

## SUMMARY STATEMENT

Addressing birth outcome disparities is a priority for the governor, state government, and Washingtonians, and is tracked as part of the state's Results Washington performance management system. Washington has met the Healthy People 2020 objective to reduce total preterm birth to no more than 11.4 per 100 singleton births, however, significant disparities remain in preterm deliveries for racial/ethnic and low-income groups.

Our state can successfully reduce population-based disparities through culturally appropriate efforts that address social determinants. Through the Birth Equity Project, the Washington State Department of Health (DOH) provided funding to three local organizations to implement evidence-based/evidence-informed programs or community-informed practices that are culturally appropriate and focus on the root causes of inequities. In addition to supporting the launch of community programs that reduce health disparities, Washington is also seeking to provide learning opportunities for state and local leaders on health equity. The Maternal Mortality Review Panel is expanding their work with the American Indian Health Commission and has partnered with the Washington State Hospital Association to offer implicit bias training for perinatal service providers.

## ACTIVITIES AND RESULTS

Cross-agency collaboration and engagement with partners across the health system is how we are working toward a state where healthy moms, dads, and babies can thrive. Among the activities:

The Birth Equity Project supports rural hospitals and tribal clinics to enhance prenatal resources and linkages through such approaches as the Family Spirit home visiting model, a Centering Pregnancy program, and prenatal yoga classes with an emphasis on expanding access in rural and tribal communities. In urban areas, partner organizations launched the Culturally Responsive Integrated and Strength-based Parenthood (CRISP) support group, with emphasis on reaching pregnant people and families from American Indian/Alaska Native, African American/Black, and Pacific Islander communities. In 2021 partner organizations plan to expand their services to offer drug and addiction recovery support groups to pregnant and parenting families as well as Tribal community doula services.

Washington state continues to address the impact of the opioid epidemic on premature births through health policy and substance use treatment innovation. This includes expanding access to medication-assisted treatment, group prenatal care that integrates substance use treatment into care, working with birthing hospitals to support non-pharmacologic interventions for withdrawal symptoms in newborns, working with child welfare to create policy regarding the notification of infants affected by substances, working with the Health Care Authority to explore bundled payment options to fund healthcare services, and expanding residential treatment to allow more women to bring their newborn with them into treatment.

The 2014-2016 Maternal Mortality Report for Washington State found that American Indian/Alaska Native people have higher maternal mortality rates than other racial or ethnic groups in the state. In response to those findings, the Department of Health (DOH) is partnering with the American Indian Health Commission to coordinate one or more listening sessions to discuss the issues contributing to maternal mortality in Tribal and Urban Indian Communities. To continue work towards improving health equity in perinatal care, the DOH has partnered with the Washington State Hospital Association (WSHA) and the Institute for Perinatal Quality Improvement to offer two implicit and explicit bias training for health care and service providers.

## COVID RELATED WORK

In the spring of 2020 when COVID-19 cases were first documented in Washington, the DOH partnered with the Washington State Hospital Association (WSHA) to convene a workgroup to address the needs of people giving birth during the pandemic. This workgroup created guidance documents and a website for clinicians and pregnant people, prioritized pregnant people for testing, and advocated for doulas to be allowed in birthing hospitals for birthing women. The DOH is currently connecting with perinatal partners to get feedback on vaccination for COVID-19 during pregnancy.