

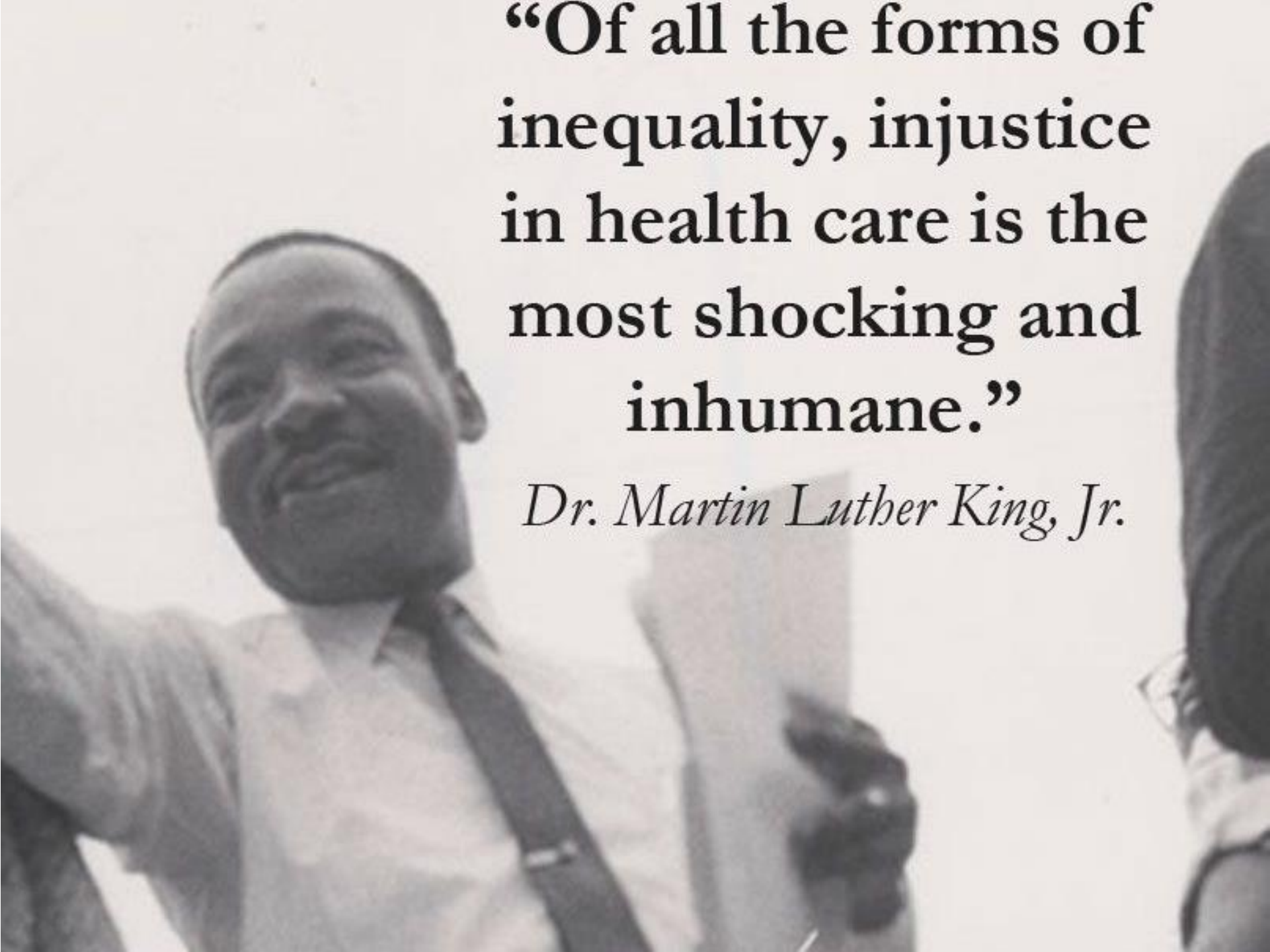
# ***Destination Equity: A Roadmap to Equity with the Perinatal Health Strategic Plan***

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**“Of all the forms of  
inequality, injustice  
in health care is the  
most shocking and  
inhumane.”**

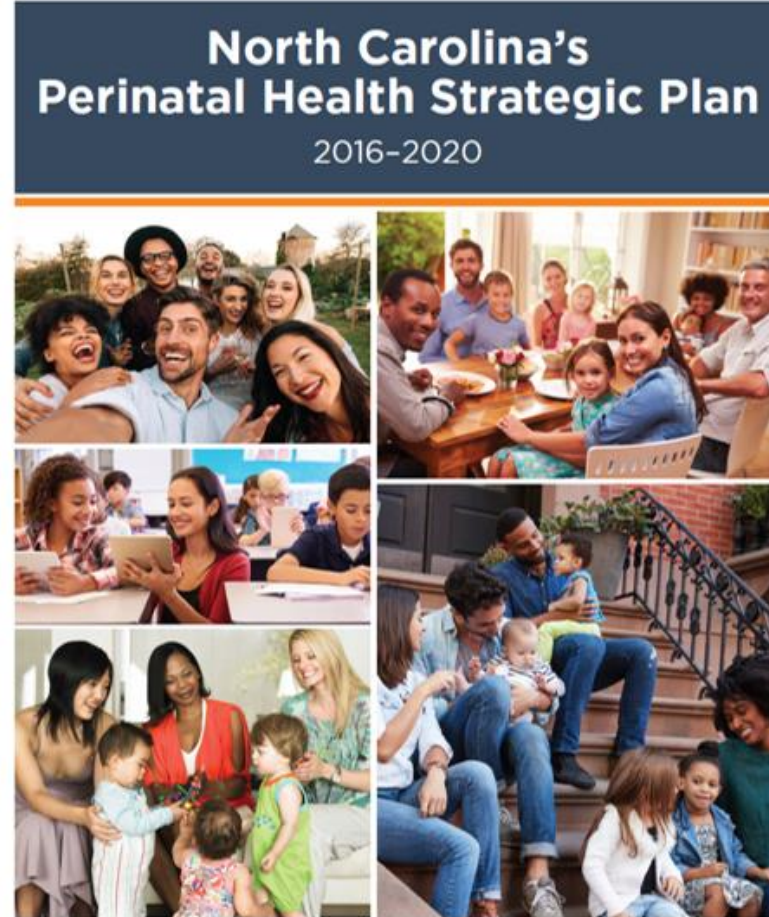
*Dr. Martin Luther King, Jr.*

# Objectives

- Examine inequities which have major implications for perinatal health.
- Understand how the Perinatal Health Strategic Plan acts as a roadmap
- Identify how the Perinatal Health Strategic Plan can be adapted locally
- Identify your role in our collective call to action
- Identify resources that can guide you along the way

# The Perinatal Health Strategic Plan

- Framework is based on the “12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life-Course Approach” developed by Lu, Kotelchuck, Hogan, Jones, Wright, and Haflon
- Broader focus encompassing infant mortality, maternal morbidity and mortality; and the health of women and men of childbearing age
- Data driven and focused on the best evidence available
- Infused throughout with issues of health equity and social determinants of health



# Data and Evaluation Work Group



*The Data and Evaluation Work Group identifies data sources, develops monitoring and evaluation strategies, and supports research activities to support and inform the goals of the PHSP.*

# Policy Work Group

Works to advance policies found in the Perinatal Health Strategic Plan through education and information sharing.







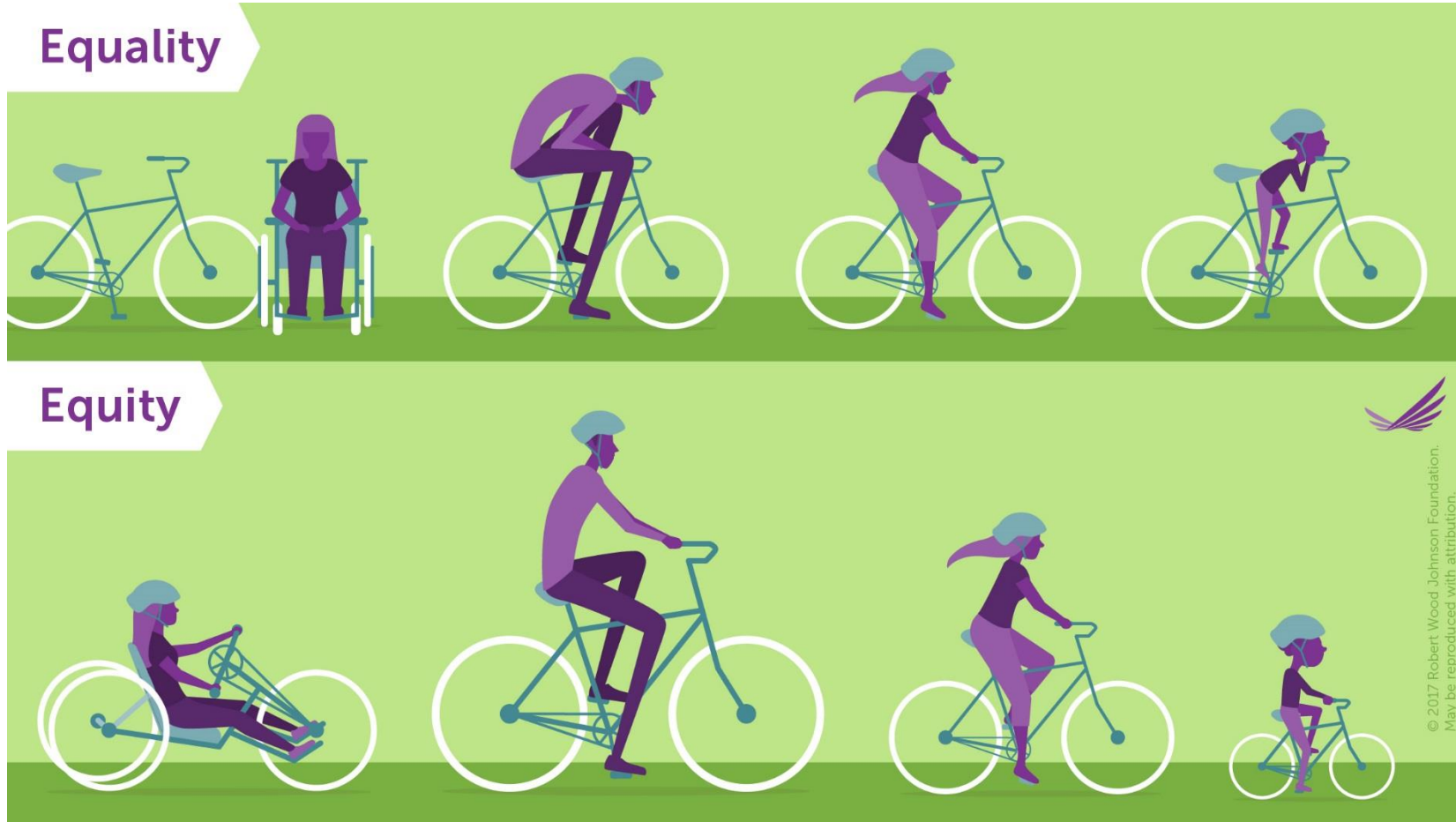


- ✓ **Prepare to co-present with the Coordinator at upcoming conferences**
- ✓ **Prepare to participate on existing coalitions and boards in respective communities**
- ✓ **Create a policy for recruitment and retention**



# Health Equity

*The opportunity for everyone to have good health.*



# The Life Course Perspective

*The Life Course Perspective offers a way of looking at health, not as disconnected stages unrelated to each other, but as an integrated continuum. This perspective suggests that the many facets of life contribute to health outcomes across the course of one's life. It builds on public health and social science literature which highlight the influence of each stage of life on the next and shows how social, economic, and physical environments interact to have a profound impact on individual and community health.*

Reference: [City MatCH](#)





## Social Determinants of Health

*Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.”*

**How does your work  
show up in the  
Perinatal Health  
Strategic Plan?**



# North Carolina's Perinatal Health Strategic Plan

2016-2020

The North Carolina Perinatal Health Strategic Plan (PHSP) addresses infant mortality, maternal health, maternal morbidity, and the health of men and women of childbearing age.

The PHSP framework was adapted from the "Closing the Black-White Gap in Birth Outcomes: A Life-Course Approach" (2010) by Drs. Michael Lu, Milton Kotelchuck, Vijaya Hogan et al to "reduce Black-White disparities in birth outcomes using a life-course approach" (Lu, et al 2010) which "conceptualizes birth outcomes as the end product of not only the nine months of pregnancy but the entire life course of the mother before the pregnancy" (2010). The PHSP supports the Healthy People 2020 Approach to Social Determinants of Health (SDOH), reflecting five key areas of SDOH (Figure 1).

The 12-point plan is divided into three goals, comprised of four points per goal. In 2017, the PHSP Team voted on priority strategies noted by an asterisk (\*).



Figure 1 Healthy People 2020 Approach to Social Determinants of Health

## Goal I. Improving Health Care for Women and Men

- Provide interconception care to women with prior adverse pregnancy outcomes\*
- Increase access to preconception care\*
- Improve the quality of prenatal care\*
- Expand healthcare access over the life course

## Goal II. Strengthening Families and Communities

- Strengthen father involvement in families
- Enhance coordination and integration of family support services
- Support coordination and cooperation to promote reproductive health within communities\*
- Invest in community building and urban renewal

## Goal III. Addressing Social and Economic Inequities

- Close the education gap\*
- Reduce poverty among families
- Support working mothers and families
- Undo racism\*

The PHSP team meets every two months. The four PHSP work groups (Community and Consumer Engagement, Data and Evaluation, Communications, and Policy) meet more often. The PHSP strives to find alignment and collaboration opportunities with other initiatives occurring in the state. This includes connecting with consumer, community, and organizational partners to share and evaluate the plan. By eliminating inequities, we will improve the overall well-being of our state's individuals and communities.

For more information on the Perinatal Health Strategic Plan or to join the planning team, contact: Jasmine Getrouw-Moore, MPA, Perinatal Health Strategic Plan Program Consultant • 919-707-5682 • PHSPquestions@dhs.nc.gov

# A Call to Action: Data Demonstrating Inequities in North Carolina

1 in 5 children live in households that lack consistent access to adequate food (2015)



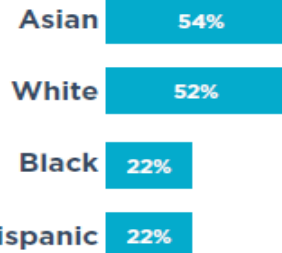
45% of renters are cost burdened by spending more than 30% of their income on rent (2016)



Source: Feeding America. 2018 Child Food Insecurity Module (2016 data).

Source: Joint Center for Housing Studies of Harvard University tabulations of US Census Bureau, 2016 American Community Survey 1-Year Estimates.

4th grade Black and Hispanic public school students are less likely to score proficient in reading (2017)



Source: 2017 Reading State Snapshot Report. North Carolina. Grade 4. Public Schools.



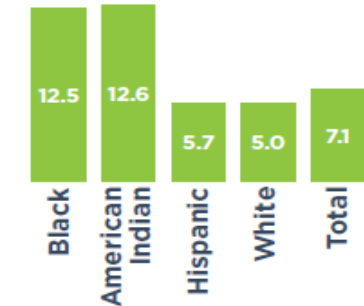
Youth of color are more than 2.5 times as likely as white youth to have complaints filed against them by law enforcement or other citizens (FY 2015-16)



Source: NC Department of Public Safety Juvenile Justice 2016 Annual Report.

Black infants are 2.5 times as likely to die than white infants (2017)

## NC Infant Mortality Rates per 1,000 live births



Source: NC State Center for Health Statistics, 2017 Infant Mortality Report, Table 3.

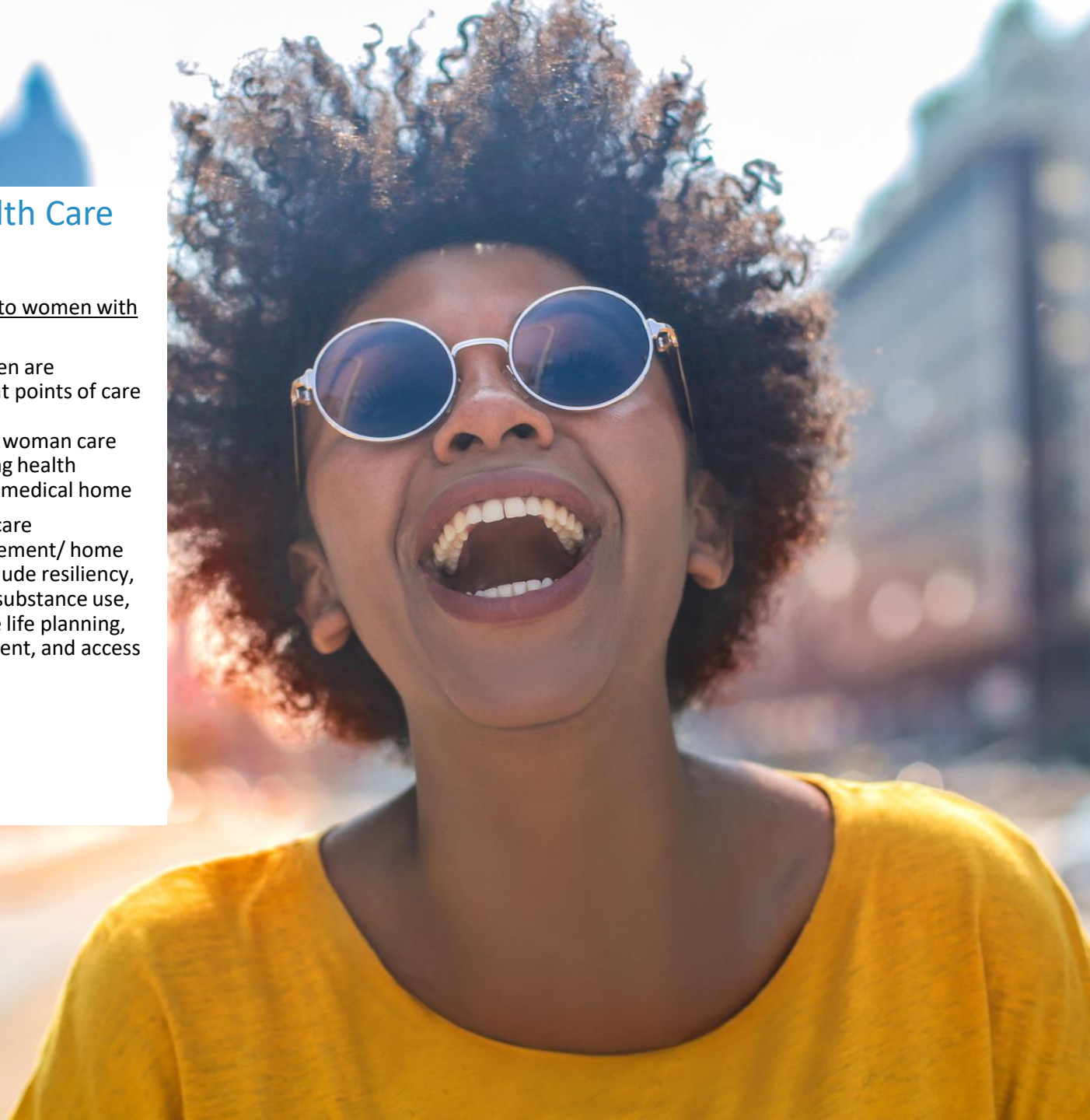


NC Department of Health and Human Services • Division of Public Health • Women's Health Branch  
[whb.ncpublichealth.com](http://whb.ncpublichealth.com) • NCDHHS is an equal opportunity employer and provider.  
 200 copies were printed at a cost of \$103.31 or \$0.516564 each. • 3/2019

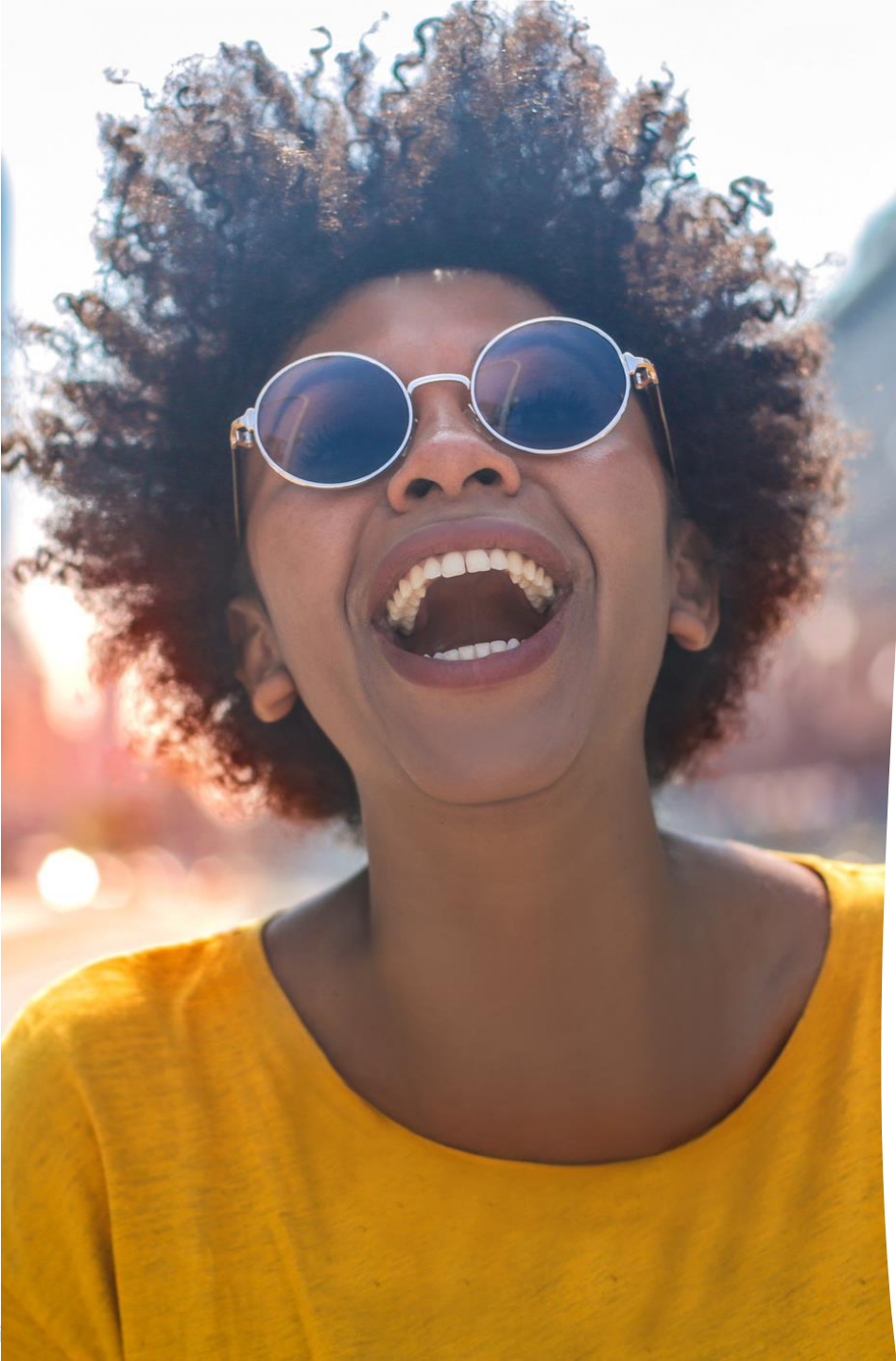
## Goal 1 - Improving Health Care for Women and Men

### Point 1. Provide interconception care to women with prior adverse pregnancy outcomes

- Strategy 1C. Assure women are transitioned from different points of care and have access to postpartum/primary/well woman care including access to ongoing health insurance coverage and a medical home
- Strategy 1B/3D. Provide care coordination/case management/ home visiting services which include resiliency, mental health screening, substance use, tobacco use, reproductive life planning, chronic disease management, and access to health care







# Prioritizing Preconception Health

## Goal 1 - Improving Health Care for Women and Men

### Point 2. Increase access to preconception health and health care to women and men

- 2A. Expand the college-based Preconception Peer Education (PPE) Program to reach additional women and men in colleges, universities, graduate schools, community colleges and adult learning programs
- 2B. Integrate preconception health (PCH) care and messages into primary care for women of reproductive age
- 2C. Integrate the use of evidence-based and evidence-informed curricula with adolescent and young adult populations in educational and community settings
- 2D. Implement the North Carolina Preconception Health Strategic Plan and Supplement



## Goal 1 - Improving Health Care for Women and Men

Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery, and postpartum care)

- Strategy 3B. Provide evidence-based clinical standards in prenatal care (e.g., early elective deliveries, cesarean rate, 17-P, tobacco cessation, hypertensive disorders, gestational diabetes, mental health, substance abuse, intimate partner violence, etc.)



# Prioritizing Reproductive Health

## Goal 2 - Strengthening Families and Communities

### Point 7. Support coordination and cooperation to promote reproductive health within communities

- 7A. Promote reproductive life planning
- 7B. Expand community stakeholder involvement and community engagement in service design and implementation
- 7D. Promote utilization of evidence-based strategies to prevent all forms of violence and promote coordinated community response

# Prioritizing social and community context



## Goal 3 – Addressing social and economic inequities

### Point 9. Close the education gap

- Strategy 9D. Promote and increase *access to early childhood education*
- Strategy 9E. **Disrupt the *school to prison pipeline*, beginning with pre-school**

### Point 12. Undo racism

- Strategy 12B. **Promote *high quality training about institutional and structural racism* and its impact on poor communities and communities of color**

**What gaps exist in the  
information shared  
today?**

**How are you committed to our  
destination...[health] equity?**

**A Call to Action:  
Adapting the Perinatal  
Health Strategic Plan to  
your local agency.**

# References and Helpful Resources

## North Carolina

- [NC Perinatal Health Strategic Plan](#)
- [NC Early Childhood Action Plan](#)
- [NC Social Determinants of Health by Regions](#)
- [Racial and Ethnic Health Disparities in North Carolina: Report Card 2010](#)
- [NC Health Equity Report 2018](#)

## National

- [Healthy People 2020](#)
- [CityMatCH](#)