Outline of Scientific Research Acknowledging Racism as a Primary Cause of Infant Mortality Disparities

Compiled by Denise Carty, PhD Candidate, REACH US Evaluator on behalf of PRIME and Genesee County REACH

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A. Research Positions


   **Summary:** Racism is embedded and permeates all aspects of African American women’s lives. Disparities are related to lifelong accumulation of the impact of racism.


   **Summary:** Racism is a chronic stressor interacting with social, environmental, and medical factors unique among women of color.


   **Summary:** Racism, not race, is significantly responsible for infant health disparities.


   **Summary:** Racism and stress stimulate biological pathology leading to adverse birth outcomes.


   **Summary:** Black women experience accelerated aging and health deterioration during their reproductive years; infant mortality disparities are related to health status differences and age-variation of these differences.

   **Summary**: Racism is conceptualized as an acute or chronic stressor (agent) that contributes to excess health risk.


   **Summary**: Racism over the lifecourse is a psychosocial stressor that increases risk of adverse birth outcomes.


   **Summary**: Racism is conceptualized as a fundamental cause of infant mortality and low birthweight disparities among women of color.


   **Summary**: Discrimination over the lifecourse can impact birth outcomes.


   **Summary**: Interaction of racism with gender (gendered racism) produces unique sources of stress for Black women including abuses and power by the medical system and Black stereotypes of sexuality and motherhood.


   **Summary**: Examines the interaction of biologic and psychological factors related to stress, and the social and political impact of being Black in the US that contributes to adverse birth outcomes.


   **Summary**: Racism is a psychosocial stressor contributing to preterm birth.
B. Research Studies That Have Found Associations Between Racism and Birth Outcomes


   **Summary:** In a retrospective analysis of self-reported low birth weight among black and white women surveyed in the 2007 *Genesee County REACH Racism and Health Survey*, emotional responses to racism (anger, frustration, etc.) contributed to a 17% higher odds (OR 1.17, CI 0.93 - 1.48) of low birth weight among Black women compared to White women, adjusted for mother's race and education.


   **Summary:** In this study of African American mothers, discrimination in 1 or more and 3 or more domains increased the odds of VLBW by 1.7 (1.0 - 9.2) and 2.6 (1.2 – 5.3), respectively, compared to Black mothers with no reports of discrimination.


   **Summary:** This hospital study of low-income African American mothers found a three-fold effect (OR 3.3, CI 0.9 - 11.3) of perceived discrimination among mothers who delivered very low birth weight infants.


   **Summary:** In this study, high levels of perceived discrimination predicted a 40% greater risk of preterm delivery (RR 1.4, CI 1.0 - 2.0) in Black women compared to White women.


   **Summary:** High levels of perceived discrimination predicted an 80% greater risk
of preterm delivery (RR 1.8, CI 1.1 - 2.9) in Black women compared to White women.


**Summary:** In this study, reports of racism witnessed in childhood and experienced over the lifecourse predicted mean birthweight.


**Summary:** In a study of both race and gender discrimination among Black and White women, racial discrimination contributed to over two times the racial disparity in LBW (OR 2.11, CI 0.75 - 5.93) and two and one-half times the disparity in pre-term birth (OR 2.5, CI 1.33 - 4.85).


**Summary:** A research team examining the Black Women’s Health Survey found that racial discrimination on the job predicted a 30 percent increased risk of preterm delivery (OR 1.3, CI 1.1 - 1.6) among college-educated women.

Note: *Statistically significant results.
Community-Based Participatory Approaches to Addressing Infant Mortality

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Published studies on community-based participatory approaches specific to examining racial disparities in birth outcomes are rare. A recent search of PubMed yielded only seven documented studies as follows:


CBPR was used to engage African American pregnant and parenting women in a rural community in northern Florida for a qualitative study about community perceptions of infant mortality and the healthcare delivery system. The study participants were part of the Family Health Advocacy intervention which consists of weekly health education and social support over 12 sessions provided by para-professional community health workers called family health advocates. Participants acknowledged the disproportionate and devastating impact of infant mortality in their community and causative factors, including low birth weight, prenatal care, and availability and accessibility of services. Participants also commented on gaps in community based services including the need for extended travel to seek care and physicians who don’t accept Medicaid. Participants also remarked on economic struggles and challenges with government assistance services. The study concluded that participants spoke to the need to transform barriers at micro- meso- and macro-level systems and barriers to services affect quality of life. There was reinforcement of the need for community-based instead of mere community-placed services. The study reinforced the value of paraprofessional workers as an important bridge to service delivery, and the importance of advocacy and social support for healthy lifestyles and coping strategies. Evidence-based interventions to address disparities must be adequately funded to meet the needs of the most vulnerable of society.

This article articulates the essential role of a community-based participatory framework as the backdrop for this community survey research study of the impact of the Genesee County REACH intervention on individual and community health outcomes, including low birth weight, in Genesee County, Michigan. The premise underlying REACH is that racism is a fundamental cause of infant health disparities through its influence on social-economic conditions, societal and institutional structures, racial prejudice and discrimination, and stress which harm health. The participatory REACH intervention includes (a) community mobilization activities to improve awareness and understanding of racism and promote individual and community empowerment to ‘undo’ racism; and (b) healthcare system activities to combat institutional racism and improve patient care for racially diverse populations. The study analyzed group differences in racism knowledge, attitudes, experiences, and self-reported health between REACH participants and non-REACH participants, adjusting for highest educational level and race.

On the role of racism awareness and education, the survey showed that REACH participants reported greater acknowledgement of the enduring and differential impact of racism in comparison to the non-intervention participants in the general community. Also, European Americans who participated in REACH programs were 1.8 times less likely than African Americans to view their racial group as being regarded negatively. This difference was significantly larger than the racial gap observed among participants in the general population. A reason for the widely divergent views by race among REACH participants could be that participation in activities such as Undoing Racism and African historical and cultural education trainings magnified one’s subjective evaluation of how racism perpetuates negative attitudes towards African Americans in contrast to more positive group regard conferred to European Americans.

On the matter of racism and health, the study found that REACH participants had better self-rated physical and mental health status than non-participants and racial discrimination was associated with lower self-reported physical health, mental health, and a higher likelihood of smoking. Also, intense emotional response (e.g., anger, sadness, anxiety) to experiences of racial discrimination was marginally associated with low birthweight births.
This study validates the benefits of CBPR with its emphasis on science and action to examine community concerns and demonstrated the benefits of CBPR to stimulate health-related policy change. The focus and content of the participatory survey fulfilled the dictates of community partners, and this consideration enhanced the relevance and utility of the data collection and study results. Furthermore, the participatory research and community change process prompted the development of a medical residency training component that incorporates racism education, and REACH justified the need for more systematic assessment of social resources and stress for pregnant and postpartum clients in clinical settings.

Overall, this community-generated survey allowed for examination of racism and health disparities on a community-wide scale, it complemented vital statistics data by providing a more comprehensive assessment of social determinants that may contribute to localized disparities in infant and overall health, and it enhanced the capacity of community members to engage in and utilize original research on a salient community concern. The Genesee County community-based participatory REACH project serves as a model for systematically addressing critical social health issues utilizing intervention- and survey-research methods together with sustained social action.


This article reports the results of a qualitative study of 19 staff, partners, and stakeholders of the Brownsville Action Community for Health Equality in New York. The purpose was to identify lessons learned from a CBPR approach to reduce risk factors for infant mortality. Key themes that emerged included the importance of engaging partners, the need to capitalize on existing community resources, the challenge of accessing at-risk population groups, working effectively with busy medical partners, promoting and sustaining systems change, measuring progress, and promoting effective programs.

A CBPR approach was used in a CDC-funded Harlem project addressing racial disparities in birth outcomes, and particularly examining the role of stress. The qualitative study revealed that condition of pregnancy could worsen the perception of preexisting social stressors. Structural factors also contributed to the stress and challenges of pregnancy.


This article overviews the Genesee County REACH partnership and plan to reduce African American infant mortality. The intervention utilizes community participatory based approaches, recognizes the contributions of both ‘bench’ science and community-generated or ‘trench’ knowledge to understanding infant mortality, is grounded in soci-ecological theory, and based on a belief that multiple approaches over the life course, and not only during pregnancy, are needed to eliminate racial disparities in infant mortality. Core intervention focus areas involve reducing racism, enhancing the medical care and social services systems, and fostering community mobilization. Key strategies include community awareness and education around racism and birth outcomes, training community and professional stakeholders, outreach and advocacy, and mentoring and support.


This article outlined the CBPR process of the Black Infant Health Community Collaborative (BIHCC) representing eight counties in Florida committed to addressing the rising racial disparities in infant mortality. Key focus areas for the BIHCC were capacity building in research and leadership development, and development and implementation of community-driven action plans to reduce racial disparities in infant mortality. The collaborative featured two annual leadership conferences to share successes, challenges, and lessons learned around addressing black infant health. Engaging political leaders was an
important strategy across localities to enhance awareness and advocate on behalf of improving black infant mortality. Also critical was sustaining the momentum for community action plans through community dialogues, social marketing, and partnering with the faith community. Proactive efforts to ensure funding were also critical to sustainability. Partners expressed that the conferences were instrumental in motivating and preparing them to address infant health issues in their respective communities.


This ethnographic study used a community based participatory approach with a community partnership of residents and program stakeholders to recruit, select, and analyze the findings of seven African American women 18-44 in an Ohio community who had been pregnant in the past year. The study explored the cultural contexts of prenatal and infant care practices among African American women of childbearing age. Key themes emphasized help and support from women, isolation due to lack of transportation and safety issues, and unplanned/unwanted pregnancies. Help and support from other women was a key asset to helping these women in their pregnancies.