State Story

Connecticut Works at All Levels to Reduce Prematurity Disparities

The Connecticut Department of Public Health (CDPH) used policies, partnerships, and systems change to address the impact of racism on birth outcomes and infant health.

Connecticut adopted the Association of State and Territorial Health Officials President's Challenge to reduce prematurity eight percent by 2014. Under the leadership of CDPH Commissioner Jewel Mullen, Connecticut began working on the issue in the spring of 2012. As leaders started looking at state statistics, they noticed a hidden disparity in the data. Though there are racial/ethnic disparities in the overall prematurity rates, the disparity among minorities who give birth to very-low birth weight (VLBW) babies—weighing less than 1500 grams at birth—is eye opening. In 2012, one in three (30%) VLBW babies was Black/African American – compared to one in five (20%) for Whites/Caucasians and Hispanics/Latinos. Black/African American mothers make up a disproportionate share of Medicaid births (65.4%), while accounting for just 9.8 percent of the state's population and 12.4 percent of the state's overall births.

- Connecticut's goal to reduce the early preterm birth rate led the state to begin talking about the effect of racism on birth outcomes.
- 35 percent of VLBW babies are Black/African American.
- Singleton LBW rates among Whites/ Caucasians is 4.3 per 100 live births.
- LBW in the Black/African American community is 10 per 100 live births.

These disparities indicate that the number of minority children in the state who are not starting life healthy is too large. Connecticut, therefore, adopted a second challenge to reduce the percentage of VLBW births among minorities. By the end of 2014, they aim to reduce the percentage of VLBW births in the Black/African American community from 35 percent to 30 percent and continue the decreasing trend in the Hispanic/Latino community.

Steps Taken

- CDPH conducted a statewide maternal and child health needs assessment in September 2010, in which persistent and significant disparities in birth outcomes were identified.
- CDPH endorsed the 39-week initiative by the March of Dimes at all the state's birthing hospitals. The voluntary internal hospital policy bans elective deliveries before 39 weeks gestation.
- The Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative, competitively funded by the Kellogg Foundation, is focused on increasing capacity to address the impact of racism on birth outcomes and infant health. The City of New Haven, which has the highest rates of infant mortality in Connecticut, was awarded this opportunity.
    - The project team engaged the New Haven community through a series of Lunch Talks on race and racism to discuss racism's impact on birth outcomes and connections to health disparities.
    - Core team members presented a Perinatal Periods of Risk analysis (PPOR) – a framework that breaks down birth weight and developmental stages at which fetal and infant deaths occur and that helps people conceptualize when and how public health interventions are effective.

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    - The city held focus groups with community residents, partners, and providers to explore how racism might impact a pregnant woman and her baby.
- The National Leadership Academy for the Public's Health, funded by CDC, is an applied leadership training program that enables multi-sector teams to address public health problems. Through this competitive opportunity, a multi-sector community-based coalition was convened in New London County to make local policy and systems change that improves birth outcomes.
- The Learning Network on Improving Birth Outcomes, funded through Robert Wood Johnson Foundation and ASTHO and facilitated by the National Governor's Association, was another competitive opportunity to build a statewide coalition, drawing from the previous city and county activities. The core team—CDHP commissioner, governor's representative, Medicaid medical director, Title V director, and March of Dimes representatives—established and convened a statewide coalition of over 80 partners representing multiple sectors, geographies, demographics, and missions, to improve birth outcomes and their racial/ethnic disparities.
- CDPH convened a set of focus groups among diverse populations of postpartum women across the state. Information from the focus groups is informing the development of a state Plan to Improve Birth Outcomes. Focus group topics included perceived discrimination/racism, cultural attitudes toward healthcare, the intergenerational cycle of health behaviors, and use of assisted reproductive technology.
- Through a separate statewide health needs assessment by CDPH, adverse birth outcomes and associated disparities were included in a state public health improvement plan and identified as one of six high priorities by the CDPH Commissioner Mullen. A cross-cutting principle of this public health plan is health equity.
- CDPH adopted the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which are a set of 15 guidelines for advancing health equity, improving health care quality, and eliminating health care disparities.

Results and Next Steps

- All birthing hospitals in the state adopted the voluntary 39-week policy.
- Through a set of competitive opportunities, some made possible by national organizations, CDPH expanded its efforts sequentially at the town, city, and state levels to build interest, novel expertise, and ultimately a statewide coalition with the resolve to address low birth weight and its racial/ethnic disparities.
- CDPH continues to lead the statewide Coalition on Improving Birth Outcomes and is working toward a State Plan to Improve Birth Outcomes that will focus on legislative education/advocacy, clinical best practice, and methods for tracking how the plan supports local efforts.
- The overall themes and recommendations from the state's focus groups with new mothers included: barriers to care exist and include wait time for prenatal care, transportation, process of applying for benefits and assistance, food preferences that are supported by WIC, and fear of being reported to child protective agencies. Although women felt great esteem for their providers, some felt unheard during prenatal care visits; many women were recovering from trauma, indicating the need for trauma-informed care. The need for patient-centered care was also a major theme in the focus groups. These themes are being incorporated into the Plan to Improve Birth Outcomes.

- CDPH has created a taskforce to address the underlying social determinants of disparities that lead to infant mortality and low birth weight in the state. A series of six meetings are being conducted to study the issues, make recommendations, and develop a plan to systematically address social structural barriers. Recommendations from the taskforce will also inform the Plan.
- CDPH continues to investigate new strategies to improve birth outcomes in the state among women of all races and ethnicities. For example, in response to an estimate from CDC that 10-15 percent of low birth weight babies born in Connecticut can be attributed to assisted reproductive technology, CDPH has joined a collaborative of other states to explore how this technique affects adverse birth outcomes.

Lessons Learned

- Racial inequities have resulted from hundreds of years of oppression and discrimination; therefore, eliminating the resulting inequities and their impact on birth outcomes will not happen overnight, but will require a long-term commitment from community and state partners.
- CDPH views strategies to reduce disparities in birth outcomes as a part of a larger strategy based on the Lifecourse Model. The theory hypothesizes that multiple factors very early in life have a strong and cumulative effect on events later in life, including the perinatal time period.
- Improving birth outcomes across the lifespan cannot be accomplished with a single targeted intervention, but requires a coordinated response across multiple ecological levels.
- The activities described above involved many partners at the local, state, and federal levels. Building trust and maintaining momentum toward improved birth outcomes requires sustained efforts from partners representing many sectors across the state.
- The activities described above by CDPH were made possible by a strong executive leadership that encouraged the pursuit of multiple competitive opportunities with only modest funding, and sometimes with only technical assistance from content experts.

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