Addressing Health Disparities

Oklahoma State Initiatives
Landscape of Oklahoma
Oklahoma's Population Composition

- Race/Ethnicity
  - White – 77.4%
  - African American – 9.0%
  - American Indian – 10.8%
  - Hispanic ethnicity – 11.1%

- Females of childbearing age
  - (18-44 years) – 34.9%

- White - 74.6%
- African American - 9.8%
- American Indian - 11.8%
- Hispanic - 12.2%

- Rural vs Urban
  - 63.6% Urban
  - 36.4% Rural
  (including 5 counties w/excess of 50,000)

Source: U.S. Census Bureau
The Maternal & Infant Health Issues Facing Oklahoman Families
For the past 18 years, Oklahoma averages 11 women per year that die of pregnancy related complications.
Number and percent of maternal deaths by race/ethnicity

- **White**: 76 deaths (56.3%)
- **African American/Black**: 28 deaths (20.7%)
- **American Indian/Alaska Native**: 16 deaths (11.9%)
- **Other**: 13 deaths (9.6%)
- ***Hispanic**: 11 deaths (8.1%)

Source: Maternal Mortality Review Committee, cases reviewed since 2009
Infant Mortality Rate in Oklahoma

*Percentage decrease from 2007 to 2019

Data for 2019 are provisional.
Rate per 1,000 live births
*Percentage decrease from 2007 to 2019

Infant Mortality is the death of an infant during the first year of life.

Oklahoma State Department of Health

**White**
- 2008-2010: 6.5
- 2011-2013: 6.1
- 2014-2016: 6.3
- 2017-2019: 5.7

**Black**
- 2008-2010: 14.6
- 2011-2013: 15.4
- 2014-2016: 13.4
- 2017-2019: 14.3

**Am. Indian**
- 2008-2010: 9.5
- 2011-2013: 8.1
- 2014-2016: 11.3
- 2017-2019: 10.3

**Hispanic***
- 2008-2010: 6.5
- 2011-2013: 7.3
- 2014-2016: 7.8
- 2017-2019: 7.0

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2019 data are provisional.

*Hispanics are of any race.

Source: OSDH, Center for Health Statistics, Health Care Information, OK2SHARE
PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

In Oklahoma, the preterm birth rate among Black women is 36% higher than the rate among all other women.

**DISPARITY RATIO:**
1.10

**CHANGE FROM BASELINE:**
Improved
Oklahoma State Strategies in Maternal Health
Programs Addressing Health Inequities

Maternal Health Innovation Grant

Title V

Preparing for a Lifetime
Maternal Health Innovation Grant

Areas of focus

• Oklahoma Maternal Health Task Force
• Maternity/Prenatal Care
• Tribal Resources through contracts
• Substance use Treatment And Referral (STAR) Clinic for pregnant women with substance use disorders
• CHESS Health application and electronic referral system for clients in need of mental health/substance use treatment
• Culturally sensitive implicit bias and racial disparities training for healthcare and public health professionals
• High risk OB Project ECHO sessions available monthly with maternal-fetal medicine and obstetric professionals
• Maternal health data catalog

• Partnerships

• Tribal Entities
• Oklahoma Quality Perinatal Improvement Collaborative (OPQIC)
• Healthy Start
• Hospitals including Birthing Providers
• Social Workers
• Department of Mental Health & Substance Abuse
• Legislators
• Major State Universities
• ACOG - Oklahoma
• The Perinatal Center
• FQHCs
• Foundations
• Oklahoma Healthcare Authority (Medicaid)
• Law Enforcement
• Emergency Services
• Advocacy Groups
• March of Dimes
Oklahoma Maternal Health Task Force

Vision
Creating a state of optimal maternal health

Mission
To lead, support and engage partnerships to improve the health, safety and well-being of the maternal population in Oklahoma

Values
Collaboration, Community, Equity, Inclusion, Innovation

Oklahoma Maternal Health Task Force

Strategic Map: 2020-2024

Oklahoma Maternal Health Task Force

Creating a state of optimal maternal health

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Continue to Achieve Demonstrated Improvements in Maternal Health

A
Improve Access to Appropriate Care and Maternal Health Programs

1. Expand Access to Care Using Mobile OB Services

2. Use Telemedicine to Expand Access to Care

3. Expand Education to Cover Entire Continuum of Maternal Health

4. Increase Access to & Utilization of Preventative Health Programs & Services

5. Expand Insurance/Reimbursement to Address Coverage Gaps

B
Expand Mental Health, Substance Use and Social Services

1. Increase Access to Behavioral Health Services Throughout Oklahoma

2. Coordinate & Align Existing Services

3. Create Innovative Pathways for Information & Referrals

4. Improve Social Services & Supports

5. Increase Inclusion & Outreach to Marginalized Communities

C
Implement Innovative Technology and Data Systems

1. Expand Telehealth & Telemedicine Services

2. Implement High-Risk Obstetric ECHO Using Multi-disciplinary Teams

3. Explore Improving Reimbursement for Innovative Medical Technology

4. Expand Use of Technology for Education & Care Coordination

5. Integrate Data Systems for Better Continuity of Care & Data Collection

D
Address Racial Disparities

1. Promote Workforce Diversity & Culturally-Competent Care

2. Implement Culturally-Appropriate Community-Based Maternal Health Programming

3. Promote Policies that Support Equity in Maternal Health

4. Support Black Mamas Matter Alliance & Other Similar Coalitions

5. Identify & Track Measures Related to Birth Equity

E
Increase the Engagement of Communities & Amplify the Voice of All Patients

F
Improve Health Equity for All Oklahomans

G
Promote Maternal Health Policies & Resources

H
Expand & Strengthen Collaborative Partnerships & the Statewide Maternal Health System

Maternal health encompasses all aspects including physical, mental and emotional health and well-being. It is optimized by comprehensive health care, both preventative and reactive, for those of childbearing age – including preconception, pregnancy, childbirth, postnatal and inter-conception care.
**Implicit Bias and Health Inequities Training**

**Providers (CME/CNE)**

SPEAK UP E-Learning

Racial Disparity, Health Equity and 5th Equity Education

These 30-45 minute web-based programs, developed by the Institute for Racial Quality Improvement (IRQI), provide interactive education designed for healthcare workers who care for people who are or may become pregnant.

**THE SPEAK UP PROGRAM INCLUDES THREE MODULES**

- **Module 1**
  - Why Everyone Must SPEAK UP
  - Trends and Racial Disparities in Maternal Mortality and Morbidity

- **Module 2**
  - Pledging to SPEAK UP
  - Recognizing Bias, Inequities, and Reclam in Perinatal Care

- **Module 3**
  - How to SPEAK UP
  - Against Racism in Perinatal Care

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CNE/CME credit available (0.75 credit for each module).

All learners will receive a certificate of completion of the conclusion of the training.

This continuing professional development activity was approved for 0.75 CME credits and for 0.75 contact hours. The American Nurses Credentialing Center’s Commission on Accreditation (ANA) approved this activity on March 1, 1999.

Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Boston University School of Medicine designates this live activity for a maximum of 0.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To access the training, please register at opic.org/speakup/

For more information visit www.sayimprov.org

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**General Public**

**CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN MATERNAL HEALTH CARE**

This free, 2-hour e-learning program is designed for providers and students seeking knowledge and skills related to cultural competency, cultural humility, person-centered care, and combating implicit bias across the continuum of maternal health care.

**CLAS IN MATERNAL HEALTH PROGRAM INCLUDES FOUR MODULES**

- **Module 1**
  - Self-awareness, you will become more aware of your beliefs and values, as well as your privilege, power, bias, and stereotypes.

- **Module 2**
  - Awareness of a patient’s cultural identity, you will learn how and why to get to know a patient’s cultural identity.

- **Module 3**
  - Providing CLAS in maternal health care, you will explore ways to deliver respectful, compassionate, high-quality care that responds to patients’ experiences, values, beliefs, and preferences.

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Credit Information:

This program is accredited for 2 hours for physicians, physician assistants, nurse practitioners, nurses, certified nurse midwives, and certified midwives. Other professionals, as well as students, may earn a statement of participation.

In support of current public health, this activity has been approved by the American College of Physicians and the U.S. Department of Health and Human Services, Effective May 2021. Equally accredited by the Accreditation Council for Continuing Medical Education (ACMIE), this activity is subject to continuing education and the health care team.

To register, please email: healthinfo@ok.gov

For more information visit: health.ok.gov/education/maternal-health-care
Preparing for a Lifetime

Statewide initiative to decrease infant mortality rates & reduce racial disparities

- Maternal Health Focus
  - Behaviors before and during pregnancy
  - Maternal infections
  - Prematurity
  - Postpartum Mood Disorders
  - Tobacco Use

- Infant Health Focus
  - Infant Safe Sleep
  - Breastfeeding
  - Infant Injury Prevention
Increasing MCH’s Presence and Promotion

Focusing on increasing social media, print media, radio, and television presence
Rebranding Preparing for a Lifetime

• Providing Preparing for a Lifetime a new look that reflects the community of today, tomorrow, and the future!
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