Addressing Racial Disparities in Perinatal Care for African American/Black Individuals in the Chicago Community Health Setting

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Problem & Background

- Significant disparities persist in maternal and infant perinatal outcomes for African American (AA)/Black women compared with non-Hispanic White (NHW) women in the US.
- Non-Hispanic Black women are three to four times more likely to die from pregnancy-related causes than NHW women.1
- In Illinois specifically, Black women’s pregnancy mortality ratios (PMRs) was nearly 4 times that of white women.2
- 60% of pregnancy related deaths are preventable.3
- AA/Black individuals are less likely to receive care in the 1st trimester and the majority of high-risk patients receive <80% of the components recommended for their needs including depression screening, referral to case management, and referral to the Women, Infants, and Children (WIC) program.4,5
- AA/Black pregnant individuals encounter many systemic, structural, and psychosocial barriers.
- Patient Navigation (PN) has been shown to increase visit adherence as well as address social determinants of health (SDH) such as food/financial/health insurance, food insecurity, inadequate housing, transportation, violence.6,7

Project Objectives

- Evaluate the implementation of the OPTIMIZE intervention at the Consortium Framework for Research (CFIR) and a mixed-methods approach (process evaluation, multifaceted implementation, qualitative interviews) to evaluate implementation of the OPTIMIZE intervention in CHC settings, and implementation facilitators and barriers.
- Develop OPTIMIZE (prenatal care checklist with patient navigation) informed by a mixed-methods approach involving care navigators, key informant interviews, and qualitative interviews (N=48) and focus groups to design a new perinatal care model intended to address the multi-level barriers to perinatal care for an unmarried, predominantly AA/Black population.
- Conduct a Hybrid Type I cluster randomized effectiveness-implementation pragmatic trial of approximately 30 clinics in Chicago (N=80) pregnant individuals over 3 years to compare the OPTIMIZE intervention with standard care throughout the course of pregnancy and perinatal period.

Key Aspects to Implementation: Challenges and Solutions

Conclusions

- In partnering with ACCESS and Alliance/Chicago, the Center for Health Equity Transformation (CHET) at Northwestern University Feinberg School of Medicine is refining the OPTIMIZE intervention which seeks to reduce perinatal mortality and morbidity in AA/Black individuals by standardizing perinatal care with PN support.
- To date, we have conducted 34/37 clinic navigator (N=17) and patient (N=48) interviews to refine the OPTIMIZE intervention.
- Future direction includes building OPTIMIZE intervention into the EMR of clinics and enrolling participants in the pragmatic trial in 2021.

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References