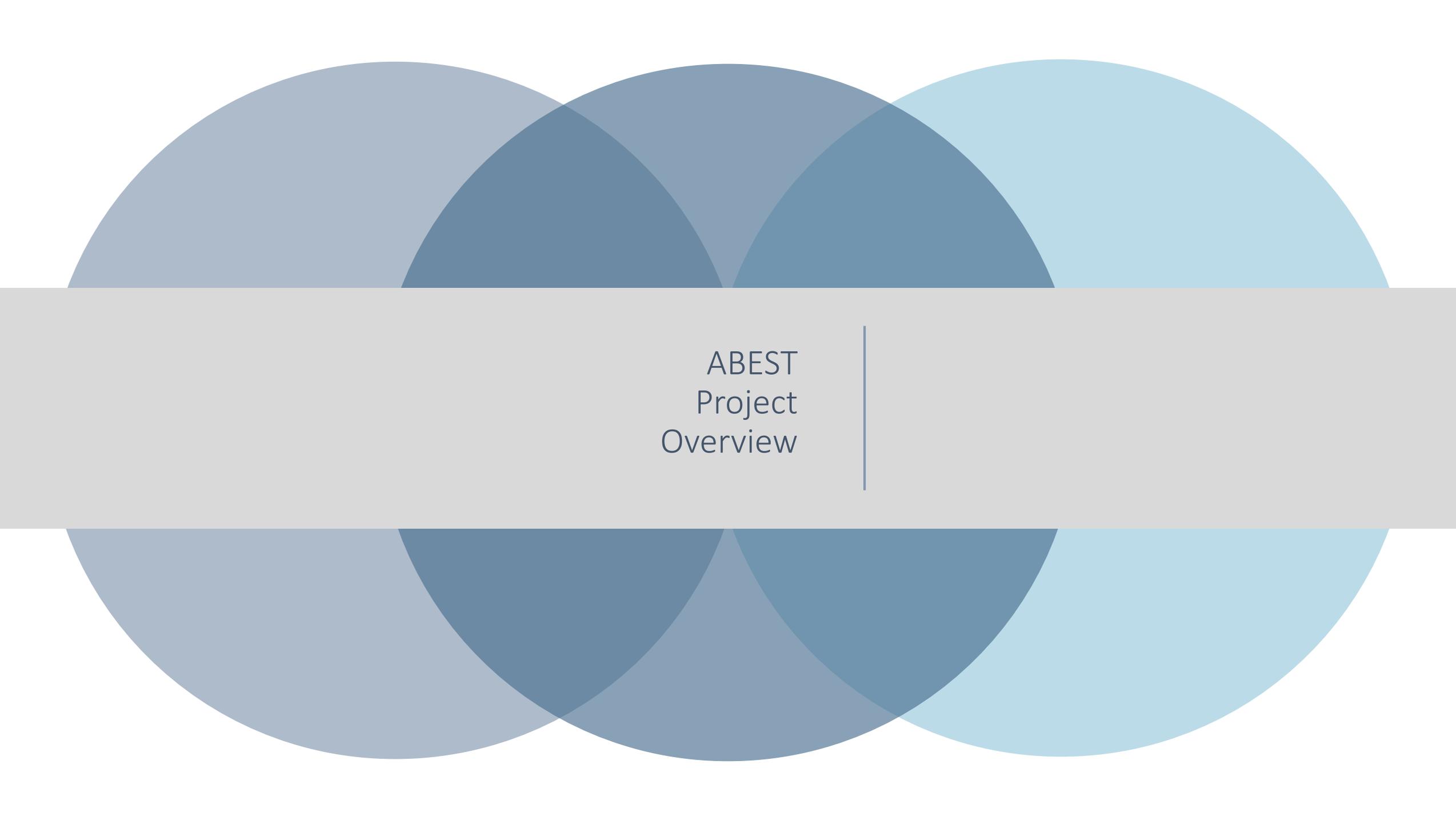




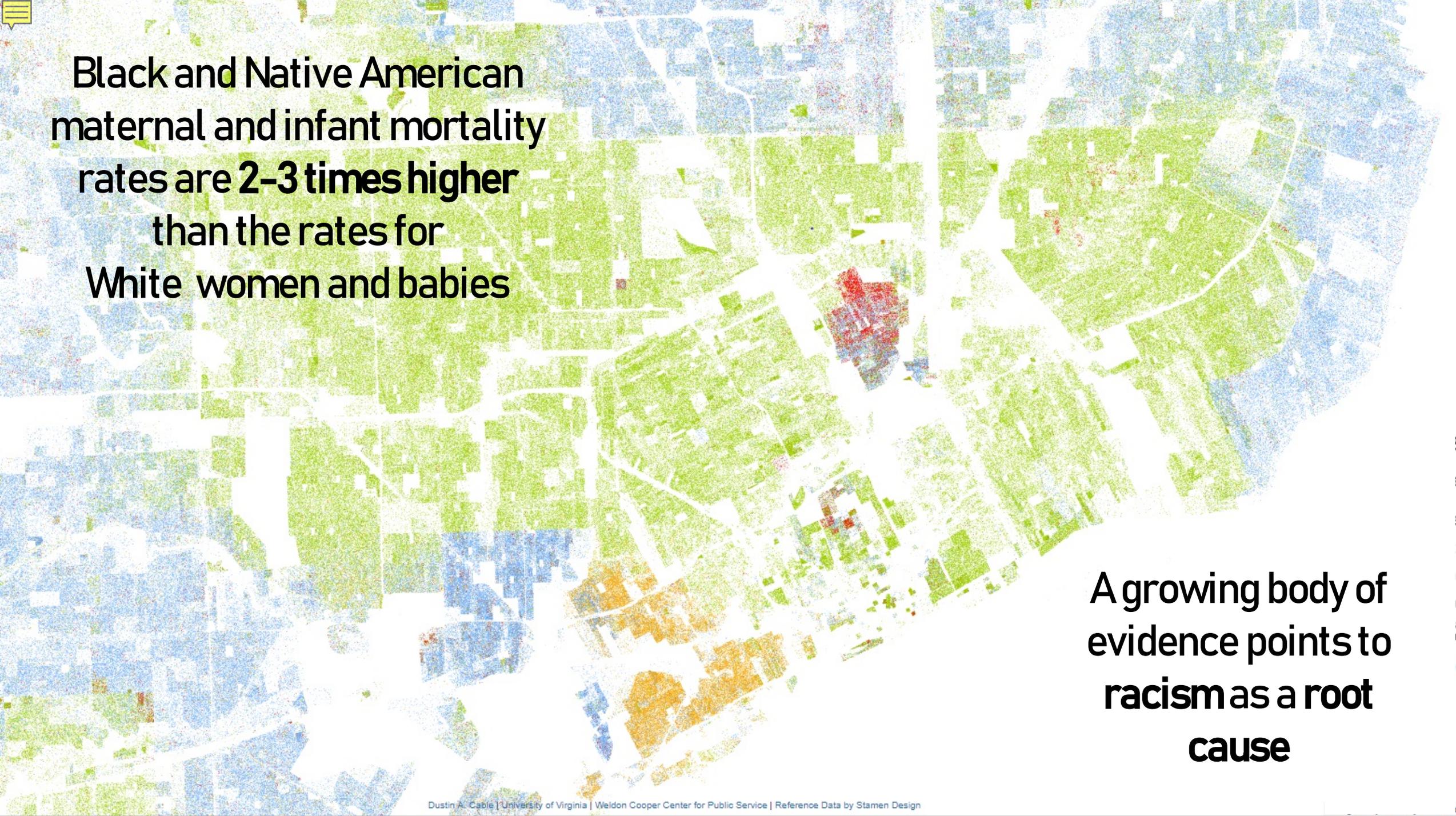
Achieving Birth Equity through Systems Transformation
ABEST Project
Review of the Literature



**MICHIGAN HEALTH
ENDOWMENT FUND**



ABEST
Project
Overview



Black and Native American
maternal and infant mortality
rates are **2-3 times higher**
than the rates for
White women and babies

A growing body of
evidence points to
**racism as a root
cause**

Achieving Birth Equity through Systems Transformation **ABEST**

Project Goal

Disrupt racial inequities in maternal and infant mortality ...

Build knowledge of **root causes** and capacity for **systems change** among leaders and

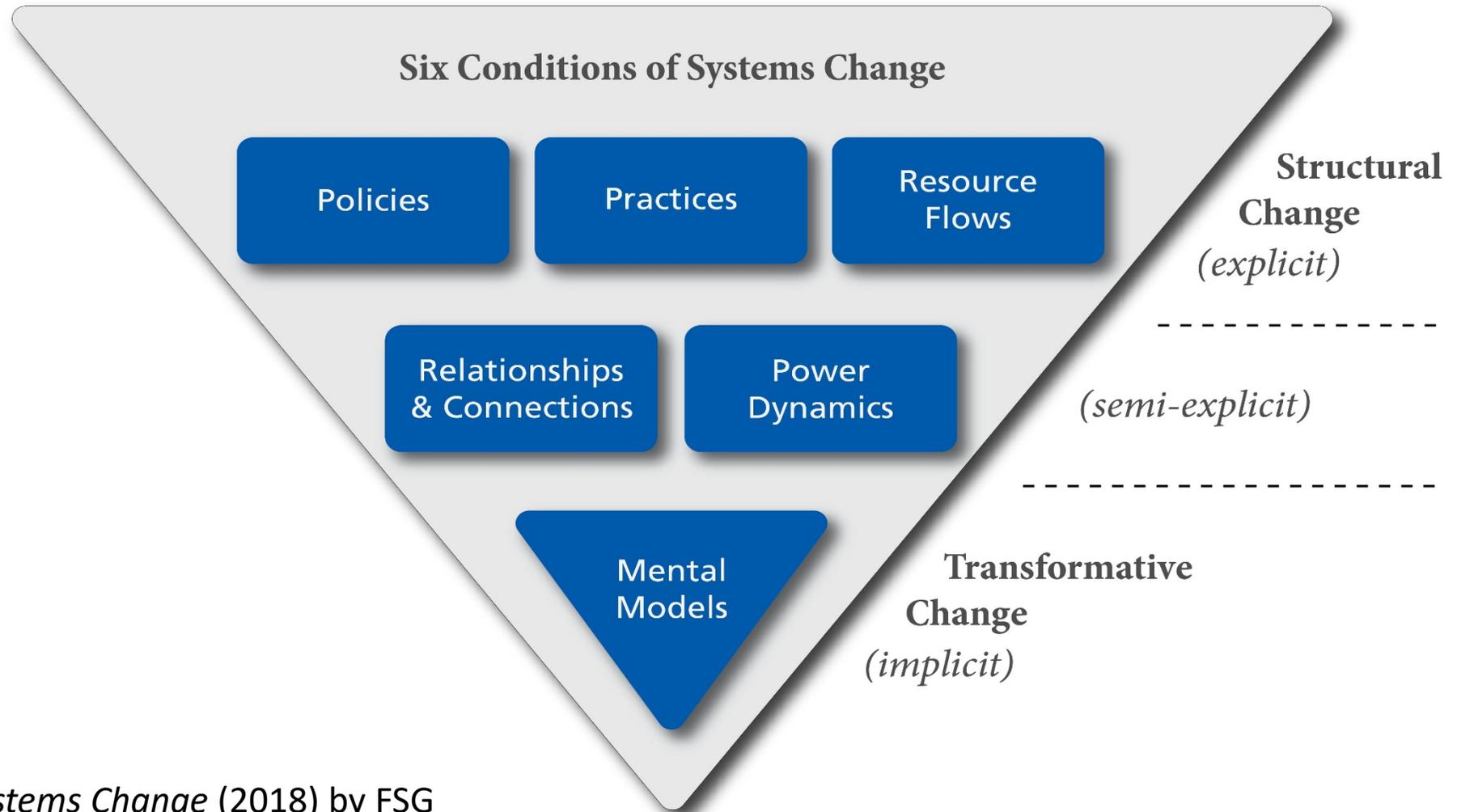
Develop specific, actionable strategies to **challenge the status quo** in government and communities



Root Causes



Systems Change





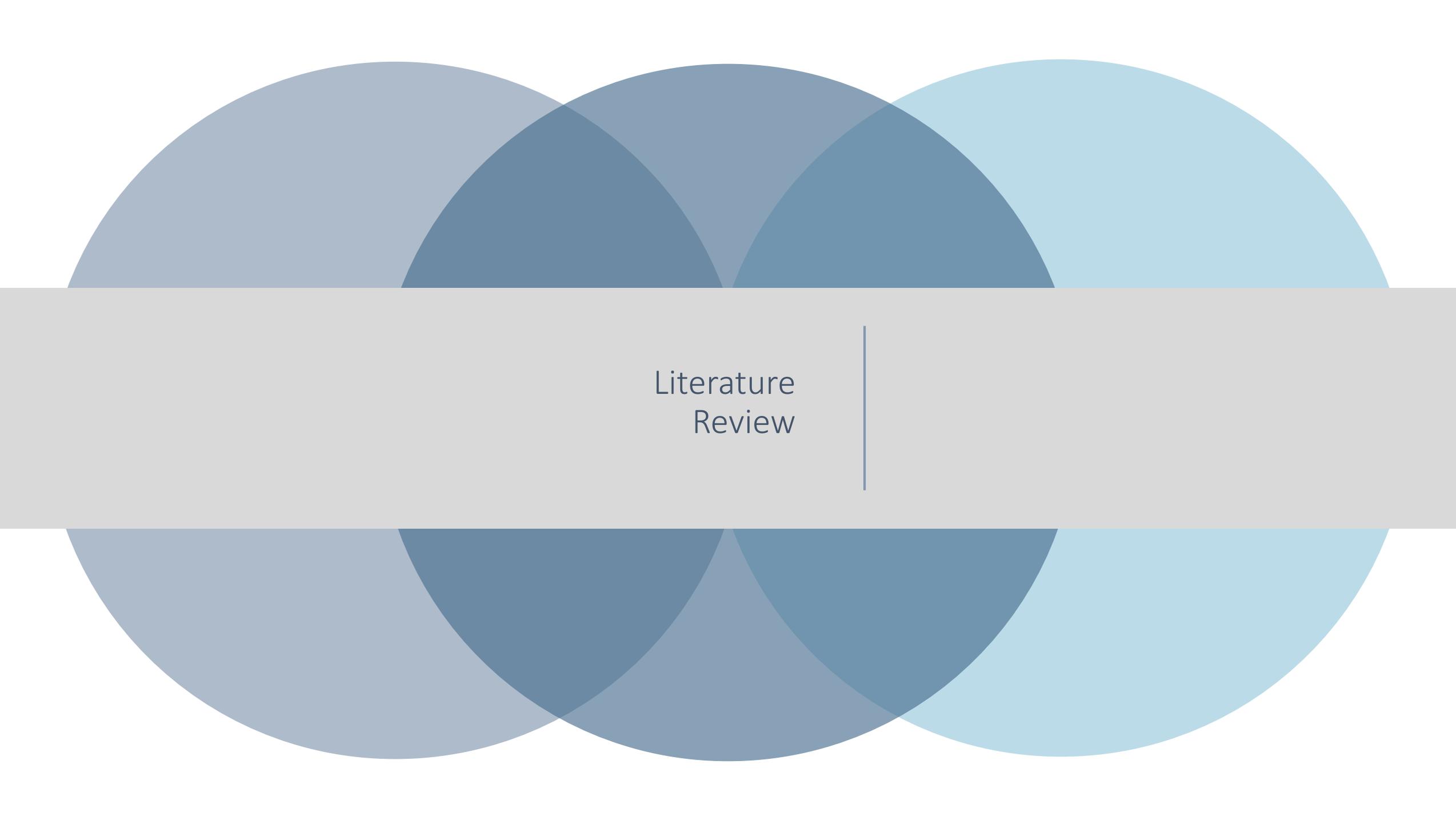
The ultimate goal is to...

**Reduce and eliminate
racial inequities in**

Infant mortality

Maternal mortality

**Ensure ALL Michigan
families experience
healthy birth outcomes**



Literature
Review

Purpose of the Literature Review

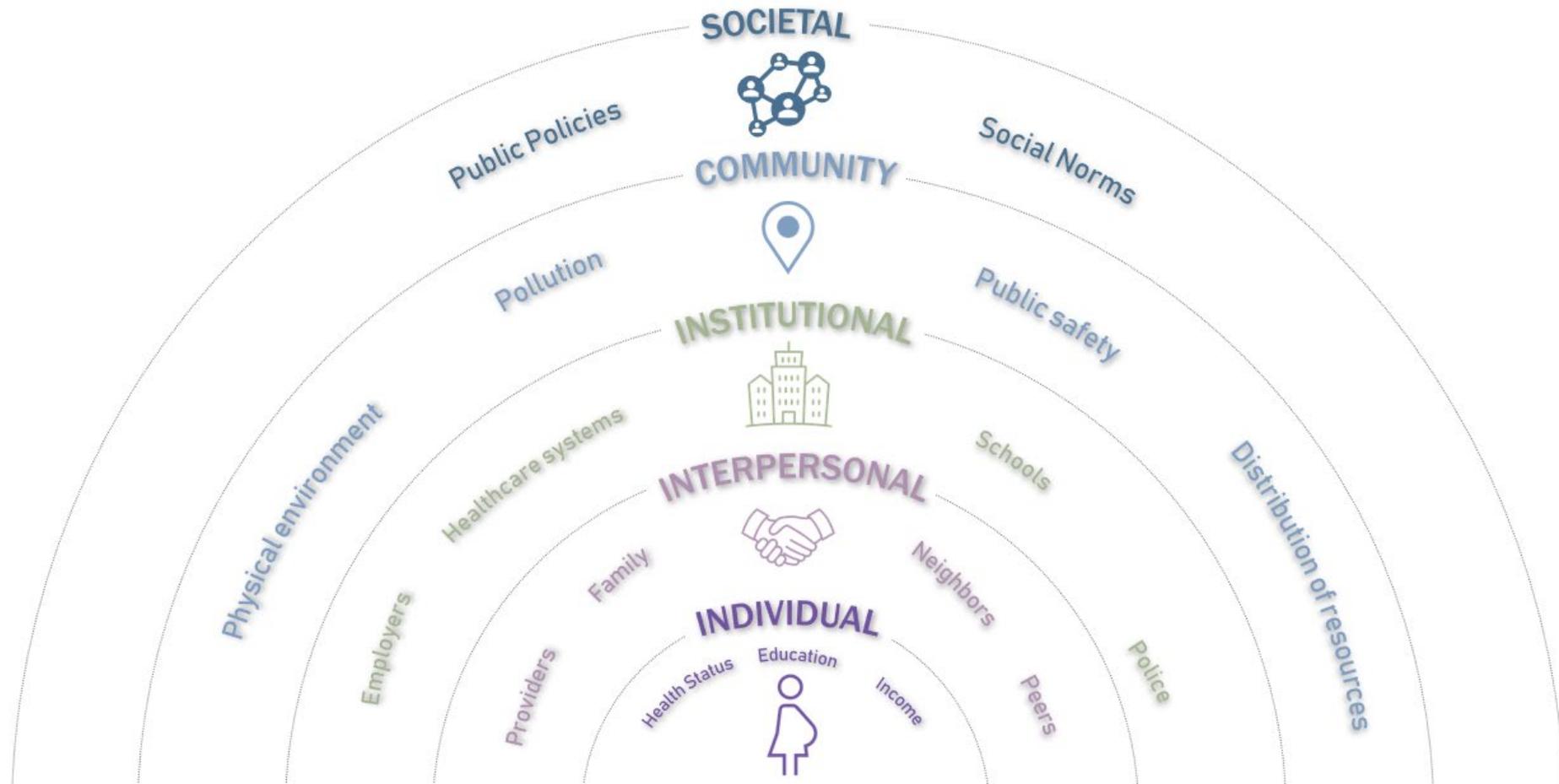
- Ground project in current research
- Draw connections between literature on maternal and infant outcomes
- Provide a resource to others for understanding and addressing root causes and systems



Methods

- 146 articles
- Focus on articles within past 10 years
- Search terms included: maternal mortality, maternal morbidity, infant mortality, leading causes of infant mortality focused on African American and American Indian/Alaska Native populations
- Themes identified and coded in NVivo

Social-Ecological Model

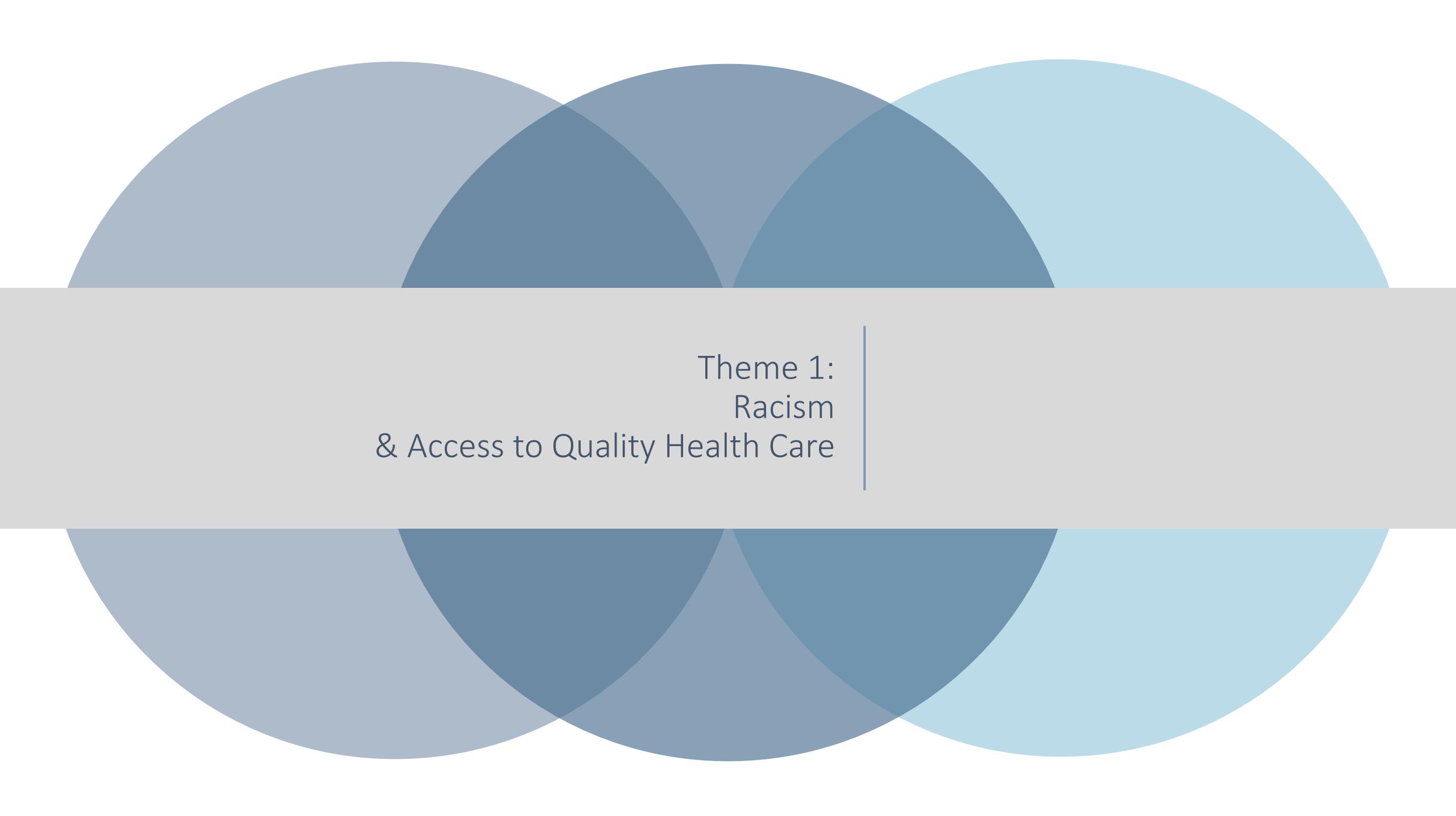




Literature Review Themes

Theme 1: Racism and Access to Quality Health Care

Theme 2: Racism, Adverse Childhood Experiences, and Psychosocial Stress



Theme 1:
Racism
& Access to Quality Health Care



Racism and Access to Quality Healthcare: Societal Level

- **Policies & Programs Impacting Racial Geography**
 - **Black**
 - **Mortgage Lending Policies**
 - **Redlining**
 - **Role of Federal Government: Home Owners Loan Corporation and Federal Housing Administration (Rothstein, 2017)**
 - **Led to residential segregation & economic deprivation (Massey & Denton, 1998)**
 - **Native American**
 - **Forced Surrender of Tribal Lands and Relocation**
 - **General Allotment Act of 1887, Termination Act of 1953, Indian Relocation Act in 1956**
 - **Led to millions of deaths and land base 2.3% of original size (Dunbar-Ortiz, 2014)**



Racism and Access to Quality Healthcare: Societal Level

- **Policies/Programs Impacting Health Access**
 - **Black**
 - Medicaid
 - Coverage gaps for poor adults
 - Black individuals disproportionately impacted by coverage gaps
 - Affordable Care Act of 2010
 - Reductions in uninsured rates and Medicaid coverage gains for Medicaid expansion states vs. non-expansion states (Anonisse, Garfield, Rudowitz, & Artiga, 2018)
 - **Native American**
 - Indian Health Service historically underfunded
 - Federal unmet need estimate: 50% (Sequist, Cullen, & Acton, 2011)



Racism and Access to Quality Healthcare: Community Level

- Residential Segregation/Distribution of Resources/Access to Healthcare
 - Policies and programs related to racial geography and health access at the societal level have led to the limited availability of and access to health care services for Black and Native American individuals
 - Less options and Lower quality healthcare
 - Racial differences in site of health care delivery and rates of severe maternal morbidity (Howell, Egorova, Balbierz, Zeitlin, & Hebert, 2016)
 - One quarter of hospitals provided care for three quarters of all black deliveries in US
 - High black-serving hospitals had higher severe maternal morbidity rates after adjustment for patient and hospital characteristics



Racism and Access to Quality Healthcare: Institutional Level

- **Discrimination in Healthcare Systems**
 - Racism is systemic healthcare issue (Williams & Rucker, 2000)
 - Historically embedded in healthcare (Roberts, 1999; Lawrence, 2000)
 - Cultural needs not taken into consideration
 - Lower quality and less intense healthcare (Smedley, Stith, & Nelson, 2003)



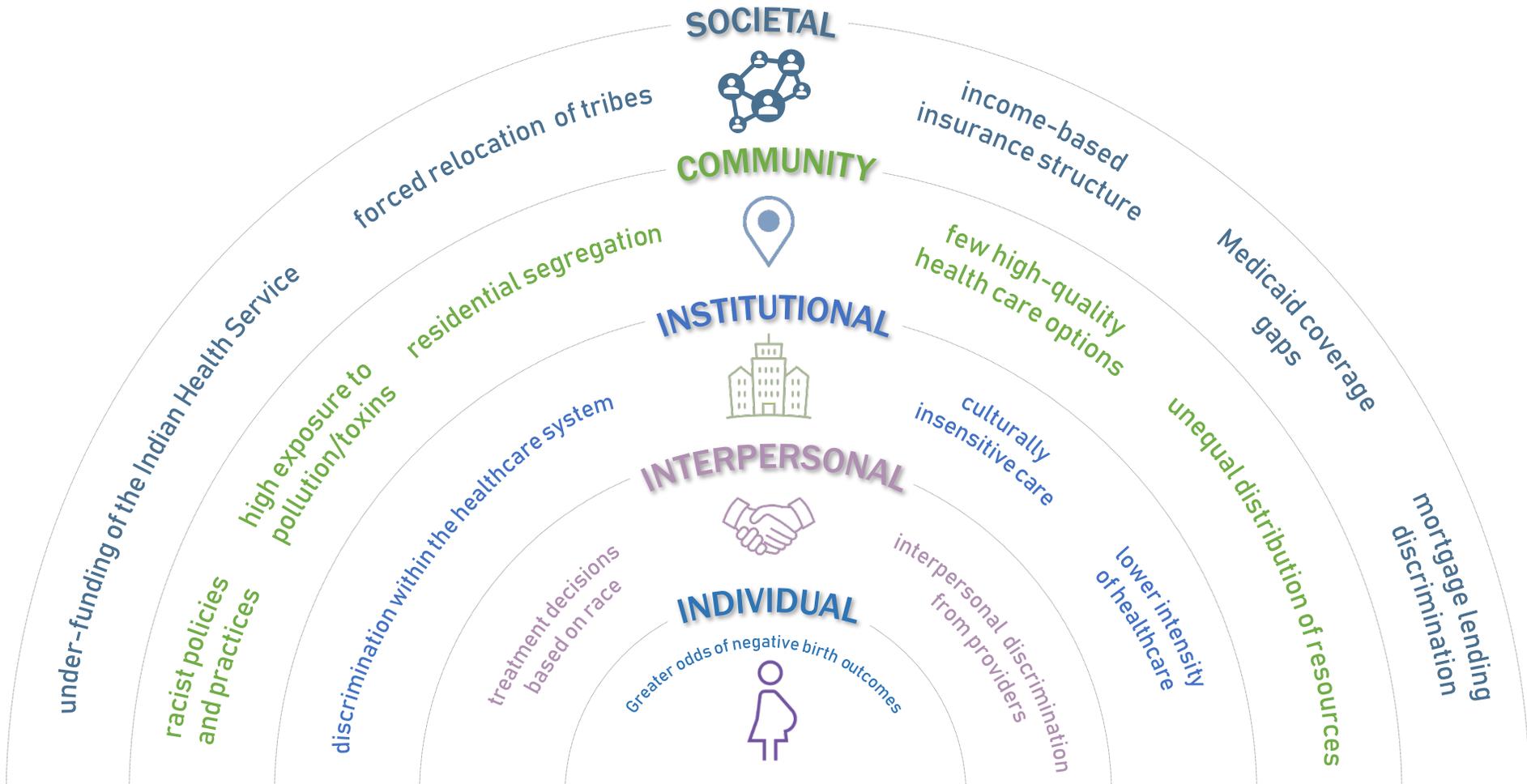
Racism and Access to Quality Healthcare: Interpersonal Level

- **Discrimination by Healthcare Providers**
 - Culturally insensitive
 - Lower quality and less intense healthcare (Williams & Mohammed, 2009)
 - Differences in medical treatment decisions (Green, Carney, Pallin, Ngo, Raymond, Iezzoni & Banaji, 2007)

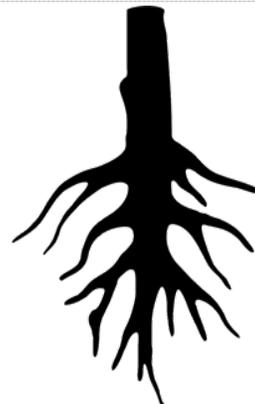


Racism and Access to Quality Healthcare: Individual Level

- **Cumulative Impact to Mothers' Health**
 - Disparities in maternal health conditions (obesity, hypertension and gestational diabetes) impact both maternal outcomes and birth outcomes
 - Higher maternal mortality and morbidity rates
 - Higher rates of infants born preterm and low birthweight , which are two of the leading causes of infant mortality
 - Higher rates of infant mortality (Schempf, Branum, Lukacs, & Schoendorf, 2007)



ROOT CAUSE: Racism and Access to Quality Health Care



Public policies have shaped the racial geography and economic deprivation of Black and Native American communities, impacting access to quality health care. This is made worse by racial discrimination in healthcare systems and from individual providers. The end result is that Black and Native American women experience more medical conditions, leading to poorer maternal health, which in turn leads to higher rates of low birth weight, premature births, infant mortality, and maternal mortality.

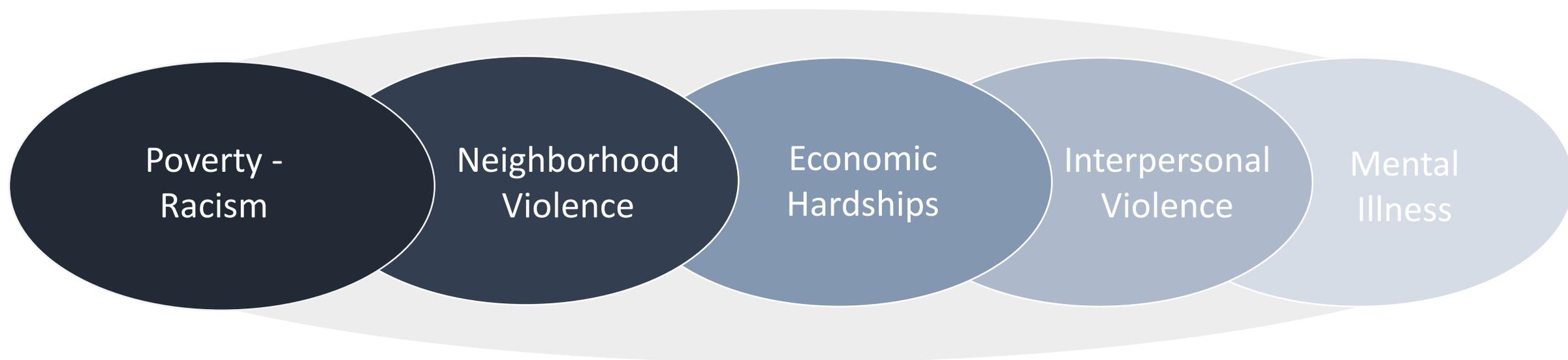
A decorative background consisting of three overlapping circles. The left circle is a medium blue, the middle circle is a darker blue, and the right circle is a light blue. A horizontal grey bar is overlaid across the center of the circles.

Theme 2:
Racism
Adverse Childhood Experiences
& Psychosocial Stress



What are Adverse Childhood Experiences?

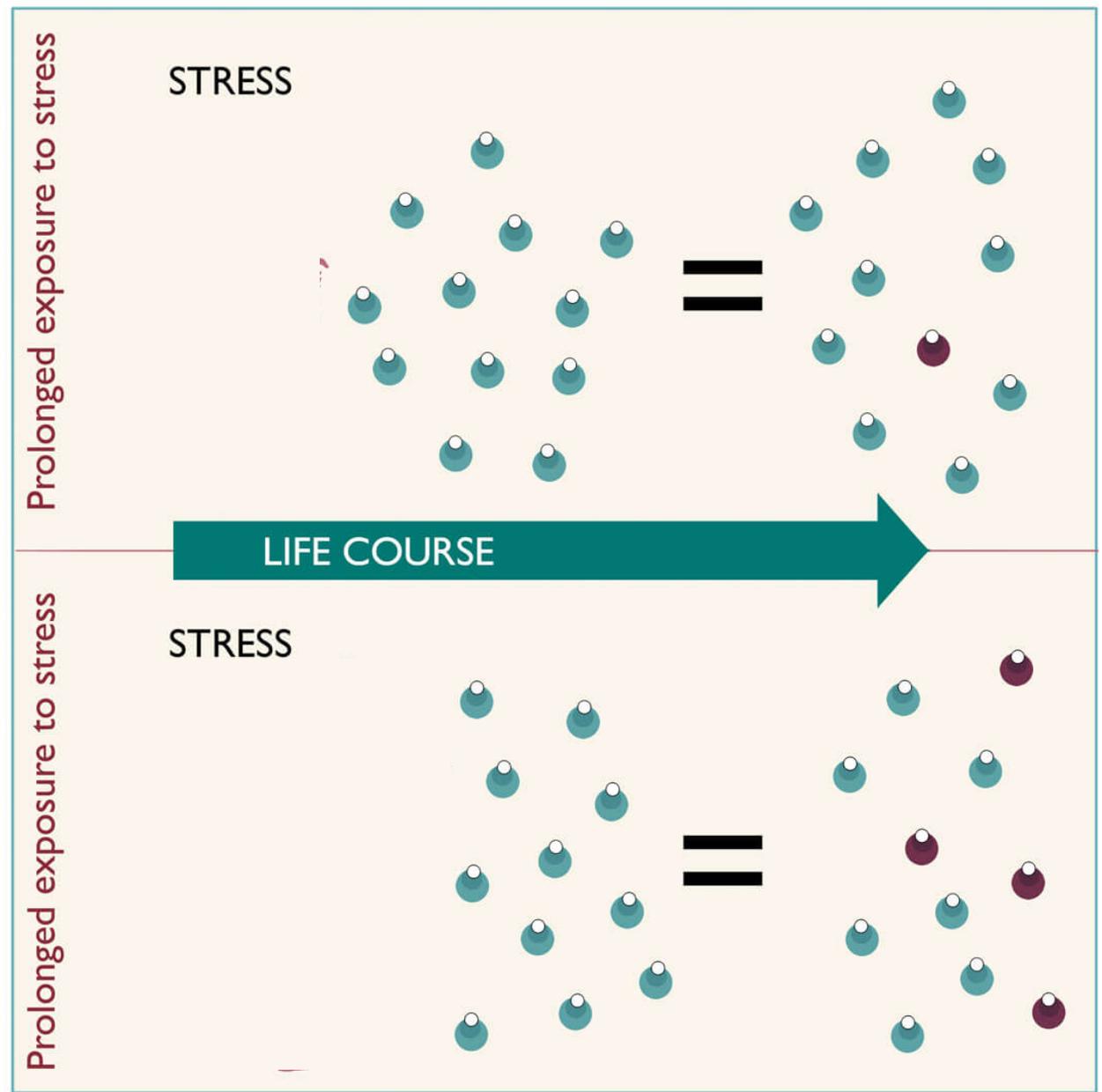
ACEs are traumatic events occurring before the age of 18 that cause health problems and induce psychosocial stress throughout the lifespan



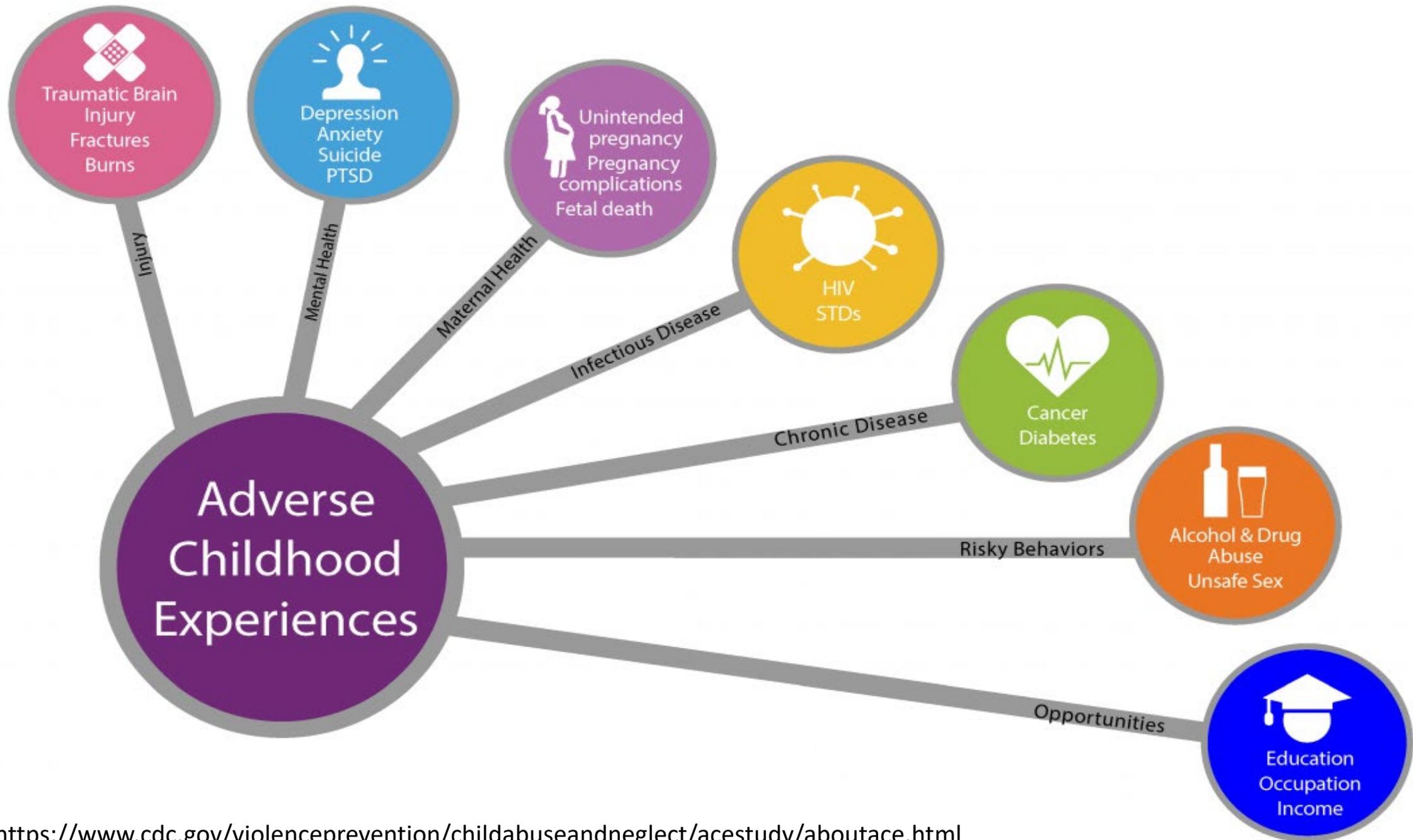
Psychosocial Stress

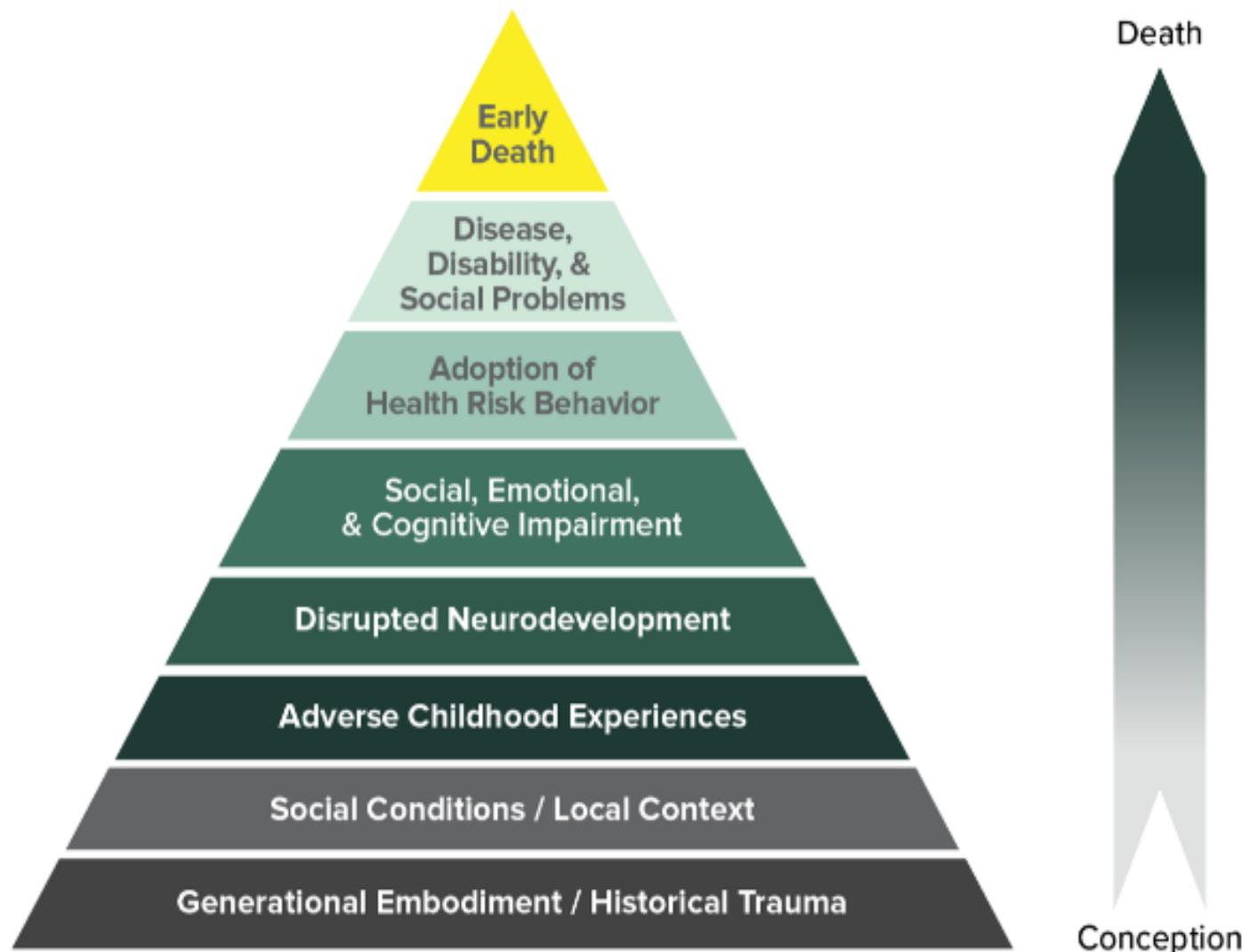


Cumulative Wear & Tear

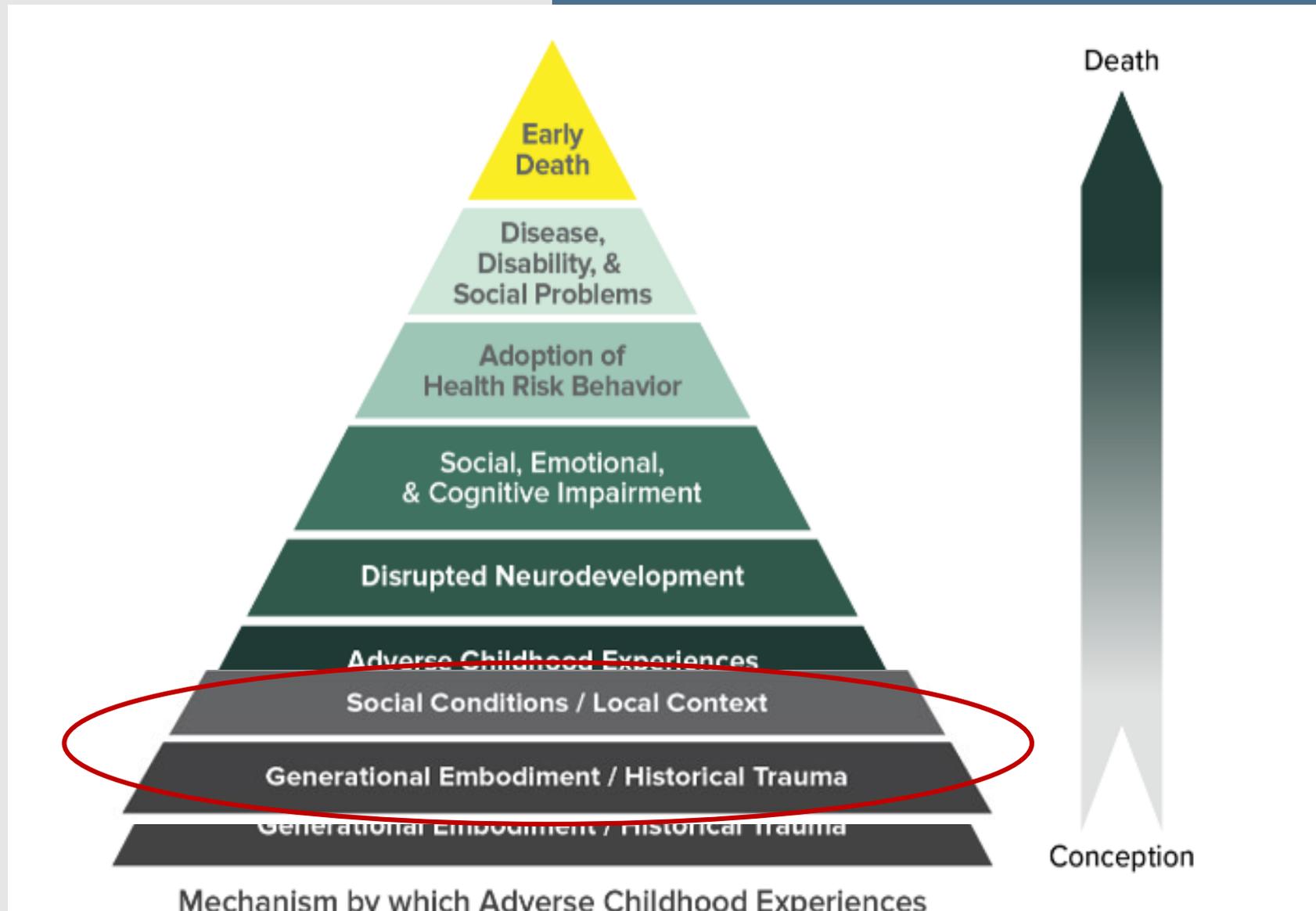


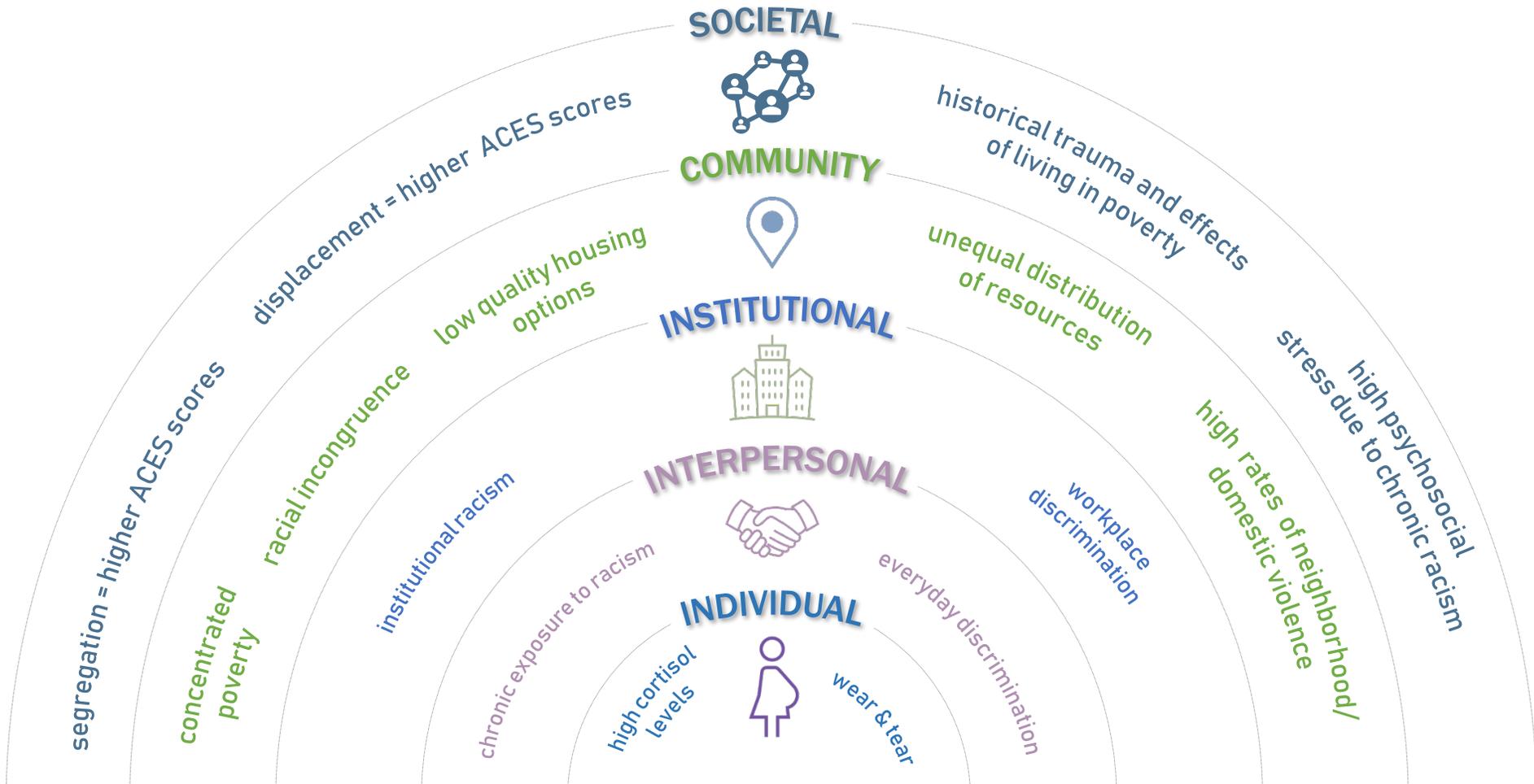
● Stress becomes chronic → ALLOSTATIC LOAD → Higher risk of health decline



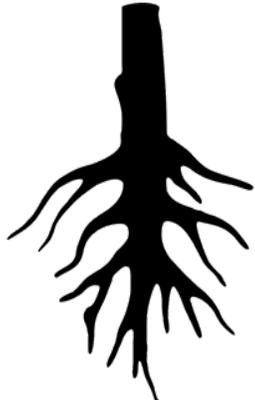


Mechanism by which Adverse Childhood Experiences





ROOT CAUSE: Racism, Adverse Childhood Experiences (ACEs), & Psychosocial Stress



ACEs and stress have overlapping negative long-term effects on physical and emotional health through their impact on the body's ability to manage the effects of stress and to fight disease. For Black and Native American women, the chances of experiences ACEs and psychosocial stress are greater than for White women due to inequities at the societal, community, institutional, interpersonal, and individual levels



In conclusion, racial and social inequities are the root causes of health disparities across the life course, and these inequities become embodied and internalized across racial groups and within individuals (Gravelee, 2009).

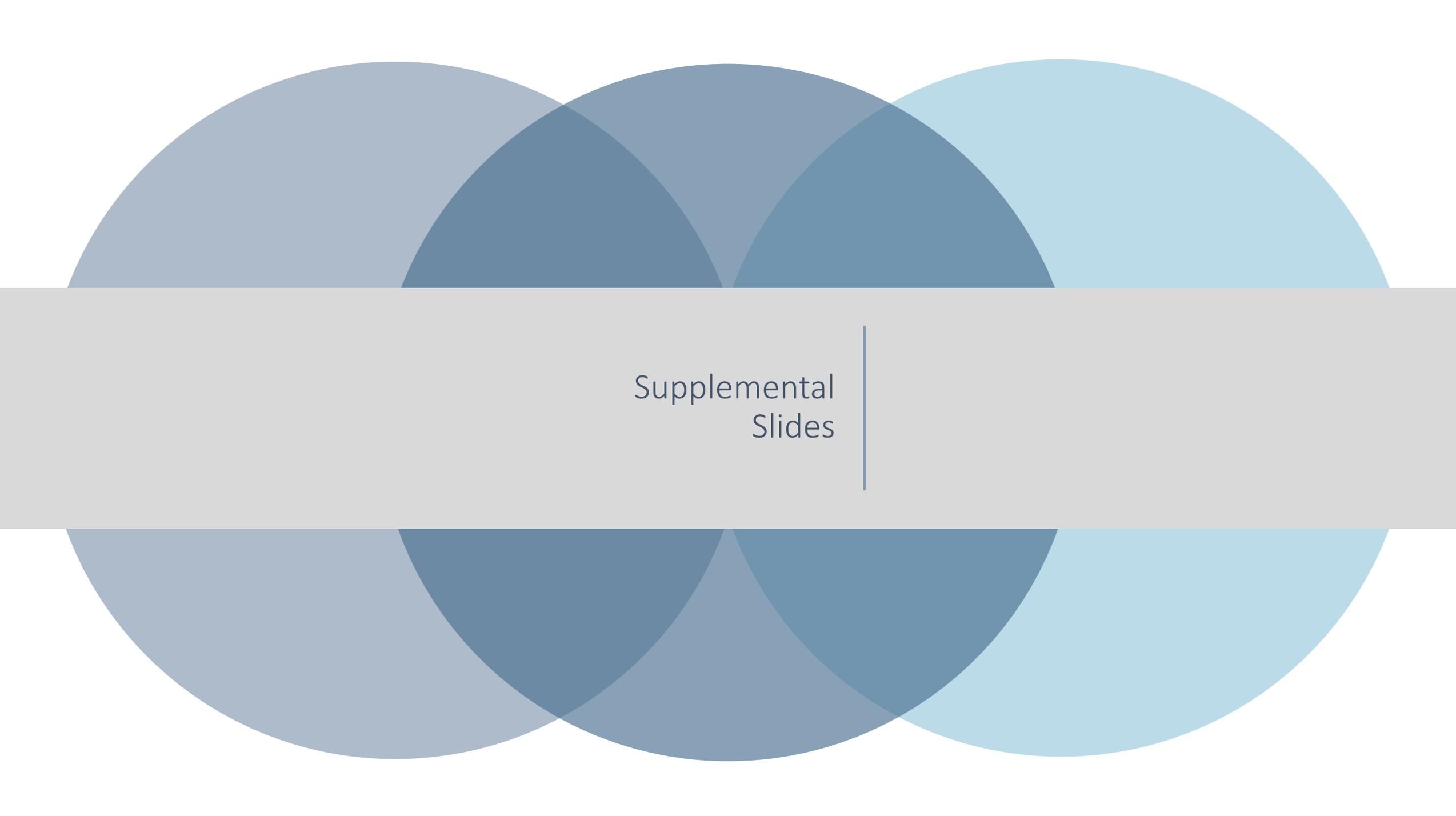
Questions?



Thank You!

If you have additional questions, feel free to contact us:

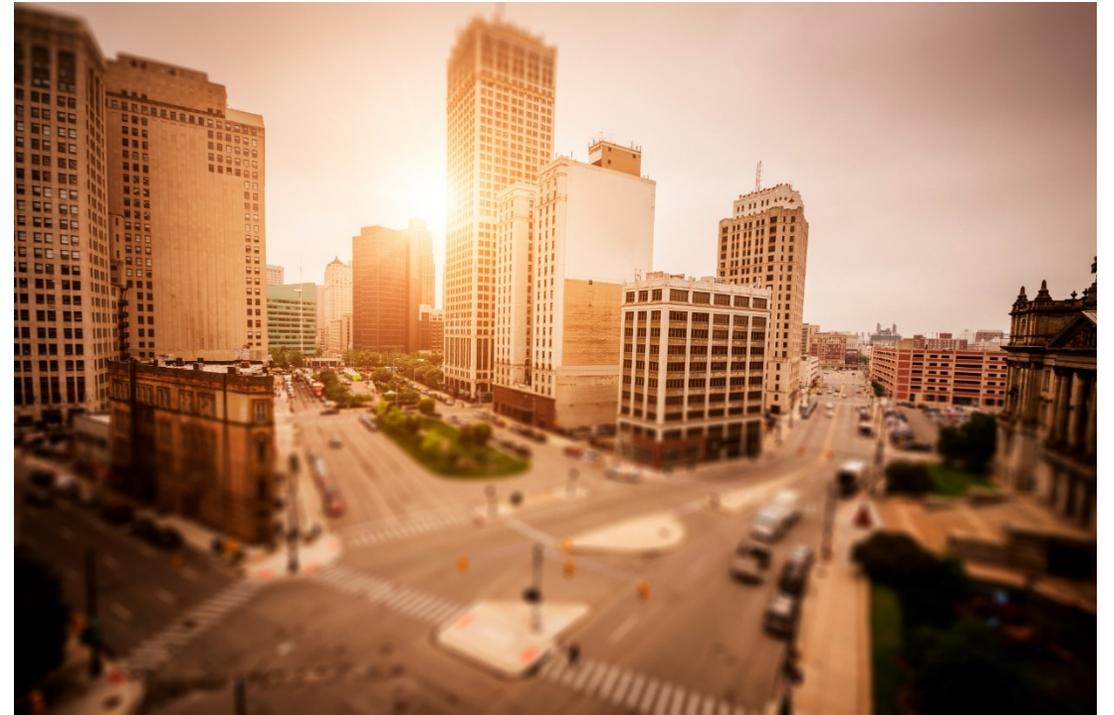
Jennifer Torres
ABEST Project Lead
Center for Healthy Communities
jtorres@mphi.org
517-324-6055



Supplemental
Slides

Partnering with Two Communities

- Ready to address root causes of inequities in birth outcomes
- Focus their work on African American and/or Native American populations
- Cross-sector collaboration
- Leadership involvement
- Community engagement



ABEST Community Partners



Asabike Coalition



**BERRIEN COUNTY
HEALTH DEPARTMENT**

better health. stronger communities.

Raising Up Health Babies Task Force

Project Timeline

Fall, 2019



Kick-off meeting with
community partners

Fall/Winter 2019



Support in reviewing
data from equity
perspective

Winter, 2020



Workshops on health
equity and structural
racism

Spring, 2020



Workshop on leading
systems change

Spring/Summer, 2020



Consultation to develop
specific, actionable
strategies



Michigan's MCH Systems Leaders

ABEST will also build capacity for addressing root causes through systems change among MCH systems leaders from across Michigan.



Workshops on health equity and structural racism



Workshop on leading systems change