

**Elimination of Racial-Ethnic Disparities in Birth Outcomes:
A Life-Course Perspective**

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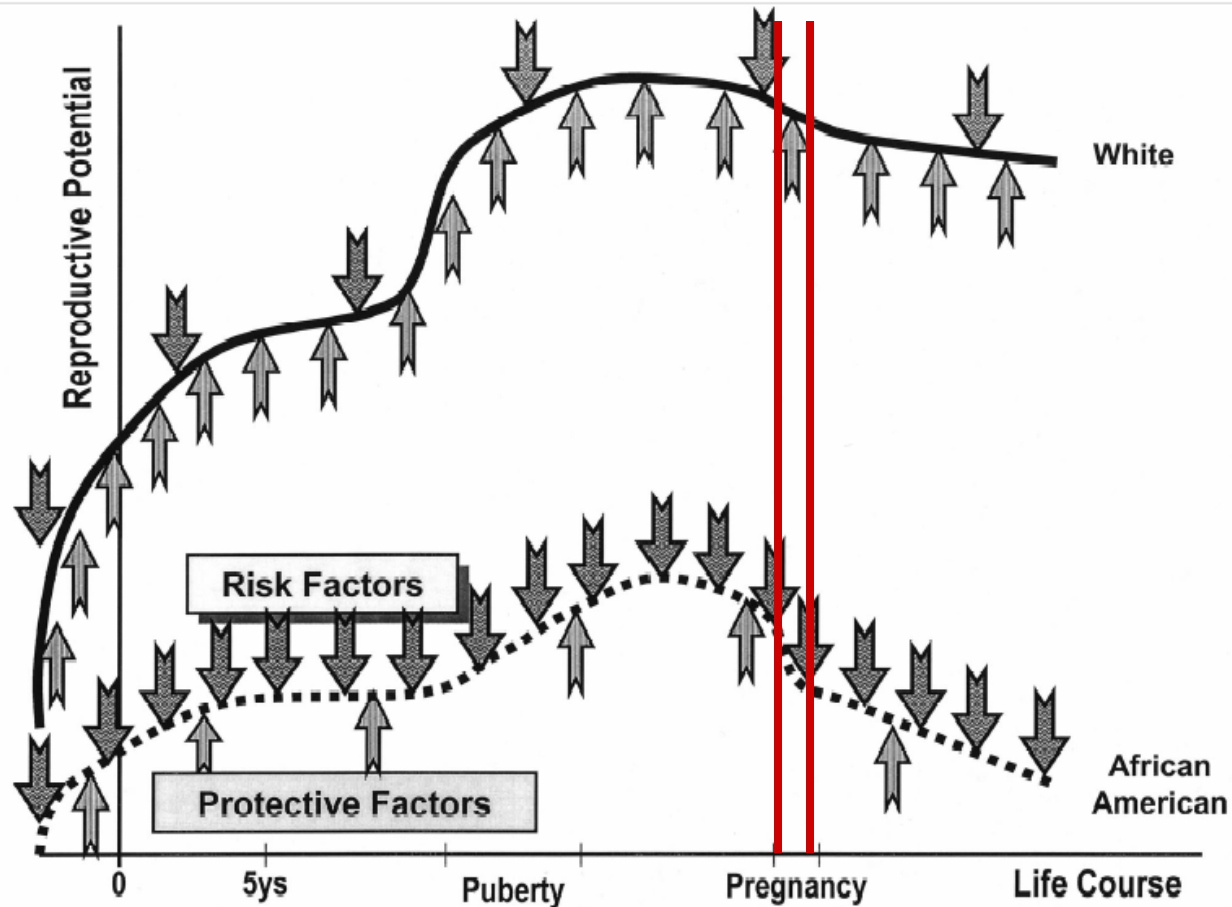
Wisconsin Infant Mortality Summit

May 22-23, 2008

Life-Course Perspective

- A way of looking at life not as disconnected stages, but as an integrated continuum
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Life Course Perspective



Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern Child Health J.* 2003;7:13-30.

Closing the Black-White Gap in Birth Outcomes: A 12-Point Plan

- 1. Provide interconception care to women with prior adverse pregnancy outcomes**
- 2. Increase access to preconception care for African American women**
- 3. Improve the quality of prenatal care**
- 4. Expand healthcare access over the life course**
- 5. Strengthen father involvement in African American families**
- 6. Enhance service coordination and systems integration**
- 7. Create reproductive social capital in African American communities**
- 8. Invest in community building and urban renewal**
- 9. Close the education gap**
- 10. Reduce poverty among Black families**
- 11. Support working mothers and families**
- 12. Undo racism**

Lu MC, Kotelchuck M, Hogan V, Jones L, Jones C, Halfon N. Closing the Black-White gap in birth outcomes: A life-course approach. *Ethnicity and Disease* Forthcoming in 2008.

Closing the Black-White Gap in Birth Outcomes: A 12-Point Plan

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What is Preconception Care?

- A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management.

What Is Preconception Care?

- **Risk Assessment**
 - Reproductive life plan
 - Past pregnancy history
 - Past medical & surgical history
 - Medications & allergies
 - Family & genetic history
 - Social history
 - Behavioral & nutritional assessment
 - Mental health
 - Laboratory testing

- **Health Promotion**
 - Family planning
 - Stress resilience
 - Nutritional preparedness
 - Immune allostasis
 - Healthy environment

- **Medical & Psychosocial Interventions**
 - Individualized for identified risks
 - Preventive services and primary care

Summary of the CDC/ATSDR Select Panel's Recommendations to Improve Preconception Health and Health Care in the United States

- ❑ **Recommendation 1. Individual responsibility across the life span.** Each woman, man and couple should be encouraged to have a reproductive life plan.
- ❑ **Recommendation 2. Consumer awareness.** Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.
- ❑ **Recommendation 3. Preventive visits.** As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.
- ❑ **Recommendation 4. Interventions for identified risks.** Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e. those with evidence of effectiveness and greatest potential impact).
- ❑ **Recommendation 5. Interconception care.** Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birthweight, or preterm birth).
- ❑ **Recommendation 6. Prepregnancy checkup.** Offer, as a component of maternity care, one prepregnancy visit for couples and persons planning pregnancy.
- ❑ **Recommendation 7. Health insurance coverage for women with low incomes.** Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care.
- ❑ **Recommendation 8. Public health programs and strategies.** Integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes.
- ❑ **Recommendation 9. Research.** Increase the evidence base and promote the use of the evidence to improve preconception health.
- ❑ **Recommendation 10. Monitoring improvements.** Maximize public health surveillance and related research mechanisms to monitor preconception health.

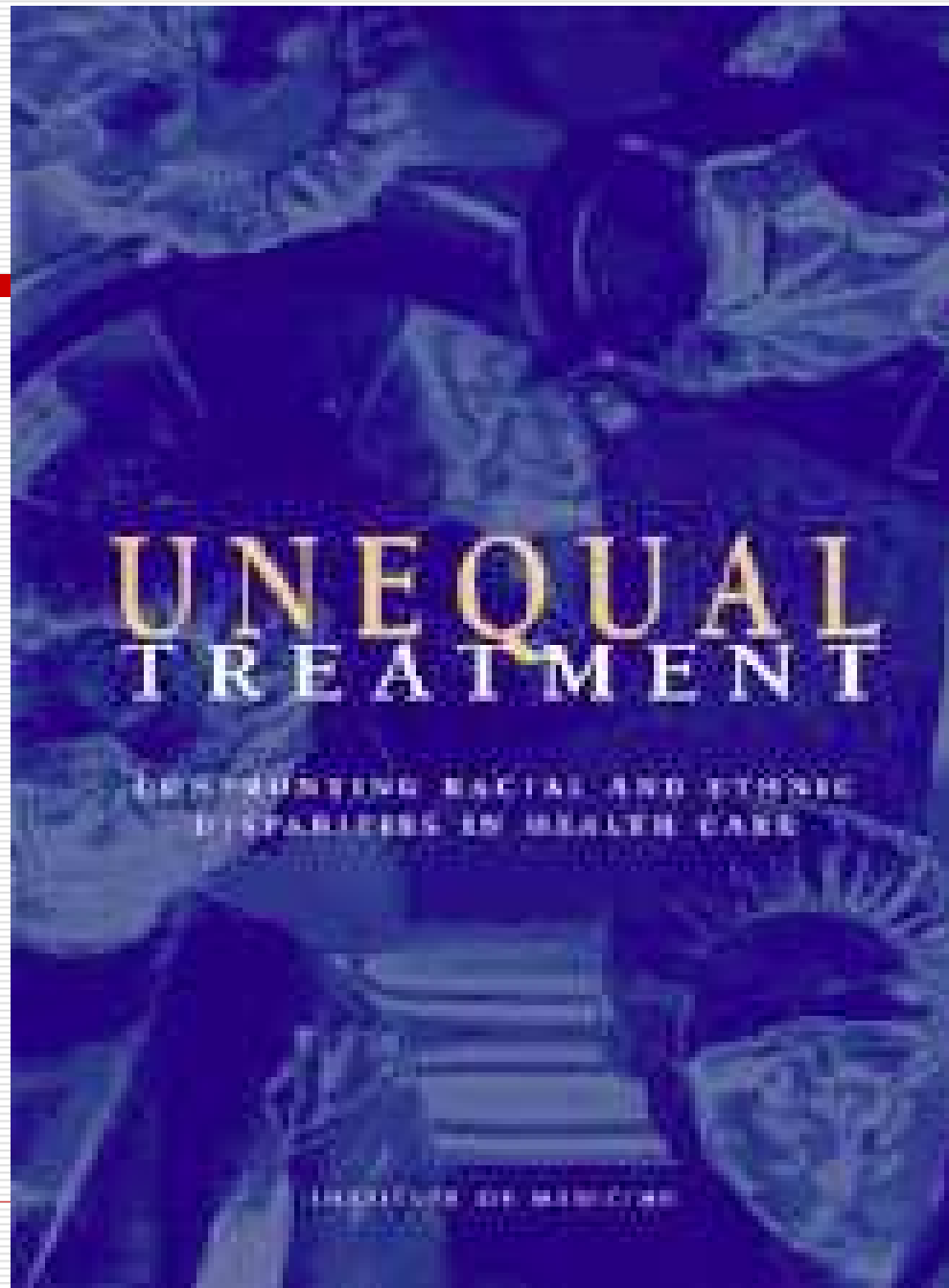
What Is Interconception Care?

- Case example of woman with h/o preeclampsia
x 2
-

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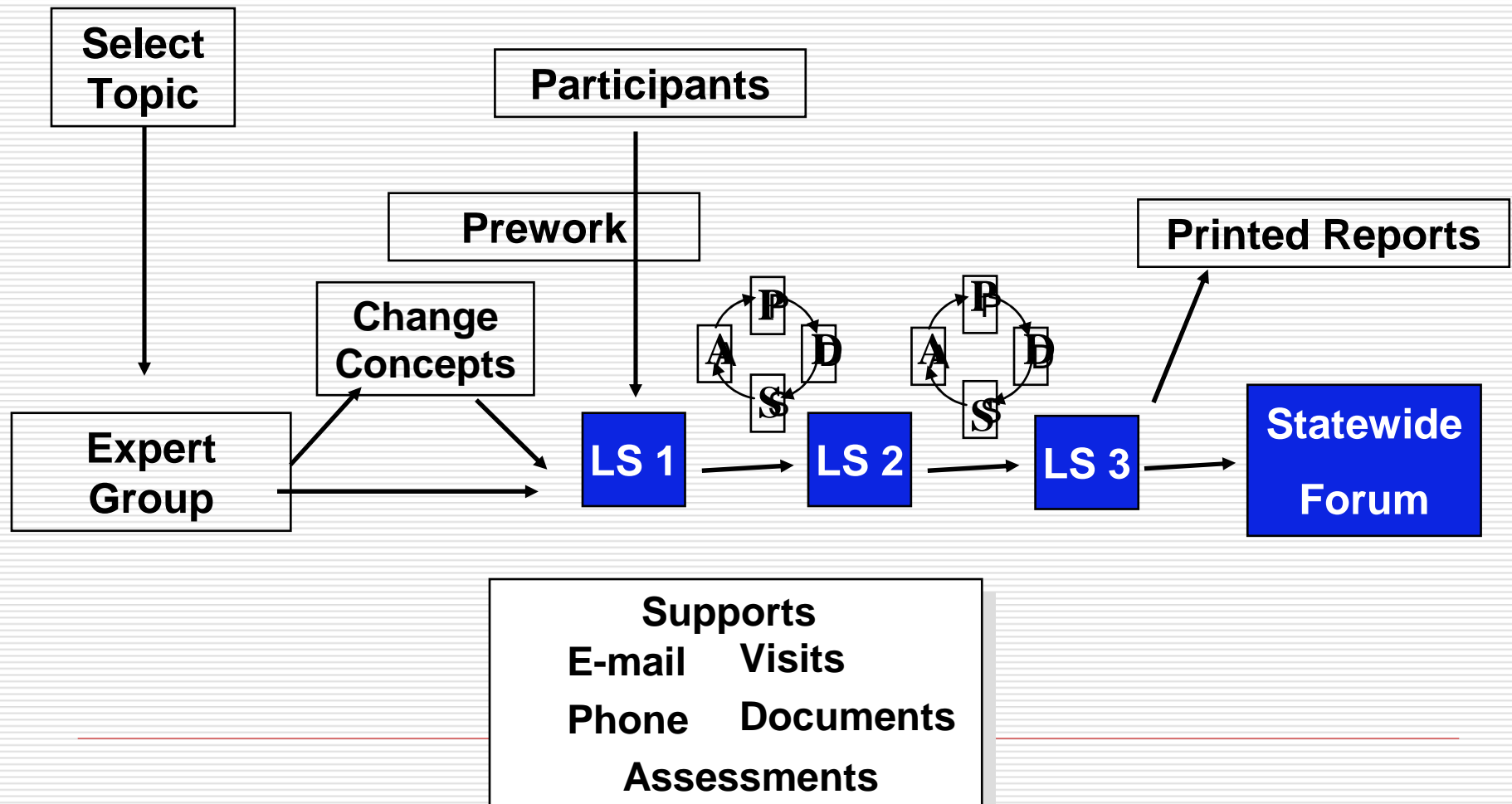
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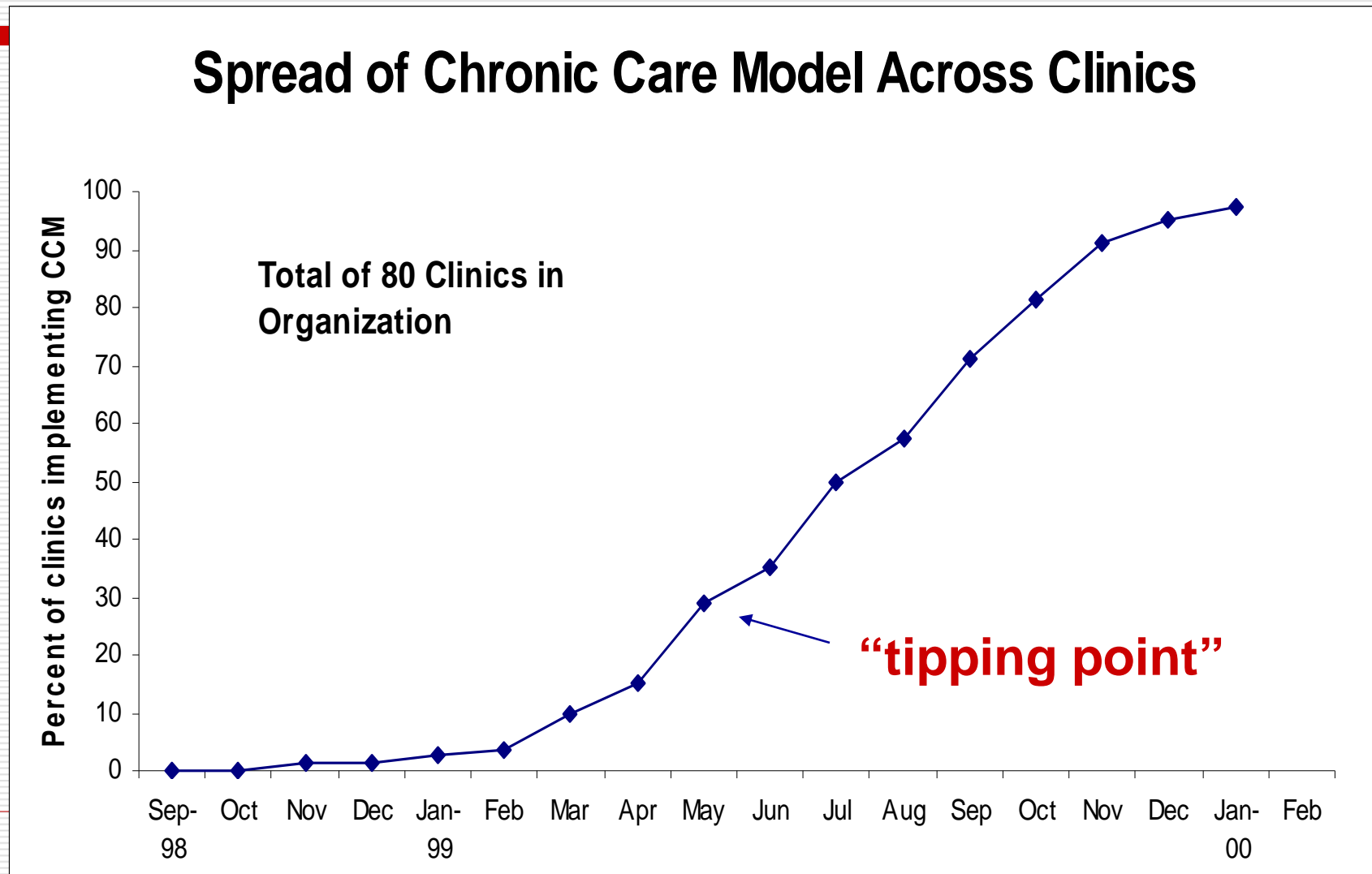
The Breakthrough Series



The Breakthrough Series

- 1) Identify topic for collaborative improvement
- 2) Convene expert group to develop change concepts
- 3) Recruit and prepare collaborative participants
- 4) The collaborative process
- 5) The deployment of knowledge

The “Diffusion Curve”



Prenatal Care

□ Quality improvement

- Smoking cessation
- Nutrition screening and counseling
- Screening for intimate partner violence
- Screening for maternal depression and stress
- Screening and treatment for UTI, RTI, STI, periodontal infections
- Screening and treatment for substance use
- Screening for diabetes
- Cultural competency

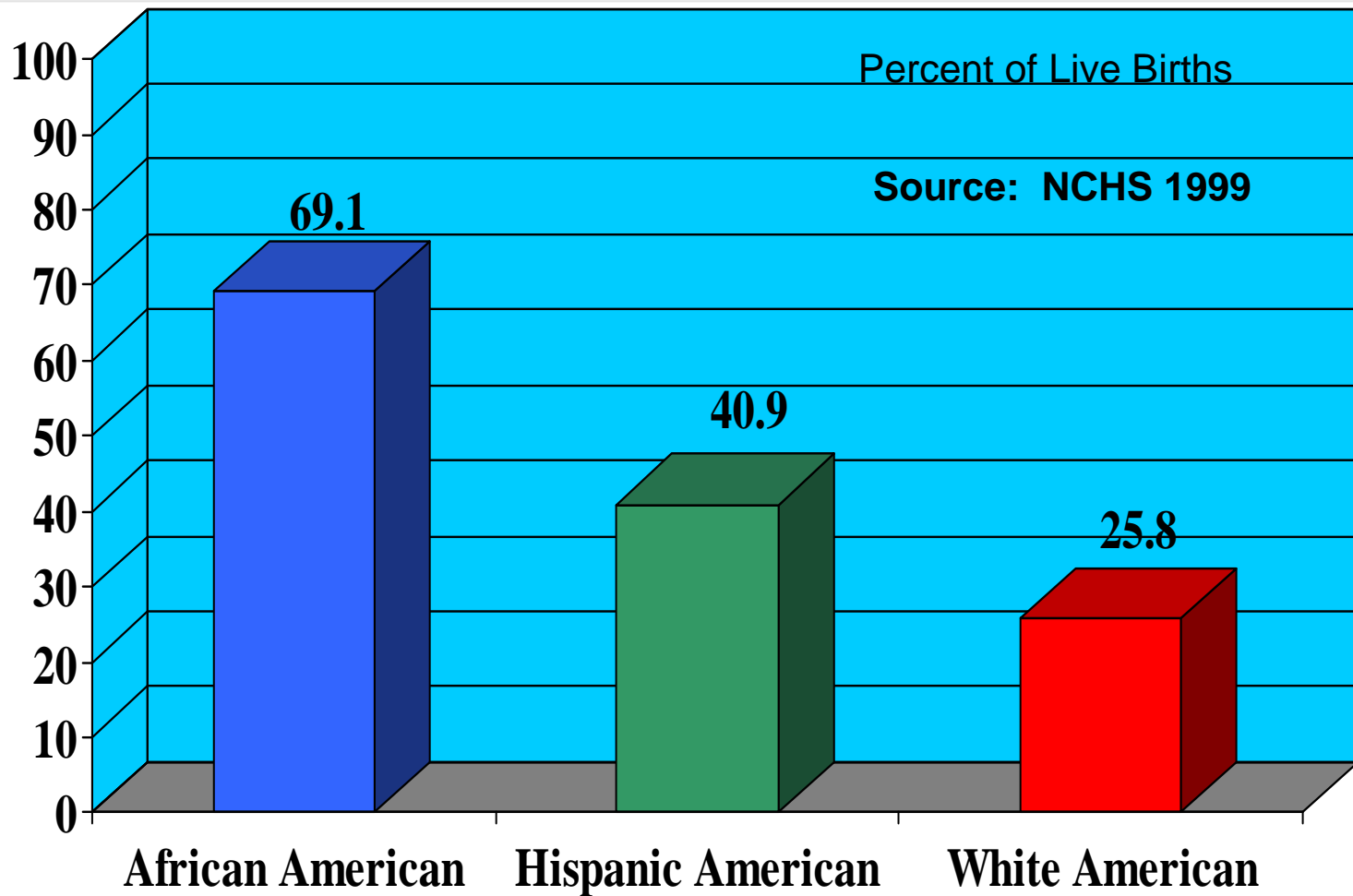
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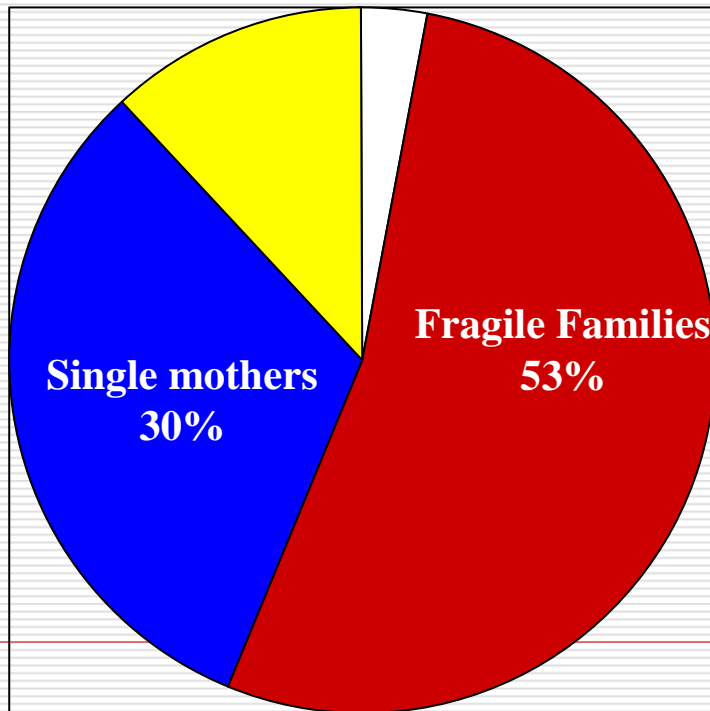
Racial and Ethnic Disparities

Births to Single-Parent Household

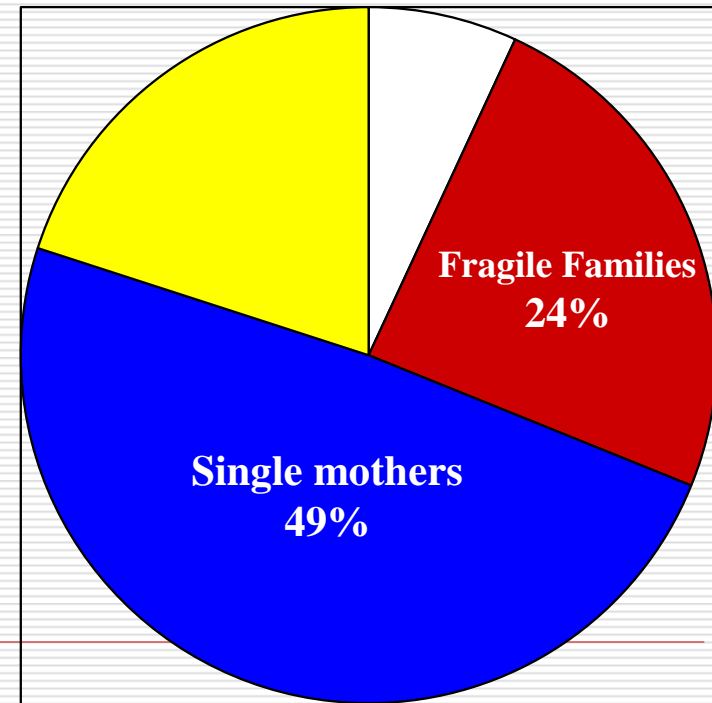


Fragile Families

**Living arrangements of
poor Black infants, 1999**



**Living arrangements of
poor Black children, 1999**



Father Involvement Determinants

- **Individual**
 - Knowledge, attitudes, and skills
 - Human capital (educational & employment status)
- **Interpersonal**
 - Relationship with the mother
 - Relationship with maternal grandmother, mother's new partner, others
- **Institutional & community**
 - Norms, values, expectations
 - Unemployment
 - Incarceration
 - Institutionalized racism
- **Public policy**
 - Temporary Assistance for Needy Families
 - Earned Income Tax Credit
 - Child Support

Father Involvement

An Ecological Approach

- **Individual**
 - Educational programs
 - Employment related services
 - Legal & social services
- **Interpersonal**
 - Gender relations
- **Institutional & community**
 - Norms, values, expectations
 - Full employment economy
 - Criminal justice system
 - Undo racism
- **Society & policy**
 - Temporary Assistance for Needy Families
 - Earned Income Tax Credit
 - Child Support

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Reproductive Social Capital

- Features of social organization (e.g. networks, norms, and social trust) that facilitate coordination and cooperation to promote reproductive health within a community.

Reproductive Social Capital

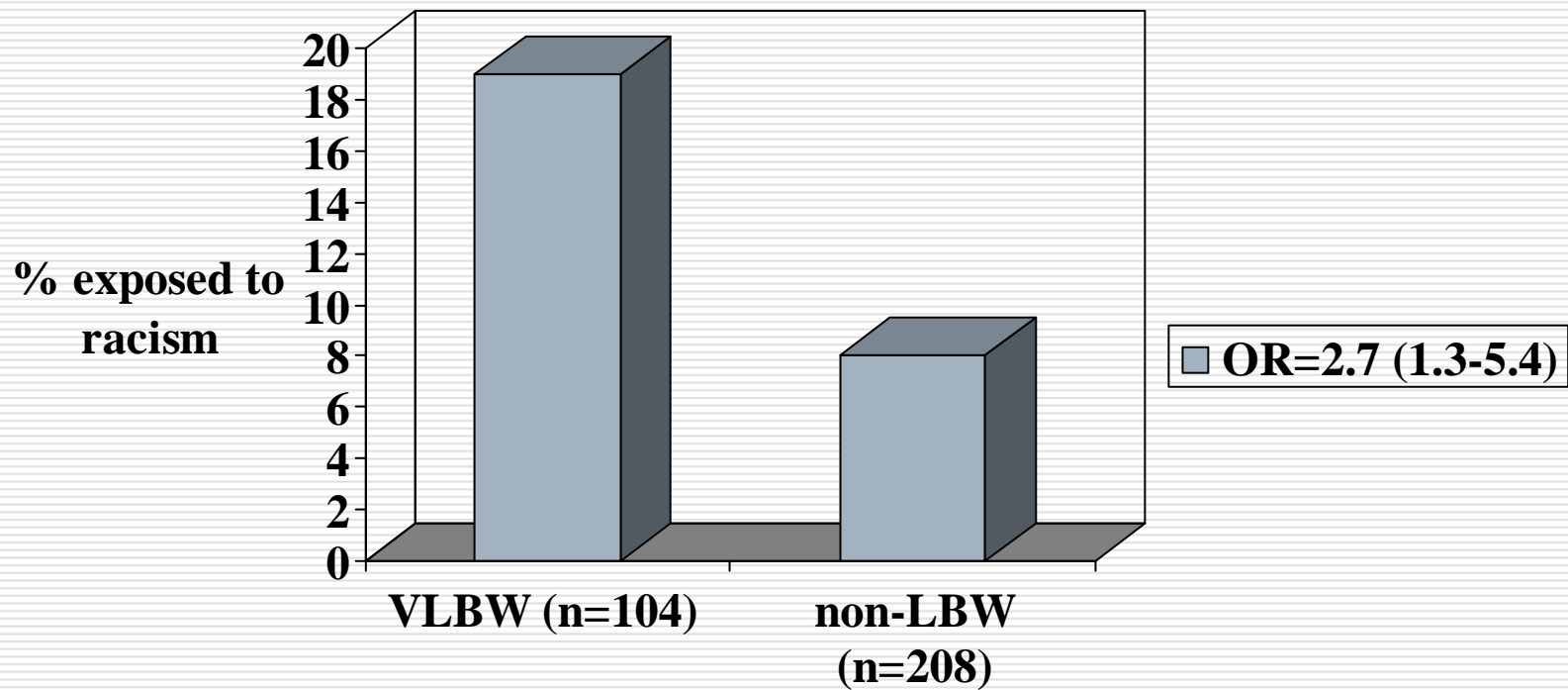
- One Hundred Intentional Acts of Kindness toward a Pregnant Woman

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MATERNAL LIFETIME EXPOSURE TO INTERPERSONAL RACISM IN 3 OR MORE DOMAINS AND INFANT BIRTH WEIGHT
(Collins et al, AJPH, 2004)



Going Public

Levels of Racism: A Theoretic Framework and a Gardener's Tale

Camara Phyllis Jones, MD, MPH, PhD

ABSTRACT

The author presents a theoretic framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences.

She then presents an allegory about a gardener with 2 flower boxes, rich and poor soil, and red and pink flowers. This allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (*Am J Public Health*. 2000;90:1212–1215)

Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of the differences, many scientists either adjust for race or restrict their studies to one racial group.¹ Ignoring the etiologic clues embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates ideas of biologically determined differences between the races.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge, and this racial classification has a profound impact on daily life experience in this country. That is, the variable "race" is not a biological construct that reflects innate differences,^{2,4} but a social construct that precisely captures the impacts of racism.

For this reason, some investigators now hypothesize that race-associated differences in health outcomes are in fact due to the effects of racism.^{5,6} In light of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010,^{7,8} it is important to be able to examine the potential effects of racism in causing race-associated differences in health outcomes.

Levels of Racism

I have developed a framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences. In this framework, *institutionalized racism* is defined as differential ac-

cess to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.

Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one's own history), resources (including wealth and organizational infrastructure), and voice (including voting rights, representation in government, and control of the media). It is important to note that the association between socioeconomic status and race in the United States has its origins in discrete historical events but persists because of contemporary structural factors that perpetuate those historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country.

Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others accord-

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