



**ALLIANCE FOR A HEALTHIER
SOUTH CAROLINA**

Health Equity: A Strategy to Improve Maternal and Infant Health

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What is health?

“Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

World Health Organization 1948

What is public health?

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988), Future of Public Health



County Health Rankings model © 2014 UWPHI

<http://www.countyhealthrankings.org>

@HealthierSC #HealthierSC

HealthierSC.org

Social Determinant of Health



<https://healthequity.sfsu.edu/content/infographic>

What do we mean by health equity?

HEALTH EQUITY means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.



Achieving Health Equity

“Equity requires directing more resources to groups that have greater needs due to a history of exclusion or marginalization”

March of Dimes, 2018

Equality vs Equity

Equality



Equity

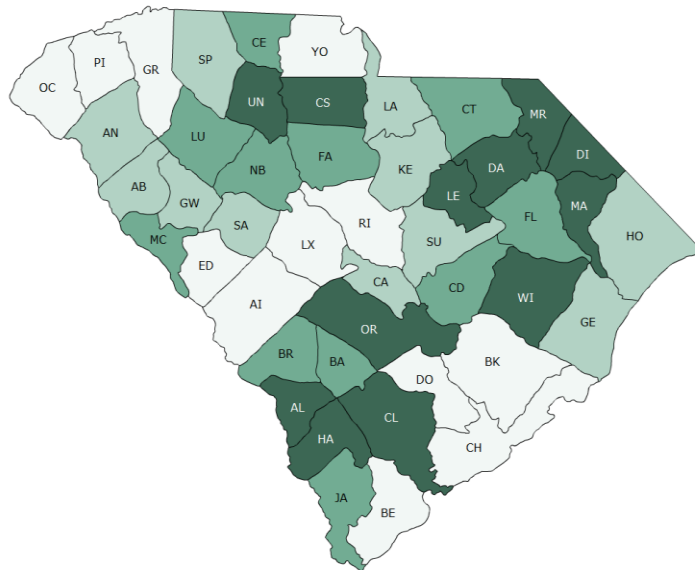


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<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>

2018 County Health Rankings

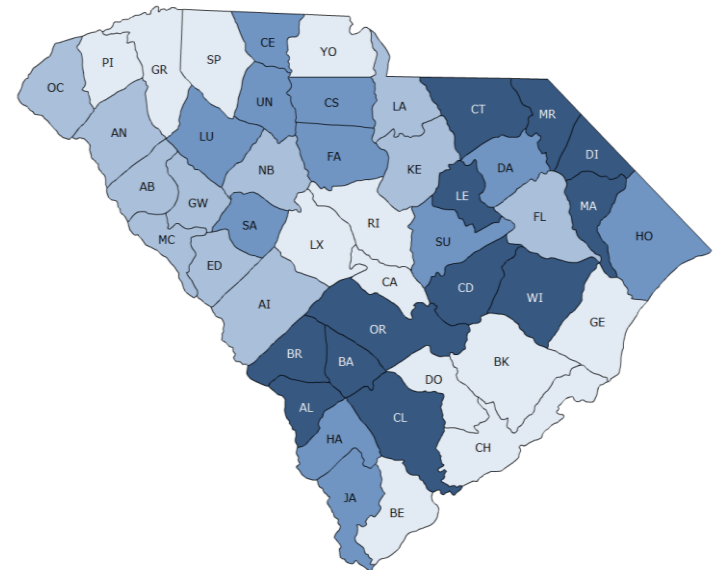
Health Outcomes Map



Rank 1-12 Rank 13-23 Rank 24-34 Rank 35-46

Health Outcomes = Today's Health

Health Factors Map



Rank 1-12 Rank 13-23 Rank 24-34 Rank 35-46

Health Outcomes = Tomorrow's Health

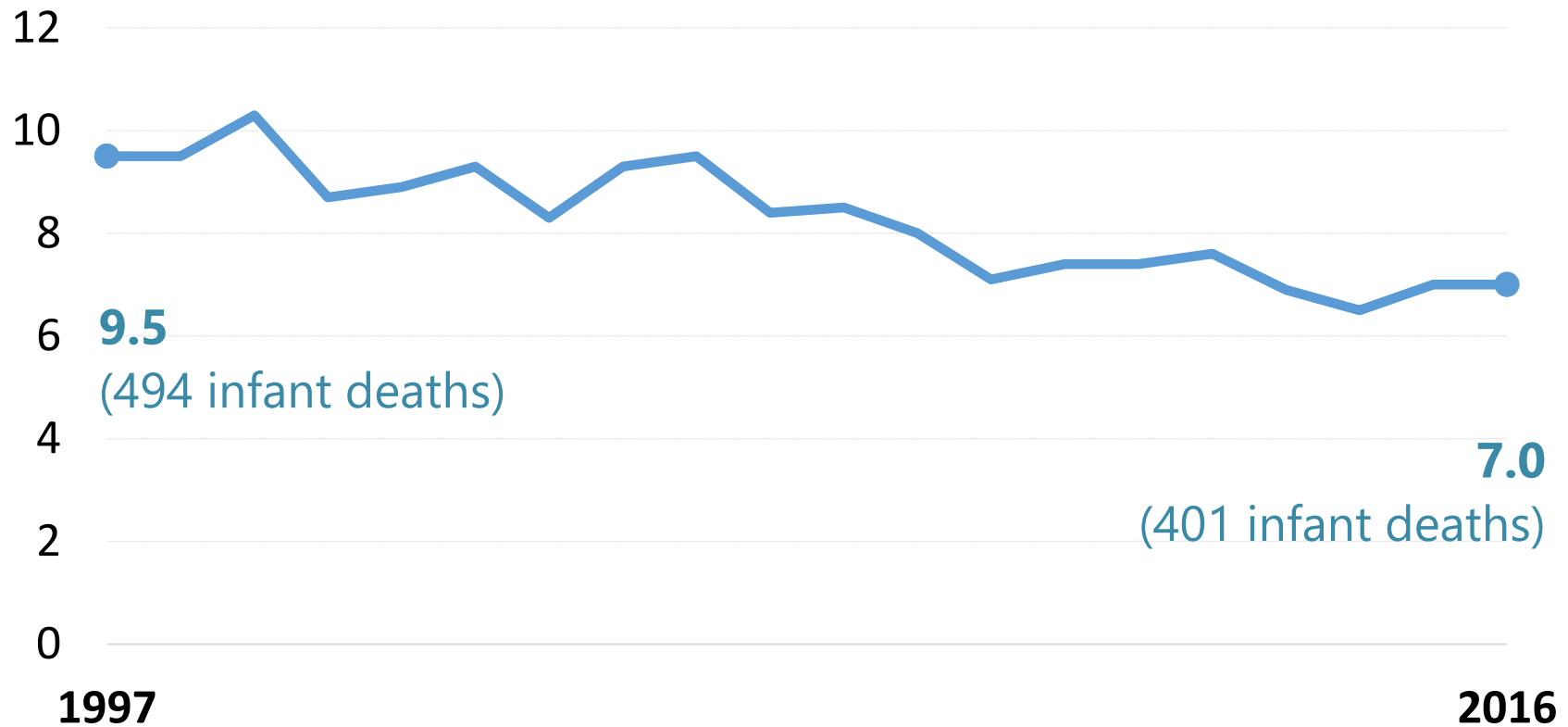
Maternal and Infant Health



104	INFANT MORTALITY
108	BIRTH DEFECTS
110	PRETERM BIRTH
112	LOW BIRTHWEIGHT
114	SAFE SLEEP
116	INTENDED PREGNANCY
118	PRENATAL CARE
120	BREASTFEEDING
122	TEEN BIRTH
124	PREGNANCY-RELATED DEATH

Infant Mortality Rate

Rate per 1,000 live births



26.3% Reduction since 1997

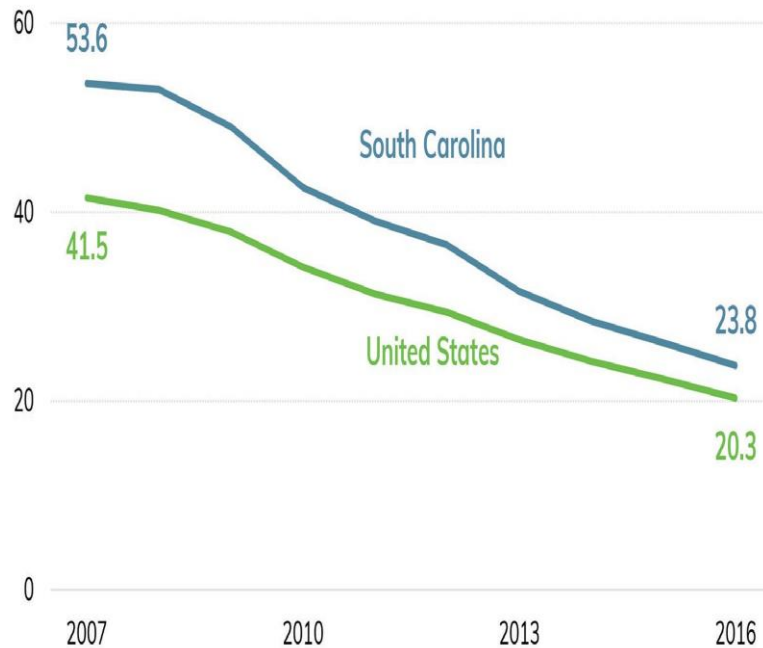
Source: SCDHEC Vital Statistics

Teen Birth Rates- SC

FIGURE 5.16

Teen Birth

Rate per 1,000 females

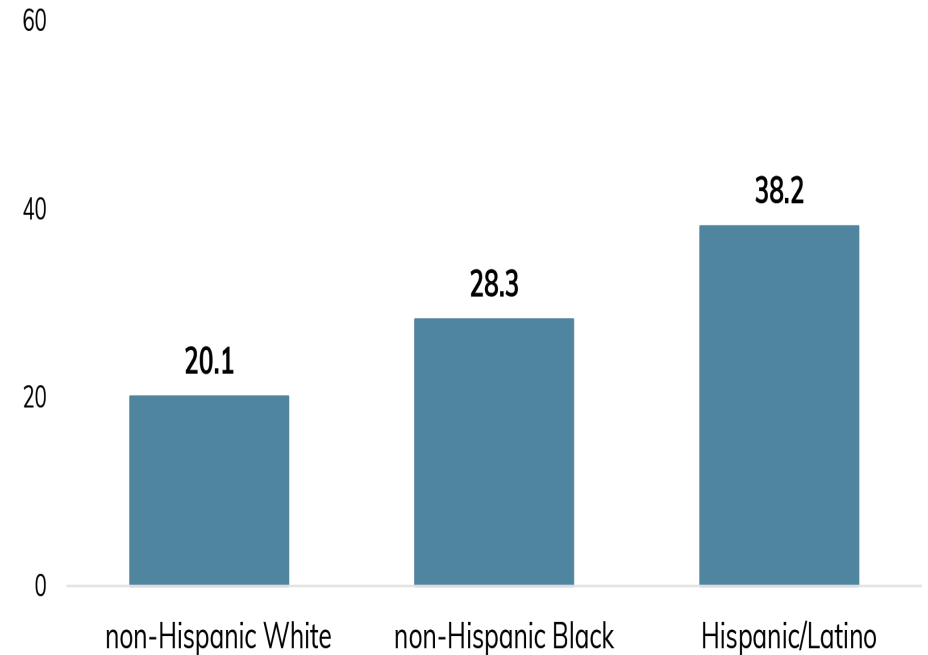


Source: SC DHEC Vital Statistics.
Note: Ages 15-19.

FIGURE 5.17

Teen Birth, by Race/Ethnicity

Rate per 1,000 females

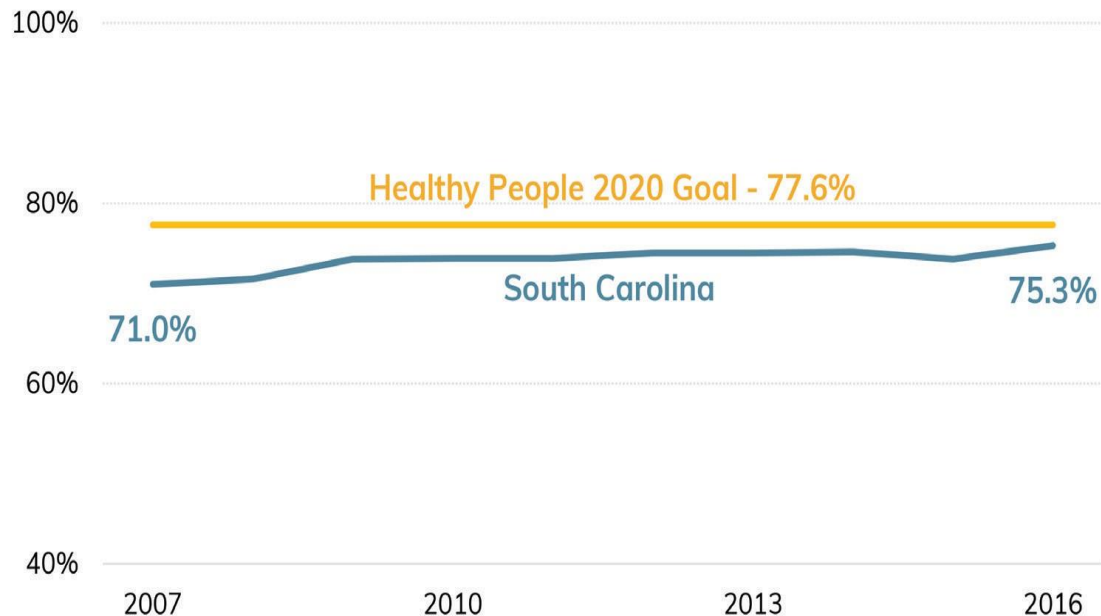


Source: SC DHEC Vital Statistics.
Note: Ages 15-19.

Adequate Prenatal Care Rates-SC

FIGURE 5.13

Mothers Who Received at Least Adequate Prenatal Care



- Non-Hispanic white= 80.0%
- Non-Hispanic black= 70.7%
- Hispanic= 62.3%

Source: SC DHEC Vital Statistics.

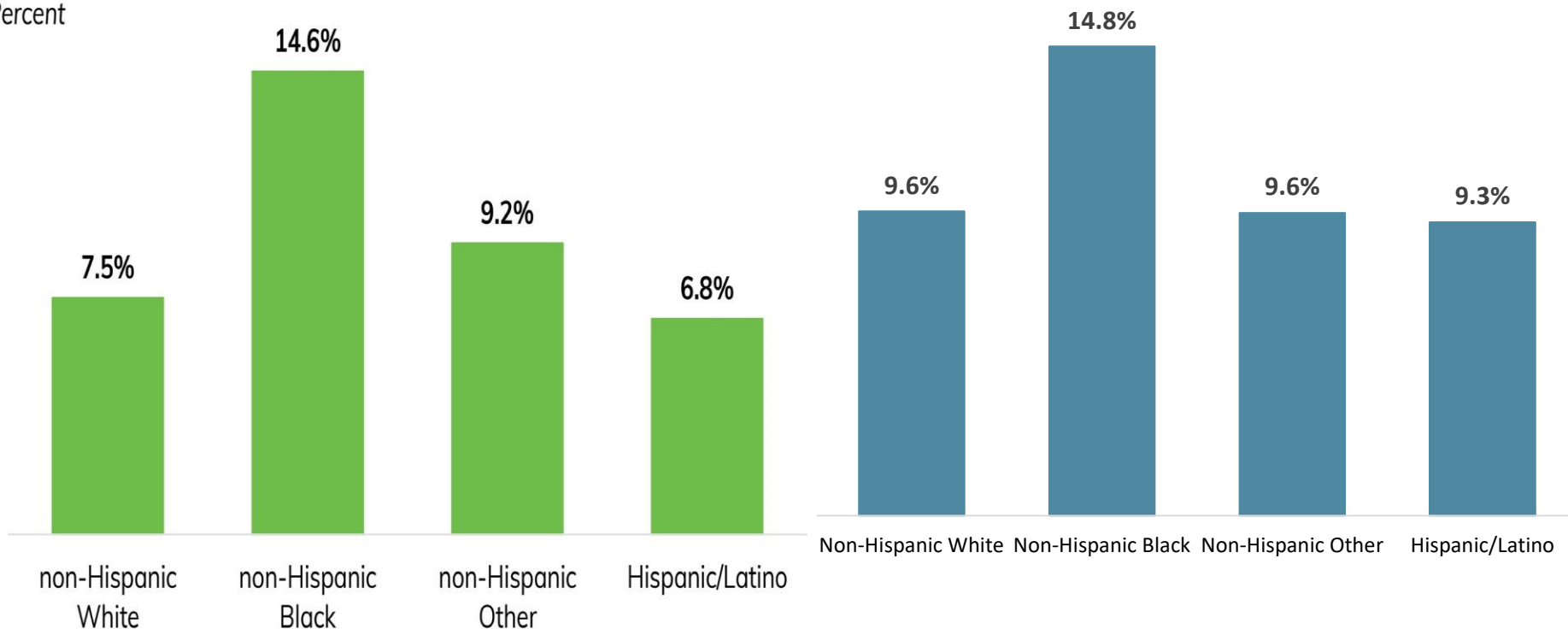
Note: Adequacy of prenatal care is defined using the Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization Index.

Preterm Birth/LBW Equity Gap- SC

FIGURE 5.7

Low Birthweight, by Race/Ethnicity

Percent



Source: SC DHEC Vital Statistics, 2016.

Preterm Birth, by Race/Ethnicity

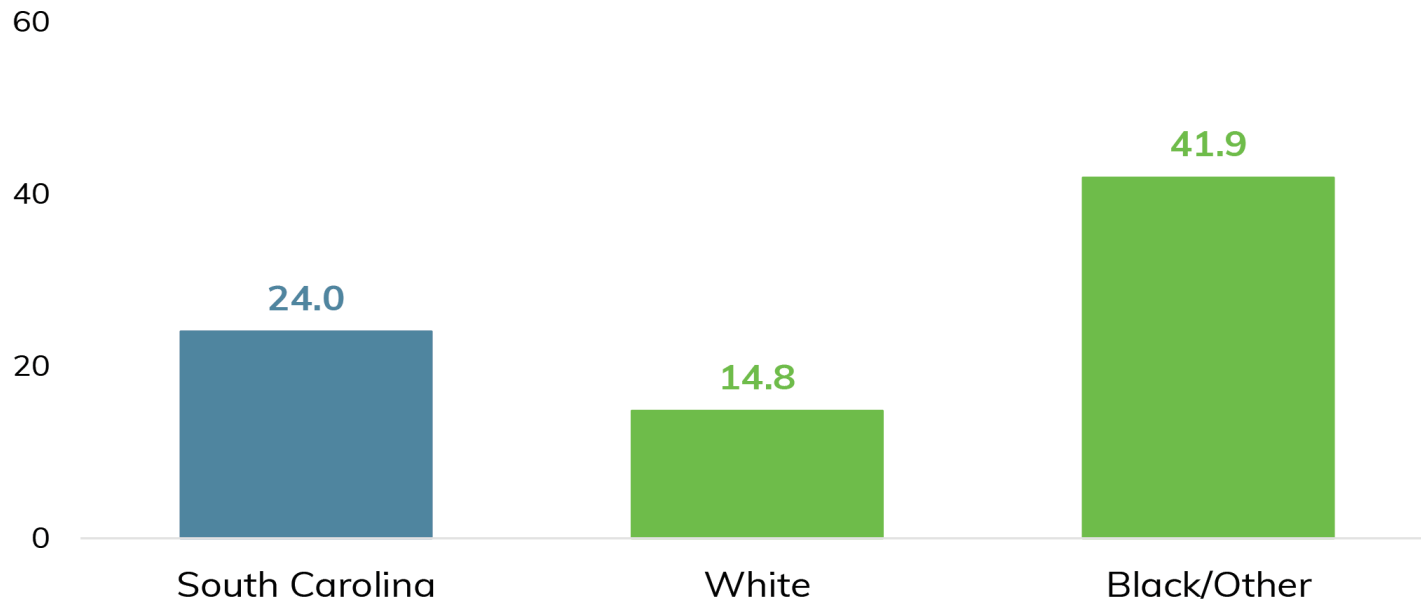
Percent

Maternal Mortality Rates

FIGURE 5.18

Pregnancy-Related Deaths, by Race

Rate per 100,000 live births



Source: SC DHEC Vital Statistics, 2012-2016.

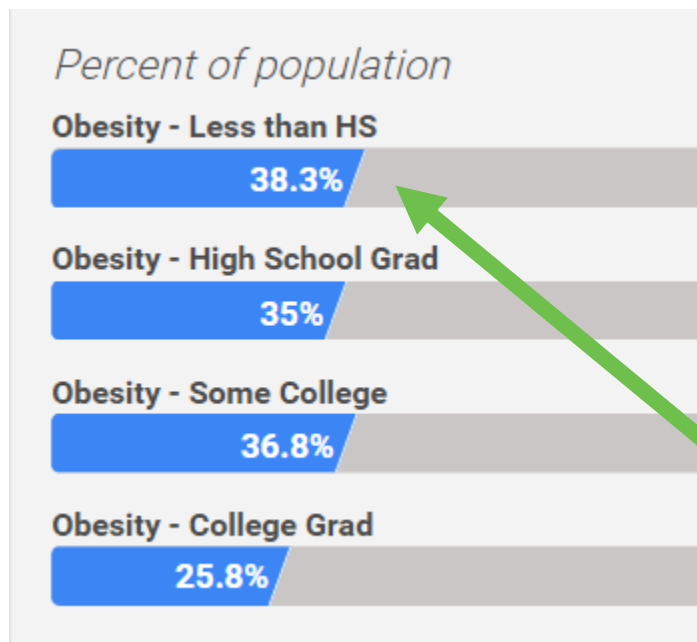
Note: Death within 42 days of giving birth due to causes related to pregnancy.

Let's look at obesity and birth equity

Obesity is a major risk factor for:

- Type 2 Diabetes
- Hypertension
- Coronary Heart Disease
- Stroke
- Cancer
- Osteoarthritis
- Sleep Apnea
- Gallstones
- Low-birthweight

It's All Connected! Here's How:



→ Obesity/Chronic Disease of the mom prior to conception is a risk-factor for Low-birthweight.

↓
Low-birthweight is a risk factor for Infant Mortality and for difficulty to learn.

↓
Difficulty to learn may be a be a risk factor for high-school graduation.

↓
High-school graduation is a major socioeconomic determinant of health.

Institute for HealthCare Improvement

- Make health equity a strategic priority
- Develop structure and processes to support health equity work
- Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
- Decrease institutional racism within the organization
- Develop partnerships with community organizations to improve health and equity

March of Dimes Consensus Statement



CONSENSUS STATEMENT

BIRTH EQUITY FOR MOMS AND BABIES

Advancing social determinants pathways for research, policy and practice

BACKGROUND

Founded by President Franklin D. Roosevelt in 1938 to drive the discovery of a polio vaccine, March of Dimes succeeded in this mission and provided all children with access to this lifesaving therapy. Throughout his 12 years in the White House, President Roosevelt continued his crusade to improve the lives of children by proposing economic solutions across the nation to ensure fair wages, decent housing, appropriate medical care and quality education (Franklin D. Roosevelt Presidential Library and Museum, no date). President Roosevelt's pursuit of economic and social equality and the human rights work of First Lady Eleanor Roosevelt offer critical insight for the current work of March of Dimes (Glendon, 2001).

The mission of March of Dimes today is to lead the fight for the health of all moms and babies. Nearly half a million babies in the U.S. are born prematurely each year. Women of color are up to 50 percent more likely than white women to give birth prematurely, and their children can face a 130 percent higher infant death rate than children born to white women (March of Dimes Perinatal Data Center, 2018). In this country, black women have maternal death rates over three times higher than women of other races (Callaghan, 2012). In addition to the human toll, the societal cost of premature birth is at least \$26 billion per year (Institute of Medicine, 2007).

APPROACH TO GENERATING CONSENSUS

In response to the rising rates of preterm birth as well as persistent racial and ethnic disparities, the March of Dimes Prematurity Collaborative (Collaborative) was formed in 2017 to achieve equity and demonstrated improvements in premature birth. Equity is justice and fairness (Braveman, Arkin, Orleans, Proctor & Plough, 2017; March of Dimes, 2018).

MARCHOFDIMES.ORG



It implies equal rights, but it is not the same as equality. Equity requires directing more resources to groups that have greater needs due to a history of exclusion or marginalization (March of Dimes, 2018). In 2018, the Collaborative expanded its focus to include the health of moms because strategies used to address premature birth and its associated disparities can help prevent other maternal health problems.

Recent trends in prematurity and maternal death demand a deeper examination into causes and contributors of disparities for Native American and African-American women, the groups of women with the most disparate birth and maternal outcomes (Centers for Disease Control and Prevention, 2018 a,b). Psychosocial and economic factors, along with physical environments that affect maternal and birth outcomes, should be considered in any examination into root causes of birth and maternal disparities (Schroeder, 2007). This consensus statement examines social factors that contribute to birth and maternal health outcomes, including prematurity and offers guidance to:

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What needs to be done

- Achieving health equity and eliminating health disparities requires valuing everyone and making intentional, consistent efforts to address avoidable systematic inequalities, historical and contemporary injustices.





ALLIANCE FOR A HEALTHIER SOUTH CAROLINA

Mission:

Coordinating action on shared goals to
improve the health of ALL people in
South Carolina.



Live Healthy SC Priorities



Resilient Children

Build resilience in South Carolina's children through safe and supportive environments.



Chronic Health Conditions

Partners take action to promote healthy lifestyles and environments that prevent chronic conditions.



Behavioral Health

Create a sustainable system of behavioral health care.



Health Care Transformation

Address factors outside of health care that affect health and look through a consumer viewpoint to link primary care, behavioral health, oral health and supports/resources.



Factors that Affect Health

Create safe, livable environments that improve the conditions in which people live, work, pray and play.



LiveHealthySC.com

Alliance Health Equity Efforts

- Partnership and Collaboration
- Policy and Advocacy leader
- Alliance Call to Action for Health Equity
- First SC Health Equity Summit- November 2018
- Developing SC Health Equity Action Plan
- SC Health Equity Action Team



"Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death."

March 26, 1966



QUESTIONS?



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