

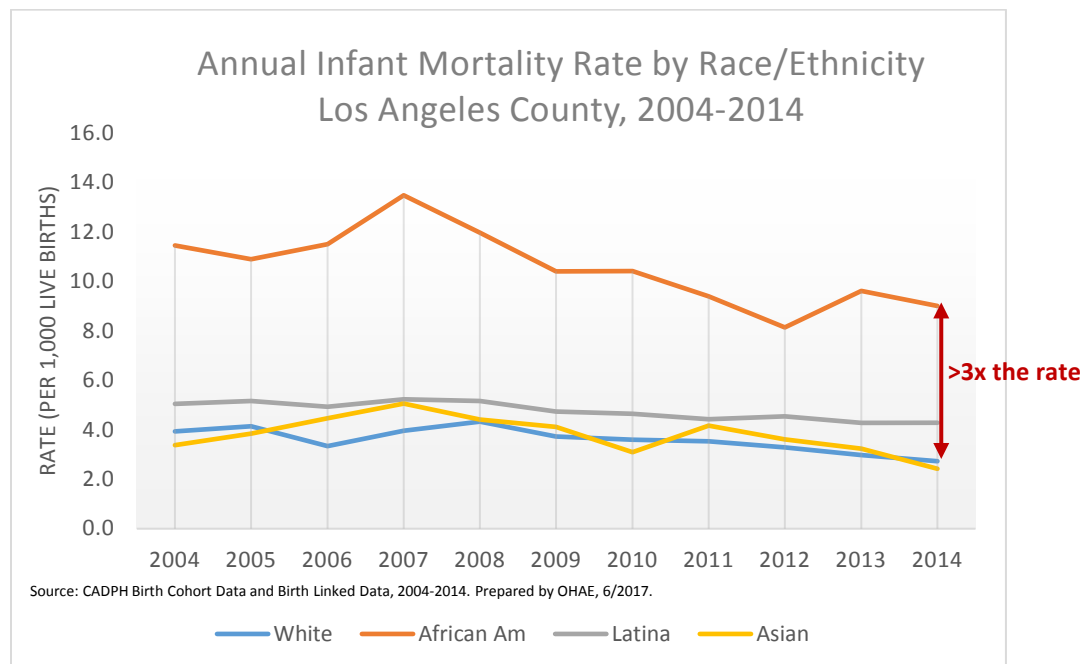


Infant Mortality

Infant mortality is one of the most important indicators of a population's health. Defined as the death of an infant before one year of age, it reflects the health status of mothers, the quality of and access to medical care, and the underlying social and economic conditions that powerfully influence health outcomes in communities.

Who is most affected?*

African American communities have historically been disproportionately affected by higher rates of infant mortality throughout the United States, including LA County. Local data shows that an intolerable gap exists in the survival of African American infants in LA County. Despite a gradual decline in African American infant mortality in LA County since 2007, African American infants continue to die at more than 3 times the rate observed for white and Asian infants, the two racial/ethnic groups with the lowest infant mortality rates.



Geographically, LA County regional areas with large African American populations have the highest rates of infant mortality, such as Antelope Valley and South Los Angeles.

What is the impact on health?

The major underlying medical cause of infant death among African Americans in LA County is being born prematurely (before 37 weeks of gestation). Being born too early, and consequently too small, puts infants at risk for early death, medical complications, disability and chronic diseases later in life² and is associated with a significant societal economic burden¹. Factors associated with infant prematurity and death include a maternal history of previous preterm birth, sub-optimal maternal health prior to and during pregnancy (including chronic conditions

like high blood pressure, obesity, and diabetes), short birth spacing (less than 18 months between births), and chronic stress.¹

What causes the health inequities?

Risk factors known to negatively impact infant health alone do not adequately explain the disparities in birth outcomes across races/ethnicities. Data shows that African American women in LA County are more likely to experience causes of chronic stress from unemployment, housing instability, food insecurity, and poverty. Mothers of other races also demonstrate better birth outcomes than African American mothers, despite experiencing similar or greater disparities related to common determinants of health, such as poverty, educational attainment, and access to health care. For example, African American mothers with a college degree often report a higher rate of low birth weight births than White mothers with less than a high school education.

The legacy of past and ongoing systemic racism in the United States contributes to persistent gaps observed in infant mortality³. Societal policies and practices going as far back as our history with slavery have negative impacts on health and well-being. These systemic injustices persist today and influence access to the opportunities and resources essential for African American women and families to thrive.

Given the socio-economic, racial/ethnic, and geographic diversity in LA County, reducing and eliminating health and racial inequities in birth outcomes is a significant priority. More focus must be given on the specific needs of African American communities to eliminate this gap in infant mortality, particularly when most infant deaths are preventable. Eliminating the underlying causes of African American infant mortality will require addressing the complex issues that impact the wellbeing of African Americans. An approach to improving African American birth outcomes needs to include both support to—and support of—African American communities across LA County.

* When data is available substantial disparities are also seen for Native Americans and Native Hawaiians and Other Pacific Islanders groups. LA County Infant Mortality Health Equity Initiative will also focus on improving infant outcomes in these groups.

References:

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3. Rankin KM, David RJ, Collins JW Jr. African American women's exposure to interpersonal racial discrimination in public settings and preterm birth: the effect of coping behaviors. *Ethnicity & Disease*. 2011 Summer;21(3):370-6.