



2019 TRI-COUNTY HEALTH SYMPOSIUM

Partners in Progress: Pathway to a Healthy Tri-County





A Collaborative Effort of MUSC Health, Roper St. Francis Healthcare, and Trident United Way



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KEEP IT SOCIAL!

#healthytricity



HEALTHY TRI-COUNTY OVERVIEW

Healthy Tri-County is a multi-sector regional initiative to improve health outcomes in Berkeley, Charleston, and Dorchester counties launched by Roper St. Francis, MUSC Health, and Trident United Way in January 2017.

The long-term aspirational goal of Healthy Tri-County is to improve the health and well-being of every person and community within the Tri-County area.

Through collective impact, participants of Healthy Tri-County are working to create meaningful community change.



HEALTHY TRI-COUNTY MEMBERS



AccessHealth Tricounty	Dorchester Children's Center	Palmetto Project
Alliance for a Healthier South Carolina	Dorchester County Library	PASOs
American Cancer Society	East Cooper Community Outreach	Roper St. Francis
American Diabetes Association	Ernest E. Kennedy Center	Saillant Lang Consulting
Assoc. for the Blind & Visually Impaired	Fetter Health Care Network	SC Cancer Alliance
Barrier Island Free Medical Clinic	Florence Crittenton Programs of SC	SC Thrive
Berkeley County Library System	Help Me Grow	Select Health SC
Berkeley County School District	Healthy Lifestyle Network	Shifa Free Medical Clinic
Charleston County Parks & Recreation	Healthy Plate Cooking	St. James Santee Family Health Center
Charleston County Public Library	Johns Island Rehab & Healthcare Center	Summerville Family YMCA
Charleston County School District	Lowcountry Food Bank	Tri-County Cradle to Career Collaborative
Charleston Dorchester Mental Health	Lowcountry Grad Center	Tricounty Family Ministries
Charleston Police Department	Lowcountry Street Grocery	Trident Health
Charleston Promise Neighborhood	Medical University of South Carolina	Trident Literacy
City of Charleston	Metanioia	Trident United Way
Dee Norton Child Advocacy Center	Miller Consulting	Wellness Five
Dept Health & Environmental Control	Nucor	Welvista
Diabetes Advisory Council of SC	Our Lady of Mercy Outreach	YMCA of Greater Charleston
Dorchester 4 School District	Palmetto Advantage Care	YWCA Greater Charleston
Dorchester Alcohol and Drug Commission	Palmetto Community Action Partnership	Youth Empowerment Services



HEALTHY TRI-COUNTY

HEALTH DATA WORKGROUP

Activities

- (1) 2019 Tri-County Community Health Needs Assessment
- (2) Health Data Resource Hub

HEALTH IMPROVEMENT PLAN WORKGROUP

Activities

Implement and monitor 2018-2023 Tri-County Health Improvement Plan.

DIABETES COALITION

Activities

- (1) Raise awareness about and reduce rates of prediabetes and diabetes
- (2) Increase availability of National Diabetes Prevent Program

HEALTHY PEOPLE HEALTHY CAROLINAS

Activities

Implement evidence-based interventions addressing physical activity/nutrition and early identification and prevention of chronic disease

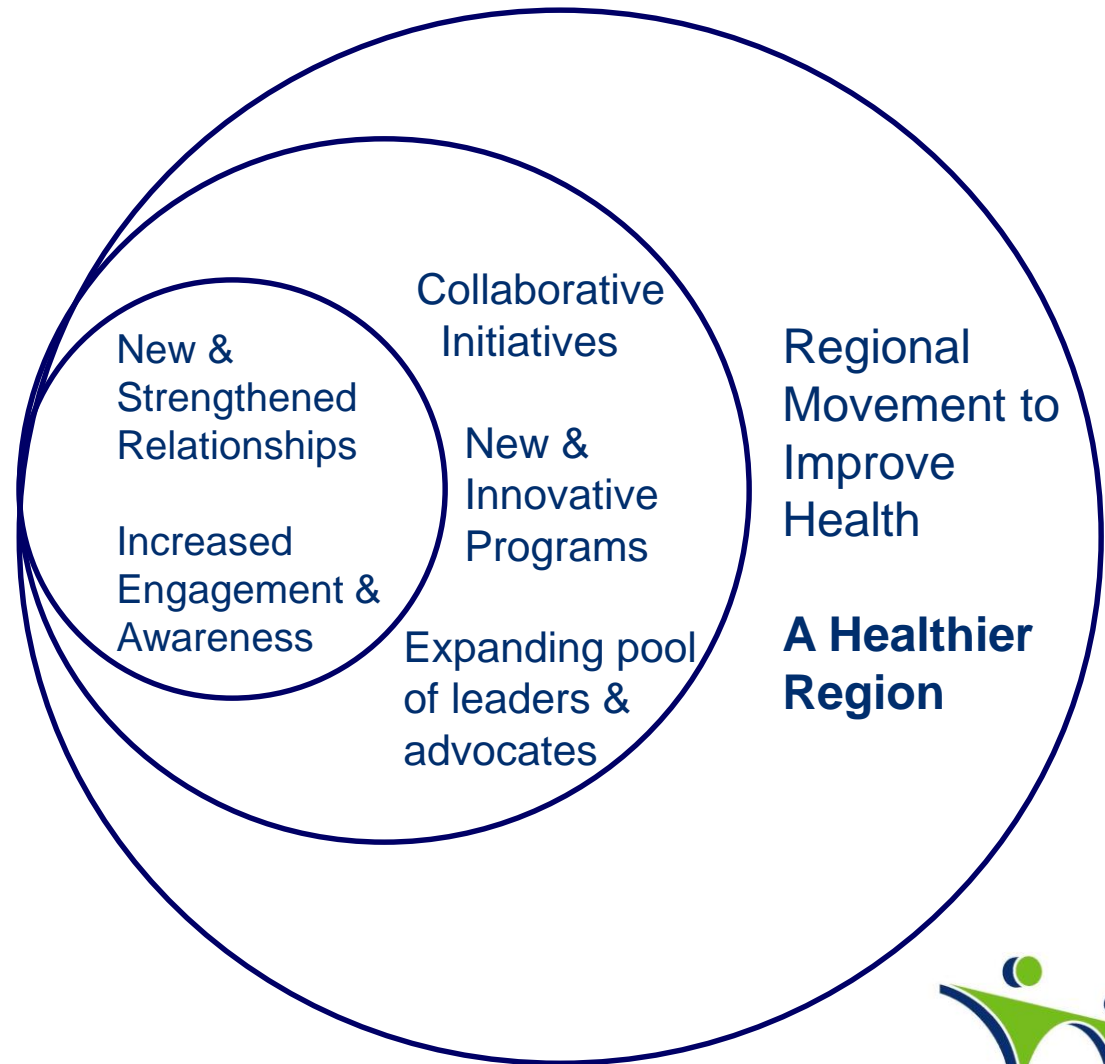
SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY

Activities

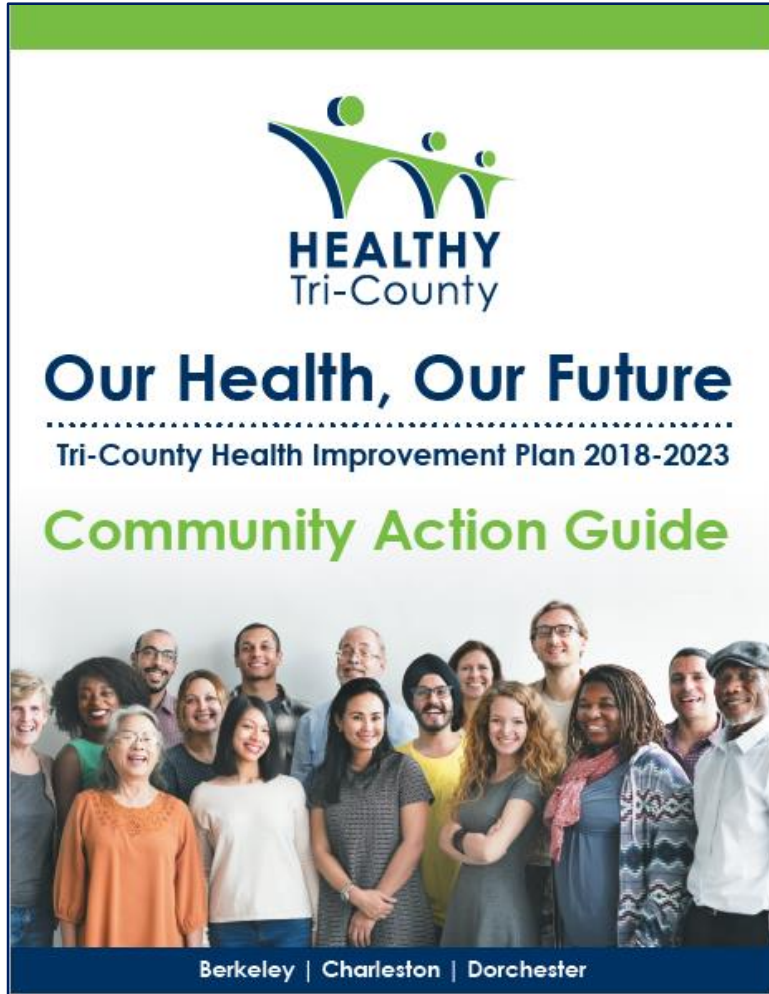
- (1) Conversation on Race & Health Equity Series, (2) Dissemination of Equity Resources

HEALTHY TRI-COUNTY: RIPPLE EFFECT

**HEALTHY
TRI-COUNTY**



OUR HEALTH, OUR FUTURE. TRI-COUNTY HEALTH IMPROVEMENT PLAN





TRI-COUNTY

HEALTH LANDSCAPE

2019 Community Health Needs Assessment Report

BERKELEY | CHARLESTON | DORCHESTER

A Collaborative Effort of MUSC Health, Roper St. Francis Healthcare and Trident United Way

2019 CHNA: **METHODOLOGY**

OVERVIEW

- **Created and Administered by Health Data Workgroup**
 - HTC & 8 supporting agencies (+/- 27 individuals)
- **Implementation: January - February, 2019**
 - Online and in Paper
 - English and Spanish
 - Interviews (19 participants) and Focus Groups (57)
 - 1 Community Discussion (100)
- **Total # of CHNA Survey Respondents: 5,128**
 - 1,434 Medical/Social Service Providers
 - 3,694 Consumers

2019 CHNA: **METHODOLOGY**

KEY CHANGES FROM 2016

- **Ambitious goal setting (5,000 respondents)**
- **Inclusion of questions specific to topical priorities of the Tri-County Health Improvement Plan**
- **More Inclusive Demographical Data**
 - LGBTQ+
 - Veteran
 - Special Needs/Disability
- **Spanish translation**
- **Strategic survey design, marketing**
 - Postcards w QR Code (Cell Phone Friendly)
 - Awareness, Accessibility, Collaboration, Engagement
 - Targeted Outreach

2019 CHNA: FOCUS GROUPS

PURPOSE

- Obtain data from purposefully selected groups to gain an in-depth understanding of how health issues affect communities.
- Provides context for responses outside of statistical analysis
 - 57 Participants in 14 Focus Groups
 - 13 Interviews of Health, Business and Government leaders
- Identifies specific phrasing to parse out specific themes and identify how well these align with survey data

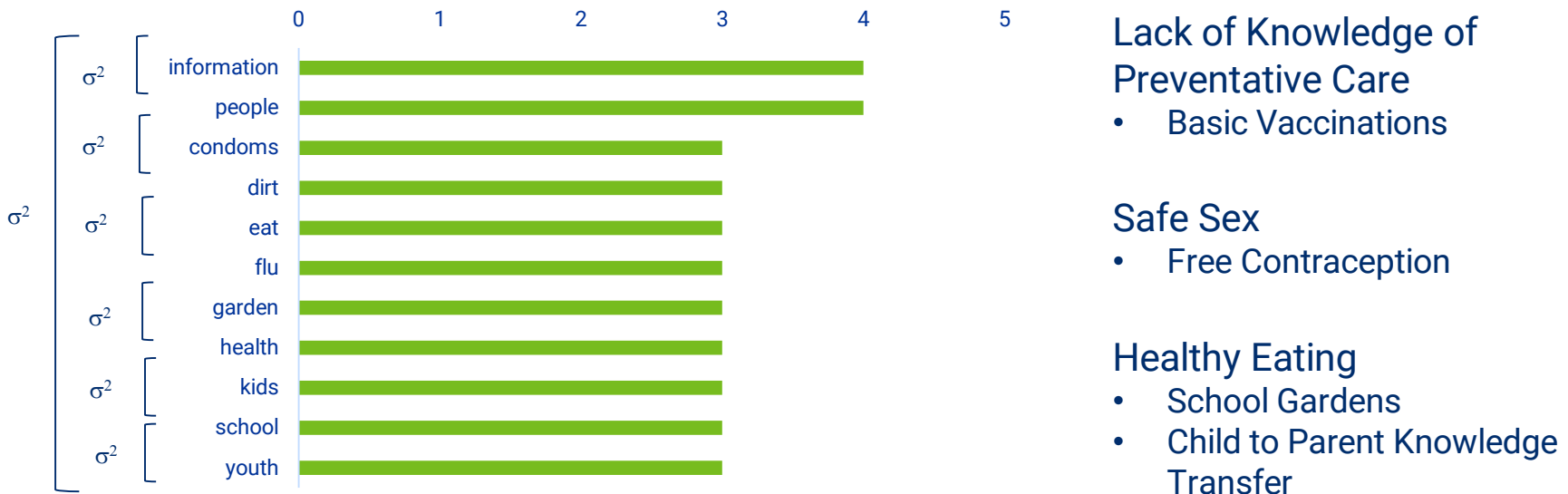


Figure A6. Most Used Words in responding to Question 8 (Misconceptions CPS)

2019 CHNA: HEALTH RANKINGS

TRI-COUNTY HEALTH RANKINGS (Top 10)

1. Access to Care
2. Obesity, Nutrition & Physical Activity
3. Maternal, Infant & Child Health
4. Mental & Behavioral Health
5. Clinical Preventive Services
6. Oral Health
7. Tobacco Use
8. Injury & Violence
9. Substance Misuse
10. Sexual Health

BERKELEY COUNTY RANKINGS (Top 5)

1. Obesity, Nutrition & Physical Activity
2. Access to Care
3. Maternal, Infant & Child Health
4. Clinical Preventive Services
5. Behavioral Health

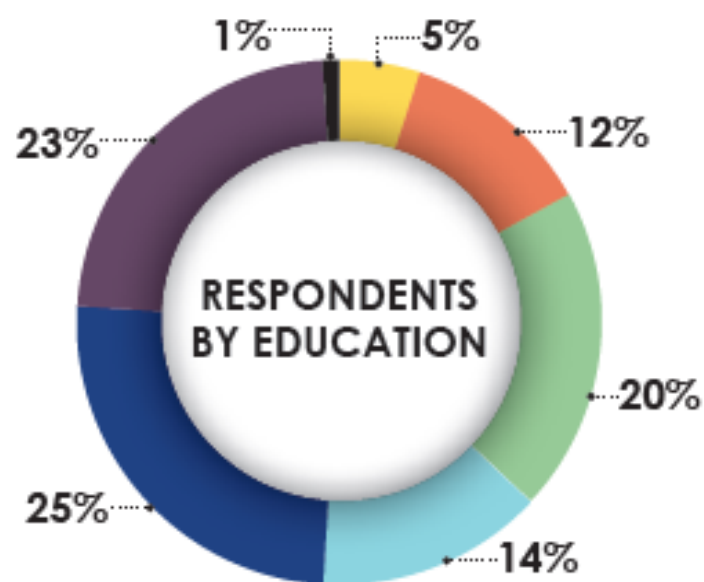
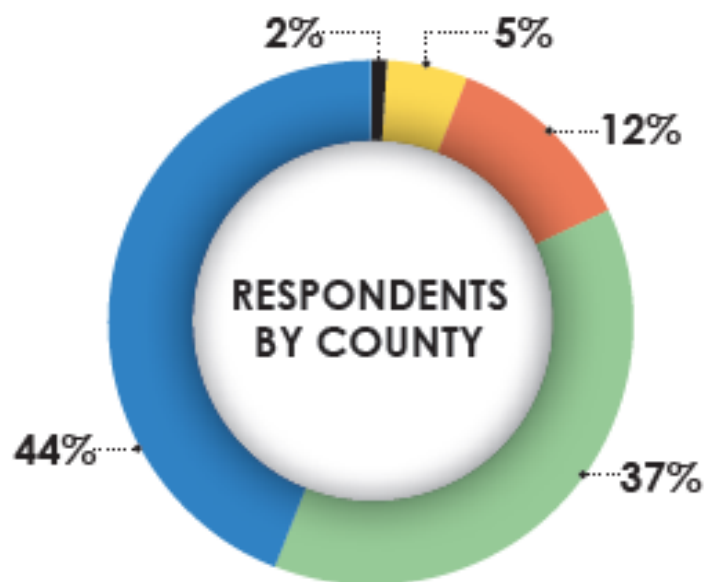
CHARLESTON COUNTY RANKINGS (Top 5)

1. Access to Care
2. Obesity, Nutrition & Physical Activity
3. Behavioral Health
4. Clinical Preventive Services
5. Maternal, Infant & Child Health

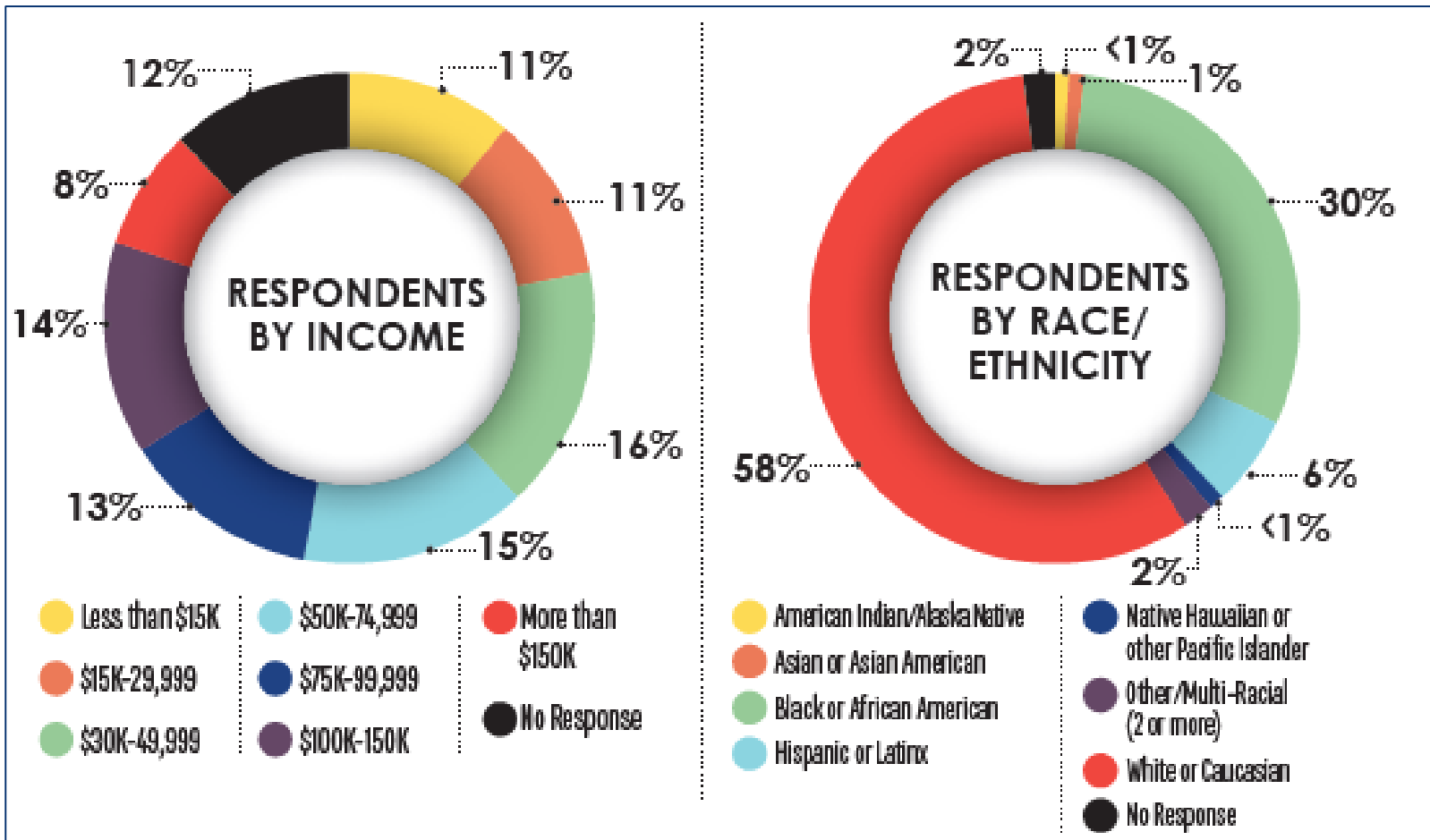
DORCHESTER COUNTY RANKINGS (Top 5)

1. Obesity, Nutrition & Physical Activity
2. Access to Care
3. Maternal, Infant & Child Health
4. Clinical Preventive Services
5. Behavioral Health

2019 CHNA: DEMOGRAPHICS



2019 CHNA: DEMOGRAPHICS



2019 CHNA: DEMOGRAPHICS

Tri-County vs CHNA Sample

0% 20% 40% 60% 80% 100%

Below Bachelors



Veteran



Other



Hispanic/Latino



African American



White Non-Hispanic



Age 65+



Age 18-64



Female



■ CHNA Sample ■ Tri-County

2019 CHNA: LESSONS LEARNED

- Increase effort to engage special populations (e.g. the LGBTQ, Veterans, Special Disability) in data collection process
- Develop more robust measures of ethnicity for minority communities
- Separate paper survey sections intended only for healthcare/social service professionals from the community surveys
- Reframe ranking questions to use a sliding scale for better engagement
- Revise '65+' age question to further categorize age levels above 65 (i.e. the difference between 66 and 80 is too drastic).

2019 CHNA: CALL TO ACTION

- **Share findings** from the 2019 CHNA with local elected officials, community leaders and within your social networks.
- **Use data** from the Examining the Issue sections to guide specific actions you or your organization can take.
- **Request 2019 CHNA data** file to further analyze and inform community health strategies and programming.
- **Seek additional input** from community members and engage them in developing culturally appropriate materials and programs.
- **Join Healthy Tri-County.** Formal Healthy Tri-County (HTC) membership requires submission of a commitment pledge by the most senior member (CEO, President, Executive Director, etc.) of interested organizations and institutions.

2019 CHNA: **DISSEMINATION PLAN**



- Share CHNA findings with focus group participants
- CHNA Roadshow (target sectors - business, healthcare education, social service, non profit, government)
- CHNA Power Breakfast in partnership with SC Regional Business Journal

2019 CHNA: QUESTIONS

What questions or feedback do you have about the 2019 CHNA process or findings?



MORNING PLENARY PRESENTER



Rozalynn Goodwin, FACHE
Vice President, Engagement
South Carolina Hospital
Association



Partnership

Lessons from the Porch

Rozalynn Goodwin, FACHE



Circa 1981



Circa 1989



Lesson 1

“Everybody kin.”



ACA Open Enrollment

Half of SC's uninsured qualified for some form of subsidized coverage, but there were obstacles:

- Less time to enroll
- Less marketing
- Less assistance
- No penalty
- More confusion
- Unpopular



Communications challenge

The Affordable Care Act was still the law.

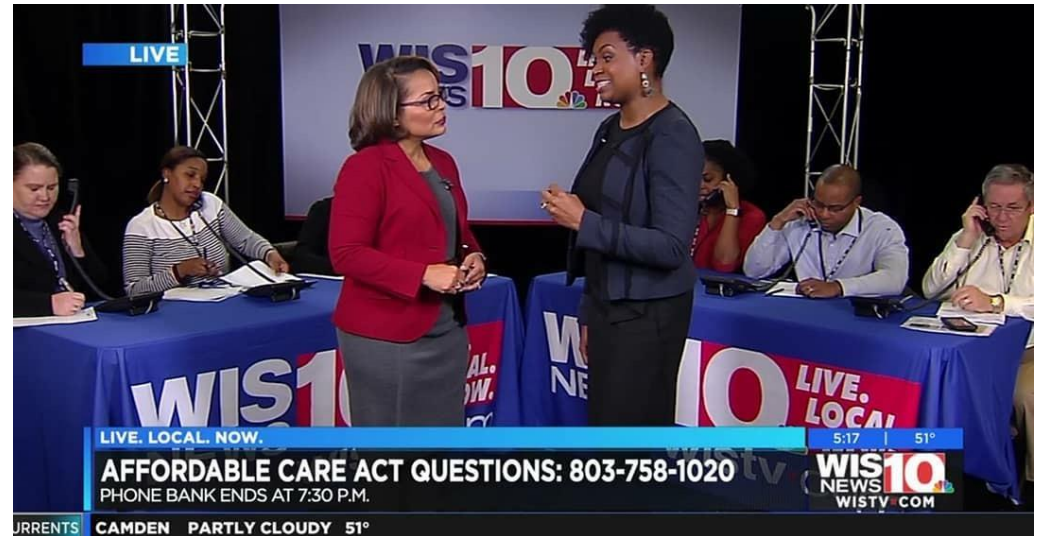
Premium discounts/subsidies were still available and more generous than in years past. Nine out of ten of the 215,488 enrolled South Carolinians received these discounts in 2018. The average tax credit was \$488 per month.

Many uninsured South Carolinians were eligible for zero premium bronze plans on the Marketplace.



Everybody kin

- Hospitals
- Brokers
- Advocacy groups
- Non-profits
- Insurers
- Churches
- Lawmakers
- Media outlets
 - TV
 - Radio
 - Newspapers



SC bucked the national trend

- Final sign-ups: 214,956 *CMS*
- Effectuated coverage of Insurance 203,402 *SC Department*
- Record Enrollment
 - Increase of 2% while national numbers decreased 4%
 - First time more than 200,000 covered
- 92% received subsidies



Lesson 2

“Go see about them.”





**MEDICAL
ERROR**

Do No Harm

- Over the last few years, SC hospitals have fully embraced the new approach towards improving quality of care
- We implemented a variety of high reliability programs – from SC Safe Care Commitment to Safe Surgery 2015

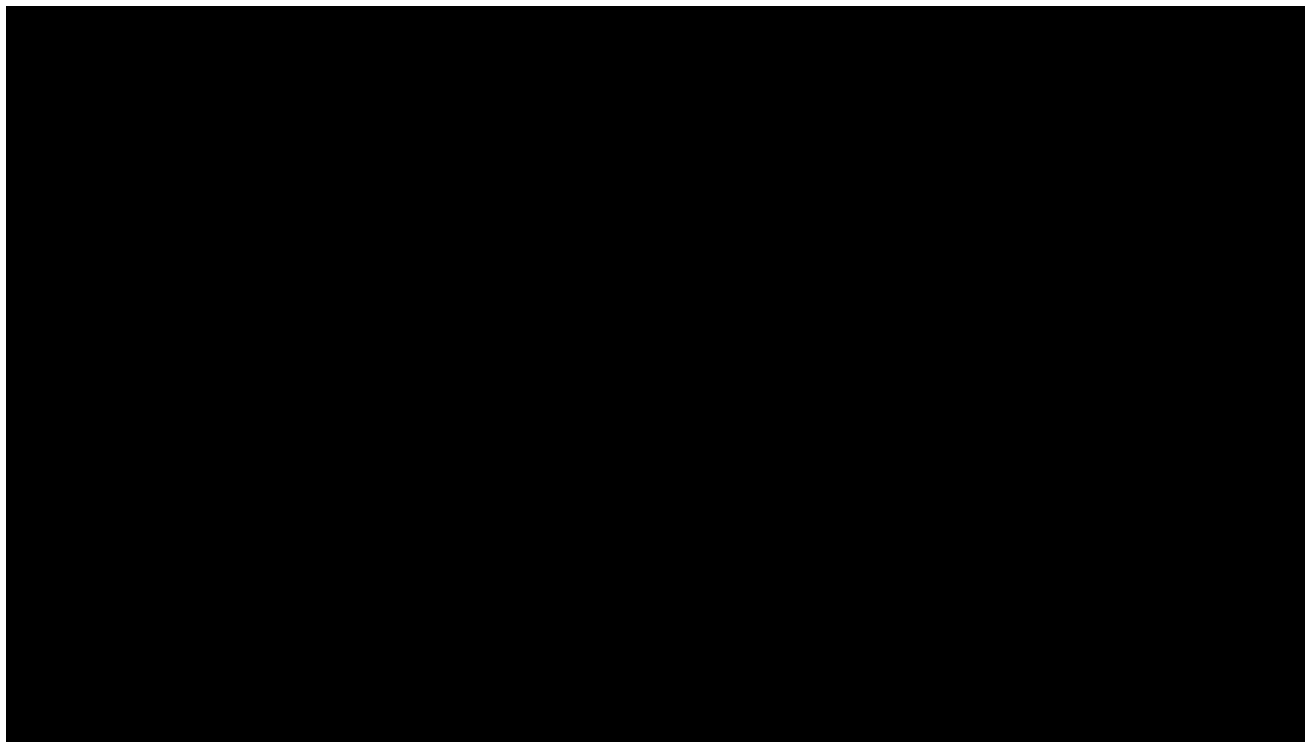


2013: Zero Harm

- Since 2013, we've recognized these efforts through our **Certified Zero Harm Awards program**.
- Initially these included five areas of harm for time periods of 12 – 18 months, totaling 29 awards given to 19 hospitals



2016:



Zero Harm in 2018

The 549 awards represented:

- 96,860 central line days without an infection
- 519,849 patient days with no harm
- 13,842 harm-free surgical procedures
- 3,218 hospital days avoided
- A savings of over \$8 million



2018:





Lesson 3

“May the works
I’ve done speak
for me.”

Birth Outcomes Initiative (BOI)

- Launched in 2011 in association with the state's hospitals and commercial payers:
 - Initial focus: Reduce the rate of early elective deliveries
 - Larger goals: Reduce healthcare costs and improve health outcomes for moms and babies
- Initiative has expanded to include eight programs now
- BOI is led by a Vision Team that meets monthly and has six workgroups.
- All 45 birthing hospitals, plus commercial payers, physician groups, nonprofits, etc.

Birth Outcomes Initiative (BOI)

- Early Elective Deliveries (EED)
 - Eliminate elective inductions of non-medically indicated deliveries prior to 39 weeks gestation.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Screen PW and 12 months post-delivery for tobacco use, substance abuse, alcohol, depression and domestic violence; refer as needed.
- Baby-Friendly Hospitals
 - Promote breast milk as the standard for infant feeding and demonstrate best practices in the care of mothers and newborns.
- CenteringPregnancy
 - Integrate health assessment, education, and support within a model of group prenatal care.

Birth Outcomes Initiative (BOI)

- Long-Acting Reversible Contraceptives (LARCs)
 - Increase postpartum access to birth control before hospital discharge
- Supporting Vaginal Birth (SVB)
 - Reduce number of C-sections performed on first-time, low-risk moms.
- Neonatal Abstinence Syndrome (NAS)
 - Improve health outcomes and hospital costs for newborns with NAS who were treated in a Level 1 nursery
- Mother's Milk Bank of South Carolina (MMBSC)
 - Opened a human donor milk bank in April 2015

Birth Outcomes Initiative Impact

- Significant reduction in early elective deliveries:
 - Stopped paying for them in January 2013 (with commercial backing)
 - 5% reduction in the rate of moderately-low birth weights
 - 8% reduction in the share of births occurring at 37-38 weeks
 - Infant mortality down 9% overall; down 20% for non-white population
- Increase in key certifications:
 - Now 9 certified Baby-Friendly Hospitals, representing 1/3 of births
 - Total of 12 CenteringPregnancy sites (tied to fewer premature births, very-low to low birth weight infants, and NICU stays)
- Notable LARC-related accomplishments:
 - First state to pay for LARC insertion outside of the DRG
 - Increased inpatient LARC insertions by 110% in past two years

Circa 1993



LET'S TALK



@rozalynnngoodwin



2019 TRI-COUNTY HEALTH SYMPOSIUM

Partners in Progress: Pathway to a Healthy Tri-County



LUNCH UPDATES



Get your Tweet on!

#healthytricity



INAUGURAL HTC CHAMPION AWARDS

appreciate verb

ap·pre·ci·ate | \ ə-ˈprē-shē-āt , -ˈpri-  also -ˈprē-sē-\


appreciated; appreciating


Definition of *appreciate*

transitive verb

- 1 **a** : to grasp the nature, worth, quality, or significance of
// appreciate the difference between right and wrong
- b** : to value or admire highly
// She appreciates our work.
- c** : to judge with heightened perception or understanding : be fully aware of
// must see it to appreciate it
- d** : to recognize with gratitude
// I appreciate your kindness.

honor verb

hon·or | \ ˈä-nər  \

honored; honoring \ ˈä-nə-riŋ , ˈän-riŋ \

Definition of *honor* (Entry 2 of 2)

transitive verb

- 1 **a** : to regard or treat (someone) with admiration and respect : to regard or treat with honor
- b** : to give special recognition to : to confer honor on



HTC CHAMPION AWARDS



Anna Ludlam

Vaccine Account Manager – SC/Western NC/Northern GA
Pfizer Vaccines

HTC CHAMPION AWARDS



Aunyika Moonan, PhD, CPHQ
Executive Director, Data & Measurement
South Carolina Hospital Association

HTC CHAMPION AWARDS



LaShandra Morgan, MHP
Health Educator
SC DHEC-Lowcountry Region



2019 Tri-County Health Symposium

Exploring Social Determinants of Health



Social Determinants of Health

Circumstances and systems in which we live, work and play, and how they affect our health outcomes

Economic Stability:

- » Employment
- » Income
- » Expenses
- » Debt
- » Medical Bills
- » Support

Neighborhood & Physical Environment:

- » Housing
- » Transportation
- » Safety
- » Parks
- » Playgrounds
- » Walkability

Education:

- » Literacy
- » Language
- » Higher Education
- » Vocational Training
- » Early Childhood Education

Food:

- » Hunger
- » Access to Healthy Options

Community & Social Context:

- » Social Integration
- » Community Engagement
- » Support Systems
- » Discrimination

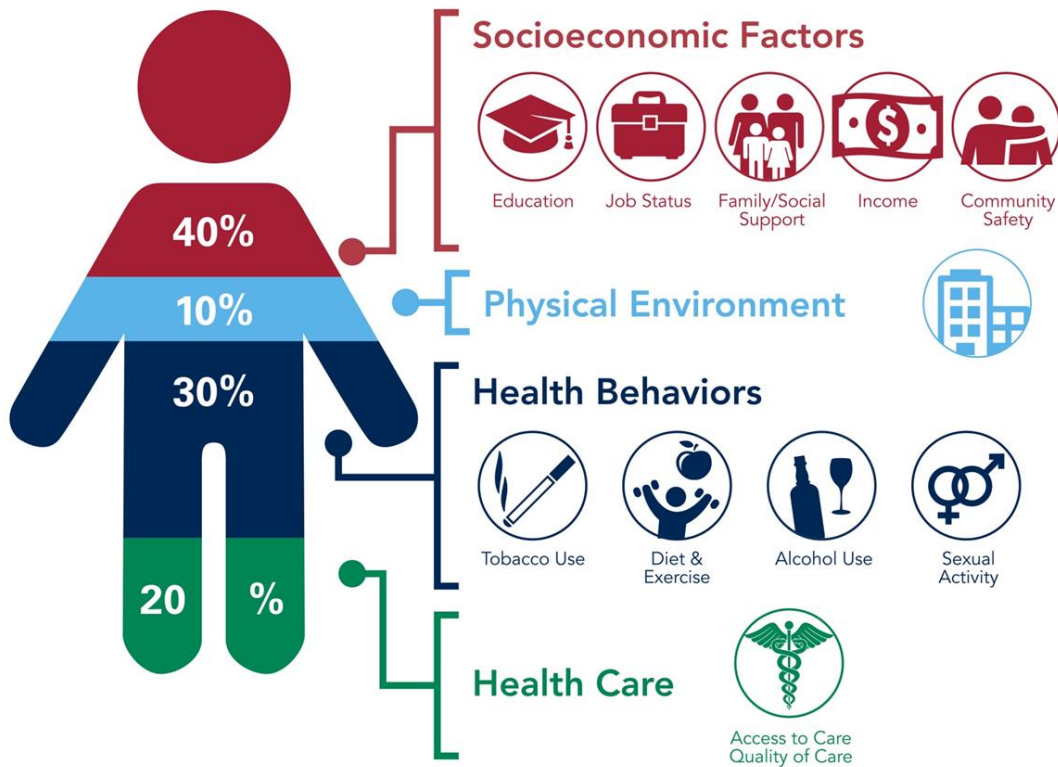
Health Care Systems:

- » Health Coverage
- » Provider Availability
- » Provider Linguistic & Cultural Competency
- » Quality of Care

Health Outcomes:

- » Mortality
- » Life Expectancy
- » Health Care Expenditures
- » Health Status
- » Functional Limitations

SDOH: 80/20 Rule



The physical environment, social determinants and behavioral factors drive **80% of health outcomes.**



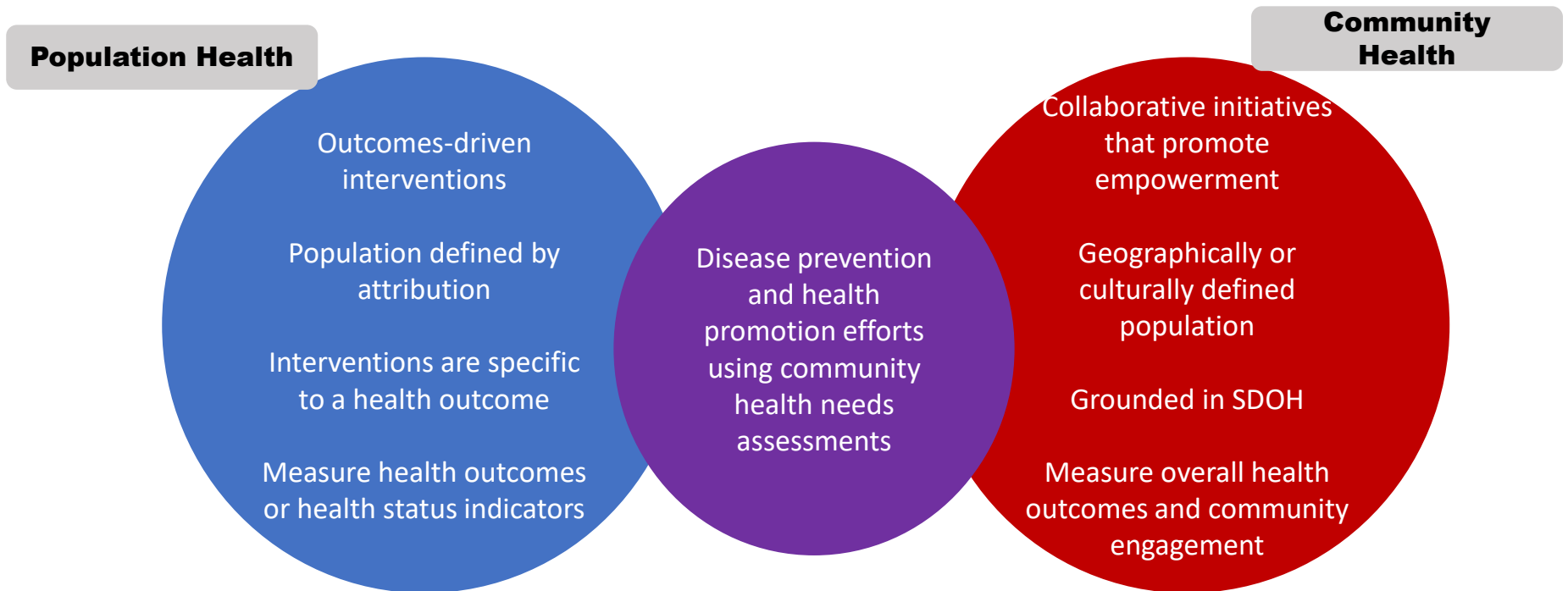
TRIVIA

How to Play

1. Choose a team name.
2. Choose a team captain.
3. Go to **PolLEv.com/kimberlybutl155**
4. Answer correctly *AND quickly*.

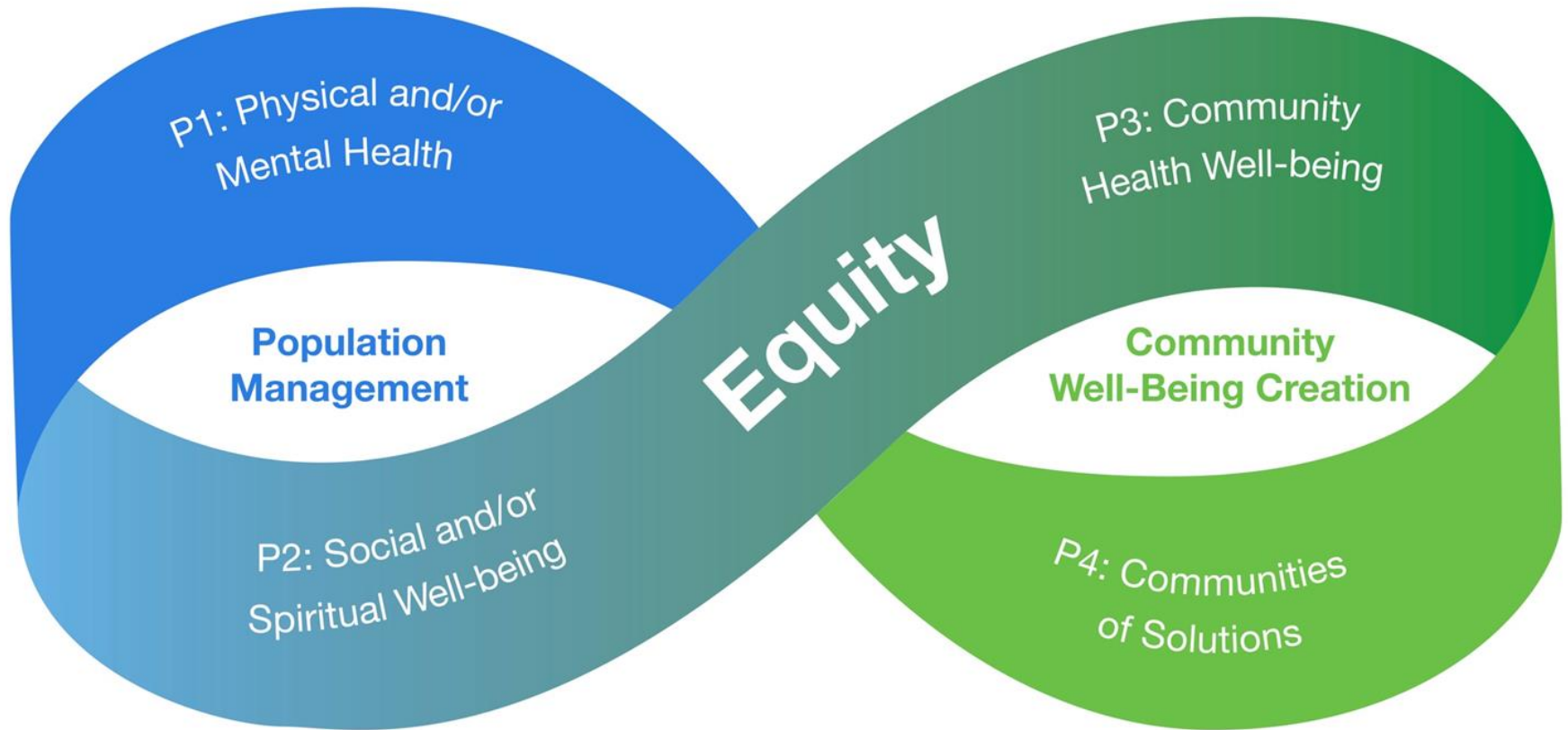


Better Together: Population Health + Community Health



Source: Creating Clarity: Distinguishing Between Community and Population Health, American Journal of Accountable Care, 6 (17), 32-37

AHA: Pathways to Population Health



Questions?

About SDOH

Kimberly Butler Willis, MPH, CHES, CDP

Roper St. Francis Healthcare

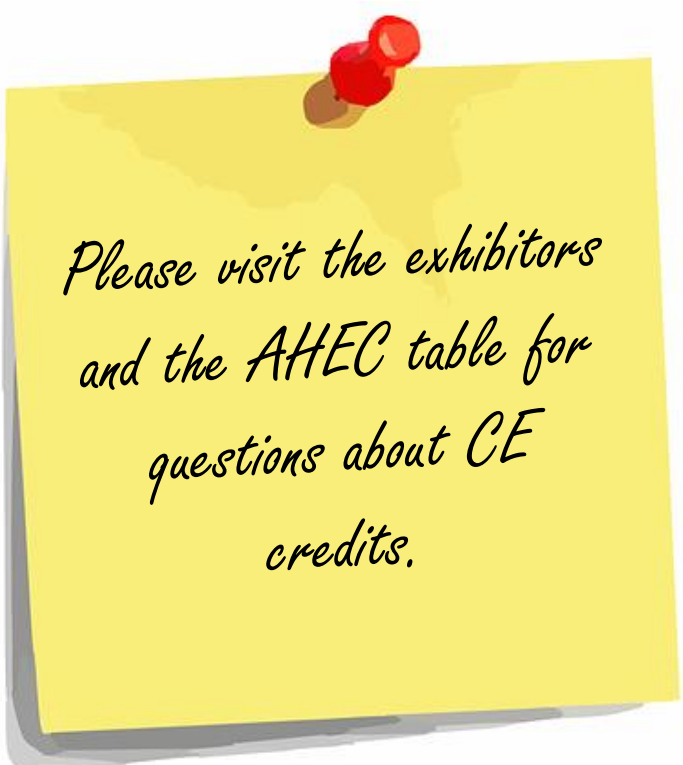
Kimberly.Butler@rsfh.com

About HTC

Kellye McKenzie, MPA

Trident United Way

Kmckenzie@tuw.org



*Please visit the exhibitors
and the AHEC table for
questions about CE
credits.*



2019 TRI-COUNTY HEALTH SYMPOSIUM

Partners in Progress: Pathway to a Healthy Tri-County

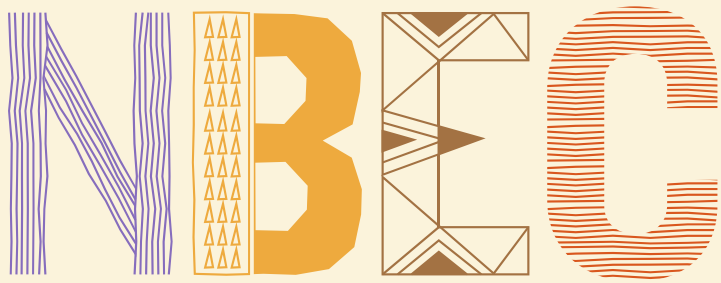


AFTERNOON PLENARY PRESENTER



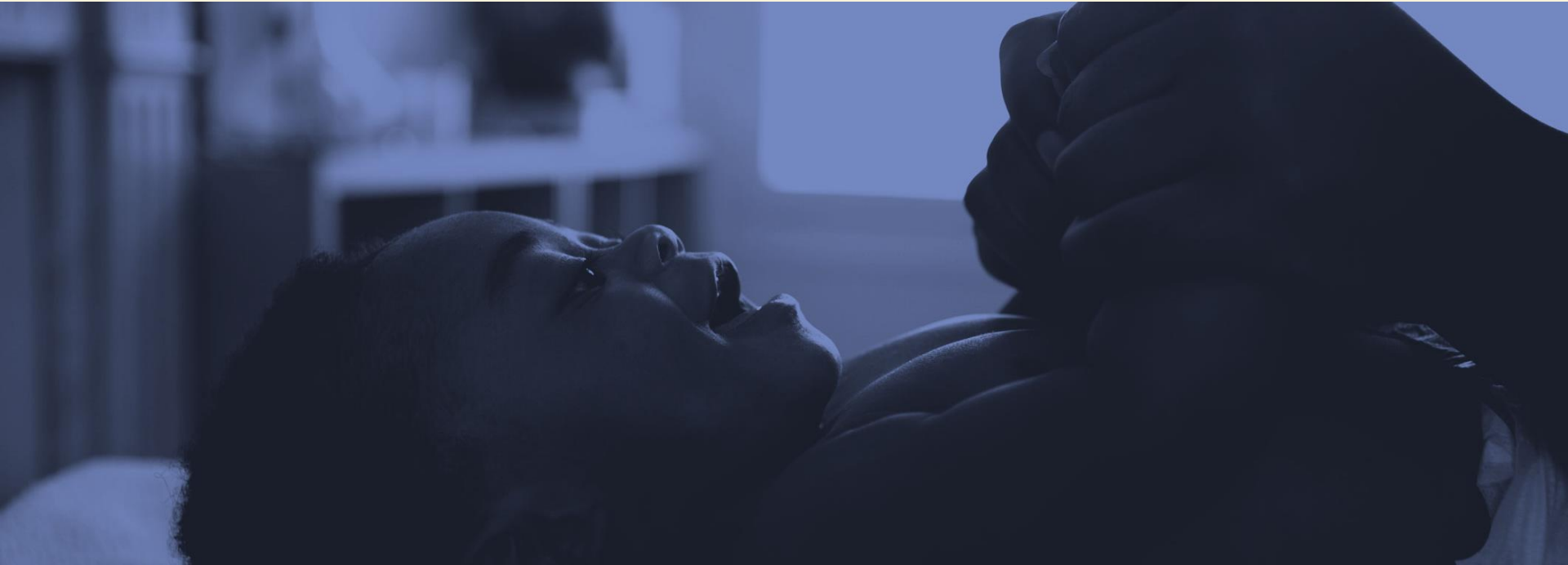
**Joia Adele Crear-Perry, MD,
FACOG**

Founder & President
National Birth Equity Collaborative



NATIONAL BIRTH EQUITY COLLABORATIVE

October 30, 2019



Root Causes of Inequities in Birth Outcomes

2019 South Carolina Tri-County Health Symposium

Joia Crear-Perry, MD

Mission

NBEC creates solutions that optimize Black maternal and infant health through training, policy advocacy, research and community centered collaboration.

Vision

All Black mothers and babies thrive.

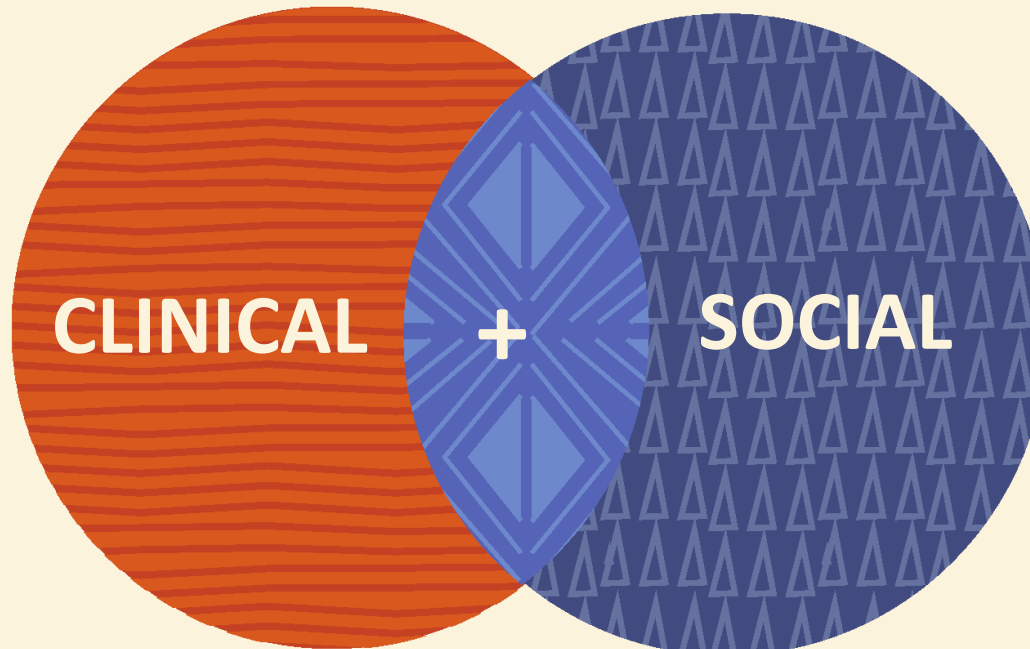


NATIONAL BIRTH EQUITY COLLABORATIVE

Core Values:

*Leadership, Freedom, Wellness,
Black Lives, Sisterhood*

NBEC Focus



- Dismantling systems of power and racism
- Assessing and Educating on SDHI
- Provide policy improvements

“Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success.”

– Arthur James, M.D.

Human Rights – The Global Standard

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to a **standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

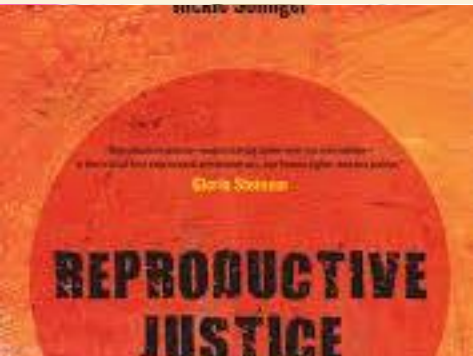
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must...

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities



birth equity (*noun*):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative



Root Causes and Social Determinants of Health

Root Causes

Institutional Racism

Class Oppression

Gender Discrimination and Exploitation

LABOR MARKET S

TAX POLICY

Power and Wealth Imbalance

HOUSING POLICY

EDUCATION SYSTEMS

GLOBALIZATION & DEREGULATION

SOCIAL SAFETY NET

SOCIAL NETWORKS

Safe Affordable Housing

Job Security

Social Determinants of Health

Living Wage

Quality Education

Transportation

Availability of Food

Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice*.

What are “Social Determinants of Health”?

“The social determinants of health are the conditions in which people are born, grow, live, work, and age.

These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include employment, housing, education, health care, public safety, and food access.”

A photograph of a family of three in a hospital bed, overlaid with a blue tint. The father is leaning over the child, kissing their forehead, while the mother smiles from the right. The text "Normalizing and Deconstructing Bias" is centered over the image.

Normalizing and Deconstructing Bias

Implicit bias (noun):

1. Bias is the “implicit” ...unconscious activation of prejudice notions (of race, gender, ethnicity, age, etc.) that influences our judgment and decision-making capacity.

Devine, 1989

Implicit Bias

Bias is inherent

- Unconscious assumptions about an other skew our understanding, unintentionally affecting actions and judgments

Concerted efforts to move forward

- Reframe implicit bias as an unintentional and unconscious habit
- This allows us to focus on mindfulness in pursuit of conscious, deliberate behavior change

Reflexive Critical Thinking

Knowing how to question information, identifying and controlling for our personal biases.

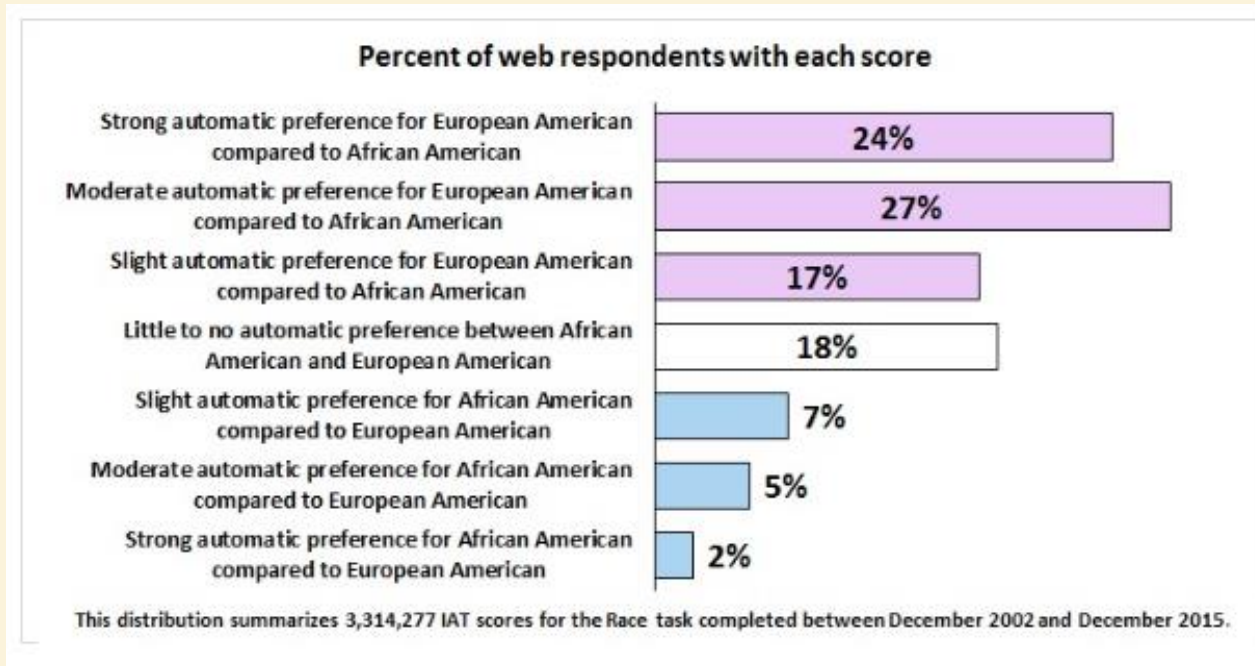
- We all think of ourselves as objective and fair when looking at evidence.
- Critical thinking is moot with sexist, racist, or anti-science views.
- Beliefs and values are normative because they're linked to powerful social institutions, that we trust.
- When you don't know what information to trust, or you have a weak commitment to new ideas, research shows you don't take action.
- Some seek out alternative explanations to soothe.

Testing for Bias

Implicit Association Test (IAT)

- Anthony Greenwald (1998)
- Cannot measure bias by introspection
- Tool measures quickness of responses as association to certain concepts

Patricia Devine and colleagues successfully used the IAT in “Long-term reduction in implicit race bias: A prejudice habit-breaking intervention”



Decreasing Bias

Results

- Does not change racial attitudes or motivations to respond without prejudice
- Participants were more concerned and aware of discrimination and their own personal bias

Strategies

- Stereotype replacement
- Thinking of counter-stereotypic examples
- Individualizing instead of generalizing
- Perspective taking/"Walking in their shoes"
- Increasing opportunities for bias

What Would You Do?



Let's Talk

How did the video make you feel?

How might bias impact how one person treats another?

How might bias impact how one person responds to another's wrong-doing?

In what ways does bias occur between systems and a person?

Social Construction of Race

A blue-tinted photograph of two women sitting at a table in what appears to be a cafe or office setting. The woman on the left is wearing glasses and a patterned top, looking towards the woman on the right. The woman on the right is holding a card and looking down at it. On the table are a coffee cup, a tablet, and some papers. The background shows a railing and a window.

Anthropological Approaches Demonstrate

RACE

≠

ETHNIC GROUP

≠

POPULATION

≠

ANCESTRY

These are four different ways to describe, conceptualize and discuss human variation... and cannot be used interchangeably

Learning from Social Sciences

Race- physical differences that groups and cultures consider socially significant

Ethnicity- refers to shared culture, such as language, ancestry, practices, and beliefs.

(American Sociological Association)

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology, but racism has biological effects.
- Social constructs are real for those who hold them.

 RACE

The Story of Race

Race - A Social Construct with Deep Implications

African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.

WHAT?

Race is not biologically significant.

We socially categorize ourselves and assign rules for interaction based on those groups (class, ethnicity, religion, etc.)

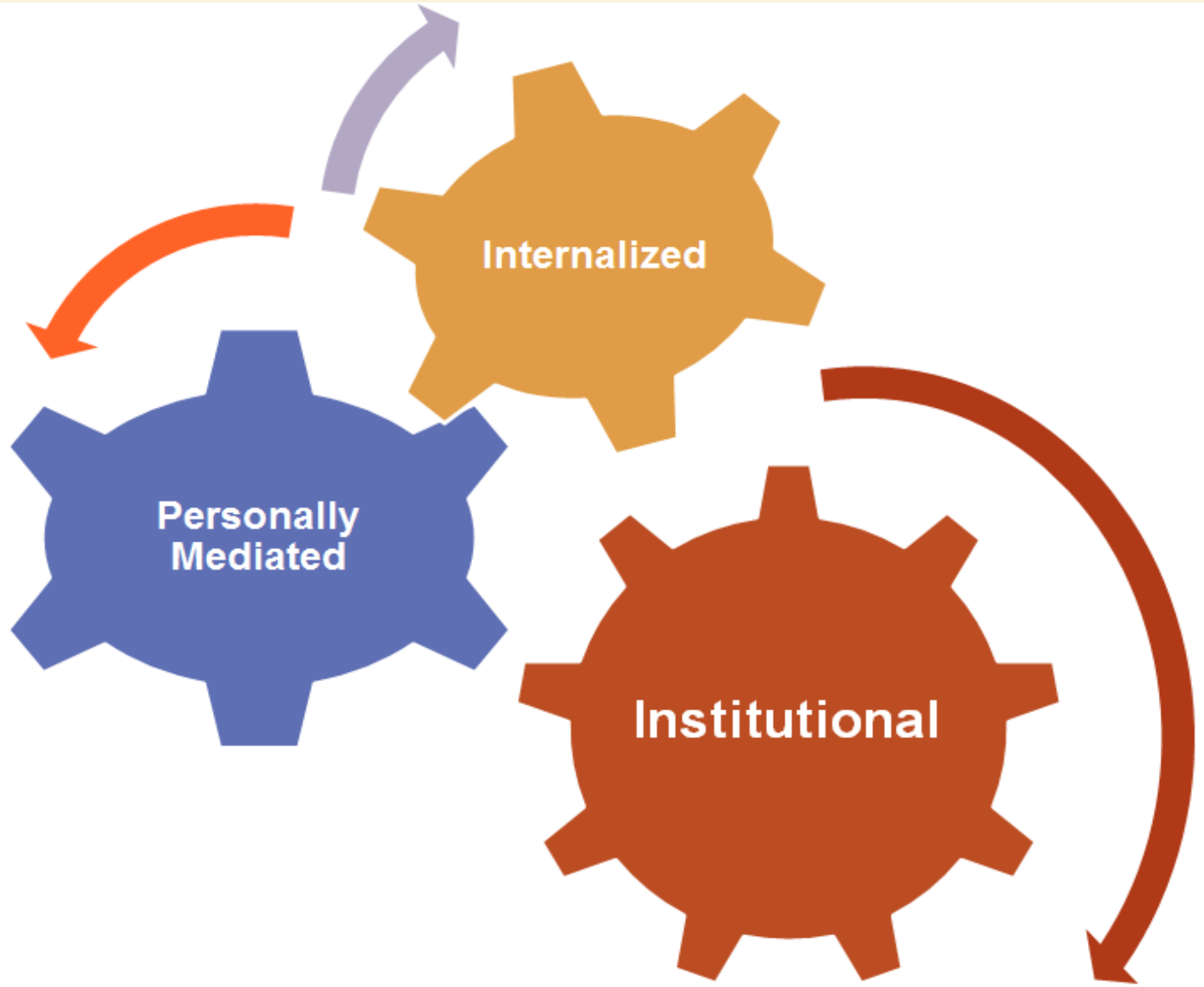
HOW?

The experience of systematic racism—not “race” itself—compromises health.

A blue-tinted photograph of two women looking down at a baby. The woman on the right is smiling and has her eyes closed. The woman on the left is looking down with a gentle expression. The text "Racism- Not Race" is overlaid in the center in white. The background is blurred, suggesting an indoor setting.

Racism- Not Race

Levels of Racism



Levels of Racism

Internalized racism: These are private beliefs about race that reside inside our minds. (within Individuals)

Interpersonal racism: When we bring our private beliefs about race into our interactions with others. (between individuals)

Institutional racism: Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts, based on race. (within Institutions)

Structural racism: Racial bias across institutions and society that systematically privilege white people and disadvantage people of color.

Telomere Length in Newborns is Related to Maternal Stress During Pregnancy.

Send TS¹, Gilles M¹, Codd V², Wolf J¹, Bardtke S¹, Streit F³, Strohmaier J³, Frank J³, Schendel D³, M^{5,6}, Samani NJ², Deuschle M¹, Rietschel M³, Witt SH³.

Accelerated telomere shortening in response to life stress

Elissa S. Epel, Elizabeth H. Blackburn, Jue Lin, Firdaus S. Dhabhar, Nancy E. Adler, Jason D. Morrow and Richard M. Cawthon

PNAS December 7, 2004. 101 (49) 17312-17315; <https://doi.org/10.1073/pnas.0407162101>



58 healthy premenopausal mothers/caregivers of either a healthy child or a chronically ill child.

The more years of caregiving, controlling for mother's age

1. the shorter the mother's telomere length
 2. the lower the telomerase activity
 3. the greater the oxidative stress
- Significant correlations between perceived stress and all three markers of cellular aging across the entire sample of caregivers and noncaregivers
 - Exists across the continuum of normative stress levels, especially notable at the extremes (low and high perceived stress).

Worry about racial discrimination: A missing piece of the puzzle of Black–White disparities in preterm birth?

Braveman P, et al. PLoS One. 2017.

Authors

Braveman P¹, Heck K¹, Egerter S¹, Dominguez TP², Rinki C³, Marchi KS¹, Curtis M³.

- Chronic worry about racial discrimination may play an important role in Black-White disparities in preterm birth (PTB).
- May help explain the greater PTB disparities among more socioeconomically-disadvantaged women.
- Only measured overt experiences of racial discrimination, but it is likely that findings are similar for different types of racial discrimination (emotional psychological) and PTB.

“White”

Combining the “concept of whiteness” - a system that socially, economically and ideologically benefits European descendants- with other research to determine the social factors that influence whites’ health.

- Jennifer Malat, Sarah Mayorga-Gallo, David R. Williams

Whiteness and health:

- Societal conditions
- Individual social characteristics and experiences
- Psychosocial responses

“White”



ELSEVIER

Social Science & Medicine

Volume 199, February 2018, Pages 148-156



The effects of whiteness on the health of whites in the USA

Jennifer Malat ^a  , Sarah Mayorga-Gallo ^b, David R. Williams ^c

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<https://doi.org/10.1016/j.socscimed.2017.06.034>

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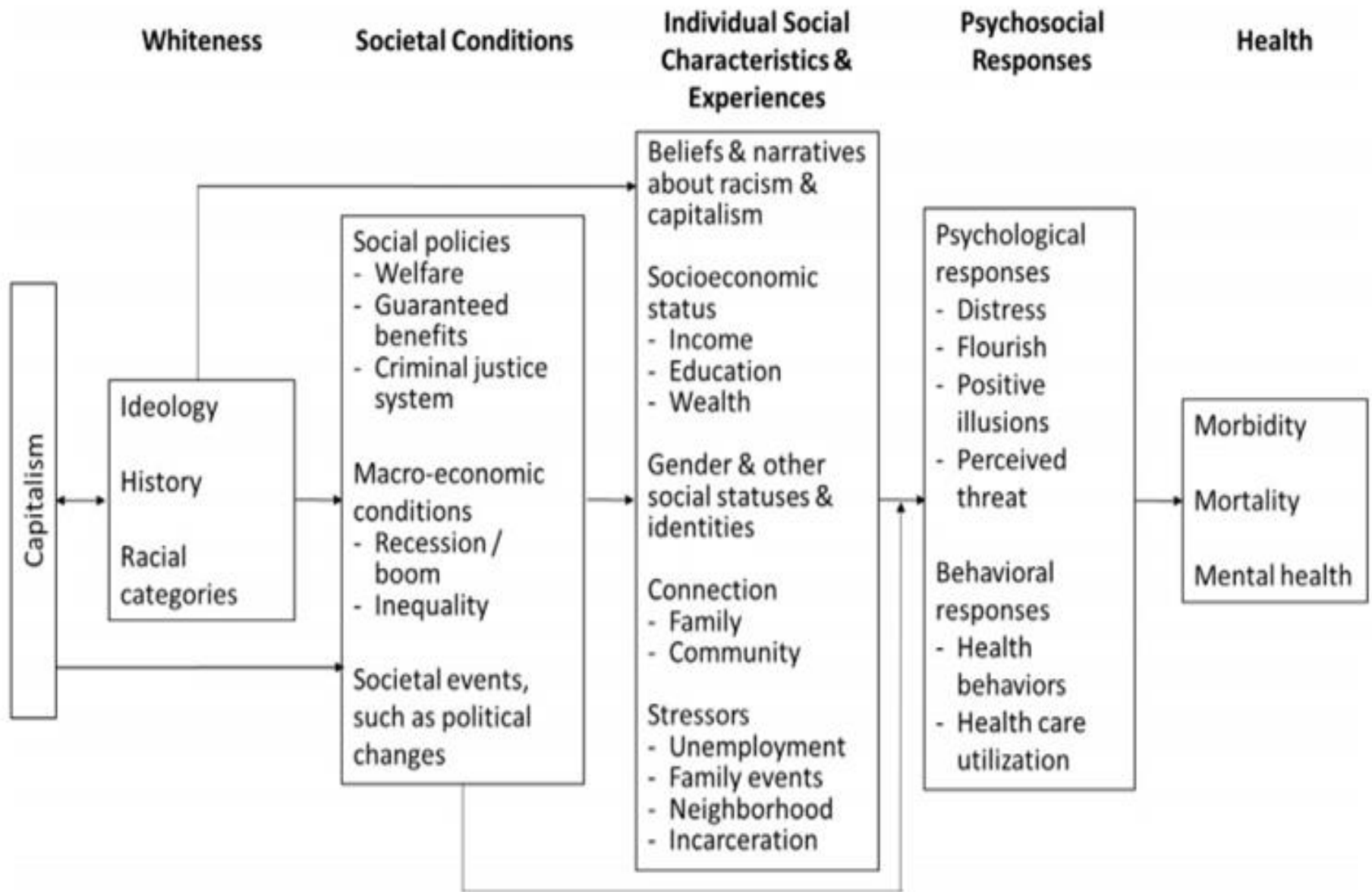
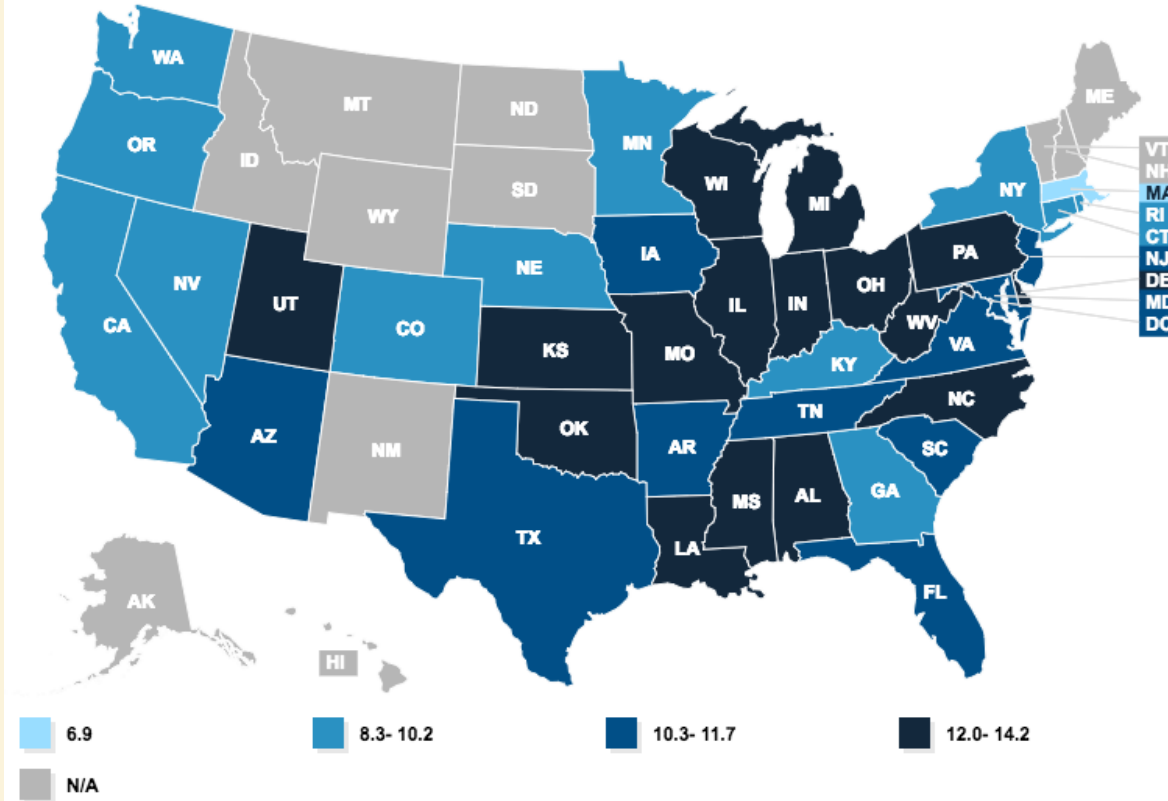


Fig. 1. Framework describing the relationship between whiteness and health.

Black Infant Mortality

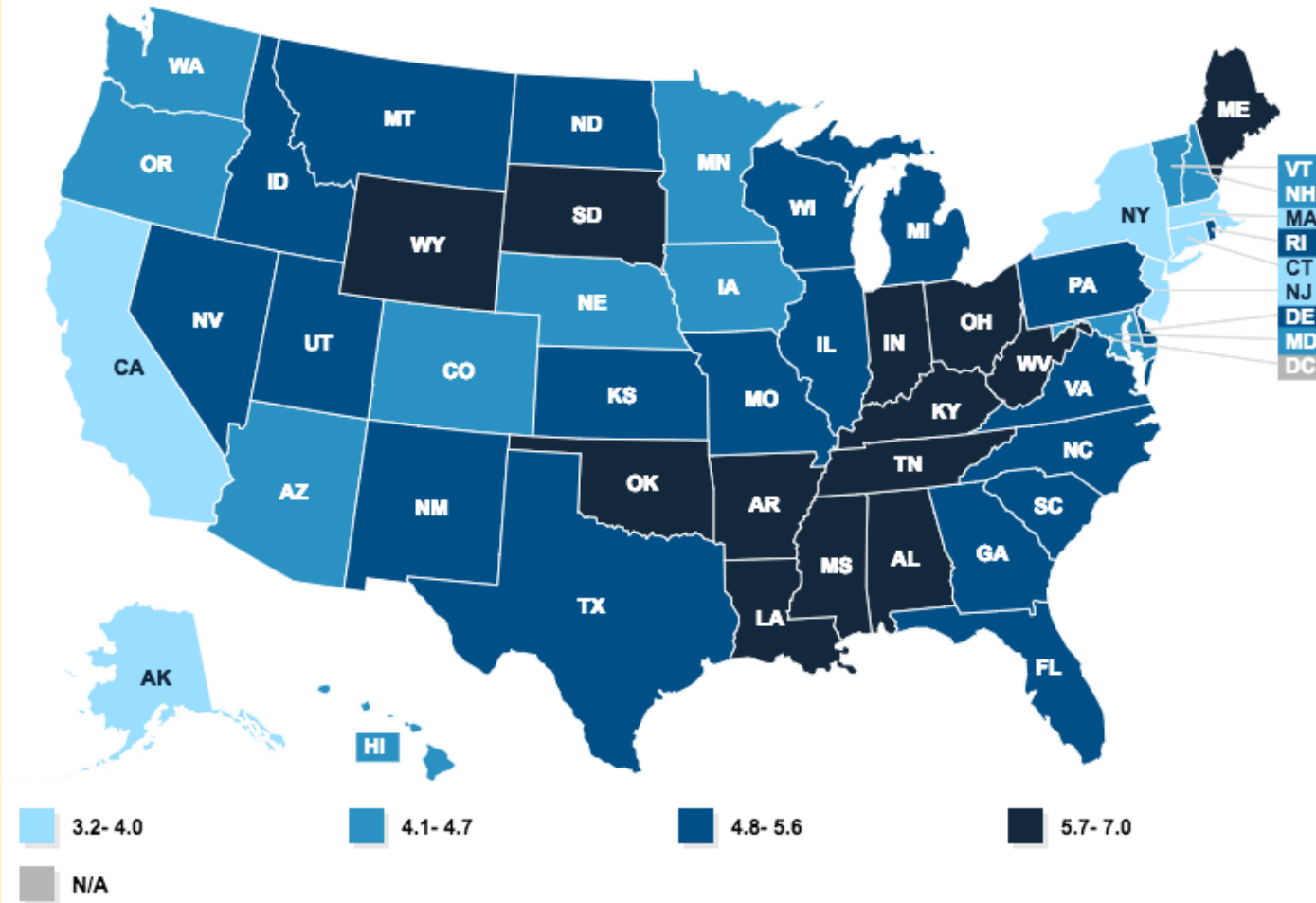
Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity: Non Hispanic Black, 2011-2013 (Linked Files)



SOURCE: Kaiser Family Foundation's State Health Facts.

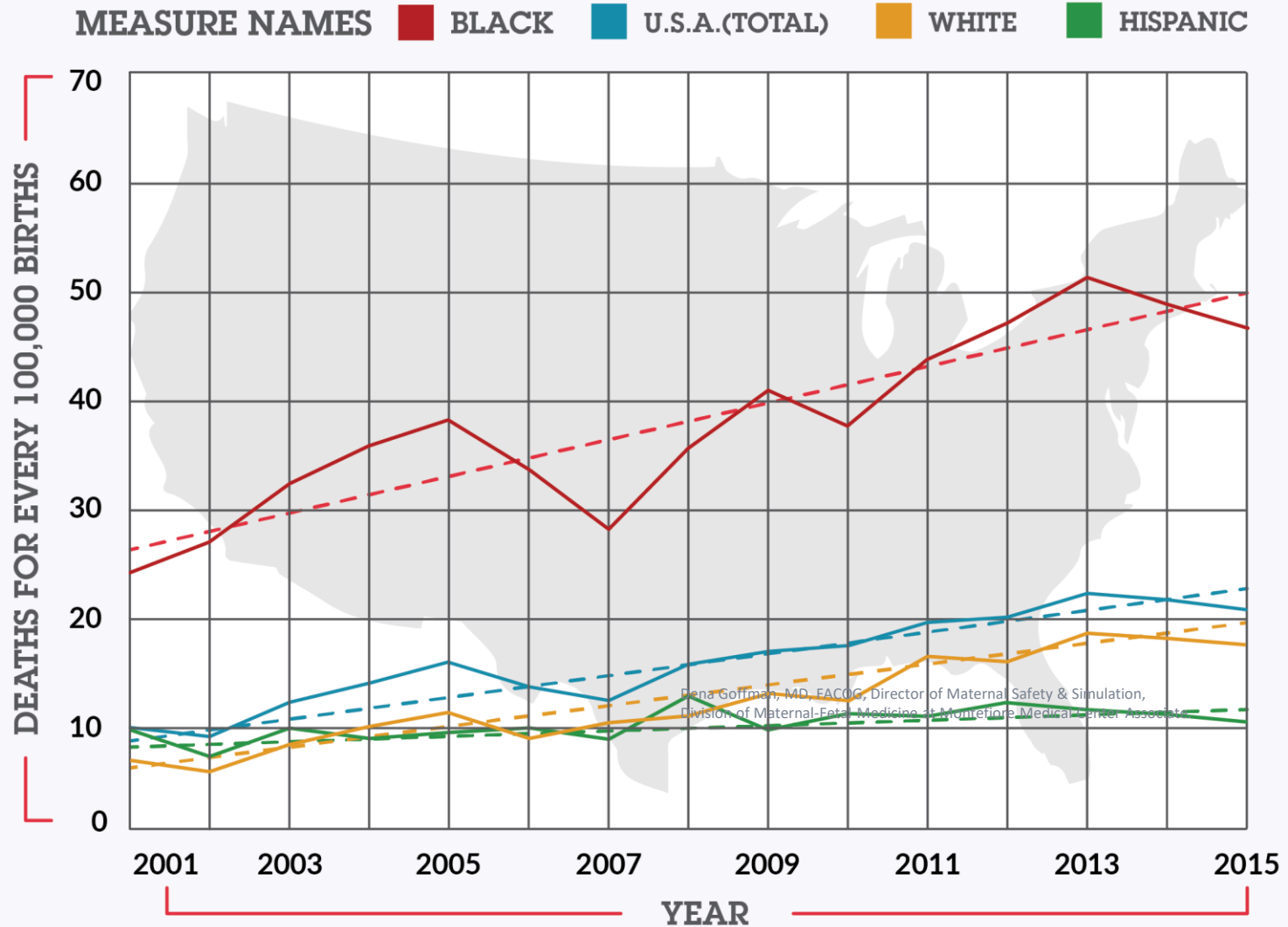
White Infant Mortality

Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity: Non Hispanic White, 2011-2013 (Linked Files)



SOURCE: Kaiser Family Foundation's State Health Facts.

Maternal Mortality/Morbidity



Source: CDC Wonder.

Finding the Roots of Inequities

- Black mothers who are college-educated fare worse than women of all other races who never finished high school.
- Obese women of all races have better birth outcomes than black women who are of normal weight.
- Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.
- African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal.

Non-Clinical Causes of Maternal Mortality

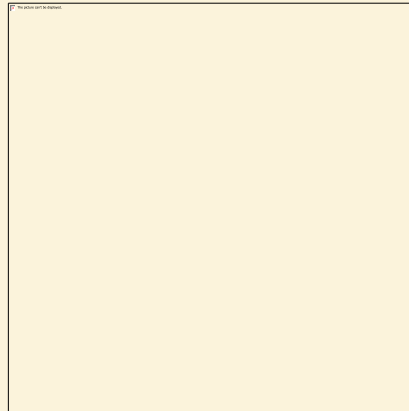
Level	Contributing Factor
Community	Access to clinical care (cost, proximity)
	Unstable housing
	Lack of, inadequate, transportation options
Health Facility	Limited experience with obstetric emergencies
	Lack of appropriate personnel or services
	Lack of guiding protocols or tools to help ensure quality care provision
Patient/Family	Lack of knowledge of warning signs to need to seek care
Provider	Missed or delayed diagnosis
	Inappropriate or delayed treatment
System	Inadequate receipt of care
	Lack of care coordination/management
	Guiding policies of standards not in place

A blue-tinted photograph of a woman smiling and holding a baby, with another person looking on. The image is used as a background for the title text.

Policies and Perinatal Health

Power Imbalances Create Racist Policies

- Power imbalances create racist policies
- Racist policies create health disparities
- Past political action which can be undone with deliberate political action

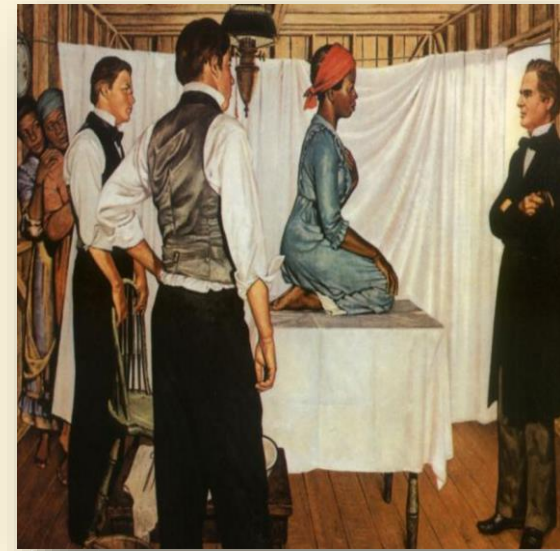


“Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing.”

— Ibram X. Kendi, *Stamped from the Beginning: The Definitive History of Racist Ideas in America*

History of Reproductive Injustice

- Black women's bodies used as vessels for the institution of slavery in the U.S.
- Experimentation on black female slaves paved the way for modern day gynecology
- Dr. Samuel Cartwright's Drapetomania facilitated and supported by Tulane University
- Black women forced to care for and breastfeed white babies
- Eugenics and systemic manipulation of Black family planning



Portrait of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries. Pearson Museum, Southern Illinois University School of Medicine



Source(s):

- Roberts, Dorothy E. 1997. *Killing the black body: race, reproduction, and the meaning of liberty*. New York: Pantheon Books.
- Wall LL. The medical ethics of Dr J Marion Sims: a fresh look at the historical record. *Journal of Medical Ethics*. 2006;32(6):346-350. doi:10.1136/jme.2005.012559.
- Sunshine Muse. "Breastfeeding America: What We Know" published in partnership with Echoing Ida, a Forward Together Program <https://www.momsrising.org/blog/breastfeeding-america-what-we-know>

Crack Cocaine v. Opioid Epidemic and Infant Health

Opioid addiction crisis is the most devastating drug epidemic since crack/cocaine

- [Heroin death rates](#), which nearly tripled between 2010 and 2013, have reached a scale of mortality unseen since the peak of the HIV/AIDS epidemic two decades ago.
- [Every 19 minutes](#), a baby is born dependent on opioids.
- Fetal/Neonatal Abstinence Syndrome is when the newborn experiences withdrawal symptoms.
- Declaring war on using mothers risks stigmatizing effective treatments
- Babies exposed to their mother's opioid addiction treatment (methadone or buprenorphine/suboxone) still test positive

Racially Biased Narratives and Policy

White Opioid Narrative

- White women are America's sisters and daughters
- Opioids are an "epidemic of despair" for Middle America
- Considered a disease, not a moral failing
- No conclusions made about prenatal opioid use or future of exposed babies
- Public health response through special funding (\$45 Billion) in fed. health care bill that threatened Medicaid (frontline insurance responder)
- Southern states that led in criminalizing black women are softening punitive policies for addicted mothers

Black Crack/Cocaine Narrative

- Illicit drug use among white women at the time was equally prevalent
- Connoted careless Black motherhood in inner-city America
- "Crack babies" considered biologically inferior, eventual super-predators, and a longterm burden on fed. Assistance & service programs
- Pregnant drug users were convicted as killers, drug dealers and child abusers
- Mass incarceration of Black mothers through random drug tests, leveraging child removal and incarceration

Lessons Learned from Substance Abuse

Dr. Claire Cole debunked the “crack baby” term with scientific data, determining effects of poverty are a bigger driver of poor longterm developmental outcomes than drug abuse itself

Understanding community context and humanizing the victims of drug addiction allowed for...

“Fetal/Neonatal Abstinence Syndrome” recognized over “Crack Babies”

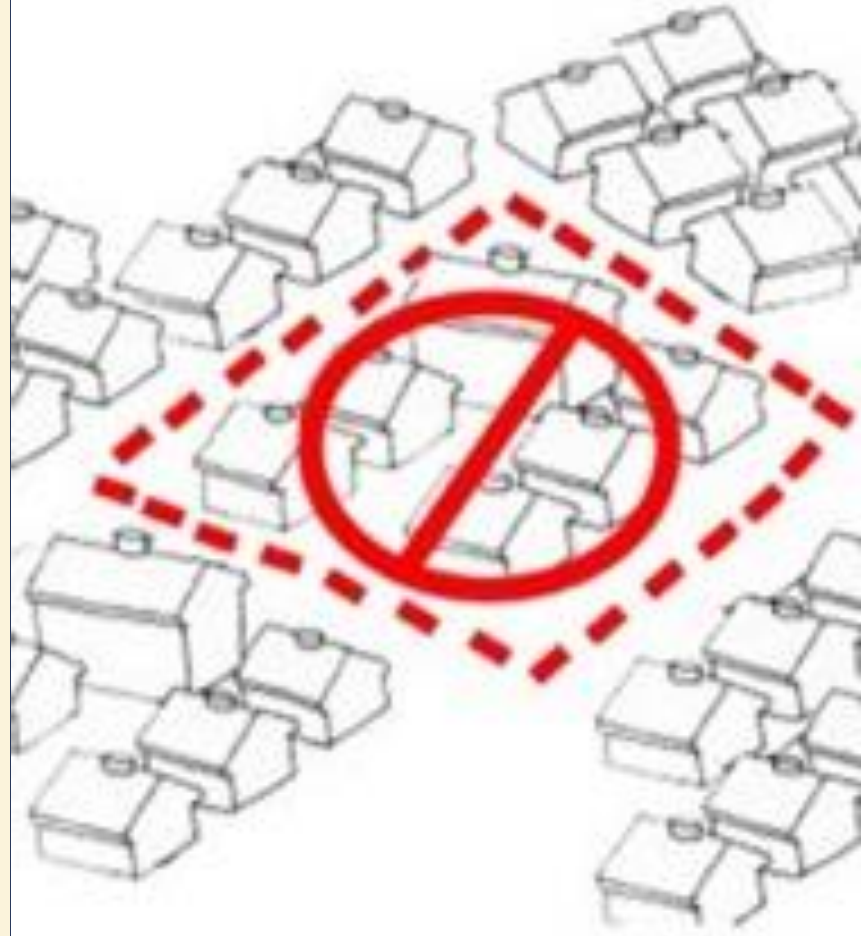
Aid funding instead of increased criminal justice budgets



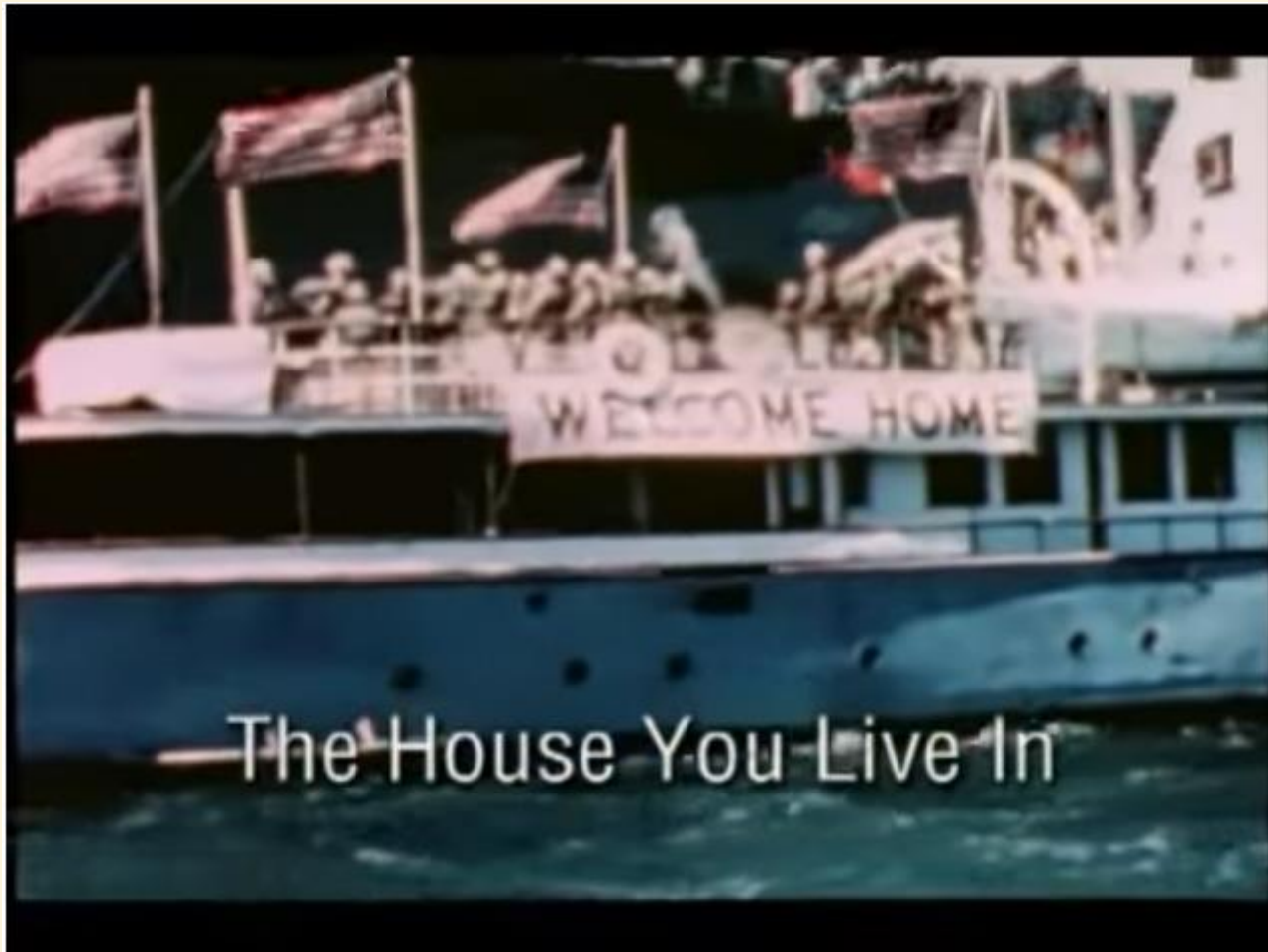
Redlining: 1934-1968

Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.



Race-The House We Live In



map options

Search for city

Columbia, SC

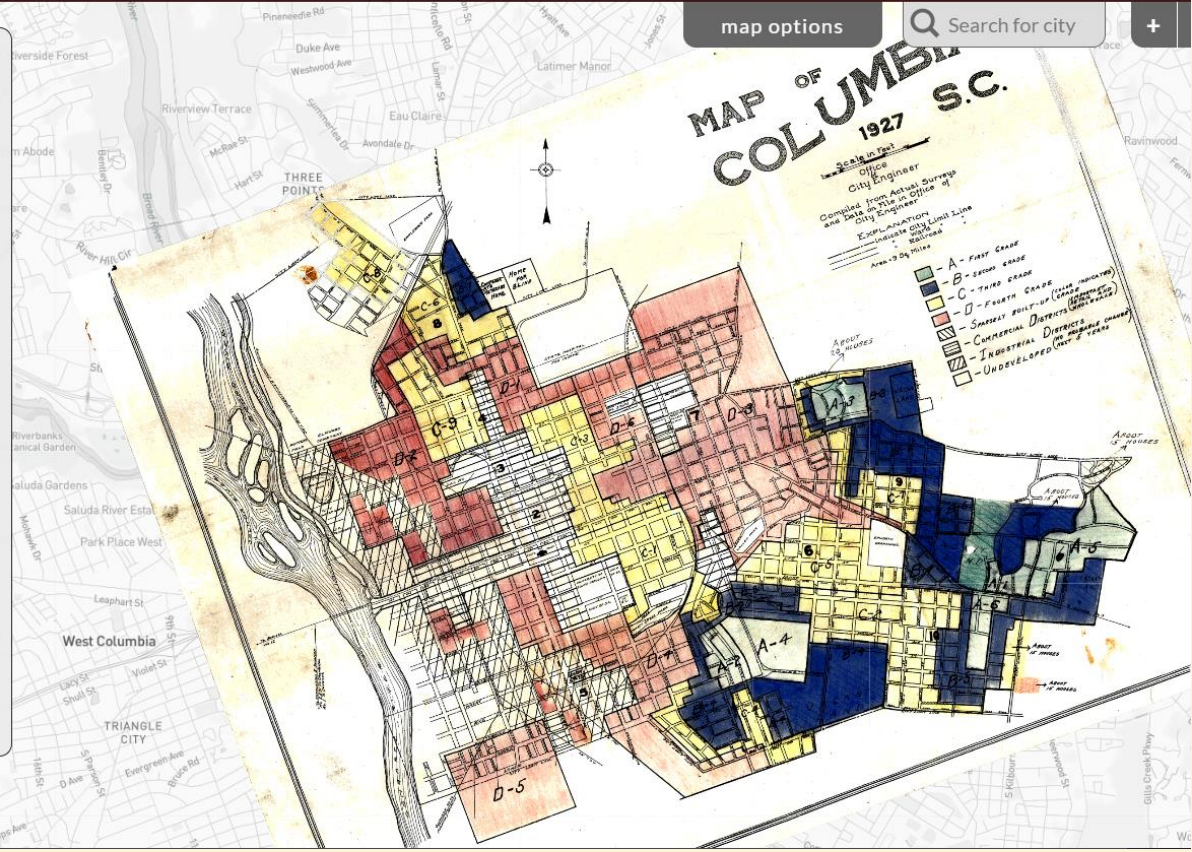
Areas by Grade

Area	Grade
9%	A "Best"
20%	B "Still Desirable"
30%	C "Definitely Declining"
41%	D "Hazardous"

Demographics

71,275	Total Population (1940)
55.7%	Native-born white
31.1%	African American
0.7%	Foreign-born white

Area Descriptions



The Political Empowerment and Health Status of African-Americans: Mapping a New Territory

Thomas A. LaVeist

Analysis of Black political power and IM in all U.S. central cities with a population of at least 50,000 residents, 10% of whom are black.

- Absolute political power, which does not influence Black infant mortality
- Relative political power, which influences Black infant mortality.
- Black political power had no significant effect on white postneonatal mortality.

Milbank Q. 1993;71(1):41-64.

Segregation, poverty, and empowerment: health consequences for African Americans.

Laveist TA¹.

Driving factors for IMR disparity:

- Racial residential segregation
- Black political empowerment
- Black and white poverty

A photograph of a family of three in a hospital bed, overlaid with a blue tint. A man is leaning over a baby, kissing its forehead, while a woman lies to the right, smiling. The word "Opportunities" is written in white text across the center of the image.

Opportunities

Going Upstream

Social Structure

Power and Wealth Imbalance

Social Determinants of Health

Psychosocial Stress

Unhealthy Behaviors

Individual Disease State



Causes of Inequities

Non-Clinical Causes of Inequities

- Racism and obstetric violence
- Housing
- Income
- Neighborhood safety
- Air quality and environmental stresses
- Food Insecurity
- Access to quality, comprehensive health care services
- Low educational attainment
- Unemployment and rigid scheduling

SC Wins

Supporting the
CenteringPregnancy® model

Health Start- HRSA funded!

Community based and community-serving

Locations

- Pee Dee Healthy Start, Inc. (legacy)
- Palmetto Health
- South Carolina Office of Rural Health

Medicaid Policies for Birth Equity

Long Acting Reversible Contraceptives (LARCs)

- LARC insertion reimbursement- fully covered to the hospitals outside the DRG, including sales tax.

*SC is the first state in the nation to enact such a policy.

CenteringPregnancy

- SCDHHS, BCBSSC and South Carolina State Health Plan all reimburse physicians for CenteringPregnancy.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

2012

- SCDHHS, BCBSSC and South Carolina State Health Plan providers are reimbursed once per fiscal year for screenings and twice per fiscal year for brief interventions for each patient receiving these services.

Early Elective Deliveries (EEDs)

2013

- SCDHHS and BlueCross BlueShield of South Carolina (BCBSSC) stopped reimbursement to hospitals and physicians for elective inductions or non-medically indicated deliveries before 39 weeks gestational age.

*SC the first state in the nation in which the Medicaid agency and a commercial insurer joined forces to establish a policy of nonpayment.

(Healthy Connections Medicaid)

Admin and Grasstops for Birth Equity

2012

SCBOI collaborated with ChooseWell to create a LARC toolkit
Hosts webinars and presentations at meetings and the annual symposium

Screening, Brief Intervention and Referral to Treatment (SBIRT)

2012

- SCDHHS, with the support of SCBOI, began incentivizing doctors to screen pregnant women for
 - substance abuse
 - domestic violence
 - depression

Supporting Vaginal Birth Initiative

Grasstops to Grassroots

- 19 Physicians practices offer CenteringPregnancy
- The Mother's Milk Bank of South Carolina received over 60,000 ounces of human milk donations in its first year (2015)



- Amplify lived experience
 - Mothers Voices



- Advocacy for systems and policy change
 - Rural health access and work force
 - Living wage
 - Paid family/sick leave
 - Education quality and access
 - Environmental justice

Defining Community



Community

- 1: a unified body of individuals: such as
- a: the people with common interests living in a particular area *broadly* : the area itself, the problems of a large *community*
- b: a group of people with a common characteristic or interest living together within a larger society, a *community* of retired persons
- c: a body of persons of common and especially professional interests scattered through a larger society, the academic *community*
- d: a body of persons or nations having a common history or common social, economic, and political interests, the international *community*
- e: a group linked by a common policy

Community Based Organization

A public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet needs and improve life for residents. They build grassroot power & equity across society through intersecting issues.

Identifying CBOs

- Created from need
- Start-up culture
- Irregularly funded or social entrepreneurship model
- Focus and programming meets immediate needs of community

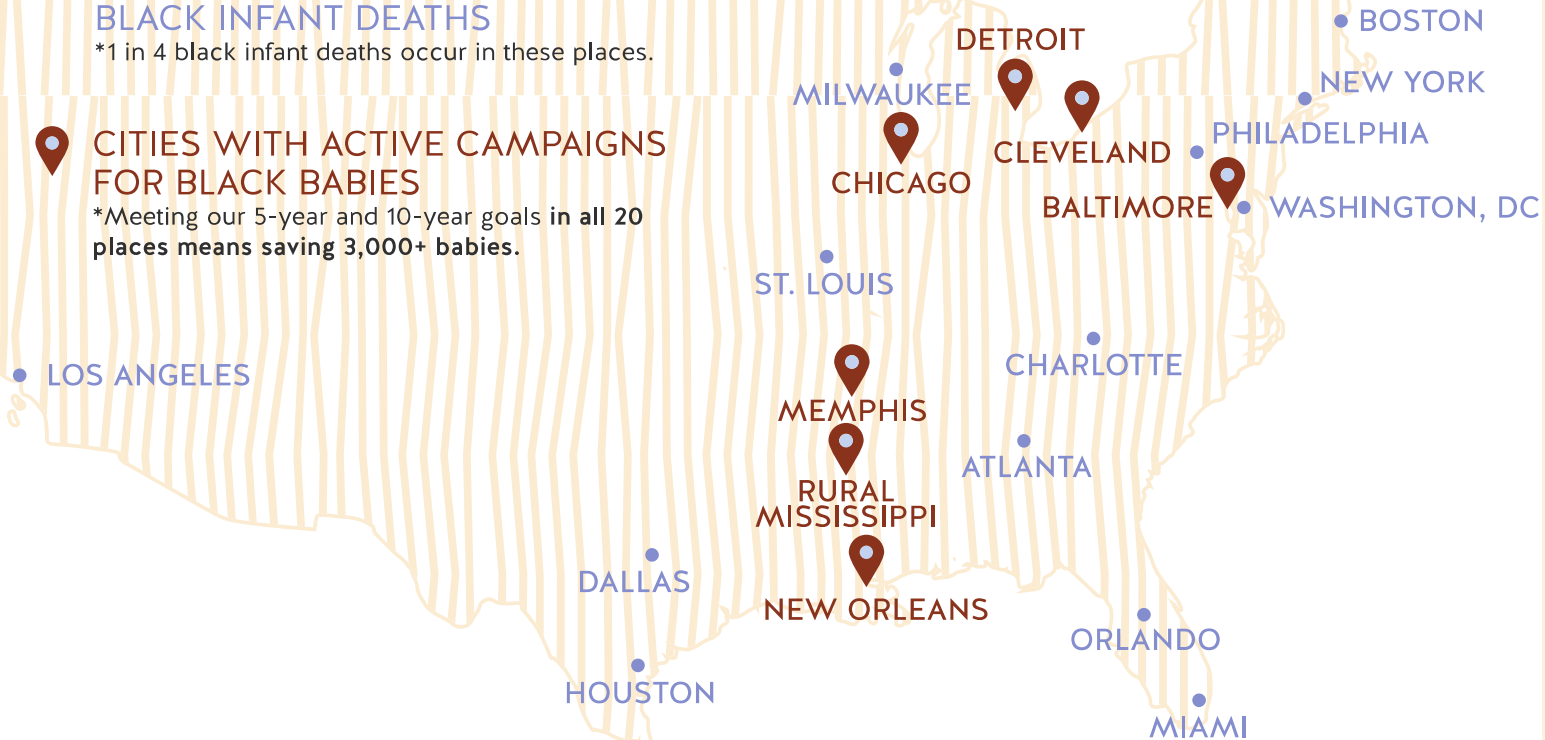
Campaign for Black Babies

- **CITIES WITH HIGHEST BLACK INFANT DEATHS**

*1 in 4 black infant deaths occur in these places.

- **CITIES WITH ACTIVE CAMPAIGNS FOR BLACK BABIES**

*Meeting our 5-year and 10-year goals in all 20 places means saving 3,000+ babies.



“Look at the Whole Me”: A Mixed-Methods Examination of Black Infant Mortality in the US through Women’s Lived Experiences and Community Context

Maeve E. Wallace ^{1,2,*}, Carmen Green ², Lisa Richardson ^{2,3}, Katherine Theall ^{1,2} and Joia Crear-Perry ²

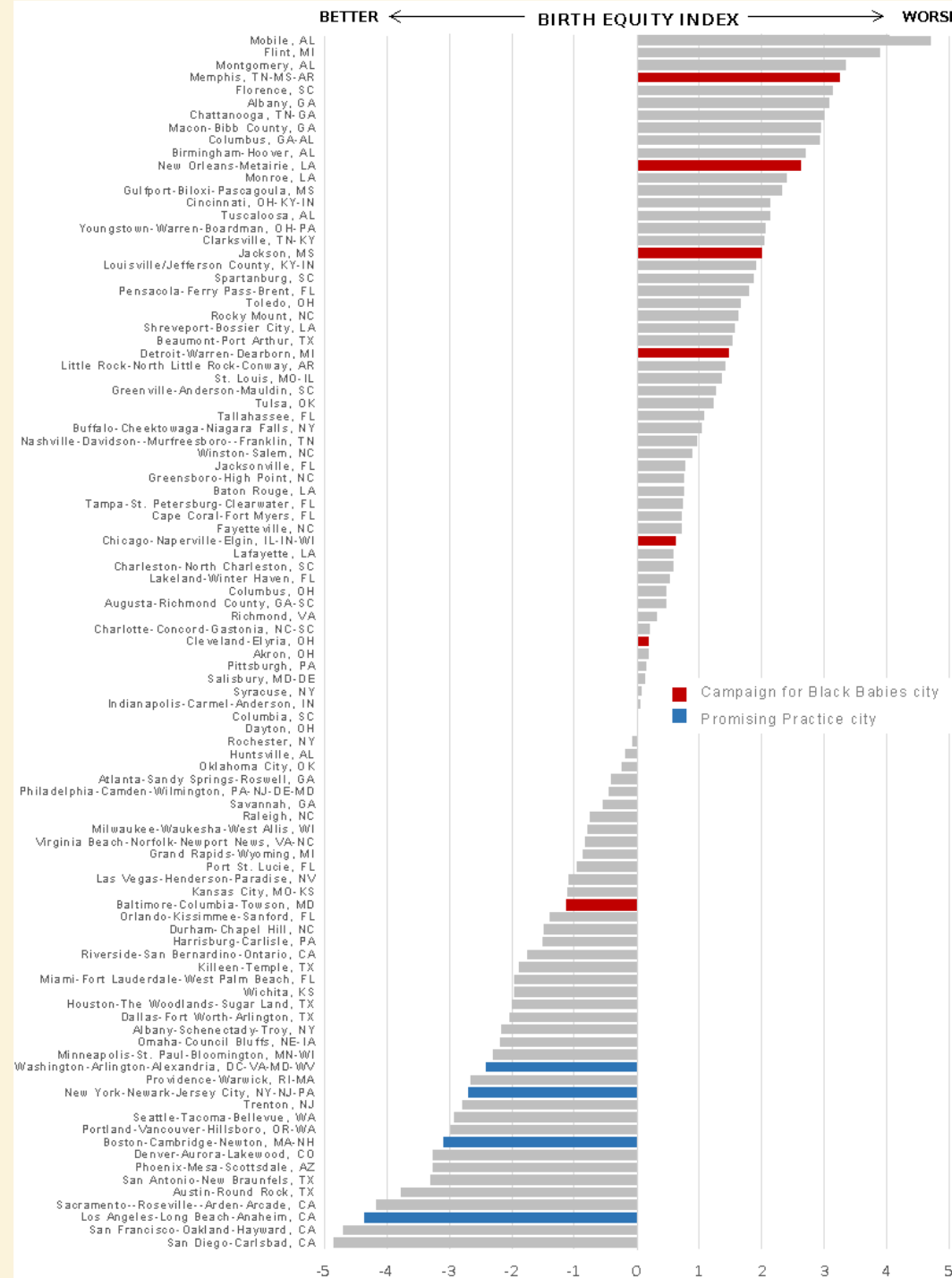
Birth Equity Index

Data tool to identify significant social determinants

- *A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:*

- *prevalence of smoking and obesity among adult residents*
- *number of poor physical and mental health days experienced by residents*
- *percentage of residents with limited access to healthy foods*
- *rates of homicide and jail admissions*
- *air pollution*
- *racial residential segregation (isolation)*
- *rates of unemployment and low education among NH black residents*
- *income inequality between black and white households*

- *We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.*



Data: Z Codes

- Z59.1, Inadequate housing
- Z59.2, Discord with neighbors, lodgers and landlord
- Z59.3, Problems related to living in residential institution
- Z59.4, Lack of adequate food and safe drinking water
- Z59.5, Extreme poverty
- Z59.6, Low income
- Z59.7, Insufficient social insurance and welfare support
- Z59.8, Other problems related to housing and economic circumstances
- Z59.9, Problem related to housing and economic circumstances, unspecified

Z60 Problems related to social environment

- Z60.0, Problems of adjustment to life-cycle transitions
- Z60.2, Problems related to living alone
- Z60.3, Acculturation difficulty
- Z60.4, Social exclusion and rejection
- Z60.5, Target of (perceived) adverse discrimination and persecution

- Z73.1, Type A behavior pattern
- Z73.2, Lack of relaxation and leisure
- Z73.3, Stress, not elsewhere classified
- Z73.4, Inadequate social skills, not elsewhere classified
- Z73.5, Social role conflict, not elsewhere classified
- Z73.6, Limitation of activities due to disability
- Z73.8, Other problems related to life management difficulty
 - Z73.81, Behavioral insomnia of childhood
 - Z73.810, Behavioral insomnia of childhood, sleep-onset association type
 - Z73.811, Behavioral insomnia of childhood, limit setting type
 - Z73.812, Behavioral insomnia of childhood, combined type
 - Z73.819, Behavioral insomnia of childhood, unspecified
 - Z73.82, Dual sensory impairment
 - Z73.89, Other problems related to life management difficulty
- Z73.9, Problem related to life management difficulty, unspecified

Z75 Problems related to medical

- Z75.3, Unavailability and inaccessibility of health-care facilities
- Z75.4, Unavailability and inaccessibility of other helping agencies

Z65 Problems related to other psychosocial circumstances

- Z65.0, Conviction in civil and criminal proceedings without imprisonment
- Z65.1, Imprisonment and other incarceration
- Z65.2, Problems related to release from prison
- Z65.3, Problems related to other legal circumstances
- Z65.4, Victim of crime and terrorism
- Z65.5, Exposure to disaster, war and other hostilities
- Z65.8, Other specified problems related to psychosocial circumstances
- Z65.9, Problem related to unspecified psychosocial circumstances

Z72 Problems related to lifestyle

- Z72.0, Tobacco use
- Z72.3, Lack of physical exercise
- Z72.4, Inappropriate diet and eating habits
- Z72.5, High risk sexual behavior
 - Z72.51, High risk heterosexual behavior
 - Z72.52, High risk homosexual behavior
 - Z72.53, High risk bisexual behavior
- Z72.6, Gambling and betting
- Z72.8, Other problems related to lifestyle

Mothers Voices Driving Birth Equity

National Birth Equity Collaborative
Funded by the Robert Wood Johnson Foundation



BACKGROUND

Women in the US are dying in pregnancy and childbirth at unprecedented rates.

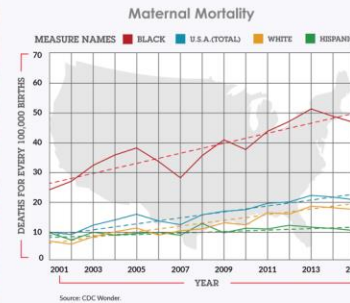
The community closest to the pain and suffering through disparate deaths and complications are Black mothers and birthing people.

Disrupting birthing narratives and care required cultural shifting from mother/individual blame to provider/systems accountability.

Cultural transformation depends the capacity for providers and systems to listen to, understand, and respond to community voices in sharing stories of disrespectful and dismissive care and service gaps.



**Listen to Black Women
Trust Black Women
Respond to Black Women**



NBEC

National Birth Equity Collaborative (NBEC) optimizes Black birth outcomes through training, research, community centered collaboration, and advocacy. NBEC uplifts Black women led organizations, guiding clinicians and researchers to center women, their families and their stories.

ACOG-AIM

The American College of Obstetrics and Gynecology (ACOG) is the lead partner in The Alliance for Innovation on Maternal Health (AIM) program. AIM is a national alliance to promote consistent and safe maternity care to reduce maternal mortality and severe maternal morbidity.

CMQCC

California Maternal Quality Care Collaborative (CMQCC) based at Stanford University, is a multi-stakeholder organization committed to ending preventable morbidity, mortality and racial disparities in California maternity care..

PURPOSE

To develop and apply a community informed theoretical model in the creation and testing of a participatory patient-reported experience metric (PREM) of mistreatment and discrimination in childbirth.

There is no metric for patient-reported experience of mistreatment and discrimination in childbirth and pregnancy developed by, for, and with impacted Black communities, mothers, and scholars

Research & QI Methodologies

Reproductive Justice
Cultural Humility
Research Justice

Systematic analysis and disruption of hierarchy of knowledge construction and power in QI, clinical research, and public health

Prioritization and amplification of community voice and knowledge

Co-development of shared language, vision, and understanding of respectful and dignified maternity care

Co-creation and testing of best practices that lead to improved listening, shared decision making and trust between Black mothers, clinicians, and health systems

OBJECTIVES

- Facilitate and sustain opportunities for Black mothers stories to be valued, seen, & heard in semi-structured focus group interviews
- Develop a community informed theoretical model in collaboration with Black mothers/birthing people based on group interviews
- Map existing theoretical constructs onto those identified from Black mothers and CBOs to inform the co-creation and co-testing of a PREM of respect, mistreatment, and discrimination
- Utilize the PREM in systems accountability, quality improvement patient advocacy and interprofessional education

IHI (Institute for Healthcare Improvement) Framework To Achieve Health Equity

1.

Make health equity a strategic priority

- Demonstrate leadership commitment to improving equity at all levels of the organization
- Secure sustainable funding through new payment models

2.

Develop structure & processes to support health equity work

- Establish a governance committee to oversee and manage equity work across the organization
- Dedicate resources in the budget to support equity work

3.

Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact

- Health care services (CLAS, CHW, co-design processes)
- Socioeconomic status (fair pay & opportunity for employees)
- Physical environment
- Healthy behaviors

4.

Decrease institutional racism within the organization

- Physical space: Buildings & design
- Health insurance plans accepted by the organization
- Reduce implicit bias within organization policies, structures & in patient care

5.

Develop partnerships with community organizations

- Leverage community assets to work together on community issues related to improving health & equity

Racial Equity Lens

The health care system alone isn't equipped to overcome the inequities driven by income, language, education or racism

Racial Equity Lens

- Centers place, environment and social determinants
- Addresses aggravated risk for specific local challenges
- Addresses intergenerational and cumulative effects of structural racism on health

Useful Resources

Racial Equity Analysis

- What?
- Why care?
- Now what?

Root Cause Analysis

- Identify systems vulnerabilities that impact patient safety and outcomes
- Identify measurable systems-based corrective actions
- Ensure follow-through and implementation
- Ensure that leadership at all levels of the organization participate and hold staff accountable for RCAs

5 Whys Exercise

- ❖ Identify an event or pattern that concerns staff
- ❖ Identify tangible and intangible structures that are contributing to results
- ❖ Brainstorm implications for action

How can you better apply existing tools in your daily work?



Segregationists

Assimilationists

Anti-Racists

Thank you



Founder President
drjoia@birthequity.org



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