HEALTH DISPARITIES

ADDRESS SOCIAL, RACIAL AND ECONOMIC INEQUITIES THAT IMPACT HEALTH

Evidence suggests that factors such as stereotyping and prejudice on the part of health care providers may contribute to racial and ethnic disparities in health. Additionally, cultural differences between the health care provider and patient can cause communication problems and can lead to an inaccurate understanding of the patient’s symptoms. Ambiguities between health care providers’ and patients’ understanding and interpretation of information may contribute to disparities in care. For example, language and literacy barriers interfere with physician–patient communication and can contribute to culturally derived mistrust of the health care system and reduce adherence to health care provider recommendations.

RECOMMENDATION 1: SUPPORT AFRICAN AMERICAN WORKFORCE DEVELOPMENT
   A. Increase higher education opportunities and completion rates

RECOMMENDATION 2: ADDRESS INSTITUTIONAL BARRIERS THAT LEAD TO POOR OUTCOMES FOR MINORITY WOMEN
   A. Identify issues related to Institutional Racism

RECOMMENDATION 3: REDUCE ECONOMIC INEQUITIES BY PROVIDING EDUCATION AND SUPPORT TO FAMILIES
   A. Financial security education
   B. Empower women to develop “social capital”

The Infant Mortality Alliance is a new collaborative of diverse partners that began as a task force working together to develop a strategic plan that will help reduce African American infant mortality rates in Oklahoma County. This Alliance will build upon its success, learn from its challenges, and develop new initiatives to ensure that more of our babies live to see their first birthday.
**DID YOU KNOW?**

The infant mortality rate (IMR), the number of infant deaths per 1000 live births, has continued to decline in the U.S. over the past several decades. However, despite this decline, improvements have not been equitable. The infant mortality rate for the African American population has not seen declines at the same rate as the Caucasian population. In Central Oklahoma the infant mortality rate among African American infants is more than double the rate of Caucasian infants. Despite our overall progress, the disparity persists.

**BACKGROUND**

In 2015, over 100 individuals, organizations, state agencies and stakeholders came together as a task force and developed a strategic plan based upon the research and best practice models from across the country. The task force built the plan based on the Life Course Theory that birth outcomes are determined by the entire life span of a woman, not just the nine months of pregnancy. Today, the task force has transitioned into the Infant Mortality Alliance and will begin implementation of the strategic plan with three primary goals in mind, including:

- Access to quality health care across the life span, including before, during and between pregnancies.
- Enhancing family and community systems that can have broad impacts on families and communities e.g., father involvement, integration of family support services, reproductive social capital, and community building.
- Addressing social, racial and economic inequities that impact health e.g., education, poverty, support for working mothers, racism.

**HOW TO JOIN OUR EFFORTS**

If you would like to join the Infant Mortality Alliance please contact **Barbara Colbert** at 405-425-4427 or barbara_colbert@occhd.org.

If you want to join the Health Disparities work group please contact **Twyler Earl** at 405-736-0358 or tearl@rose.edu

**Rev. James Dorn**, Alliance Chair  
**Kamisha Busby**, Chair, Access to Health Care  
**Karen Jacobs**, Chair, Community Engagement  
**Twyler Earl**, Chair, Health Disparities