

Getting All Kids Off to a Healthy Start

March 2018

About the *State of Washington's Kids 2018* series

The *State of Washington's Kids 2018* looks at how kids of color are leading our state into a more racially diverse future. Through this series of briefs, KIDS COUNT in Washington seeks to address the fact that too many kids have never been well served by old structures that disproportionately channeled opportunity, education and prosperity along lines of race.

For this series, we asked local leaders: *What would it take for Washington to be the best state for kids? How do we make sure young kids have a healthy start, have their basic needs met, and have the opportunity to succeed in school and in life?* Their responses have informed the analysis and solutions we offer in this brief to fuel our common future.



KIDS COUNT in Washington is a partnership between the Children's Alliance and the Washington State Budget & Policy Center.

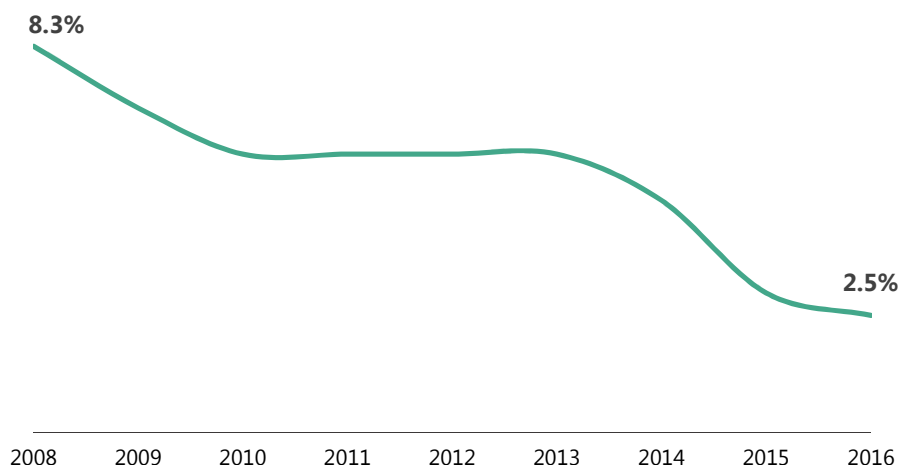
A healthy start in life begins with the health of an expectant mother and includes the mental, physical and emotional development of young children through their early months and years.

Washington state has made tremendous gains in recent years to make sure more kids and families have greater access to health insurance. In 2007, the Washington State Legislature passed the Cover All Kids law, creating affordable, comprehensive Apple Health for Kids coverage. Since then, the number of Washington children without health coverage (Chart 1) has dropped to its lowest level on record! Apple Health for Kids is helping get children of color – historically under-reached by previous coverage strategies – greater access to the health care that all kids need.

Furthermore, our state's expansion of Medicaid, made possible by the federal Patient Protection and Affordable Care Act of 2010, shares credit with Apple Health for Kids for connecting more communities to health care. The rate of Medicaid participation among eligible children increased from 88 percent to nearly 96 percent between 2013 and 2015.¹ Yet despite reaching historically high rates of insurance coverage, racial gaps in health outcomes persist and must be addressed.²

Chart 1. The share of kids in Washington state without health insurance is at an all-time low

Percent of children without health insurance coverage, Washington state, 2008 to 2016



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008-2016 American Community Survey.

Health Leader Perspective



MICHELLE SARJU

Project Manager, King County Best Starts for Kids, and Director, Northwest Public Health Leadership Institute

Michelle Sarju was for years the only African American licensed midwife in Washington state. She was carrying on a profession with ancient roots, providing care with practices that foster the good health of mother and child.

Now, she is providing advocacy and working to bring these practices to more families in King County, the state's most populous county. Culturally sensitive maternity care and midwifery recognize the dignity of every woman who gives birth. Providing access to this kind of care can erase the negative hazards of childbirth, from low birthweight to infant or maternal mortality.

Women with low incomes experience the worst features of our public systems, including our health care system. Mistreatment at the hands of medical providers is a disincentive to seek further care, says Sarju. "Who wants to show up to a doctor's appointment to be treated poorly?"

And even when socioeconomic differences are erased, race still matters. Black women are three times as likely to die from pregnancy and childbirth-related causes as white women, according to the U.S. Department of Health and Human Services.³

"For African American and Native American women, midwifery and doula care are two of several evidence-based strategies for improving maternal-child health outcomes," says Sarju. "If you have a well-trained and licensed provider, you have much better outcomes. Midwives and doulas are strategic resources."

As Michelle Sarju notes above, quality of care for people with low incomes and people of color is a challenge that has a significant impact on health outcomes. National research has shown that maternal mortality is a human rights crisis in the United States, and is one largely characterized by racial and socioeconomic factors.⁴ Despite Washington state's maternal mortality rate being lower than the national rate overall,⁵ in 2014 and 2015 the pregnancy-related mortality rate for women of color was much higher than the state rate of nine deaths per 100,000 live

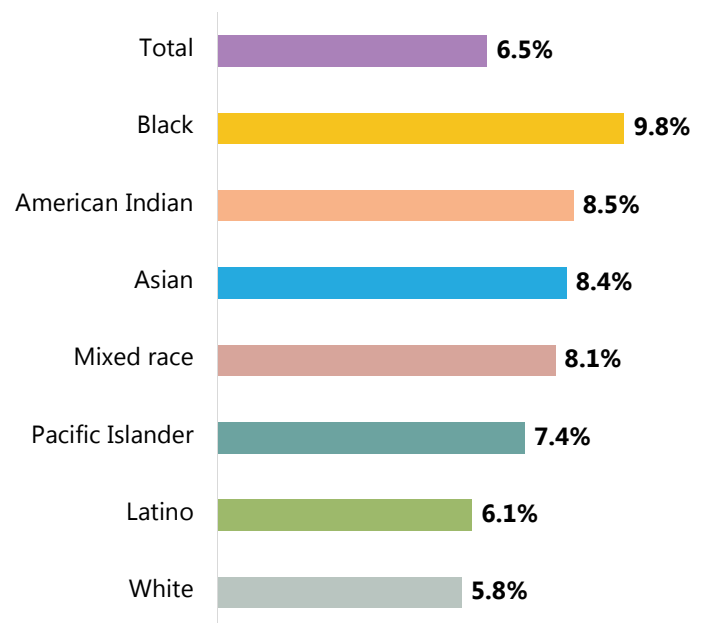
births. For Pacific Islander women, the mortality rate was 45.2 deaths per 100,000 live births, for American Indian women it was 39.2, and for Latina women it was 22.⁶

Washington will continue to see inequitable health outcomes for mothers and children by race and ethnicity unless we address quality of care. For example:

- » **Infant mortality:** Washington state has one of the lowest infant mortality rates in the country at 4.5 deaths per 1,000 live births,⁷ but the rate among Black and American Indian babies was nearly twice as high at 8.8 and 8.7, respectively.⁸ Furthermore, the rate for American Indian babies has been increasing since 1994 while the rate has stagnated or declined for other racial and ethnic groups.⁹
- » **Low birthweight:** In 2015, 10 percent of Black and 9 percent of American Indian babies born in Washington were considered to be low birthweight (Chart 2) compared to the state average of 6 percent.¹⁰
- » **Preterm births:** It's good news that overall the percent of preterm births in Washington has been declining since 2006. Yet the rate for American Indian and Pacific Islander women was nearly twice as high as the state average of 8.3 percent at 15 and 14 percent, respectively.¹¹

Chart 2. Babies of color are more likely to be born at a low birthweight

Percent of babies born at low birthweight by race and ethnicity, Washington state, 2015



Source: Center for Health Statistics, Washington State Department of Health, June 2016.

These poor outcomes for infants are linked to factors such as poor maternal health, poor quality of care and limited access to medical care and preventive services, and other socioeconomic factors. In order to make systemic improvements to address these poor outcomes, decision makers must thoroughly assess quality of care for women and families of color.

Steps to Progress

Policymakers, community health leaders, health care practitioners and other individuals who influence health care and public health systems should take other necessary steps to implement the following recommendations to help improve health outcomes for mothers and young children:

- » **Identify interventions to address the adverse effects of structural and institutional racism** on health outcomes;
- » **Promote culturally relevant forms of health care**, such as midwifery; and
- » **Prioritize socioeconomic supports that advance the well-being of families**, including Apple Health coverage, Supplemental Nutrition Assistance Program (food stamps), Temporary Assistance for Needy Families, two-generation approaches to parent-child support like home visiting, and the full implementation of the state's new paid sick and family leave laws. ■



Notes

- ¹ Urban Institute; Table A.2 – Medicaid/CHIP Participation among Eligible Children and Parents by State, 2013–15; <http://urban.is/2GTNGMA>.
- ² Visit the KIDS COUNT Data Center to explore indicators of child-wellbeing for Washington state; datacenter.kidscount.org.
- ³ U.S. Department of Health and Human Services; Maternal Mortality in the United States, 1935-2007; <http://bit.ly/2FQu76a>.
- ⁴ Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care, 2014; <http://bit.ly/1sR0Yer>.
- ⁵ The Washington maternal mortality rate was 9.0 deaths per year per 100,000 births compared to 17.3 per 100,000 nationally. Maternal Mortality Review, A Report on Maternal Deaths in Washington, 2014-15; <http://bit.ly/2DoztsV>.
- ⁶ *Ibid.*
- ⁷ Kaiser Family Foundation, Infant Mortality Rate (Deaths per 1,000 live births), 2013; <http://kaiserf.am/2rkWdDX>.
- ⁸ Kaiser Family Foundation, Infant Mortality Rate (Deaths per 1,000 live births) by Race/Ethnicity, 2011-13, 2013; <http://kaiserf.am/2EUWh9>.
- ⁹ Washington State Department of Health; Infant Mortality, 2013; <http://bit.ly/2mQO1GE>.
- ¹⁰ Washington State Department of Health; Table D2b – Birth Weight in Grams by Mother's Multiple Race for Residents; <http://bit.ly/2Do91zn>.
- ¹¹ Washington State Department of Health; Preterm Delivery for Singleton Births, 2015; <http://bit.ly/2BfWIEK>.

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