



TAKING ACTION TO IMPROVE HEALTH EQUITY IN OUR WORK AND PRACTICE

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OBJECTIVES

Learning Objectives include:

- Identify three resources to increase knowledge on matters of health equity in maternal and neonatal health.
- Differentiate between health equity and equality using Cliff of Good Health Model
- Describe three immediate action steps to create a culture of equity in workplace and/clinical practice.

MARCH OF DIMES BIRTH EQUITY INITIATIVE VISION

March of Dimes is a champion for birth equity solutions. We are committed to mobilizing the nation around this issue by amplifying the voices of women and families. Together with partners, we are determined to increase awareness and spur action on this issue in ALL communities for ALL families.



March of Dimes Birth Equity Initiative

**CONNECT AND
CONVENE
THOUGHT
LEADERS**

**FACILITATE
COLLECTIVE
ACTION**

**ADVOCATE FOR
POLICY AND
SYSTEM
CHANGES**

**ACCELERATE
EVIDENCE-BASED
PROGRAMS AND
CARE
INNOVATION**

**CONDUCT
RIGOROUS DATA
ANALYSES AND
SUPPORT
RESEARCH**

**TRAIN FUTURE
LEADERS AND
STRENGTHEN
COMMUNITIES**



Resources

Prematurity Collaborative

Perinatal Data Center

Center for Social Science Research

Prematurity Research Centers

Advocacy Network - OGA

#blanketchange

MCH and NICU Innovation

National Service Partners/ Volunteers

Fundraising/Donors



Using Collective Impact LOCALLY to Improve the Health of All Moms and Babies

PREMATURITY COLLABORATIVE

GOAL: To achieve equity and demonstrated improvements in preterm birth

PURPOSE: To engage diverse organizations, drawing on their unique expertise problem solve together using collective action, shared strategy and metrics.



PREMATURITY COLLABORATIVE CO-CHAIRS



Wanda D. Barfield, MD, MPH, FAAP,
RADM, U.S. Public Health Service

Director, Division of Reproductive
Health, National Center for Chronic
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Lisa F. Waddell, MD, MPH
March of Dimes

Senior Vice President, Maternal
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HEALTH EQUITY WORKGROUP CO-CHAIRS



Fleda Mask Jackson, PhD
Founder, Save 100 Babies
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Arthur R. James, MD, FACOG
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Diana Ramos, MD, MPH, FACOG
Associate Clinical Professor in
Obstetrics and Gynecology,
Keck University of Southern California
School of Medicine
Co-Chair National Preconception Council

GUIDING PRINCIPLES

MARCHOFDIMES.ORG/COLLABORATIVE

GOAL: Establish key equity terms and concepts for all Collaborative members to use to guide their work

Subgroup of Health Equity workgroup convened to discuss structure, content and format of document.

Document builds on 2017 Robert Wood Johnson Foundation report, “What is Health Equity?”

**Mi MARCH
OF DIMES**
PREMATURITY COLLABORATIVE



**GUIDING PRINCIPLES
TO ACHIEVING EQUITY
IN PRETERM BIRTH**

CONSENSUS STATEMENT

GOAL: Share the value and contributions of the social sciences to understanding and potential solving the problem of birth inequities.

Subgroup of Health Equity Workgroup convened to discuss structure, content and format of consensus statement.

Small writing team assembled to develop content based on initial outline.

Document includes:

1. Core values
2. Call to Action

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).

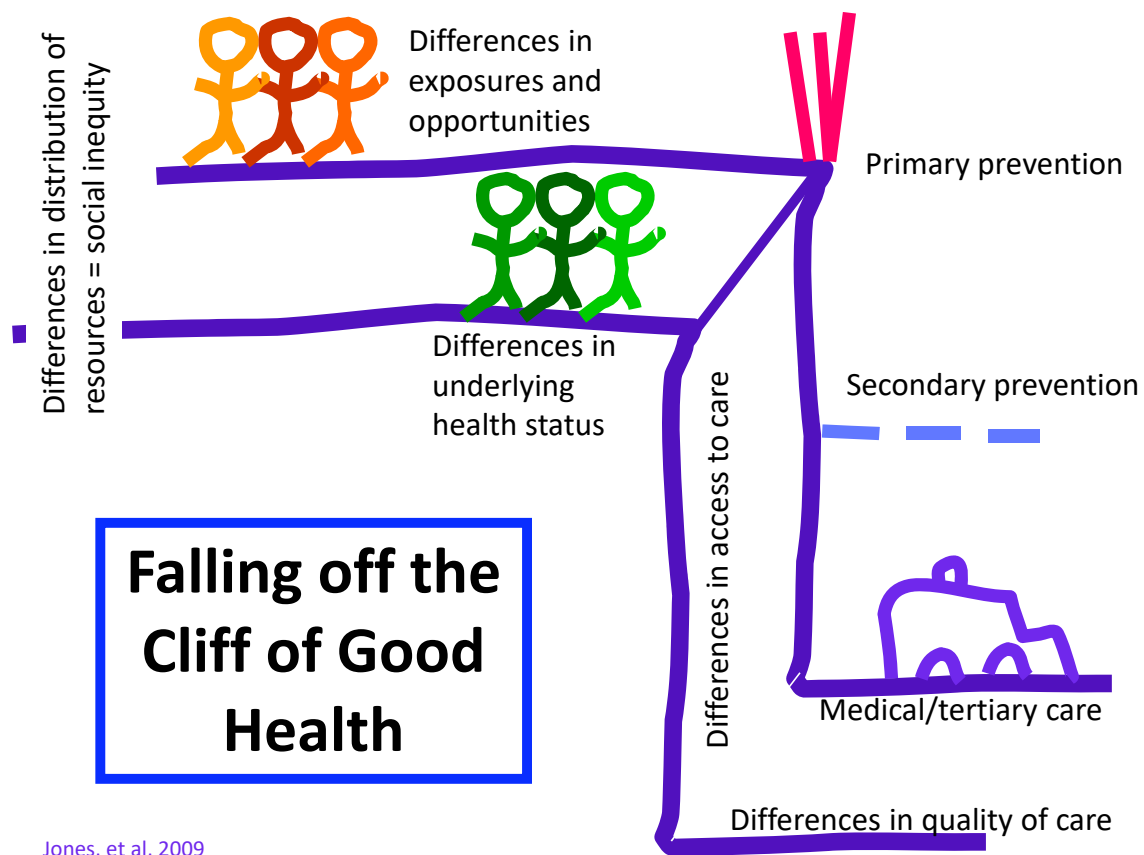
APPROACH TO GENERATING CONSENSUS

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).



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:



Jones, et al, 2009