

Black Maternal and Child Health Disparities: The Role of Policy in Narrowing the Gaps

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Prepared for the Wisconsin Legislative Children’s Caucus

Black maternal and child health disparities directly and indirectly impact US national medical expenditures and adversely impact social well-being. Public policies can play an important role in addressing these inequities. However, while some policies may improve the overall *level* of maternal and child health at the population level (e.g., reduce rates of low birth weight), they may not improve racial/ethnic *disparities* in these outcomes. For this reason, it is critical to examine the equity implications of *any* health- or non-health related policy proposal.

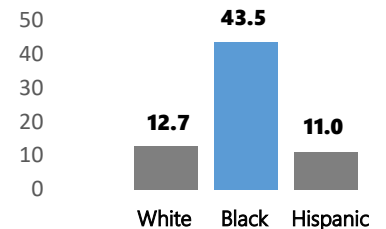
As examples, this brief will give an overview of two sets of policies that researchers have linked to maternal/child health, including Medicaid delivery systems (**healthcare access**) and court-ordered desegregation policies (**discrimination**). It will discuss evidence for their overall impact and whether they reduce or increase black maternal and child health disparities. **It is important to note that identifying the determinants of health is a complex topic, and researchers sometimes disagree.** However, the goal of this brief is not to adjudicate the existing literature, but to use these studies to motivate guiding principles for evaluating the equity impacts of policies in general.

Black women experience worse pregnancy-related health compared to any other racial/ethnic group. They are more likely to have:



- Higher rates of chronic diseases such as diabetes and hypertension prior to conception¹
- Higher rates of inadequate gestational weight gain and pregnancy complications such as preeclampsia^{2,3}
- Higher rates of maternal morbidity and mortality^{4,5}

**2018 US Maternal Mortality Rate
(Deaths/100,000 Live Births)**

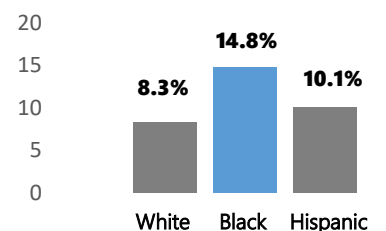


Black babies are more likely than non-black babies to:



- Be low birth weight (<2500 grams) or preterm (<37 weeks)⁶
- Die before their 1st birthday⁷
- Have fair/poor health and uncontrolled asthma^{8,9}

**2016 US Preterm Births
% Born at <37 Weeks Gestation**





Medicaid pays for over 40 percent of US births and 2/3 of all births to black mothers. Variation in the ways that states finance Medicaid care delivery (e.g., fee-for-service, managed care, accountable care organizations) can have important implications for overall reproductive health, particularly among black women. Research from various states shows that:

- Research from Oregon shows that shifting from Medicaid managed care to accountable care financing improved 1st trimester prenatal care initiation among Medicaid recipients.¹⁰
 - Early prenatal care initiation only improved among white and Asian mothers, but not among black or Hispanic mothers.
- Research from Texas shows that shifting from Medicaid fee-for-service to managed care financing increased black-Hispanic disparities in mortality and increased disparities in low birth weight and preterm birth.¹¹
- Overall, these policies improved overall levels of prenatal care use and infant health, but widened black-white and black-Hispanic maternal and child health disparities.

Structural discrimination (segregation) is linked to black-white maternal and child health disparities. Removing barriers to educational and medical institutions has had important impacts on black maternal and child health. Research shows:



- Hospital desegregation (Title VI of 1964 Civil Rights Act, introduction of Medicare) led to large declines in black infant mortality¹²
- School desegregation (Brown v. Board of Education) linked to declines in black preterm births¹³
 - Potential mechanisms include increases in maternal education, increased prenatal care use, and declines in adolescent pregnancies
- These policies had little to no impact on birth outcomes among whites, but had large and substantial impacts on black women's birth outcomes
 - These policies led to modest declines in the overall level of infant mortality, but substantially narrowed black-white disparities in infant health and wellbeing.

Conclusion: Improving black maternal and child health disparities requires a careful examination of assessment whether policies improve overall levels of maternal and child health and/or narrow racial/ethnic disparities in child health.

Notes

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