

Response to House Resolution 294  
and Senate Resolution 240  
2019 Regular Legislative Session

**Addressing Disparities in  
Maternal and Child Health  
Outcomes for  
African Americans**

September 2019

African American mothers and infants, both historically and today, are dying more often than non-Hispanic white mothers and infants in Louisiana and the Louisiana Department of Health is actively working to implement strategies to eliminate these inequities. In order to make lasting change and meet this aim, the Department is focusing on policies, systems, and environmental initiatives throughout the agency to drive change for mothers and infants and the systems they encounter.

Key to these efforts is an approach that includes analyzing the data, aligning resources and efforts, building coordinated partnerships, and developing, testing, and spreading solutions to make and impact. The Department uses the following approach to address complex challenges such as the disparities in maternal and child health outcomes for African American women and infants: organizational understanding and readiness; data collection and reporting; communication and outreach; policy and systems shifts; access to health coverage and quality care; and community engagement.

Ongoing and immediate actions the Department is taking to address this issue include:

- Building health equity action teams and plans to infuse an equity lens into all Department work.
- Using a systematic approach when analyzing data at the population, program, and systems level to identify any disparities and their context.
- Deploying communications strategies that use a family-centered, risk-reduction approach and address barriers to health from a personal and systems level.
- Assuring continuity of care through Medicaid expansion and incorporating population health strategies in the upcoming Medicaid managed care contracts, such as community health workers for pregnant women covered through Medicaid plans.
- Providing leadership and technical assistance with hospital systems on evidence-based quality improvement initiatives that will improve morbidity and mortality rates for mothers and infants.
- Incorporating an ongoing community advisory process into existing groups that make decisions and recommendations for action.
- Continuing to provide and improve the quality of programs, tools, and resources for families - such as the reproductive health program, WIC nutritional support, family support and coaching home visiting programs, and the Partners for Healthy Babies website and helpline.

Eliminating health inequities is a top priority for the Louisiana Department of Health. Moving forward, the Department will continue to engage a broad range of stakeholders in order to chart a pathway to save our African American women and infants.

# Racial Disparities in Maternal and Child Health Outcomes

In Louisiana, four black mothers die for every white mother and two black babies die for every one white baby<sup>1</sup>. Louisiana's maternal mortality rate also exceeds the national average as Louisiana ranks 47<sup>th</sup> out of 48 states<sup>1</sup>. Louisiana also has the fifth highest infant mortality rate in the United States<sup>2</sup>.

The Centers for Disease Control and Prevention (CDC) found that, of all races, the infant mortality rate is the highest for non-Hispanic black infants, and is more than double the non-Hispanic white infant mortality rate<sup>3</sup>. In Louisiana from 2015 to 2017, non-Hispanic black infants were 2.5 times as likely to die as non-Hispanic white infants. During the same time period, non-Hispanic black children were 1.8 times as likely to die as white children<sup>2</sup>. In addition, African American infants in the U.S. are at a greater risk of being born at a low birth weight than white infants, which is a leading risk factor for infant death<sup>3</sup>.

Nationally, maternal mortality is higher among African American women than white women and African American women are more than 3 times likely to die from pregnancy-related causes<sup>4</sup>. Longstanding racial bias in health care plays a role in maternal outcomes as African American women often have their concerns dismissed and may be misdiagnosed for a series of fatal conditions during pregnancy<sup>5</sup>.

For years, public health agencies engaged approaches focused on individual behavior change and health education efforts; yet, after decades, disparities persist. Since 2010, the Louisiana Department of Health has been introducing efforts to identify and impact the structures and systems that lead to disparate health outcomes for African American women and infants.

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. In order to fulfill its mission, the Department strives to provide quality services, protect and promote health, develop and stimulate services by others, and utilize available resources in the most effective manner.

Multiple programs and initiatives within the Department have prioritized reducing health disparities and promoting health equity, aiming to change the way health programs and professionals work in order to embed an equity lens into every facet of the Department. This equity work started in 2012 within a few number of Department Offices and Bureaus, including the Office of Minority Health Access and the Office of Public Health (OPH), including the OPH-Bureau of Family Health and the OPH-Bureau of Infectious Diseases. These efforts informed a Department-wide initiative that is currently developing a robust Health Equity Plan to elevate and scale up this work at an agency wide level.

<sup>1</sup> Kieltyka, L., Mehta, P., Schoellmann, K., and Lake, C. (2018). Louisiana Maternal Mortality Review Report 2011-2016. Retrieved from [http://ldh.la.gov/assets/oph/Center-PHCH/CenterPH/maternal/2011-2016\\_MMR\\_Report\\_FINAL.pdf](http://ldh.la.gov/assets/oph/Center-PHCH/CenterPH/maternal/2011-2016_MMR_Report_FINAL.pdf)

<sup>2</sup> Louisiana Child Death Review 2015-2017.

<sup>3</sup> CDC (2018). Reproductive health: Infant mortality. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

<sup>4</sup> Creanga, AA, Berg, CJ, Ko, JY, Farr, SL, Tong, VT, Bruce, FC, et al (2014). Maternal mortality and morbidity in the United States: where are we now? J Womens Health (Larchmt) 2014;23:3-9.

<sup>5</sup> National Partnership for Women and Families (2018). Black women's maternal health: A multifaceted approach to addressing persistent and dire health disparities. <http://www.nationalpartnership.org/our-work/resources/health-care/maternity/black-womens-maternal-health-issue-brief.pdf>

With equity being a top priority for Secretary Gee and the Department, a new Deputy Director of Community Partnerships was established to expand the reach and provide support and oversight for the work of the Bureau of Minority Health Access. A charge for the Deputy Director is to explore barriers to health for Louisianans and help shape the Secretary's Health Equity Plan, which includes Maternal Health as one of the five priority health areas.

Thus far, Initiatives within the Department have included various strategies such as:

- training staff on the barriers to health that Louisiana's populations face (bias, racism, sexism, homophobia, transphobia, poverty, etc.);
- training staff and developing internal processes to identify and reduce bias in our media communications and data research and presentations;
- hosting regional summits on health disparities with broad community participation;
- implementing best practices to improve maternal and infant health systems, such as the Louisiana Perinatal Quality Collaborative; and
- including an equity lens in Medicaid contracts to ensure MCOs incorporate strategies to assist clients facing barriers to health as a vital component of their healthcare insurance coverage.

### ***Applying this Equity Lens to Birth Outcomes***

The Department has been building out approaches to tackle disparities, specifically in birth outcomes, for several years. For infant mortality, from 2010-2012, the Department's Birth Outcomes Initiative was developed to challenge hospitals and insurance providers to implement policies and systems to combat the drivers of poor birth outcomes, including a focus on eliminating early elective deliveries (inductions and Cesarean sections), substance use during pregnancy. The initiative introduced an approach to addressing health disparities with a focus on cultural sensitivity and systems and community level interventions. In addition, a strategic plan was developed to advance patient safety through quality improvement initiatives in birthing hospitals, care coordination for Louisiana women before and between pregnancy, and the implementation of new data systems to help monitor progress toward these goals.

Noteworthy as well, Act 497 of the 2018 regular session of the Louisiana legislature established the Healthy Moms, Healthy Babies Council within the Louisiana Department of Health. The charge of the Council is to address racial and ethnic disparities in maternal health outcomes and incorporate a community-engaged, equity-focused lens into current programs and campaigns which seek to prevent maternal mortality and severe maternal morbidity.

With these health equity building blocks in place, the Department continues to seek additional approaches and strategies to tackle the inequities in birth outcomes for African American mothers and infants. The Department uses an operational strategy to address complex and important challenges, such as disparities in birth outcomes. (see Figure 1)

**Figure 1. The Louisiana Department of Health - Operational Strategy**

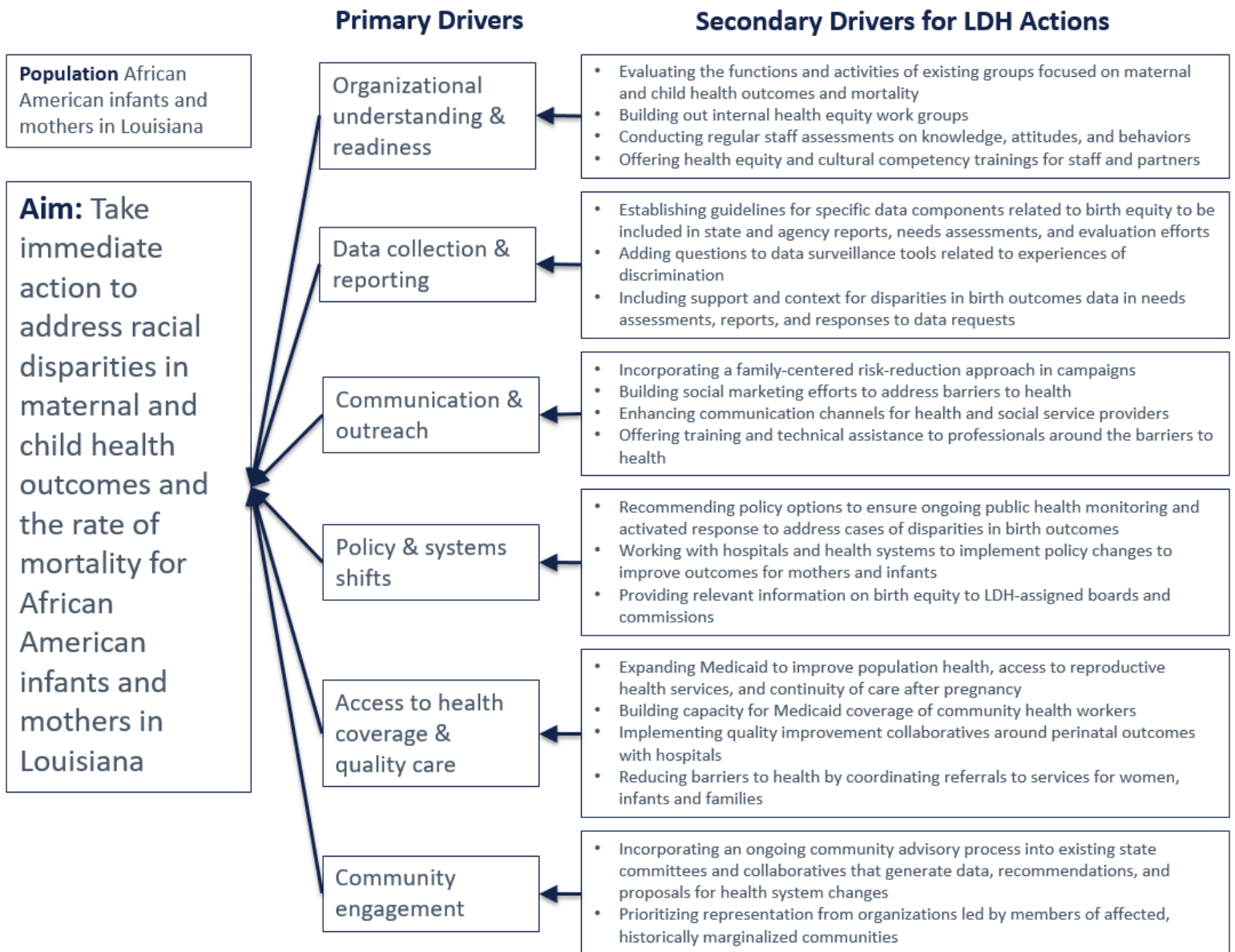


As indicated in Figure 1, a first step is to identify and diagnose complex challenges. Figure 2 maps out the key drivers that contribute to the goal of eliminating racial disparities in maternal and child health outcomes for African American infants and mothers. Primary drivers identified are: organizational understanding and readiness, data collection and reporting, communication and outreach, policy and systems shifts, access to health coverage and quality care, and community engagement.

Secondary contributing drivers are mapped to one of the primary drivers and reflect the change ideas that the Department is pursuing and/or planning to pursue. These also provide a measurement framework for monitoring progress. (see Figure 2)

# Building on the Foundation with New Approaches and Strategies

Figure 2. The Louisiana Department of Health identified 6 drivers to address racial disparities in maternal and child health outcomes.



## Medicaid

Over half of all births in Louisiana are covered through Medicaid, and Medicaid expansion allowed more Louisianans to have access to continuous health services. Some key ways Medicaid and the Healthy Louisiana managed care organizations are addressing health disparities include:

- Analyzing key performance measures to identify areas with disparities and reporting these to the national Center for Medicare and Medicaid Services (CMS).
- Including population health strategies in the 2020 contracts with the incoming managed care organizations (MCOs), including language to address barriers to health and health disparities.
- Reporting on actions the Medicaid managed care organizations are taking to reduce disparities in health outcomes in the Annual Technical Report.
- Implementing quality strategies and performance improvement projects.
- Coordinating with the Office of Public Health on implementation of a Community Health Worker initiative with the 2020 managed care organization contracts.

## Office of Public Health – Bureau of Family Health

Much of the programmatic work in the Department for mothers and infants happens in the Office of Public Health – Bureau of Family Health (BFH), which houses programs related to maternal and child health, reproductive health, and children and youth with special health care needs. Through its health equity work, BFH has built a health equity lens into all programs and initiatives, including the activities of the Title V Maternal and Child Health Block Grant and has worked to identify policy and systems approaches to addressing health equity. Some key efforts for addressing these disparities beyond the work of the health equity action team include:

- Rebuilding the Pregnancy Associated Mortality Review (PAMR) process and, in 2018, issuing the first [Maternal Mortality Review Report](#) since 2007.
- Building health communications campaigns with a family-centered, risk-reduction approach.
- Offering professional development opportunities around effectively communicating public health messages with underrepresented groups.
- Creating health equity checklists for data and communications products to ensure that the products made use of a health equity lens.
- Implementing quality improvement initiatives with hospitals and health systems to address some of the root causes of mortality and morbidity for mothers and babies, such as the Reproductive Health Integration Initiative (RHII), Louisiana Perinatal Quality Collaborative, and *The Gift* hospital breastfeeding initiative.
- Training cohorts of professionals on Adverse Childhood Experiences (ACEs) to raise awareness of the impact of ACEs on communities and health.
- Providing and improve the quality of programs, tools, and resources for families - such as the reproductive health program, family support and coaching home visiting programs, and the Partners for Healthy Babies website and helpline.

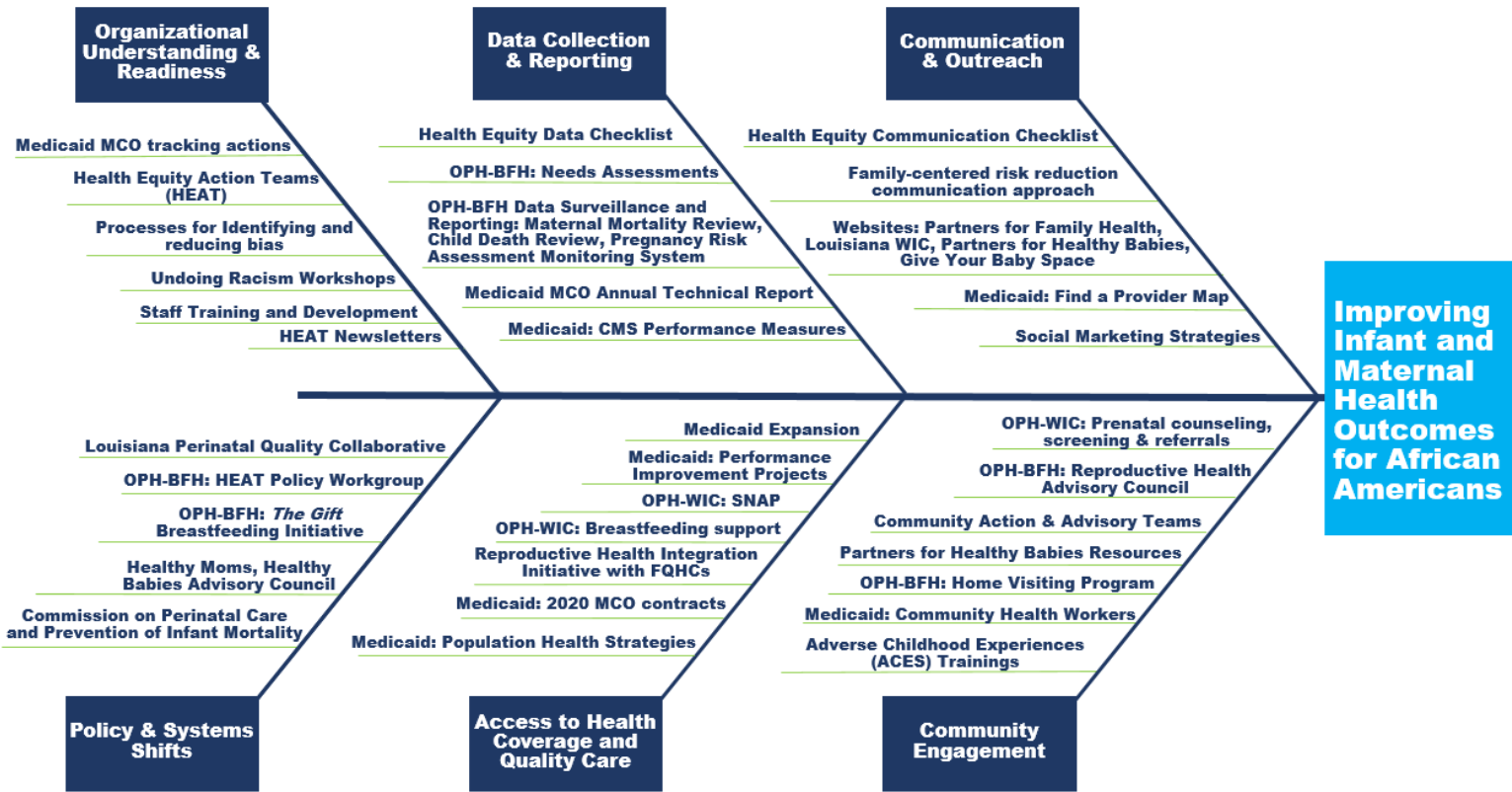
# Highlights of Current and Planned Actions by Program

## Office of Public Health – Bureau of Nutrition Services – WIC

Women, Infants, and Children (WIC), situated within the Office of Public Health, further addresses the public health and nutrition needs of mothers and infants through various programs. Programs provide prenatal and postnatal resources through a nationwide lens with aims to contribute to healthy birth outcomes for at-risk low and moderate income women and children. WIC’s role in preventing maternal and infant mortality is demonstrated through diverse initiatives such as:

- Improving nutrition access through Supplemental Nutrition Assistance Program (SNAP) to improve birth outcomes and reduce risk factors for infant mortality.
- Reducing the rate of low birth-weight babies and increasing the health of mothers through pre and postnatal nutrition education and screening.
- Increasing the likelihood of mothers receiving adequate pre and postnatal care through referrals to health and social services.
- Offering breastfeeding support services to increase the duration of breastfeeding and reduce the risk of SIDS.

Figure 3 shows an inventory of current programs, activities, and initiatives aimed at addressing the disparities in maternal and child health outcomes.



These programs and initiatives not only address maternal and infant health, but recognize the racial, ethnic, and socioeconomic disparities that affect the populations they serve.



The Louisiana Department of Health is committed to continuing the efforts outlined above while charting a pathway forward that will save the lives of African-American women and infants in Louisiana. Currently, there are several initiatives being explored by the Department:

- Investigating reimbursement for Community Health Workers and Doula services through Medicaid and LSUHSC Center for Healthcare Value and Equity (CHVE)
- Reviewing Maternal Levels of Care statute and verification process
- Redesigning Maternity Care including postpartum home visiting
- Creating a statewide remote psychiatry consultation model through Louisiana Mental Health Perinatal Partnership
- Exploring Quality Improvement Capacity through Medicaid Prematurity Improvement Projects through support of LaPQC

Additionally, between now and the end of the year, the Department will host two summits that will gather a range of experts, key stakeholders, and community representatives to identify innovative solutions that will serve as a national and world-wide model of excellence. First, on Wednesday, August 21, Governor John Bel Edwards and Louisiana Department of Health Secretary Rebekah Gee, M.D. will host an invitation-only Maternal Mortality Summit at the Omni Royal Orleans in New Orleans. This summit is an opportunity to bring together key stakeholders in an effort to discuss, collaborate, and generate recommendations to improve perinatal outcomes in Louisiana. Second, on Thursday, November 14, the Department will partner with the March of Dimes to host a Better Birth Outcomes Summit at Woman's Hospital in Baton Rouge. This event will be open to the public and bring together experts from healthcare, community, religious professionals, and more to explore the current crisis and identify long-term actions to address these outcomes.

In addition to hosting these events, the Department will send a representative to the State of Black Health community forum in New Orleans on September 19. This forum is hosted by NAATPN, Inc. with a goal to convene public health professionals and community advocates in pursuit of health equity for African Americans. A key topic on the agenda of this forum is an urgent call to action on maternal and child health. The Department's representative will listen to the recommendations from the community and include recommendations in the final report.

Finally, before the end of 2019, the Louisiana Department of Health will submit a report on the policy, systems, and environmental recommendations from these summits in order to chart a pathway forward to save Louisiana's African-American women and infants. Eliminating these startling inequities is a top priority for the Department and these recommendations will enhance and amplify the ongoing work outlined above.