

SUMMARY STATEMENT

For the past decade the State of Delaware's Department of Health and Social Services (DHSS), the Division of Public Health (DPH), has focused on providing the medical care necessary for high-risk pregnant women. This effort has been spearheaded by the current Governor appointed, Delaware Healthy Mother and Infant Consortium (DHMIC), which has helped decrease the infant mortality rate from 9.3 deaths per 1,000 live births to 7.5. This is still, however, higher than the national average of 5.9 deaths per 1,000 (2011-2015). Although both Black and White infant mortality rates have fallen, the racial disparity persists at 12.3, in 2014-2018 the Black infant mortality rate is still 2.7 times higher than the White infant mortality rate. Going forward, interventions need to do a better job at addressing disparities and addressing social context issues. Factors such as obesity, diabetes, hypertension, chronic disease, smoking, stress, race and racism, maternal age, all contribute to preterm birth along with multiple social determinants. The available research is clear that the path to more significant and sustained improvement in the statewide rate and eliminating the persistent racial disparity lies in addressing social determinants of health, the social context factors that compromise the health of women and families, which then makes them susceptible to poor health outcomes. An emerging effort to address social determinants of health needs to be expanded to help decrease the percentage of women in the state who have a preconception health issues. Resolving these issues before pregnancy will help enable women to carry a healthy pregnancy. Two of the biggest factors driving the infant mortality rate in Delaware are preterm births and low birthweight births. With the collaboration of Delaware's many MCH stakeholders through the Delaware Healthy Mother and Infant Consortium (DHMIC), the Healthy Women Healthy Baby (HWHB) Program 2.0, medical intervention and the HWHB Zones mini grants, there have been local and statewide interventions throughout Delaware to provide the necessary care and support for women and babies who are considered high risk for poor birth outcomes.

ACTIVITIES AND RESULTS

Since 2019, six HWHB Zones (zones are based upon zip codes and census tracts), local place-based strategies, were formed in an effort to bring more awareness to programs, better educate and serve women of reproductive age (15-44 years old) and give a clarion voice to Black maternal health grassroots organizations statewide. HWHB Zones are a part of the Infant Mortality reduction work in Delaware, in which the mission is to spread evidence-based and place-based strategies to improve social determinants of health and equity in birth outcomes, which compliments the medical intervention, HWHBs 2.0.

The HWHBs 2.0 program implements an outcomes-oriented and learning collaborative approach where continuous quality improvement (CQI) is marked essential when collecting data and during the resulting analysis to ensure continuous improvement throughout the contracting process. Being entirely outcome focused ensures that the program takes an equity-driven approach that fosters mutual accountability between the funder, provider and participant in developing and carrying out services focused on reaching at least six benchmark indicators (i.e., screening for pregnancy intention. The indicators are as follows: increase the percentage of women who receive a well woman visit; screen for substance misuse; increase the proportion of HWHB participants that abstain from tobacco use; social determinants of health screening, depression screening and referral, etc.).

DPH worked with Health Management Associates (HMA) to serve as a backbone agency to develop a mini-grant process to award funding for local communities/organizations to implement local interventions that address social determinants of health in priority communities throughout Delaware in 2019. These first-ever mini-grants support the ongoing effort to lessen the unfortunate disparities in birth outcomes between Black and White women by using small-scale innovative strategies on both a state and local level. The grantees were provided with coaching and technical assistance (TA) that included collaborative meetings and individual coaching for the life of the funding. Beginning on January 1, 2021, the second cycle of funding will be available to two or three new mini grantees (who must be classified as new non-traditional partners, broad-based group of nonprofit organizations and/or new grass roots community-based organizations) to address social determinants of health with the aim of improving health outcomes for women and babies. Existing mini grantees will have money to support and continue their HWHB zone programs through June 2022. All the capital afforded to these organizations through these grants will help better serve women of reproductive age in each HWHB zone and find interventions to address the root causes of infant mortality across Delaware that contribute towards the disparity. For more information, visit www.DETHrives.com/minigrants.