



Organization of the Report

Viewed through the lens of structural racism, racial disparities in maternal and child health is an issue that requires increased collaboration between various entities within and outside the MCH world to collectively tackle root causes. This report highlights the structural, social, and cultural contexts that place some Louisiana women at greater risk for an adverse birth outcome than others. Data are presented through a series of social determinant indicators related to birth outcomes. Each indicator is presented by race/ethnicity when data are available. For some indicators, data are not presented because the number of adverse birth outcomes was too small to calculate a reliable estimate. Throughout the report, comparisons made between racial and ethnic groups use Non-Hispanic White women as the reference group because they experience the lowest rates of adverse birth outcomes.

The indicators are grouped by levels of the social-ecological model³⁶ (Figure 3), which allows us to highlight the range of factors operating on multiple levels that put women at risk for

adverse birth outcomes. The report begins with broad, state-wide indicators that characterize the socioeconomic conditions and inequalities resulting from the society in which Louisiana women live, grow, and work (Section 1). Section 2 addresses factors at the local neighborhood and community and interpersonal levels that influence birth outcomes. Finally Section 3 describes individual-level factors (income, education, and health insurance coverage) in relation to adverse birth outcomes. The overlapping rings in the figure illustrate how factors at one level influence factors at another level. In addition, the social-ecological model suggests that in order to prevent adverse birth outcomes and reduce the disparities in rates of preterm birth and low birth weight it is necessary to act across multiple levels at the same time to ensure long-term and sustainable health equity. In the final section of the report, we provide examples of best practices and programs that have been successful in improving birth outcomes at each level, as well as recommendations to inspire action and changes to improve birth outcomes for all women in Louisiana.

Figure 3.
The social-ecological model and organization of this report

