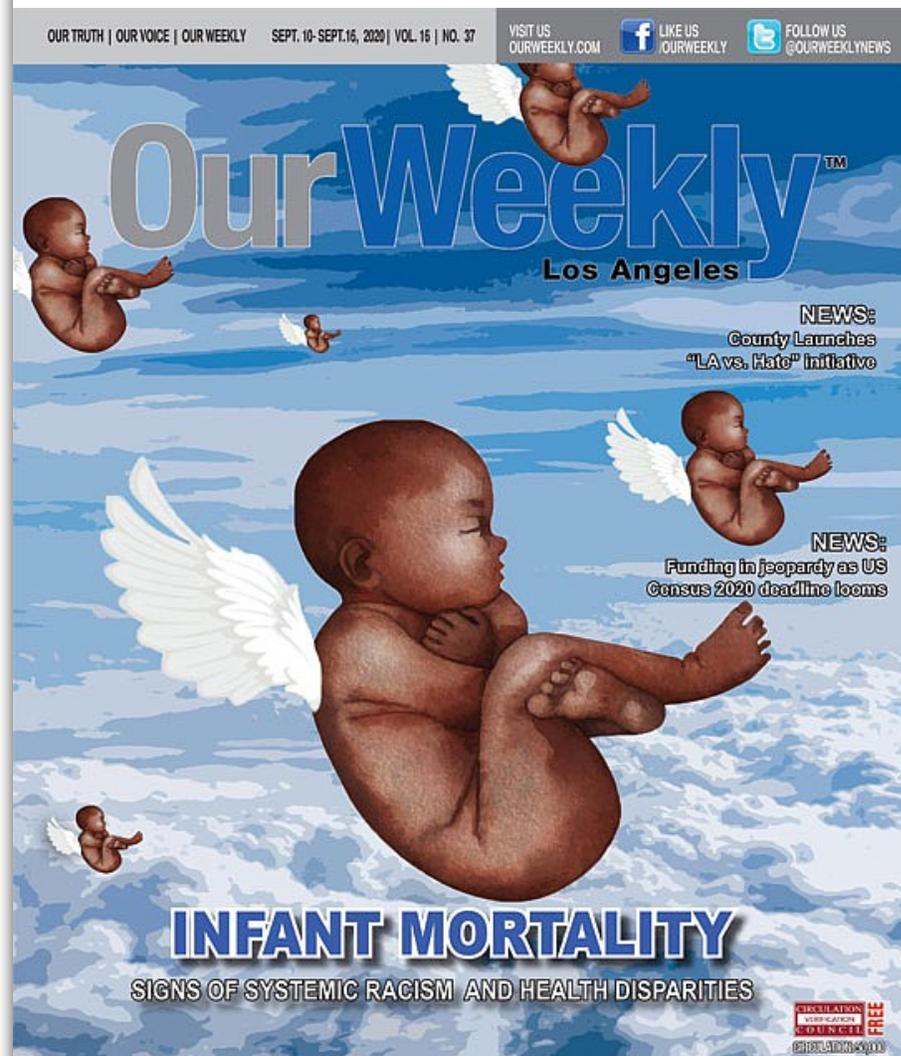


Pilot program seeks answers to high Black infant mortality

African-American babies die at alarming rate

Merdies Hayes Managing Editor | 9/10/2020, midnight



The U.S. infant mortality rate has fallen over the last two decades, but major disparities remain, and carry serious implications for overall health. In 2017, the U.S. Centers for Disease Control and Prevention (CDC) reported that more than 22,000 babies died before the age of one. That's a rate of 5.8 infant deaths per 1,000 births for the general population.

However, in that same year, the African-American infant mortality rate was 10.97 per 1,000. That's nearly double the overall national rate and more than twice the rates among White, Asian and Hispanic women.

In California, the Los Angeles County Department of Public Health reports that:

- Black babies are more than two times more likely than White babies to die in their first year of life
- The rate of preterm birth is 50 percent higher for African-American mothers than for White or Asian women.
- The mortality rate among African-American women during childbirth is nearly four times higher than that of White women.

Similar outcomes for all Black women

African-American women of all backgrounds tend to share experiences of racial and gender discrimination. A growing body of research suggests that stress induced by this discrimination plays a significant role in maternal and infant mortality.

Although maternal mortality rates in the United States have plummeted during the previous 100 years, according to statistics gathered by the CDC, non-Latino White women experienced a steeper decline in maternal mortality than did African-American women.

The racial gap in infant mortality rates has been generally present since such data began being collected by the U.S. government for at least a century. It has not changed significantly in 50 years. Higher rates of preterm births and low birth weights among Black women have traditionally driven this gap. African-American infants are reportedly 3.2 times more likely than non-Latino White babies to die from complications related to low birth weight.

Lack of access to prenatal care

Most research on health disparities in maternal and infant mortality focus on African-American women's greater exposure to risk factors around the time of pregnancy, including poverty and low socioeconomic status. Also frequently taken into account are limited access to prenatal care, and poor physical and mental health—the latter two issues possibly tied to the lack of available and quality medical care in the inner city.

Numerous studies have demonstrated that once African-American women access prenatal care—across traditional socioeconomic strata—it tends to be lower in quality and the women experience more complications. This is based on current health status, health history (pre-existing conditions), stress and experiences of racism all contribute to maternal and infant mortality when coupled with lower-quality prenatal care.

Obesity, which is associated with pregnancy complications such as preeclampsia (a condition of pregnancy characterized by high blood pressure), can often predict both maternal and infant mortality and is more prevalent among Black women. However, the New York City Department of Health and Mental Hygiene conducted a study in 2017 that indicated that African-American women of normal weight were still at higher risk of dying in the perinatal period than non-Black obese women.

The role of institutional racism

For the past few decades, researchers have looked at the cumulative effects of racism on maternal and infant health. Such studies have suggested that the socioeconomic forces of institutional racism have set African-American and non-Latino White women on different life tracts, with long-term consequences for their health and the both the physical and mental wellbeing of their offspring.

The National Institutes of Mental Health, for instance, has reported that the experience of systematic racial bias—not race itself—can compromise health. African-American families, for example, are usually offered fewer adequate housing options than non-Latino White families—despite often being equally qualified financially when comparing income levels and credit scores. As well, these expectant Black families are more likely to experience housing instability and eviction. Each of these factors—when applied to the stress placed upon the mother—can play a detrimental role in the prenatal development of the child.

Further studies have shown that maternal depression and anxiety during pregnancy is linked to a higher risk of obesity and diabetes among Black infants.

Risk factors stark among Black women

The risk factors for both maternal and infant mortality among Black people are stark when compared to other races and ethnic groups. Among them are:

- Substandard housing and housing instability
- Concentrated poverty
- Neighborhood safety
- Poor air quality
- Less access to whole foods (i.e. fresh fruits and vegetables), and adequate nutrition daily
- Poor access to quality, comprehensive health care services
- Unequal educational opportunities
- Poor employment opportunities, including lack of access to flexible scheduling, livable wages and day care
- Disproportionate amount of community violence, including police shootings

Despite the negative news, there are promising developments taking place to not only address this growing problem, but also to take steps to curtail it within the nation's most vulnerable communities. For example, advocacy movements such as the Black Lives Matter Alliance and the National Birth Equity Collaborative are creating greater public awareness via campaigns to foster racial and reproductive justice. A few states—including California and North Carolina—have developed health care and research collaborative groups to improve health outcomes for women and infants. Federal, state and local leaders from various states may be able to share lessons learned through the Alliance for Innovation in Maternal Health and the Collaborative

Improvement and Innovation Networks which are addressing maternal and infant health. The Health Resources and Services Administration funds these networks.

Positive steps to stem tide

Health Net, a health plan covering more than three million Californians, has established partnerships with local organizations in both South Los Angeles and Sacramento to address these issues.

In Los Angeles, Health Net awarded a two-year, \$484,000 grant to help launch Cherished Futures for Black Moms and Babies, a program providing culturally-based training on implicit racial bias for five area hospitals – with an aim to improve birth outcomes and patient experience for African-American mothers in South Los Angeles and the Antelope Valley.

The program is part of the Communities Lifting Communities (CLC) initiative, sponsored by Health Net and the Hospital Association of Southern California (HASC) in partnership with the Public Health Alliance of Southern California. The pilot initiative will unite key decision makers from local birthing hospitals, public health, health plans, community-based organizations, advocates and patients to co-design systems-change interventions at three levels: clinical, institutional and community.

Cherished Futures for Black Moms and Babies also partners with the Los Angeles County African- American Infant and Maternal Mortality Initiative, a countywide effort aiming to reduce the gap in infant mortality rates between White and African-American babies by 30 percent by 2023.

“Creating meaningful and sustainable shifts to advance birth equity takes time, energy, and purposeful leadership at all levels of the health care organization,” said Susan Harrington, CLC’s executive director. “The collaborative aims to establish a solid foundation through the development of an actionable implementation plan that is designed in partnership with Black women and families in the communities with the greatest needs.”

Black Child Legacy campaign

In 2013, a Sacramento County Blue-Ribbon Commission Report identified a 20-year trend of African-American children dying at a disproportionate rates compared to all other race groups.

In response to this trend, the Sacramento County Board of Supervisors established the Steering Committee on Reduction of African-American Child Deaths. Their goal is to implement a plan to reduce African-American child deaths in four areas, including: Perinatal conditions, sleep-related deaths and abuse and neglect

“These causes of infant mortality are largely preventable,” said Dr. Alex Chen, Chief Medical Officer at Health Net. “Creating a more responsive, culturally sensitive healthcare system, along with a community-based family support system, is key to preventing these tragic deaths.”

In conjunction with the program, Health Net awarded The Sierra Health Foundation \$50,000 grant in 2017 to help launch the “Cultural Broker 95823 Partnership” This community engagement program promotes public awareness of disparities in health pregnancy and birth outcomes among African-Americans living in the Sacramento County 95823 zip code.

So far, results have been positive. A recent report from the Black Child Legacy Campaign showed a 57 percent reduction in infant sleep-related deaths between 2013 and 2017, and a 33 percent reduction in the disparity compared to other children during the same period.

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