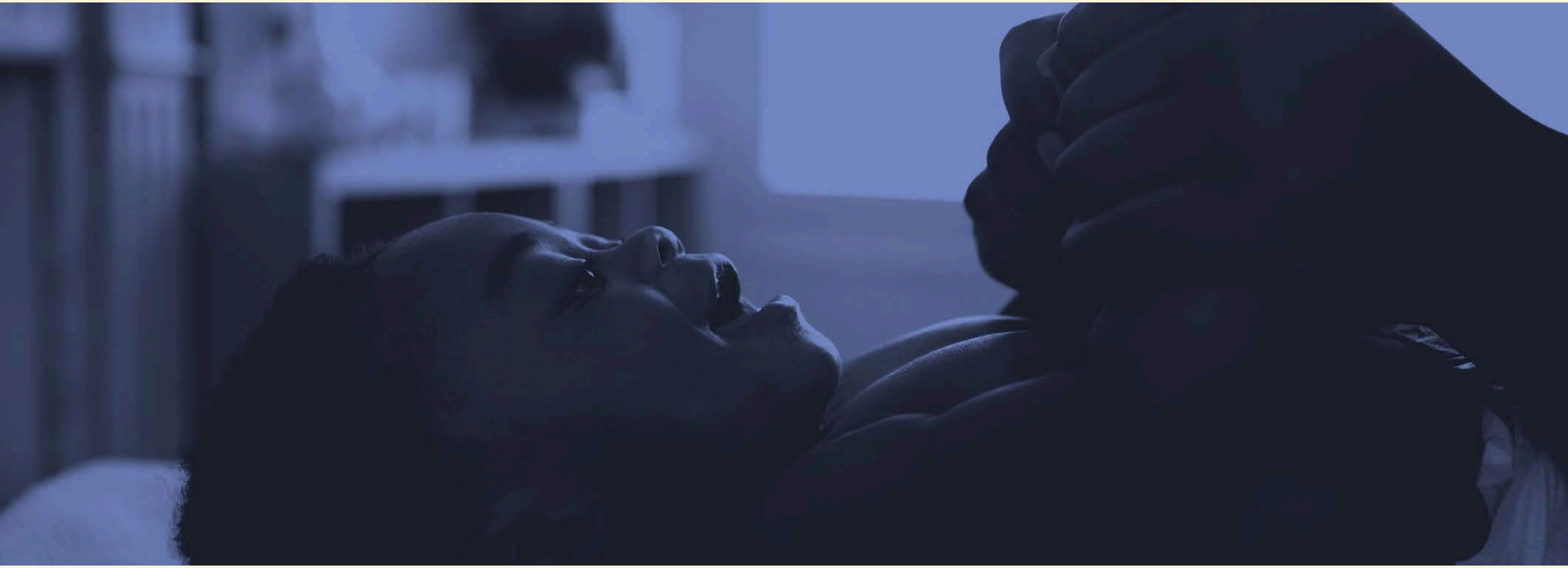
NATIONAL BIRTH EQUITY COLLABORATIVE



Health Equity to Address Black Infant Mortality

Joia Crear-Perry MD, Founder/President
National Birth Equity Collaborative

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

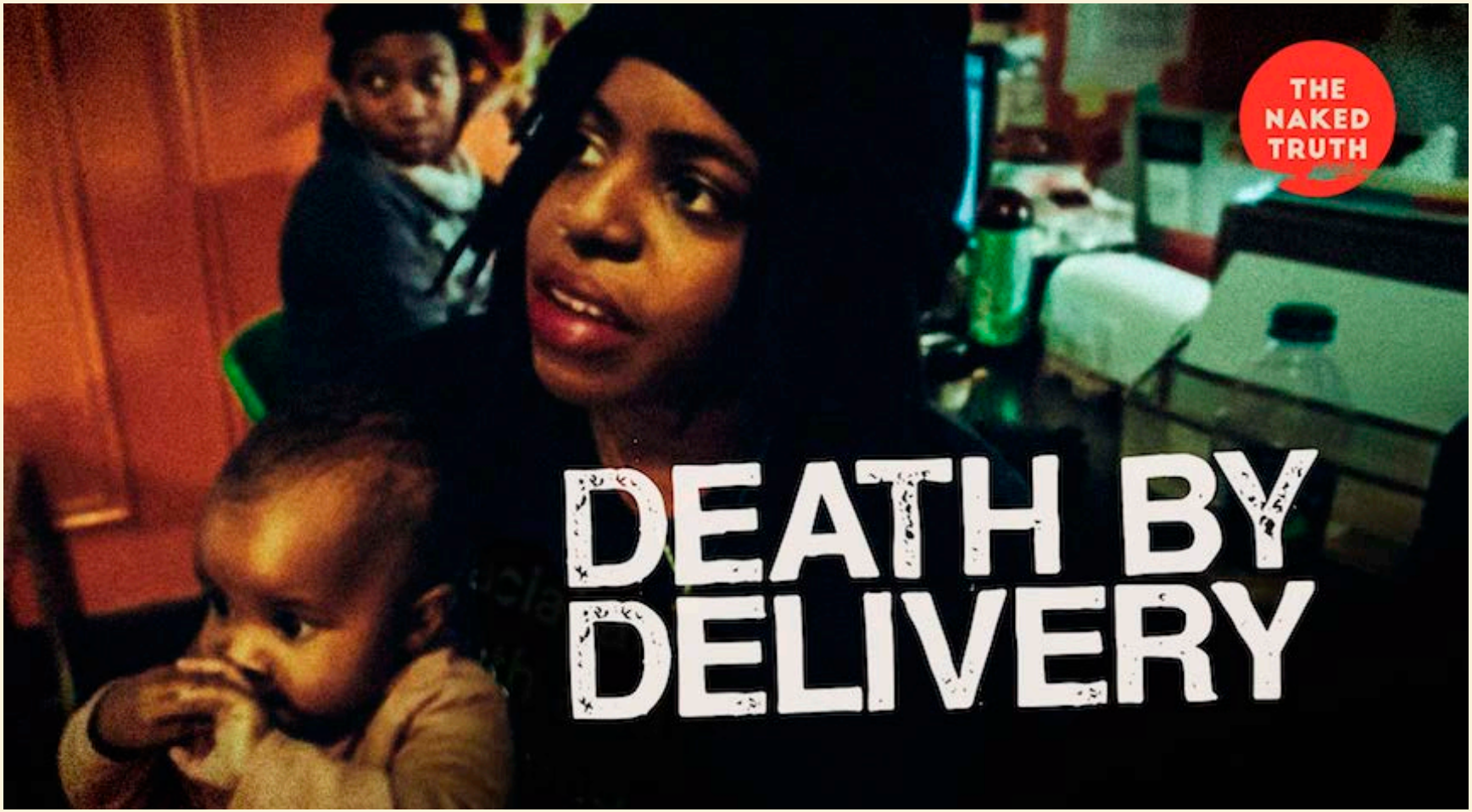
NBEC works with organizations, communities and stakeholders to develop and implement strategies to achieve birth equity goals. We provide training and technical assistance for organizations that value community voices and strive to improve the lives of Black families.

- 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

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

Mixed methods research, parent-centered collaboration, collective impact and advocacy to effectively reduce Black infant mortality in the cities with the highest burden of Black infant death.

Campaign Activities

- ***Center the voices and experiences of Black women and families***
- Conduct research informing a national report to be released to local stakeholders, and policy-makers.
- Encourage collective impact 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.

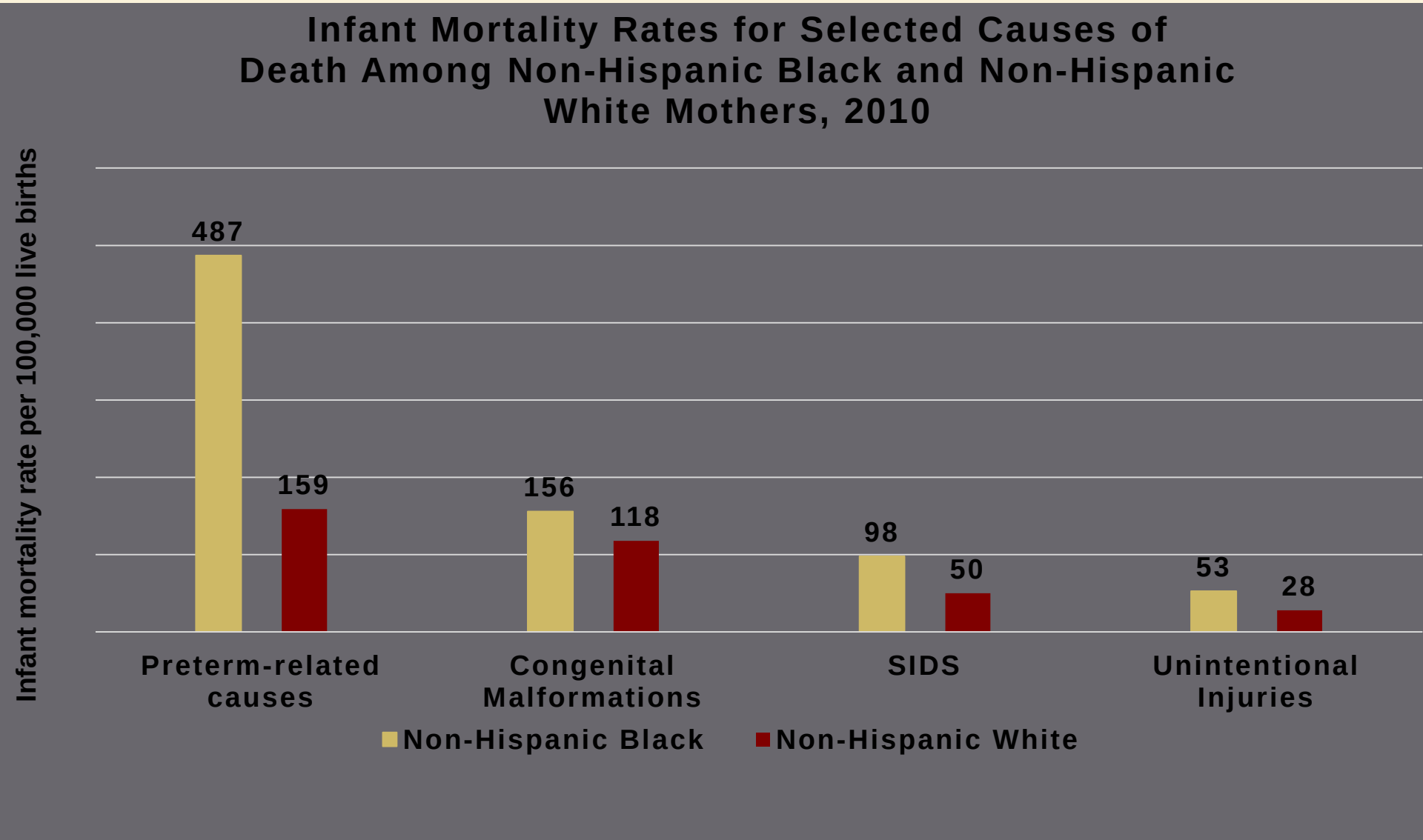
Campaign Sites

laces means saving 3,000+ babies.

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.



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


Methodology

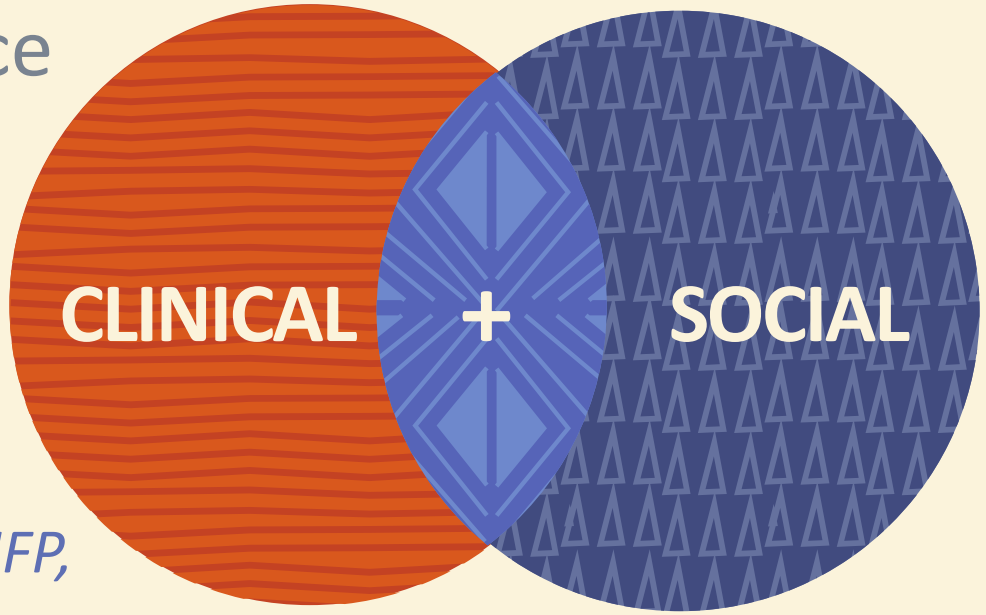
birth equity *(noun)*:

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

NBEC Focus

- Human Rights Framework applied
- Dismantling systems of power and racism
- Reproductive Justice
- 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 al 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.

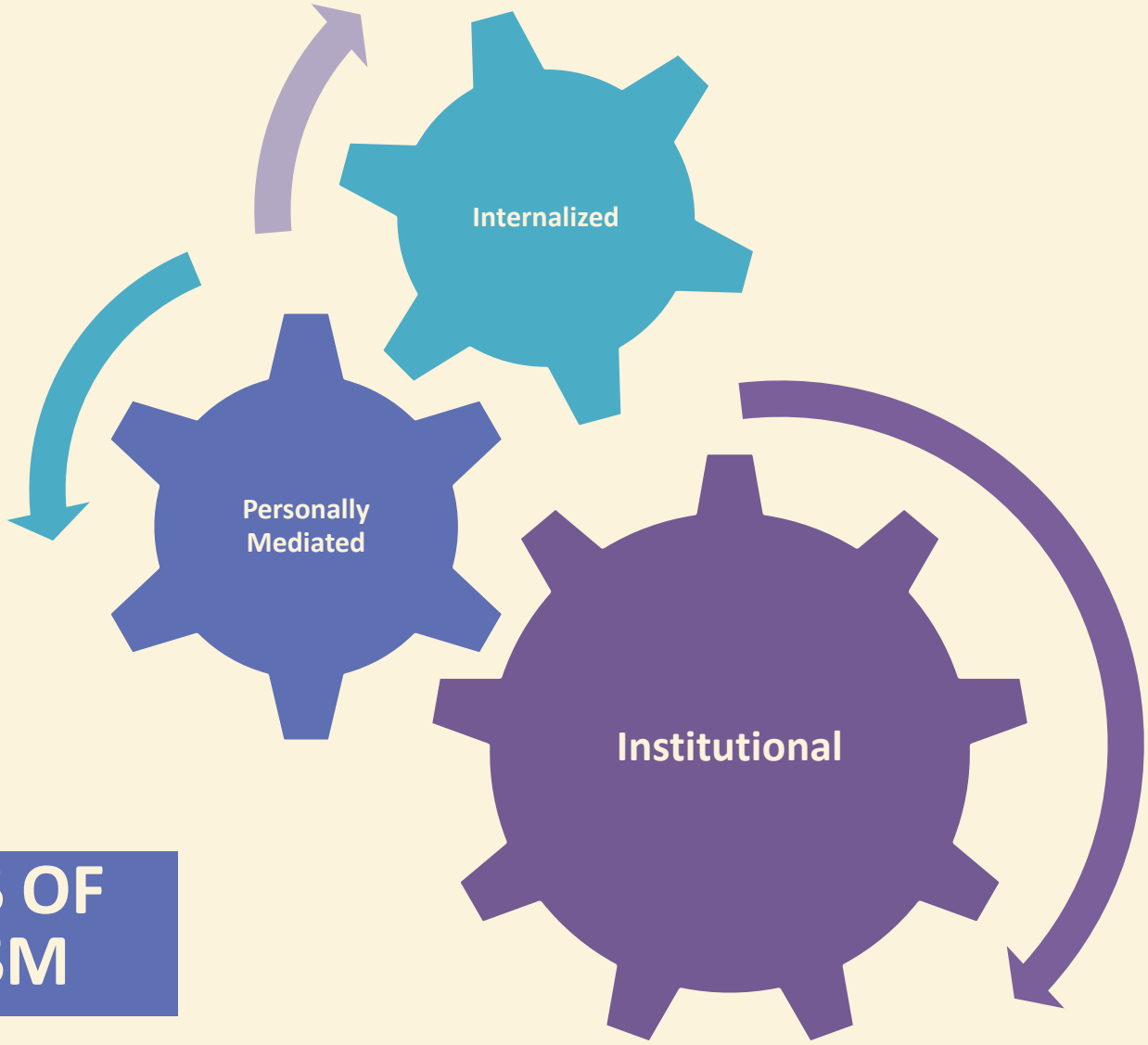
Everyone has the right to life, liberty and security of person

Article 25.

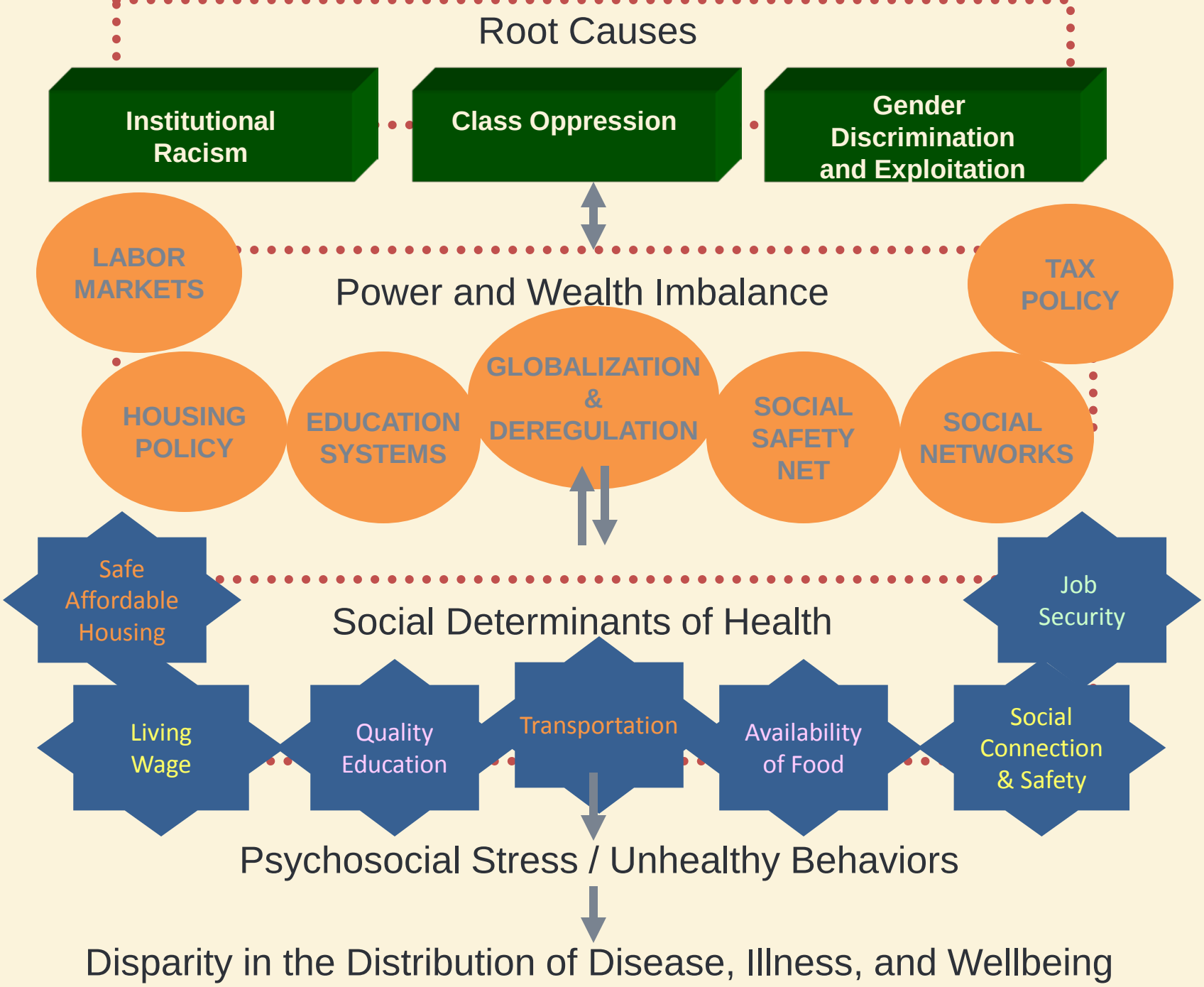
(1) Everyone has the right to **a standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(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.

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



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

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

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

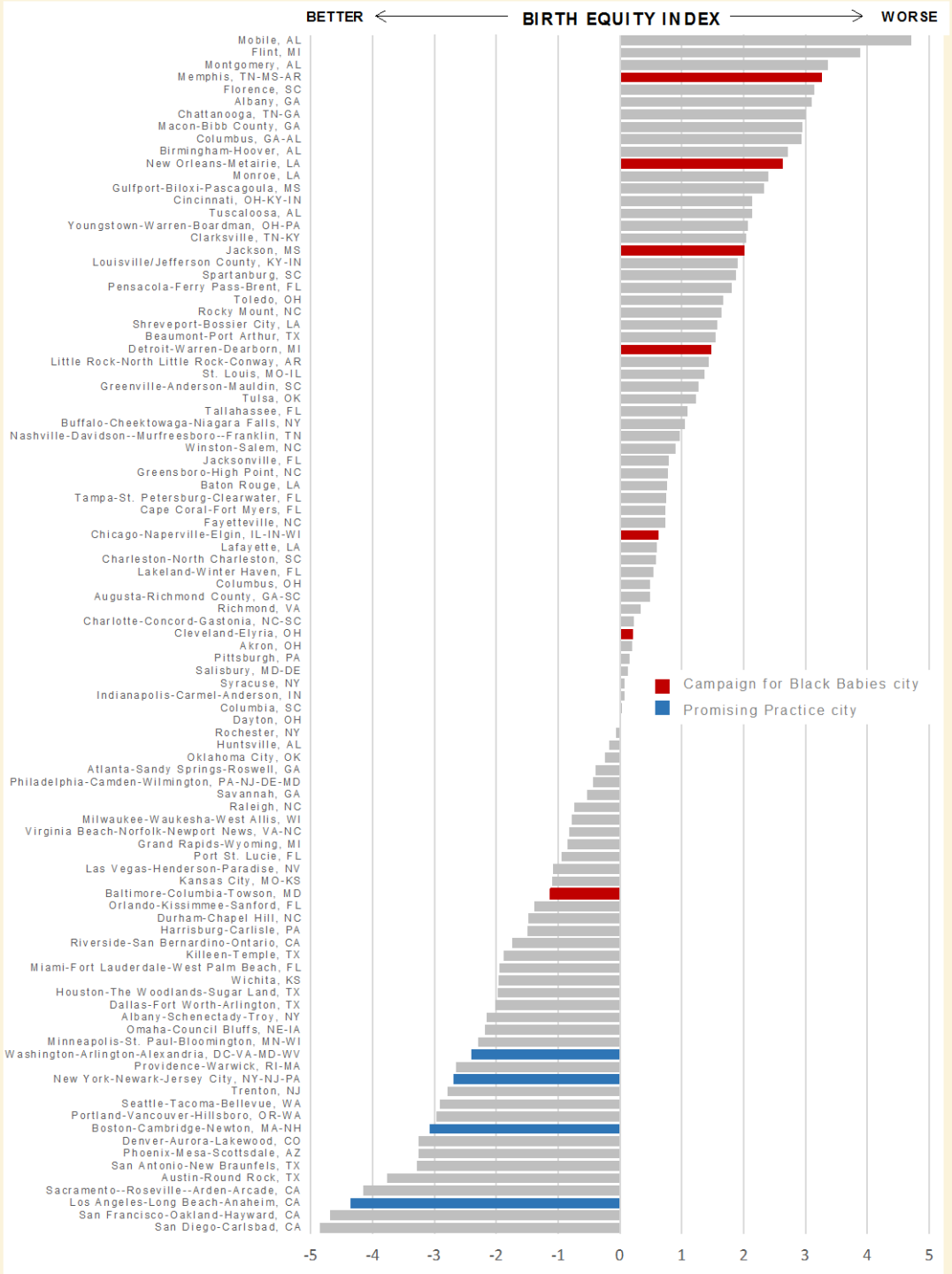
Data tool to identify significant social determinants

- *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 $\geq$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
Mobile, AL
Flint, MI
Montgomery, AL
Memphis, TN-MS-AR
Florence, SC
Albany, GA
Chattanooga, TN-GA
Macon-Bibb County, GA
Columbus, GA-AL
Birmingham-Hoover, AL
New Orleans-Metairie, LA
Monroe, LA
Gulfport-Biloxi-Pascagoula, MS
Cincinnati, OH-KY-IN
Tuscaloosa, AL
Youngstown-Warren-Boardman, OH-PA
Clarksville, TN-KY
Jackson, MS
Louisville/Jefferson County, KY-IN
Spartanburg, SC
Pensacola-Ferry Pass-Brent, FL
Toledo, OH
Rocky Mount, NC
Shreveport-Bossier City, LA
Beaumont-Port Arthur, TX
Detroit-Warren-Dearborn, MI
Little Rock-North Little Rock-Conway, AR
St. Louis, MO-IL
Greenville-Anderson-Mauldin, SC
Tulsa, OK
Tallahassee, FL
Buffalo-Cheektowaga-Niagara Falls, NY
Nashville-Davidson--Murfreesboro--Franklin, TN
Winston-Salem, NC
Jacksonville, FL
Greensboro-High Point, NC
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
Trenton, NJ
Seattle-Tacoma-Bellevue, WA
Portland-Vancouver-Hillsboro, OR-WA
Boston-Cambridge-Newton, MA-NH
Denver-Aurora-Lakewood, CO
Phoenix-Mesa-Scottsdale, AZ
San Antonio-New Braunfels, TX
Austin-Round Rock, TX
Sacramento--Roseville--Arden-Arcade, CA
Los Angeles-Long Beach-Anaheim, CA
San Francisco-Oakland-Hayward, CA
San Diego-Carlsbad, CA
Campaign for Black Babies city
Promising Practice city
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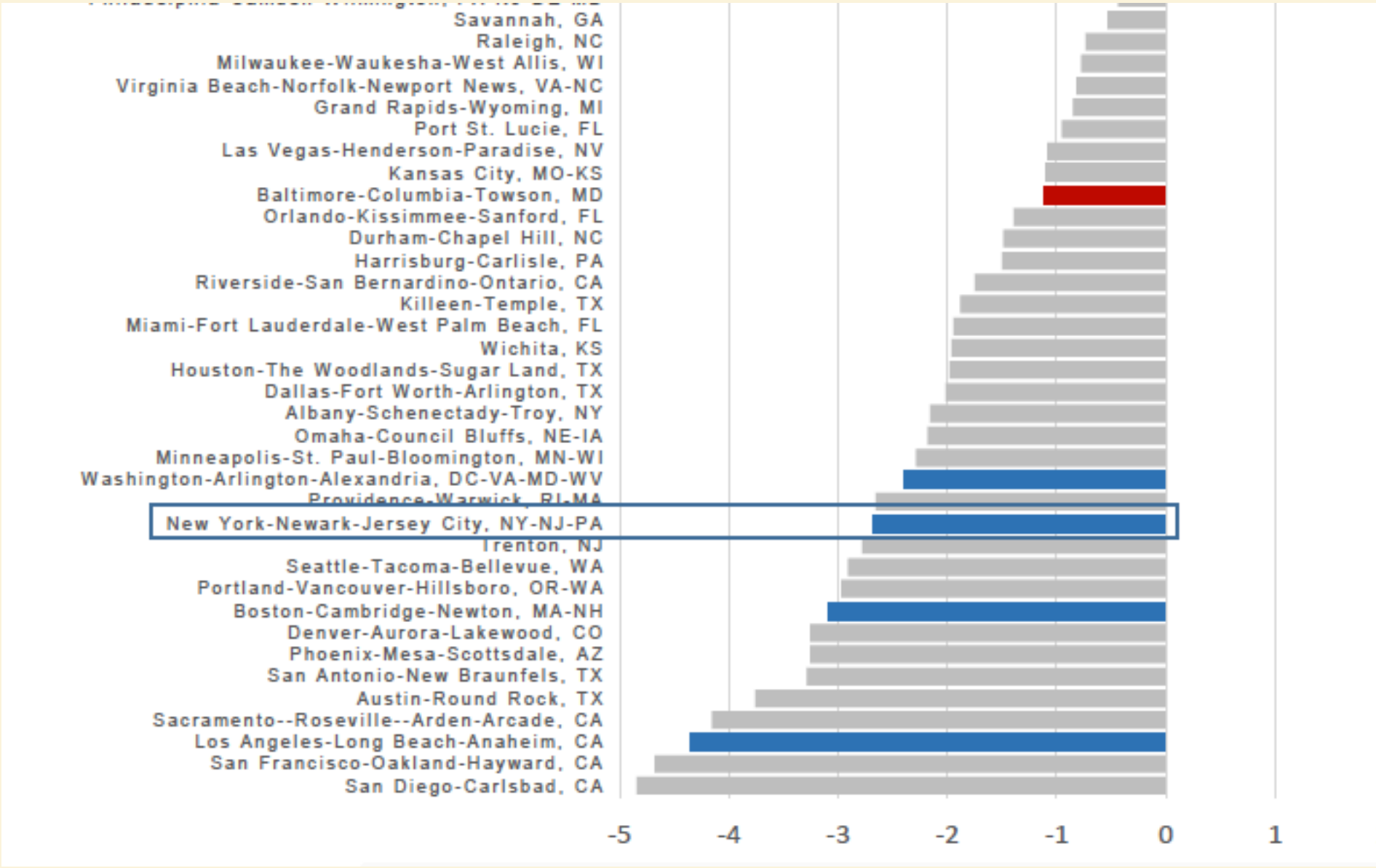
Savannah, GA
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Washington-Arlington-Alexandria, DC-VA-MD-WV
New York-Newark-Jersey City, NY-NJ-PA
Seattle-Tacoma-Bellevue, WA
Portland-Vancouver-Hillsboro, OR-WA
Boston-Cambridge-Newton, MA-NH
Denver-Aurora-Lakewood, CO
Phoenix-Mesa-Scottsdale, AZ
San Antonio-New Braunfels, TX
Austin-Round Rock, TX
Sacramento--Roseville--Arden-Arcade, CA
Los Angeles-Long Beach-Anaheim, CA
San Francisco-Oakland-Hayward, CA
San Diego-Carlsbad, CA
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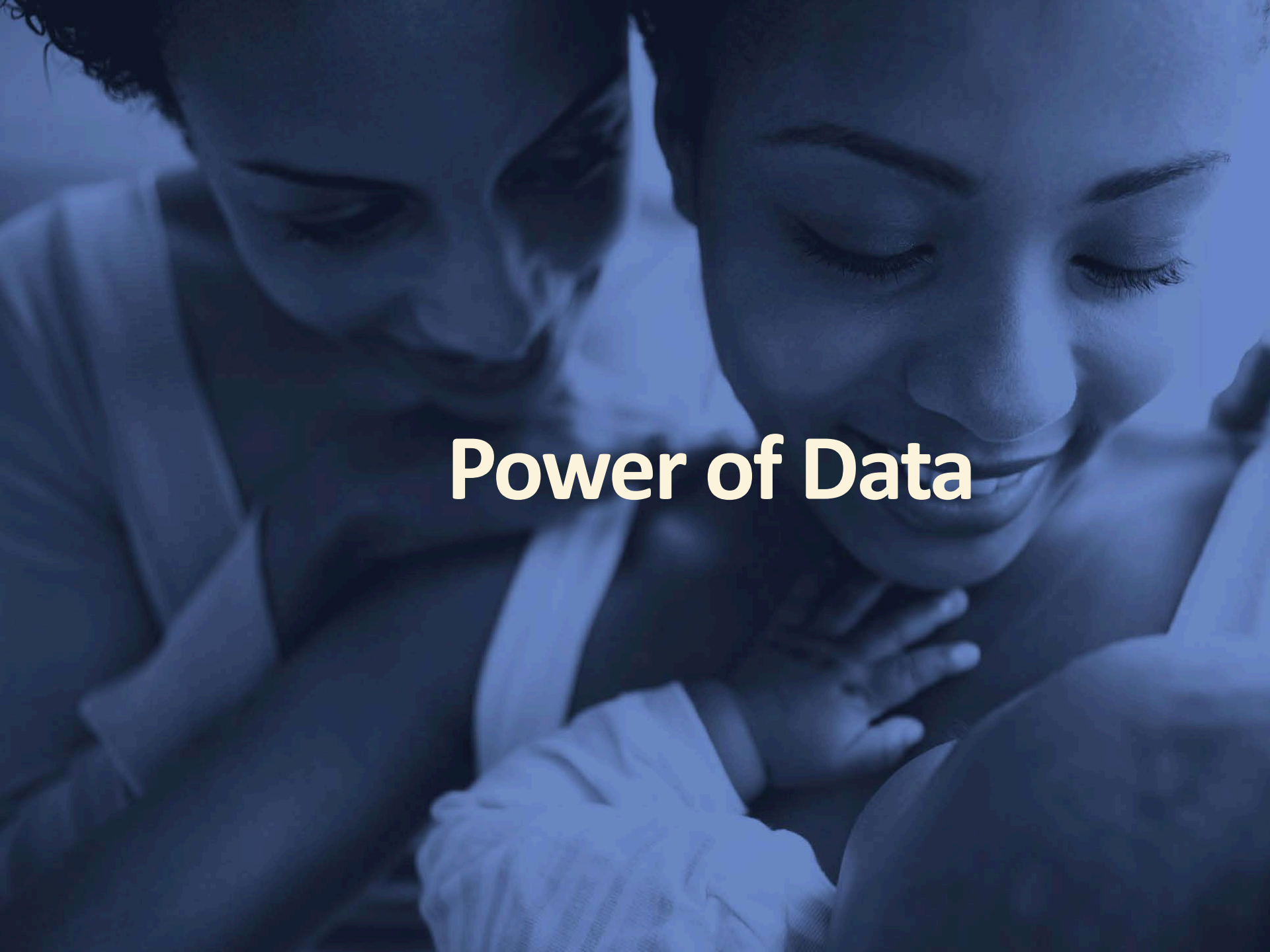

Power of Data

Flint, Michigan

Data - Voice = Poor Policy

Community voices humanize issues of class, race and power.

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


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

Abdullahi, M, 2010. A Short History of African-American Women and Abortion

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.

Abdullahi, 2010

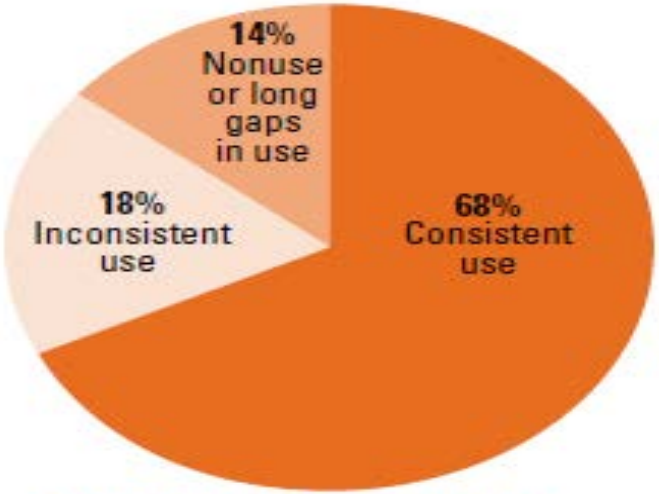
History of the term ‘Unintended’

- 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”.

Modern Contraception Works

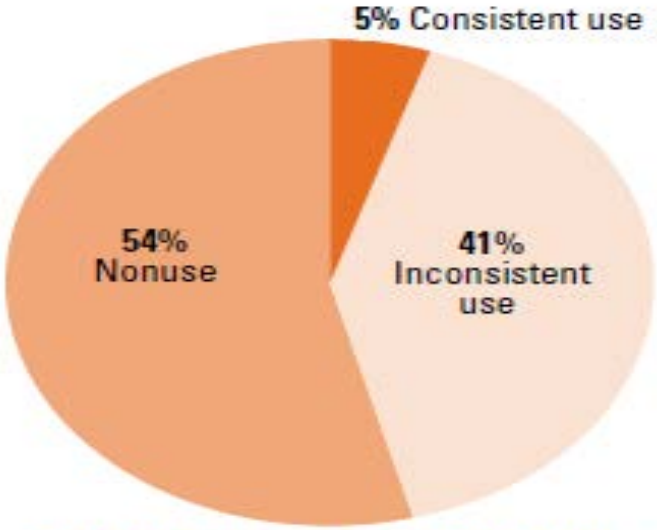
The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

Women at Risk
(43 Million in 2008)



By consistency of method use all year

Unintended Pregnancies
(3.1 Million)



By consistency of method use during month of conception

Notes: "Nonuse" includes women who were sexually active, but did not use any method of contraception. "Long gaps in use" includes women who did use a contraceptive during the year but had gaps in use of a month or longer when they were sexually active. "Inconsistent use" includes women who used a method in all months that they were sexually active, but missed taking some pills, or skipped use or incorrectly used their barrier method or condom during some acts of intercourse. "Consistent use" includes women without any gaps in use who used their method consistently and correctly during all months when they were sexually active, including those who used a long-acting or permanent method.

Understanding Pregnancy Intention Terms

Unintended: mistimed or unwanted

Mistimed: did not desire pregnancy at the time but want a future pregnancy

Unwanted: did not desire a pregnancy at the time or in the future

***Intended: desired pregnancy at the time or sooner

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

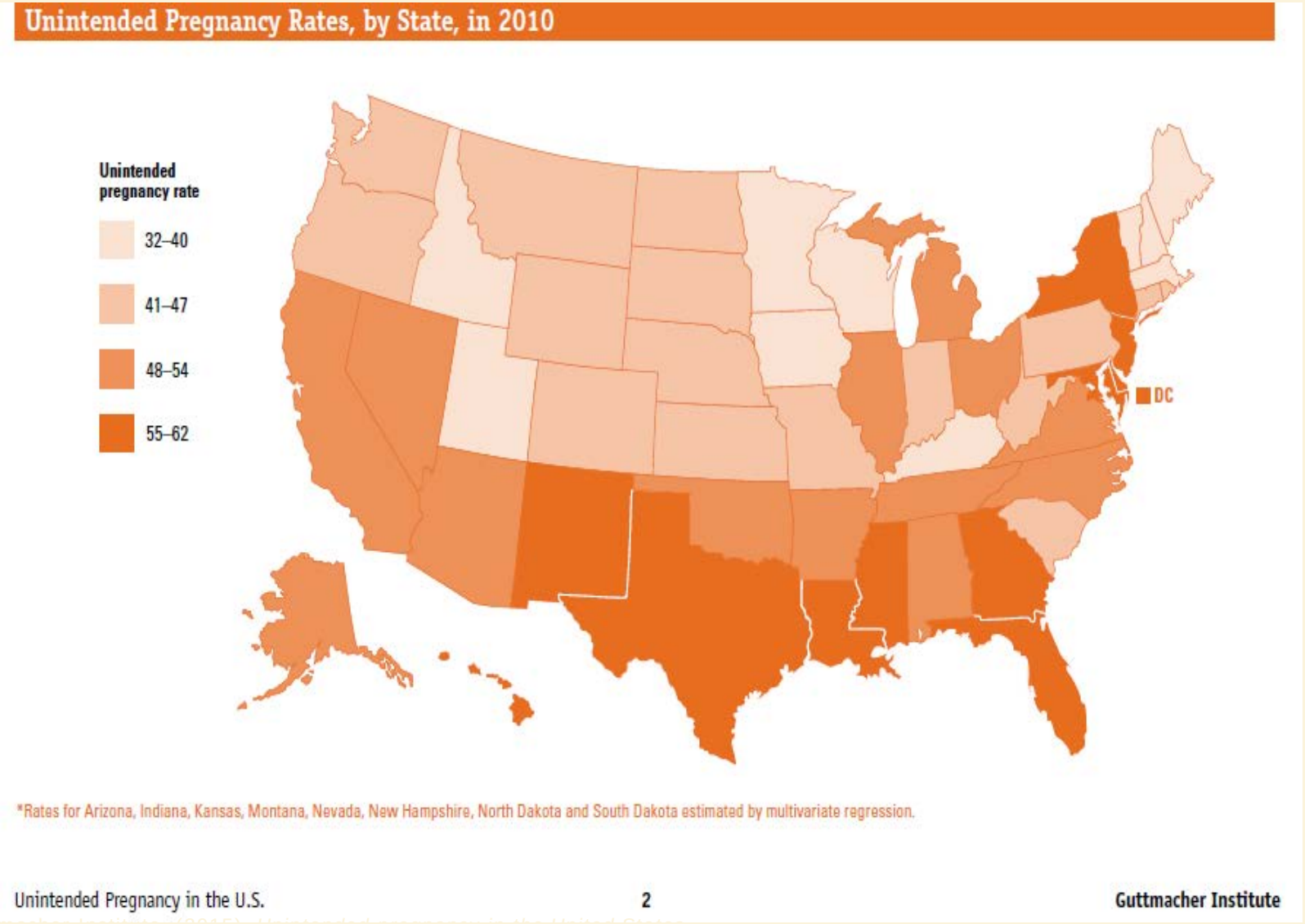
Intention

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)

W., Jones, J., and Abma, J. (2012). Intended and unintended births in the United States: 1982-2010. (No.

Intention


Unintended Pregnancy Rates, by State, in 2010
Unintended pregnancy rate
32–40
41–47
48–54
55–62
DC
*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multivariate regression.
Unintended Pregnancy in the U.S.
2
Guttmacher Institute

Unintended Pregnancy Workgroup 2003

- 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

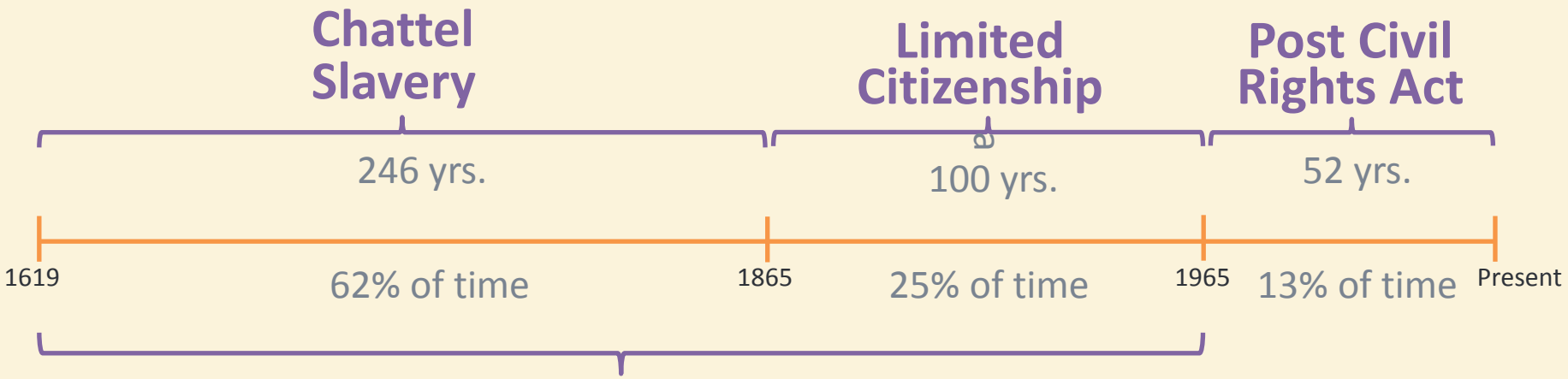

Power of Policy

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



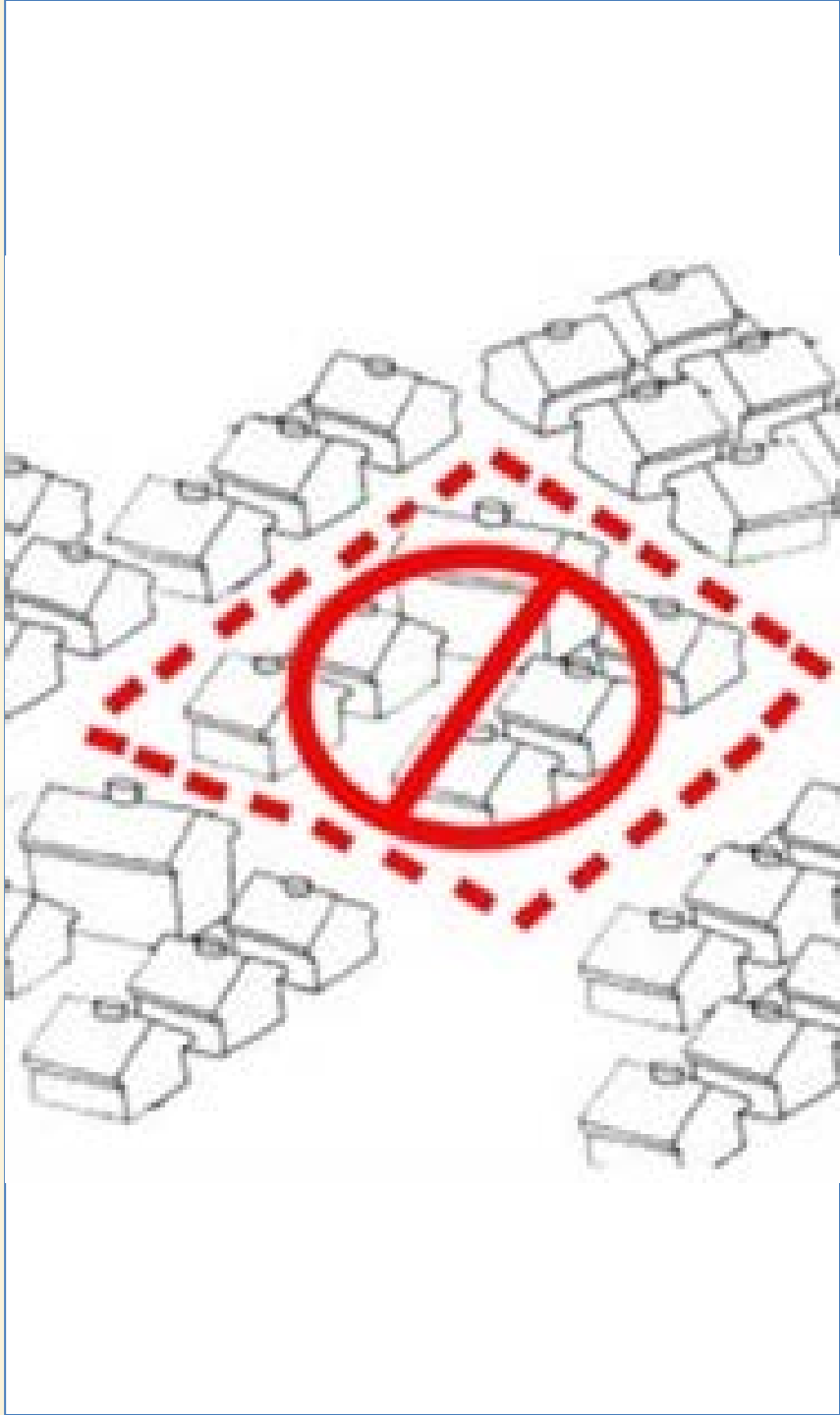
87% of the Black experience has been under explicit racial oppression.

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.

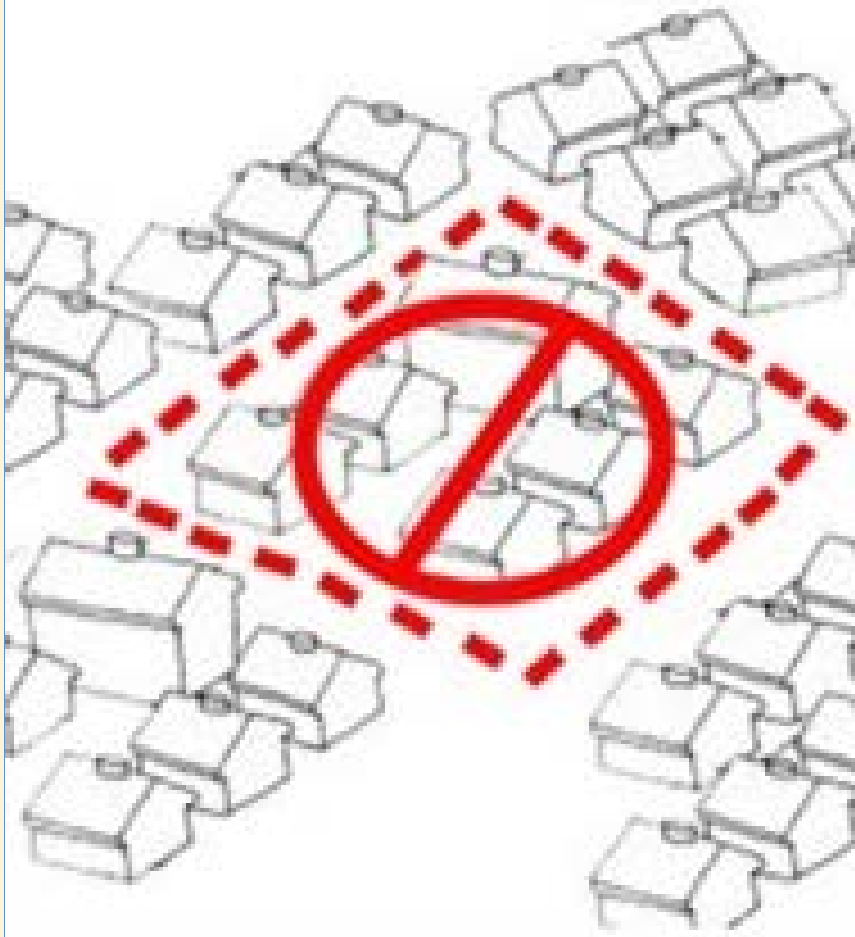
Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.



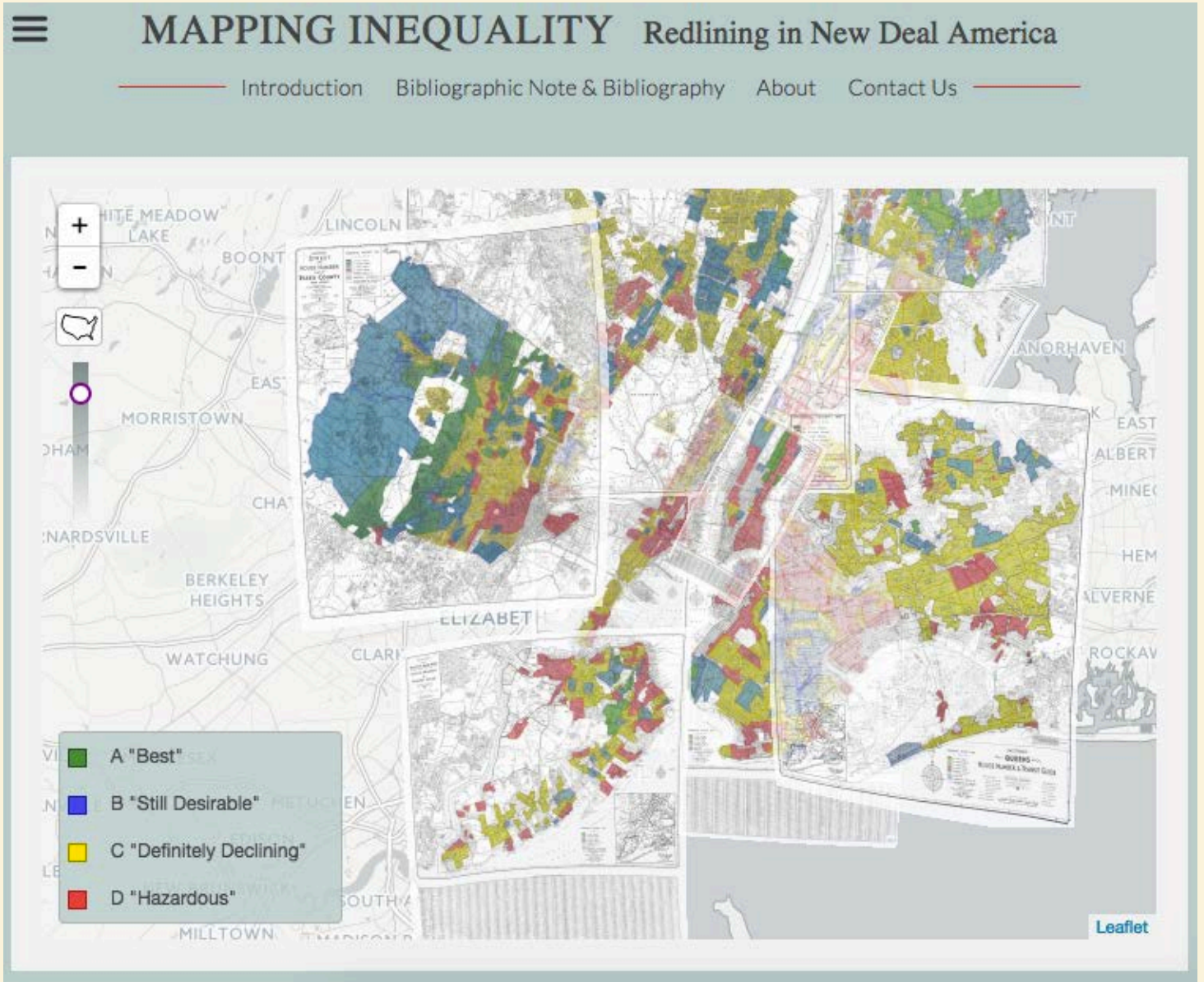
Redlining: 1934-1968

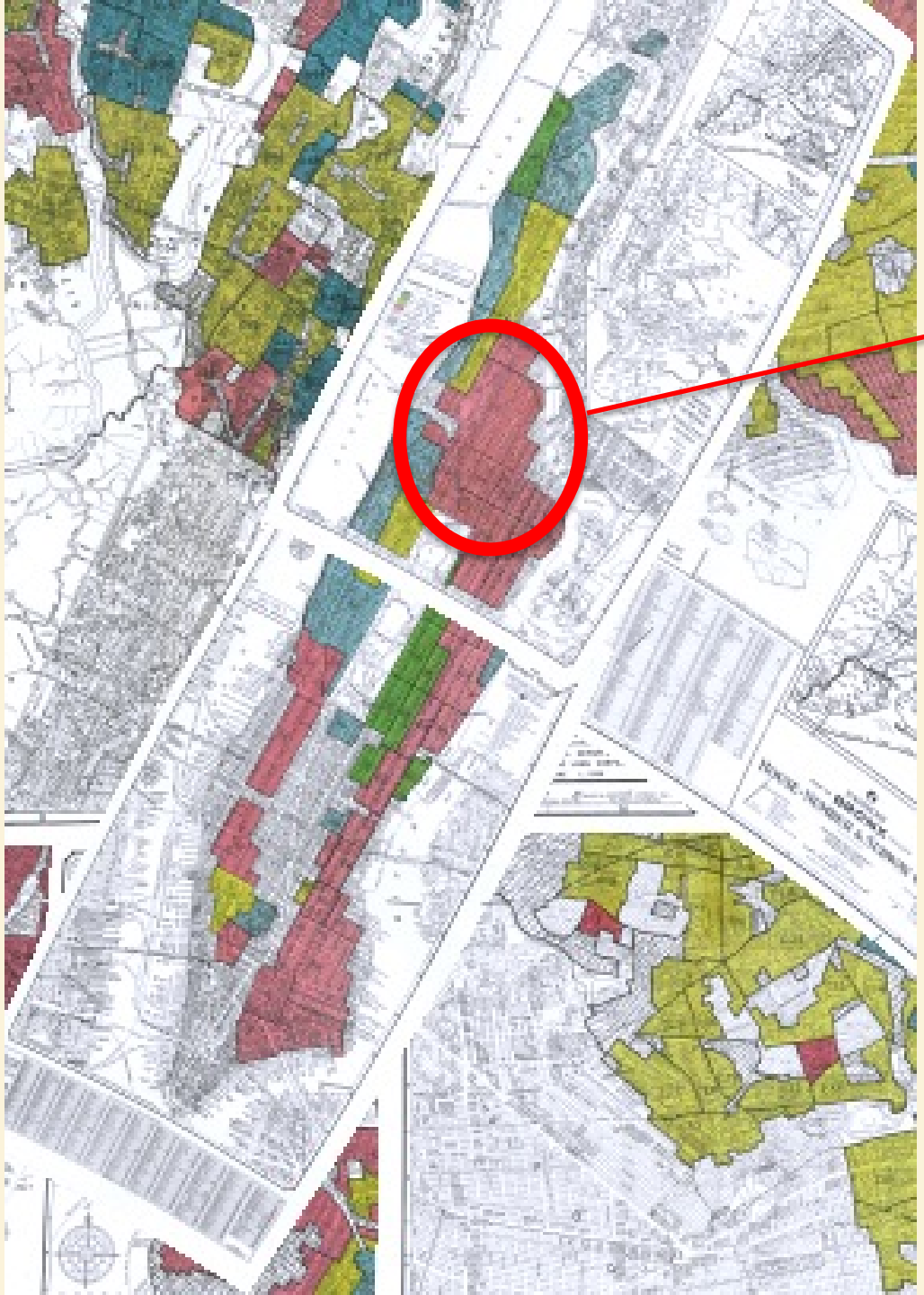
While discriminatory practices existed in the banking and insurance industries well before the 1930s, the New Deal's Home Owners' Loan Corporation (HOLC) instituted a redlining policy by developing color-coded maps of American cities that used racial criteria to categorize lending and insurance risks.

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





Manhattan, New York 1940 Map

Infant Mortality

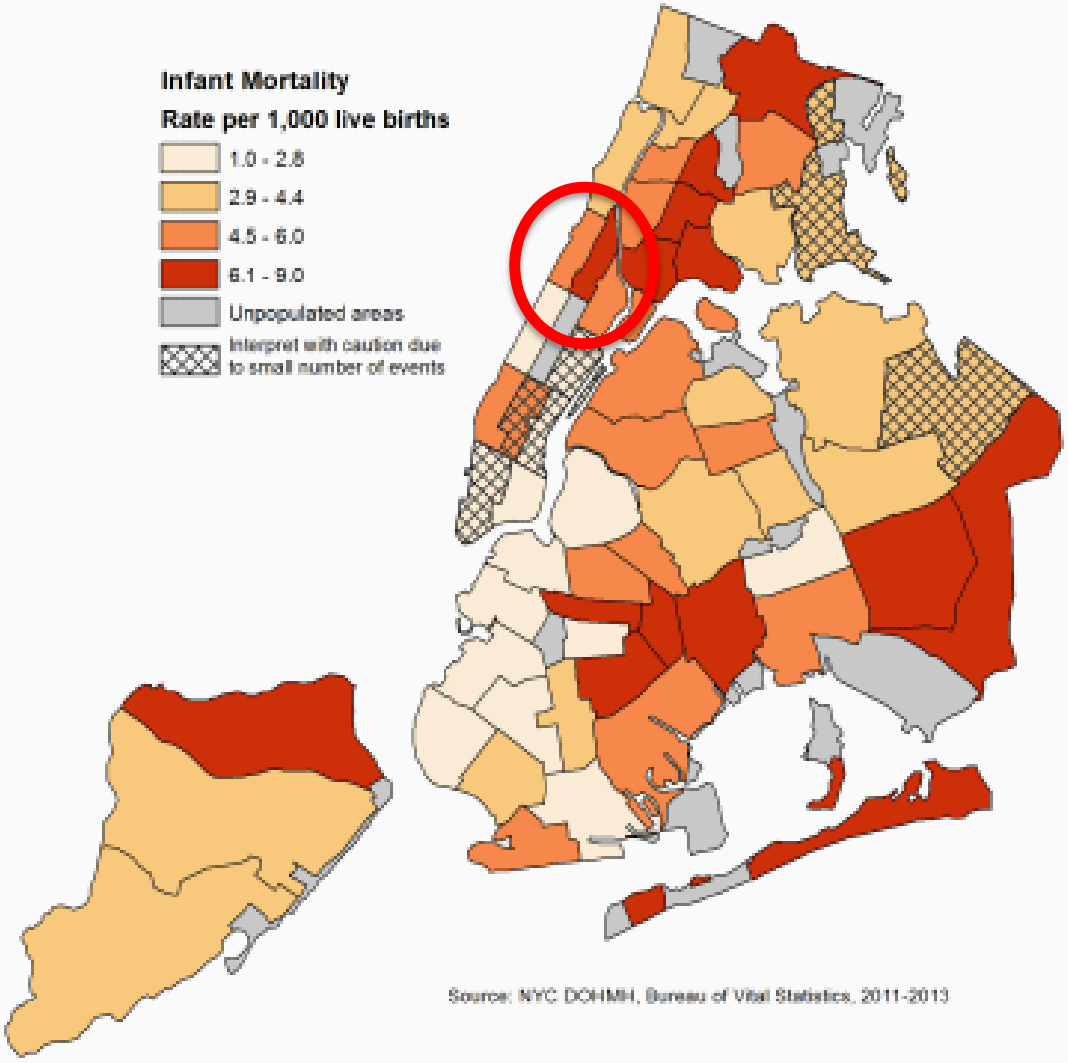
Rate of infant deaths (under one year old) per 1,000 live births

Highest		Rate
1	Jamaica and Hollis	9.0
2	Belmont and East Tremont	8.7
3	Central Harlem	8.1
4	Brownsville	8.0
5	Hunts Point and Longwood	7.8
5	East New York and Starrett City	7.8
5	Williamsbridge and Baychester	7.8

Lowest		Rate
59	Upper East Side	1.0*
58	Financial District	1.5*
57	Sunset Park	1.6
56	Borough Park	1.8
55	Greenwich Village and Soho	2.0*

*Interpret with caution due to small number of events

Borough	Rate
Bronx	5.7
Brooklyn	3.9
Manhattan	3.4
Queens	4.7
Staten Island	4.7



NYC Overall: 4.7

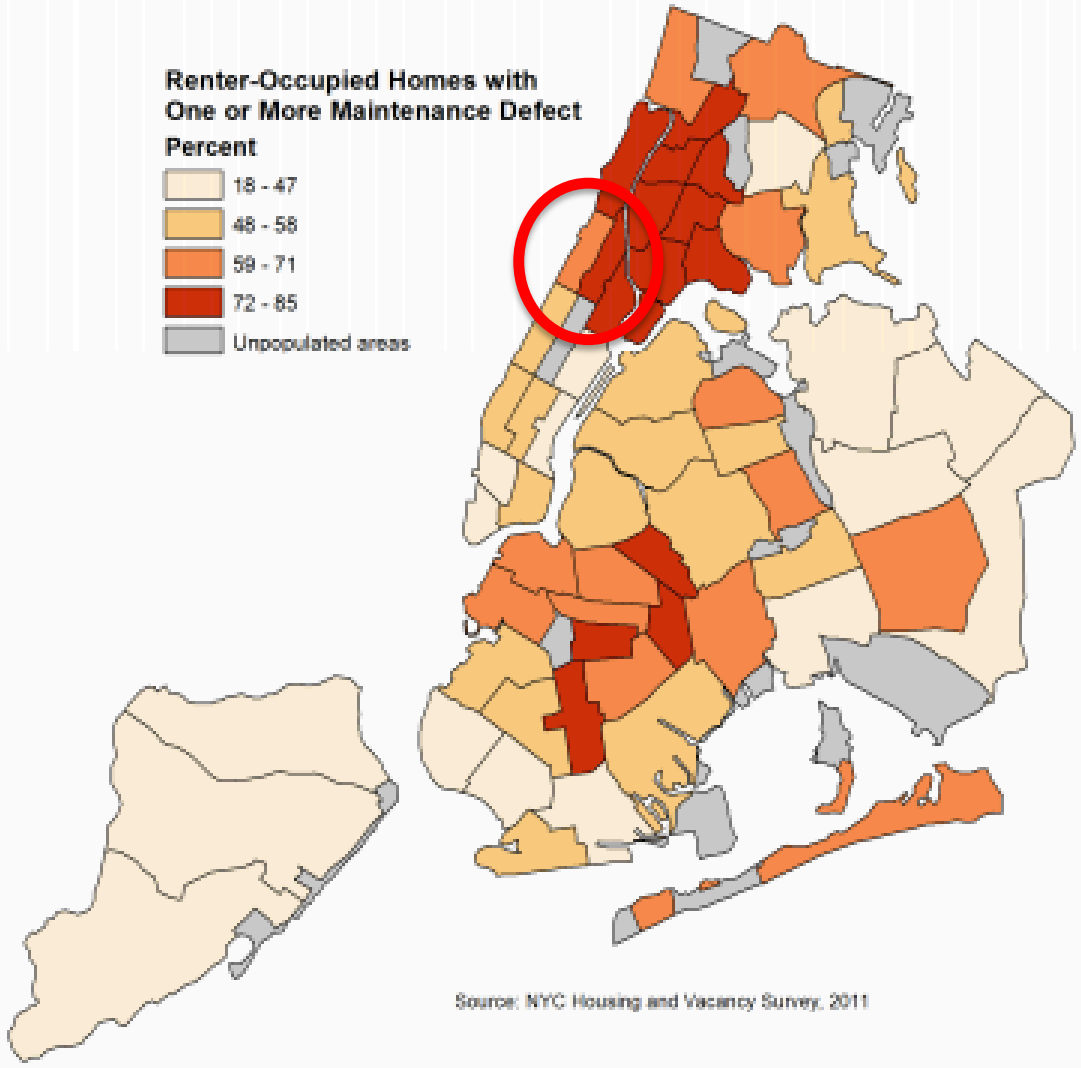
Renter-Occupied Homes with Maintenance Defects

Percent of renter-occupied homes with one or more maintenance defect (water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns or peeling paint)

Highest		Percent
1	South Crown Heights and Lefferts Gardens	85
2	Mott Haven and Melrose	79
2	Hunts Point and Longwood	79
4	Fordham and University Heights	79
5	Highbridge and Concourse	78

Lowest		Percent
59	Tottenville and Great Kills	18
58	South Beach and Willowbrook	29
57	St. George and Stapleton	36
56	Bayside and Little Neck	38
55	Flushing and Whitestone	38

Borough	Percent
Bronx	69
Brooklyn	62
Manhattan	57
Queens	51
Staten Island	29



NYC Overall: 59%

Jail Incarceration

Rate of adults who were incarcerated in local jails (not including prisons), per 100,000 adults ages 16 and older. Rate is derived from bi-weekly in-custody files from July 1 to Oct 9, 2014.

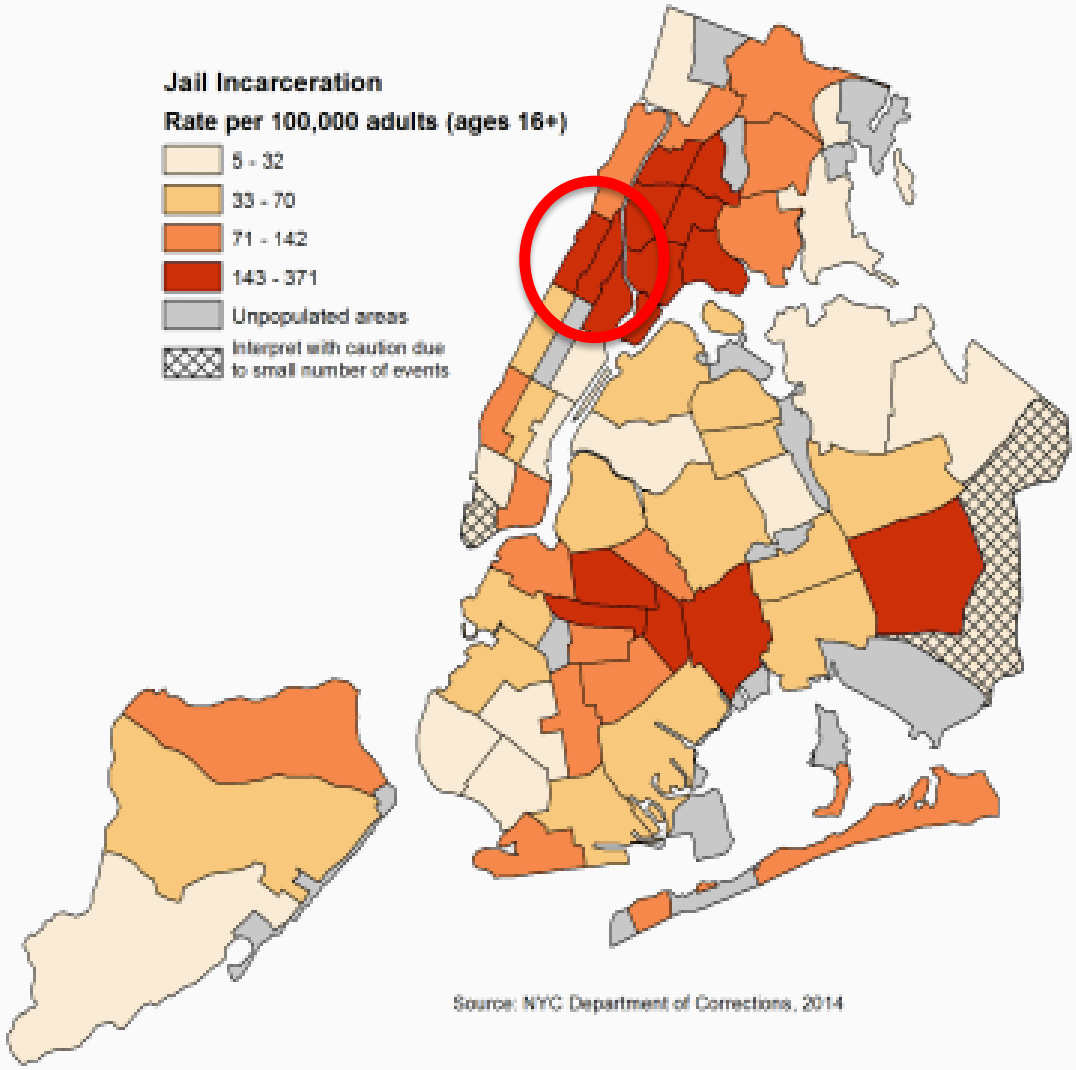
Highest		Percent
1	Morrisania and Crotona	371
2	Brownsville	348
3	Central Harlem	336
4	Mott Haven and Melrose	305
5	East Harlem	302

Lowest		Percent
59	Queens Village	5*
58	Bayside and Little Neck	12
57	Rego Park and Forest Hills	12
56	Financial District	15*
55	Upper East Side	15

*Interpret with caution due to small number of events

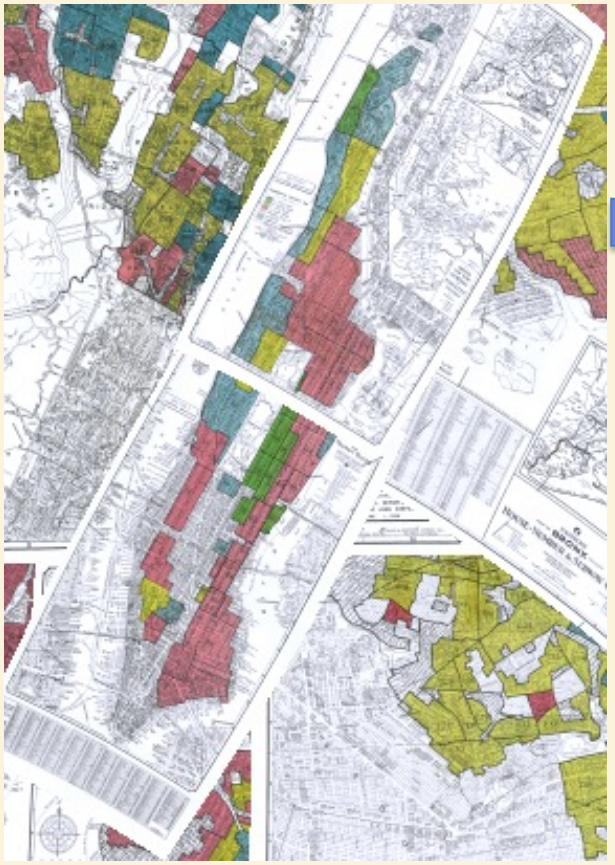
Borough	Percent
Bronx	156
Brooklyn	96
Manhattan	103
Queens	52
Staten Island	61

NYC Overall: 93



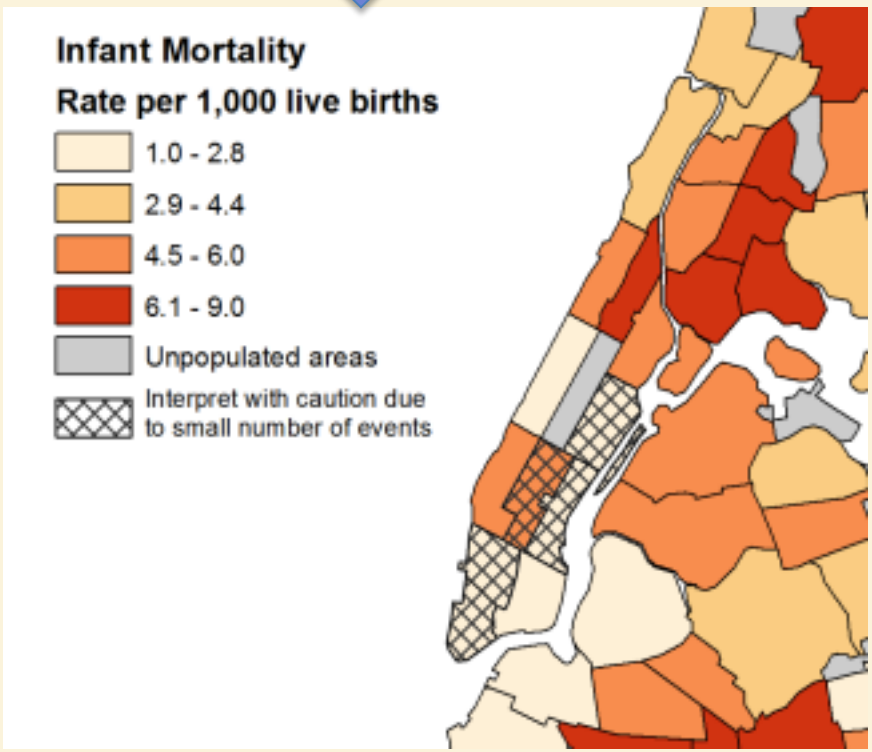
Note: DOC's total average daily population over this time period was approximately 10,800, but only about 60% of inmates provided the agency with addresses in NYC that could be geocoded to Community District. As a result, this rate of incarceration is underestimated.

What connects these maps across 70 years of history?



Disinvestment in redlined neighborhoods

Poor health outcomes



**Low opportunity*
(poor social determinants)**

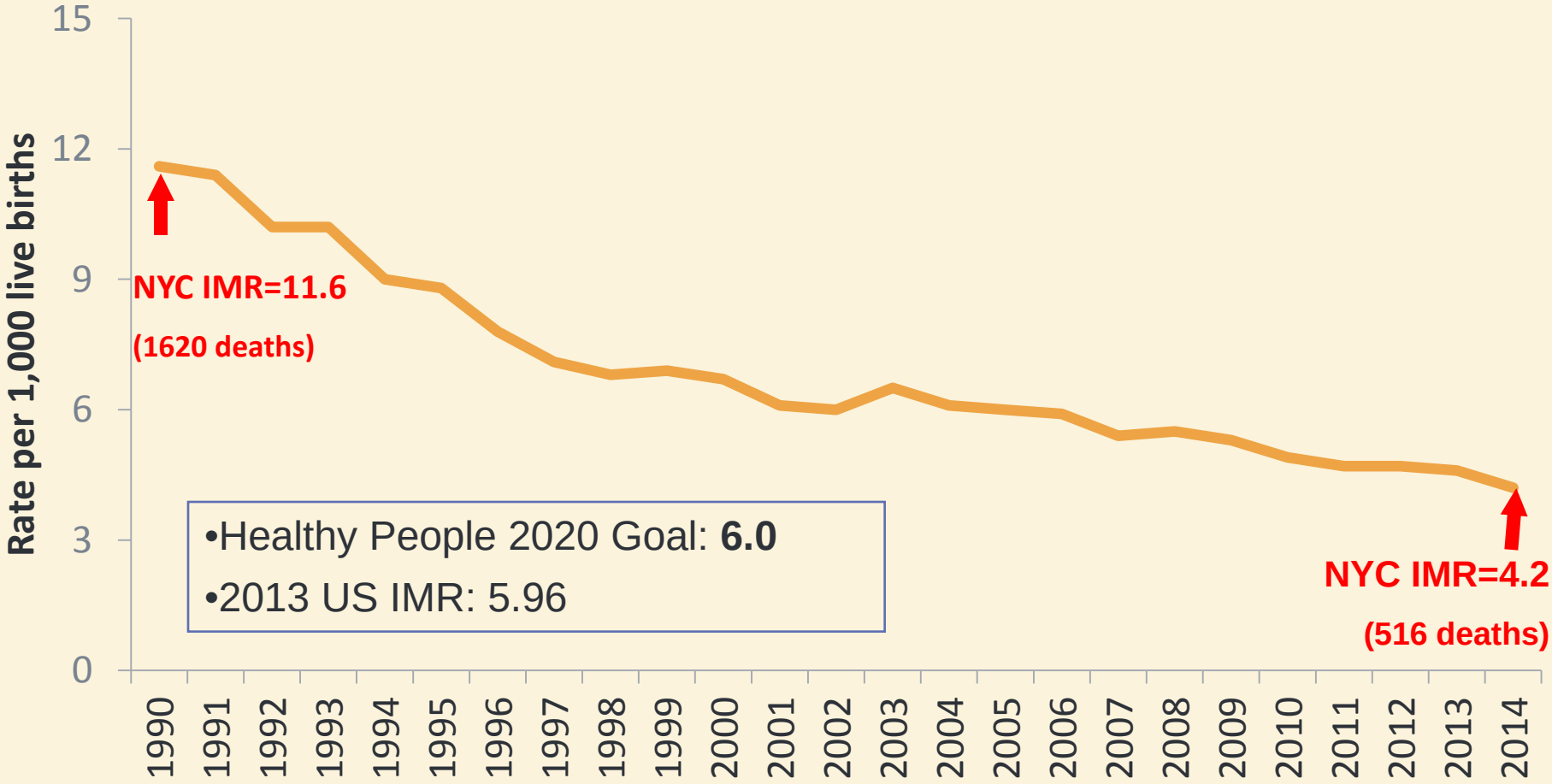
Opportunity indicators include:

- 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

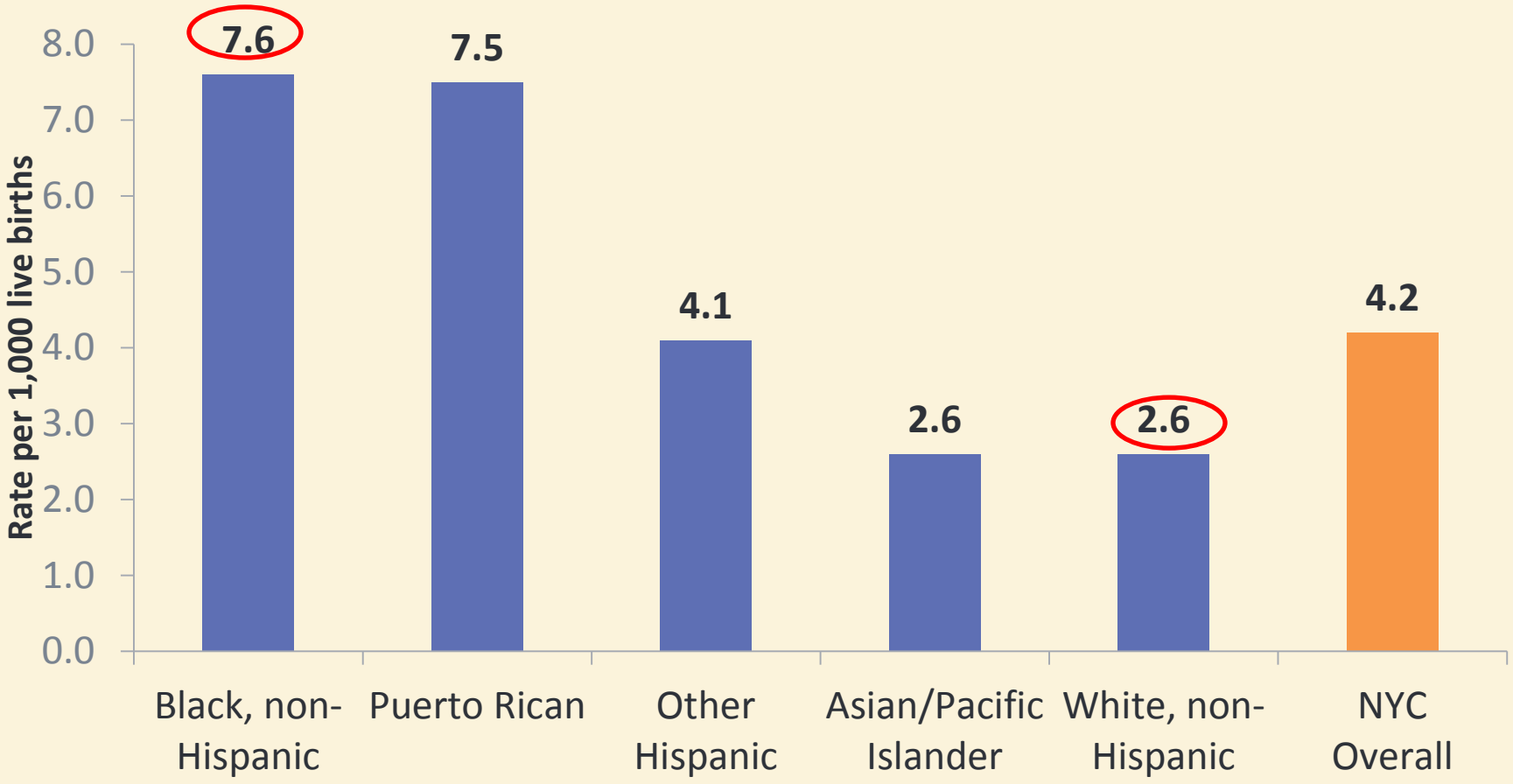
Social Determinants of Infant Mortality

Decline in Infant Mortality Rate in NYC has Slowed Over the Last 10 Years



Source: Bureau of Vital Statistics; compiled by BMIRH

Despite Overall Decline in Infant Mortality Rate Disparities by Race/Ethnicity Remain, NYC 2014



Source: Bureau of Vital Statistics; compiled by BMIRH

Specific communities had the Highest Rates of IM

INFANT MORTALITY

Table IM6. Infant and Neonatal Mortality Rates by Community District of Residence, New York City, 2010–2014

Community District		2010–2012*		2011–2013*		2012–2014*	
		Infant Mortality Rate	Neonatal† Mortality Rate	Infant Mortality Rate	Neonatal† Mortality Rate	Infant Mortality Rate	Neonatal† Mortality Rate
	NEW YORK CITY	**4.8**	**3.1**	**4.7**	**3.1**	**4.5**	**3.0**
	MANHATTAN	**3.5**	**2.2**	**3.4**	**2.3**	**3.1**	**2.1**
101	Battery Park, Tribeca	1.2	1.2	1.5	1.2	2.0	1.4
102	Greenwich Village, SOHO	2.4	2.4	2.0	2.0	0.8	0.8
103	Lower East Side	2.6	1.3	2.4	1.0	2.1	1.5
104	Chelsea, Clinton	2.9	1.4	4.9	3.9	5.1	3.4
105	Midtown Business District	5.7	3.4	4.5	2.2	5.2	2.9
106	Murray Hill	2.3	1.5	2.1	1.0	1.0	0.8
107	Upper West Side	2.2	1.3	2.2	1.6	2.8	1.9
108	Upper East Side	1.5	1.1	1.0	0.8	0.8	0.4
109	Manhattanville	4.9	3.6	4.7	3.6	4.1	3.5
110	Central Harlem	8.4	5.7	8.1	5.7	6.7	4.1
111	East Harlem	5.3	3.9	6.0	4.5	5.7	4.2
112	Washington Heights	4.2	1.8	3.6	1.7	3.5	2.1
	BRONX	**5.6**	**3.7**	**5.7**	**3.7**	**5.5**	**3.6**
201	Mott Haven	6.6	4.2	6.6	3.7	6.4	3.3
202	Hunts Point	8.7	5.5	7.8	3.7	6.0	3.0
203	Morrisania	6.9	3.9	7.7	4.9	5.4	3.7
204	Concourse, Highbridge	5.5	3.4	5.5	3.3	4.7	2.9
205	University/Morris Heights	6.1	4.4	5.4	3.6	4.8	3.2

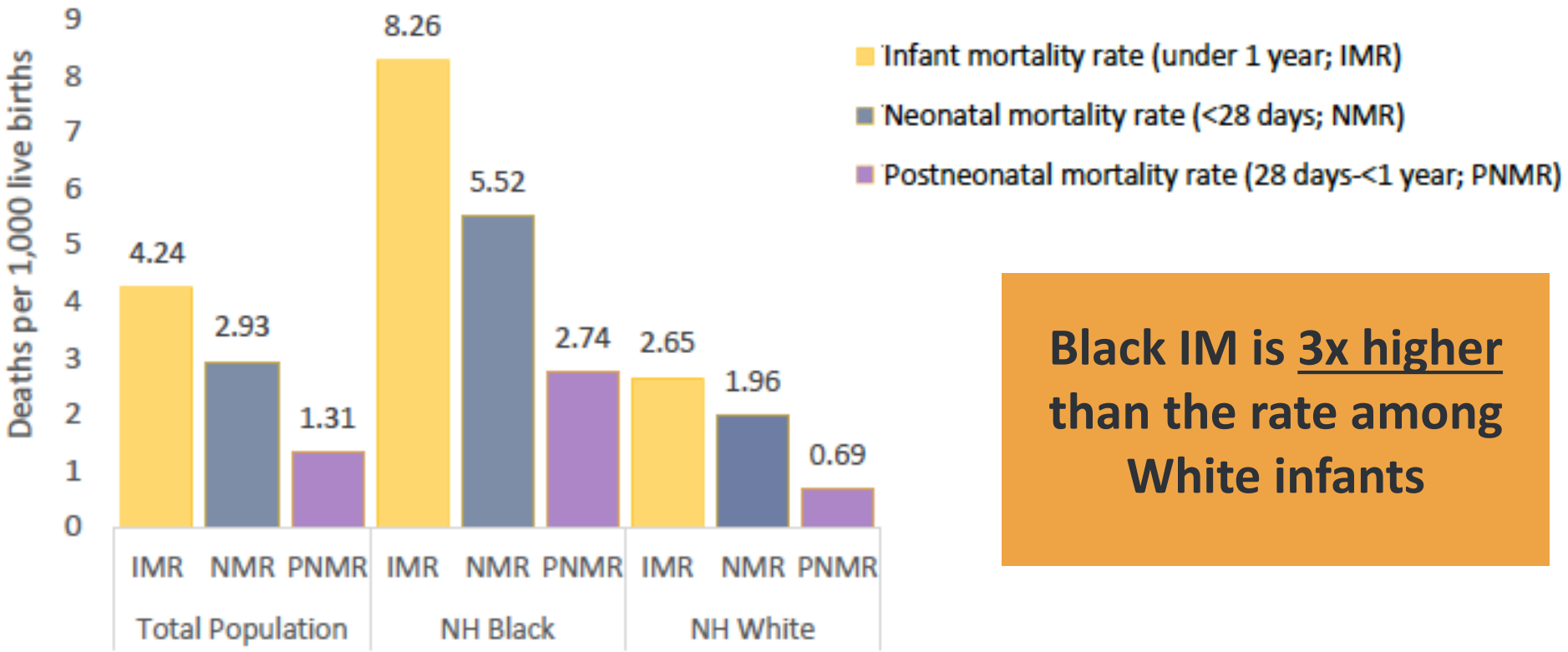
Source: New York City Department of Health and Mental Hygiene (2016). Summary of Vital Statistics 2014, The City of New York. New York, NY.

Infant Mortality in NYC

There were 566,501 births and 2,453 infant deaths in the NY-NJ-PA Metropolitan Statistical Area from 2010-2013.

17% of the births were Black babies (169,382).

57% of the infant deaths were Black babies (1,399).



Black IM is <u>3x higher</u> 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	Social 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	• **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.

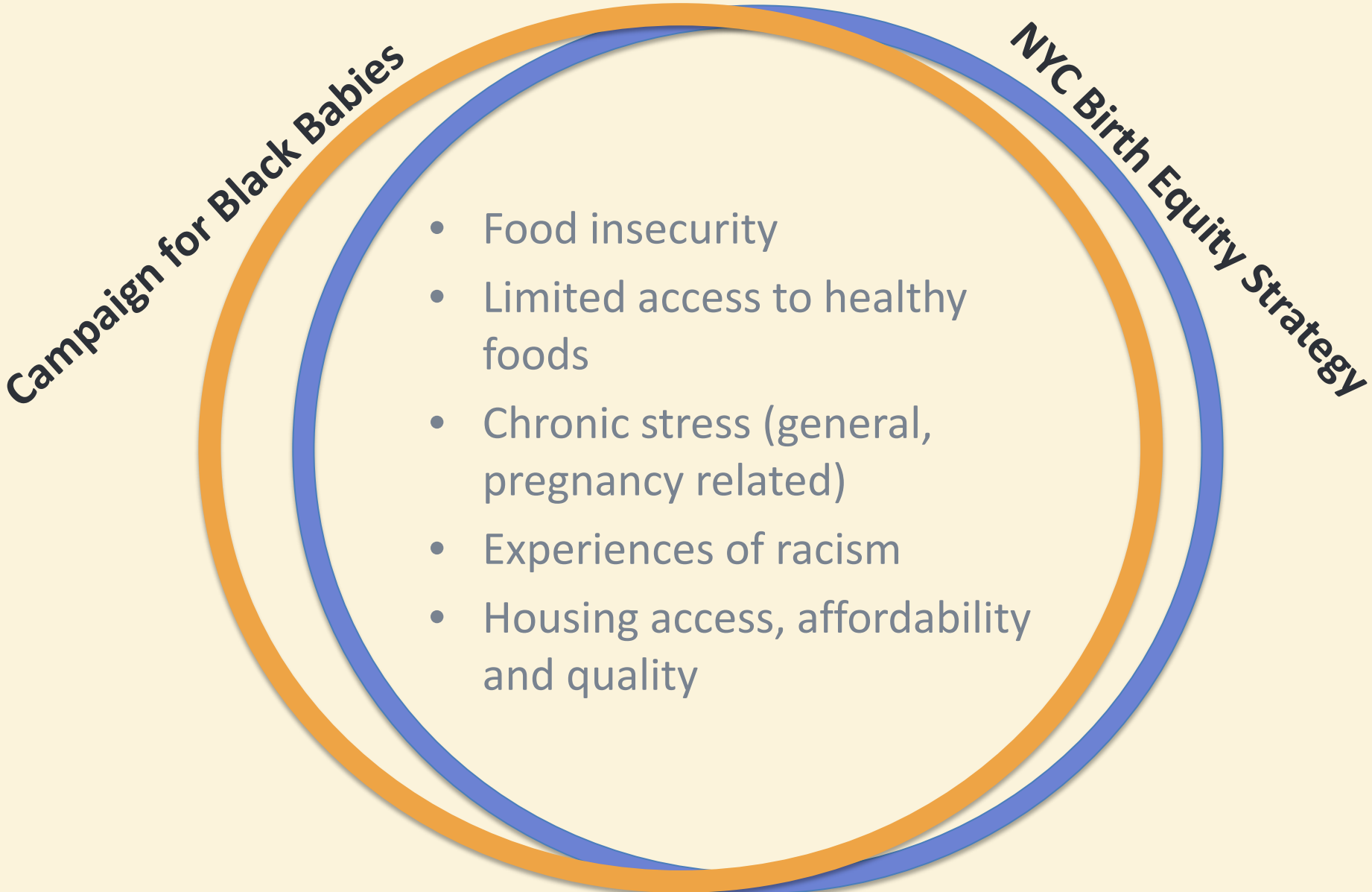
Clinical Risk Factors	Social Risk Factors
• Genetic or inherited causes including chromosomal defects, single gene defects, dominant or recessive inheritance • Environmental causes including a drug, alcohol, or maternal disease • Multifactorial birth defects caused by a combination of genes and environmental exposures.	• **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
• Inadequate prenatal care • Intrauterine growth restriction • Short inter-pregnancy interval • Substance use • Viral respiratory infection • Genetic factors • Sleep environment	• **Education** • **Income** • **Single Parent Households**

Crosscutting Themes



Income and Education

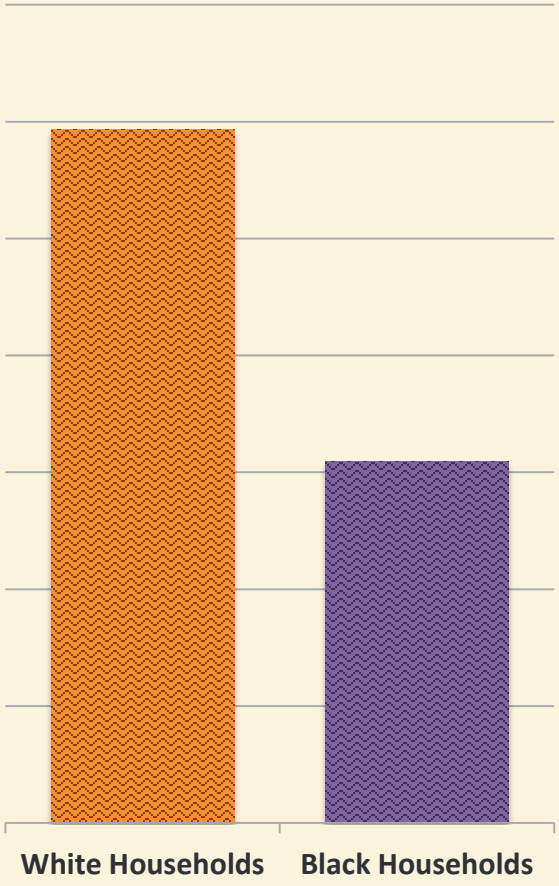
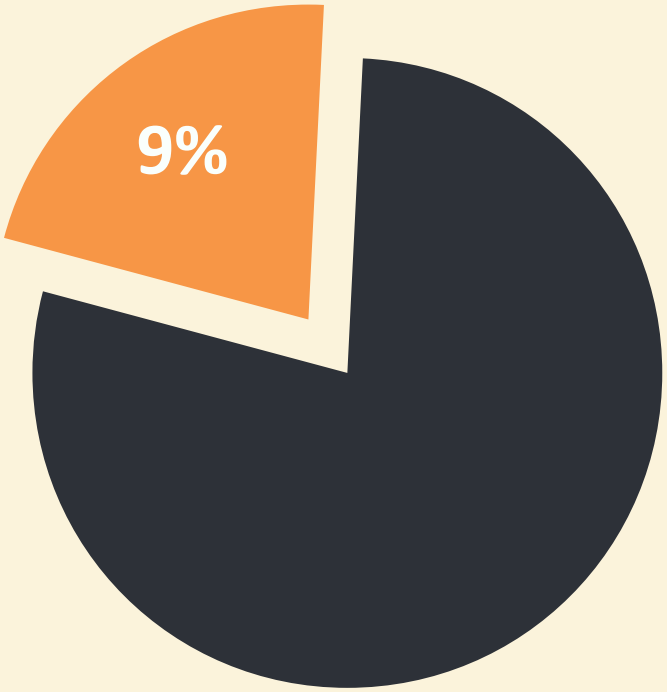


Fig 1.a

Black households in NYC earn on average about half the annual income of White households ($45,286 vs. $83,213). **(Fig 1.a)**

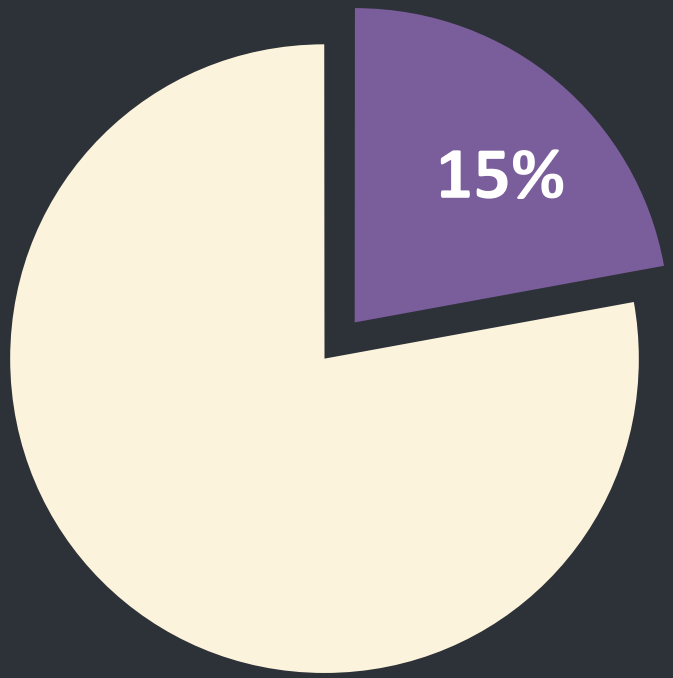
18 percent of Black residents age 25 and older have less than a high school education



9% of Black Adults

Versus 5% of white adults

are uninsured.



Black unemployment

Is 42 % higher

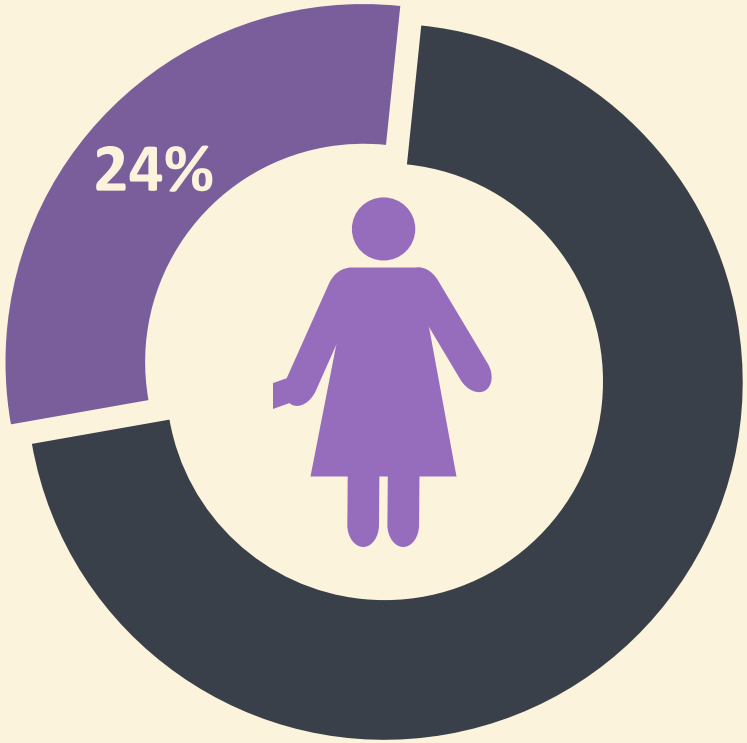
than whites.

Housing and Neighborhood

55% of families have unaffordable housing

52% of children live in low income and single family households

Racial residential segregation: The Black-White dissimilarity index in Detroit is .51, meaning 51% of one group would have to move to a different neighborhood in order for the two groups to be equally distributed.



24% of adults

are obese

2.6%

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

3.2%

average reported poor mental and physical health days

There are **2,081** annual jail admissions for every **100,000** residents

and **3.7** homicide deaths per 100,000 residents

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**.

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.

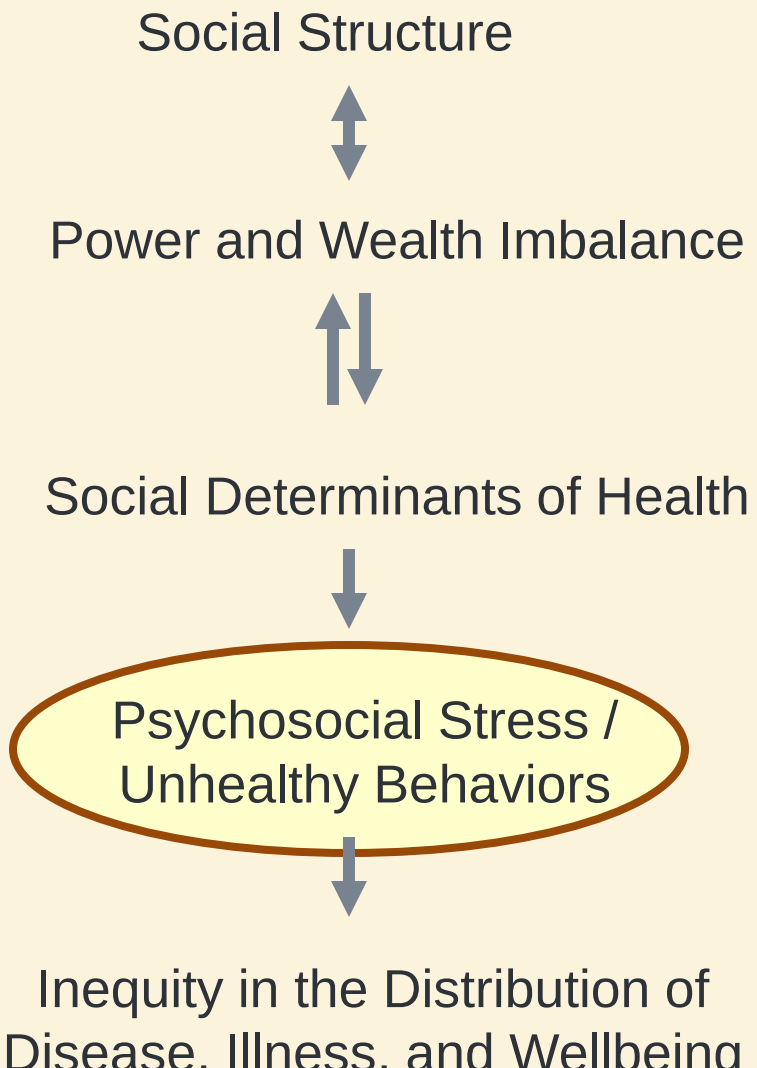
Community Action Networks have major opportunities to build internal capacity and uplift their communities through prioritizing health equity when responding to issues that arise in data and interviews

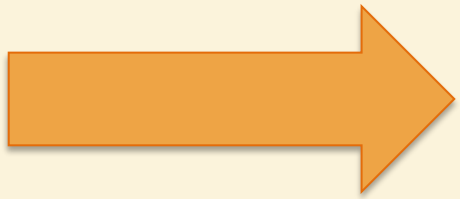
Using your power to operationalize equity will not only decrease preventable death, but improve quality

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

Data → Action

- Remember
  - Program practices, internal policies and local municipal policy have significant leverage
  - Maintain health and racial equity lens

Pareto Principle

- 80% of the results will come from 20% of the action
- Focus the CAN on a few important actions to achieve the most significant impact

Opportunities for Engaging in SDHI

Preterm Related Conditions

- Responding to structural racism in housing and job markets
- Reducing Black unemployment
- Increasing median Black household income
- Gender equality in wages and salaries

Congenital Malformations

- Continue decreasing uninsured rates
- Reduce prevalence of sexually transmitted infections
- Support food security and access to healthy foods for low income families

SIDS/SUIDS

- Increase/support high quality education
- Support/provide resources and positive social networks for single parent households

Opportunities for Engaging in SDHI

Strategic Planning

- Do not reinvent the wheel, use available resources to help
- Determine staff and partner readiness for issues of race, power and inequality in your work
- Consider equity in training materials and interview protocol
- Consider equity when assessing data and when developing action plans with collective panel and partners

Coalition Building

- Partner with established organizations who have active community leadership
- Constantly assess and drive home importance of equity, culture-shifting

Policy Change Examples

- Leverage nurses and other staff to **assist in culture-shift to collaborative care** (assessments, referrals, relationship building)
- Influence partner organizations to prioritize racial equity in their work
- Trainings and workshops for interviewers to develop more cultural competence and manage implicit bias **in response to maternal experiences of racism**
- Work with community action teams to improve city-wide transportation infrastructure **in response to data and maternal experience** (signage, bike lanes, crossing guards, bus schedules, etc)
- Lead community action teams to activate against federal threats to Medicaid and public health infrastructure through the ACA, **in response to overall disinvestment in health and safety**

Questions?

Thank you

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drjoia@birthequity.org