A Pathway to Equity

LA County's Five-Year Plan to Close the Black-White Gap in Infant Mortality

California Black Legislative Caucus

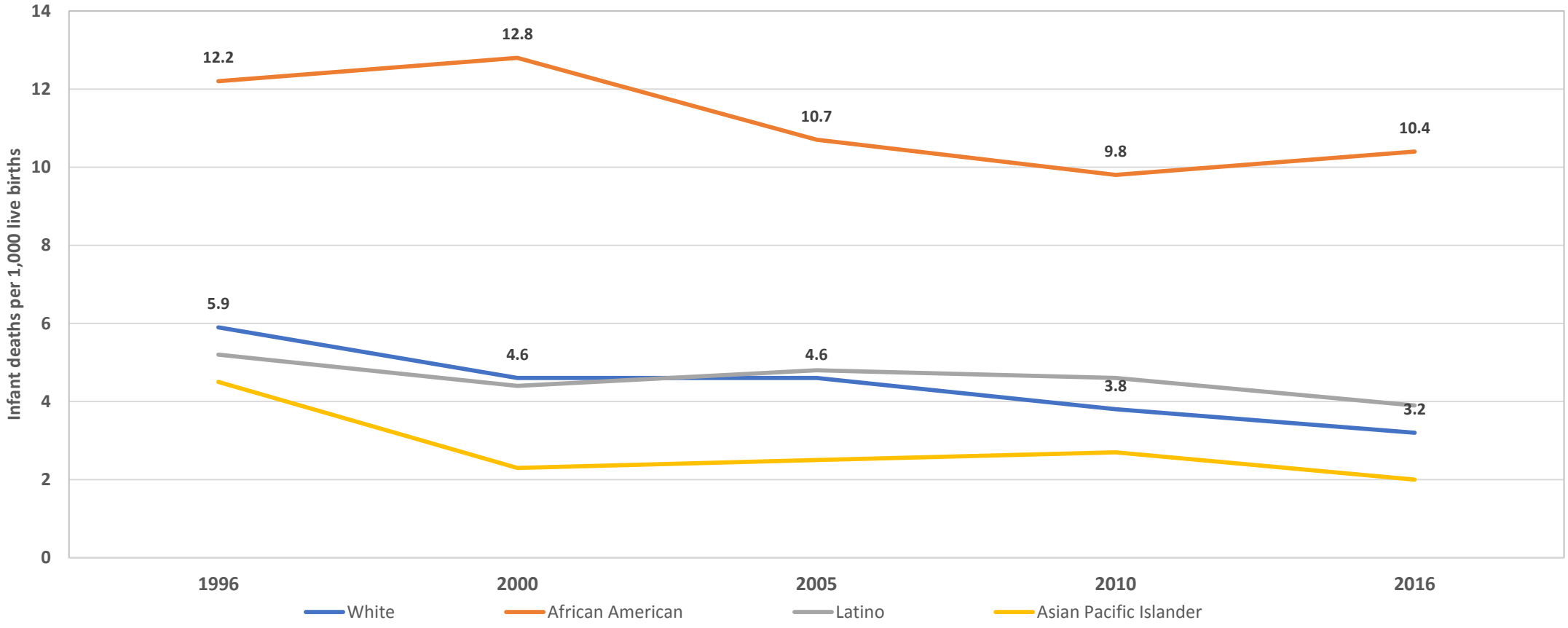
State of Black California

February 27, 2019

Deborah Allen, ScD

LA County Department of Public Health

The Challenge: LA County Infant Mortality by mother's race/ethnicity, 1996-2016



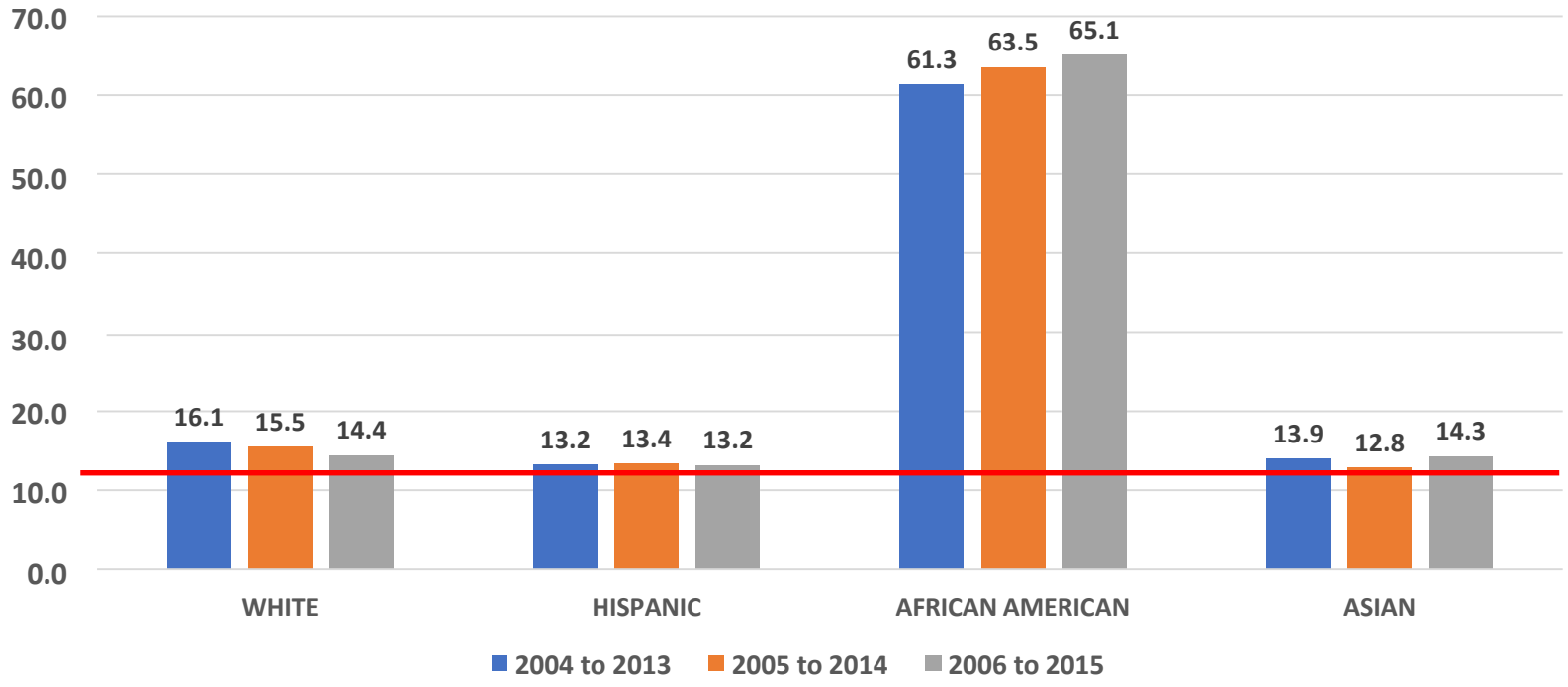
LA is not unique: CA black infant deaths

2012-14 three year average

COUNTY OF RESIDENCE	Number of Black births (N)	Percent of Black birth (%)	Number of Black Infant Deaths (N)	Black infant Mortality Rate (death/1,000)	95% Confidence Interval	
					LOWER	UPPER
LOS ANGELES	9306	35.96	85	**9.2**	7.3	11.3
SAN BERNARDINO	2590	10.01	36	**14.0**	9.8	19.4
SACRAMENTO	2000	7.73	22	**11.0**	6.9	16.7
ALAMEDA	1910	7.3820	20	**10.3**	6.3	16.0
SAN DIEGO	1875	7.25	17	**9.2**	5.4	14.7
RIVERSIDE	1627	6.29	14	**8.6**	4.7	14.4
CALIFORNIA	**25878**		**263**	**10.2**	**8.9**	**11.4**

Maternal mortality: same pattern – wider gap

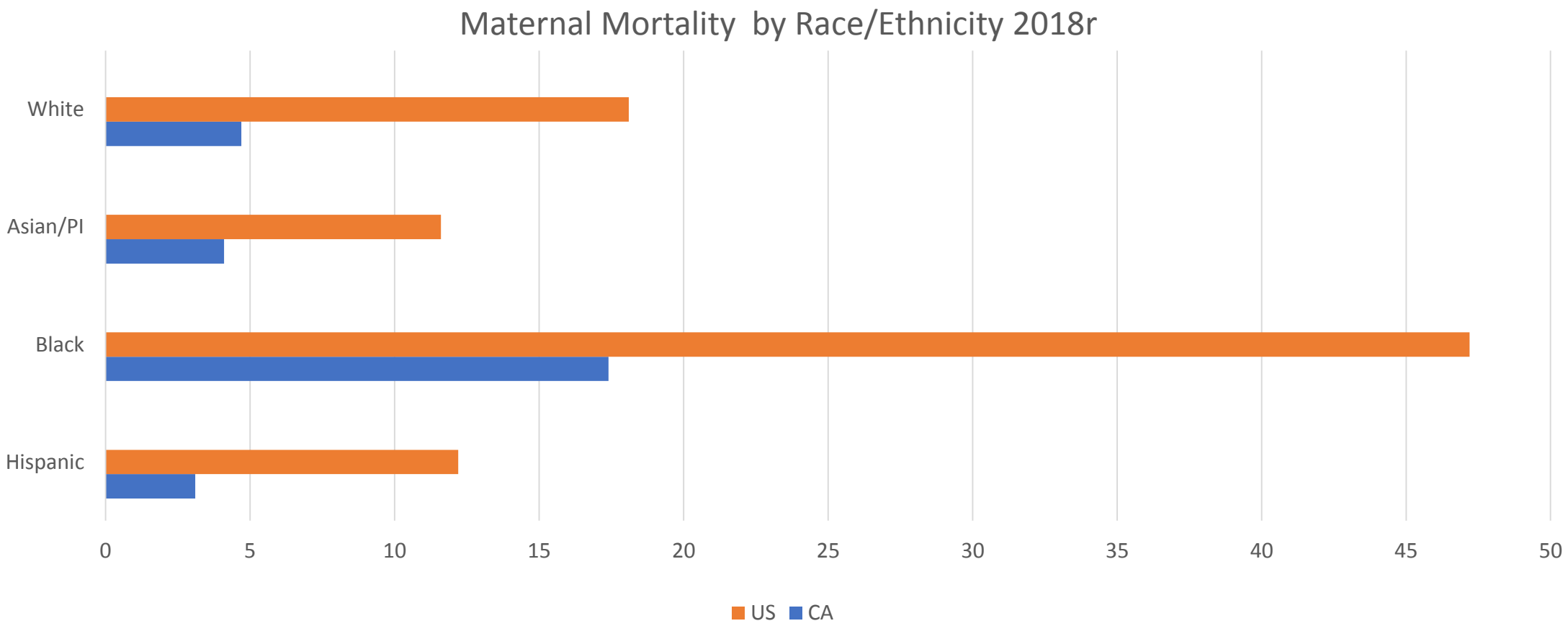
Maternal Mortality Ratio (per 100,000 live births) by Race/Ethnicity, 10-Year Average, Los Angeles County 2004-2015



Maternal mortality is defined as any death during pregnancy and up to one year after childbirth. It is measured by the maternal mortality ratio (MMR), the number of maternal deaths for every 100,000 live births.

California Department of Public Health, 2004-2015 Birth and Death Statistical Files analyzed by the Los Angeles County Department of Public Health,

While CA Maternal Mortality Rate is 1/3 US MMR, Black rate in CA is almost 4x white rate

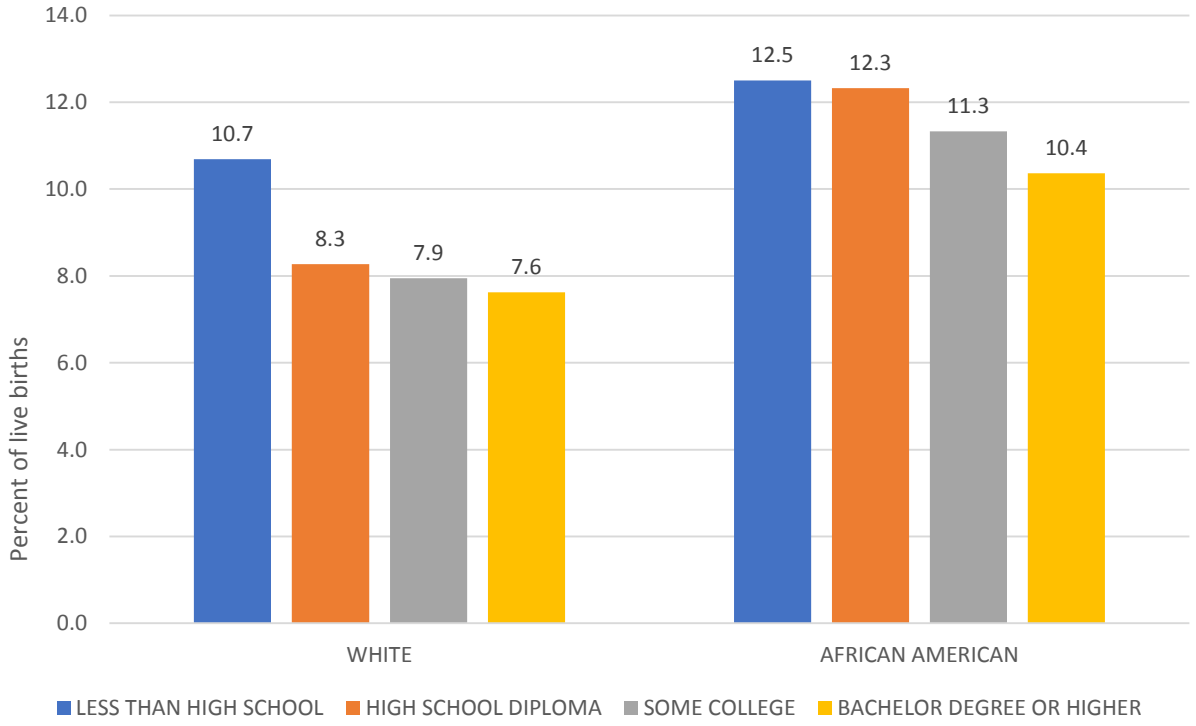


What explains these outcomes?

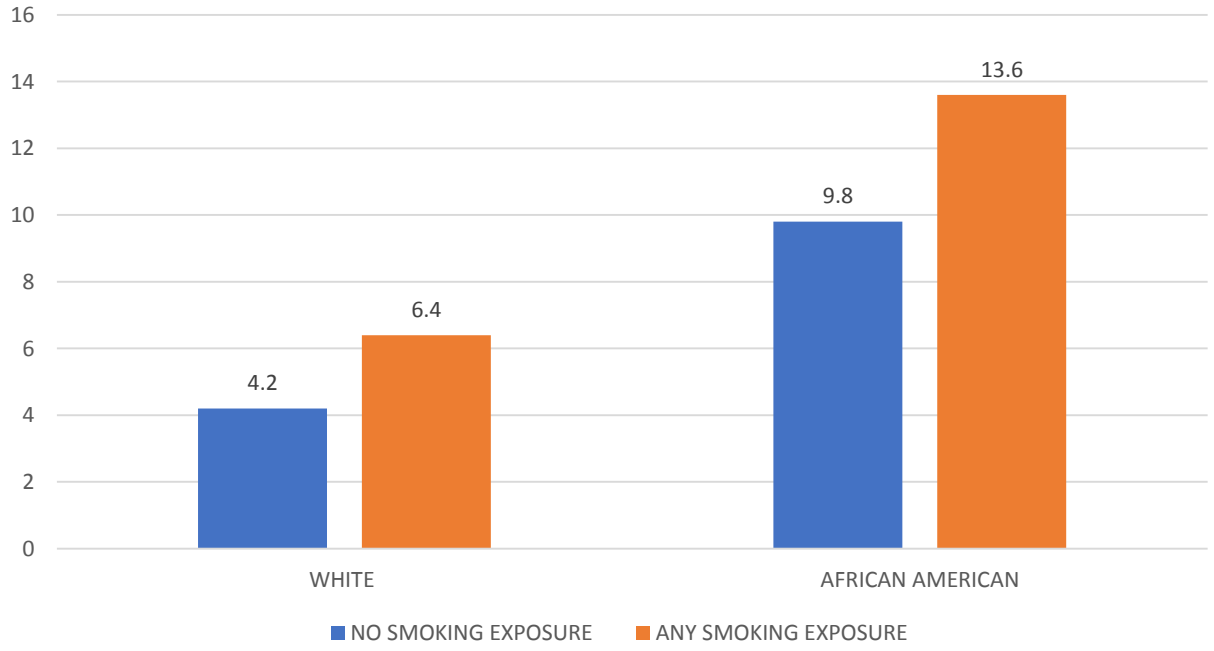
Common explanations don't hold up!

The Perception	The Facts
Socioeconomic status **Does a higher level of poverty among black women explain the difference?**	We know that a secure job, a safe home and healthy food all contribute to health. And when you look at white mothers alone or black mothers alone, better off moms have healthier babies. Los Angeles County data tell us that black women who have private insurance, which means they are employed, have worse outcomes than white women who receive public insurance.
Mother's education **Could the gap in LA be due to a lower average education level among black women?**	All over the world, women's education is associated with healthier births. White and black women who are well educated do have an advantage over those of the same race with less education. But county data show that better educated black mothers have worse birth outcomes than white women who did not complete high school!
Mom's behavior **Could it be that black women engage in riskier behavior than white women?**	That's not what the data tell us. While black and white women tend to engage in different kinds of risky behavior, risk-taking seems to be evenly divided. For example, white women drink alcohol more than black women, while black women in LA County smoke more than whites during pregnancy. But the more fundamental point is that risk-taking doesn't explain the gap. Black moms in LA County who do not smoke have worse outcomes than white women who do
Access to health care **Perhaps the fact that black women are less likely to have private insurance, or a car means they are less able to get to prenatal care than whites?**	Once again, this is a real concern, but it doesn't explain the inequality we see in birth outcomes. Data show that black women who had adequate care had worse outcomes than white women who did not.

Preterm Birth by Mother's Race/Ethnicity and Education Attainment
Los Angeles County, 2016

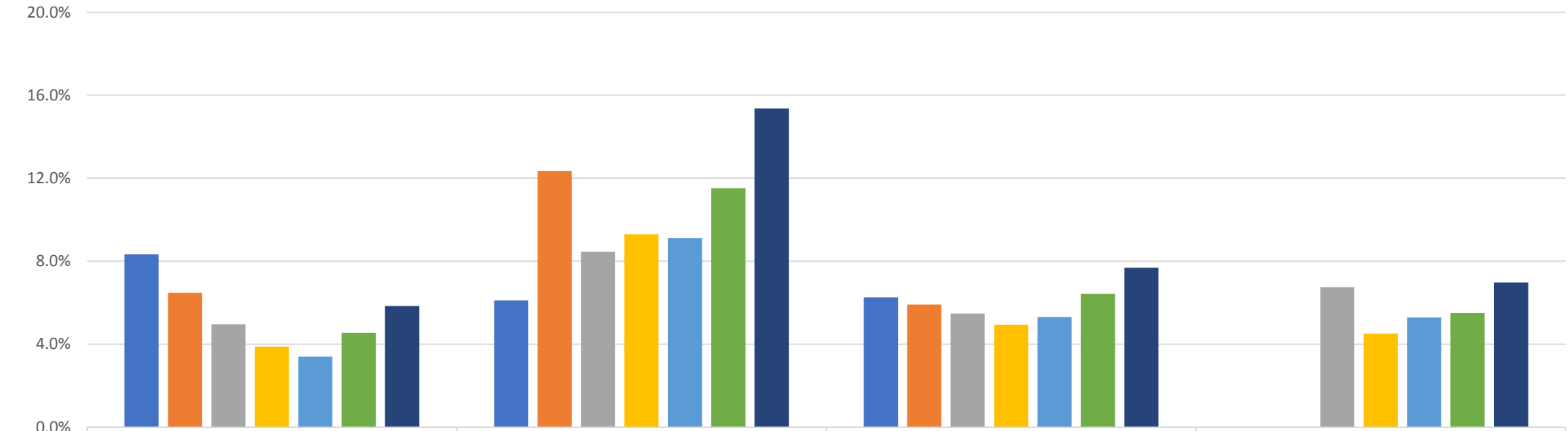


Prevalence of Low Birth Weight Births by Mother's Race/Ethnicity and Smoking Exposure, LAMB 2012&2014



Why do we see these patterns?

A clue: low birthweight by maternal age and race/ethnicity



	White	African American	Latino	Asian
<18	8.3%	6.1%	6.3%	
18 to 19	6.5%	12.4%	5.9%	
20 to 24	5.0%	8.5%	5.5%	6.7%
25 to 29	3.9%	9.3%	4.9%	4.5%
30 to 34	3.4%	9.1%	5.3%	5.3%
35 to 39	4.6%	11.5%	6.4%	5.5%
40+	5.8%	15.4%	7.7%	7.0%

Emerging science suggests a pathway

- Adverse social experience: material hardship and social marginalization (racism, sexism, etc)
  - Psychological stress
    - Fight or flight
      - Cumulative physiological stress
        - Adverse health outcomes, including adverse pregnancy outcomes

Our strategy involves intervention at each step in the path

- **Reduce the sources of stress in women's lives**
- **Help women block the pathway from social stress to physiological stress**
- **Intervene early to reduce the impact of stress on health**

Reduce the chronic stress in women's lives

The plan includes strategies to address:

- Racism, including racism within the health care system
- Poverty, closely linked to racism
- Exposure to violence

- And to take the onus off women themselves for "causing" infant mortality

This is a social problem, NOT an individual failing!

Help women block the pathway from social stress to physiological stress

The plan includes strategies to address:

- Social isolation
- Lack of support
- Women's ability to recognize the signs of stress and respond preventively
- Women's lack of self-confidence, feelings of powerlessness

Intervene effectively to reduce the impact of stress on health

The plan includes strategies to address:

- Preconceptional care/One Key Question©
- Risk reduction
  - Smoking
  - Alcohol
  - Poorly managed prepregnancy medical risk
- Access to needed prenatal medical and mental health care
- Early referral and care for children special health care needs
- Patient-centered care from preconceptional to post partum

Legislative engagement is relevant at each step

- **Reduce the sources of stress in women's lives**
  - **Support for infant/toddler childcare and pre-K, safety net programs**
  - **Commitment to diversity in state and local hiring and contracting**
  - **Criminal justice reform**
  - **Increase low-cost/no-cost higher education programs and technical training**
- **Help women block the pathway from social stress to physiological stress**
  - **Support for diverse programming shaped by local needs**
    - **The CA Perinatal Equity Initiative is exemplary**
- **Intervene early to reduce the impact of stress on health**
  - **State support for health care financing matched to women's needs**
  - **Adequate funding to prevent and treat STI's, including congenital syphilis**

Thank you

And a special thanks to Senator Holly Mitchell for her leadership and support!