

# **Elimination of Racial and Ethnic Disparities in Birth Outcomes in Wisconsin**

## **Executive Summary**

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Infant mortality is defined as the death of a baby during the first year of life. It is a critical indicator of the overall health of a community or society. Although Wisconsin is a leader among states for its low white infant mortality rate (number of infant deaths per 1,000 live births), the infant mortality rate for African Americans in Wisconsin is the highest in the nation. While American Indian infant mortality in Wisconsin has declined by more than half over the past 20 years, the rate of black infant deaths has remained at the same level. In 2004, a total of 420 Wisconsin infants died during the first year of life. Of these, 245 were white, and 125 were African American. If African American infant mortality were reduced to the white infant mortality level, 96 of the 125 black deaths would have been prevented. The primary contributor to this gap is the high rate of prematurity and low birth weight among black babies.

Since infant mortality is a sentinel indicator of a community's overall well being, the factors that contribute to racial and ethnic birth outcome disparities relate to all sectors of society. The neighborhoods in Wisconsin with the highest rates of black infant mortality are characterized by hypersegregation, unemployment, economic hardship, and inadequate housing. Systems that serve children and families in these communities are often fragmented, burdensome, culturally and linguistically disrespectful, and deficit-based.

Racial and ethnic disparities in access to and quality of health care in the United States have been extensively documented. An Institute of Medicine (IOM) Report, *Unequal Treatment*, found that people of color tend to receive a lower quality of healthcare than whites, even when access-related factors, such as patients' insurance status and income, are controlled for. Women of color often perceive that their health concerns are dismissed and that they are not treated with respect and dignity. Research also shows that birth outcome disparities transcend social and economic class, and that race is an independent risk factor for prematurity and low birth weight. Further, an emerging body of research suggests that chronic stress from racial discrimination and other traumatic events throughout a woman's life has intergenerational biological consequences that put her and her own children at risk for adverse birth outcomes.

Although defining its exact role and responsibility is beyond the scope of this paper and will require thoughtful and collaborative dialogue, the University of Wisconsin School of Medicine and Public Health has an opportunity to become a leader in responding to this challenge. Through the Special Initiative of the Wisconsin Partnership Program, it can finance and support culturally competent and best practice interventions that have the potential to directly improve birth outcomes among disparate populations, and, in particular, among African Americans. This initiative should:

- 1) Include service, research, and educational components;
- 2) Incorporate the life course model and other bodies of research described in this paper;
- 3) Honor, respect, and include families and communities in all phases;
- 4) Tap into strengths and resiliency not only among those immediately affected and their communities but also among providers, and health care systems and organizations;
- 5) Demonstrate the courage to address the influence of racism and advance much needed research on racial and ethnic disparities;
- 6) Challenge people from all walks of life and all kinds of agencies and funders to rise to the occasion and put this issue front and center on their agenda;
- 7) Integrate with existing efforts; and
- 8) Inform and inspire a new generation of leaders to carry on this work into the future.

**The specific recommendations are the following:**

**A. Improve the health and safety of African American women, and their families, over their entire life span.**

1. Provide a model system of interconception care for African American women with prior adverse birth outcomes, and their families.
2. Provide a model system of preconception care for African American women who have had a prior adverse birth outcome.
3. Improve a model quality of prenatal care for African American women.

**B. Promote cultural and linguistic competence in health care provision.**

**C. Maximize cooperation among diverse agencies and stakeholders.**

**D. Support and strengthen existing infrastructure.**

**E. Advance research and higher and CME education in ending racial and ethnic birth outcome disparities.**

Finally, this paper touches only briefly on the critical and essential need for leveraging other matching resources from private foundations and other partners so as to significantly increase the amount and value of the Partnership's investment.

To effect a sustainable end to racial and ethnic birth outcome disparities requires all stakeholders to contribute their resources in a heightened way. Such an effort is neither easy nor comfortable. It is a long-term process that challenges individual and organizational biases, promotes opportunities for shared learning, and respects and strengthens the voices of all, especially those of the babies, mothers, families, and communities directly affected. The University of Wisconsin School of Medicine and Public Health can provide a model through a process that develops a Request for Proposals in a way that ends up financing and supporting efforts that have built-in community-based evaluation, flexibility to change course as fiscal, federal, political or public issues arise, and assurance of commitment through the long haul.

There is no single inoculation to catalyze the level of collaboration needed to save babies' lives. But there is an opportunity here, at this moment, for all stakeholders to humbly acknowledge and move beyond deep-seated and emotional experiences that shape their judgments and actions. Throughout it all, by keeping a shared vision of health equity at the heart of the work, significant progress in eliminating disparities is within our reach. The courage to accept and welcome participation at all degrees of expertise, combined with the need to pursue data and science in a field of study that requires a new framework, will determine whether it happens.