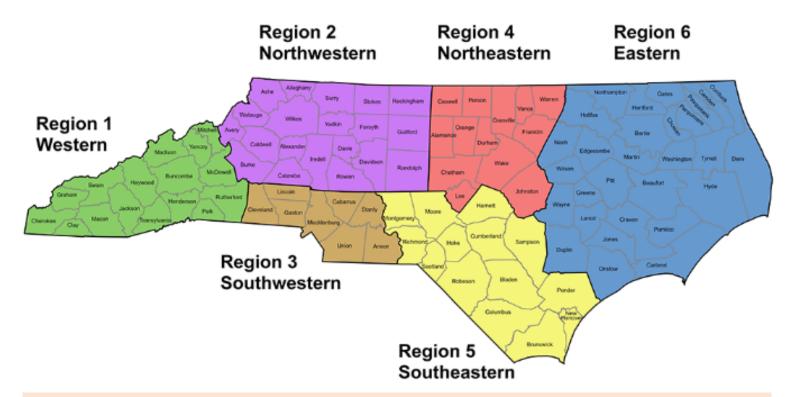
# Perinatal Health Strategic Plan Town Halls Data Resource: Perinatal Care Region 4 Northeastern



The Perinatal Care Regions (PCRs) were created through the establishment of the NC Perinatal Health Care Program in 1974 after the NC General Assembly ratified the Perinatal Health Care Bill in 1973. The original design criteria were that each region would have: 1) a Level III hospital; 2) contain 300,000 to 1 million people; 3) counties within a 2-hour travel time to the regional centers; and 4) at least one Area Health Education Center. While the work done through the NC Perinatal Health Care Program has transformed into other programs and initiatives over the years due to legislative changes and funding opportunities, the PCRs have remained. There are currently six regions that cover all 100 counties. The number of counties in each region varies, with the smallest region comprising eight counties and the largest twenty-nine. The NC State Center for Health Statistics (SCHS) provides vital statistics data for each of these regions in many of their annual reports and publications and per ad hoc requests. The Maternal Health Innovation Program's State Provider Support Network is organized by these PCRs.

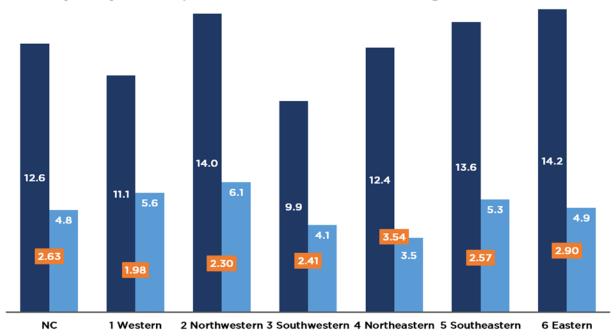
#### Data Considerations

To highlight inequities in health outcomes due to interpersonal, institutional, and systemic racism, every effort has been made to provide data for racial and ethnic population groups for each of the indicators. Racial/ethnic categories are defined by the data source and are not consistent across the indicators. Non-Hispanic is abbreviated NH in all charts and tables.



1) Eliminate the Black/white disparity in infant mortality (# of infant deaths for every 1,000 live births)

## Resident Black and White Infant Mortality Rates & Black/White Disparity Ratios, NC and Perinatal Care Regions 2017-2021



- Non-Hispanic (NH) Black Infant Deaths per 1000 Births The Black/white Disparity Ratio is the Black Infant
- NH White Infant Deaths per 1000 Births
- Black/White Disparity Ratio

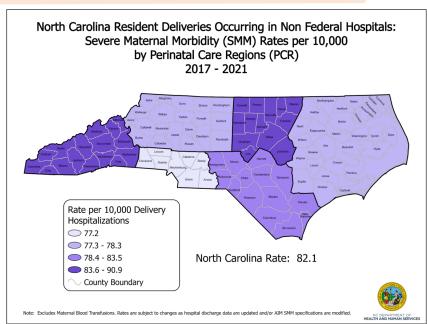
The Black/white Disparity Ratio is the Black Infant Mortality Rate (IMR) divided by the white IMR. In NC for the 2017-2021 time period, Black babies were 2.6 times more likely to die than white babies.

Perinatal Care Region 4 Northeastern Infant Death Rates (per 1,000 live births), 2017-2021										
	NH			NH						
	Black	NH	NH	White	NH	NH	Total			Black:white
	Infant	Black	Black	Infant	White	White	Infant	Total	Total	Disparity
County	Deaths	Births	IMR	Deaths	Births	IMR	Deaths	Births	IMR	Ratio
Alamance	22	2151	10.2	28	4858	5.8	58	9521	6.1	1.8
Caswell	5	264	18.9	2	605	3.3	9	990	9.1	5.7
Chatham	6	319	18.8	13	1996	6.5	25	3219	7.8	2.9
Durham	68	6265	10.9	23	7929	2.9	124	20748	6.0	3.7
Franklin	16	890	18.0	8	2164	3.7	28	3750	7.5	4.9
Granville	7	895	7.8	5	1573	3.2	16	2985	5.4	2.5
Johnston	26	2069	12.6	34	7235	4.7	79	12396	6.4	2.7
Lee	12	735	16.3	7	1777	3.9	30	3891	7.7	4.1
Orange	17	733	23.2	14	3325	4.2	47	5775	8.1	5.5
Person	12	614	19.5	6	1283	4.7	20	2160	9.3	4.2
Vance	22	1567	14.0	5	758	6.6	28	2798	10.0	2.1
Wake	156	13342	11.7	83	31792	2.6	346	63672	5.4	4.5
Warren	6	418	14.4	0	271	0.0	7	820	8.5	N/A
*Technical Note: Rates based on small numbers (fewer than 10 deaths) are unstable & should be										

\*Technical Note: Rates based on small numbers (fewer than 10 deaths) are unstable & should be interpreted with caution.

#### 2) Eliminate the Black/white disparity in severe maternal morbidity (SMM), excluding transfusions

Severe maternal morbidities (SMM) are unexpected outcomes of labor and delivery that result in significant shortor long-term consequences to birthing individual's health. The source of these data are the NC Inpatient Hospital Discharge data files (excludes discharges from federal facilities and out-of-state hospitals). Cases in which blood transfusion was the only indicator of SMM are typically excluded, given that the number of units transfused is unknown in these data, and blood transfusion alone may not represent a "truly severe" event.



Severe Maternal Morbidity Rates per 10,000 Delivery Hospitalizations by Race/Ethnicity, NC and Perinatal Care Region 4, 2017-2021 (Rates based on fewer than 10 cases are unreliable and are redacted from this chart.)

■NH Black ■NH White ■NH Am. Ind. ■NH Asian/Pacific Islander ■NH Multirace ■Hispanic

145.4

69.3 4 Northeastern

PCR 4 Northeastern Severe Maternal Morbidity Rates, 2017-2021									
County of Residence:	SMM (excluding transfusions)	Total Deliveries	SMM Rate per						
Alamance	106	9,326	113.7						
Caswell	5	680	*						
Chatham	35	2,628	133.2						
Durham	221	19,865	111.3						
Franklin	33	3,467	95.2						
Granville	29	2,696	107.6						
Johnston	75	10,739	69.8						
Lee	45	4,217	106.7						
Orange	65	5,826	111.6						
Person	24	2,033	118.1						
Vance	33	2,712	121.7						
Wake	472	63,729	74.1						
Warren	7	711	*						
*Rates based on fewer than 10 discharges are									

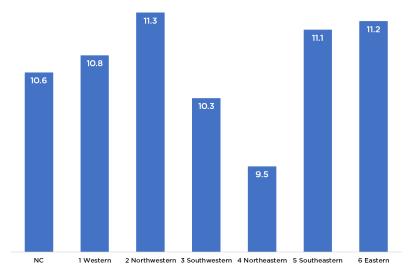
unreliable/unstable & are not presented

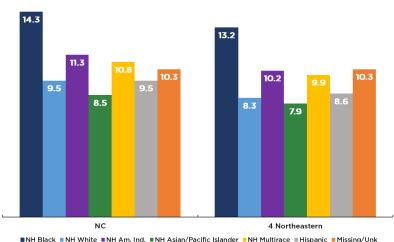
Source: NC DPH/Inpatient Hospital Discharge database

3) Decrease the percentage of preterm births to 7.3% or less for all racial/ethnic groups (Preterm means baby was born <37 weeks gestation.)

Percent Preterm Births for NC & Perinatal Care Regions, 2017-2021

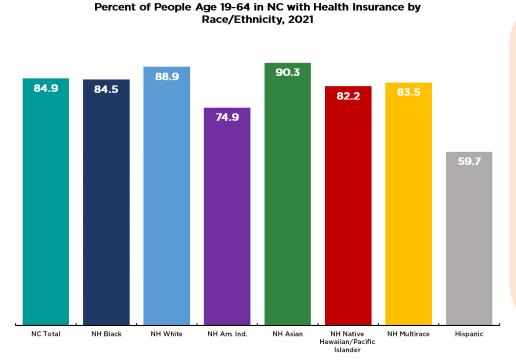






Perinatal Care Region 4 Northeastern Preterm Births (<37 weeks gestation), 2017-2021																
	NH Am. Indian		NH Asian/PI		NH Black		Hispanic		Missing/Unk		NH Multiracial		NH White		TOTAL	
		%		%		%		%		%		%		%		%
	Total	Preterm	Total	Preterm	Total	Preterm	Total	Preterm	Total	Preterm	Total	Preterm	Total	Preterm	Total	Preterm
County	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births	Births
Alamance	24	0	202	11.4	2151	14.7	2042	9.2	19	26.3	225	13.8	4858	10.3	9521	11.2
Caswell	3	0	9	0	264	20.1	90	5.6	1	0	18	11.1	605	10.7	990	12.6
Chatham	10	10	79	7.6	319	15	731	10.4	8	0	76	7.9	1996	9.4	3219	10.1
Durham	43	11.6	1254	8.1	6265	13.1	4693	9.4	82	12.2	482	9.3	7929	7.4	20748	9.7
Franklin	21	14.3	40	15	890	18.2	534	8.2	5	0	96	11.5	2164	8.4	3750	10.9
Granville	2	50	24	12.5	895	14.6	413	8.2	4	0	74	8.1	1573	9.1	2985	10.7
Johnston	51	9.8	152	13.2	2069	13.6	2624	8.6	20	0	245	9.8	7235	8.5	12396	9.5
Lee	13	7.7	41	9.8	735	14	1193	8.8	16	18.8	116	10.3	1777	12.3	3891	11.5
Orange	11	9.1	591	8.3	733	13.1	971	9.2	14	14.3	130	12.3	3325	8.2	5775	9.1
Person	11	0	14	7.1	614	13.4	164	14	4	50	70	17.1	1283	10.7	2160	11.9
Vance	4	0	30	26.7	1567	14.1	372	5.4	6	33.3	61	14.8	758	11.6	2798	12.4
Wake	136	10.3	6250	7.5	13342	12.1	10599	8.1	278	8.3	1275	8.5	31792	7.6	63672	8.7
Warren	55	14.5	1	0	418	16	52	11.5	0	0	23	8.7	271	10.7	820	13.7

#### 4) Increase health insurance rates to 90% or above for all racial/ethnic groups

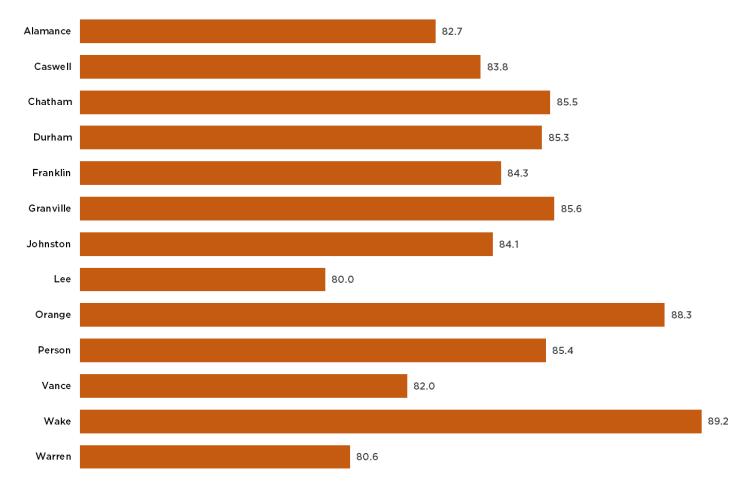


Small Area Health Insurance Estimates (SAHIE) uses the American Community Survey (ACS) definition of insured: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

- Insurance through a current or former employer or union (of this person or another family member)
- Insurance purchased directly from an insurance company (by this person or another family member)
- Medicare, for people 65 and older, or people with certain disabilities (Note: SAHIE does not report insurance rates for people over 65 since over 98% of people over the age of 65 are insured)
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low income or a disability
- TRICARE or other military health care
- Indian Health Services\*
- Any other type of health insurance or health coverage plan (user specified)

\*People whose only health coverage is Indian Health Service are uninsured as IHS is not considered comprehensive coverage.

#### Percent of People Age 19-64 with Health Insurance Perinatal Care Region 4 Northeastern, 2021



### **Additional County Data Sources**

#### State Center for Health Statistics

County Health Data Book <a href="https://schs.dph.ncdhhs.gov/data/databook/">https://schs.dph.ncdhhs.gov/data/databook/</a>
Basic Automated Birth Yearbook <a href="https://schs.dph.ncdhhs.gov/data/vital/babybook/2021.htm">https://schs.dph.ncdhhs.gov/data/vital/babybook/2021.htm</a>
NC Reported Pregnancies <a href="https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2021/">https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2021/</a>
Infant Mortality Statistics <a href="https://schs.dph.ncdhhs.gov/data/vital/ims/2021/">https://schs.dph.ncdhhs.gov/data/vital/ims/2021/</a>

#### March of Dimes

Report Card <a href="https://www.marchofdimes.org/peristats/reports/north-carolina/report-card">https://www.marchofdimes.org/peristats/reports/north-carolina/report-card</a>
State Summary <a href="https://www.marchofdimes.org/peristats/state-summaries/north-carolina?lev=1&obj=3&reg=99&slev=4&sreg=37&stop=55&top=3">https://www.marchofdimes.org/peristats/state-summaries/north-carolina?lev=1&obj=3&reg=99&slev=4&sreg=37&stop=55&top=3</a>
Maternity Care Report: <a href="https://www.marchofdimes.org/where-you-live-matters-maternity-care-deserts-and-crisis-access-and-equity">https://www.marchofdimes.org/where-you-live-matters-maternity-care-deserts-and-crisis-access-and-equity</a>

#### NC Child

County Data Cards <a href="https://ncchild.org/what-we-do/insights/data/">https://ncchild.org/what-we-do/insights/data/</a>

#### County Health Rankings & Roadmaps