

2022

Cherished Futures for Black Moms & Babies

ADVANCING BIRTH EQUITY IN LOS ANGELES COUNTY:

Clinic Interview Findings and the Impact of Structural Racism in Black Neighborhoods



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I. BACKGROUND: ADVANCING BIRTH EQUITY IN LOS ANGELES COUNTY



Across the country and in Los Angeles County, Black women and birthing people continue to disproportionately experience negative birthing outcomes and birthing experiences compared to other racial and ethnic groups. Despite the fact that Black deliveries on average account for only about [eight percent of births in the county](#), Black babies are two-to-three times more likely to die in the first year of life compared to white babies; and the rate of babies born prematurely is 50 percent higher among Black birthing people than for white or Asian babies. When compared to other racial and ethnic groups, Black women and birthing people are also more likely to experience serious pregnancy complications.

Birth inequities have persisted over decades and are rooted in structural racism, which research shows has measurable impacts on Black bodies. These inequities are further exacerbated by a Los Angeles-area health care landscape that is historically fragmented, layered, and complex ([CHCF, 2021](#)). With over 50 active delivery hospitals and over 60 federally qualified health centers, there are numerous barriers to the continuity of perinatal care across Los Angeles County.

About Cherished Futures for Black Moms & Babies

Every woman and birthing person in Los Angeles County deserves to have a safe and joyous birth. Since 2019, [Cherished Futures for Black Moms & Babies](#) (Cherished Futures), has partnered with hospitals, the Los Angeles County Department of Public Health, insurance payers, and Black community leaders to implement systems-change strategies to advance birth equity. Cherished Futures is a joint initiative of Communities Lifting Communities, the Public Health Alliance of Southern California, and the Hospital Association of Southern California. The partners bring together a multi-sector collaborative effort to reduce inequities in Black maternal and infant health in Los Angeles County.

Systems-level interventions in hospital care are necessary to advance Black perinatal equity, but these interventions are limited to care that is provided during labor, birth, and the initial postpartum period. Conversely, clinics provide long-term perinatal care, often from the first trimester of pregnancy to six weeks postpartum.

With the passage of the [American Rescue Plan](#), Californians with pregnancy-related Medi-Cal will have postpartum coverage extending to 12 months effective April 1, 2022. This expansion in coverage increases the capacity of clinics to provide holistic care and meet the needs of their perinatal patients. Therefore, as we continue to work with local delivery hospitals, we recognize that including clinics and community providers is an essential component to driving long-term change.



Los Angeles County's health care landscape is complex.

50+ Birthing Hospitals

60+ federally qualified health centers

About the Report and Findings

This report was developed by Cherished Futures for Black Moms & Babies. The purpose of the report is to explore clinic practices and identify challenges to advancing birth equity for Black families in Los Angeles County. Many of these challenges are systemic and extend beyond clinical spaces. Therefore, we explore the impact of structural racism on the health of Black families. We provide a series of short-term strategies and long-term structural recommendations that are informed by clinic findings and our analysis of community conditions. The findings and recommendations in this report are intended to be actionable and leveraged by various decision-makers including philanthropists, policymakers, hospital and clinic leaders, insurance payers, and community advocates.

Funded by [Blue Shield of California Promise Health Plan](#), an independent member of the Blue Shield Association, the Cherished Futures team conducted a series of interviews with multi-disciplinary leaders and staff from six clinics that provide prenatal and postpartum care to pregnant people in South Los Angeles and the South Bay. We also identified two clinics in the Antelope Valley that provide prenatal and postpartum care; however, we were unable to reach them for an interview, presumably due to increased pandemic-related demands.

Clinics Interviewed*:

- Claris Health
- Eisner Health
- South Central Family Health Center
- St. John's Well Child and Family Center
- UMMA Clinic
- Watts Healthcare

*Special thanks to the Southside Coalition of Community Health Centers and the Community Clinic Association of Los Angeles County for their support in connecting us with many participating clinics.

Interviewees included midwives, obstetrician-gynecologists, family medicine physicians, pediatricians, perinatal educators, and Comprehensive Perinatal Services Program (CPSP) leads.



This report is divided into **three** sections:

I

Key Findings From the Clinic Interviews

II

Exploring the Impact of Structural Racism in Black Communities

This section utilizes place-based data to examine the ways in which structural racism manifests and impacts Black families.

III

Recommendations for Short-Term and Long-Term Change

The recommendations in this report are informed by the clinic interview findings and the place-based data analysis. It provides both short- and long-term strategies to strategically advance birth equity across the continuum of care for Black families in Los Angeles County.

II. KEY FINDINGS FROM CLINIC INTERVIEWS




Cherished Futures conducted interviews with 13 people from six community clinics which revealed similar patient demographics and common themes. All interviewees identified their primary perinatal patient population as Black and Latina people that primarily have Medi-Cal coverage.

➤ Black Patients are Experiencing Multiple Social Stressors

All clinics described their patient population as having complex social needs, including exposure to domestic violence, inadequate or unstable housing, and lack of access to transportation. One clinic identified young sex workers as part of their patient population with similar social needs that are exacerbated by their work.

Complexities surrounding the ability to access regular prenatal care, potential social services involvement, and patient safety were discussed. Each clinic also identified mental health as a critical need among their patients, with some interviewees citing complex family dynamics and social stigma diminishing patients' willingness to access mental health resources.

A Black woman is shown from the chest up, her head tilted back and her hands clasped over her face in a gesture of distress, prayer, or grief. She is wearing a light-colored, patterned shirt. The background is dark and out of focus.

25% of Black women who died while homeless in the County and City of Los Angeles were of reproductive age.

The Urgent Need for Stable Housing

Several clinics identified unstable housing situations for their patients as a major social stressor and a compounding challenge while navigating a complex health care landscape. One interviewee tearfully shared a story of a Black mother at risk for having her baby removed upon hospital discharge due to a lack of housing. The provider went above and beyond to secure temporary shelter to prevent the separation of the mother and newborn. Unfortunately, stable housing remains a challenge across Los Angeles County.

A report published by [Cal Matters](#) outlines the housing crisis and its disproportionate burden for Black communities in California and in Los Angeles County. Additionally, a report examining [Black women dying homeless](#) by Drs. Herrera and Colletti, shows that Black women are overrepresented among women dying while homeless in the county and city of Los Angeles. Black women of reproductive age represented 25 percent of Black women who died while homeless.

Inadequate Patient Education Creates Confusion and Mistrust

Many clinic interviewees shared the experience of patients receiving inconsistent messages and information from providers. This was especially true for patients who received care at multiple clinics during their pregnancies. Interviewees described patients' complaints about unanswered questions and lack of clarity regarding tests and procedures, creating mistrust. This highlights a need for clearer, consistent prenatal education throughout the region to support patients' understanding of prenatal tests and milestones and to support informed patient-centered care.

Challenges Hiring Black Staff

Many clinic interviewees identified a need to increase Black representation in all areas of staffing. As this topic was explored, it was noted that bilingual requirements for new hires create barriers to hiring Black staff. Interviewees identified specific areas where Black staff would be most beneficial including physicians or providers, social workers, CPSP staff, and lactation educators.

Insurance Requirements Create Significant Barriers to Prenatal and Postpartum Care

All clinics face challenges with navigating insurance company requirements while providing care for their patients. Interviewees at one clinic mentioned delays in ordering specialty screenings or making referrals due to long wait times. Other interviewees described the stress and confusion patients experience when insurance-driven changes occur during the pregnancy without the patients' knowledge. This can contribute to delayed or inadequate care, particularly if changes occur in the third trimester.

➤ Disjointed Health Care Infrastructure Creates Barriers to Continuity of Care

Among the leading concerns shared by nearly all clinic interviewees was the inability to effectively communicate with hospitals and other providers about shared patients. Lack of shared electronic medical record systems or streamlined communication methods adds to this challenge. Several interviewees described relying on personal contacts and relationships to communicate with hospital teams. Others pointed to a group call facilitated by physician leadership at the clinic and referring hospital. Another clinic described their process of providing patients with paper copies of their medical records around 34 weeks in order for the patient to give to the hospital when they arrive to give birth. The staff of this particular clinic noted the difficulty and potential loss of information when expecting a patient to transport physical copies of their medical records while in labor. They also described how this creates an unnecessary burden on the patient and is an ineffective method of communication between providers.

➤ Black Women Need More Comprehensive, Culturally-Grounded Breastfeeding Support

Nearly all clinics expressed an interest in addressing Black breastfeeding rates, noting the disparities among their overall patient population. One clinic described efforts to increase [breastfeeding rates](#) for all postpartum patients but struggled to identify specific strategies that would lead to an increased rate among their Black patient population. Data suggests that breastfeeding rates among Black women remain the lowest of all ethnic groups, leading to assumptions that Black women do not want to breastfeed.

These assumptions impact the quality of breastfeeding education and support Black women receive during their pregnancies and during postpartum periods. This has a direct impact on the health of babies in the short and long term and on the mother's [future health](#). Research shows that infants who are fed human milk have [reduced rates](#) of infant mortality. Black patients continue to face a lack of access to culturally-relevant education and support on infant feeding and the importance of human milk feeding both prenatally and postpartum, contributing to the lower breastfeeding rates.

III. EXPLORING THE IMPACT OF STRUCTURAL RACISM IN BLACK NEIGHBORHOODS

To provide high-quality, patient-centered clinical care for Black women and birthing people, we must consider structural factors — past, present, and future — that impact Black birth outcomes in Los Angeles County. Throughout clinic interviews, participants affirmed the barriers and social challenges Black patients experiences, such as issues related to unstable housing, transportation, and exposure to violence. These issues are the result of racism that pervades federal and local policies and practices.

The legacy of structural racism is present in discriminatory practices that continue to harm Black families and other communities of color. These policies have contributed to racial residential segregation, concentrated poverty, and community disinvestment that disproportionately impacts Black families today.

Research validates that the harm from exposure to discrimination, toxic stress, and racial bias in health care are at [the root](#) of disparate health outcomes for Black moms and babies. As we demystify perinatal health inequities, it is important to understand the impact of structural racism on Black birthing families. Analyzing this kind of place-based data allows us to redress the systemic inequities that impact Black maternal and infant health.



Exploring Place-Based Data in the Antelope Valley, South LA, and the South Bay

We utilized the [California Healthy Places Index](#) (HPI), developed by the Public Health Alliance of Southern California, to identify community conditions that impact health and birth outcomes in neighborhoods throughout California. HPI has been used to allocate more than \$1 billion from more than 100 state and local agencies, health care, and philanthropic organizations to support the communities experiencing the greatest inequities.



BLACK NEIGHBORHOODS

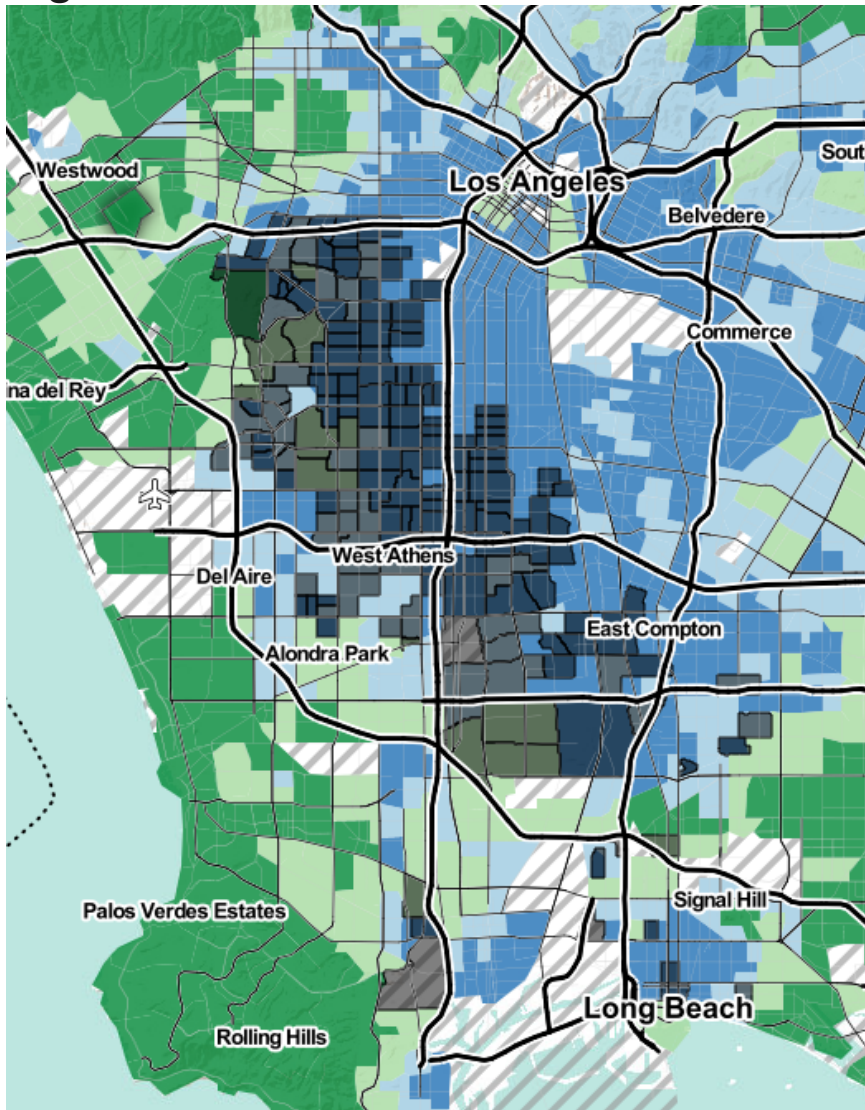
in the Antelope Valley, South LA, and South Bay had less healthy community conditions compared to the region overall—a direct result of segregation and structural racism.

The HPI is a peer-reviewed tool that combines 25 indicators linked to life expectancy into a single indexed HPI Score. The granularity of the tool allows for the exploration of community conditions at the census tract level across the state.

In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas (Economic, Education, Housing, Health Care Access, Neighborhood, Clean Environment, Transportation, and social factors). The final HPI scores are assigned a percentile rank, with ranks closer to 100 indicating healthier community conditions, and ranks closer to zero indicating less-healthy community conditions.

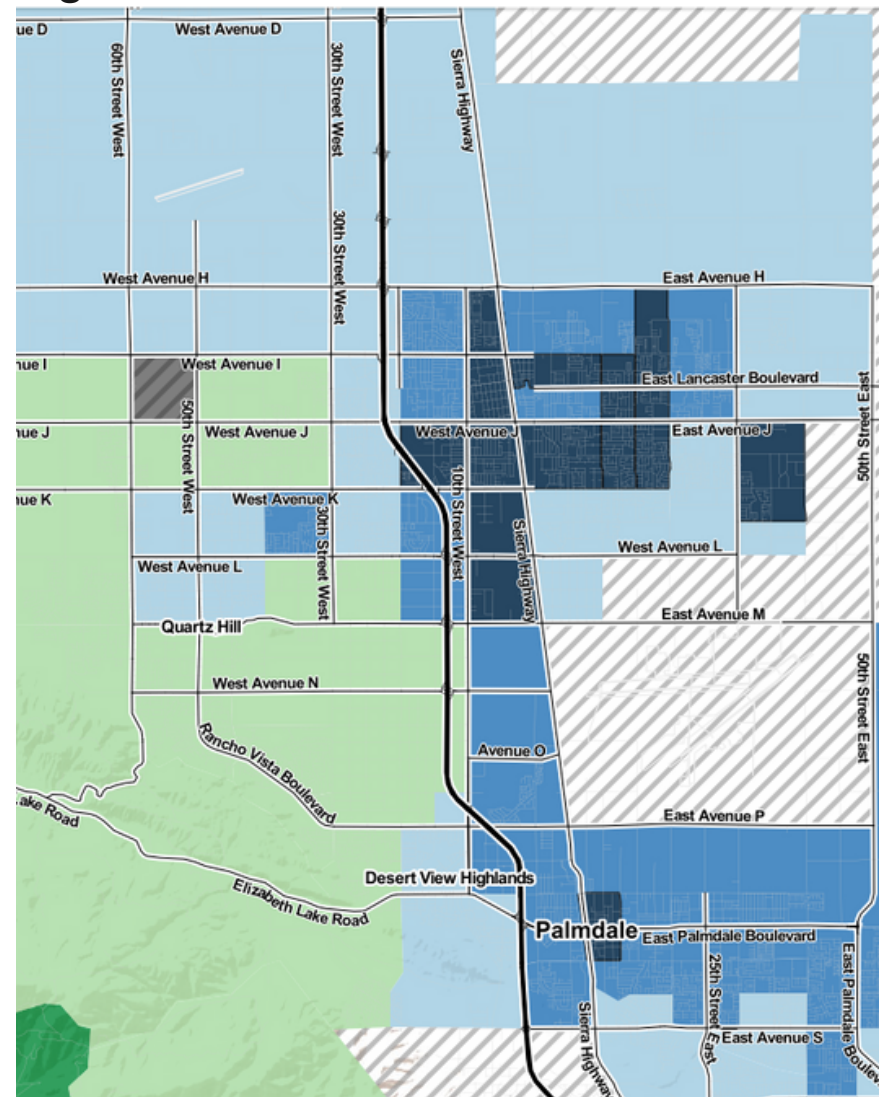
Using data from the HPI, we identified neighborhoods in the Antelope Valley (Service Planning Area (SPA 1), South Los Angeles (SPA 6), and South Bay (SPA 8) with the highest concentrations of Black residents ($\geq 20\%$ Black population). Across all three SPAs, the neighborhoods with higher concentrations of Black residents had lower HPI scores compared to the SPAs overall. This disparity further illustrates the impact of segregation and structural racism in communities across Los Angeles County.

Figure A



The shaded areas in Figure A. show the census tracts with 20% or more Black residents in South LA and the South Bay.

Figure B



The shaded areas in Figure B. show the census tracts with 20% or more Black residents in the Antelope Valley.



Antelope Valley Findings

In Antelope Valley, communities with a high Black population have a lower HPI score (10.1) than the HPI score of greater Antelope Valley (23). Both of these HPI scores fall below the 25th percentile when compared to the rest of the state, indicating significantly less optimal community health conditions. HPI data show that Black communities in the Antelope Valley have higher rates of low-birth-weight infants and infant mortality, as well as lower supermarket access and higher air pollution when compared to the Antelope Valley average.

Air pollution from diesel-burning engines is associated with freight facilities like power plants, trucking centers, and railways — all of which are present in the Antelope Valley. Exposure to industrial pollution is associated with infant morbidity, infant mortality, and childhood respiratory disease ([BARHII](#)). The rise in online shopping during the COVID-19 pandemic has increased demand in warehouse distribution centers in the Antelope Valley, which has led to more concentrated air pollution. This has transformed Antelope Valley neighborhoods into what some call [diesel death zones](#).

New Deal-era redlining discouraged investment in Black neighborhoods and impeded Black homeownership, and the effects of these inequitable policies are still felt today. Black communities in the Antelope Valley have disproportionately high rates of poverty when compared to the rest of Antelope Valley, and the [skyrocketing housing costs](#) in Los Angeles County are driving Black Angelenos to far-flung suburbs and rural areas. This displacement disrupts residents' social networks, dilutes their political power, and forces them to move to even lower-resourced neighborhoods (see the [South Central Rooted](#) report on urban displacement).



South LA Findings

In South Los Angeles, communities with a high Black population have a collective HPI score (15.1) that falls below the 25th percentile and the HPI score of greater South LA (33.3) falls below the 50th percentile when compared to the rest of the state. HPI data show that similar to Black communities in the Antelope Valley, Black communities in South Los Angeles also have high rates of low-birth-weight infants and infant mortality.

Black communities in South Los Angeles also have lower access to parks and supermarkets, when compared to South Los Angeles as a whole. Decades of racialized land-use decisions have led to the construction of factories, power plants, and landfills in South Los Angeles, exposing community members to environmental hazards and limiting their access to safe spaces for physical activity.

In recent years, local officials have used municipal funds to maintain tourist-attracting parks instead of investing in the construction of new parks in areas of highest need (see the [South Central Rooted report](#) for more). Similarly, many full-service supermarket chains engage in a practice known as [supermarket redlining](#), where supermarkets avoid investing in predominantly Black neighborhoods because of stereotypes regarding crime and poverty in Black communities.

Supermarket redlining contributes to food insecurity throughout Los Angeles County, leaving community members without consistent access to high-quality, nutritious foods.

HPI data also show that Black communities in South Los Angeles experience high rates of poverty when compared to communities across greater Los Angeles. Despite the City of Los Angeles' rapidly-growing economy, wealth disparity persists, making health disparities much starker.



South Bay Findings

In the South Bay, communities with a high Black population have a lower HPI score (15.1) than the HPI score of greater South Bay (35.7). Both of these HPI scores fall below the 50th percentile when compared to the rest of the state, indicating fewer healthy conditions. HPI data show that, when compared to the South Bay average, Black communities have high rates of low-birth-weight infants and infant mortality.

Factors contributing to these negative infant health outcomes include air pollution, which is of particular concern in the South Bay, where the combination of traffic pollution, port pollution, and industrial waste can negatively impact maternal, infant, and child development. Data show that these health inequities persist beyond infancy, as Black communities in the South Bay have low rates of health insurance coverage. A lack of access to consistent health care can exacerbate health complications, especially respiratory, cardiovascular, and genetic diseases.

HPI data show that Black communities in the South Bay also have lower access to cars, parks, and supermarkets. Residents in South Bay who lack access to a car often walk and use public transportation. Ridership on Los Angeles County's Metropolitan Transportation Authority (L.A. Metro) system is the [second-highest](#) in the country, after New York's Metro system. Members of zero-car households are more likely to experience [transportation barriers](#) to accessing health care services. The steep cost of living in Los Angeles County has made public transportation an invaluable resource for residents who deserve to maintain their livelihood in this region.

IV. RECOMMENDATIONS FOR SHORT-TERM AND LONG-TERM CHANGE



The following recommendations are informed by our clinic interviews and findings from the California Healthy Places Index. Recommendations include both short-term solutions aimed at improving clinic-to-patient interactions and long-term, systems-level change solutions to advance birth equity across Los Angeles County.

Short-Term

- Provide Tailored Support and Education for Black families
- Improve the Continuity of Care and Integrate Culturally Congruent Providers & Staff
- Leverage the Power of Insurance Payers to Create Change

Long-Term

- Improve Neighborhood Conditions to Reduce Stress on Black Families
 - Align Innovative Community Investments to Address the Social Determinants of Health
 - Support Equitable Expansion of Public Transportation
 - Reduce the Climate and Health Impacts of Environmental Racism



➤ PROVIDE TAILORED PATIENT SUPPORT AND EDUCATION BLACK BIRTHING FAMILIES

1. Create culturally-congruent patient education tools relevant to pregnancy, birth, and postpartum experiences.

- Acknowledge the need to develop culturally congruent educational tools for patients and their families, including information about pregnancy, birth, and the postpartum period.
- Review current educational tools such as handouts, instructional videos, and advertisements for visual representation of the Black patient population and update accordingly. When offering prenatal or postpartum classes, culturally congruent educators and those with an awareness of the unique aspects of the culture/s represented should be prioritized as instructors.
- Include education on the benefits of a doula for pregnant patients and connecting Black patients and families to the [AAIMM Doula Program](#) or [Frontline Doula](#) Program.

2. Develop more comprehensive, accessible breastfeeding support for Black families.

The effectiveness of prenatal lactation education coupled with access to postpartum support has the potential to significantly increase breastfeeding rates among Black mothers and birthing people. Suboptimal breastfeeding rates lead to increased health risks for mom and baby in the form of illness and costs associated with doctor's visits and hospitalization.

- Lactation educators should represent the patient population served and address the group experiencing the lowest breastfeeding rates.
- Connect patients directly to local organizations offering breastfeeding education and support for women of color, such as [Cinnamoms](#) or Kindred Space LA's [Lactation Lounge](#).
- Advocate for full insurance coverage of outpatient lactation support in order to support patients in meeting their individual infant feeding goals and align with the [Healthy People 2030](#) recommendations, [World Health Organization \(WHO\)](#) recommendations, and American Academy of Pediatrics (AAP).





IMPROVE THE CONTINUITY OF CARE AND INTEGRATE CULTURALLY CONGRUENT PROVIDERS AND STAFF

1. Develop strategies to increase communication between clinics and delivery hospitals.

It is essential to develop a mechanism that provides a consistent method of communication between clinics and birthing hospitals.

- Utilize encrypted, HIPAA-compliant health information exchange, or other shared communication platforms.
- Physician-led regular coordination meetings with perinatal staff from the local clinic(s) and the birthing hospital. We recommend expanding on this practice in order to broaden the reach and coordination between clinics and hospitals.
- Fund a backbone organization to support the local expansion of care coordination with perinatal staff including clinics serving a high proportion of Black patients.

2. Improve the racial and ethnic representation of clinic staff and providers.

It is essential for clinic hiring teams to identify potential barriers in the hiring and recruitment process that may deter Black applicants and new hires.

- Hiring departments can actively pursue and encourage Black applicants by engaging local Black professional networks.
- Expand the Black applicant pool by partnering with local, Black-led community-based organizations and Black-serving colleges or universities in the community, such as Charles R. Drew University of Medicine and Science.



➤ LEVERAGE THE POWER OF INSURANCE PAYERS TO CREATE CHANGE

1. Reduce administrative barriers and incentivize birth equity.

Insurance payers have the ability to positively impact and ease the stressors patients and clinics are faced with when navigating the complicated health care system and accessing care.

- Consider making changes to the waiting period for transfers during pregnancy and postpartum. Waiting periods can create undue stress for patients, disrupt patient care, and negatively impact a provider's ability to generate necessary referrals.
- Review referral processes and eliminate barriers for services during prenatal and postpartum care.
- The insurance payers' role in advancing equity may also include pay for performance, incentive pay, or cultural-broker programs for Black pregnant people. The [Cultural Broker Program](#) as part of the Black Child Legacy Campaign in Sacramento, funded by Health Net, is an excellent example of community-building to support Black pregnant residents



➤ IMPROVE NEIGHBORHOOD CONDITIONS TO REDUCE STRESS ON BLACK FAMILIES

1. **Align innovative community investments to address social determinants of health.**

Clinical outcomes cannot be improved unless social and structural determinants of health are addressed. Many Black communities in Los Angeles County have faced years of disinvestment without adequate support from surrounding institutions. Targeted, pooled investments from philanthropy, non-profit hospitals' community benefit programs, health plan foundation grants, and local government can create meaningful shifts and reinvestments in predominantly Black neighborhoods.

Decision-makers should make capital investments in full-service supermarkets, public transportation, and community health centers that provide wraparound services. Reinvesting in Black communities acknowledges L.A.'s legacy of structural racism while also bolstering trust between institutions and the Black members of the greater community (see the 2020 [Innovative Community Investment Strategies report](#)).

A coordinated investment strategy should also include grants that support the work of community-based organizations that advance housing security, with particular regard to Black moms and babies. Decision-makers can also utilize tax credits and incentives to alleviate living costs for Los Angeles County residents. According to the IRS, “physical improvements and housing” is considered a community benefit in nonprofit hospital reporting requirements, which offers nonprofit hospitals an incentive to prevent the displacement of Black Los Angeles County residents (see the 2020 [Innovative Community Investment Strategies report](#) for more).

2. Support the equitable expansion of public transportation to improve quality of life in L.A.'s communities.

Los Angeles is regarded by many as the car capital of the world, but steep living costs mean the population of residents with limited access to transportation is growing. L.A.'s air pollution could be remedied by supporting the expansion of public transportation, which is not only a low-cost resource for residents but is also more environmentally sustainable as it reduces the number of people driving single-occupancy vehicles.

Decision-makers should invest in public transportation options that are varied and accessible to the communities most in need (i.e., safer sidewalks, wider bicycle lanes, expanded bus routes, subsidized rideshare costs). These investments to revitalize Los Angeles County's transportation system can reduce the region's traffic congestion, as well as its carbon footprint.



3. Reduce the climate and health impacts of environmental racism.

There are stark racial disparities in Los Angeles County's built environment, and these environmental factors have a direct impact on perinatal health. Decades of harmful land-use policies have left many Black communities vulnerable to environmental hazards. HPI data showed predominantly Black neighborhoods in Antelope Valley, South Los Angeles, and the South Bay have greater exposure to environmental toxins and air pollution, which are linked to preterm births and low birth weight. This is further exacerbated by limited tree density, particularly in the Antelope Valley.

Philanthropy can provide funding to support the expansion of local environmental and climate justice efforts to include a birth equity lens. This may include funding to support capacity and power-building, community mobilization, data collection, and broader collaboration on land use and urban greening strategies.

CONCLUSION



The Cherished Futures team would like to extend its most sincere gratitude to the clinics and staff that took the time to share their observations, expertise, and challenges. The initial recommendations included in this report are meant to aid in the solution process for addressing some of the deep-seated challenges the greater Los Angeles region faces in advancing birth equity.

We affirm that it is possible to earnestly inspire and co-create change here in Los Angeles and beyond. With Black women's experience and leadership at the helm, it is our firm belief that local clinics, hospitals, public health departments, and health plans, have the power and opportunity to co-design enduring systems change solutions. Racism has imposed deadly consequences on Black families for over 400 years. Therefore, undoing the harms of structural racism and bias in health care requires the sustained and coordinated commitment of those inside and outside clinical walls.

The recommendations included in this report are meant to lay the foundation for an ongoing and evolving process for advancing birth equity across Los Angeles, in partnership with the communities served.

The Cherished Futures team looks forward to expanding its current hospital-focused work to include outpatient clinics and partners throughout the Los Angeles region for transformative change.

Cherished Futures for Black Moms & Babies

The Advancing Birth Equity in Los Angeles County: Findings from Clinic Interviews and the Impact of Structural Racism in Black Neighborhoods, was developed by the Cherished Futures for Black Moms & Babies team, and was funded by Blue Shield of California Promise Health Plan.

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For more information about Cherished Futures, visit
www.cherishedfutures.org