



## *Family, Maternal and Child Health Programs Life Course Initiative*

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### **A 12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life Course Approach**

#### **What is the 12-Point Plan?**

The goals of the 12-Point Plan to Close the Black-White Gap in Birth Outcomes<sup>1</sup> are to: 1) improve health care services for at-risk populations, including communities of color and low-income families, 2) strengthen families and communities, and 3) address social and economic inequities over the life course.

The 12-Point Plan is different from other approaches to addressing racial disparities in birth outcomes in that it goes beyond prenatal care and the traditional medical model to address family and community systems, and social and economic inequities.

#### **The 12-Point Plan:**

##### **Improving Healthcare for African American Women**

#### **1. Provide Interconception Care to Women with Prior Adverse Pregnancy Outcomes.**

Ideally, all women should receive health care between pregnancies, or interconception care, but this is particularly important for women who have had previous poor pregnancy outcomes. Current research shows that women who have had poor pregnancy outcomes are at risk for having poor outcomes again. Interconception care should include risk assessment, health promotion, medical and psychosocial interventions, and outreach and case management.

#### **2. Increase Access to Preconception Care for African American Women.**

The goal of preconception care is to ensure that women are healthy before they get pregnant. Many protective and risk factors that affect birth outcomes are present early in pregnancy or even before women conceive. All women who may get pregnant should receive preconception care, which focuses on a woman's overall health and includes comprehensive health promotion and disease prevention. These services should be integrated into health care over the course of a woman's life.

#### **3. Improve the Quality of Prenatal Care for African American Women.**

High-quality prenatal care is vital to both the health of the mother and as a foundation for the healthy development of the child's organs and systems. Though the racial gap in access to prenatal care has been narrowing over time, the gap in quality of prenatal care has not. Research shows that African-American women do not receive the same level of health behavior advice or ancillary health care services during prenatal care as White women.

#### **4. Expand Healthcare Access over the Life Course for African American Women.**

Across the lifespan, African-American children and adults are more likely to be uninsured than white children and adults. A lack of access to health care, especially primary care, diminishes opportunities to

provide preventive health education messages and increases the risk of delayed diagnosis and treatment of disease.

### **Strengthening African American Families and Communities**

#### **5. Strengthen Father Involvement in African American Families.**

In the U.S. today, 49% of poor African-American children live in single-mother families with little or no father involvement. The involvement of fathers in their families can be addressed at the individual, interpersonal, neighborhood and community, and policy levels, across the life course. Fathers need educational, employment, legal, and social services. They also need assistance in improving their relationships with the women in their lives. Community institutions need to take a leadership role in addressing the higher rates of unemployment, violence, and incarceration among African-American men in many communities. Finally, public policies (i.e. Temporary Assistance for Needy Families, Earned Income Tax Credit, and child support) need to be improved to support families that stay together.

#### **6. Enhance Systems Coordination and Integration for Family Support Services.**

Currently, services for low-income families are fragmented, requiring parents to visit multiple locations, fill out duplicative paperwork, and arrange for child care and transportation to be able to do all of this. Community-based family resource centers that integrate various sources of funding can provide these families with comprehensive health and social services in “one-stop shopping.”

#### **7. Create Reproductive Social Capital in African American Communities.**

Social capital is the level of social connectedness within a community, and research shows that social capital is associated with disparities in health. Reproductive social capital is an extension of this concept, focusing on those aspects of a community's organization that foster the connectedness of pregnant women to their communities and the promotion of reproductive health within those communities.

#### **8. Invest in Community Building and Urban Renewal.**

Socioeconomically disadvantaged neighborhoods, often in urban environments, have been shown to have a negative impact on health outcomes. These neighborhoods are often racially segregated; are more likely to be located near freeways and industries that expose residents to pollution; are more likely to include individuals who engage in violence, and drug and alcohol abuse; have less access to healthy foods and safe exercise; and are underserved by health and social service providers. Men and women who grow up and live in these neighborhoods will accumulate stressors and risk factors throughout their lives that will affect their health and the health of their children. Improvements in these communities will be achieved through economic, political, and infrastructure development.

### **Addressing Social and Economic Inequities**

#### **9. Close the Education Gap.**

Despite the official desegregation of schools in the United States, substantial disparities in educational opportunities exist, and many low-income children and children of color enter school already behind their white peers in terms of reading and math skills. In addition, these children have less access to

after-school activities and are more likely to have health problems that interfere with learning and school attendance. As an adult, lower educational attainment is linked with lower salaries, greater job and housing insecurity, less access to health care, and poorer health status. Child development educational interventions need to start in early childhood, at as early as six months of age, and need to make preschool available for all children starting at age 3.

## **10. Reduce Poverty among African American Families.**

A number of measures can reduce poverty among families. These include expanding the minimum wage and the Earned Income Tax Credit (EITC), strengthening collective-bargaining, and implementing policies that support full employment and fair wages.

## **11. Support Working Mothers and Families.**

The U.S. could provide better support to working African American parents by improving parental leave and child care. The Family and Medical Leave Act (FMLA) of 1993 provides 12 weeks of unpaid parental leave to those working in businesses with 50 or more employees. In contrast, most other industrialized nations provide paid leave from work for mothers and fathers. Part-time employees and employees in small businesses are often not eligible for FMLA benefits. Almost 30% of African-American parents are not covered by the FMLA. Also, the majority of African-American children are in child care while their parents work. Child care can be costly for low-income families, and these families are more likely to receive mediocre or poor quality child care than higher income families. Public policies that expand parental leave and make high-quality, affordable child care available to families are needed to reduce the wear and tear on working mothers.

## **12. Undo Racism.**

There is a growing body of research linking racism with disparities in health outcomes. Racism occurs at three main levels: internalized, personally-mediated, and institutional. Institutional racism is the most fundamental level at which change must take place. Currently, there is limited research on the relationships between racism and birth outcomes. Researchers need to develop better measures of racism, study the possible causal pathways between racism and poor birth outcomes, construct intervention studies that address institutional racism, and design longitudinal studies that examine the effects of racism over the life course and across generations. In addition, health care providers should take specific steps to ensure that all patients receive equal treatment, and public health professionals should use the core functions of public health to make racism a leading public health issue.

## **Reference:**

1. Lu MC, Kotelchuck M, Hogan V, Jones L, Wright K, Halfon N. Closing the black-white gap in birth outcomes: A life-course approach. *Ethn Dis.* 2010;20(1 Suppl 2):S62-76.

### ***About the Life Course Initiative***

*The mission of the Life Course Initiative is to reduce disparities in birth outcomes and change the health of the next generation in Contra Costa County by achieving health equity, optimizing reproductive potential, and shifting the paradigm of the planning, delivery, and evaluation of maternal, child, and adolescent health services. This 15-year initiative began in 2005. For more information, visit the Life Course Initiative's website at [www.cchealth.org/groups/lifecourse](http://www.cchealth.org/groups/lifecourse).*