

BIOPSYCHOSOCIAL CONTRIBUTORS

TO RACIAL DISPARITIES IN

ADVERSE BIRTH OUTCOMES

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OBJECTIVES

1) Discuss stress paradigm and links to adverse health outcomes

2) Describe ethnic differences in lifetime exposure and impact on outcomes in pregnancy

3) Identify physiological mechanisms

Persistent Racial Disparity

African-Americans have the highest infant mortality rate and the highest rates of low birthweight and preterm delivery of all racial and ethnic groups in this country



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)

Intergenerational Perpetuation of Risk

MOTHER

• Birthweight

Gestational age

INFANT

- Birthweight
 Gestational age
 Fetal Growth
- Gestational age

Disparity not explained by established

Sociodemographic



Medical

risk factors

Berkowitz & Papiernik, 1993; Collins & David, 1990; David & Collins, 1991; Frisbie, Biegler, de Turk, Forbes, & Pullum, 1997; Kleinman & Kessel, 1987; Shiono, Klebanoff, Graubard, Berendes, & Rhoads, 1986; Wise, 1993

Psychosocial Stress



Environmental demands that tax or exceed the adaptive capacity of an organism, resulting in physiological and psychological changes that may place the organism at risk for disease

Cohen, Kessler, & Gordon, 1995

THE EVIDENCE



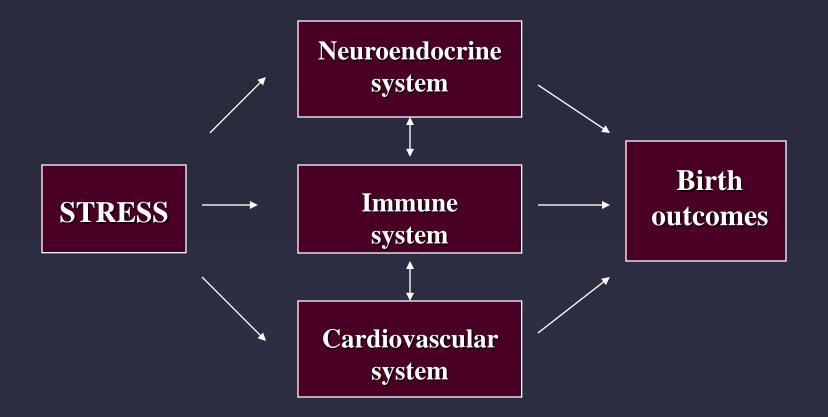
Stressful life events Events distress Perceived stress State anxiety

Pregnancy anxiety

Birthweight Gestational length African-Americans face greater and more severe stressors earlier in life, encounter them more frequently, and perceive these events as more stressful than do other groups

> Askenasy, Dohrenwend, & Dohrenwend, 1977; Dohrenwend, 1973; Feldman, Dunkel-Schetter, Woo & Hobel, 1997; Myers, 1982; Zambrana et al., 1999

A Biopsychosocial Model



Neuroendocrine





✓ 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; AfrAms highest prevalence
 - 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

- \checkmark Stress \longrightarrow 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 stressor task predicted gestational length and infant birthweight (McCubbin et al, 1996)

• Maternal anxiety associated with PULSATILITY INDEX (Sjostrom et al, 1997; Teixeria et al, 1999)

Negative Self-Society Dialectic

The health of minority groups is intimately connected to the *HIGH STRESS STATES* created by a social system that condones, reinforces, and perpetuates racial discrimination.

Myers, 1982

RACISM LINKED TO

Decreased life satisfaction

Psychological distress Depression Lower self-esteem High blood pressure Cardiovascular disease Stroke INFANT MORTALITY PRETERM DELIVERY LOW BIRTHWEIGHT

Few groups, if any, have experienced for so long the kind and degree of discrimination that US-born Blacks have faced.

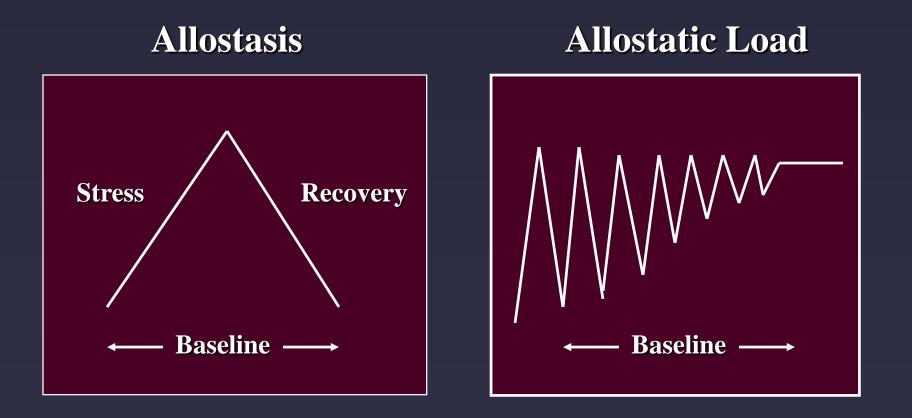
- Singh & Yu, 1996

RACISM

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

- James, 2003

ALLOSTATIC LOAD Physiologic toll of repeated and/or chronic stress system activation



McEwen & Stellar, 1993; Sterling & Eyer, 1988

Physiological Impact of Inequality

- Weathering (Geronimus, 1992)
 - as African-American women aged, their risk of delivering a low birthweight infant significantly increased
 - Socioeconomic status moderated the effect
 - Relationship not evident in White women
 - accelerated decline in health status in response to the cumulative effects of social inequality

Physiological Impact of Racism

- AfrAms show heightened & prolonged cardiovascular reactivity to racist stimuli (Armstead et al, 1989; Guyll et al, 2001)
 - Hypertension = cardiovascular dysregulation caused by hyperreactivity to stress (Manuck, Kasprowicz, & Muldoon, 1990)
 - AfrAms highest rates of general hypertension, hypertensive disorders in pregnancy

Physiological Impact of Racism

- AfrAms report PTSD-like symptoms (Thompson, 1996)
 - **PTSD** associated w/ HPA axis dysregulation
 - Evident in AfrAm adolescent girls and pregnant women

A MULTIETHNIC COMPARISON

Are there ethnic differences in perceived lifetime exposure to racism events?

Are there ethnic differences in the impact of racism on psychosocial functioning?

Are there ethnic differences in the impact of racism on birth outcomes?

MS-BIPS DESIGN

- Prospective, repeated measures survey
- ✓ Psychosocial, medical, physiological variables
- 480 Ethnically/socioeconomically diverse pregnant women
- Recruited in clinics or referred by private
 MDs
- ✓ Fluent English
- $\checkmark \geq 18$ yrs, ≤ 18 wks gestation, non-smokers

SAMPLE consisted of

70 Latinas

177 Nonhispanic Whites

25 Asian/Pacific Islanders

51 African-Americans

with racism data

SOCIODEMOGRAPHICS

Variable	AfrAm	API	Latina	White	p-value
Income	2.3(1.7)	3.6(1.8)	2.0(1.4)	4.0(1.6)	0.000
College	19.6%	60.0%	17.1%	66.1%	0.000
Work	45.1%	60.0%	70.0%	77.0%	0.000
Cohab	66.7%	100.0%	88.6%	94.8%	0.000
US born	100.0%	48.0%	75.7%	93.1%	0.000

Are there ethnic differences in perceived lifetime exposure to racism?

INTERPERSONAL RACISM

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

RACISM EXPERIENCES

LIFETIME

Variable	AfrAm	API	Latina	White	p-value
DSCR_C	3.2(3.2)	3.1(2.4)	1.4(1.9)	1.0(1.7)	0.000
DSCR_D	72.5%	88.0%	54.3%	40.7%	0.000

Unadj: APIs & AFrAms / Latinas & Whites

Adj: Latinas / Whites

RACISM EXPERIENCES

PERSONAL

Variable	AfrAm	API	Latina	White	p-value
PERS_C	1.5(1.7)	1.6(1.6)	0.7(0.9)	0.5(0.9)	0.000
PERS_D	58.7%	72.0%	44.3%	27.4%	0.000

Unadj: APIs & AFrAms / Latinas & Whites

Adj: Latinas / Whites

RACISM EXPERIENCES

VICARIOUS

Variable	AfrAm	API	Latina	White	p-value
VIC_C	1.9(2.0)	1.5(2.0)	0.8(1.3)	0.5(1.1)	0.000
VIC_D	63.0%	60.0%	37.1%	29.9%	0.000

Unadj: APIs & AFrAms / Latinas & Whites

Adj: Latinas / Whites

RACISM EXPERIENCES

AS A CHILD

Variable	AfrAm	API	Latina	White	p-value
Child_C	1.5(1.8)	1.8(1.9)	0.9(1.4)	0.5(1.0)	0.000
Child_D	51.1%	80.0%	40.0%	25.6%	0.000

Unadj: APIs & AfrAms / Latinas & Whites Adj: AfrAms do not differ from Latinas

RACISM EXPERIENCES

AS AN ADULT

Variable	AfrAm	API	Latina	White	p-value
Adult_C	2.0(2.2)	1.3(1.8)	0.6(0.9)	0.5(1.0)	0.000
Adult_D	63.0%	60.0%	37.1%	29.9%	0.000

Unadj: APIs & AFrAms / Latinas & Whites

Adj: Latinas / 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 Are there ethnic differences in the impact of racism on psychosocial functioning in pregnancy?

PSYCHOSOCIAL FUNCTIONING

Stressful Life Events **Perceived Stress (PSS)** State Anxiety (STAI) **Pregnancy-related Anxiety Depression** (CES-D) **Personal Resources**

ETHNIC DIFFERENCES

Unadjusted

AfrAms & Latinas higher *PSS* than Whites AfrAms higher *CES-D* than Whites Latinas marginally higher *Preg Anx* than Whites

Adjusted

Whites lower *Preg Anx* than Latinas and APIs

Associations with Racism

Variable	r	b
PSS	0.27**	0.23**
STAI	0.30**	0.30**
Preg Anx	0.24**	0.22**
CES-D	0.18**	0.15*
Resources	-0.14*	-0.14*

* p<0.05, ** p<0.01

INTERACTIONS

No evidence that racism's impact on psychosocial functioning was moderated by race. Are there ethnic differences in the impact of racism on birth outcomes?

BIRTHWEIGHT DIFFERENCES

White	3484.40 (554.63)
Latina	3447.33 (600.21)
API	3226.88 (715.70)
AfrAm	3216.86 (508.72)

Unadj: Whites / AfrAms

Adj: Whites / AfrAms & APIs

Gestational Age Differences

White	39.15 (1.60)
Latina	38.76 (2.00)
API	38.14 (2.77)
AfrAm	38.60 (1.96)

Unadj: Whites / APIs (marginal) Adj: NS

Associations with Racism

Variable	r	b
BW	-0.13*	-0.13*
GA	-0.12*	-0.12*

*p<0.05

INTERACTIONS

No evidence that racism's impact on birth outcomes was moderated by race.

Conclusions

- Ethnic differences in racism exposure, distress, and coping
- Racism impacts psychosocial fx and birth outcomes
- ✓ Physiological mediators important to elucidate

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