Pierce County Information and Data Brief

Significant Data Sources Include (see Endnotes):

- Tacoma/Pierce County Health Department
- Washington State Department of Health
- U.S. Department of Health and Human Services, and
- Mary Bridge Community Health Needs Assessment

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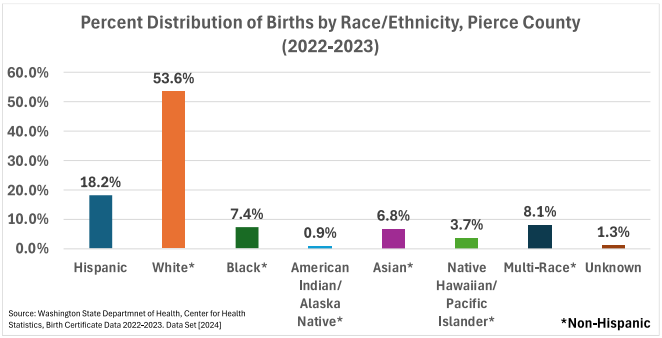
OUR PURPOSE

The July 2024 Healthy Births, Healthy Babies Summit focuses on identifying collaborative actions to propel us toward the day when children in Pierce County are the healthiest in the nation. Our day together provides an opportunity for each of us to make new connections and partnerships, to expand and enhance the services we collectively offer families, and to align our efforts to best achieve and sustain health improvement. Prenatal and infant health and well-being affect all of us now and shape the health of future generations.

This Brief. This brief includes data and graphics concerning:

- Factors that drive maternal and child health
- Local Pierce County birth and infancy health outcomes
- Evidence informed approaches that can improve birthing experiences, outcomes and infant development



We are fortunate to have parents with recent birthing experience participating in the *Healthy Births, Healthy Babies* summit and will start our day with a "living room conversation" among five professionals from diverse vantage points who will enhance our understanding of the needs and considerations influencing birth and family experiences within our community. A tremendous source of insight, expertise and information will come from you, our summit participants.

Birthing Families Are Richly Diverse

Children may be raised by one or two parents, grandparents, siblings, foster/adoptive parents or other family members. They may be multicultural and/or LBGTQ+ and each has unique family strengths and dynamics. Positive family functioning and health rely not only on internal family resources, but also on social, economic, cultural and environmental supports available to the family unit. Improving birth outcomes depends not only on our clinical care, but on how well we can connect with, understand, and support all families.

Pierce County Outcomes

Within our nation, state, and region, there is increased focus drawing attention to prenatal and infant health outcomes. The most recent community health needs assessment indicates that Pierce County's infant mortality rate (the death of a child under 1 year of age) is higher than the state average and disproportionately reflects infants of color. Data later in this brief indicates that low-weight births and inadequate prenatal care are also slightly higher in Pierce County than the Washington state average. While our community has increased its responsiveness to families through grass root efforts, partnerships and outreach, more is needed. We believe that through a collaborative, focused effort and collective action which leverages strengths from throughout our community and state, we will reach the outcomes we desire more quickly.

FACTORS THAT DRIVE MATERNAL AND CHILD HEALTH

Social Conditions That Affect Health

Social Determinants of Health (SDOH), the five conditions in which people are born, live, work, play, worship, and age -- affect a wide range of health, functioning, quality-of-life outcomes and risks. Research and lived experience demonstrate that social conditions can have protective or harmful influences on health. In addition to healthcare - economic stability, community connection, environmental resources and educational/career opportunities impact both health and well-being.

Factors That Protect Health

Personal and societal actions ,and their interactions, influence the context in which families live and play a role in supporting maternal and infant health. These include:

- Access to basic needs and safety,
- Maintaining healthy lifestyles such as healthy eating, physical exercise, quality sleep and avoiding smoking and alcohol use,
- Securing timely and appropriate level of prenatal, and medical care for chronic conditions such as hypertension, diabetes, and obesity,
- Quality of care with providers that listen, connect, and are responsive to the unique cultural needs of each family,
- Learning and responding to signs of potential physical and behavioral health complications,
- Promoting positive involvement of partners and community supports before, during and after giving birth to foster trust and build resilience for parent and child,
- Integration and optimization of maternal mental health access to quality care,
- Care access issues (insurance coverage, availability of maternity care, risk appropriate care),
- Adequate medical leave,
- Improving access to basic needs, social determinants of health, and other factors,
- Legislative considerations (immigration status, federal tribal status, extension of coverage, reimbursement levels, insurance coverage rules, social support services).

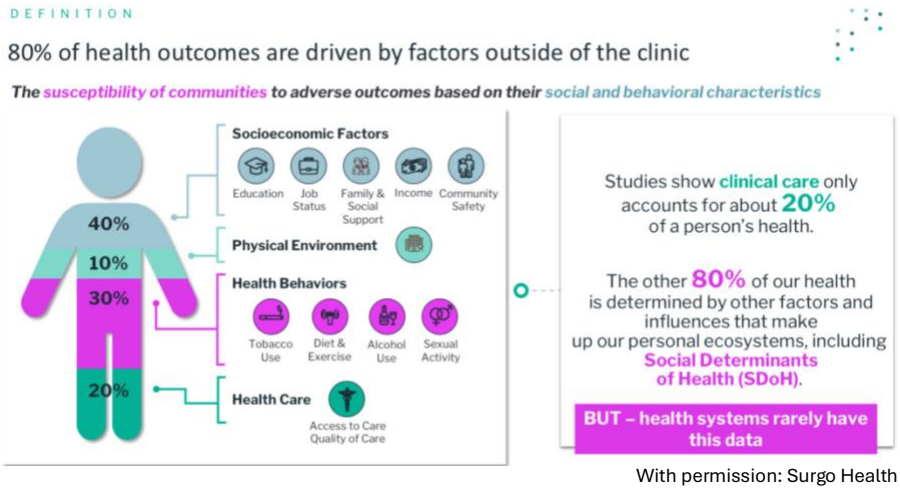
The ability to take these actions depends on the availability of resources across our community which in turn depends upon societal actions, supportive policies, and funding that create communities that cherish children and families.[i]

Adverse Personal Experiences Affect Health[ii]

Adverse child and adult life experiences affect birth outcomes, infant development, and lifelong health. Poor nutrition, traumatic experiences, high stress, and racism can impact not only our own health, but that of our children and future generations.

CONDITIONS THAT HELP CHILDREN THRIVE[iii],[iv],[v],[vi]

Children and their families thrive when the following pregnancy and infant health supports are accessible and in place.



With permission: Surgo Health

1. Healthy well-timed births supported by the appropriate level of medical care,
2. Child health and developmental screening which occurs regularly and is on track to promote resilience throughout life,
3. Family support exists to build and increase parental resilience,
4. Children experience high quality and continuity in home, child care, and other early learning settings with interventions that are accessible when needed,
5. Children are nurtured, safe and engaged,
6. Families are strong, socially connected, and empowered by parenting and child development knowledge,
7. Families access services and supports that are strengths-based to increase adaptability to change,
8. Families are free from substance abuse and mental illness,
9. Communities are caring and responsive with collaboratively designed and family centered programs,
10. Support approaches are cross-sector, multilevel, integrated and coordinated, existing where children are born, live, play, and learn to increase community resilience to adapt and thrive.

Making these outcomes a reality require concerted collaborative action to reduce disparities and build the capacity to ensure access to culturally responsive services and supports when and where they are needed.

PIERCE COUNTY DATA

Below are selected statistics relevant to the Healthy Births, Healthy Babies summit. Data are drawn from multiple reputable sources and should not be generalized to groups that are not represented in data collection. Information is presented in alphabetical order for parents, then infants for ease of reference. We are indebted to our epidemiology colleagues at the Tacoma Pierce County Health Department, and Washington State Department of Health, U.S. Department of Health and Human Services, and Multicare Center for Health Equity and Wellness for providing much of this information.

PARENTAL HEALTH

7.4%
Birthing parents who continue drinking

Alcohol Use - Alcohol and other non-prescribed substance use can pose serious risks to pregnancy. Alcohol use interferes with development of the brain and other critical organs and can lead to lifelong deficits.[vii]

16.7%
Birthing Pierce County parents reporting discrimination

Discrimination - Discrimination in any form causes stress and harm to parents and family members. Individuals who are discriminated against lose trust and may avoid care being offered to them. Almost 17% of individuals within Pierce County and 12.6% of individuals within Washington reported having experienced some form of discrimination during their pregnancy and birthing experience.[viii]

14.1%
Birthing parents reporting postpartum depression in Pierce County between 2021 and 2022

Mental Health - Birthing parents and partners involved in child rearing may experience post partum depression.[ix] Between 2021 and 2022, 14.1% of birthing parents in Pierce County reported postpartum depression - in comparison to 11.7% within Washington State. Increased screening of women for postpartum depression is a core Healthy People 2030 goal.[x]

47.6%
Infants in Washington receiving WIC

Nutrition Support - Washington WIC supports the nutrition needs of people who are pregnant, postpartum, breastfeeding, and infants and children under 5. Almost half of all babies in Washington receive WIC.[xi] Not all families who qualify for WIC are enrolled. Expanding WIC services within our communities and streamlining enrollment processes are areas of opportunity.

72.7%
Parents accessing timely prenatal care in Pierce County

Prenatal Care - In Pierce County, 72.7%[xii] of birthing parents receive prenatal care in the first trimester. The national Healthy People 2030 goal is for 80.5% of birthing persons to enter prenatal care within the first three months of pregnancy. - below the national goal of 80.5%.[xiii] Inadequate care is defined as pregnancy-related care that begins in the fifth month of pregnancy or later (or having fewer than 50% of appropriate number of visits for infant's gestational age).

Participation in Prenatal Care Varies Disproportionately for Specific Groups. Non-Hispanic Pacific Islander birthing parents were less likely to receive prenatal care in the first three months (49.4%) compared with other racial and ethnic groups.[xiv]

80%
Preventable pregnancy-related deaths in Washington State

Preventable Maternal Mortality - Maternal mortality is a **rare** event and Washington's rate is lower than the national average.[xv] Nonetheless, disparities persist. Most importantly 80% of pregnancy-related deaths are preventable, compelling us to address clinical, equity, and social-determinant factors contributing to avoidable pregnancy and birthing risks. As noted in the 2023 Washington State Maternal Mortality Review Report, "*Communities most burdened by perinatal health inequities have the expertise and cultural knowledge to lead solutions to reduce maternal mortality.*"[xvi] We must support them to do so.

3-12%
Birth parents who smoke during pregnancy

Smoking – Between 2010 and 2022 the percent of Pierce County parents who smoke has declined notably from a high of 30% in 2010 to between 3 to 12% in 2022. This decline underscores the successful impact of coordinated public health interventions and education.

0.5526
Pierce County social vulnerability index (Range 0-1)

Social Vulnerability – Social vulnerability refers to the demographic and socioeconomic factors that contribute to communities being more adversely affected by public health emergencies and other external hazards and stressors that cause disease and injury. A higher score indicates greater vulnerability. Pierce County's score indicates a medium to high level of vulnerability.[xvii]

INFANT HEALTH

92.5-95.9%
Birthing parents who breastfeed

25%
Difference in rates of breastfeeding among races & ethnicities

49.1%
Children 19-35 months in with recommended vaccinations

Moderate COI
Opportunity level for Summit location

5.3
Infant deaths per 1,000 live births

8.3%
Pierce County infants weighing less than 2500 grams

23-33%
Increased rate of low birth weight among TANF and Medicaid recipients

Breastfeeding - Breastfeeding can protect babies from short- and long-term illnesses and diseases. Breastfed babies have a lower risk of asthma, obesity, type 1 diabetes, sudden infant death and lesser early childhood illnesses.

Breastfeeding - *Breastfeeding rates vary based on multiple factors*. There is a 25-point difference in breastfeeding among races and ethnicities. Birthing parents not covered by Medicaid were significantly more likely to breastfeed 8 weeks or more (89%) than those covered by Medicaid (71%)[xviii]

Child Health Promotion – In Pierce County, less than 50% of children receive the recommended early childhood vaccinations to protect them from preventable conditions. This rate is significantly lower than the state rate of 56.6%.[xix]

Child Opportunity Index (COI) – The Child Opportunity Index (COI) measures, maps, and compares neighborhood features that impact healthy child development across three domains: education; health and environment; and social and economic. The COI opportunity level for our summit census tract is moderate.[xx]

Infant Mortality – Infant mortality – the death of children before one year of age - is an important concern. In 2021 within Pierce County, Pacific Island (10.6) and Black (8.5) residents had a significantly higher infant mortality rate than white residents (3.9).[xxi]

Low Birth Weight - Babies born below 2500 grams have a higher risk of developmental delay and physical health complications and are about 20 times more likely to die than heavier infants.[xxii]

Income and Low Birth Weight Are Related. Births of single low-weight babies were 23-33% higher among those receiving TANF and Medicaid compared to non-Medicaid covered individuals in fact 23% to 33%.

Low-Weight Births Vary by Race/Ethnicity. 12.6% of non-Hispanic (NH) American Indian/ Alaska Native, 11.7% of NH Black/African American, and 9.7% Pacific Islander and multi-race infants weighed less than 2500 grams between 2022-2023.

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