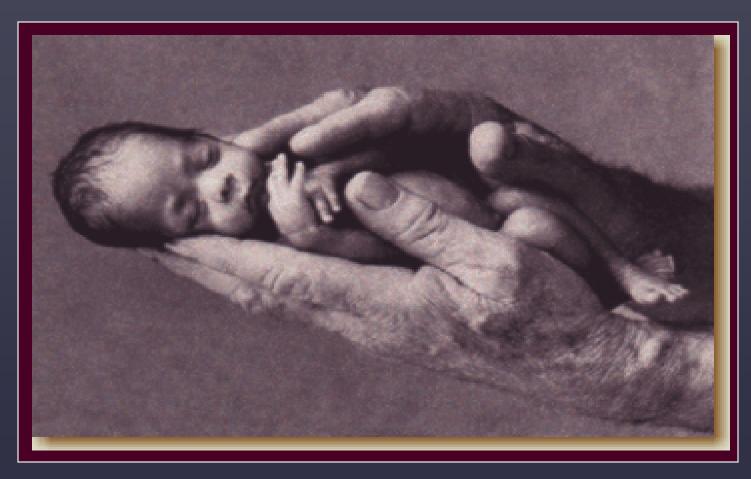
RACE, RACISM & RACIAL DISPARITIES IN ADVERSE BIRTH OUTCOMES



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OBJECTIVES

- 1) Review statistics on racial/ethnic disparities
- 2) Discuss bio-psycho-social mechanisms by which racism may adversely affect pregnancy
- 3) Describe racial/ethnic differences in exposure to racism and impact on pregnancy

Infant Mortality

deaths before age 1 per 1000 live births

OVERALL	6.9
NONHISPANIC WHITE	5.7
HISPANIC	5.5
ASIAN/PACIFIC ISLANDER	4.8
NONHISPANIC BLACK	13.5

Preterm Birth

< 37 weeks gestation

OVERALL	12.5%
NONHISPANIC WHITE	11.6%
HISPANIC	12.0%
ASIAN/PACIFIC ISLANDER	10.5%
NONHISPANIC BLACK	17.7%

Low Birthweight < 2500 grams

OVERALL	7.8%
NONHISPANIC WHITE	6.9%
HISPANIC	6.5%
ASIAN/PACIFIC ISLANDER	7.8%
NONHISPANIC BLACK	13.4%

RELATED SEQUELAE

• In childhood:

Cerebral palsy, epilepsy, chronic lung disease, deafness, blindness, ADHD, cognitive deficits, learning disabilities

• In adulthood:

Cardiovascular disease, diabetes, hypertension (Barker thesis = fetal programming)

Intergenerational Perpetuation of Risk

MOTHER

Birthweight





INFANT

- Birthweight
- Gestational age
- Fetal Growth

Gestational age

Disparity not fully explained by established

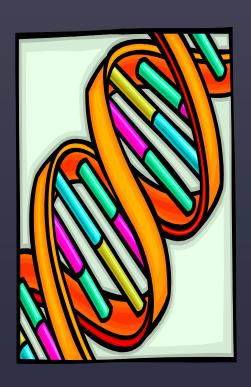


SOCIODEMOGRAPHIC MEDICAL

BEHAVIORAL

risk factors

IS IT GENETIC?



HIGHLY UNLIKELY!

- Nativity differentials
- European genetic admixture
- Disparities across all the leading causes
- •Disparities across life course

Psychosocial Stress

Environmental demands that tax or exceed one's ability to adapt, resulting in emotional and biological responses that may increase disease risk

Cohen, Kessler, & Gordon, 1995

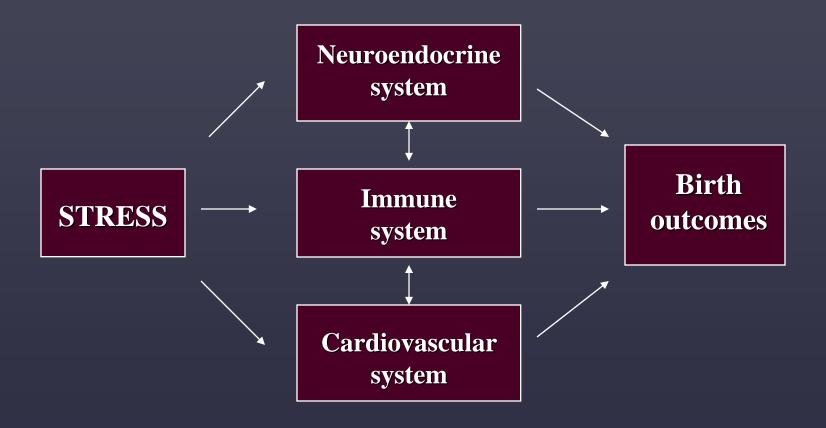






African-American pregnant women report more stress exposure and greater emotional distress from that exposure than other groups

A Bio-psycho-social Model



Neuroendocrine System

THE HPA AXIS

✓ Placental CRH controls placental clock

✓ Maternal stress → maternal CRH, ACTH, cortisol released

✓ Triggers additional CRH expression in placenta

Elevated levels of CRH significantly related to...

• PRETERM LABOR (Korebritis et al, 1998; Wadhwa et al, 1998)

• PRETERM DELIVERY (Hobel et al, 1999; McLean et al, 1995; Wadhwa et al, 2004)

• FETAL GROWTH RESTRICTION (Wadhwa et al, 2004)

independent of medical risk

Immune System

INFECTION

- **✓** Paternal antigens immunosuppression
- ✓ Stress immunosuppression
- ✓ Infection major risk factor for PTD
 - ✓ BV most common
 - ✓ Proinflammatory cytokines promote placental CRH expression

High maternal stress significantly associated with...

• DEPRESSED LYMPHOCYTE ACTIVITY (Herrera et al, 1998)

• BACTERIAL VAGINOSIS (Culhane et al, 2001)

independent of confounders

Cardiovascular System

HYPERTENSIVE DISORDERS

- ✓ Stress cardiovascular disorders
- ✓ Preg-induced hypertension and preeclampsia
 - ✓ Major risk factors for PTD
 - ✓ Significantly elevated CRH levels (Jeske et al, 1990; Perkins et al, 1995; Warren et al, 1995)

 Elevated CRH related to abnormal UTEROPLACENTAL BLOOD FLOW (Giles et al, 1996)

• DBP REACTIVITY to stress predicts gestational length and infant birthweight (McCubbin et al, 1996)

RACISM

... a likely fundamental cause of the nations's enduring racial/ethnic disparities in health

- James, 2003

RACISM LINKED TO

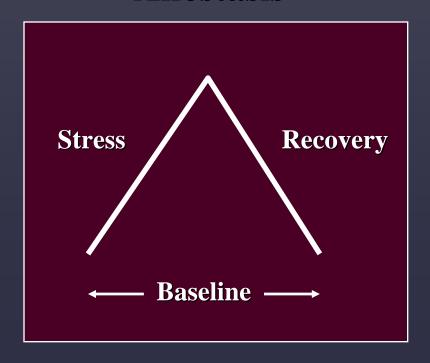
Health Behaviors Mental & Physical Health, including INFANT MORTALITY PRETERM DELIVERY LOW BIRTHWEIGHT



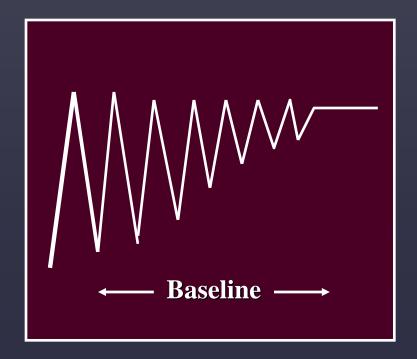
ALLOSTATIC LOAD

Physiologic toll of repeated and/or chronic stress system activation

Allostasis



Allostatic Load



Allostatic Load in African Americans?

Weathering

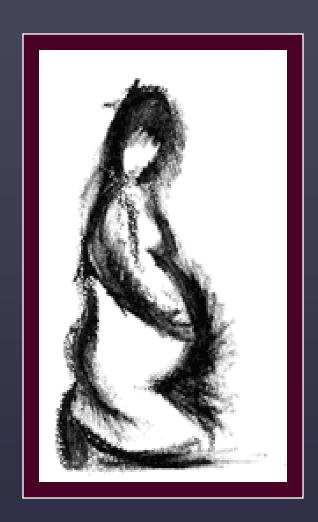
AfrAms' risk of LBW increases faster w/age than Whites'

PTSD symptoms following racist encounters

HPA axis dysregulation in PTSD; evident in AfrAm girls and pregnant women

Heightened & prolonged cardiovascular reactivity to racism

- hypertension = cardiovascular dysregulation due to stress hyperreactivity
- AfrAms have highest rates generally and in pregnancy



RACISM & ADVERSE PREGNANCY OUTCOMES A Program of Research

Multi-Site Behavior in Pregnancy Study

1997-2002

- Prospective, repeated measures survey
- Psychosocial, medical, physiological variables
- 480 ethnically/SES diverse pregnant women
- Recruited in clinics or referred by MDs
- Fluent English
- $\geq 18 \text{ yrs}$
- < 18 wks gestation, non substance using



STUDY 1

Can stress help to explain racial differences in birth outcomes?

STUDY SAMPLE

51 African-American
73 Nonhispanic White pregnant
women born and raised in U.S.
who delivered a live-born infant

RACISM EXPOSURE

Have you ever felt that you (or someone close to you) were (was) discriminated against or the target of prejudice because of race in interpersonal, housing, employment, educational, other situations?



KEY FINDING

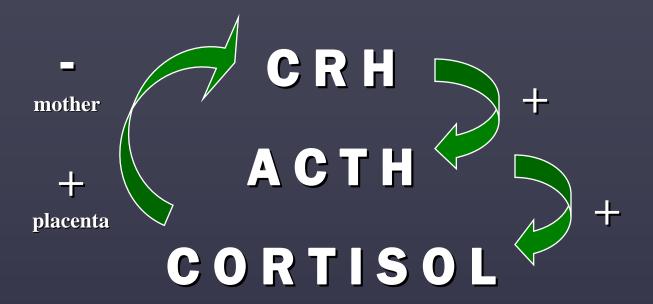
Racism exposure, particularly vicarious childhood experiences, predicts BW and helps to explain racial differences in BW, controlling for confounders



STUDY 2

Are there physiological factors that link racism to birth outcomes?

Neuroendocrine Variables



Assayed from blood each trimester

Neuroendocrine Factors

Stress hormone levels rise across pregnancy course in both African Americans and Whites

HOWEVER

Evidence of possible NE dysregulation in African Americans:

- high ACTH, low CRH and Cortisol
- smaller level of change in CRH and Cortisol



KEY FINDINGS

- 1. Evidence of NE dysregulation in AfrAms
- 2. Racism associated with AfrAm NE pattern: higher ChV racism = lower CRH
- 3. Lower late term CRH predicts lower BW
- 4. CRH helps explain ChV racism effects on BW



STUDY 3

Are there differences across multiple racial/ethnic groups in exposure to and impact of racism?

MS-BIPS SAMPLE of

70 Latinas

177 Nonhispanic Whites

25 Asian/Pacific Islanders

51 African-Americans

with racism data

LIFETIME

AfrAm	API	Latina	White	p-value
72.5%	88.0%	54.3%	40.7%	0.000

Adjusting for sociodemographic differences: AfrAms, APIs, Latinas differ from Whites

PERSONAL

AfrAm	API	Latina	White	p-value
58.7%	72.0%	44.3%	27.4%	0.000

Adjusting for sociodemographic differences:

AfrAms, APIs, Latinas differ from Whites

VICARIOUS

AfrAm	API	Latina	White	p-value
63.0%	60.0%	37.1%	29.9%	0.000

Adjusting for sociodemographic differences:

AfrAms, APIs, Latinas differ from Whites

AS A CHILD

AfrAm	API	Latina	White	p-value
51.1%	80.0%	40.0%	25.6%	0.000

Adjusting for sociodemographic differences:

APIs differ from Latinas and Whites

AS AN ADULT

AfrAm	API	Latina	White	p-value
63.0%	60.0%	37.1%	29.9%	0.000

Adjusting for sociodemographic differences:

AfrAms, APIs, Latinas differ from Whites

DISTRESS

AfrAms and Latinas were significantly less distressed than APIs and Whites

RESPONSE

- •AfrAms significantly more likely to keep racism experiences to themselves
- •AfrAms significantly more likely to accept unfair treatment as a fact of life

Racism & Psych Well-being

In all ethnic groups, racism associated with increased

CHRONIC STRESS

ANXIETY

DEPRESSIVE SXS

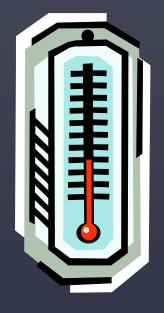
and fewer

PERSONAL RESOURCES

Racism & Birth Outcomes

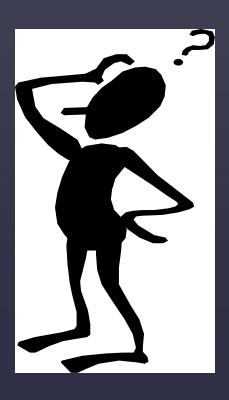
Racism only associated
with BW in

AFRICAN AMERICANS



THRESHOLD EFFECT?

WHAT TO DO???



HEALTHY PREGNANCY INTERVENTION

March of Dimes Community Service Pilot Grant

Aim: increase personal and organizational capital within African American churches for promoting healthy pregnancy

Based on *Body & Soul* model for healthy eating

Moving forward.....



Raise awareness

Promote girls' and women's health overall
Advocate for universal health care
Implement IOM recs to reduce disparities in care

Address social determinants of health

Embrace activism

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