



INDIVIDUAL LEVEL FACTORS

Income & Education and Health Insurance Coverage



Individuals with higher incomes and more education are typically healthier than people with fewer resources. However, and even among Louisiana's highest earning and highest educated residents, racial disparities remain.



Income & Education

Individual socioeconomic status such as education, income, and employment play a large role in adverse birth outcomes. Maternal educational attainment has been associated with risky or health-protective behaviors, such as smoking,⁷⁴ having lower quality or delayed prenatal care,⁷⁵ and consuming nutritious foods and engaging in physical activity,⁷⁶ all which may impact likelihood of having a preterm or low birth weight infant.⁷¹

The relationship between maternal education and adverse birth outcomes is complex and likely driven by the intersections between education and income or employment. Higher educational attainment often leads to greater income and reduced job insecurity.³⁸ Research also suggests that employment during pregnancy is associated with lower stress levels and reduced risk of preterm birth.⁷⁷ Furthermore, having a higher income can reinforce the behaviors and circumstances that foster positive birth outcomes, like purchasing and eating nutritious foods, seeking prenatal care, or exercising safely in one’s neighborhood.³⁸

However, Black women experience adverse birth outcomes at disproportionately higher rates than White women even if they achieve comparable levels of educational attainment, income, and

employment.^{78,79} These findings suggest that the reasons behind racial disparities in birth outcomes include and extend beyond indicators of socioeconomic status to encompass a multitude of interacting factors that produce a cumulative effect over the course of a woman’s life. Data from Louisiana show that Black women are much more likely to deliver preterm or low birth weight babies compared to their White peers with equivalent educational levels (Figure 12a&b). For both populations of White and Black women, as education increases, risk for an adverse birth outcome decreases. Still, even the most highly educated population of Black women (those with a bachelor’s or higher degree) experience an excess of 18 preterm births and 30 low birth weight infants per 1000 births compared to White women with less than a high school education.

Figure 12a Preterm births by race and educational attainment

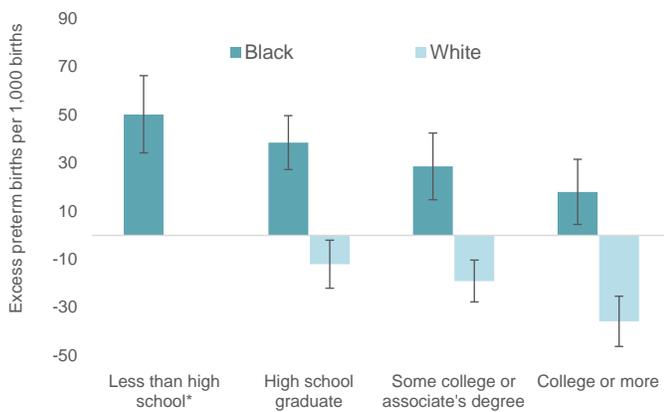
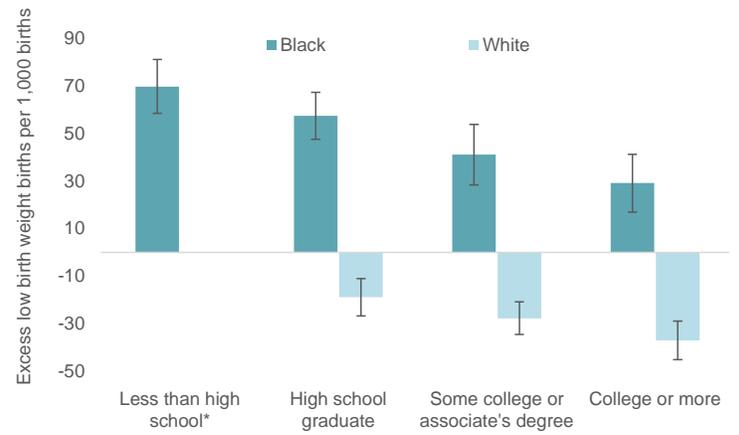


Figure 12b Low birth weight births by race and educational attainment



*Reference group





Health Insurance Coverage

Arguably one of the most critical barriers preventing access to prenatal care in the U.S. is the lack of health insurance.⁸⁰ Almost a quarter of women in Louisiana have no health insurance.⁸⁰ Among those who do have insurance, 64% are covered by Medicaid and 31% by private insurance.⁸⁰ Despite the large percent of women on Medicaid, the state lacks providers who accept it. According to a national survey by the Centers of Disease Control and Prevention, the percent of new providers in Louisiana accepting Medicaid, 56.8%, is significantly lower than the national estimate of 68.9%.⁸¹ As mentioned in Access to Prenatal Care, the shortage of providers accepting Medicaid and the prohibitive costs of healthcare without insurance coverage prevent many low-income women from accessing prenatal care services. Furthermore, recent closures of public hospitals and changes in the state Medicaid eligibility policy have left many without health insurance coverage making access to pregnancy

care that much more difficult. When examining health insurance status by race, we find that 33.1% of Black women and 32.5% of Hispanic women have no health insurance compared to 18% of White women. Among Black who do have health insurance, 84.5% and 82.1% are on Medicaid compared to 37.7% of Whites. However, even after taking into consideration insurance status and other access-related barriers, racial disparities in adverse birth outcomes persist. **Figures 13a, 13b** show that Black women are more likely to have low birth weight and preterm babies than White women regardless of insurance status, implicating the role of additional risk factors above and beyond individual-level socioeconomic status (for example, racial discrimination and factors at the neighborhood/community and structural levels, as demonstrated in previous sections).

While some women may have health insurance coverage, this does not always equate with high-quality or easily accessible care. In under-resourced communities, for example, many services like childbirth education classes, mental health or periodontal services, or breastfeeding support may be nonexistent. Furthermore, many communities are lacking in linguistic and cultural competence necessary to meet the needs of an increasingly diverse population. Women in Louisiana who do not speak English may face denial of rights or challenges in accessing information due to language barriers and a lack of social support.

Figure 13a. Proportion of infants born low birth weight by maternal race and insurance type.

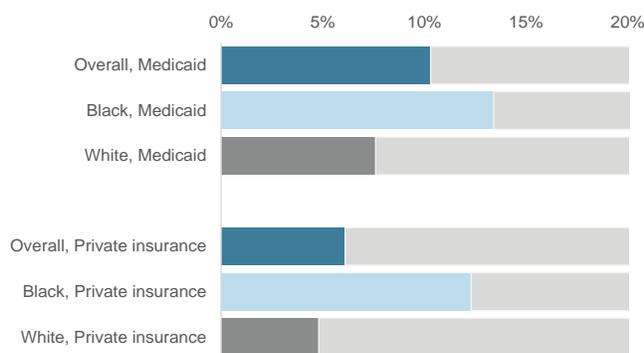
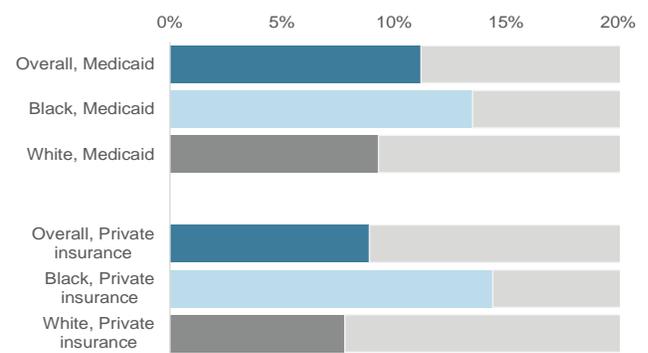


Figure 13b. Proportion of infants born preterm by maternal race and insurance type.





Recommendations

Opportunities for better health begin where we live, learn, work, and play. Below is an evolving and non-exhaustive list of recommendations aimed at setting a fair and adequate baseline of health for all of Louisiana's residents. Recommendations are organized by sections of this report.



Societal Conditions

- Implementation of policies that increase investment in early childhood education may begin to reduce the fundamental in equality of opportunity and income inequality faced by many Louisiana families.
- Dismantling the system of structural racism requires policies that to promote racial equity in resources and opportunities. Such policies should have a universal goal (for example, increasing the number of homeowners), with strategies to achieve the goal that target people of color (for example, incentives for first-time homebuyers, especially in underserved communities).⁸²
- Policies that increase civic participation for people of color and/or remove any barriers to participation will ensure that everyone has the opportunity to make the choices that allow them to live a long, healthy life.
- Home-visiting programs such as the Nurse-Family Partnership, broader availability of doula and midwifery care, and better coordination of care across services may improve timely access to prenatal care and increase women's likelihood of a healthy pregnancy and newborn.



Community Conditions and Interpersonal Factors

- Efforts to restructure community environments and to bolster cohesiveness and social support will help close the racial gap in adverse birth outcomes.
- Increasing access to housing and other basic needs like safe spaces to interact, transportation, schools, and grocery stores will contribute to a health-promoting infrastructure.
- Screening and counseling for interpersonal and domestic violence are among the suite of women's preventative health services included with mandatory insurance coverage and zero cost sharing under provisions of the Patient Protection and Affordable Care Act of 2010. Physicians should be encouraged to screen and refer women to local agencies specializing in violence prevention.
- Criminal justice reform including improving police relationship with communities, re-entry programs and programs to reduce recidivism, and independent police monitors may contribute to safe and healthy neighborhood environments.
- Improved education and training of medical professionals may help to prevent bias in patient-provider interactions will improve the quality of care that women receive, while recruiting more people of color into the health professions is important to ensure that the provider population mirrors the population that they serve.



Individual-Level Factors

- Expansion of Medicaid income eligibility levels will ensure increased insurance coverage for women throughout their life-course including transitions from preconception care, prenatal, postpartum, interpregnancy, and primary preventive care.
- Increasing the availability of linguistically appropriate care is imperative to address barriers faced by the growing population of Spanish-speaking women in Louisiana.
- Programs such as the Grady Model for Interpregnancy Care which focus on improving women's income and employment by providing personalized assistance with processes of pursuing education, completing job applications and interviews have been shown to reduce the occurrence of adverse birth outcomes.