



# Experience in Addressing Health Disparities in a Hospital Setting

**Panel Discussion**  
**February 28, 2020**



---

## **Charleta Guillory, MD, MPH, FAAP**

TCHMB Neonatal Committee Co-Chair

Associate Professor of Pediatrics-  
Newborn, Baylor College of Medicine

Director of the Neonatal-Perinatal  
Public Health Program, Texas Children's  
Hospital

## **Rachel R. Hardeman PhD, MPH**

Assistant Professor of Health Policy  
& Management, University of  
Minnesota School of Public Health

## **Jochen Profit, MD**

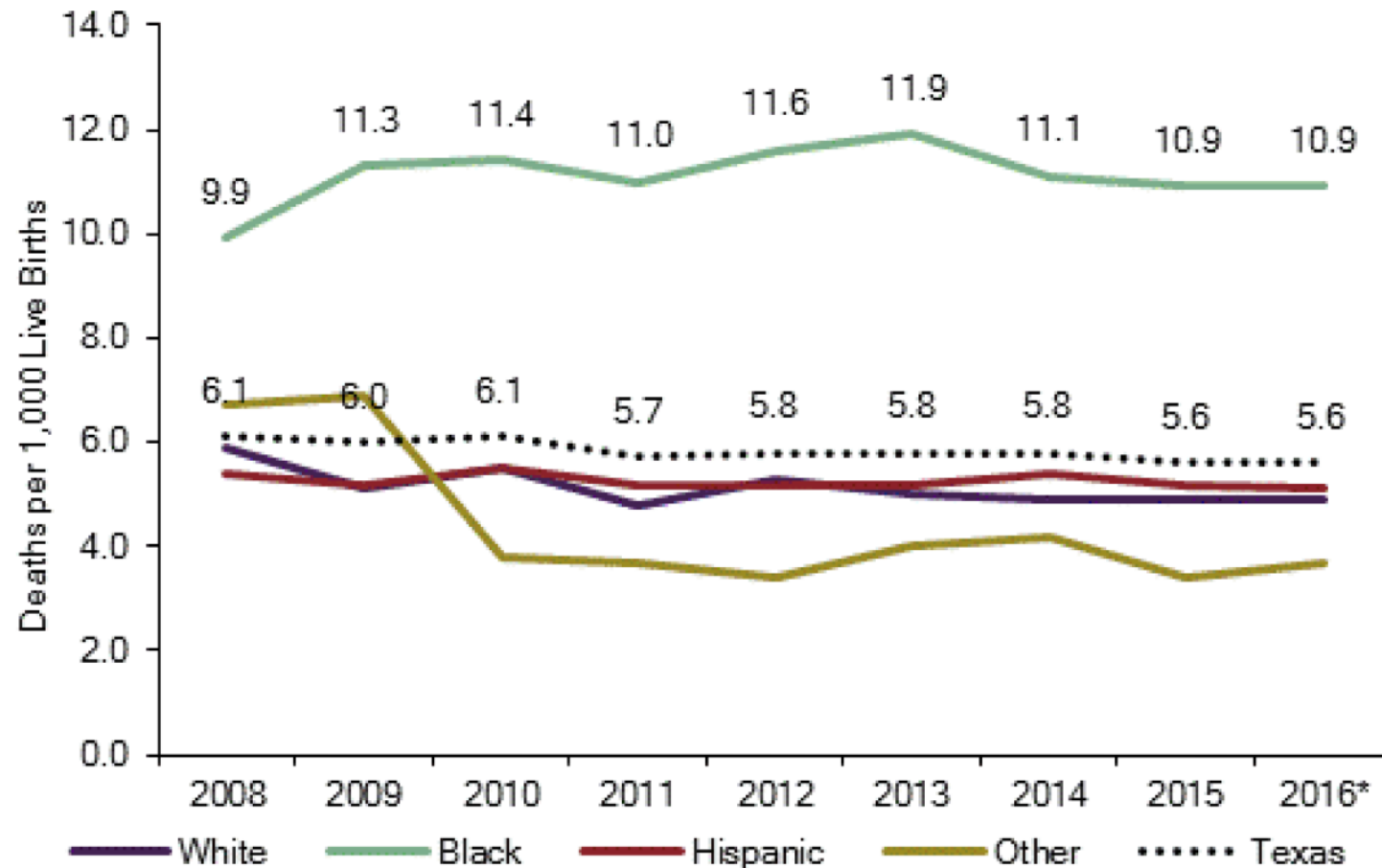
Associate Professor of Pediatrics and  
Chief Quality Officer, California  
Perinatal Quality Care Collaborative

# Objectives

---

- Importance of addressing racial/ethnic disparities in maternal and neonatal outcomes
  - Steps to narrow the racial/ethnic disparity gap in maternal and neonatal outcomes
-

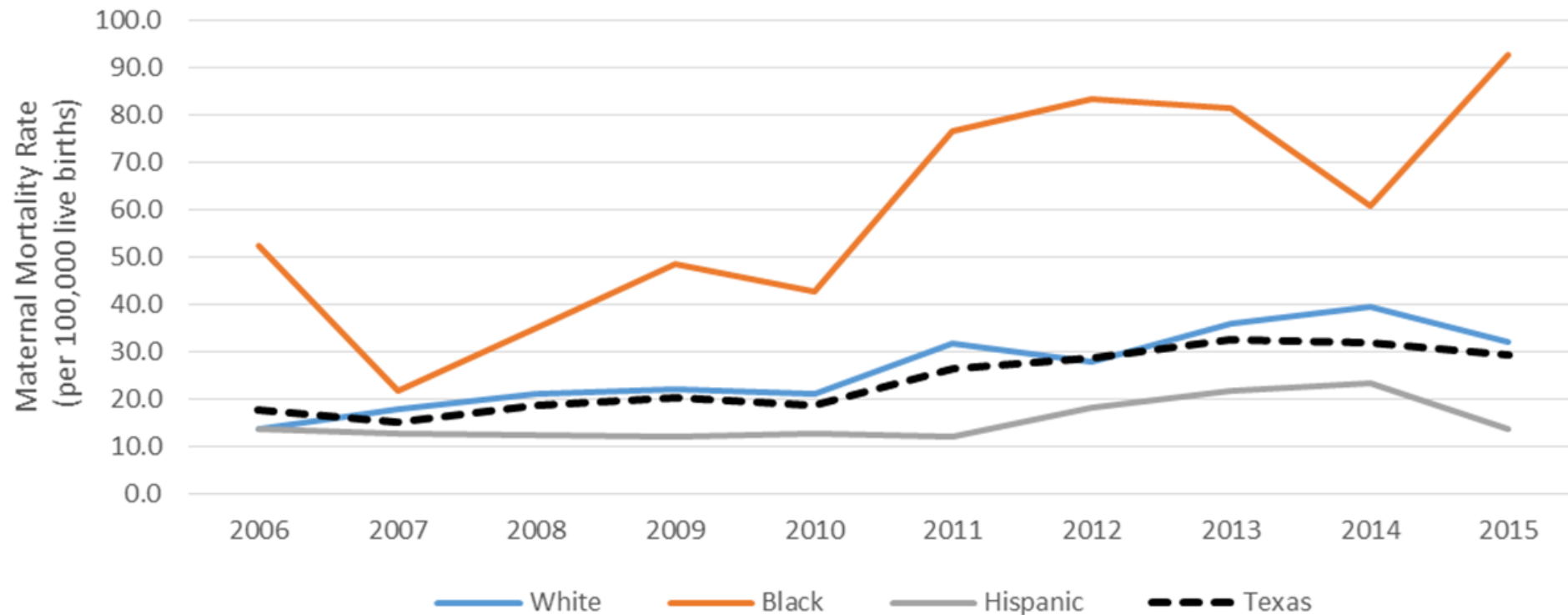
# Infant Mortality Rate in Texas by Race/Ethnicity, 2008-2016



\*2016 data are provisional

Source: 2008-2016 Death and Birth Files Prepared by: Texas Department of State Health Services, Maternal & Child Health Epidemiology Unit, October 2018

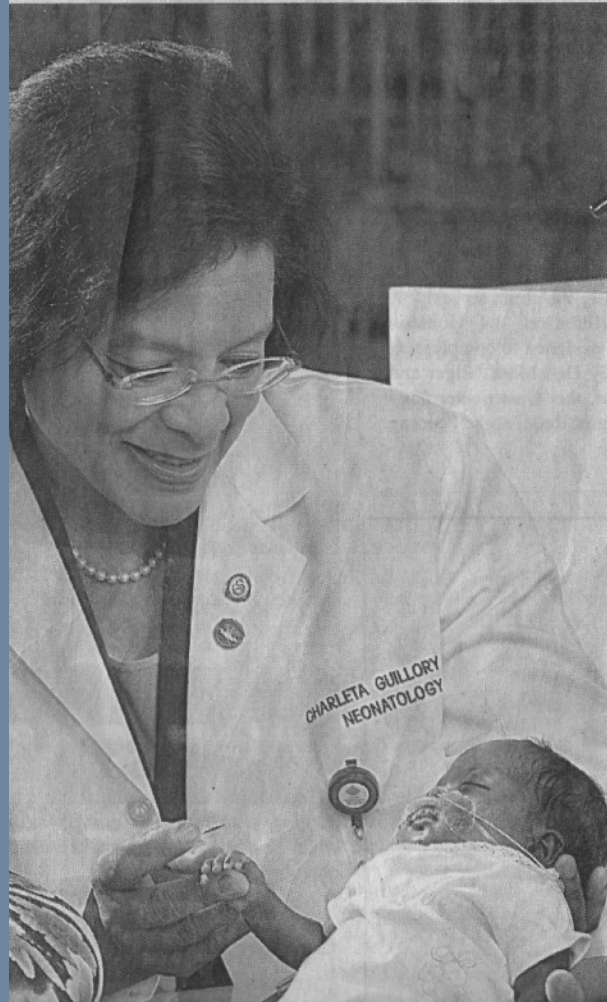
# Maternal Mortality Rates in Texas by Race/Ethnicity, 2006-2015



Prepared by: Office of Program Decision Support, Division for Family and Community Health Services, Texas Department of State Health Services, 07/21/2017.  
Data Source: Death and Birth Files, Center for Health Statistics, Texas Department of State Health Services.  
MMR - computed within 42 days following the end of pregnancy, using ICD-10 codes A34, O00-095, O98-099.

# Our Health

A Defender & Texas Children's Hospital Alliance



## Prematurity takes its toll on African-American babies

A walk through the Neonatal Intensive Care Unit at Texas Children's Hospital is unforgettable. Lights are dimmed, the mood is somber and the sound of life supporting machines ding all around.

In the midst of the hushed voices of medical professionals and concerned parents is Dr. Charleta Guillory, Associate Director Level II Nurseries at Texas Children's Hospital and Associate Professor of Pediatrics for Baylor College of Medicine. Dr. Guillory has been a fixture on the neonatal-perinatal scene since 1978, the year she began her fellowship with Baylor College of Medicine. Since then, her efforts to learn more about infant mortality and morbidity have been unwavering.

"The cause of 50 percent of pre-term labor is not known. A condition is difficult to treat if you do not know the cause," says Dr. Guillory.

What is known are the factors that affect the other half of babies born prematurely (born less than 37

weeks in gestation.) These are due to an increased rate

years in various capacities. She led early advocacy efforts for the State Children's Health Insurance Program (CHIP), received the National March of Dimes Award of Distinction, last year was named the March of Dimes Texas Leadership Volunteer of the Year, co-chairs the Texas Pediatric Society Fetus and Newborn Committee, is a Fellow of the American Academy of Pediatrics and in 2006 she was named as

one of "America's Top Pediatricians" by Consumers' Research Council of America. She holds many more awards and takes part in numerous other committees, but her passion continues to be researching the causes of infant mortality and morbidity.

"You can change things before you get pregnant. Do some pre-conception planning. Get your diabetes under control, treat infections early and learn the signs of pre-term labor. By doing these things you will develop a trusting relationship with your physician."

- Dr Charleta Guillory

relationship with your physician."

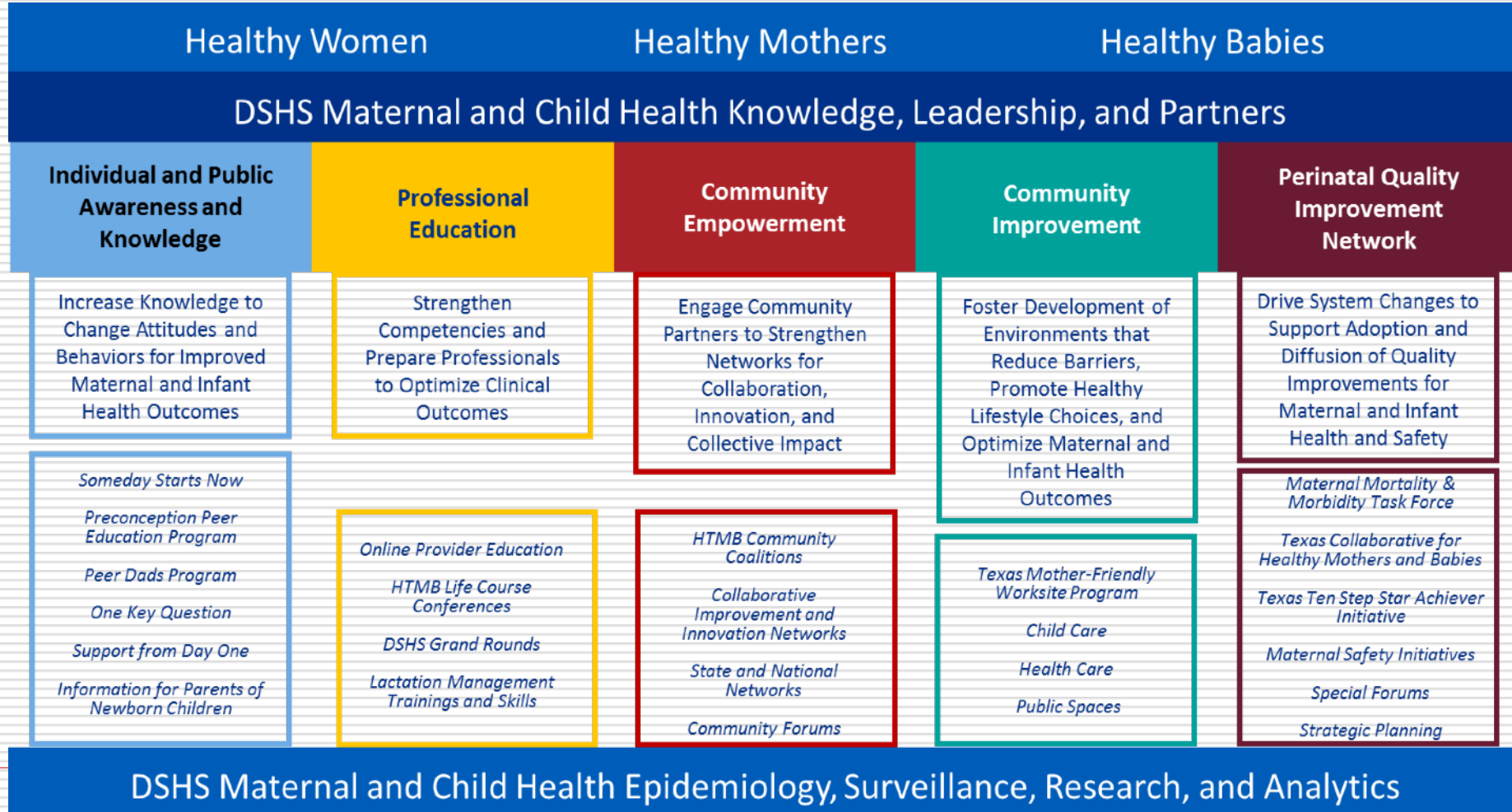


# Maternal Mortality – Trickle Down Theory

---

- ❑ Pregnancy related complications are closely tied to infant deaths.
  - ❑ Maternal mortality increased the risk of delivering a premature infant.
  - ❑ When a women experiences a maternal death, her infant is more likely to have a trajectory far worse compared to those who survived.
-

# Texas Solutions



Source: Texas Health and Human Services and Texas Department of State Health Services



# Individual Solutions

---

- **STOP**

**BLAMING THE VICTIM**

**DENYING IMPLICIT BIAS REGARDING GENDER,  
SOCIOECONOMIC STATUS AND RACE**

- **LOOK**

**PATIENTS IN THE EYES  
FOR OPPORTUNITIES TO EMPOWER  
FOR EVIDENCE BASED BEST PRACTICES**

- **LISTEN**

**WITHOUT JUDGEMENT  
WITH EMPATHY**

---

---

# Thank You

As we challenge ourselves to improve the health of our nation

- standing with mothers and babies
-