A Common Problem – Uncommon Strategies

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Affiliated Berkeley Clubs Oppose Negro Invasion

J. W. Gregg, Pres., Introduces Resolution --- White District

With nine clubs represented, the Affiliated Berkeley Clubs nominated the present officers for re-election; endorsed a resolution opposing “the invasion of residents other than the Caucasian race in districts usually reserved for Caucasians” was introduced by J. W. Gregg of the Central Berkeley Protective Association.

The resolution as endorsed by the A. B. C. follows:

“At a regular meeting of the Central Berkeley Protective Association held Thursday, January 27, 1927, upon motion of Mr. Bickley and duly seconded by Dr. Kimball, the following resolution was duly adopted:

“Whereas, the invasion in any district by residents other than the Caucasian race is a cause for great depreciation of property values, and
Age Adjusted Mortality Rates by Race/Ethnicity
City of Berkeley, 1998

All Races

White

African American

Berkeley
California
U.S.

Source: Berkeley City Health Department, Epidemiology and Health Statistics, Mortality Database, 1998, National Statistics Report, NCHS, July 24, 2000, CDHS.

Racial disparity through the lens of Breastfeeding...

Consistent disparity in Berkeley WIC Program:
- 15% of African American babies are breastfed.
- 60% of White babies are.
Racial disparity through the lens of immunization (% Up-To-Date at 2<sup>nd</sup> birthdate, by race and year)

![Bar graph showing racial disparity in immunization rates between 1996 and 1999 for different races.](image)

6th Graders: Get your hepatitis B shots now...
What is Low Birth Weight?

Low Birth Weight (LBW) is defined as a birth weight less than 2,500 grams or 5 and $\frac{1}{2}$ lbs.
Why is Low Birth Weight Important?

- Impact on families is serious
- Cost to School Systems for Special Education
- Some children are labeled “learning disabled” and tracked for life
- Health costs are high - average $50,000 per LBW baby just to get out of the hospital

Why is Low Birth Weight Important?

- More likely to have Coronary Heart Disease, hypertension and Insulin Resistance Syndrome as an adult
- Decreased job skills as an adult
- Increased encounters with the Criminal Justice System
- PREVENTABLE
Percent of Low Birthweight Infants by Census Tracts
City of Berkeley, 1990-2001

Percent of Low Birthweight Births
By Race/Ethnicity, California 1990-1997
LBW: How does Berkeley compare to other US cities?

Out of all cities sampled in the U.S. with populations greater than 100,000, Berkeley had the lowest percentage for white LBW babies - 4.16% (aggregate data for three years, 1993-1995)

Out of these 162 cities, Berkeley’s African American community had 16.61% LBW, the third worst ranking for all of represented cities.


Used with permission from Deborah Greene, M.D., MPH
WHY?

Is it due to more multiple births?
Exclude multiple births and Racial Disparity Worsens

- Black:White Ratio excluding twins and other multiple births = 4.88
- Blacks are almost five times as likely to have a LBW single birth as Whites

WHY?

Is it Genetic?
Racial & Ethnic Disparities
Low Birth Weight & Nativity

Genetics?

Odds of LBW

<table>
<thead>
<tr>
<th></th>
<th>Foreign Born</th>
<th>United States Born</th>
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<tbody>
<tr>
<td>African Americans</td>
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WHY?

Is it due to lack of access to prenatal care?
Prenatal Care in First Trimester

WHY?

Teen Births?
Birth Rates Among Adolescent Mothers, 15 to 19 Years Old
City of Berkeley, 1994 - 2001

14.0  13.9  11.9  8.9  8.0  9.3  8.8

Year

Rates per 1000

1998-2000:
Berkeley: 8.8
Alameda County: 37.7
California: 50.3
2010 National Objective: None Established

Source: Berkeley City Health Department Epidemiology and Health Statistics; Birth Records, 1994-2001

WHY?
Income?
Education?
Income and Education

- Analyzed eight years of Berkeley birth data
- For the years 1990 through 1997, LBW disparity remains a constant
- Control for educational background and income accounted for 25% of the disparity

WHY?

- Medical Conditions?
- Substance Abuse?
ABMC Medical Record Review

- Review of 334 records
- Older African American women have LBW babies (consistent with national data)
- African American mothers of LBW babies had substantially higher rates of substance use (Nicotine, illicit drugs)
- White mothers of LBW babies had histories of selective reductions and multi-substance use
- Control for substance abuse and medical conditions – accounted for 25% of the disparity

WHY?

Stress?
WEATHERING HYPOTHESIS

The effect of social inequality on the health of populations compounds with age, leading to growing gaps in health status that can affect fetal health.
Racial and Ethnic Disparities
Role of Institutions
- Chart reviews and patient surveys (n=334)
- Differential drug testing of African American women at delivery
- Differential referral of African American women to hospital classes on care of a baby
- Differential treatment of African American women with DepoProvera shot as birth control (interferes with milk production)

Role of Prenatal Care Providers
- Provider survey to determine what office practices/policies might contribute to LBW - post card, phone call, mailing of questionnaires with self-addressed stamped envelop
- N=17 responses to intensive questions
- Precursor to Grand Rounds
Provider Responses

- N = 55
- “Presentation was informative and educational (N = 39)
- “I will change my practice based on this presentation.” (Yes = 10)
- Information was of value in patient education and counseling. (Yes = 15)

Individual Interviews of WIC Clients

- N = 16, 10 African American, 6 White
- 1 – 2 hour interviews in the client’s home, monetary incentive given
- Interview tool developed by California Pan-Ethnic Health Network
- Perceptions of discriminatory prenatal care in 4/10 African American women, 1/6 White women
- Compares to other studies across the nation
What have we done in Berkeley?

- Black Infant Health Program – June 2001
- Substance abuse training – Jan. 2001
- Community Action Teams - April 2000

Have these efforts been effective in Berkeley?
Absolutely
Centering Pregnancy Results

- Time period: 07/01/01 – 12/30/02
- Enrolled: 59 women in 6 groups
- Berkeley Residents: 27 of 59
- AA Berkeley Residents: 18 of 27
- LBW of AA Berkeley Residents: 1 of 18
- Percent LBW among AA: 5.6%
Black Infant Health Results

- Time period: 06/01/01 – 12/30/02
- Total enrolled and delivered: 39
- Total LBW: 3
- Spontaneous abortion: 1
- LBW % in BIH: 7.7%
- Overall African American LBW % for the year 2001: 9.4%
LBW in Berkeley – 1990-2001

Low Birth Weight Percentage by Race/Ethnicity

Source: Berkeley City Health Department, Epidemiology and Health Statistics; Birth Records, 1990-2001.
Individual Responsibility?????

Yes, BUT........

If you blame Low Birth Weight babies on individual behavior, then you assume....

- Equal access
- Equal information
- Equal treatment

Does this equality exist?
Does Equality Exist? NO!!

- Institute of Medicine Report – April 2002
- Racial and ethnic disparities in health care exist based on unequal treatment and, because this treatment is associated with worse outcomes in many cases, it is unacceptable

Where do we go from here?

- Continue to work with Community Action Teams
- Continue Low Birth Weight Team
  - Maintain existing programs
  - Focus on inter-pregnancy health
  - Identify institutional racism
  - Early identification of congenital abnormalities
Skills we need to apply for COURAGE

- C = Commitment - we can do it
- O = Outspoken - we won’t be afraid
- U = Understanding and using good judgement
- R = Responsibility, doing what is right
- A = Accountability, action and activist
- G = Goodness, love, mind, heart and soul
- E = Effort, willing to work hard and long

Courage to leave no one behind:
Ensure Health and Equal Life Expectancy for ALL