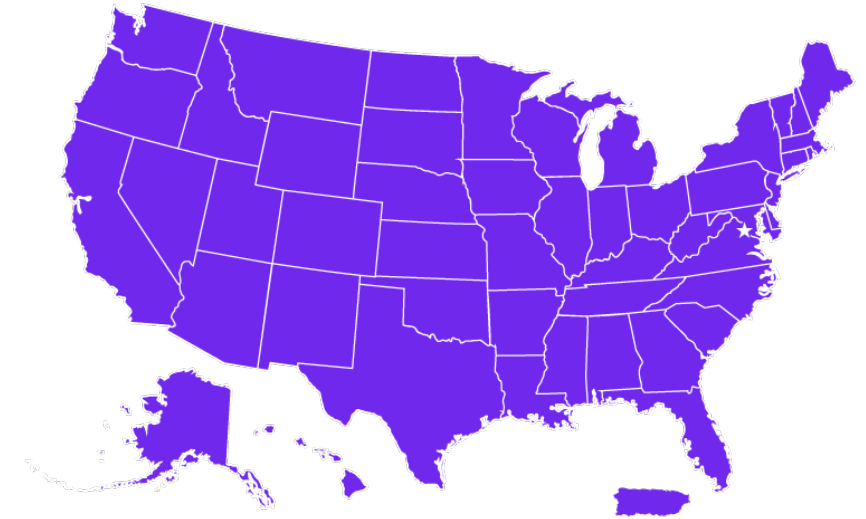




# **IMPLEMENTATION STRATEGIES TO CLOSE THE HEALTH EQUITY GAP**

**STACEY D. STEWART, PRESIDENT AND CEO, MARCH OF DIMES**

# THE U.S. IS THE MOST DANGEROUS COUNTRY IN THE DEVELOPED WORLD TO GIVE BIRTH



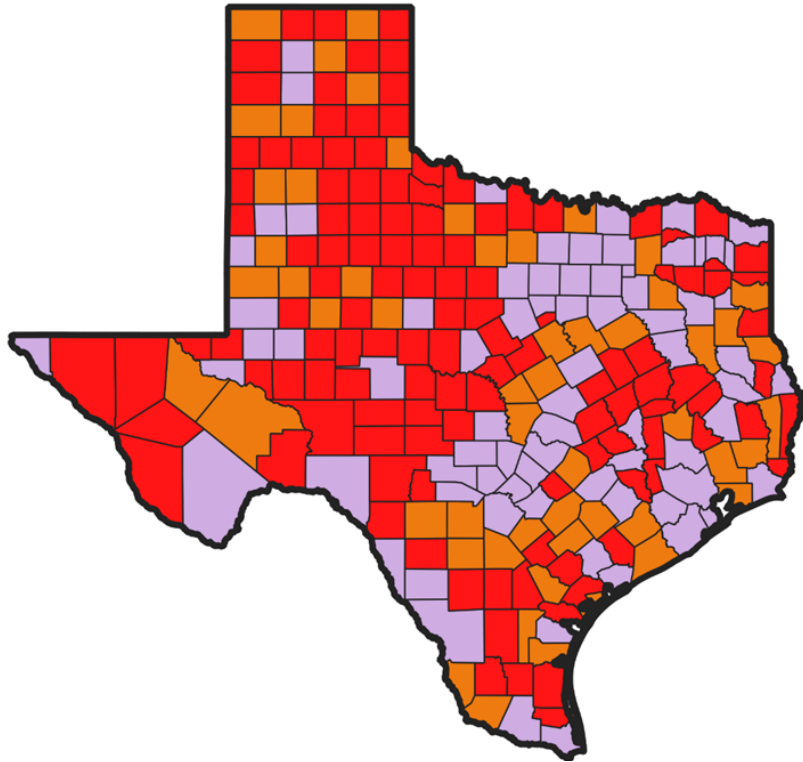
**2 women will die from pregnancy-related causes today. And every day.**

**2 babies die every hour in the U.S.**

**Pregnancy-related deaths have more than doubled over the past 25 years.**

**5 million women live in maternity care deserts – counties with no hospitals offering obstetric services.**

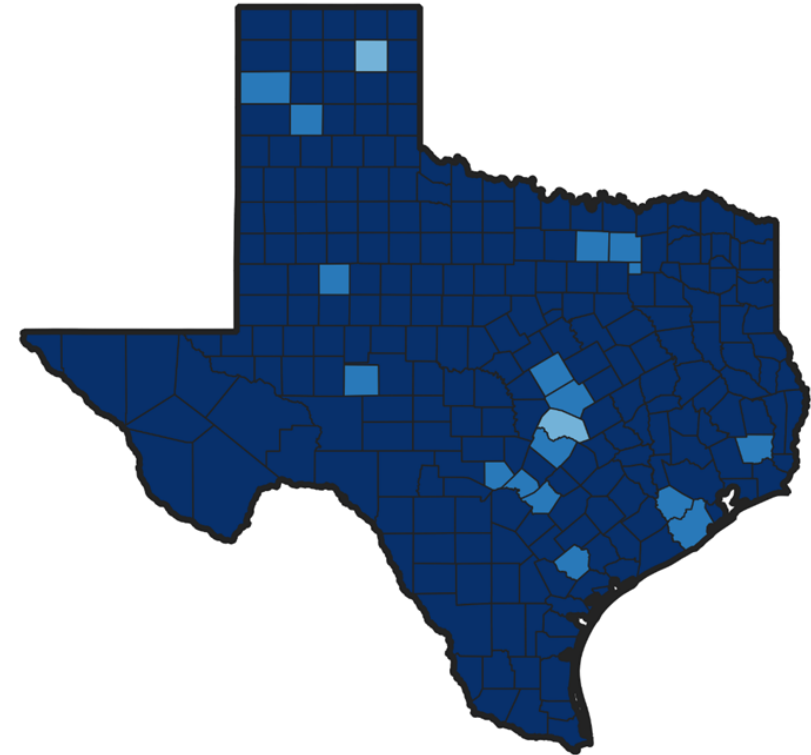
## MATERNITY CARE DESERTS



### Access to Maternity Care

- Red: Maternity care deserts
- Orange: Low access to maternity care
- Yellow: Moderate access to maternity care
- Light purple: Full access to maternity care

## WOMEN WITHOUT HEALTH INSURANCE



### % of Women 18-64 Years Without Health Insurance Coverage

- Lightest blue: 2.1 - 6.7
- Light blue: 6.7 - 9.3
- Medium blue: 9.3 - 12.5
- Dark blue: 12.5 - 16.8
- Darkest blue: 16.8 - 43.1

# 2020 MARCH OF DIMES REPORT CARD

In the 2020 Report Card, we highlight the latest key indicators to describe and improve maternal and infant health in the United States (U.S.). Preterm birth and its complications are the second largest contributor to infant death in the U.S., and preterm birth rates have been increasing for five years. Prematurity grades are assigned by comparing the 2019 preterm birth grade to March of Dimes' goal of 8.1 percent by 2020

## TEXAS

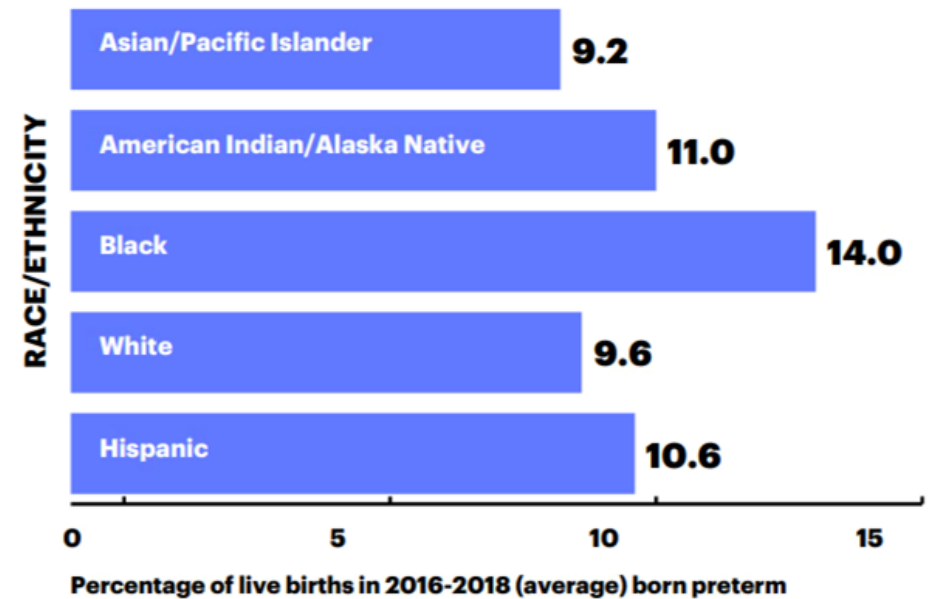
### PRETERM BIRTH GRADE

**D**

### PRETERM BIRTH RATE

**11.0%**

### PRETERM BIRTH RATE BY RACE AND ETHNICITY



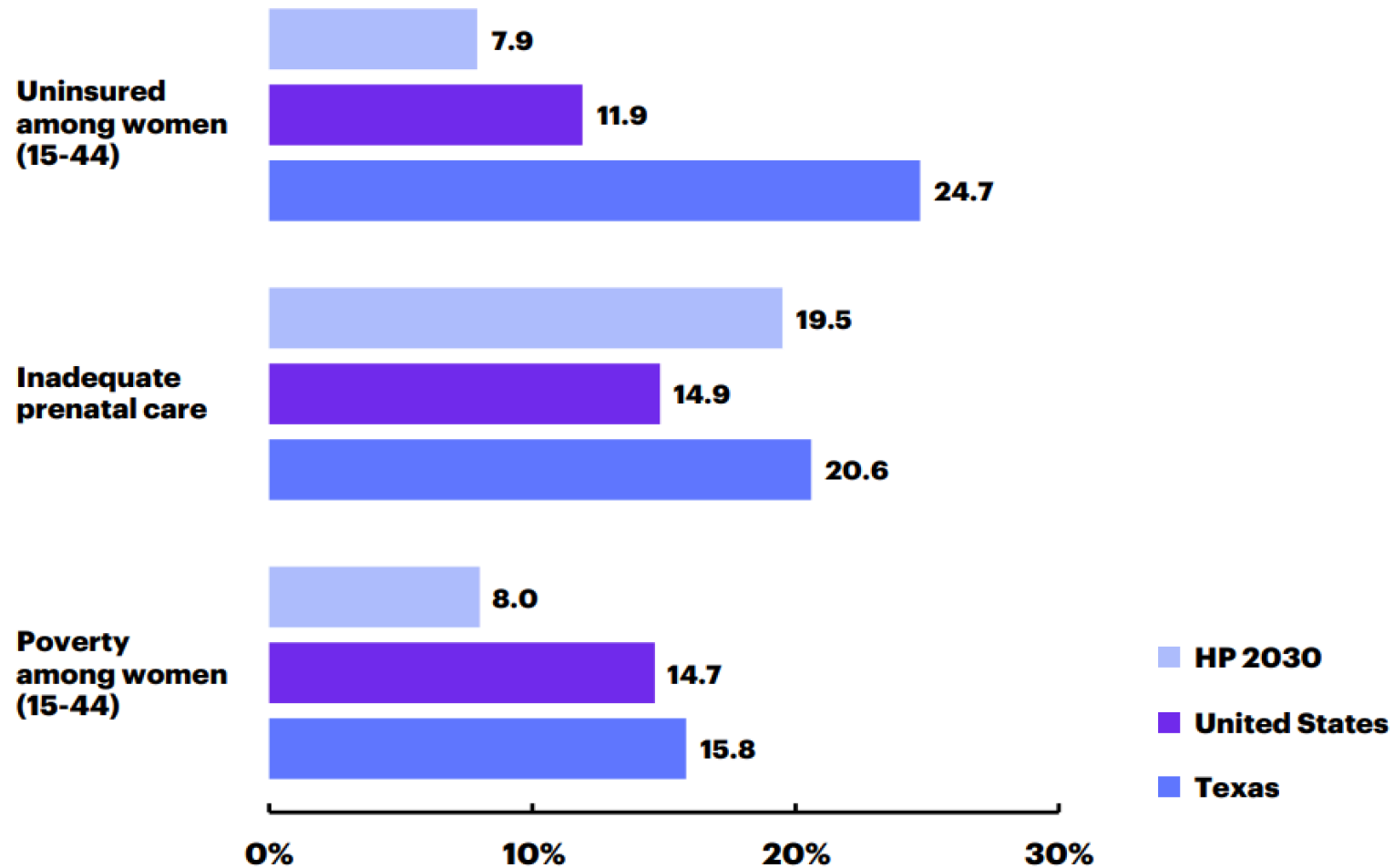
### PRETERM BIRTH RATES BY COUNTIES AND CITY

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
<a href="#">Bexar</a>	D-	11.4%	Improved
<a href="#">Dallas</a>	C-	10.1%	Worsened
<a href="#">Harris</a>	F	11.6%	Worsened
<a href="#">Hidalgo</a>	F	14.1%	Worsened
<a href="#">Tarrant</a>	D+	10.5%	Worsened
<a href="#">Travis</a>	C+	9.4%	Worsened

# SELECTED SOCIAL DETERMINANTS OF HEALTH

Many structural, systemic and environmental factors influence the health of moms and babies, especially for Black, American Indian and Alaska Native people. When looking at factors such as access to maternity care, financial stability and health insurance status, these disparities persist. Systemic racism and the wealth gap in the U.S. deepen many health inequities in our society. The onset of COVID-19 has further magnified preexisting health disparities.

March of Dimes is collaborating with others to confront these drivers of health outcomes, while identifying solutions to achieve health equity for all.





**THE HEALTH  
OF EVERY  
MOM AND  
BABY  
MATTERS**

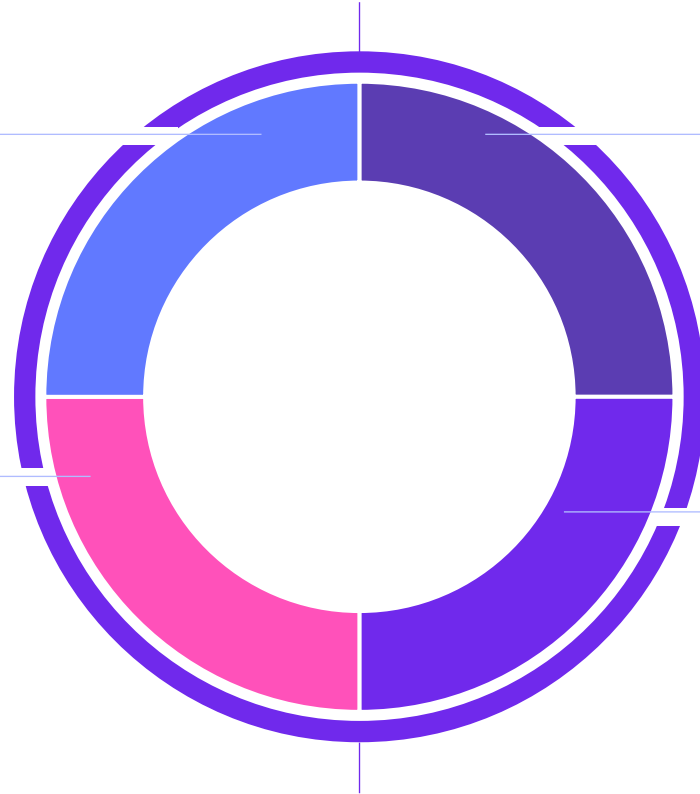
# OUR APPROACH

## DATA ANALYSIS & PREDICTIVE INSIGHTS

Leveraging maternal and child health data to develop insights, forecast challenges and focus efforts

## TRANSLATIONAL RESEARCH

Investing in clinical and social science research on the causes of maternal morbidity, preterm birth and maternal and infant death



## ADVOCACY

Mobilizing individuals to use their voices for change by calling for policies that promote the health of women, children and families

## CONSUMER EDUCATION

Sharing information with over 4 million views of maternal and infant health content on [MarchofDimes.org](https://www.marchofdimes.org)

# FEDERAL AND STATE POLICY INITIATIVES

## TEXAS



### MEDICAID EXPANSION

States who have adopted this policy allow women greater access to preventative care during pregnancy.



### MEDICAID EXTENSION

State has recent action to extend coverage for women beyond 60 days postpartum.



### AVERAGE PRETERM BIRTH COST

Estimated societal cost includes care for babies, delivery costs, early intervention services, special education and lost productivity.



### MATERNAL MORTALITY REVIEW COMMITTEE

These committees are essential to understanding and addressing the causes of maternal death.



### PERINATAL QUALITY COLLABORATIVE

These teams work to identify and improve quality care issues in maternal and infant health care.

#### Legend

- State has or is developing the indicated organization/policy
- State has the indicated organization and is CDC funded
- State does not have or is not developing the indicated organization/policy
- State is above estimated U.S. cost
- State is below estimated U.S. cost

## WE STILL NEED...

- MEDICAID EXPANSION
- PAID FAMILY LEAVE
- ACCESS TO DOULA AND CERTIFIED MIDWIVES
- ENHANCED PAYMENT GROUP PRENATAL CARE



# DELIVERING IMPACT FOR MOMS AND BABIES



**SUPPORTIVE  
PREGNANCY  
CARE**



**COALITION  
BUILDING**



**ACCREDITED  
PROFESSIONAL  
IMPLICIT BIAS  
TRAINING**



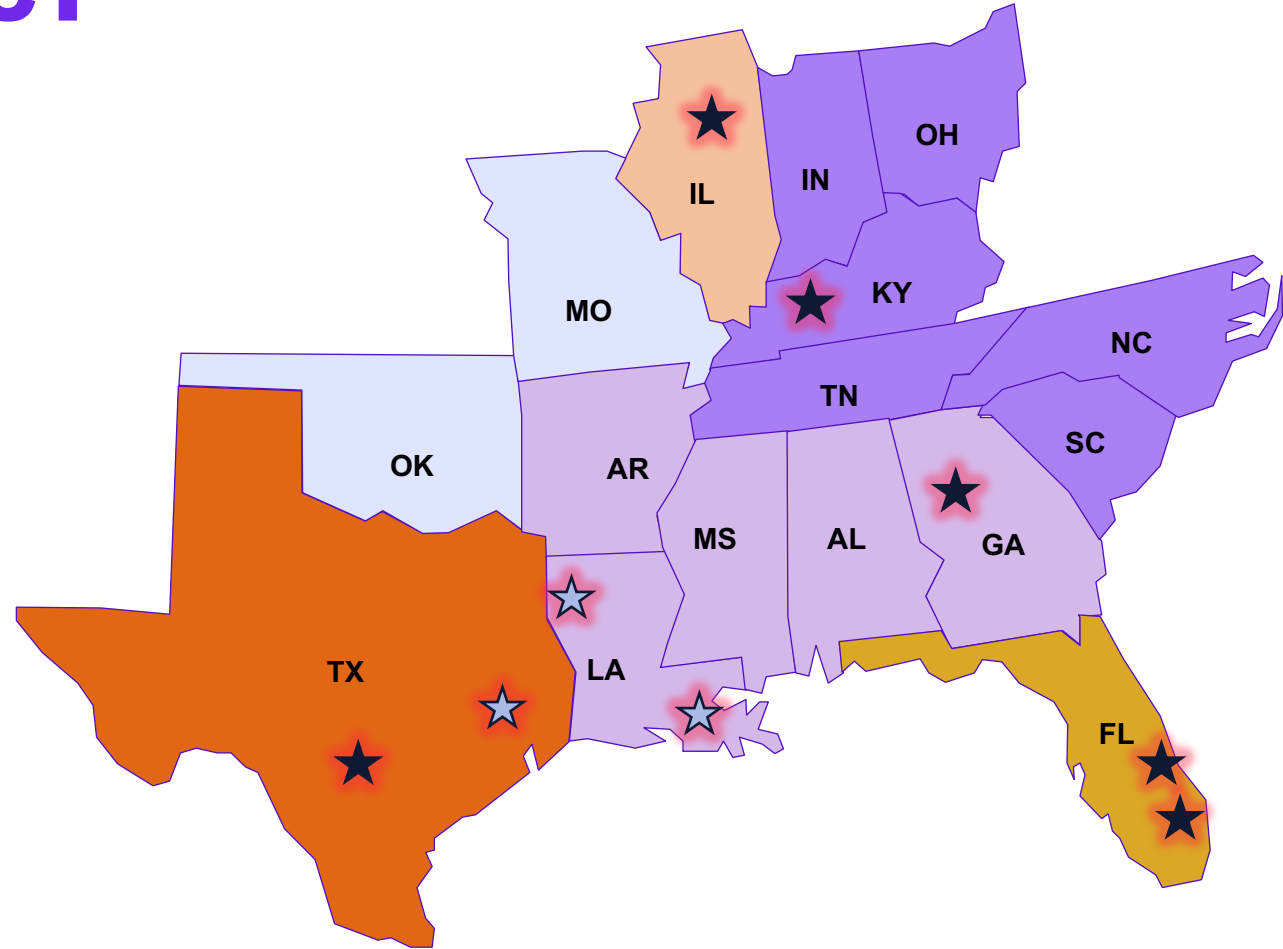
**GREATER HOUSTON  
BIRTH EQUITY  
INITIATIVE**

In communities across the country, we deliver programs to improve access and quality of care, support families and provide education to those in need of health related information.

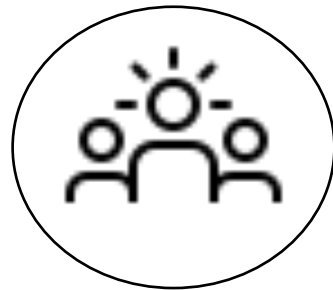
# COLLECTIVE IMPACT

Our vision is to reduce preterm birth and maternal mortality by using an equity and social determinants lens to improve maternal

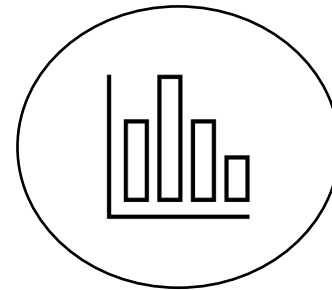
- Data-Based
- Results and Action Driven
- Mobilizing populations



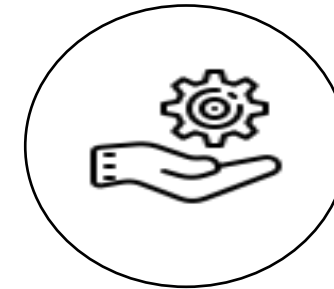
# STRUCTURE OF THE PUBLIC-PRIVATE PARTNERSHIP: CORE PARTNER AND ROLES



**Coordination** across HHS offices for expertise and advice



**Baseline Analytics** for hospital identification



**Expertise on Evidence-based Practices** for hospital-based quality improvement



**Management & Coordination** of project



**External Engagement** with Stakeholders



**Identification of Data Collection** options and partners