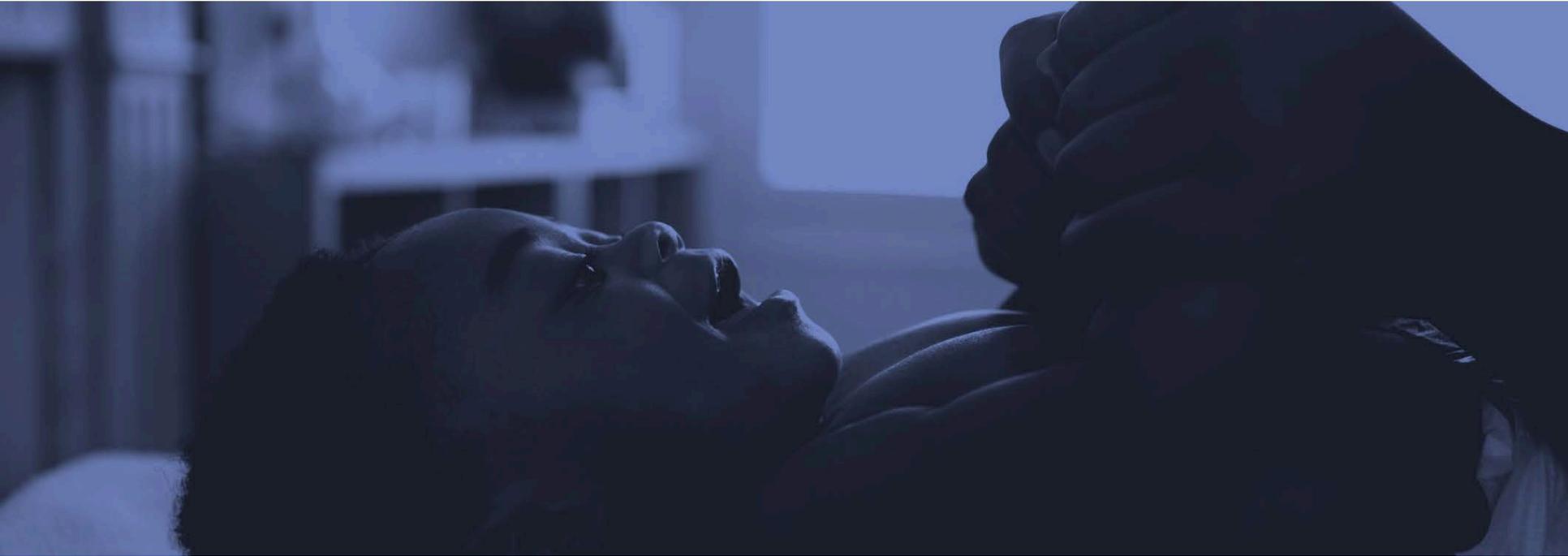


NATIONAL BIRTH EQUITY COLLABORATIVE



Health Equity to Address Black Infant Mortality

Joia Crear-Perry MD, Founder/President

National Birth Equity Collaborative

birth equity (*noun*):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

Learning Objectives

Define Birth Equity through a human rights, health equity and reproductive justice lens

Examine and identify Social Determinants of Health Inequities associated with infant mortality

Better understand examples of policy and service improvements for equity in birth outcomes

Discuss how to use data to impact change in Community Action Networks

Mission

To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal

Reducing black infant mortality rates by 25% in the next 5 years in cities with the highest numbers of Black infant deaths and to reduce Black IMR to at or below the national average in these sites in the next 10 years.



NATIONAL BIRTH EQUITY COLLABORATIVE

*Our vision is that every Black infant
will celebrate a healthy first
birthday.*

NBEC Programs

Safe Landing
Birth Equity Solutions
Black Mamas Matter
Campaign for Black Babies

Safe Landing

High-risk Home Based Intervention for NICU Babies

Safe Landing is NBEC's home-based intervention model targeting at-risk infants leaving the Neonatal Intensive Care Unit (NICU). Facilitators provide culturally appropriate support to at-risk families through the infants' first birthdays by conducting regular home visits, connecting families to social services.

Providing training in culturally appropriate home-visitation practices to home visitation staff working through insurance companies and managed Medicaid providers.

Birth Equity Solutions

NBEC works with organizations, communities and stakeholders to develop and implement strategies to achieve birth equity goals. We provide training and technical assistance for organizations that value community voices and strive to improve the lives of Black families.

- Maternal Mortality (PAMR)
- Infant Mortality (FIMR)
- Reproductive Justice
- Family Health/Family Planning
- Focus Groups and Interviews
- Messaging and Social Marketing
- Community Engagement
- Organizing/Advocacy
- Health Policy
- Anit-Racism and Equity Workshops

Focus Groups

Safe Sleep Rebranding Campaign

In Cleveland, Ohio and New York City we have partnered with the Health Departments to evaluate and rebrand safe sleep messaging in the community. Pregnant women, expecting fathers and influencers gathered to share meaningful experiences and perspectives

Focus Groups

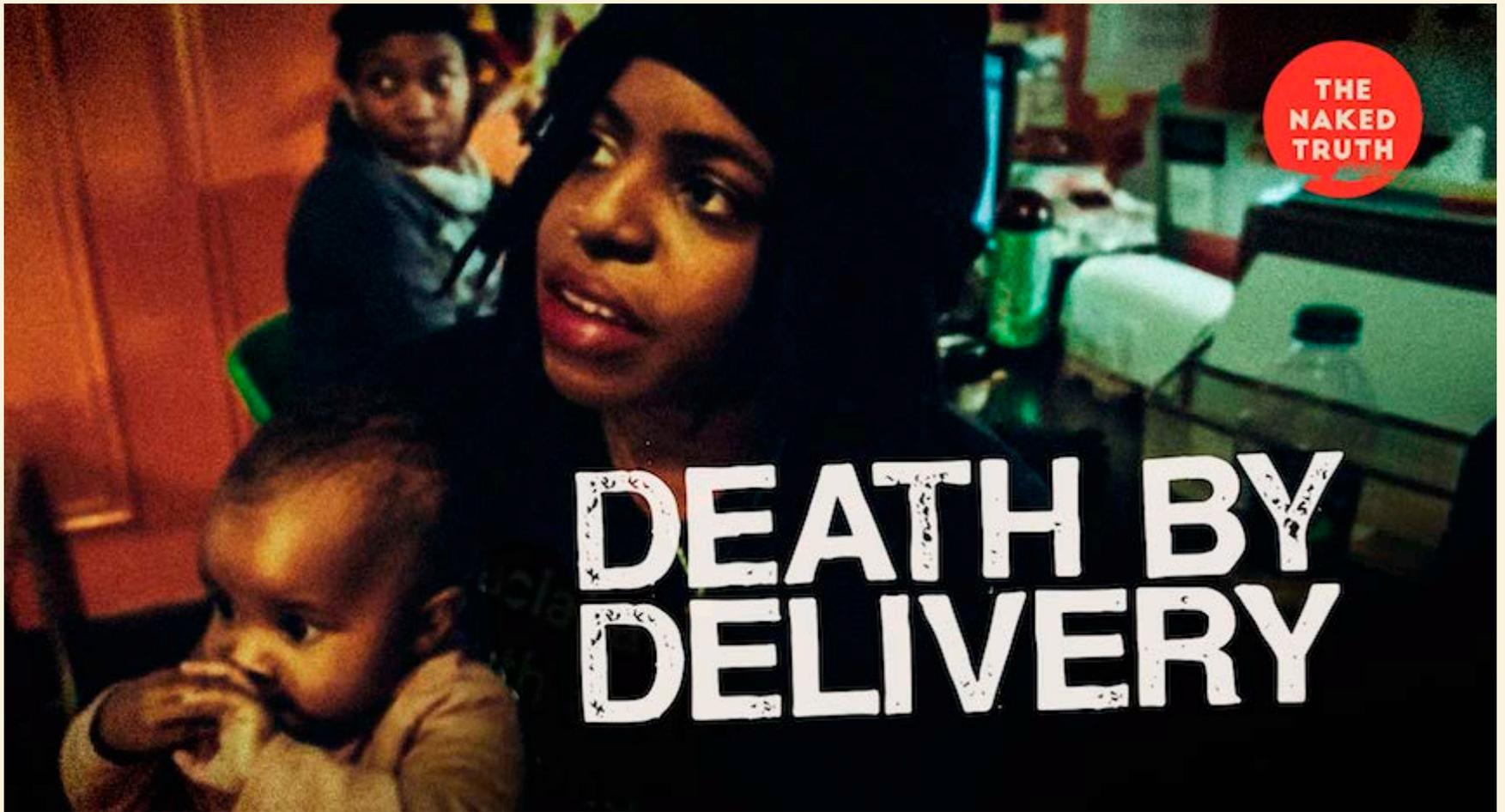
- Community engagement
- Real-time feedback
- Valuable input
- New data
- Continuous relationship and coalition building

Black Mamas Matter

Black Mamas Matter is a Black women-led cross-sectoral alliance. We center Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice.



The Naked Truth: Death by Delivery



Campaign for Black Babies

As the primary thrust of NBEC's goal, the Campaign involves innovative research, parent-centered collaboration, and advocacy to effectively reduce Black infant mortality in the cities with the highest burden of Black infant death.

Look at the Whole Me

*Campaign for Black Babies
Peer Reviewed Journal Article
Released May 2017*

Campaign Activities

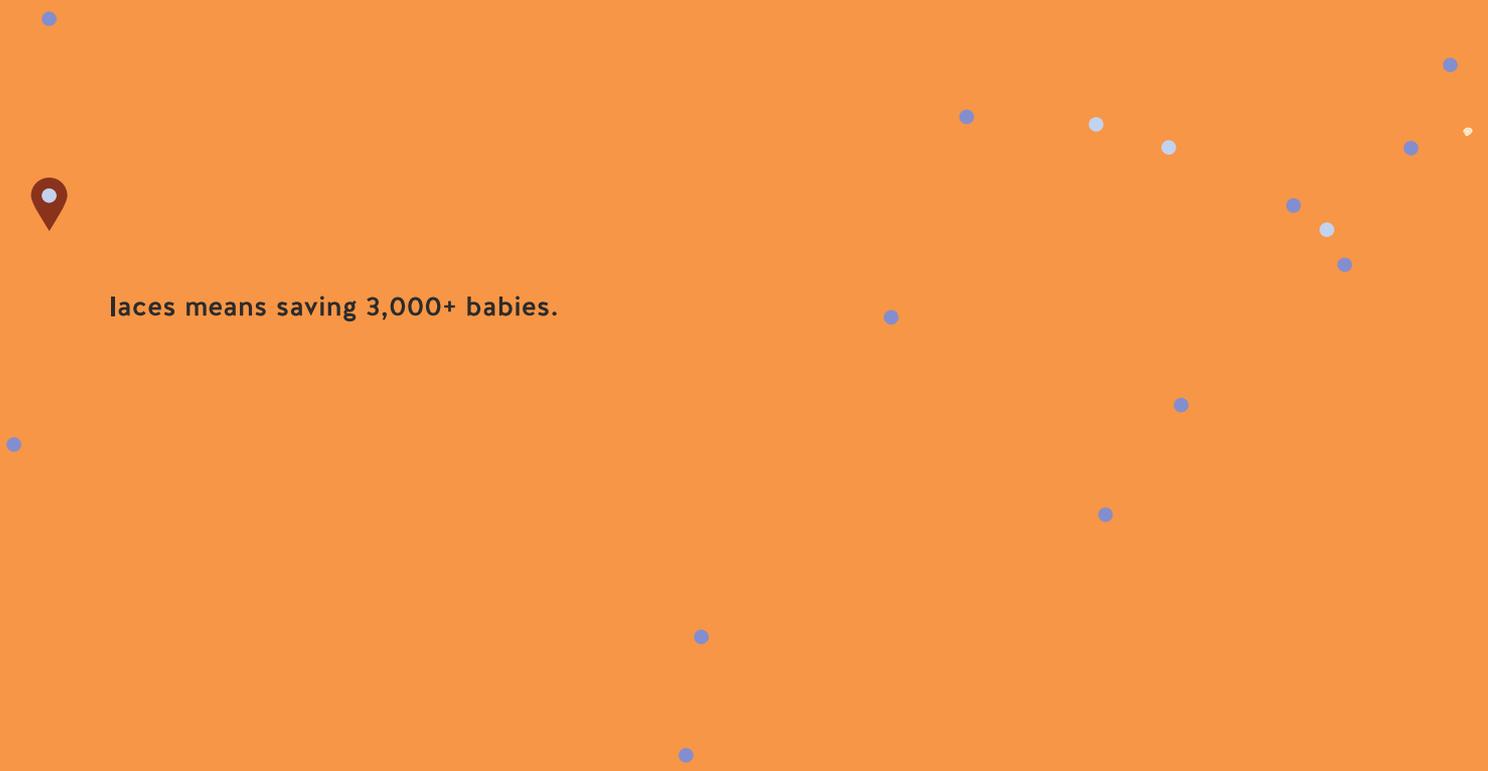
Active Campaign Sites: Baltimore, Chicago, Cleveland, Detroit, Memphis, Mississippi, New Orleans

- Center the voices and experiences of Black women and families
- Conduct innovative and rigorous independent research informing a national report to be released to local stakeholders, and policy-makers
- Encourage collaboration by convening local and national stakeholders committed to disaggregating data, customizing strategies, and advocating for systems change
- Promote evidence-based culturally appropriate interventions effectively reducing Black infant mortality.

Campaign Sites



laces means saving 3,000+ babies.



A photograph of two women sitting at a table in a modern office or meeting space. The woman on the left is wearing glasses and a patterned top, looking towards the other woman. The woman on the right is holding a tablet and looking at it. There are notebooks, a coffee cup, and a small plant on the table. The background shows a large window with a grid pattern and a railing. The entire image has a blue tint.

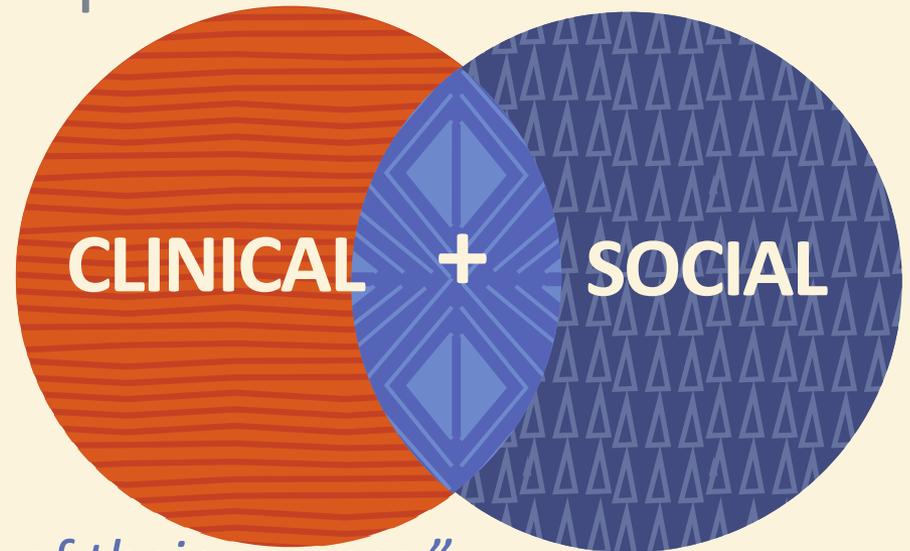
Methodology

NBEC Focus

- Human Rights Framework applied
- Reproductive Justice
- Dismantling systems of power and racism
- Education on SDHI

“Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success.”

– Arthur James, M.D.



Human Rights – The Global Standard

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to a **standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

Reproductive Justice

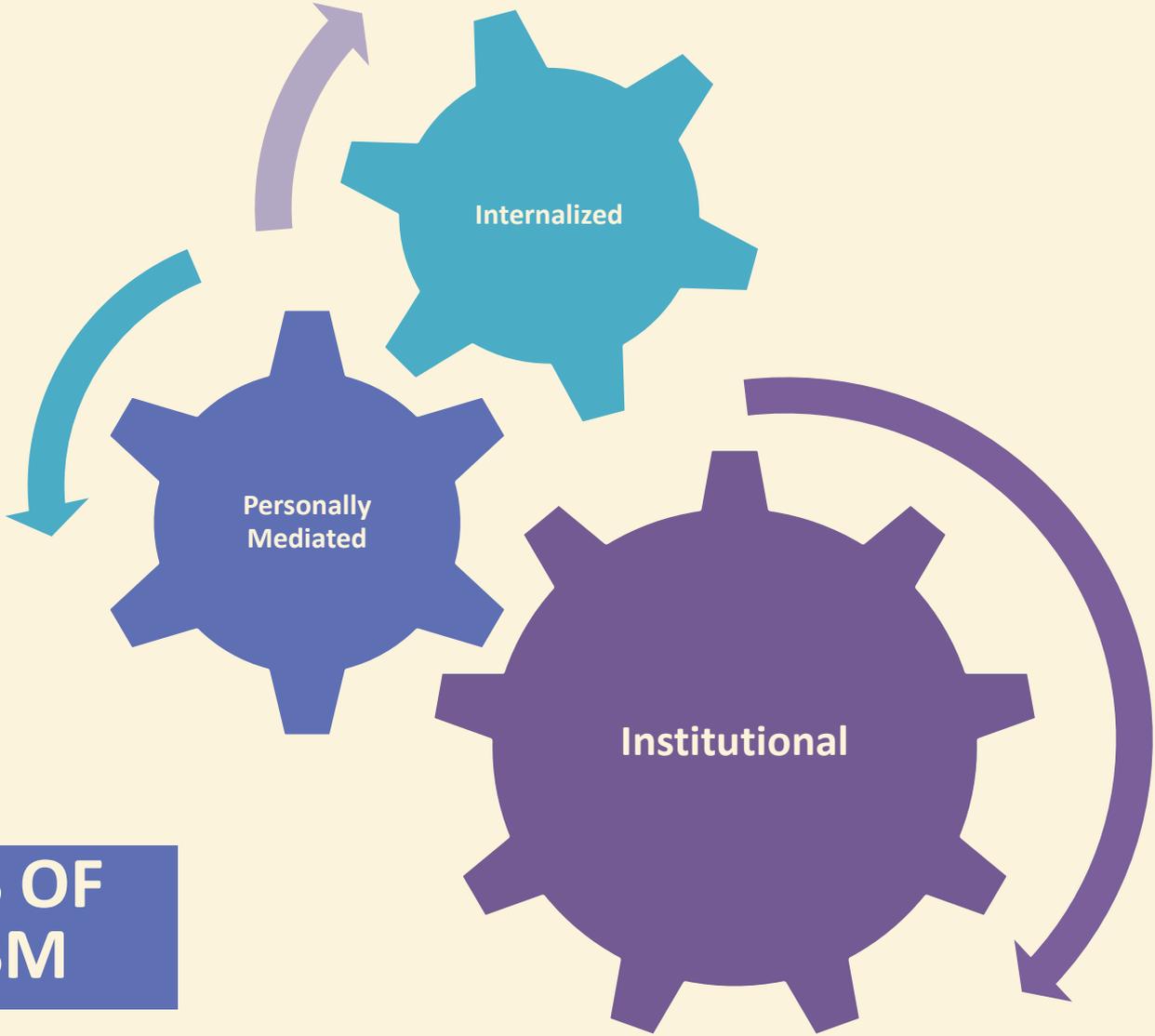
What is RJ?

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities

To achieve, we must...

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities

**LEVELS OF
RACISM**



- Institutionalized racism- the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.
- Personally mediated - the differential assumptions about the abilities, motives and intentions of others by race.
- Internalized racism - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.
- Camara Jones, MD, PhD, Past President APHA

The effects of whiteness on the health of whites in the USA

Jennifer Malat, Sarah Mayorga-Gallo, David R. Williams

Combining the “concept of whiteness” - a system that socially, economically and ideologically benefits European descendants- with other research to determine the social factors that influence whites’ health.

Whiteness and health:

- Societal conditions
- Individual social characteristics and experiences
- Psychosocial responses

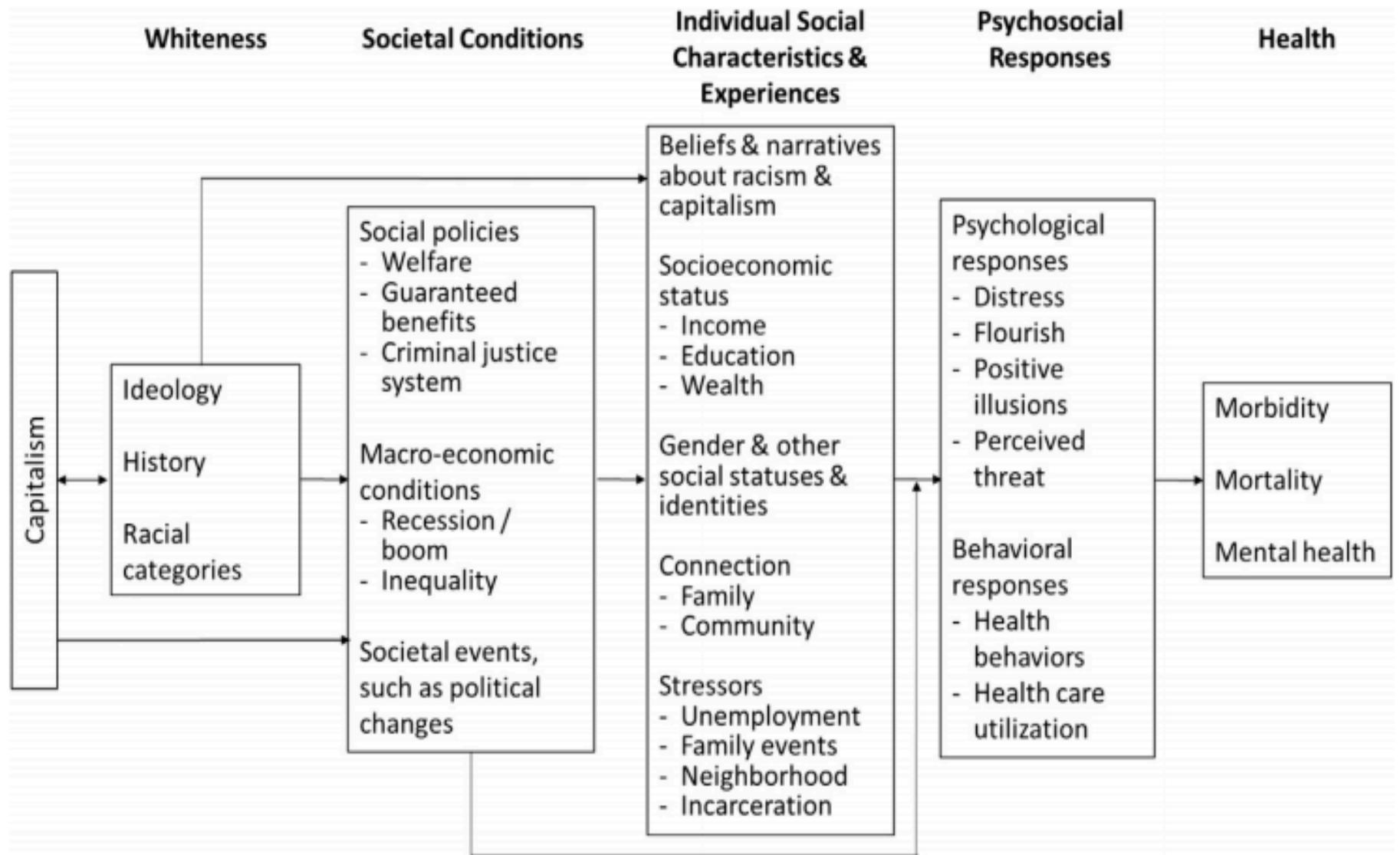


Fig. 1. Framework describing the relationship between whiteness and health.

The effects of whiteness on the health of whites in the USA

Positive Health Consequences

- “Positive illusions” and beliefs of American meritocracy promote self-enhancement and extend longevity
- Psychological benefits from economic and social policies that favor dominant culture

Negative Health Consequences

- Perceptions of white victimhood are common
 - 57-62% of white Americans believe that life has changed for the worse since the 1950s
 - 50-60% believe that discrimination against whites is as big of a problem as discrimination against blacks in the USA
- Unmet expectations for success cause high levels of psychological distress
- Lack of redemption narratives and coping mechanisms

Implicit bias (noun):

1. Bias is the “implicit” aspect of prejudice...[the] unconscious activation of prejudice notions of race, gender, ethnicity, age and other stereotypes that influences our judgment and decision-making capacity.

Devine, 1989

Implicit Bias

- **Bias is inherent**
 - Our perceptions of reality are built from personal experience, media messaging, rearing, societal norms, and stereotypes
 - Unconscious assumptions about an other skew our understanding, unintentionally affecting actions and judgments

Moving Forward

Concerted efforts to move forward

- Reframe implicit bias as an unintentional and unconscious habit
- This allows us to focus on mindfulness in pursuit of conscious, deliberate behavior change

Testing for Bias

Implicit Association Test (IAT)

- Anthony Greenwald (1998)
- Cannot measure bias by introspection
- Tool measures quickness of responses as association to certain concepts

Patricia Devine and colleagues successfully used the IAT in “Long-term reduction in implicit race bias: A prejudice habit-breaking intervention”

Assessing Bias

IAT (baseline, midpoint, post)

- Cognitive tasks
- Spontaneous stereotypic responses
- Detecting and understanding stereotypic responses
- Case studies

Decreasing Bias

Strategies

- Stereotype replacement
- Thinking of counter-stereotypic examples
- Individualizing instead of generalizing
- Perspective taking/“Walking in their shoes”
- Increasing opportunities for bias

Results

- Does not change racial attitudes or motivations to respond without prejudice
- Participants were more concerned and aware of discrimination and their own personal bias

Root Causes

Institutional Racism

Class Oppression

Gender Discrimination and Exploitation

LABOR MARKETS

TAX POLICY

Power and Wealth Imbalance

HOUSING POLICY

EDUCATION SYSTEMS

GLOBALIZATION & DEREGULATION

SOCIAL SAFETY NET

SOCIAL NETWORKS

Safe Affordable Housing

Job Security

Social Determinants of Health

Living Wage

Quality Education

Transportation

Availability of Food

Social Connection & Safety

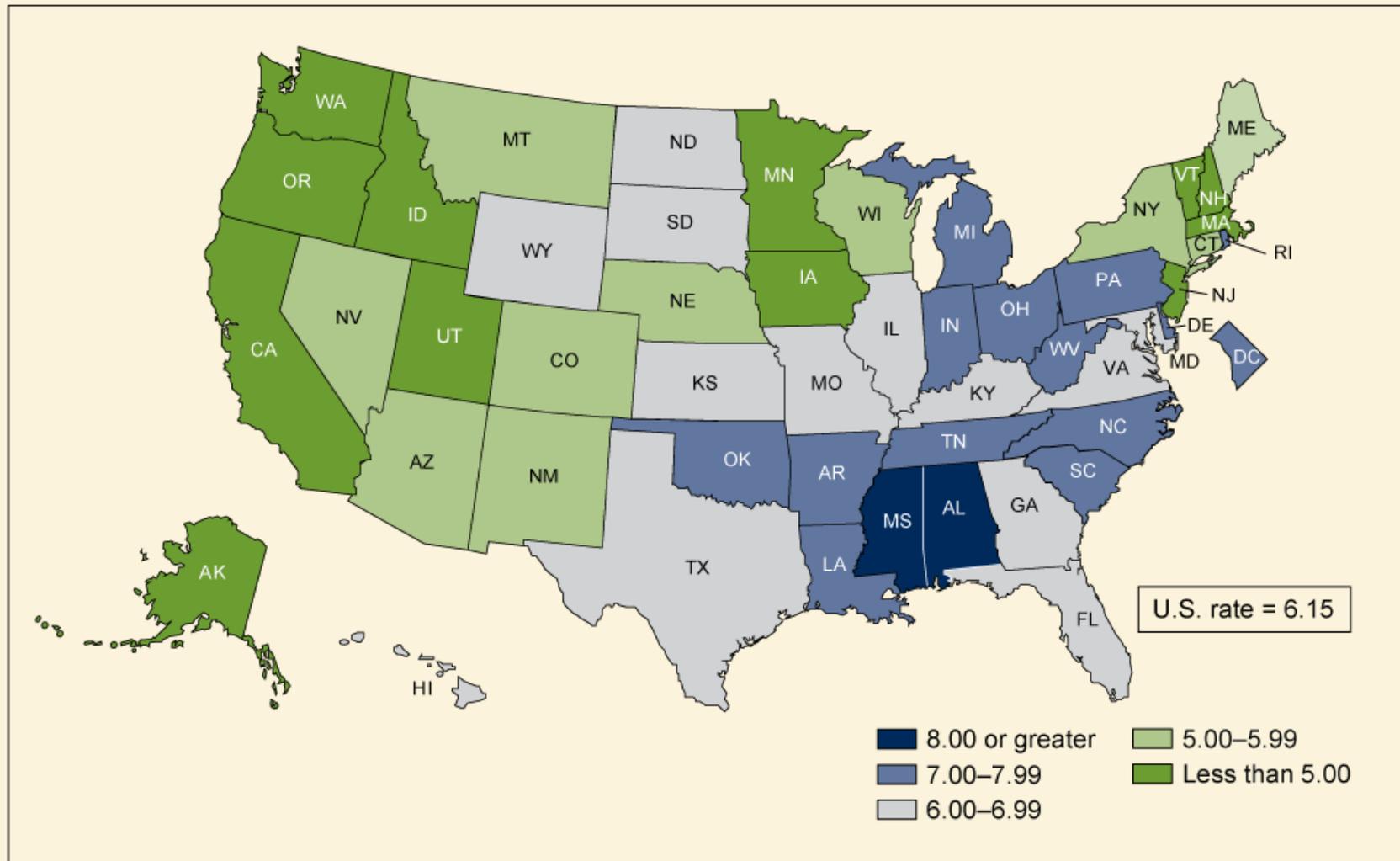
Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice*.

Infant Mortality Rate, U.S.

Figure 5. Infant mortality rates, by state: United States, 2010

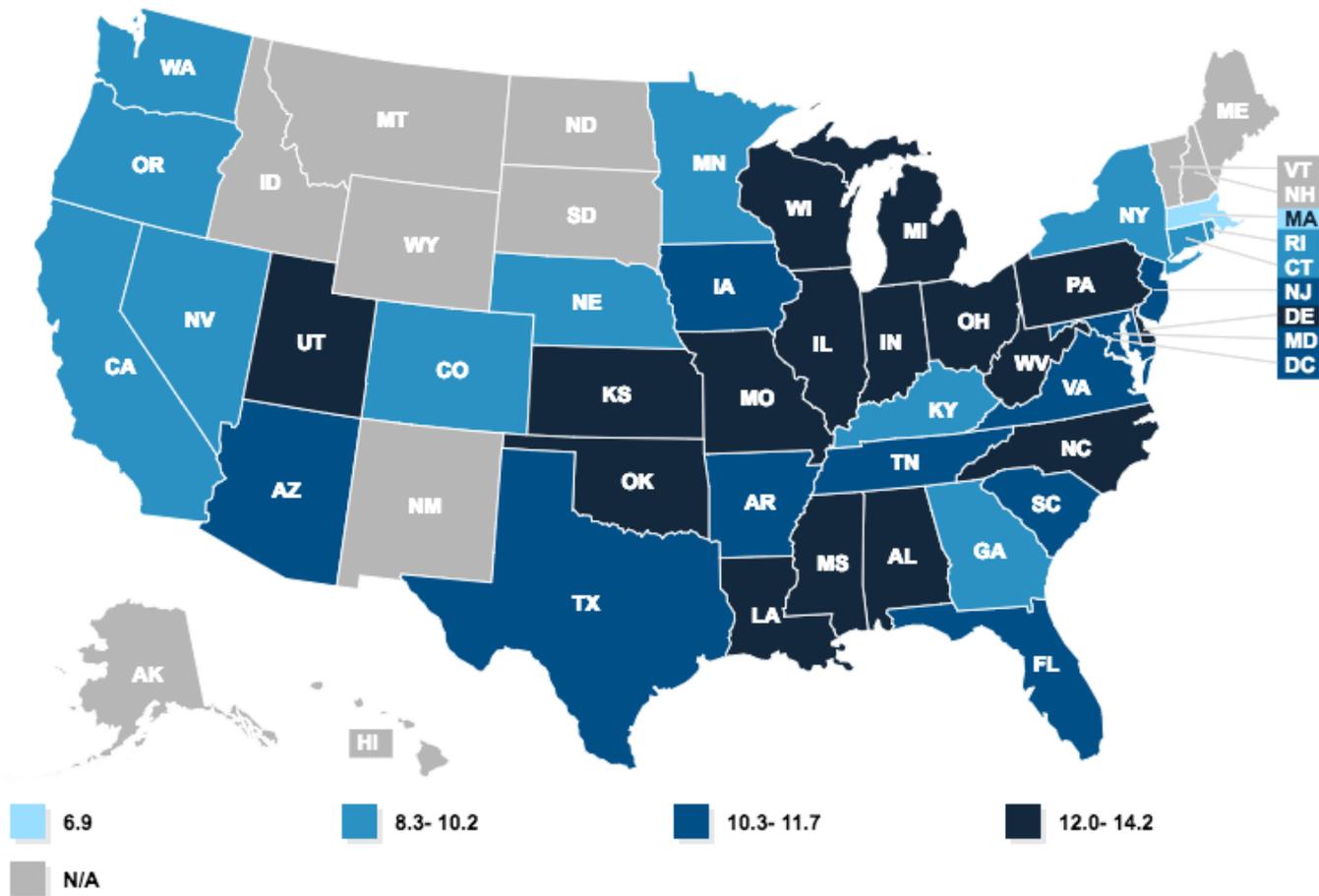


NOTE: Access data table for Figure 5 at: http://www.cdc.gov/nchs/data/databriefs/db120_table.pdf.

SOURCE: CDC/NCHS, National Vital Statistics System, mortality data set.

Black Infant Mortality

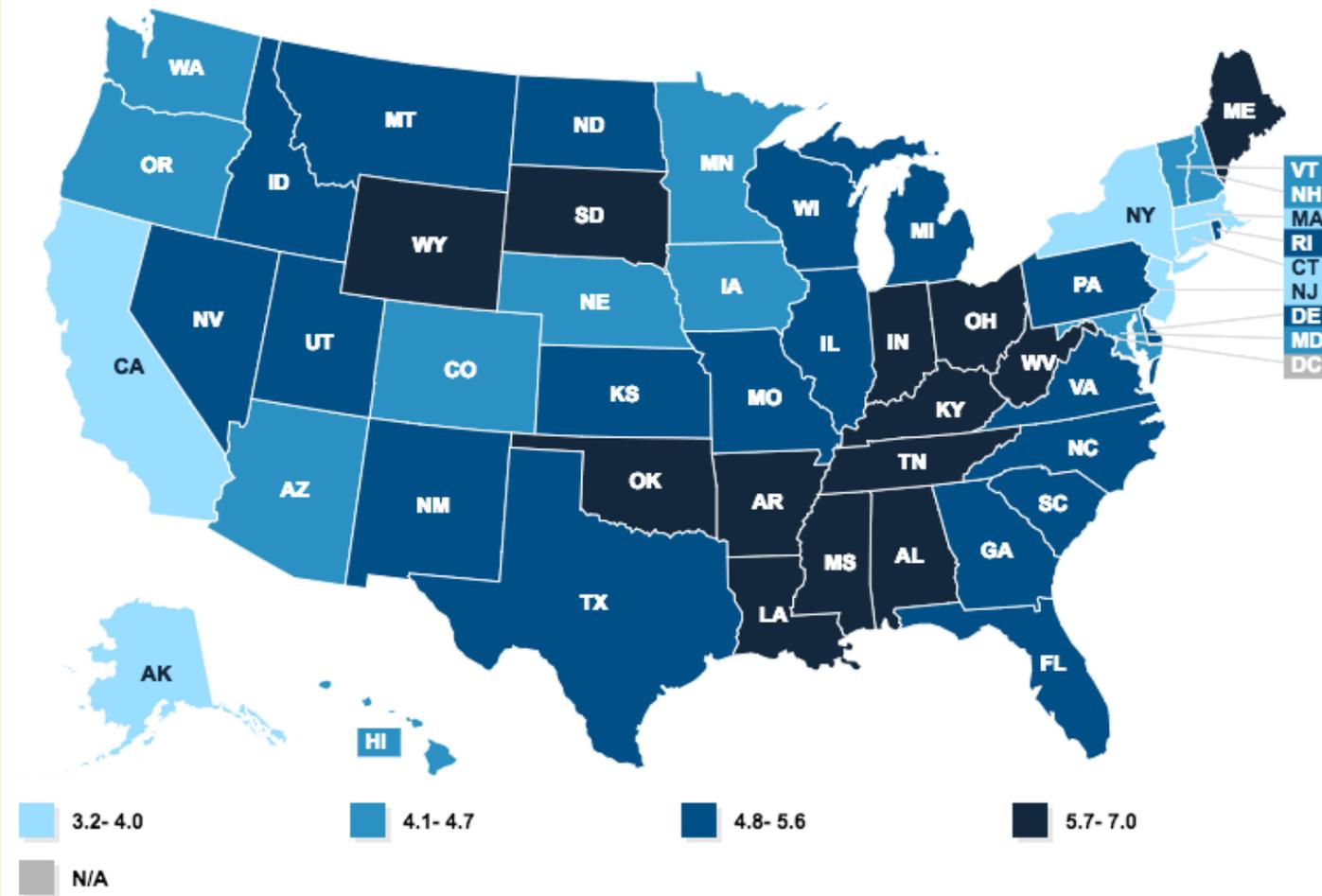
Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity: Non Hispanic Black, 2011-2013 (Linked Files)



SOURCE: Kaiser Family Foundation's State Health Facts.

White Infant Mortality

Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity: Non Hispanic White, 2011-2013 (Linked Files)



SOURCE: Kaiser Family Foundation's State Health Facts.

A blue-tinted photograph of a Black woman smiling and holding a baby, with another person looking on. The image is centered around the text 'Campaign for Black Babies'.

Campaign for Black Babies

Leading Causes of Infant Death

1

Sudden Unexpected
Infant Death Syndrome

2

Congenital
Malformations

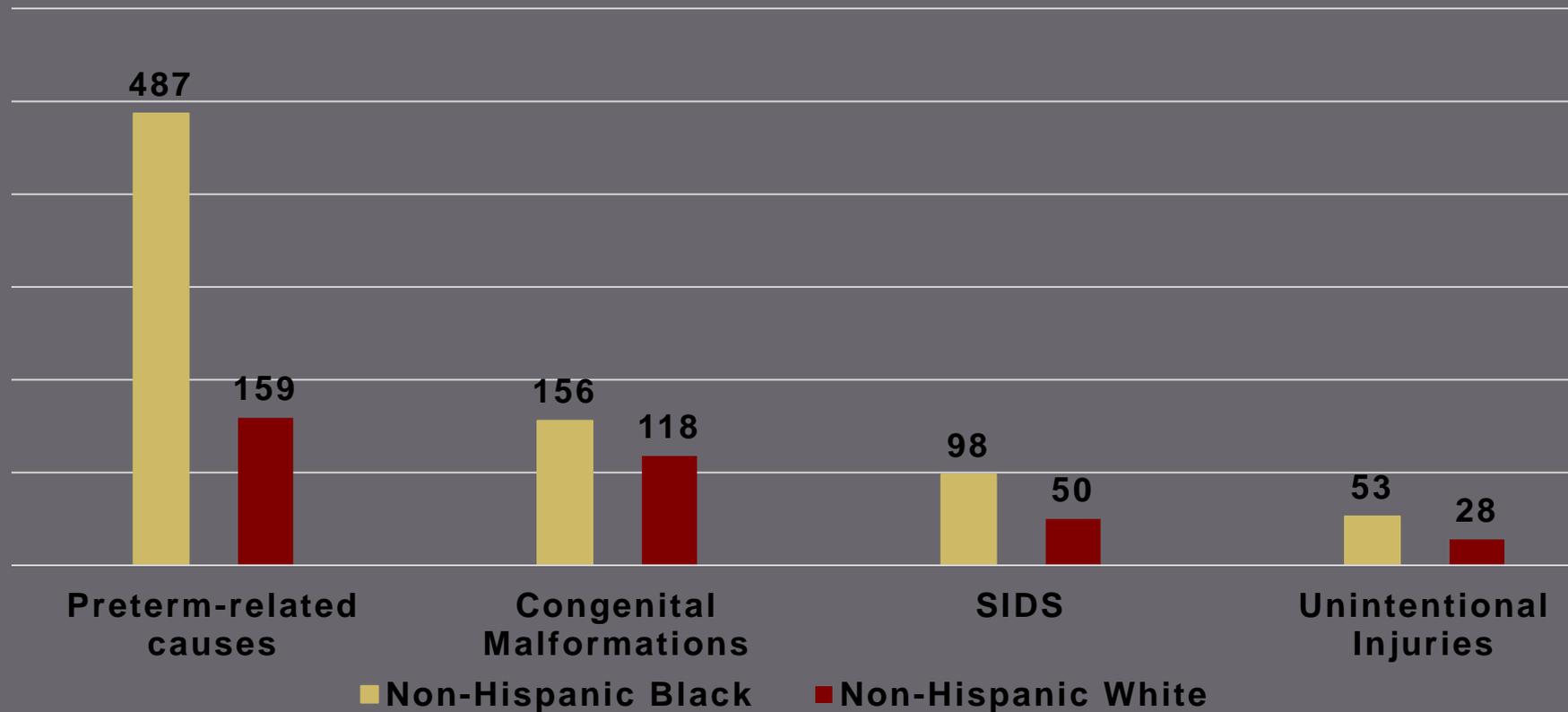
3

Preterm
Related Conditions

Disparities in Infant Mortality in the U.S.

Infant Mortality Rates for Selected Causes of Death Among Non-Hispanic Black and Non-Hispanic White Mothers, 2010

Infant mortality rate per 100,000 live births



Maternal Interviews

Question Topics

- Trauma
 - Medical History
 - Race/Racism
 - Transportation
 - Housing/Community
 - Clinical Care
 - Economic Insecurity
 - Criminalization and Reproductive Justice
 - Support and Connectedness
 - Grieving and Counseling
- We used a traditional qualitative analysis methods; transcription, codification, analysis, maintaining confidentiality for the participants

Birth Equity Index

Data tool to identify significant social determinants

- *A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:*
 - *prevalence of smoking and obesity among adult residents*
 - *number of poor physical and mental health days experienced by residents*
 - *percentage of residents with limited access to healthy foods*
 - *rates of homicide and jail admissions*
 - *air pollution*
 - *racial residential segregation (isolation)*
 - *rates of unemployment and low education among NH black residents*
 - *income inequality between black and white households*
- *We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.*

Birth Equity Index

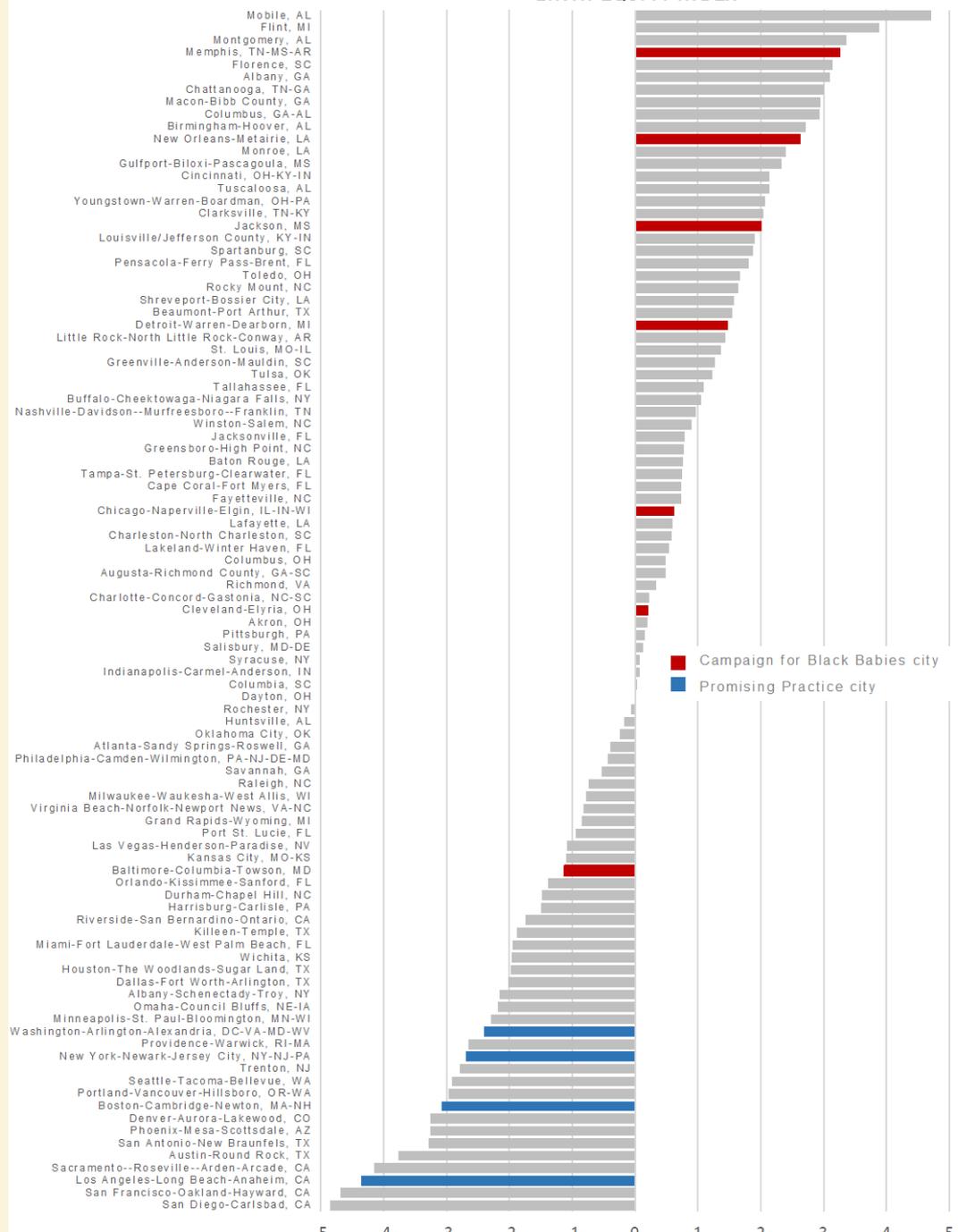
Table 1. Indicator description and data source.

Indicator	Definition	Source and year
Education	% of NH Black residents age 25 and older with less than a high school education	American Community Survey, 2009-2013 5-year estimate
Unemployment	% of NH Black residents in the civilian labor force who are unemployed	American Community Survey, 2009-2013 5-year estimate
Residential segregation	Isolation index ranging from 0 (complete integration) to 1 (complete segregation)	Census, 2010
Adult smoking	% of the adult population that currently smokes	BRFSS, 2006-2012 average
Poor mental health days	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	BRFSS, 2006-2012 average
Poor physical health days	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	BRFSS, 2006-2012 average
Adult obesity	% of adults that report a BMI of ≥ 30	CDC Diabetes Interactive Atlas, 2011
Limited access to healthy foods	% of the population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas, 2010
Homicide rate	Homicide deaths per 100,000 residents	CDC WONDER mortality data, 2006-2012 average
Air pollution	Daily fine particulate matter (average daily measure in micrograms per cubic meter).	CDC WONDER Environmental Data, 2011
Jail admissions	Annual admissions per 100,000 residents age 15-64	Bureau of Justice Statistics, 2012
Structural racism (Racial inequality in income)	NH White to NH Black ratio of median household income	American Community Survey, 2009-2013 5-year estimate

BETTER ←

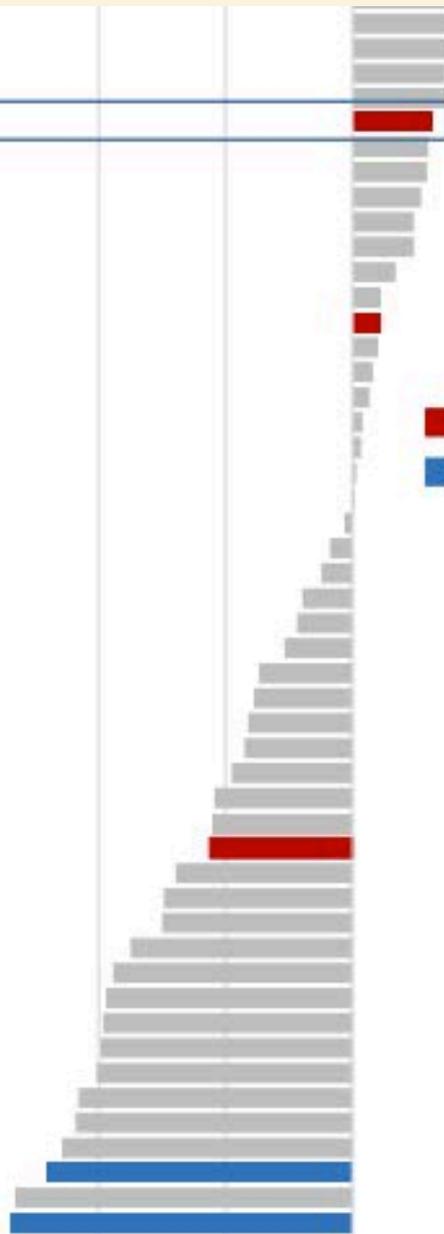
BIRTH EQUITY INDEX

→ WORSE



■ Campaign for Black Babies city
■ Promising Practice city

Baton Rouge, LA
 Tampa-St. Petersburg-Clearwater, FL
 Cape Coral-Fort Myers, FL
 Fayetteville, NC
 Chicago-Naperville-Elgin, IL-IN-WI
 Lafayette, LA
 Charleston-North Charleston, SC
 Lakeland-Winter Haven, FL
 Columbus, OH
 Augusta-Richmond County, GA-SC
 Richmond, VA
 Charlotte-Concord-Gastonia, NC-SC
 Cleveland-Elyria, OH
 Akron, OH
 Pittsburgh, PA
 Salisbury, MD-DE
 Syracuse, NY
 Indianapolis-Carmel-Anderson, IN
 Columbia, SC
 Dayton, OH
 Rochester, NY
 Huntsville, AL
 Oklahoma City, OK
 Atlanta-Sandy Springs-Roswell, GA
 Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
 Savannah, GA
 Raleigh, NC
 Milwaukee-Waukesha-West Allis, WI
 Virginia Beach-Norfolk-Newport News, VA-NC
 Grand Rapids-Wyoming, MI
 Port St. Lucie, FL
 Las Vegas-Henderson-Paradise, NV
 Kansas City, MO-KS
 Baltimore-Columbia-Towson, MD
 Orlando-Kissimmee-Sanford, FL
 Durham-Chapel Hill, NC
 Harrisburg-Carlisle, PA
 Riverside-San Bernardino-Ontario, CA
 Killeen-Temple, TX
 Miami-Fort Lauderdale-West Palm Beach, FL
 Wichita, KS
 Houston-The Woodlands-Sugar Land, TX
 Dallas-Fort Worth-Arlington, TX
 Albany-Schenectady-Troy, NY
 Omaha-Council Bluffs, NE-IA
 Minneapolis-St. Paul-Bloomington, MN-WI
 Washington-Arlington-Alexandria, DC-VA-MD-WV
 Providence-Warwick, RI-MA
 New York-Newark-Jersey City, NY-NJ-PA



■ Campaign for Black Babies city
■ Promising Practice city

A blue-tinted photograph of two women sitting at a table in a modern office or meeting space. The woman on the left, wearing glasses and a patterned top, is gesturing with her hand while speaking. The woman on the right, with curly hair, is looking at a tablet on the table. A coffee cup and a notebook are also on the table. In the background, there is a computer monitor and a window with a grid pattern. The overall atmosphere is professional and collaborative.

Power of Data and Policy

Historical Highlights of Contraception

Slavery & Colonial America

- Enslaved African American women hid their cultural contraceptive methods to avoid punishment for not producing more children
- Some women ate the cottonwood plant as a method for abortion as a result of being raped by slave owners and masters
- Some used infanticide to avoid bringing children up during slavery

(2014). Retrieved from <http://www.4000yearsforchoice.com/pages/timeline>

Historical Highlights of Contraception

19th Century

- African American women employed strategy of limiting family size and delaying marriage to improve their social and economic conditions to defeat white supremacy

20th Century

- 1918: Women's Political Association of Harlem & New York Urban League first Black organizations to provide education on birth control
- 1924: First Family Planning Clinic opened in Harlem
- 1950s: Eugenics and population control
- 1965: Birth control pill made available for married, white women only

Historical Highlights of Contraception

1970: President Nixon established Office of Economic Opportunity to fund family planning programs for Latino and African American communities



Reproductive Choice for African-American Women

- 1) African-American women have always fought for self-determination over their bodies.
- 2) Opposition to family planning has a long-standing history.
- 3) Ideals of race-based eugenics still contaminate thinking regarding reproductive rights for African-American women.

History of the term 'Unintended'

- First used in a National Survey in 1965 and 1970 National Fertility Studies
- 1972 report of the Commission on Population Growth and the American Future, which showed that 44% of births to married couples in 1966–1970 were unintended.
- The Sample of women were aged 15 – 44 who had ever been married or had children of their own living in the household.
- There was no difference in the use of contraception in the “wanted” versus “unwanted” births.
- Poverty, educational level, and race were correlated with significant differences in “wantedness”.

Intention

White Women (15-44)	Hispanic Women (15-44)	Black Women (15-44)
38 per 1,000 unintended	82 per 1,000 unintended	92 per 1,000 unintended
70% intended	57% intended	47% intended
9% unwanted	18% unwanted	23% unwanted
11% mistimed	17% mistimed	22% mistimed

Intention

Table 6. Reasons for not using contraception at conception, among women who had an unintended birth in the 3 years before the interview: United States, 2006–2010

Characteristic	Number of births in thousands	Did not expect to have sex	Did not think you could get pregnant	Didn't really mind if you got pregnant	Worried about side effects of birth control	Male partner didn't want you to use birth control	Male partner didn't want to use birth control
Percent (standard error)							
Total ¹	2,442	17.3 (2.35)	35.9 (2.43)	23.1 (2.64)	14.1 (1.65)	5.3 (1.08)	8.0 (1.47)
Unintended status							
Unwanted	800	22.3 (4.87)	39.6 (5.11)	7.6 (2.85)	18.9 (3.89)	3.7 (1.15)	5.9 (1.87)
Mistimed ²	1,641	14.9 (2.36)	34.1 (2.96)	30.7 (3.52)	11.8 (1.72)	6.0 (1.50)	9.1 (2.03)
Less than 2 years too soon	711	9.6 (3.75)	32.9 (5.86)	54.7 (5.74)	9.0 (2.56)	7.0 (2.44)	6.6 (2.78)
2 or more years too soon	908	19.0 (3.33)	35.3 (3.50)	12.2 (2.53)	14.3 (2.58)	5.2 (1.93)	10.6 (2.31)
Age at birth							
Under 25 years	1,239	20.3 (2.94)	34.7 (2.87)	16.1 (2.50)	14.0 (2.07)	6.3 (1.84)	8.2 (1.86)
25–44 years	1,202	14.2 (3.21)	37.2 (4.36)	30.3 (4.32)	14.2 (3.04)	4.2 (1.11)	7.9 (1.88)
Marital or cohabiting status at birth							
Married or cohabiting	1,659	10.5 (2.26)	36.1 (3.21)	30.3 (3.46)	14.3 (2.39)	5.6 (1.42)	5.9 (1.30)
Neither married nor cohabiting	783	31.8 (4.40)	35.6 (4.49)	7.9 (1.96)	13.7 (2.50)	4.7 (1.75)	12.5 (2.83)
Education at interview ³							
High school diploma or GED or less	1,053	17.1 (4.16)	42.0 (4.84)	18.6 (3.01)	16.8 (3.32)	6.0 (1.64)	8.1 (2.03)
Some college or higher	773	12.9 (3.30)	25.7 (4.10)	38.0 (5.89)	12.0 (2.94)	3.2 (1.31)	7.5 (2.60)
Percent of poverty level at interview ⁴							
0%–99%	838	21.4 (4.45)	38.4 (4.49)	16.4 (3.24)	13.3 (2.51)	7.4 (2.00)	7.8 (1.83)
100% or higher	1,258	10.6 (2.60)	34.6 (3.72)	32.5 (4.29)	15.0 (2.79)	2.9 (0.91)	7.6 (2.08)
Hispanic origin and race							
Hispanic or Latina	654	15.7 (4.45)	49.4 (5.00)	18.9 (4.04)	11.0 (3.33)	3.3 (1.52)	8.3 (1.92)
Not Hispanic or Latina:							
White, single race	985	12.3 (2.64)	35.2 (4.62)	33.7 (5.49)	12.2 (2.73)	6.9 (1.94)	6.1 (1.83)
Black or African American, single race	608	20.9 (4.79)	25.4 (3.49)	12.4 (3.50)	19.9 (3.63)	5.2 (2.29)	9.4 (3.08)

Unintended Pregnancy Workgroup

2003 CDC

- Effective programs to prevent unintended pregnancy must use terms that are familiar to women and must build upon cultural understanding of the problem to be prevented.
- Research should focus on the meaning of pregnancy intentions to women and the processes women and their partners use in making fertility decisions.
- It should prospectively address the impact of pregnancy intentions on contraceptive use.
- Both qualitative and quantitative research have contributed to our understanding of fertility **decision making**; both will be essential to the creation of more effective prevention programs.

Contraception

Changes in contraceptive method choice and use have not decreased the overall proportion of pregnancies that are unintended between 1995 and 2008 due, in part, to

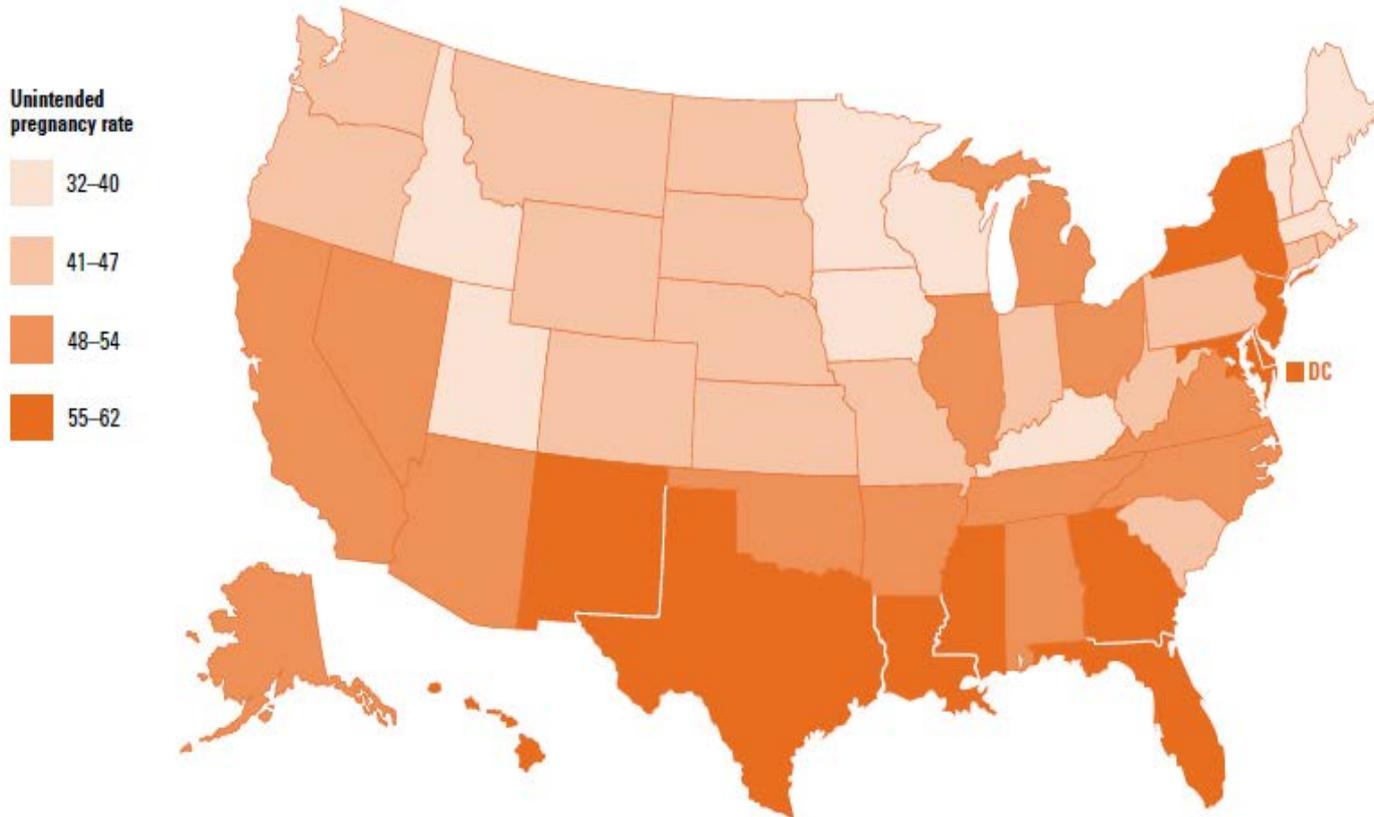
- **compositional changes** in race and Hispanic origin in the U.S. population
- an **increase in the proportion of births that were nonmarital** from 1982

But, changes in contraceptive method use among married, non-Hispanic white women have contributed to a significant decline in the proportion of unintended births among this group.

CDC, 2012 National Health Statistics Report

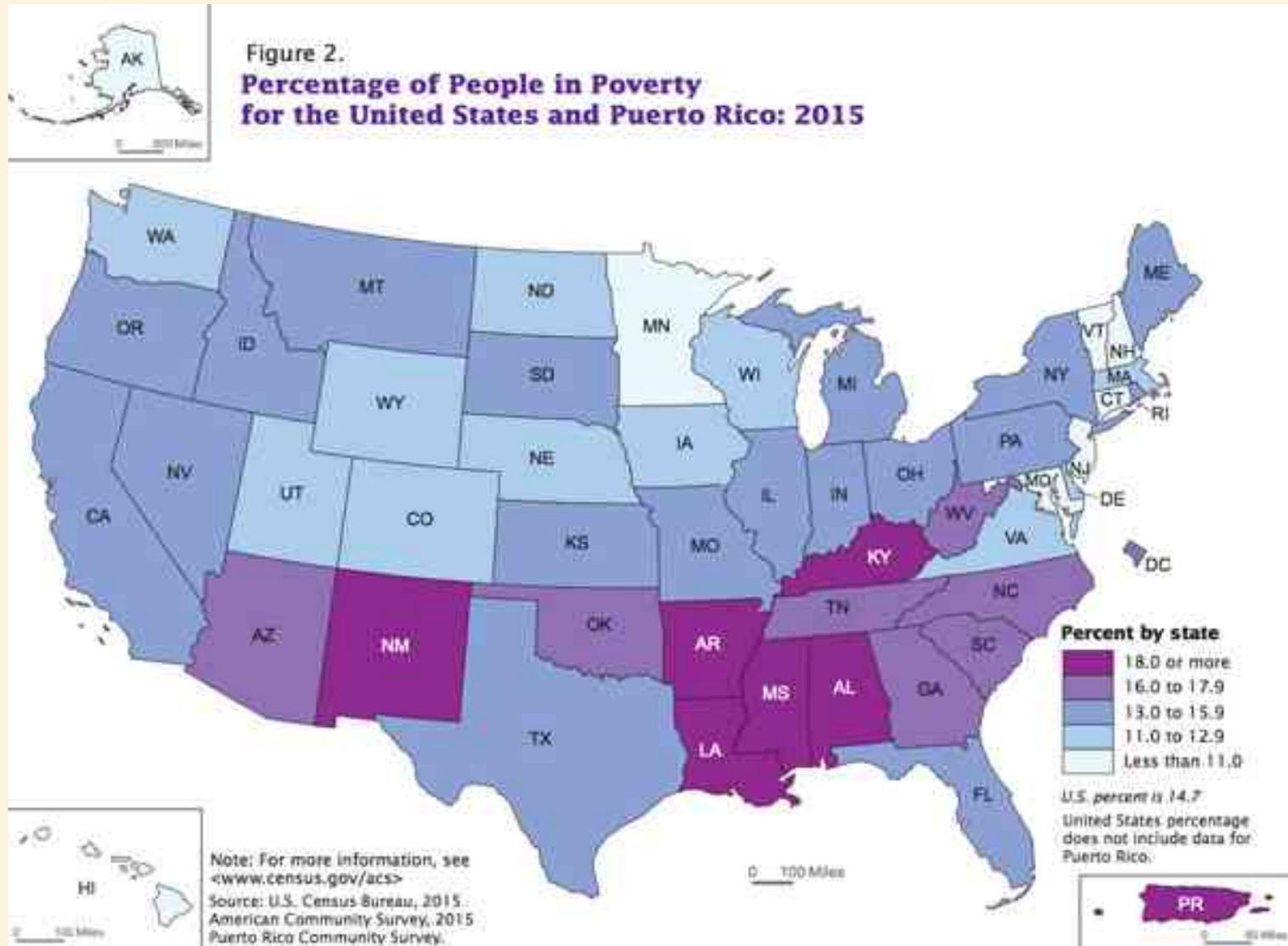
Intention

Unintended Pregnancy Rates, by State, in 2010



*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multivariate regression.

Poverty



A blue-tinted photograph of two women sitting at a table in a modern office or meeting space. The woman on the left, wearing glasses and a patterned top, is gesturing with her hand while speaking. The woman on the right, with curly hair and a dark top, is looking at a tablet device. On the table are a coffee cup, a notebook, and a pen. In the background, there is a computer monitor and a window with a grid pattern. The text "Power of Data" is overlaid in the center in a white, bold font.

Power of Data

Flint, Michigan



Community voices
humanize issues of class,
race and power.

Without stories, a purely
data-driven response can
miss the mark.

Data
- Voice

Poor Policy

A blue-tinted photograph showing a woman and a young child looking down at a book together. The woman is on the right, smiling with her eyes closed, and the child is on the left, also looking down. The text "Power of Policy" is overlaid in the center in a white, bold, sans-serif font.

Power of Policy

In his 1906 Atlanta University report, “The Health and Physique of the Negro American” W.E.B. Dubois wrote:

The high infantile mortality of Philadelphia today is not a Negro affair but an index of social condition... The white infants furnish two-thirds as many death as the Negro today...and only in the past sixteen years had it been lower than the Negro rate today. The matter of sickness is an indication of social and economic position... We might continue this argument almost indefinitely going to one conclusion that the Negro death rate and sickness are largely a matter of condition and not due to racial traits and tendencies.

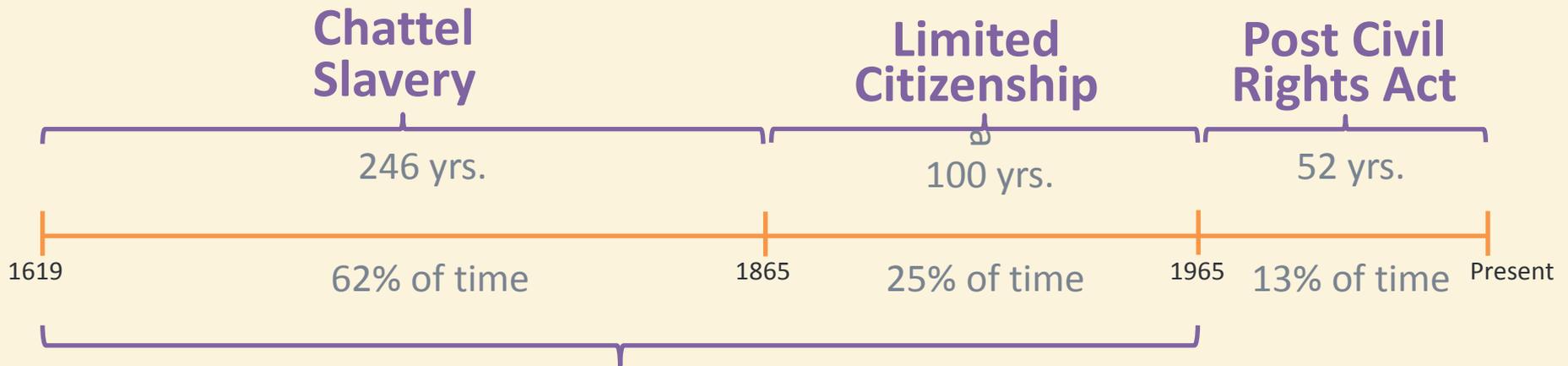
Racial Health Inequities: We made it this way

They're a consequence of deliberate political action which can be undone with deliberate political action on many levels.

Decision-makers in all sectors of public service exhibited their racial prejudice and bias through policies disempowering families and communities of color.



Timeline of African American Experience



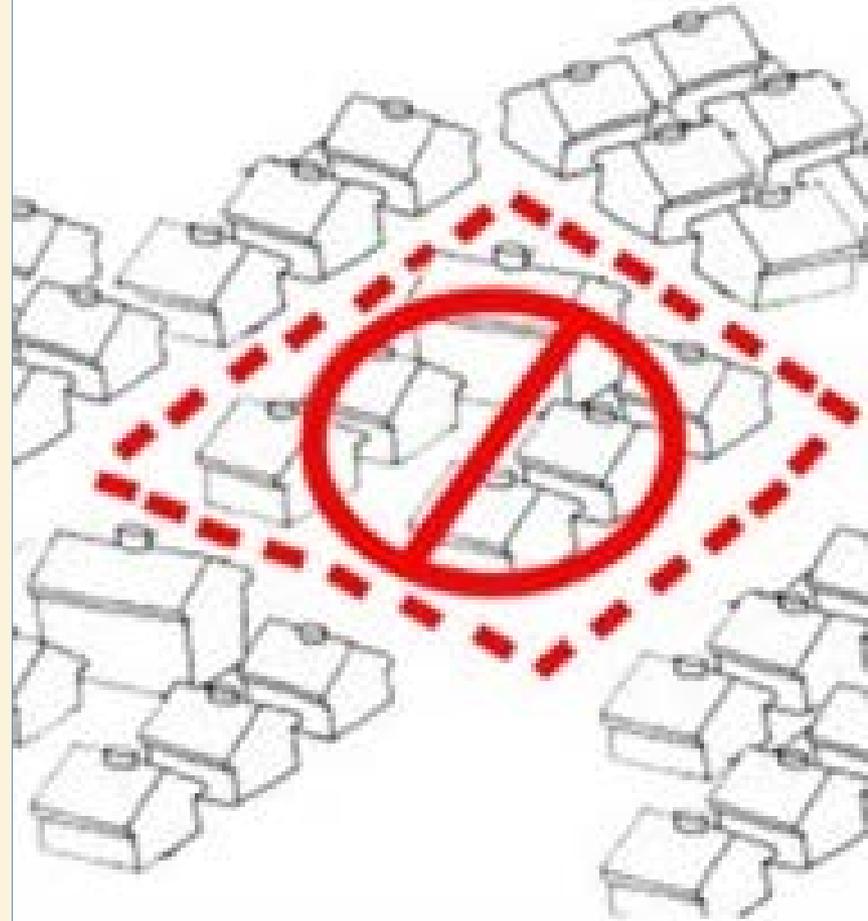
87% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.

Redlining: 1934-1968

Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

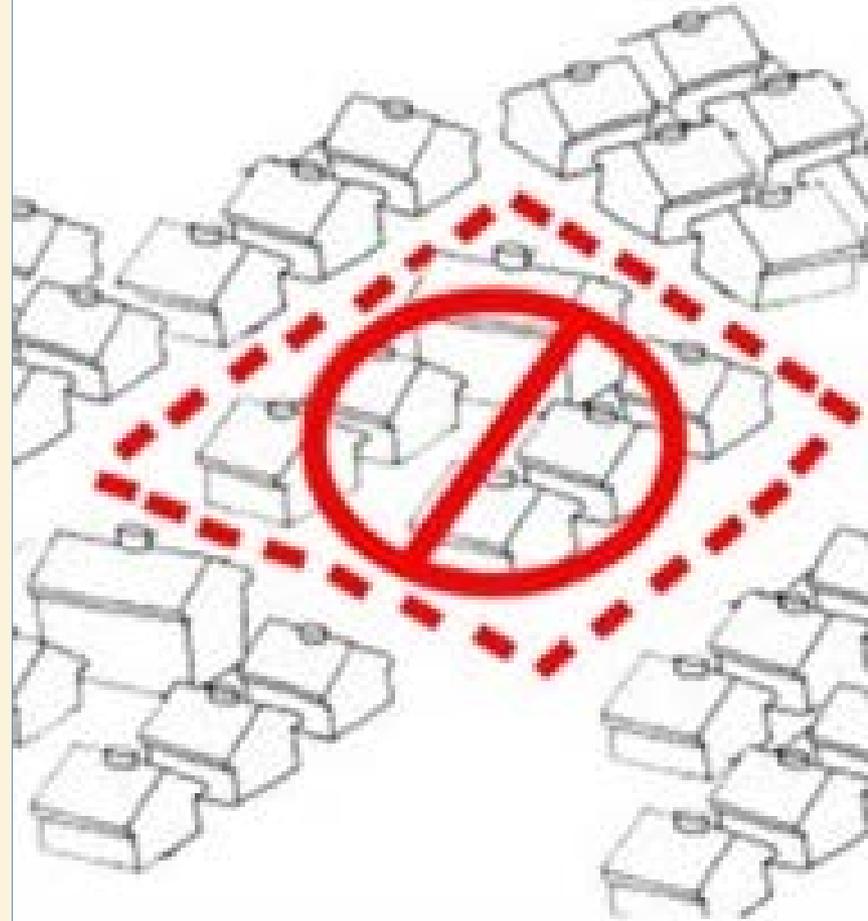
Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.



Redlining: 1934-1968

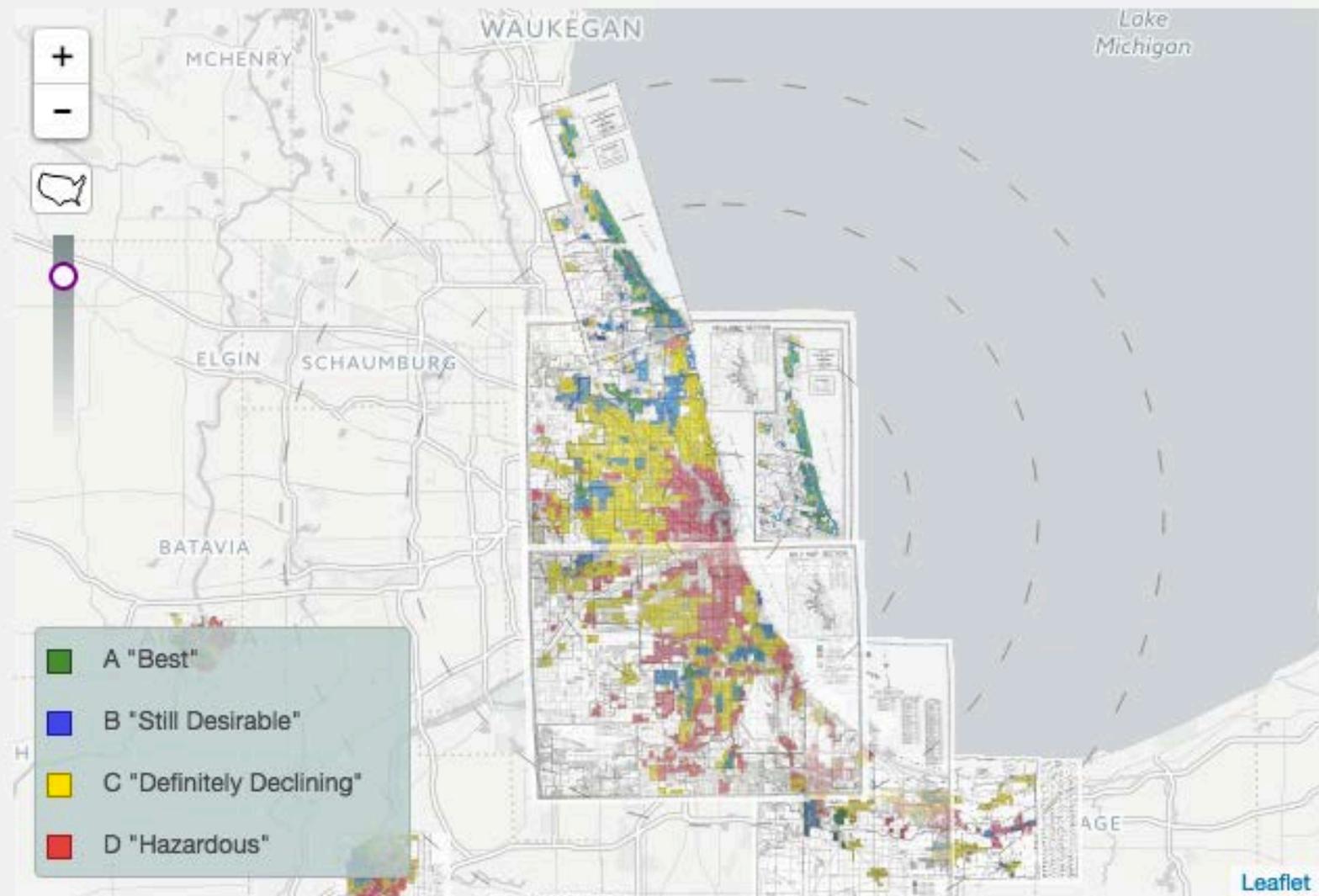
While discriminatory practices existed in the banking and insurance industries well before the 1930s, the New Deal's Home Owners' Loan Corporation (HOLC) instituted a redlining policy by developing color-coded maps of American cities that used racial criteria to categorize lending and insurance risks.

New, affluent, racially homogeneous housing areas received green lines while black and poor white neighborhoods were often circumscribed by red lines denoting their undesirability.

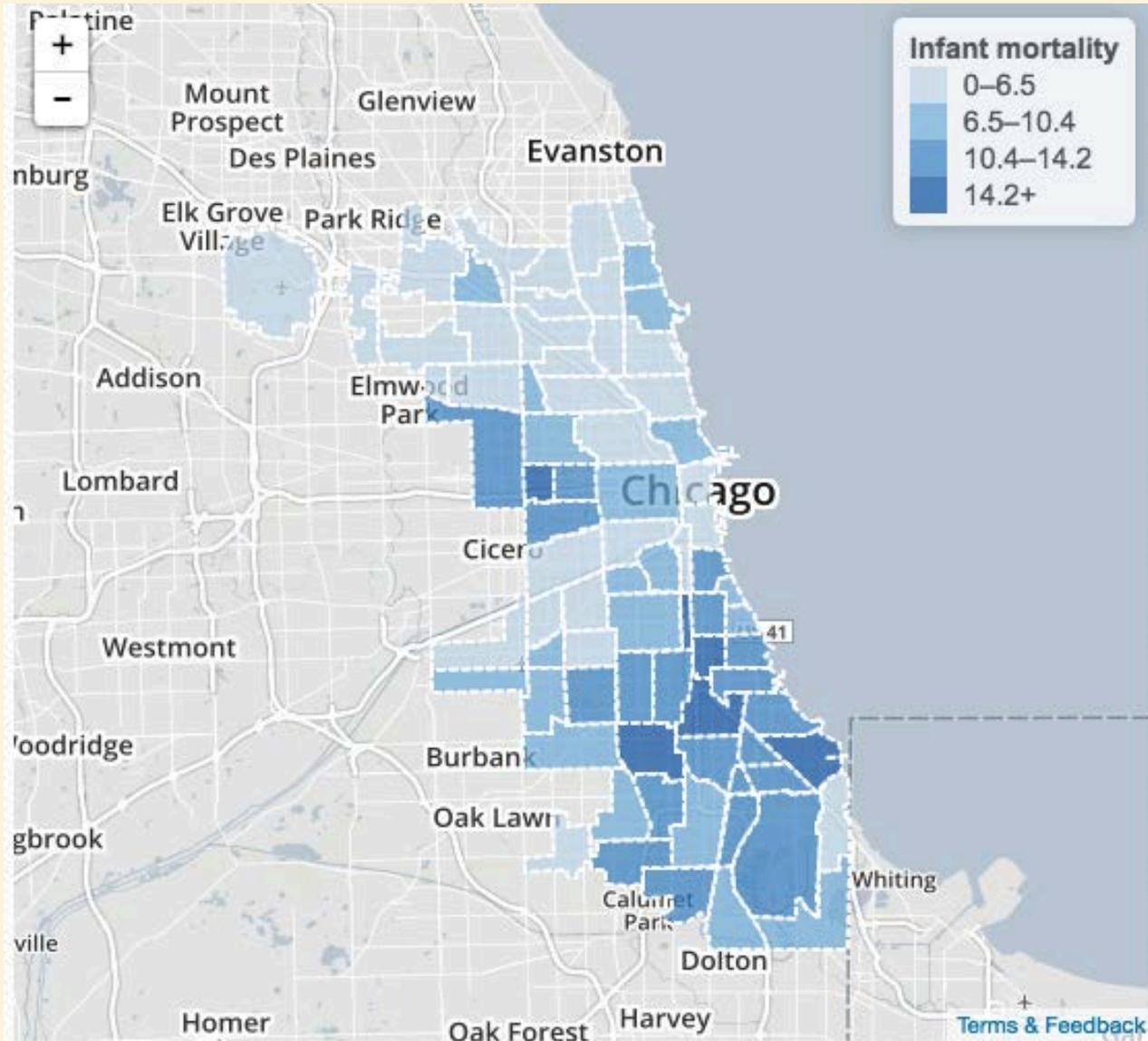


≡ MAPPING INEQUALITY Redlining in New Deal America

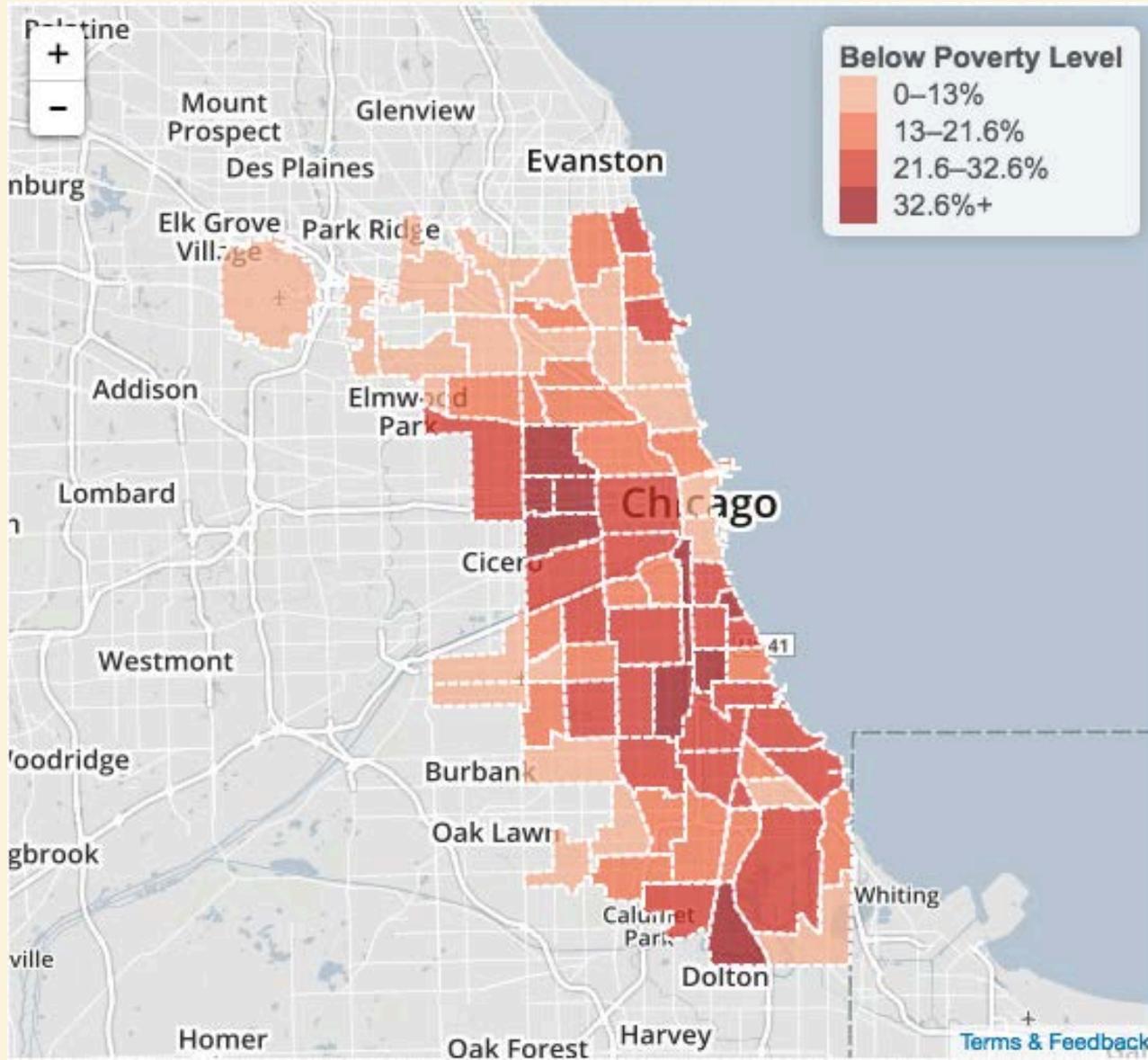
Introduction Bibliographic Note & Bibliography About Contact Us



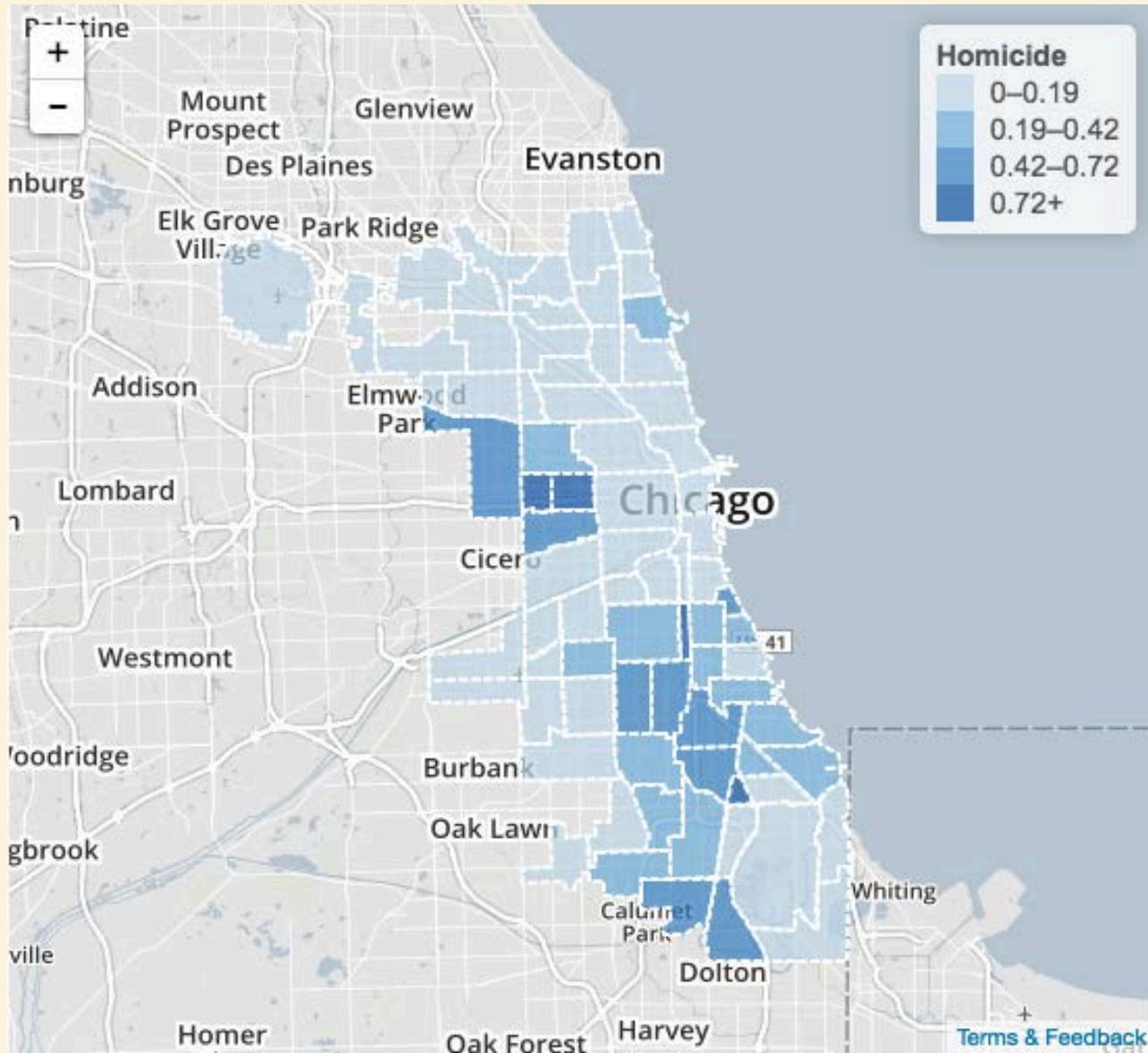
Mapping: Infant Mortality



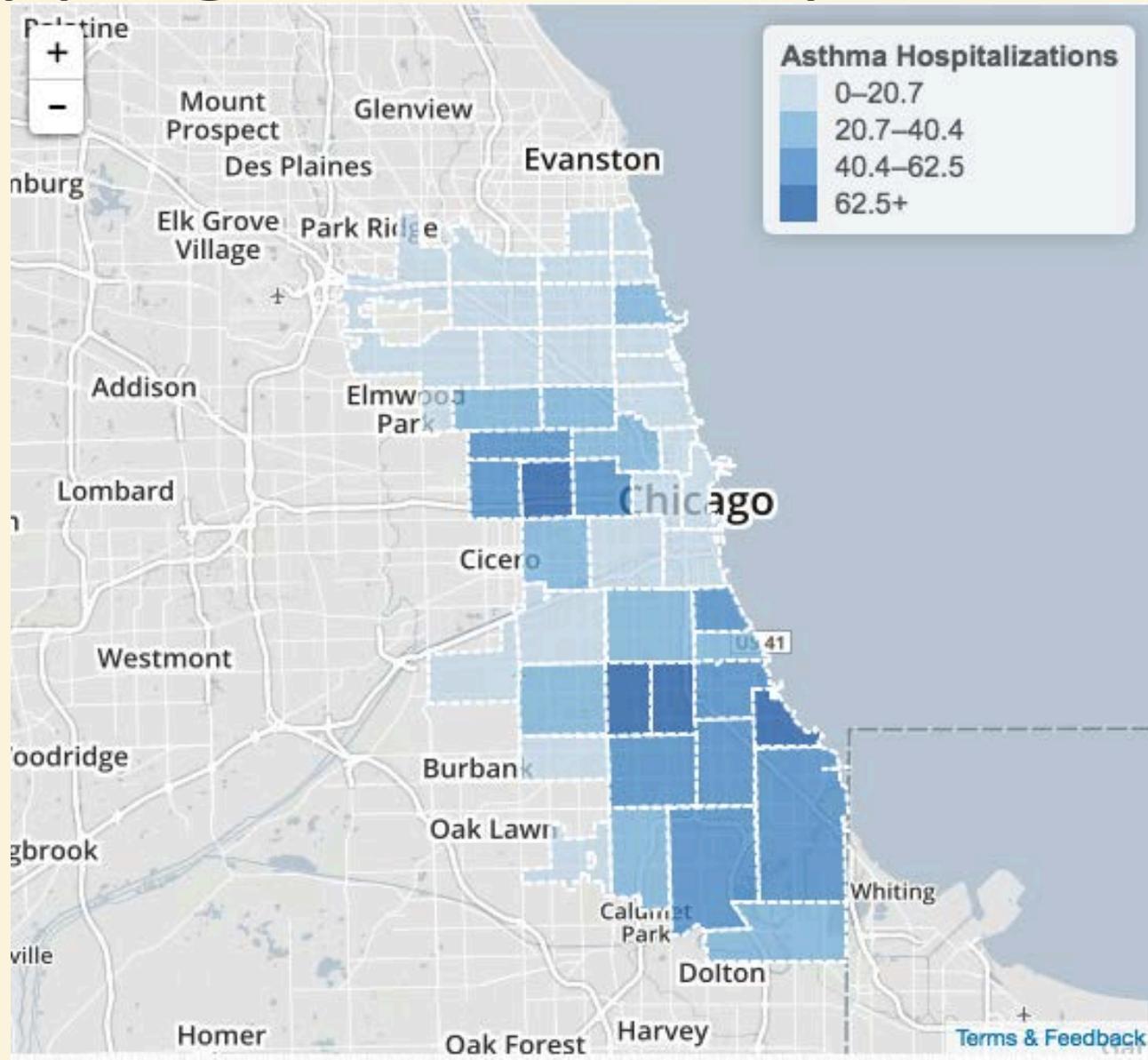
Mapping: Poverty



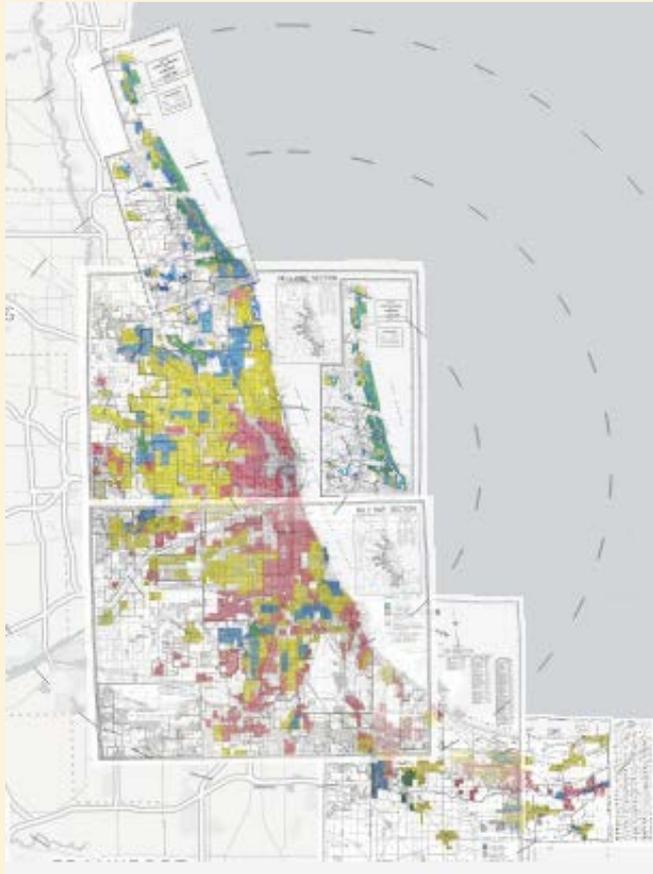
Mapping: Homicide



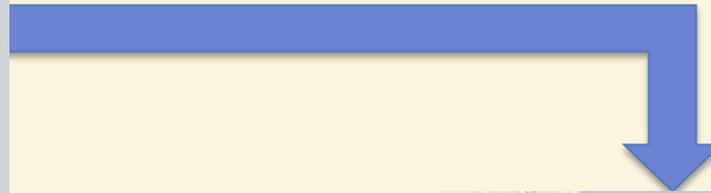
Mapping: Asthma Hospitalizations



What connects these maps across 70 years of history?

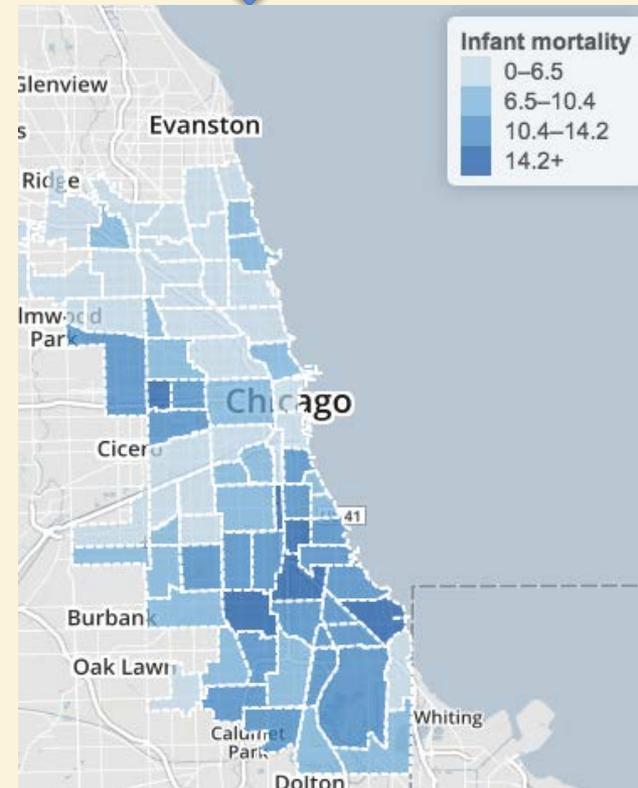


Disinvestment in redlined neighborhoods



Poor health outcomes

Low opportunity*
(poor social determinants)





Opportunity indicators include:

- High-quality education
- Stable housing
- Sustainable employment
- Healthy and safe environment
- Access to healthy food
- Positive social networks
- Political empowerment

**For this discussion,
OPPORTUNITY =
Social Determinants**

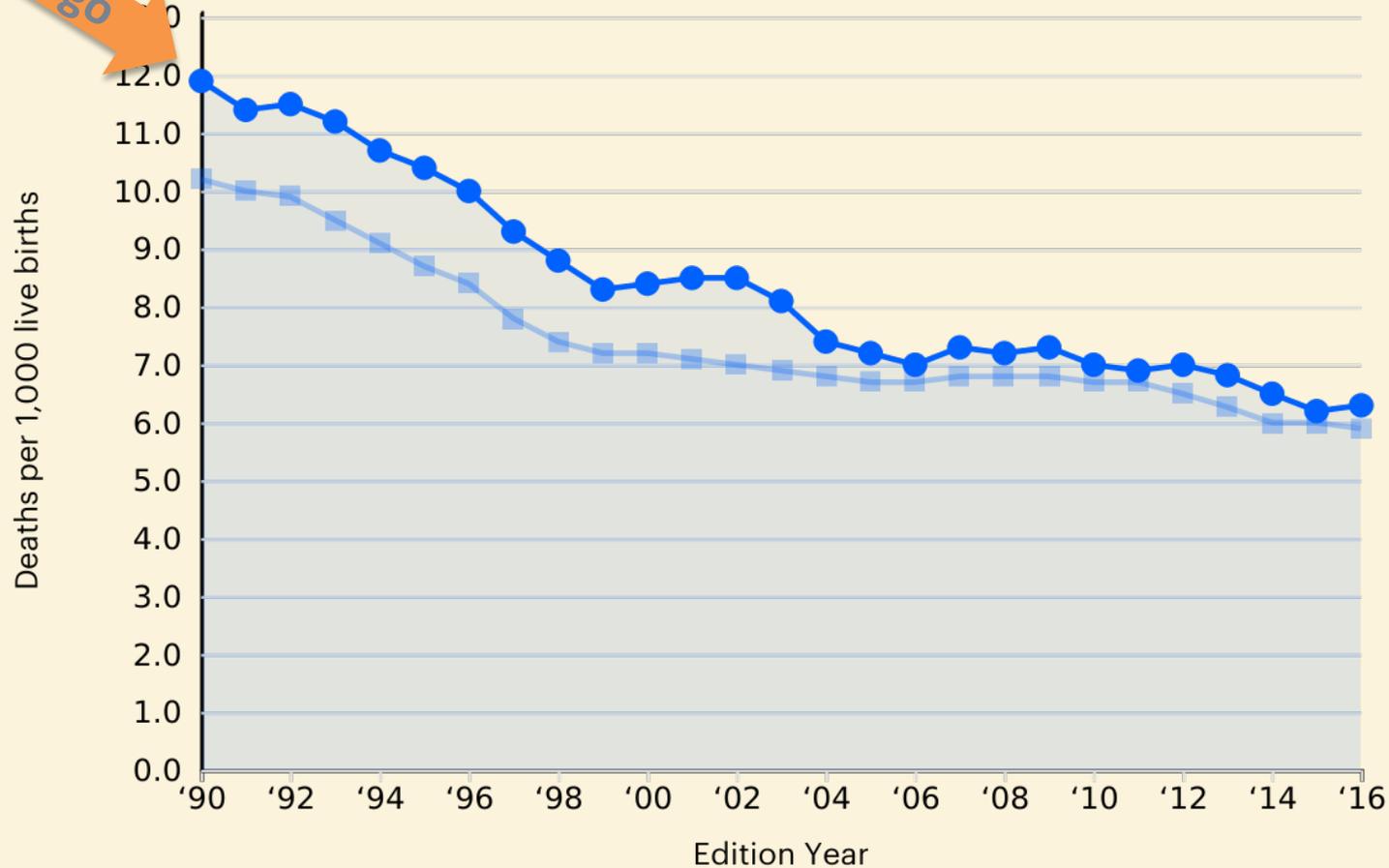


A blue-tinted photograph of a woman and a man looking down at a baby. The woman is on the right, smiling with her eyes closed, and the man is on the left, looking down. The baby is in the foreground, partially visible. The text "Social Determinants of Infant Mortality" is overlaid in the center in a white, bold, sans-serif font.

Social Determinants of Infant Mortality

Decline in Infant Mortality Rate in Chicago has Slowed Over the Last 15 Years

Chicago



■ Number of infant deaths (before age one year) per 1,000 live births

● Illinois

■ United States

- Healthy People 2020 Goal: 6.0
- 2013 US IMR: 5.96

Despite Overall Decline in Infant Mortality Rate Disparities by Race/Ethnicity Remain, Chicago 2015

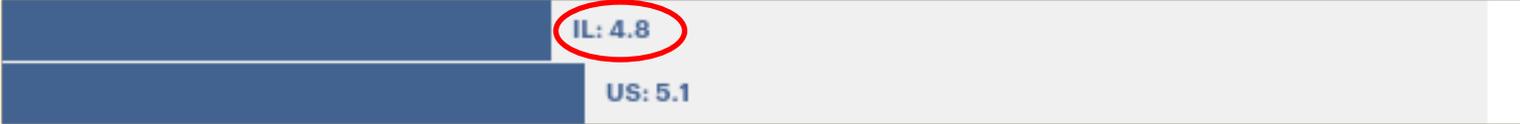
Subpopulations: Infant Mortality, Illinois, United States, 2015 Annual Report

Race/Ethnicity

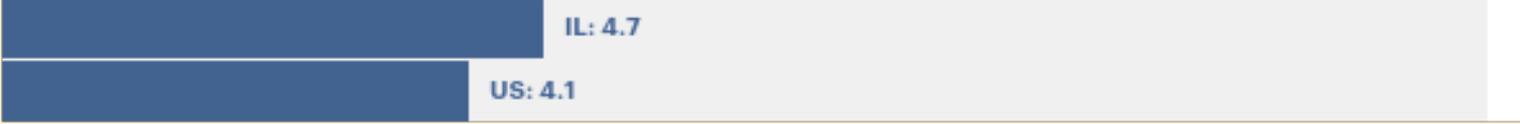
Infant Mortality - Black



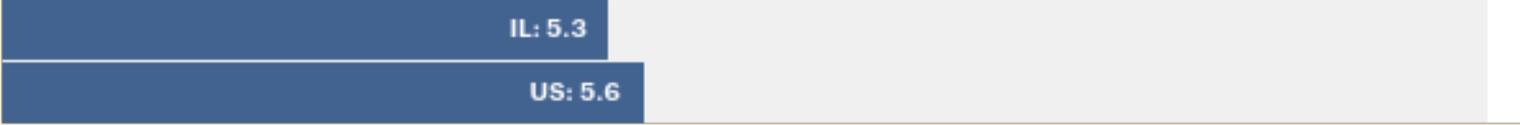
Infant Mortality - White



Infant Mortality - Asian



Infant Mortality - Hispanic



Deaths per 1,000 live births



Specific communities had the Highest Rates of IM

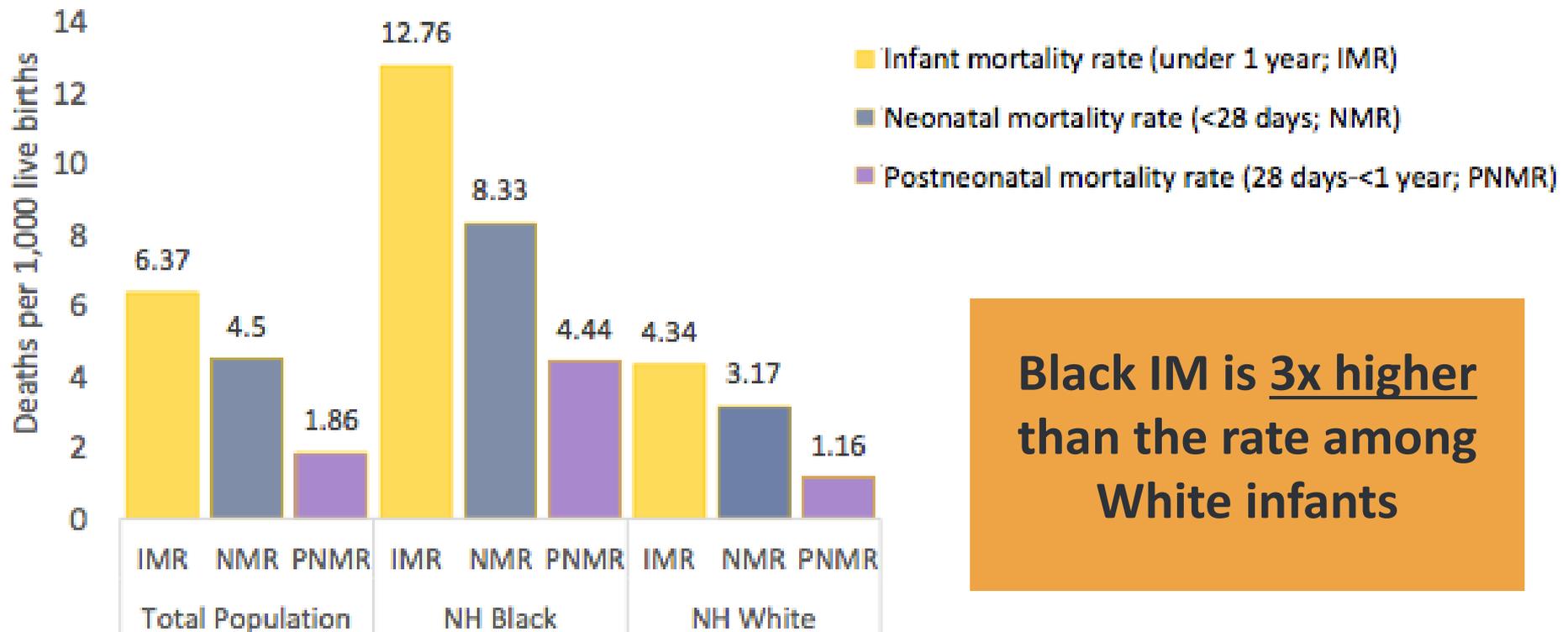
Community Area	2010		2011		2012		2013		2014	
	Count	Rate								
Chicago	316	7.4	339	8.2	303	7.4	257	6.5	282	7.1
01 Rogers Park	4	*	7	*	5	*	3	*	3	*
02 West Ridge	5	*	6	*	5	*	8	*	6	*
03 Uptown	7	*	5	*	3	*	2	*	3	*
04 Lincoln Square	3	*	5	*	3	*	4	*	1	*
05 North Center	4	*	1	*	0	*	1	*	2	*
06 Lake View	7	*	8	*	4	*	2	*	8	*
07 Lincoln Park	6	*	3	*	2	*	2	*	6	*
08 Near North Side	5	*	3	*	4	*	4	*	6	*
09 Edison Park	0	*	3	*	0	*	0	*	0	*
10 Norwood Park	1	*	0	*	0	*	2	*	2	*
11 Jefferson Park	0	*	3	*	2	*	2	*	3	*
12 Forest Glen	1	*	0	*	3	*	0	*	2	*
13 North Park	2	*	1	*	0	*	2	*	1	*
14 Albany Park	0	*	3	*	3	*	4	*	9	*
15 Portage Park	2	*	2	*	1	*	0	*	6	*
16 Irving Park	5	*	3	*	3	*	3	*	4	*
17 Dunning	3	*	2	*	2	*	2	*	2	*
18 Montclare	0	*	1	*	1	*	2	*	0	*
19 Belmont Cragin	14	10.0	8	*	11	8.2	4	*	5	*
20 Hermosa	2	*	5	*	3	*	3	*	0	*
21 Avondale	4	*	2	*	3	*	3	*	5	*
22 Logan Square	4	*	8	*	8	*	8	*	5	*
23 West Loop	1	*	1	*	1	*	1	*	1	*
24 West Town	8	*	6	*	8	*	5	*	11	7.3
25 Austin	15	9.0	19	12.1	14	9.2	16	11.2	11	6.9
26 West Garfield Park	6	*	6	*	6	*	5	*	7	*
27 East Garfield Park	4	*	6	*	3	*	3	*	4	*
28 Near West Side	5	*	8	*	6	*	12	11.7	3	*
29 North Lawndale	8	*	13	18.7	14	20.8	9	*	7	*
30 South Lawndale	11	7.7	9	*	7	*	1	*	7	*

Infant Mortality in Chicago

There were 487,890 births and 3,105 infant deaths in the Chicago-Naperville-Elgin Metropolitan Statistical Area from 2010-2013.

19% of the births were Black babies (93,467).

38% of the infant deaths were Black babies (1,193).



Black IM is 3x higher than the rate among White infants

Leading Causes of Infant Death

1

Sudden Unexpected
Infant Death Syndrome

2

Congenital
Malformations

3

Preterm
Related Conditions

Preterm Related Conditions

Babies born at 20-37 weeks gestation are at risk for preterm related health conditions

Clinical Risk Factors

- Short cervix
- Previous preterm birth
- Short interval between pregnancies
- History of certain types of surgery on the uterus or cervix
- Pregnancy complications such as multiple pregnancy and vaginal bleeding
- Low pre-pregnancy weight
- Smoking during pregnancy
- Substance use during pregnancy

Social Risk Factors

- **Racial residential segregation (isolation)**
- **Unemployment**
- **Median household income**
- **Structural racism (racial inequality in employment)**
- **Gender inequality in earnings.**

Congenital Malformations

Congenital malformations are birth defects or conditions present at birth. They can cause problems in overall health, how the body develops or how the body works. Most common congenital malformations underlying cause of death include congenital malformation of the heart and chromosomal abnormalities.

Clinical Risk Factors

- Genetic or inherited causes including chromosomal defects, single gene defects, dominant or recessive inheritance
- Environmental causes including a drug, alcohol, or maternal disease
- Multifactorial birth defects caused by a combination of genes and environmental exposures.

Social Risk Factors

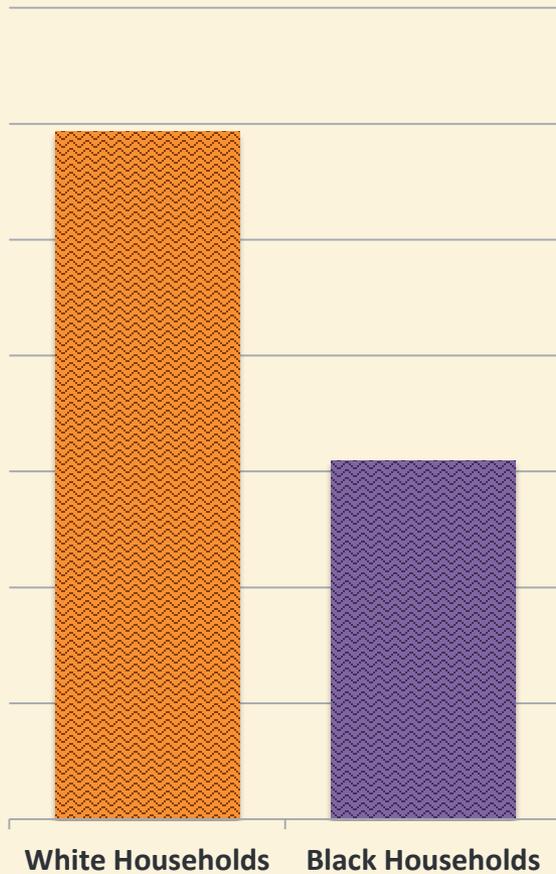
- **Uninsured rates**
- **Prevalence of sexually transmitted infections within the population**
- **Food insecurity**
- **Limited access to healthy foods**

SIDS/SUIDS

The sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. SUID category combines ICD–10 codes for SIDS, other ill-defined and unspecified causes of mortality, and accidental suffocation and strangulation in bed.

Clinical Risk Factors	Social Risk Factors
<ul style="list-style-type: none">• Inadequate prenatal care• Intrauterine growth restriction• Short inter-pregnancy interval• Substance use• Viral respiratory infection• Genetic factors• Sleep environment	<ul style="list-style-type: none">• Education• Income• Single Parent Households

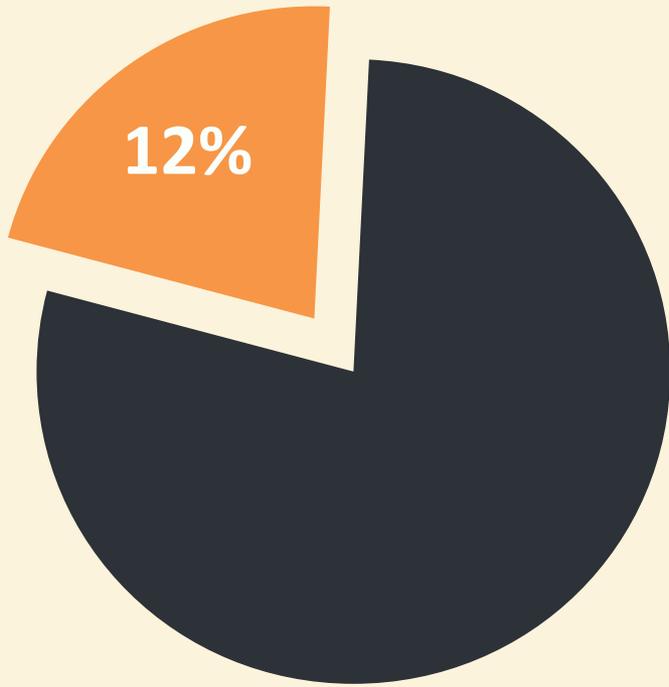
Income and Education



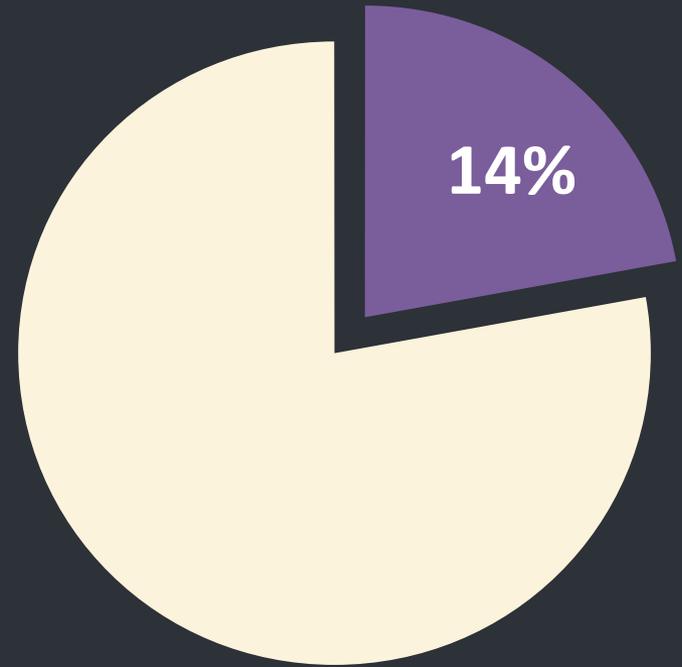
Black households in Chicago earn on average about half the annual income of White households (\$35,971 vs. \$72,660). **(Fig 1.a)**

15 percent of Black residents age 25 and older have less than a high school education

Fig 1.a



12% of Black Adults
Versus 8% of white adults
are uninsured.



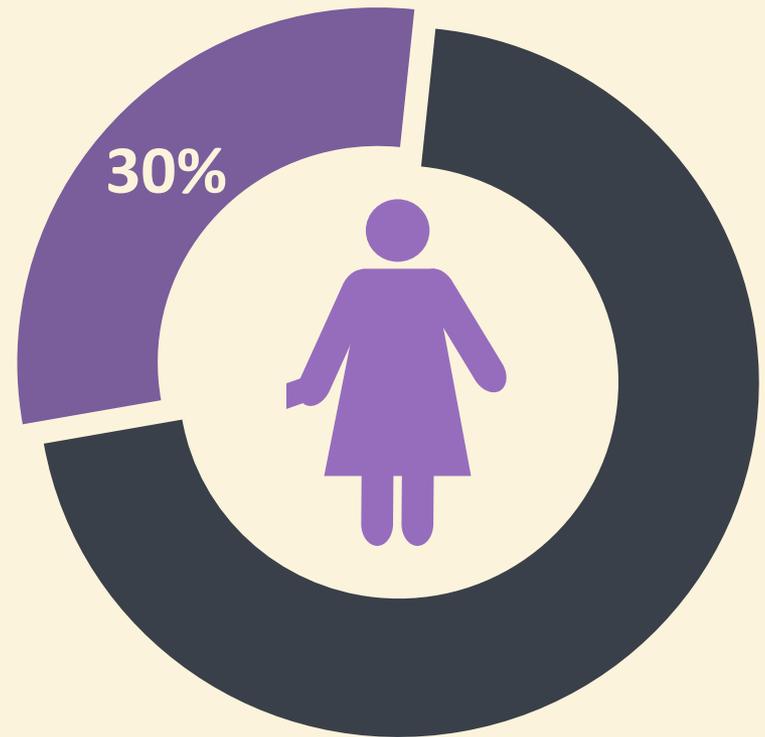
Black unemployment
Is nearly 3x higher
than whites.

Housing and Neighborhood

27% of children live in low income and single-parent households

16% of households have at least one major problem (lacks complete kitchen facilities, lacks complete plumbing, severely overcrowded, severely unaffordable)

Racial residential segregation: The Black-White dissimilarity index in Chicago is .75, meaning 75% of one group would have to move to a different neighborhood in order for the two groups to be equally distributed.



30% of adults
are obese

5%

of residents are low-income and do not live close to a grocery store.

3.6%

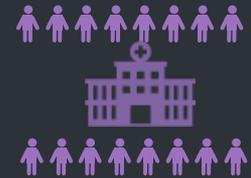
average reported poor mental health days/wk



There are **3,969**  annual jail admissions for every **100,000** residents



and **4.6** homicide deaths per 100,000 residents



Listening to the women of Chicago

Access to Healthy Foods

“Ok, if you go into a neighborhood right now, what you mostly see is fried chicken, Quick marts, the Chinese or Korean. Everything they doing is not really healthy because even if you get a burger all that stuff on there you eating and its gon’ affect you. If it don’t affect you right then and there, its gon’ affect you in the long run... but if you go to the white neighborhood, you see health food stores. Yeah, the good stuff, organic stuff.”

Grieving & Counseling

“Yeah, because there were other women there too who were just like me and they had stories and some things helped me out and some things helped them out. So, it was good to even share that experience with other people when we had to go through the same thing.”

Medical History

“I had already lost a baby through diabetes and now here I am, the baby is progressing, he was doing good and the doctor didn’t take care of me like he should have. For that I felt like that was the reason why I lost my baby. I’m supposed to be high risk and then that last time, it was a 4-5 week stretch [between appointments] and I was 5 months at the time.”

Housing & Community

“There is no parts that is kinda safe housing where the kids can actually go out and play. Certain areas you gotta watch out... If they not really knowing you from the area... and then you got the crowd that will approach. So, you know, gangs and drug activities, it’s still the same, it’s just recycled...I adapt to it.”

(#22; working, married mother of 1, lost 1 infants to complications and 3 prior miscarriages, diabetic)

Listening to the Women of Chicago

Medical Care & Experience of Racism

“I remember the doctor not even looking at me. He was talking to me and he treated me like I said, like a number. He said, “How many times have you been pregnant?” I said, “Never,” then he had to turn around like, “Oh.”... He’s looking like, ‘She’s just another Black girl in here and she needs health care and she probably had 4 or 5 children already.’ No! We are human. We care about our well-being just like you do.”

“Afterwards I asked, “Do you think that the fibroids contributed to it? Do you think it was me working out? {Doctor} was just like, “You know, with these things, we can’t really say.” I am just looking for answers at this point. I don’t think we get enough of the quality health care as it is. Especially bringing another life into this world. We really need no problems in that area. None. We should be treated like anybody else, like people with the best health care.”

(#21; single, working, no children, lost twins due to incompetent cervix)

Social determinants of IM

...in NBEC pilot cities

Black infant mortality rates are 12% lower for every \$10,000 increase in the Black **median household income**.

The Black infant mortality rate increases by 3% with every 1% increase in Black **unemployment**.

The Black infant mortality rate is 3% lower for every 1% increase in the proportion of Black residents with a **Bachelor's degree** or higher.

The Black infant mortality rate is 1% higher for every 1% increase in **racial residential segregation**.

A photograph of two women sitting at a table in a meeting. The woman on the left is wearing glasses and has her hand to her chin, listening. The woman on the right is holding a tablet and looking at it. The background shows a window with a grid pattern and a computer monitor. The entire image has a blue tint.

Community Action Network Opportunities for Engagement

Racial Health Inequities: Undoing the Damage

A consequence of deliberate political action which can be undone with deliberate political action on many levels.

Community Action Networks have major opportunities to build internal capacity and uplift their communities through prioritizing health equity when responding to issues that arise in data and interviews

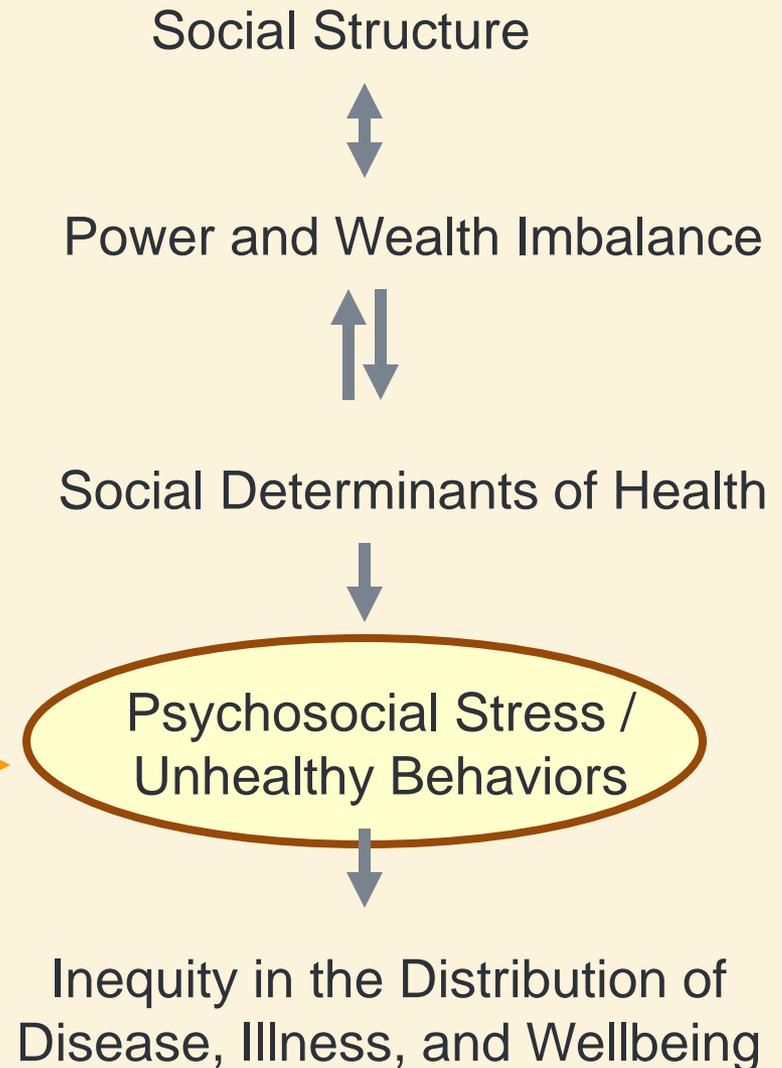
Using your power to operationalize equity will not only decrease preventable death, but improve quality



Addressing Root Causes

Despite available research, opinion leaders, local change agents, and policy makers give little attention to inequities and their root causes. Typically focus on remedial options...

Why?



Data Action

- Using Birth Equity Index, data and stories
 - Identify crosscutting themes
 - Themes are barriers and opportunities for improving infant mortality
 - Assess capacity/readiness and address shortcomings (staff, partners, resources, knowledge)
 - Program practices, internal policies and local municipal policy have significant leverage
 - Maintain health and racial equity lens

Questions?

Thank you



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Founder President

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