Health Disparities & Equitable Solutions in the NICU

Jenne Johns, MPH
Parent Advocate & Author
Once Upon a Preemie
April 5, 2019
HEALTH DISPARITIES

- Differences in health status among distinct segments of the population.
  - Gender
  - Race
  - Ethnicity
  - Education or income
  - Disability
  - Geographic locality

HEALTH EQUITY

- Achieving the highest level of health for all people.
- Equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
Creating Equity for All

Equality

Equity
Zip Codes Matter

Average life expectancy by county

Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America
Zip Codes Matter, Cont.

Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America
Unpacking These Disparities

SOCIAL DETERMINANTS OF HEALTH
KNOW WHAT AFFECTS HEALTH
It is unacceptable that black women have a preterm birth rate about 50 percent higher than the rate among white women. The chance of a baby’s survival should not depend on where a baby is born, or the income, race, and ethnicity of her mom,” said Stewart.

Nearly 10 percent of babies born in the U.S. are born prematurely and the rates of preterm birth are going up, a new government report shows.

Also more low birth weight babies were born last year than in previous years, the Centers for Disease Control and Prevention reported Friday.

With half of all U.S. births covered by Medicaid, these rates would get even worse if Congress cuts back on the program, advocates said. Medicaid covers 75 million people, including nearly 36 million children, according to data released last week by the Centers for Medicare and Medicaid Service.

Already the United States has much worse rates of infant mortality, preterm birth and low birth weight babies than other industrialized countries. The new data from the
2018 Premature Birth Report Card

Source: March of Dimes
Rhode Island Premature Birth Report Card
(March of Dimes)

COUNTIES

Counties with the greatest number of births are graded based on their 2016 preterm birth rates.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE FROM LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol</td>
<td>A</td>
<td>6.4%</td>
<td>Improved</td>
</tr>
<tr>
<td>Kent</td>
<td>B</td>
<td>8.4%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Newport</td>
<td>C</td>
<td>9.4%</td>
<td>Improved</td>
</tr>
<tr>
<td>Providence</td>
<td>C</td>
<td>9.6%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Washington</td>
<td>C</td>
<td>10.0%</td>
<td>Worsened</td>
</tr>
</tbody>
</table>

Click on the underlined counties to view more data in PeriStats.
Rhode Island Premature Birth Report Card, cont.
(March of Dimes)

**1.13**
DISPARITY RATIO → **No Improvement**
Change from baseline

Percentage of live births in 2014-2016 (average) that are preterm

- **Asian/Pacific Islander**: 7.7%
- **White**: 8.3%
- **Hispanic**: 9.5%
- **Black**: 10.9%

Source: March of Dimes
Preemie Baby 101
NICU Parents’ Sea of Emotions
Micropreemie Miracle

➢ “Footling Breech”
➢ 26 weeker
➢ 1 lb 15.3 oz
➢ 77 Days
➢ BPD
Our NICU Journey

1. Strong Baby
2. Caring Dept. Chair
3. Work Flexibility
4. Preemie Mentor
5. NICU Graduate Visits
6. Gifts

1. Daily Nurse Turn Over
2. No Parent Support Group
3. Little Cultural Diversity

No Chaplain Visit
Birthing My Second Child

➢ A beautiful new way to look at the life of a preemie

➢ A children’s book written for parents whose babies are born prematurely

➢ Filled with parental thoughts, emotions, and encouragement to manage the NICU
Disparities in Prematurity: Challenges & Opportunities

UN NATURAL CAUSES
...is inequality making us sick?

HOUR 2
When the Bough Breaks
How does the chronic stress of racism become embedded in our bodies and increase risks for pregnant women of color?

Becoming American
Recent Latino immigrants are healthier than the average American, but their health status declines the longer they are here.

LEARN MORE »
Disparities in the NICU: Challenges

- Diversity
- Institutional Bias
- Literacy
- Socio Economic Status
- Historical Distrust
- Stereotypes
- Conscious/Unconscious Bias
- Communications
- STRESS

PATIENT

PROVIDER
Institutional Opportunities:

1. Workforce diversity (at all levels)
2. Amplify the families voice (Clinical rounds, patient advisory committees, etc.)
3. Collect tradition & non-traditional data (REL, SES, Familial Support)

NICU Opportunities

1. Culturally and linguistically congruent peer mentors
2. Create NICU graduate parent advisory council
3. Ensure equitable access to parent resources
Resources

1.) Think Cultural Health (Office of Minority Health)
https://www.thinkculturalhealth.hhs.gov/education

2.) Race and Health (American Public Health Association)
https://www.apha.org/topics-and-issues/health-equity/racism-and-health

3.) #123forEquityCampaign (Institute for Diversity in Healthcare Management-
American Hospital Association)
http://www.equityofcare.org/

4.) Born Too Soon Global Action Report (World Health Organization)

5.) Unnatural Causes-
http://www.pbs.org/unnaturalcauses/hour_02.htm
How can we do better?

Eliminate Preterm Birth Disparities
Let’s Go Purple Together!

CELEBRATING
PREMATURITY AWARENESS

ONE WORLD
ONE NICU COMMUNITY
MANY VOICES

PPA Family Advocacy Network
COLLABORATION PROJECT
THANK YOU

and let’s stay connected!

hi@onceuponapreemie.com
www.onceuponapreemie.com
FB: @onceuponapreemie
IG & TW: #onceapreemie