

**North Carolina
Early Childhood Advisory Council**

**Perspectives on Racial
Equity & Reducing the
Infant Mortality
Disparity Ratio**

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**"PROTECTIVE
FACTORS" FOR THE
GENERAL
POPULATION
≠
"PROTECTIVE
FACTORS" FOR
BLACK WOMEN**



BLACK CHILDBEARING

Infant Mortality

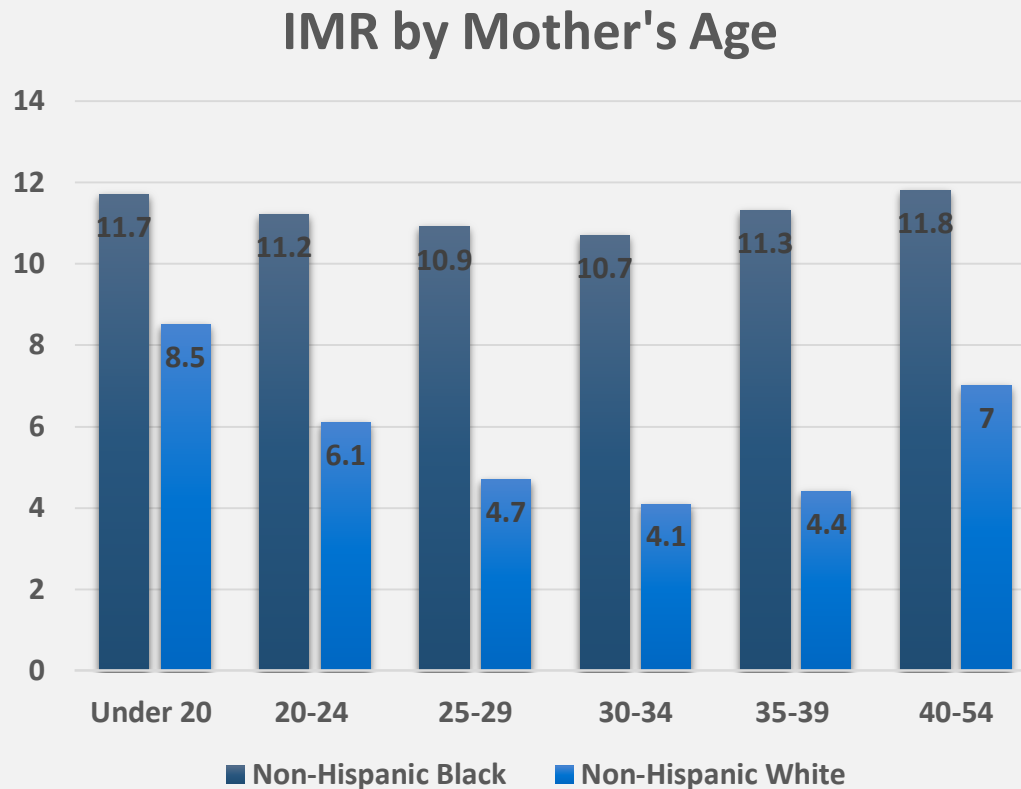




RISK & PROTECTIVE FACTORS

Let's Think About Age

Black Infant Mortality



- Maternal Age is **not** related to infant mortality rates for Black babies

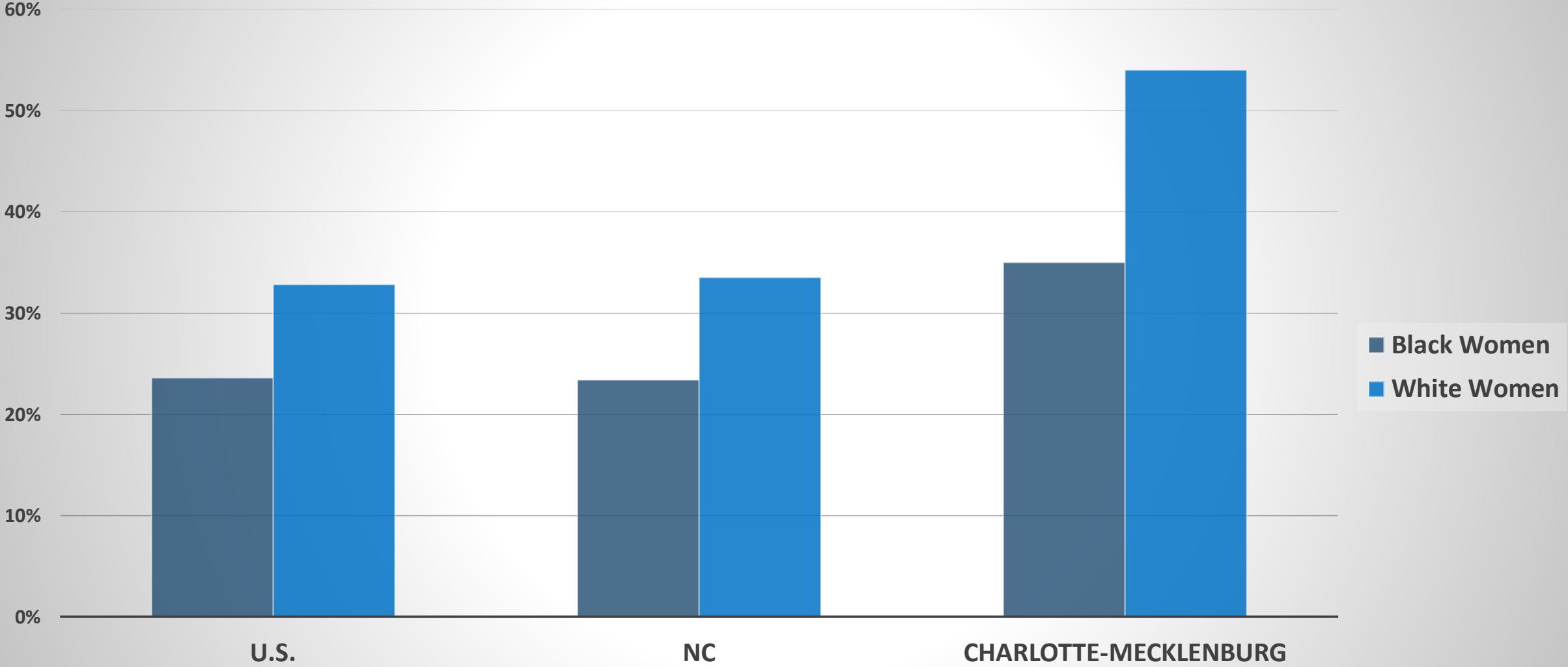
Smith, I.Z., El-Amin, S., Bentley-Edwards, K.L., & Darity Jr, W. (2018). It's the Racism: Black Infant Mortality & Maternal Care. Durham, NC: Duke University's Samuel DuBois Cook Center on Social Equity.



RISK & PROTECTIVE FACTORS

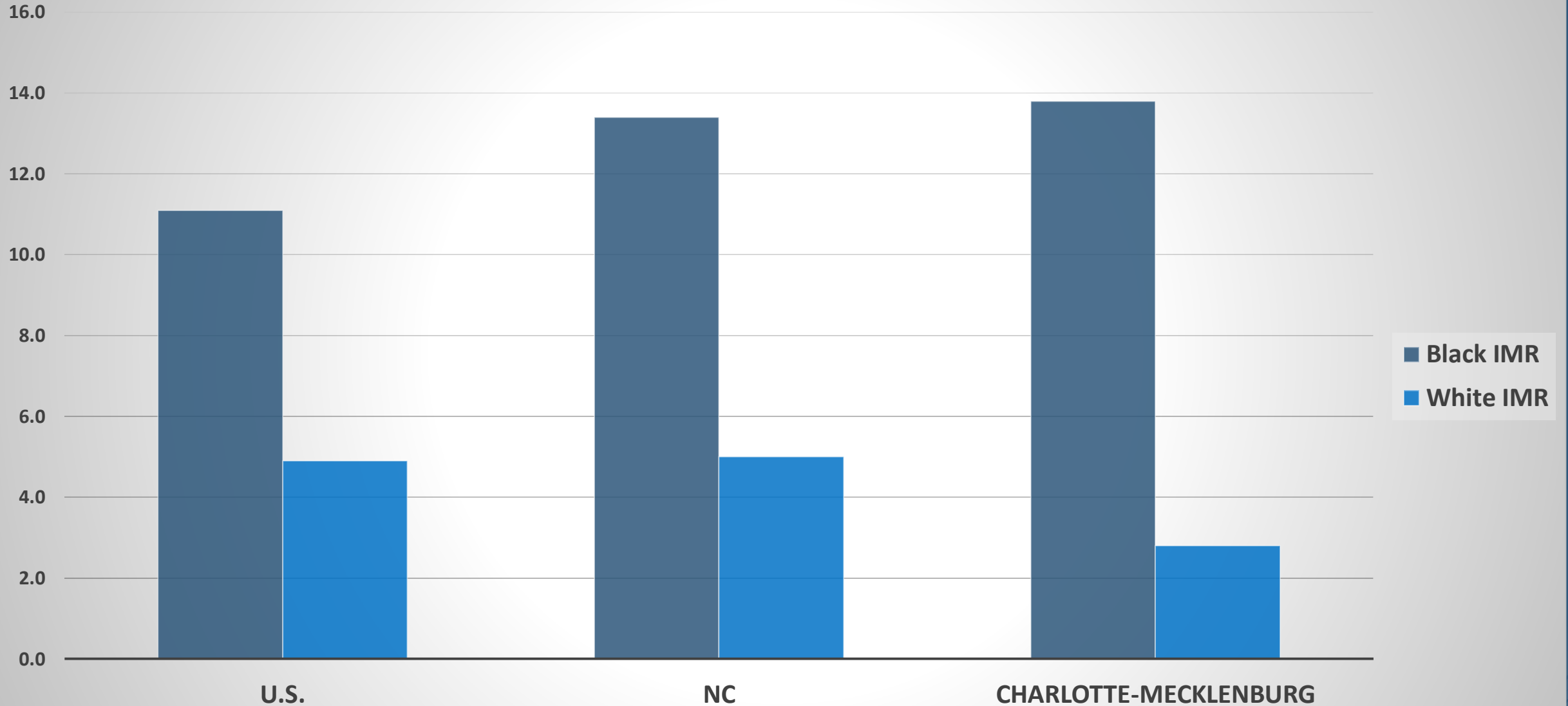
Let's Think About
Education & SES

Percent of Woment with Bachelor's Degree or Higher 2016



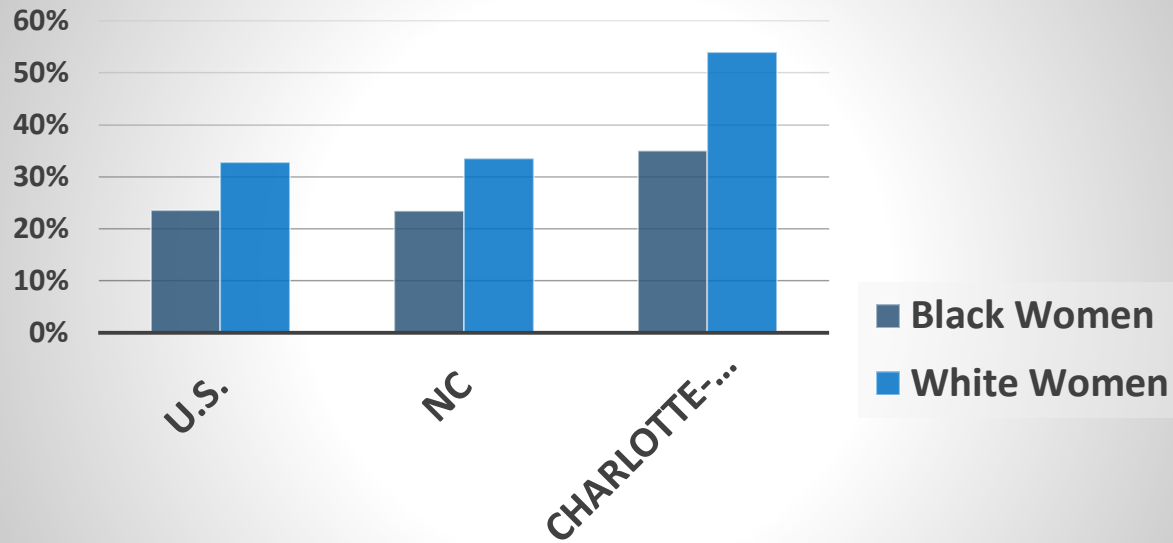
Source: Mchl; U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates ; National & State Information: Source: U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates

Infant Mortality Rates, 2016



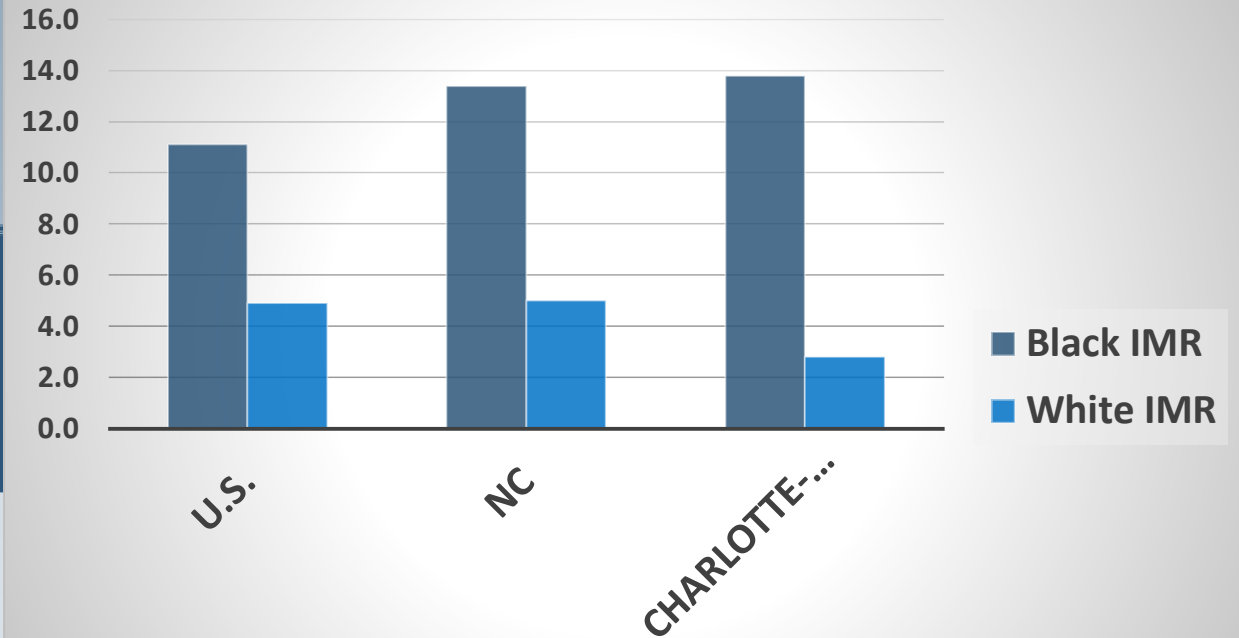
SOURCE: US-CDC p80 user guide to 2016 birth/infant data-public use file; County/State: NC DHHS State Center for Health Statistics; 31 Aug 2017

Percent of Women with Bachelor's Degree or Higher 2016



Source: Mchl; U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates ; National & State Information: Source: U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates

Infant Mortality Rates, 2016



SOURCE: US-CDC p80 user guide to 2016 birth/infant data-public use file; County/State: NC DHHS State Center for Health Statistics; 31 Aug 2017



RISK & PROTECTIVE FACTORS

Risky Behaviors

Past Month Substance Use among Pregnant Women Aged 15-44, by Race/Ethnicity and Substance: 2002 to 2010

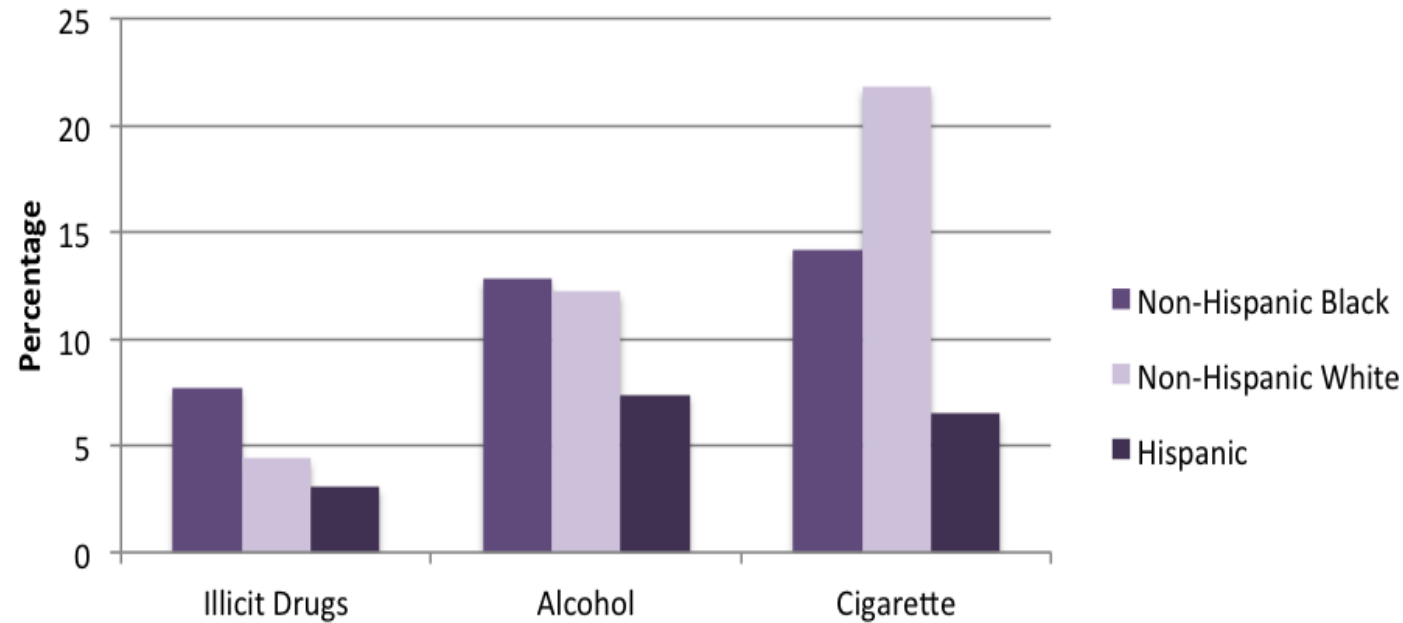


Figure 3. Source: SAMHSA 2012. The National Survey on Drug Use and Health Statistics Reports.

Even when risky behaviors are controlled for, the black-white IMR disparity continues to exist

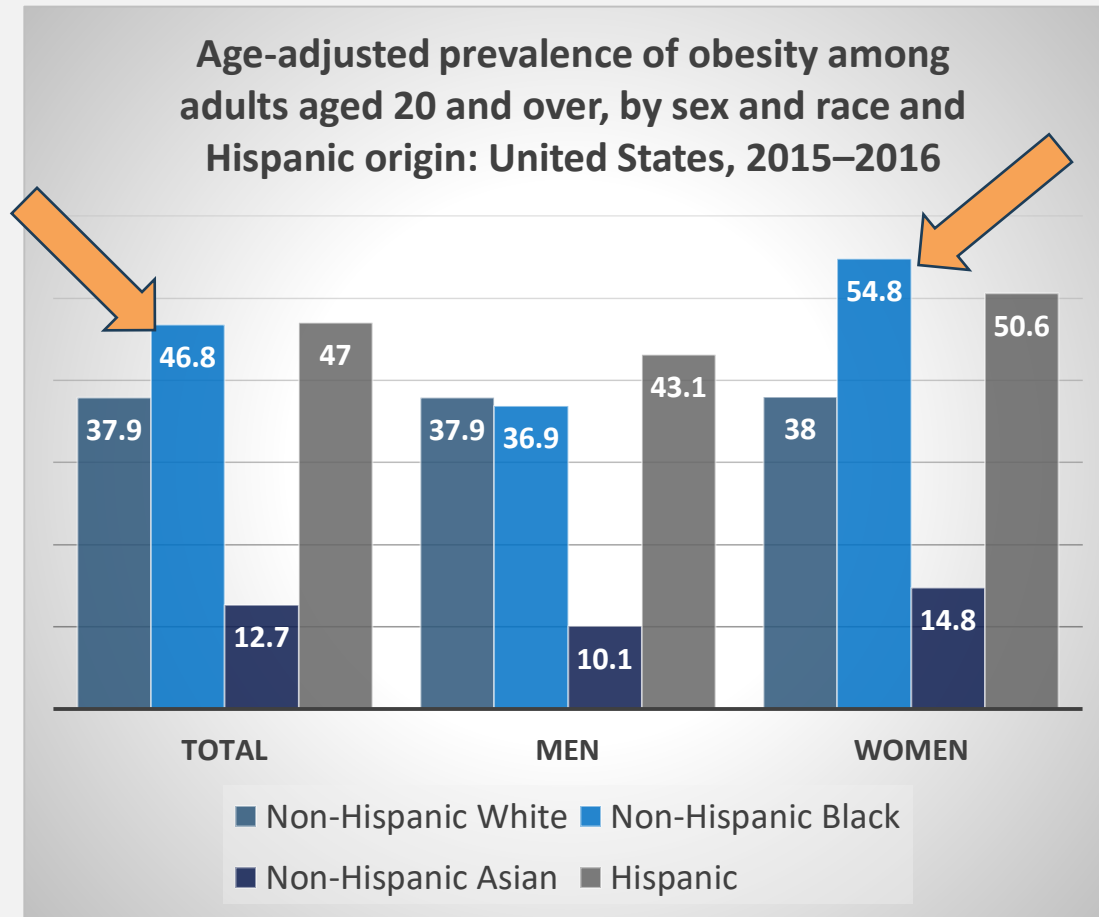
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RISK & PROTECTIVE FACTORS

Obesity

Obesity Prevalence



- On average, Black Women's BMI is higher before, during and post pregnancy
- When controlling for obesity, BW have worse outcomes
- Similarly obese White women have better outcomes than Black women
 - Less Maternal complications
 - Less Babies in NICU

Gennette, Sarah, Angela Guzman, Mishka Peart, Steve Carlan, and Jeannie Mcwhorter. "Pregnancy Outcome in the Morbidly Obese: Black Versus White [37n]." *Obstetrics & Gynecology* 129 (2017): S152.

Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015–2016. NCHS data brief, no 288. Hyattsville, MD: National Center for Health Statistics. 2017.

“It is very common for people to say ‘race plays a factor,’ and in fact it’s not race so much as racism and the experience of being a black woman or a person of color in this society”

***-LINDA GOULER BLOUNT, PRESIDENT & CEO OF THE
BLACK WOMEN’S HEALTH IMPERATIVE***

**BEING BLACK IS
NOT A RISK
FACTOR**

Racism & African American/Maternal Health

- Daily encounters with racism positively related to delayed prenatal care¹
 - Skin-tone related mistreatment related greater delays
- Structural/Institutional racism associated with Infant Mortality Rates for Black women (but not White women)²
 - Disparities in unemployment and education
- 32% of Black adults avoid going to the doctor for fear of discrimination³

¹Slaughter-Acey JC, Sneed D, Parker L, Keith VM, Lee NL, Misra DP. Skin Tone Matters: Racial Microaggressions and Delayed Prenatal Care. *American Journal of Preventive Medicine*. 2019;57(3):321-329.

²Wallace M, Crear-Perry J, Richardson L, Tarver M, Theall K. Separate and unequal: Structural racism and infant mortality in the US. *Health & Place*. 2017;45:140-144.

³[Discrimination Pervades Daily Life, Affects Health Across Groups in the U.S., NPR/Harvard/RWJF Poll Shows](#)

“All of my status characteristics screamed “competent,” but nothing could shut down what my blackness screams when I walk in the room. I could use my status to serve others, but not myself.”

pp88-89

- An excerpt from her 2019 Book, *Thick & other Essays. Dying to be Competent*
- *Can also be found in Time Magazine, January 8, 2019*



Hearing Black Women vs Listening to Black Women

**Black women's self-
advocacy is often
interpreted as**

- ignorant**
- histrionic**
- disrespectful**



So how do we get to
racial equity in
perinatal health?

Fighting at Birth: Eradicating the Black-White Infant Mortality Gap

Report
March 2018

Imari Z. Smith, Keisha L. Bentley-Edwards, Salimah El-Amin and William Darity, Jr.
Duke University's Samuel DuBois Cook Center on Social Equity and
Insight Center for Community Economic Development

INTRODUCTION

The infant mortality rate is a key national indicator of population health. Despite technological advances in medicine and other health-related resources available to the average American, the infant mortality rate (IMR) in the United States is exceptionally high relative to other developed countries. For black infants, the numbers are devastatingly high. In 2013, the white IMR in the United States was five per 1000 live births —resembling economically advanced nations like New Zealand. In contrast, the black IMR was 11.2 per 1000 live births — a rate closer to that of lower income nations like Thailand, Romania, and Grenada.¹

In fact, black women experience the highest infant mortality rates among any racial or ethnic group in the United States. The black IMR has been roughly twice that of the white IMR for over 35 years.² In order to decrease the national infant mortality rate, factors that maintain these disparities must be addressed directly.

Highlight

To fight racial disparities, you
have to focus on.....

RACE



**Focus on
Black
Women**



**Perinatal
Care**



Preconception



Fight Racism

**Where do we go
from here?**



**Focus on
risks &
protections
specific to
Black
Women**



**Collect
racial/ethnic
data**



**Listen to
Black
Women**

**Focus on
Black Women**

Perinatal Care



**Access to
Quality Care**



**Social-
Health
Supports
Home Visits
– During &
Post
Pregnancy**



**Address
Perinatal
Depression**



**Maternal –
Fetal Health**



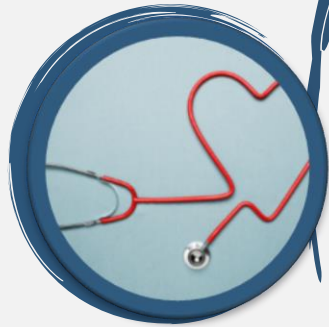
**Practitioner
Training**



**Access to
Contraception**



**Access to
Fertility/
Infertility
Care**



**Long-Term
Health**

Preconception



**Institutional
Racism**



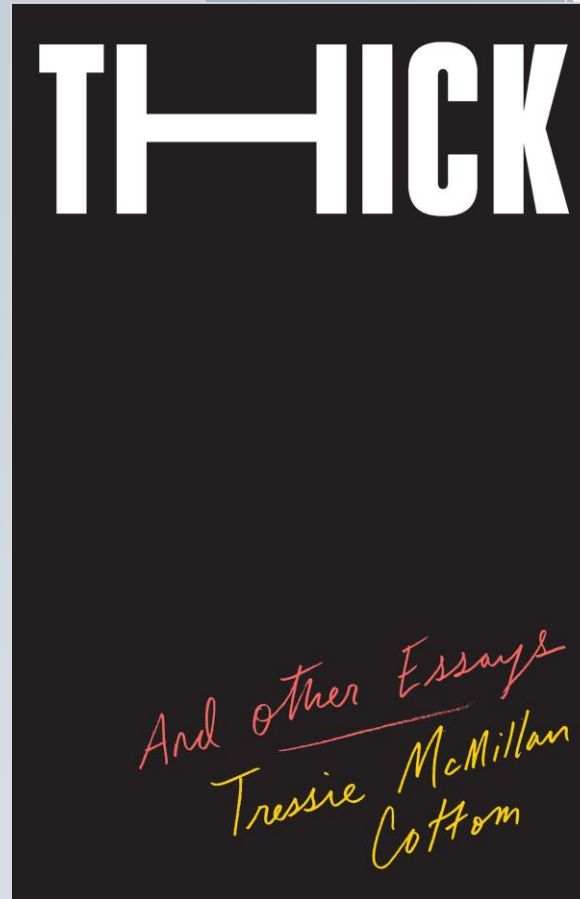
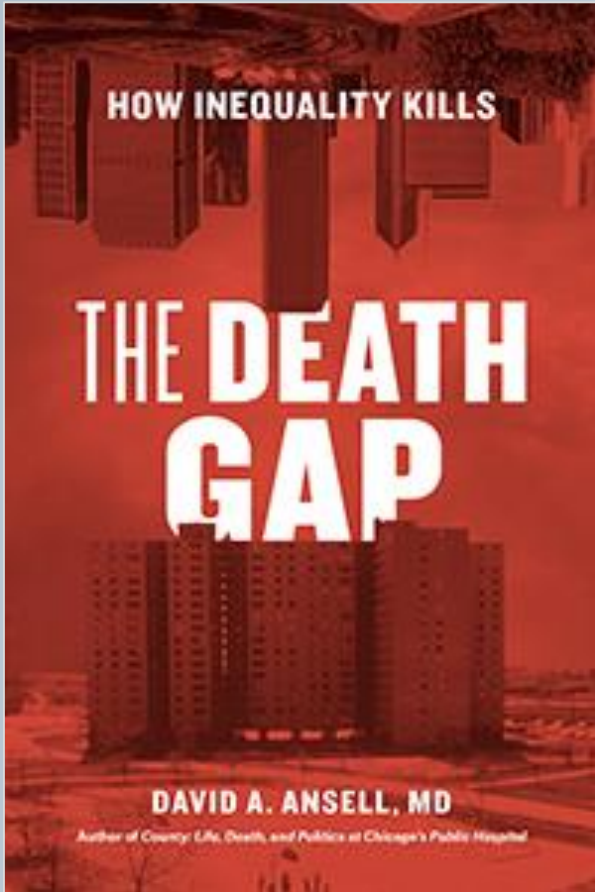
**Workplace
Racism**



**Build
Trustworthy
Systems**

Fight Racism

Recommended Reading...



- Black Women's Health Imperatives
 - www.bwhi.org
- Black Mamas Matter Alliance
 - www.BlackMamasMatter.org
- Black Women's Reproductive Agenda
 - <http://blackrj.org>



#ListenToBlackWomen

Additional Questions

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