centers staff, chemical health treatment staff, child protection staff.

5

Local entities that are functionally integrated to the extent that they can communicate and cooperate in planning and delivering the complex web of prenatal supports and services needed by pregnant women with multiple psychosocial risks.

6

Engaging pregnant women early in their pregnancies, and gaining their trust to participate with the various service providers participating in the collaborative.

Working Definitions



A photograph of a pregnant woman and her partner sitting on a metal bench outdoors. The woman is wearing a white denim jacket over a light blue polka-dot dress and is gently touching her belly. The man, wearing glasses and a grey sweater, is smiling and has his hands resting on her belly. The background is a blurred outdoor setting with a brick wall and some foliage.

COMMITMENT

A willingness for service providers to do things differently and behave in different ways to get better outcomes for African American families (e.g., mothers, dads, infants, others).

A pregnant woman with dark curly hair is sitting on a metal chair. She is wearing a white denim jacket over a light blue polka-dot dress. Her partner, a man with glasses and a beard, is sitting next to her, smiling broadly. He is wearing a light-colored sweater and has his hands resting on her belly. The background is a blurred outdoor setting with a brick wall and some greenery.

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DISPARITIES REDUCTION

A major goal of public health, including achieving health equity, eliminating health disparities, and improving the health of all U.S. population groups (one of the goals of Healthy People 2020).



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INSTITUTIONAL AND STRUCTURAL RACISM

(Institutional and structural bias) Processes and practices, behaviors, etc. that are built into the structure of society. A result of the structure and functioning of public institutions and public policies. Any arrangement or practice within a social institution or its related organizations that tend to favor one race, ethnic, or cultural group over another. Structural racism understands and explores history to make sense of current inequities such as racial distribution of resources, politicized racial identities, individual experiences of racism, and policies, practices and ideas that support racism; develops interventions and strategies to target inequities.



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INTEGRATING MATERNITY CARE

Improving systems that work together to identify and reduce social and behavioral risks during pregnancy.



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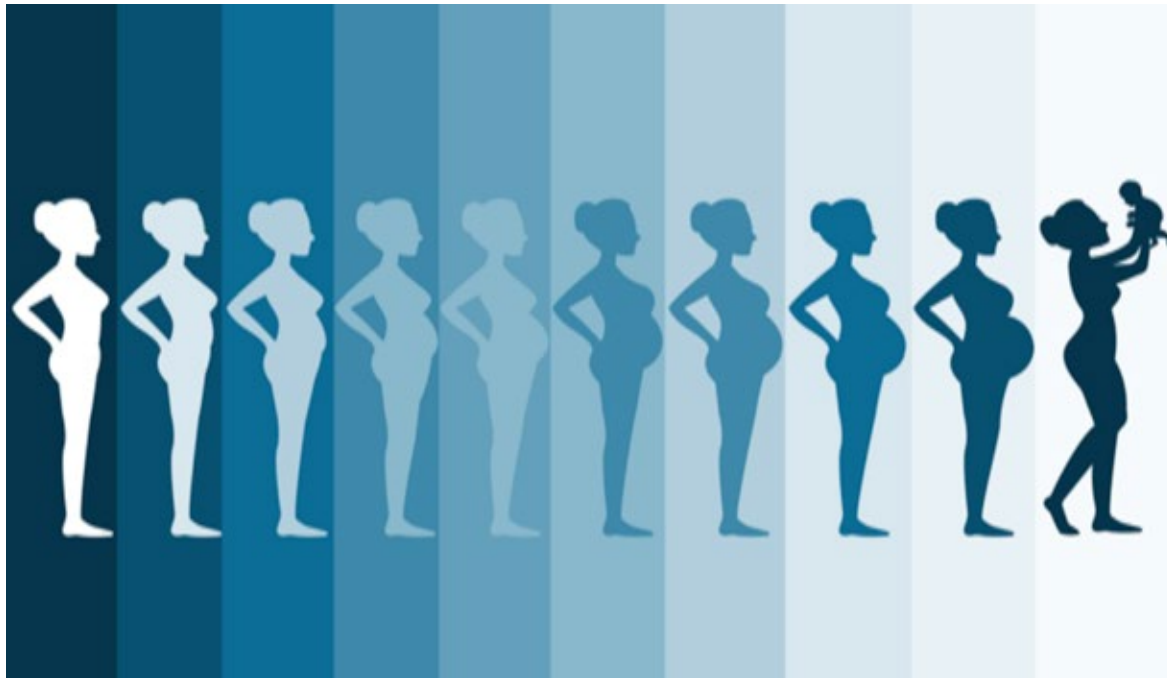
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LOW BIRTH WEIGHT

Is noted when the weight of a live born infant is less than 2500 grams (about 5.5 pounds). Low birth weight is often linked to prematurity (babies that are born too early), and may also be due to intrauterine growth restriction (babies that are small for their gestational age). Infants with low birth weight are at substantially higher risk of death in their first year (infant mortality).

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