

Los Angeles County
Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative

What is the Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative?

The Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative (PEDIM ALC) is a national collaboration that includes five other states with a goal to reduce and eventually eliminate racial disparities in infant mortality. Los Angeles County (LAC) joined the collaboration in 2008 and has been a strong member ever since. The main focus of the PEDIM ALC is to enhance awareness among the community and health care providers that institutionalized racism impacts birth outcomes and infant health.

Vision Statement: To eliminate racial inequities contributing to infant mortality in LAC urban areas based on a life course perspective.

Mission Statement: To increase capacity at the community, State, and local levels to address the impact of racism on birth outcomes and infant health in urban areas of LAC.

The short term goals of the project are to: develop an in-depth report describing and assessing racism and infant death in LAC, following a life-course perspective; develop and revise the Los Angeles Mommy and Baby (LAMB) and Los Angeles Health Overview of a Pregnancy Event (LA HOPE) tools to further elucidate the association between racism and adverse birth outcomes; identify existing resources, potential partners, and opportunities for collaboration to further confront racism; and to develop a framework for an online learning community to share knowledge and resources for customizing training to local communities and target audiences. With the tools and mechanisms in place, we expect that the long term impact will be to unite, expand, and diversify the efforts to dismantle racism in all sectors interfacing with MCAH, resulting in a lasting improvement in infant health.

Strategies:

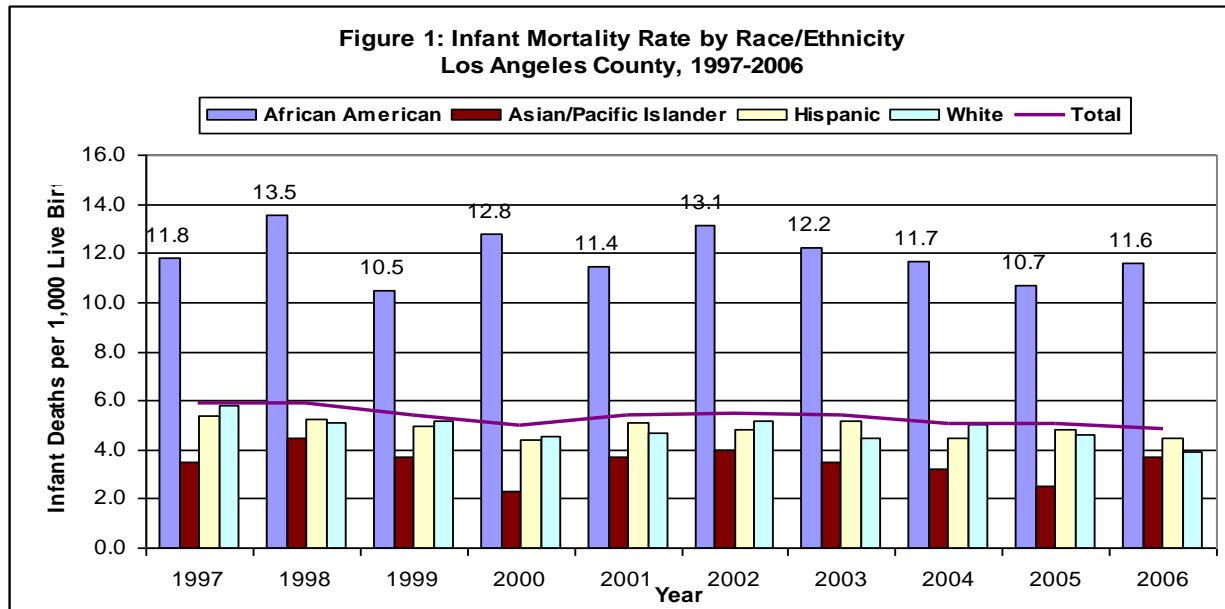
- 1. Develop quarterly briefs describing and addressing racism and its relationships to birth outcomes in LAC. Disseminate to key community partners and providers.**
- 2. Identify and distribute existing educational materials (videos, PowerPoints, articles, etc.) that relate to infant mortality and racism. Hold trainings and discussion groups for providers and the community in SPA 1 and 6.**
- 3. Design LAC-ALC website which will serve as a one point information center for LAC residents to inquire resources and best practices relating to infant mortality and undoing racism.**

Infant Mortality and Los Angeles County

Reducing and eliminating racial and ethnic disparities in infant mortality in LAC is a significant priority for both LAC and California State public health departments. In 1989, LAC was among the first health jurisdictions to receive funding from the State to create the Black Infant Health Program to provide a culturally specific perinatal intervention to African American mothers and infants in LAC. In 1994, LAC Fetal Infant Mortality Review (FIMR) Project, one of the 12 California county programs, was implemented to address the problem of fetal and infant death in areas with high rates of perinatal mortality.

The Healthy People 2010 objective is to reduce the infant mortality rate to no more than 4.5 per 1,000 live births.¹ The infant mortality rate for LAC has had a downward trend for the past ten years (See Figure 1), going from 5.9 deaths per 1,000 live births in 1997 to 4.8 deaths per 1,000 live births in 2006.²

Nevertheless, racial and geographic disparities in infant mortality and adverse birth outcomes persist. Compared to the overall LAC infant mortality rate, the 2006 rate for African Americans was significantly higher, at 11.6 deaths per 1,000 live births in 2006. In other words, the infant mortality rate for African Americans was more than two times the rate for LAC overall. African Americans comprised 7.6% of all births in LAC in 2006, and 18.2% (134 cases) of all infant deaths within the same period.³ More specifically, nationally, Black infants are 2.4 times as likely to die in the first year of life as White babies.⁴ In comparison, African American babies in LAC are approximately three times (2.97) as likely to die as White babies in LAC.³ With such a large disparity ratio, LAC provides an ideal target population.



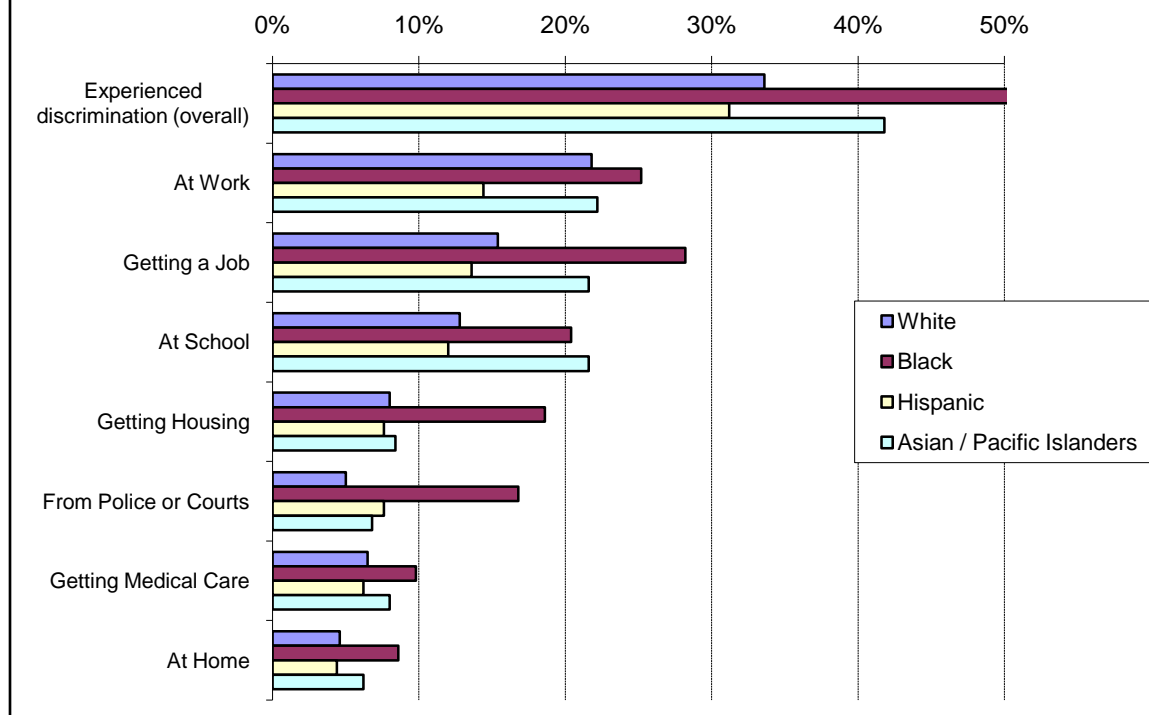
Infant Mortality by Race/Ethnicity in Los Angeles County, 1997-2006										
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
African American	11.8	13.5	10.5	12.8	11.4	13.1	12.2	11.7	10.7	11.6
Asian/Pacific Islander	3.5	4.5	3.7	2.3	3.7	4.0	3.5	3.2	2.5	3.7
Hispanic	5.4	5.3	5.0	4.4	5.1	4.8	5.2	4.5	4.8	4.5
White	5.8	5.1	5.2	4.6	4.7	5.2	4.5	5.0	4.6	3.9
Total	5.9	5.9	5.4	4.9	5.4	5.5	5.4	5.0	5.0	4.8

Among the eight geographic regions within LAC, both the Antelope Valley and South regions had the highest infant mortality rates in 2006 (7.6 and 5.5 infant deaths per 1,000 live births, respectively). The infant death rates for African Americans in Antelope Valley and South regions were as high as 18.3 per 1,000, while other racial/ethnic groups had rates close to 5 per 1,000 live births.

As indicated by a needs assessment completed by LAC Maternal, Child, and Adolescent (LAC MCAH) programs in 2004, LAC lacked comprehensive information with which to explore the association between racism and adverse birth outcomes until the advent of LAMB project in late 2004 and LA HOPE in 2005.^{5,6,7} Using information collected for these projects, LAC MCAH has started to assess the prevalence of experiences of racism by mothers of different racial backgrounds.

Findings from LAMB and LA HOPE show that half of the African American mothers who recently gave birth, experienced discrimination, more than other racial or ethnic groups. The disparity in experience of discrimination was most apparent when mothers sought jobs and assistance from police or courts. With respect to school campuses, however, Asian / Pacific Islanders reported the most discrimination (Figure 2).³

**Figure 2: Experiences of Discrimination By Location By Race
(Los Angeles Mommy and Baby Survey, 2005)**



Such experiences with discrimination could directly and indirectly contribute to infant mortality in LAC. LAC MCAH has the ability to examine the above hypothesis using data collected as part of the LAMB and LA HOPE projects. Data collection has continued since 2004 despite scarce resources, but data analysis has largely been delayed. It is critical now for PEDIM ALC to conduct an in-depth analysis to explore the association between racism and adverse birth outcomes in LAC. This information will be extremely useful for community stakeholders to design effective prevention and intervention strategies to address racism in the field of maternal and infant health.

References

1. Healthy People 2010. Maternal, Child, and Infant Health. Retrieved on September 3, 2008: http://www.healthypeople.gov/document/HTML/Volume2/16MICH.htm#_Toc494699659
2. Los Angeles County Department of Public Health. Maternal, Child, and Adolescent Programs. Unpublished data 2008a.
3. Los Angeles County Department of Public Health. Maternal, Child, and Adolescent Programs. Unpublished data 2008b.
4. Mathews TJ, MacDorman MF. Infant mortality statistics from the 2005 period linked birth/infant death data set. National vital statistics reports; vol 57 no2. Hyattsville, MD: National Center for Health Statistics. 2008.
5. Los Angeles County Department of Public Health. Five-Year Plan, 2005. Unpublished.
6. Los Angeles County Department of Public Health. Maternal, Child, and Adolescent Programs. Retrieved on September 3, 2008: <http://publichealth.lacounty.gov/mch/lamb/LAMB.html>
7. Los Angeles County Department of Public Health. Maternal, Child, and Adolescent Programs. Retrieved on September 3, 2008: <http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html>