

**A Public-Private
Partnership:**

***Improving Maternal
Health Outcomes for
Black Women***

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BACKGROUND:

HHS RELEASE OF MATERNAL HEALTH ACTION PLAN

The Action Plan outlines **THREE SPECIFIC TARGETS** to help the nation improve its maternal mortality outcomes:



TARGET 1:

Reduce the maternal mortality rate by 50 percent in 5 years.



TARGET 2:

Reduce the low-risk cesarean delivery rate by 25 percent in 5 years.



TARGET 3:

Achieve blood pressure control in 80 percent of women of reproductive age with hypertension in 5 years.

PROBLEM STATEMENT:

Black women are at a higher risk of dying during childbirth or experiencing severe negative health outcomes after pregnancy than white women



Non-Hispanic Black women are nearly three times more likely to die from pregnancy or its complications than Non-Hispanic white women.



Severe pregnancy complications (morbidity) are nearly two times higher among Black women than white women



Black women receive different and lower-quality care associated with hospital of delivery

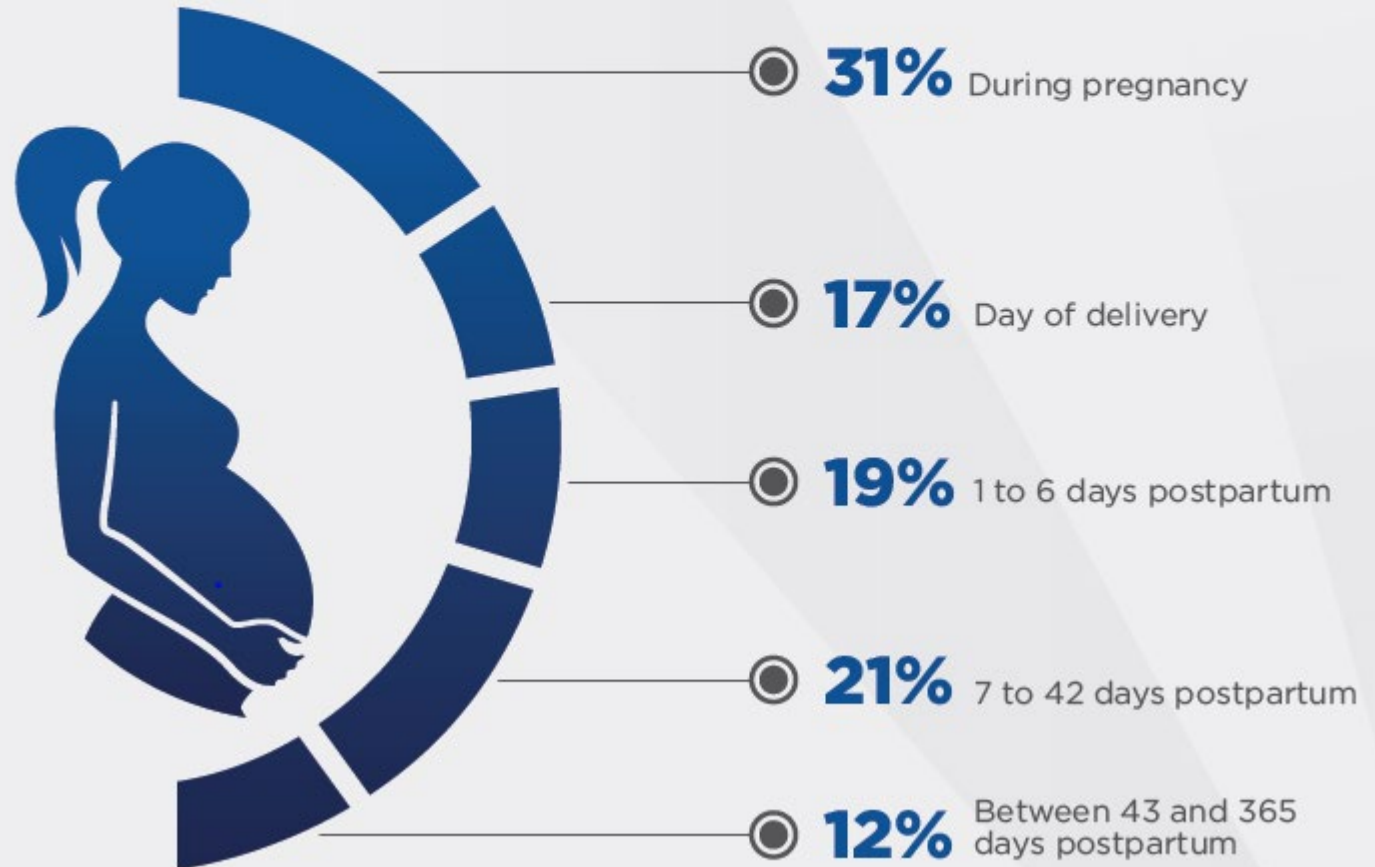


DATA ON TIMING OF PREGNANCY-RELATED DEATHS:

Data show that one-third of deaths occur on or within 6 days of delivery.




Focusing on the hospital setting is one piece of the puzzle.

PERCENTAGE OF Pregnancy-Related Deaths

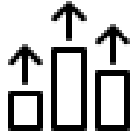


OUR VISION:

Reduce the disparity gap between Black and white women in morbidity and mortality by leveraging the hospital setting.

Design quality intervention 	Guiding Principles 	Goal 
Evidence-based quality improvement interventions will be identified and implemented in at least 100 hospitals over five years	Project will be grounded in solutions that are: <ul style="list-style-type: none">• Equitable• Sustainable• Scalable• Easy to Implement• Able to be evaluated	Outcomes data that demonstrate a reduction in mortality and morbidity rates among pregnant Black women

STRUCTURE OF PROJECT: WHY A PUBLIC-PRIVATE PARTNERSHIP?



IMPACT: Efficiently Achieve
Targets



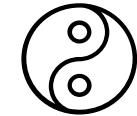
INNOVATE: Try Something New



ACCELERATE: Go Faster



SCALE: Go further -
expand reach and coverage

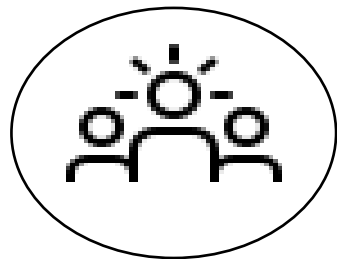


COMPLEMENT: Fill gaps

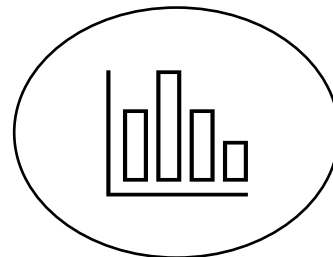


SUSTAIN: Success

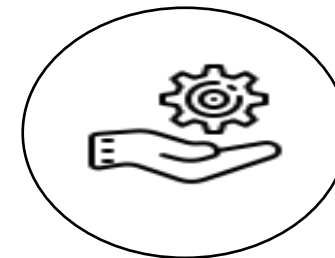
STRUCTURE OF THE PUBLIC-PRIVATE PARTNERSHIP: CORE PARTNER AND ROLES



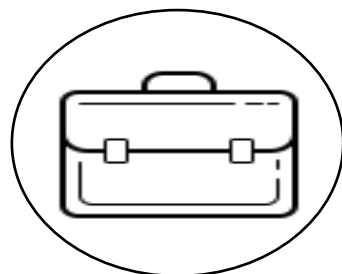
Coordination across HHS offices for expertise and advice



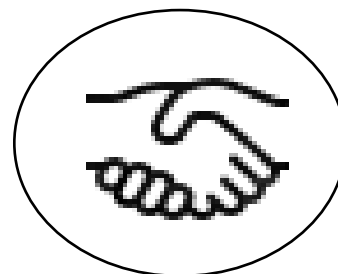
Baseline Analytics for hospital identification



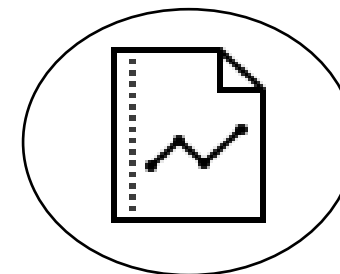
Expertise on Evidence-based Practices for hospital-based quality improvement



Management & Coordination of project

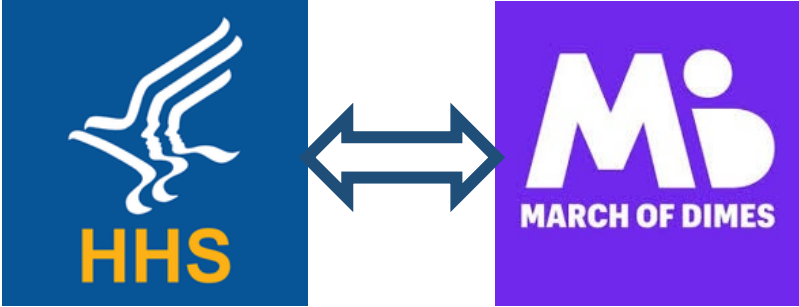


External Engagement with Stakeholders



Identification of **Data Collection** options and partners

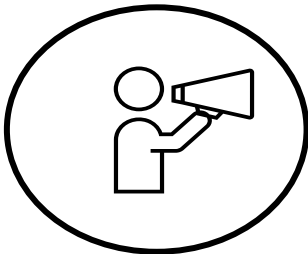
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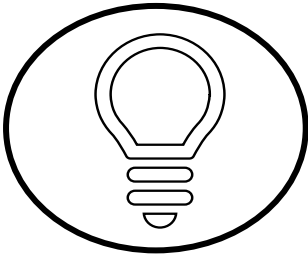
**Strategy & Development
of Initiative**



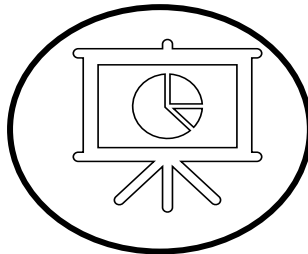
**Identification of
methodology for
hospital selection**



**Communications and
Hospital Recruitment**



**Development of
intervention and scaling
strategy**



**Monitor and Evaluate
Outcomes of Initiatives**

PROJECT TIMELINE

PHASE ONE
Planning Phase
06/2020 – 12/2020

PHASE TWO
Short-Term
12/2020 – 04/2021

PHASE THREE
Long-Term
04/2021 – 01/2026

Internal
Agency
Meetings

Finalize
Structure of
PPP

Finalize
Partners,
Stakeholder
Groups and
Staffing for
PPP

Begin Initial
Phases of
Initiative w.
Pilot
(Q3 2021)

Initiative
Ends
(Jan 2026)

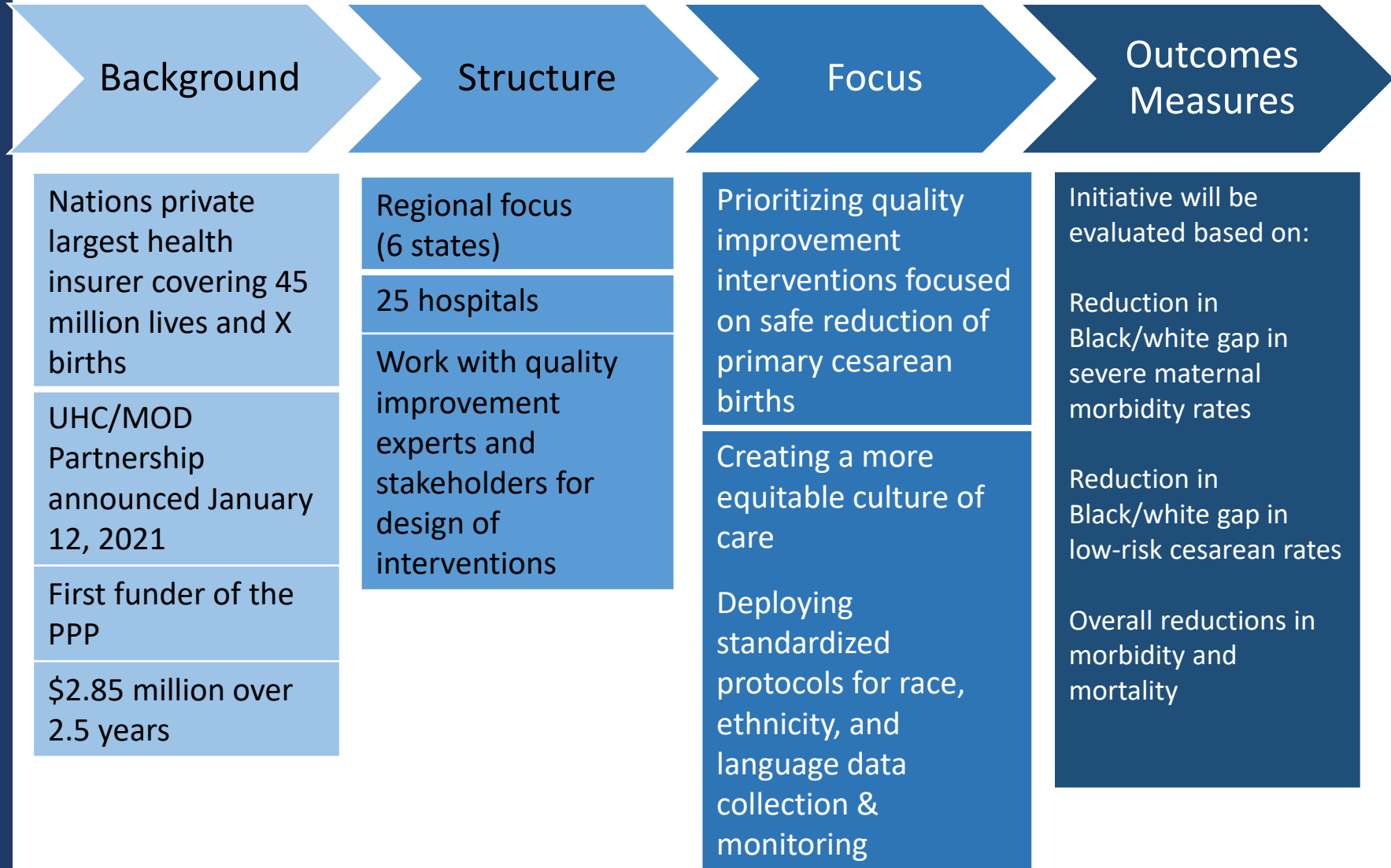
Begin
Pitching
PPP to
Potential
Partners

Announce
Maternal
Health
Initiative
(12/3/2020)

Map Out
Approach to
Initiative

Evaluate and
Scale
Appropriately
(2023)

***Pilot: UnitedHealthcare
Community and State***



WAYS TO PARTICIPATE AND CONTRIBUTE

Shared vision and commitment to making the US a safer place to give birth regardless of race, ethnicity or geography

- Scaling
- Evaluation
- Data Collection
- Data Analysis
- Staffing

Funding



- Communications
- Marketing
- Branding
- Social Media
- Championing

Amplification of Initiative



- State
- Hospital
- Provider
- Patient
- Researcher
- QI Expertise

Stakeholder Perspective



Questions?

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