IDENTIFYING AND ADDRESSING INEQUITY:
DECONSTRUCTING THE TITLE V PRIORITIES

HOW WERE THE TITLE V PRIORITIES FOR 2021-2025 SELECTED?

From 2018 to 2020, Pennsylvania's Title V Maternal and Child Health Services Block Grant Program conducted its five year needs and capacity assessment. The assessment included evaluation of maternal and child health status through quantitative analysis of state data, collection, and analysis of qualitative data through focus groups and surveys, and engagement of stakeholders across Pennsylvania to assess, identify, and rank priority health needs among the state's women, pregnant people, infants, children, adolescents, and children with special health care needs. During this assessment, the Bureau of Family Health also evaluated its capacity to serve the maternal and child health populations. As a result of the five-year needs and capacity assessment, seven priorities were identified to guide the state's work from 2021 to 2025.

TO WHAT EXTENT WAS HEALTH EQUITY CONSIDERED WHEN SELECTING THE TITLE V PRIORITIES?

As the Title V Program administrator, the Bureau of Family Health has a mission to equally protect and equitably promote the health and well-being of pregnant people, their partners, their children, and all families in Pennsylvania. Health equity was the guiding framework of the Title V five year needs and capacity assessment and the Bureau's commitment to health equity is realized in Priority 7, "Support and effect change at the organizational and system level by supporting and promoting policies, programs, and actions that advance health equity, address the social, environmental, and economic determinants of health, and deconstruct institutionalized systems of oppression." Additionally, for three of the seven priorities, there is a specific focus on identifying and addressing inequities in the referenced health outcome:

1. Reduce or improve maternal morbidity and mortality, especially where there is inequity.
2. Reduce rates of infant mortality (all causes), especially where there is inequity.
5. Reduce rates of child mortality and injury, especially where there is inequity.

WHAT IS MEANT BY "WHERE THERE IS INEQUITY"?

Inequity refers to differences in health outcomes which are systematic, unfair, and avoidable. The Bureau of Family Health and its Title V Program acknowledge that systemic racism, other forms of oppression, and social, environmental, and economic inequities contribute to poor health outcomes and have a greater impact on health than individual choices, behaviors, or access to healthcare. These factors and experiences of discrimination impact a person's health throughout their life and can result in trauma that impacts health across generations. Certain communities and groups that have experienced historic and ongoing racism, discrimination, and oppression often experience a higher burden of negative health outcomes as compared to others. By including the statement, "where there is inequity," in several of its priorities the Bureau committed to focusing on populations and communities that have been marginalized and are disproportionately experiencing adverse health outcomes as a result of systematic, unfair, and unjust circumstances. On the following page, the populations that are most impacted by each of the health issues identified in Priority 1, Priority 2, and Priority 5 are identified and discussed.

1. Reduce or improve maternal morbidity and mortality, especially where there is inequity.

The rate of severe maternal morbidity (SMM) at delivery has consistently increased in Pennsylvania over the last several years. SMM rates are high among teen birthing people, birthing people ages 35 and older, those who reside in a zip code with a low median household annual income, and among Black birthing people and other people of color. Similarly, rates of pregnancy-associated and pregnancy-related mortality are high among Black birthing people in Pennsylvania. Racial disparities in maternal morbidity and mortality stem from the detrimental effects of racism, implicit bias among providers that impacts treatment decisions and quality of care, and inequities in social determinants of health such as access to housing and quality healthcare.

Would you like to review the underlying data? Click to review the data briefs on maternal morbidity and mortality.

2. Reduce rates of infant mortality (all causes), especially where there is inequity.

Infant deaths are those occurring between birth and the first year of life. Infant mortality rates are highest among preterm infants (<37 weeks gestation), low birthweight infants (<1,500 grams), and among birthing people insured by Medicaid, another form of public insurance, or who are uninsured at delivery. While the overall rate of infant mortality has declined in Pennsylvania over the last decade, the rate of infant mortality among Black infants is consistently higher than rates among other infants. The leading cause of infant mortality in the state is preterm birth. Preterm birth is also more prevalent among Black birthing people than among other birthing people in Pennsylvania. Some factors associated with increased risk of preterm birth and infant mortality include maternal medical history such as prior preterm birth or underlying chronic disease, characteristics of the pregnancy, and social and economic disadvantage. Stress resulting from experiences of interpersonal and structural racism may also contribute to the disparity in birth outcomes.

Would you like to review the underlying data? Click to review the data brief on infant mortality.

5. Reduce rates of child mortality and injury, especially where there is inequity.

Child injury and mortality rates are higher among children ages 10 to 19 as compared to children ages 1 to 9, among male children, and among children residing in a non-metro rural area or a large central metro area. Rates of nonfatal injury hospitalization are consistently higher among Black children as compared to children of other races across age groups. Similarly, Black children and children of color have higher rates of mortality than their white counterparts. Racial disparities in child health outcomes stem from environmental and social inequities that exist because of structural racism and bias. Factors such as disproportionate exposure to neighborhood violence, poor housing quality, and the elevated incidence of injury and injury mortality among Black children may contribute to the racial disparity.

Would you like to review the underlying data? Click to review the data briefs on child mortality and injury.