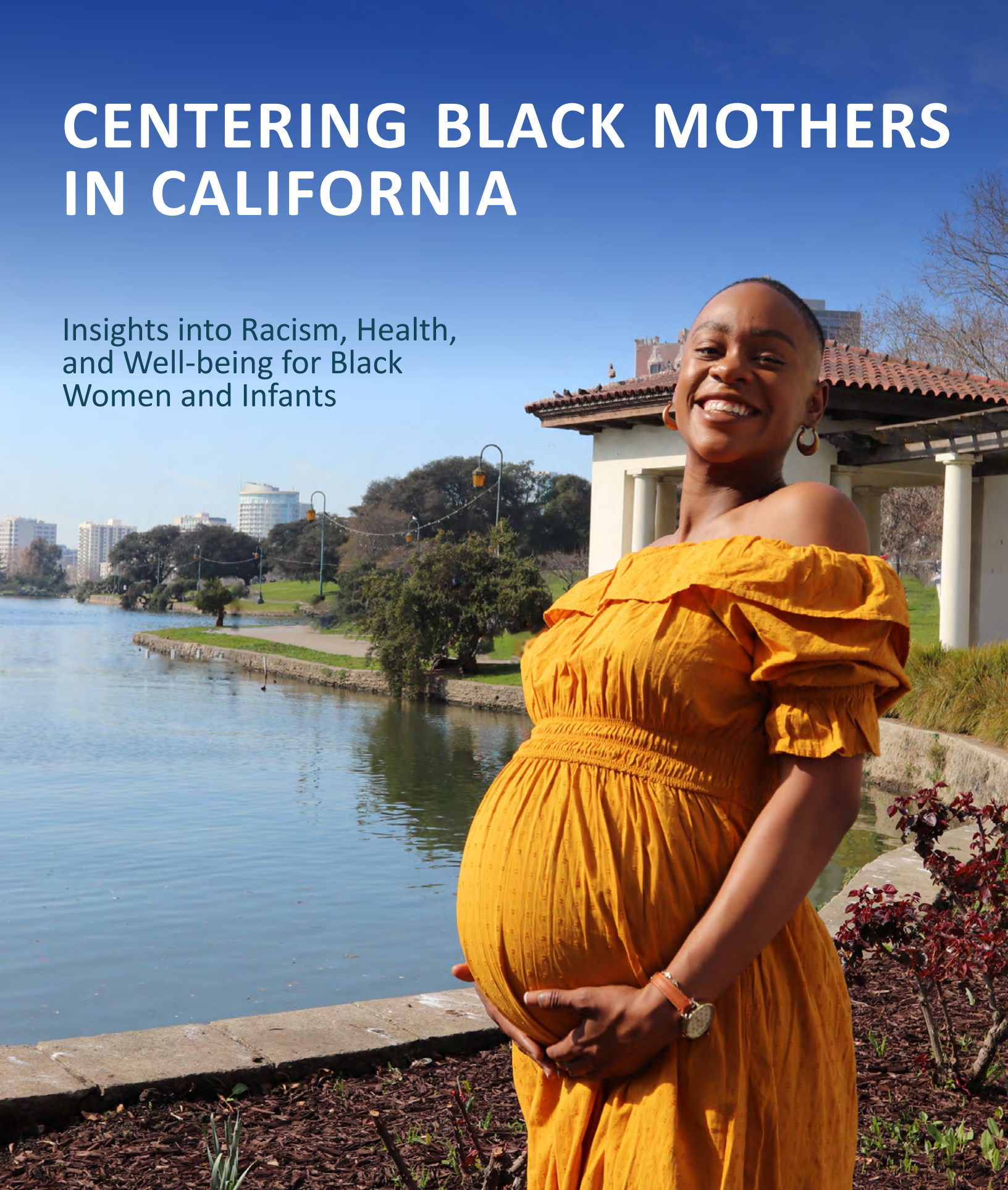


CENTERING BLACK MOTHERS IN CALIFORNIA

Insights into Racism, Health,
and Well-being for Black
Women and Infants





EXECUTIVE SUMMARY

Black mothers and infants have been dying at alarmingly high levels for far too long. Inequities in preterm birth, infant mortality, severe maternal morbidity, and pregnancy-associated mortality for Black people have persisted both in California and nationally.¹⁻⁴ Too often, interventions to improve Black maternal and infant health have focused on individual level risk factors such as health behaviors; however, much research has shown that structural racism is the driver of these inequities.⁵⁻⁸ The Maternal, Child, and Adolescent Health Division (MCAH) of the California Department of Public Health (CDPH) is committed to reducing inequities in maternal and infant health. In collaboration with the UCSF Center for Health Equity, Black Women for Wellness, and a statewide group of Black women leaders and academics, CDPH guided this report to inform efforts, in California and beyond, to advise policy and program development, community action, and health care access and quality that will promote racial equity and bolster opportunities to be healthy among Black women, other Black birthing people, and their families.

Structural racism refers to the “totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.”^{5 (p 1453)} Structural racism shapes Black maternal and infant health at the societal, neighborhood, family, and individual levels through several pathways.

1. **Discriminatory policies at the societal level that influence current neighborhood conditions.**⁹⁻¹¹ These policies restrict access to resources that enhance economic stability and overall health and well-being.^{5,12,13}
2. **Chronic stress created by racism and racist policies.**^{5,14,15} Chronic stress contributes to allostatic load, or biological changes that negatively impact the body.¹⁶ These changes can increase the risk of developing chronic health conditions, such as high blood pressure,¹⁷ and lead to “weathering” or health deterioration at younger ages than expected due to the accumulation of stress.¹⁸⁻²⁰
3. **Lack of access to high quality, respectful health care.**^{7,21,22} The quality of health care before, during, and after pregnancy has a demonstrable impact on maternal health, particularly on severe health outcomes during the perinatal period,²³ and has been shown to strongly affect infant health as well.²⁴

This report, *Centering Black Mothers in California*, presents a wide range of evidence from a variety of sources, including analyses of California data from vital statistics, administrative and survey datasets, and peer-reviewed scientific literature. The report uses the word “centering” to indicate a focus on Black mothers with a framing that incorporates their views and perspectives. Expertise from the report’s *Centering Black Mothers in California* Advisory Group, led by the Los Angeles-based statewide organization Black Women for Wellness, and perspectives from focus groups with Black women across California informed decisions about what data to highlight and how to describe certain inequities. Additional guidance on report content was provided by Black women co-authors who are experts in the field. By recognizing the powerful role of societal forces and neighborhood conditions, *Centering Black Mothers in California* provides an expansive view of the health of Black mothers and infants in California and demonstrates the connection between structural racism and health.

RESULTS

Factors at the societal, neighborhood, family, and individual levels have worked in concert over many generations to affect many Black birthing people's abilities to achieve optimal health across the life course and to have healthy pregnancies, births, and babies.

Neighborhood conditions

- The resources in a neighborhood have an impact on the health of its residents. In California, high percentages of Black birthing people continue to reside in neighborhoods that are racially and economically segregated (59.9%), have high concentrations of poverty (40.2%), and have unhealthy community conditions (43.1%). These neighborhood conditions are strongly correlated with one another.

Pre-pregnancy and pregnancy health

- Black women in California were diagnosed with hypertension prior to pregnancy at twice the rate of their Hispanic, White, and Asian/Pacific Islander counterparts.
- Among Black women, hypertension at delivery increases substantially with age.
- Approximately one in four Black birthing people experience symptoms of depression during pregnancy, which is higher than the rates for other racial and ethnic groups.
- In 2016, Black women were more likely than White women to report that when they were in the hospital giving birth, they were treated unfairly or disrespectfully because of their race or ethnicity.
- Severe maternal morbidity (SMM) refers to serious and potentially life-threatening complications of pregnancy and childbirth. Almost half of all SMMs are preventable. While SMM increased between 2011 and 2019 for all racial and ethnic groups, the rate among Black people remained substantially higher than the rates among Hispanic, White, and Asian/Pacific Islander people.

Pregnancy-related mortality

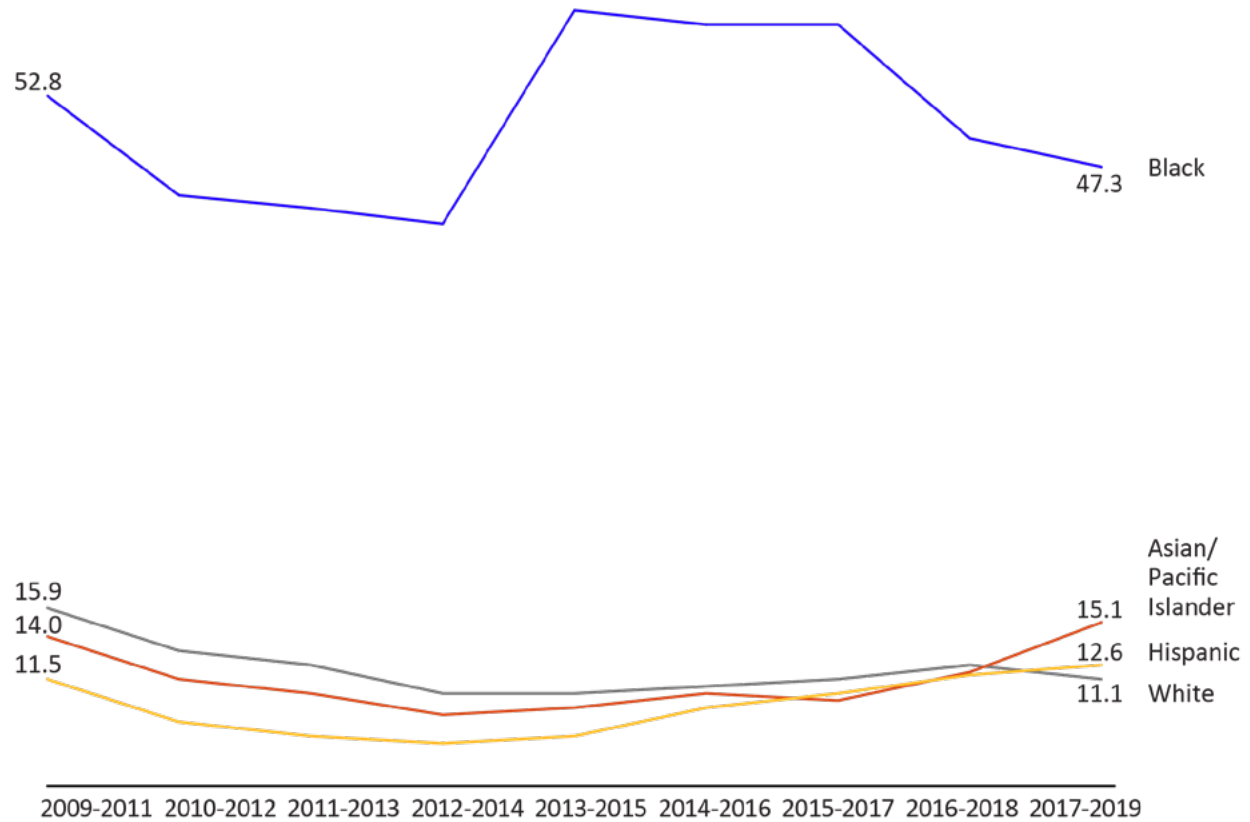
- Pregnancy-related mortality refers to the death of a woman while pregnant or within one year after a birth from a cause related to or aggravated by the pregnancy. Black women's rate of pregnancy-related mortality (measured in three-year groupings) declined between 2013–2015 and 2017–2019. Despite these improvements, Black birthing people continue to experience pregnancy-related deaths at three to four times higher rates than those of other racial and ethnic groups.
- Pregnancy-related mortality increases with age for all women, but inequities in pregnancy-related mortality between Black women and those of other racial and ethnic groups are largest among those ages 35 years and older, where Black women are 4.6 times as likely as California women as a whole to die of pregnancy-related causes.

Preterm birth

- The preterm birth rate among Black infants has not improved since 2011. Black women under 30 years of age experience preterm birth less frequently than older Black women. While all California birthing people experience higher rates of preterm birth in older maternal age groups, Black people's preterm birth rates start to increase at younger ages compared to others.

While rates of pregnancy-related mortality among Black birthing people declined between 2013-2015 and 2017-2019, they remained much higher than those of other groups

Pregnancy-related deaths per 100,000 live births in California, by race and ethnicity, three year moving averages, 2009-2019



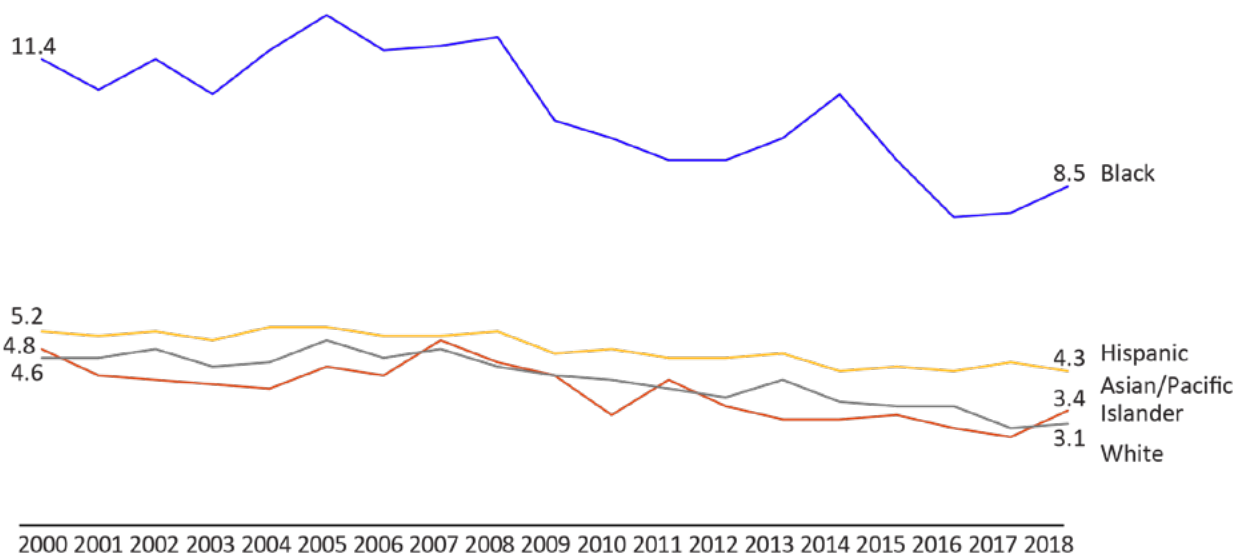
Source: California Pregnancy Mortality Surveillance System, 2009-2019; California Birth Statistical Master File, 2009-2017, California Comprehensive Master Birth File, 2018-2019. See Technical Notes for definition of pregnancy-related deaths.

Infant mortality

- The mortality rate among Black infants in California has declined over the past decade, dropping 25% since 2000. Yet, in 2018, Black infants were still twice as likely as other infants to die before their first birthdays.
- In California, infant mortality among Black infants declines as resources in the neighborhood improve. In the most privileged neighborhoods in California, Black infants are about half as likely to die before their first birthdays as those living in the most deprived neighborhoods.

Infant mortality declined among births to Black birthing people over the past 10 years, but rates remained inequitably high

Number of infant deaths per 1,000 live births in California, by race and ethnicity, 2000–2018



Source: California Birth Cohort File, 2000–2018.

Health behaviors and opportunities to be healthy

- Food insecurity, or limited or uncertain access to food within a household,²⁵ negatively impacts diet quality and is linked to overweight and obesity. Black birthing people experience food insecurity at rates more than 2.5 times higher than White and Asian/Pacific Islander birthing people in California.
- Breastfeeding (exclusive and any breastfeeding at one and three months postpartum) increased among Black women in California between 2011 and 2017, but progress stalled between 2017 and 2019.
- Black birthing people are less likely to benefit from key practices and policies in the hospital and in the workplace that are shown to support breastfeeding duration.

While trends for outcomes such as pregnancy-related mortality, infant mortality, and preterm birth have improved over the past decade, inequities between Black birthing people and other groups have persisted or grown. Similar trends are evident for other health measures, including breastfeeding, hypertensive disorders of pregnancy, and severe maternal morbidity. This report provides a broad description of the health of Black birthing people and infants in California and demonstrates the connection between structural racism and health. The results shared in this report, together with a well-established body of literature, point to logical pathways through which structural racism functions as an underlying cause of poor outcomes for this population.

DISCUSSION

Several pathways connect structural racism to the results presented in this report, including unhealthy and/or under-resourced neighborhood conditions, chronic stress, and lack of respectful care. While most Black women and their infants are healthy, the data in this report show important and persistent racial inequities in poor health outcomes. A comprehensive discussion of potential strategies to remediate structural racism and its health impacts is beyond the scope of this report, yet public health has an important role to play in addressing structural racism and buffering its impact on Black maternal and infant health. Additionally, because structural racism operates at multiple levels to influence the health of Black families, strategies to ameliorate poor health conditions among Black families cannot be handled within the health care and public health systems alone. Rather, a broader set of strategies is likely needed to advance health equity for Black birthing people and their infants. Examples of strategies to consider are listed below:

- Name structural racism as a key driver of health inequities.
- Collect and provide high-quality, timely data to demonstrate the scope of health inequities, promote equitable solutions, and monitor the progress of existing initiatives.
- Involve the Black community in authentic community engagement that centers their voices and fosters ongoing bi-directional power-sharing relationships.
- Partner with those outside of public health to improve neighborhood conditions for Black families and ensure quality education and economic opportunities that promote financial stability.
- Offer resources and supports to buffer or reduce stress.
- Implement methods to monitor for and address racism and implicit bias among health care personnel and public health professionals.
- Improve the educational pipeline and provide support to increase the number of Black providers and healthcare professionals.

Racism influences health status and outcomes by impacting who is ignored and who is treated, who is put at risk and who is not, which communities are polluted and which are clean, whose voices are heard and whose are not. Collaborators in public health and other fields can support and build upon the efforts of Black leaders and their organizations in order to collectively continue the hard work of dismantling structural racism and improving health and health equity. Health equity for Black women and other Black birthing people, and their infants, is part of the California Department of Public Health's vision for a healthier state. This report is one step among many to center Black mothers and infants within this broader vision. Progress will not be achieved by doing the same work with the same voices at the table in the same way. We must collectively confront racism and make broad systemic changes in order to make a difference for Black families and their children and to create a healthier California.



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