File #: R2018-501, **Version:** 1

Committee on Health and Environmental Protection

RESOLUTION

WHEREAS, the health, safety, and well-being of the City's most vulnerable residents are a primary concern for the City Council; and

WHEREAS, most vulnerable residents in the City are the children; and

WHEREAS, protecting children should start as early as possible and studies have demonstrated that the efforts can start prior to their birth; and

WHEREAS, Chicago's new public health plan, Healthy Chicago 2.0", lays out an ambitious equity-based agenda, one that calls for health improvements and focus on neighborhoods and communities that face the greatest health disparities; and

WHEREAS, Healthy Chicago 2.0 focuses on root causes, or what social epidemiologists call the "causes of the causes," which is the social and structural conditions that affect residents' health; and

WHEREAS, Healthy Chicago 2.0 outlines 82 objectives and over 200 strategies to help reach 30 goals that are aligned with the City's effort to reduce preterm and low birthweights; and

WHEREAS, preterm delivery and low birthweight are serious birth outcomes that can have negative consequences, not only for infants and their families, but for our City as well; and

WHEREAS, preterm delivery, defined as a delivery before 37 weeks of gestation, is a problem in maternal-child health in the United States; and

WHEREAS, a low birthweight, considered less than 2,500 grams or approximately 5 pounds and 5 ounces, is strongly correlated with preterm delivery; and

WHEREAS, babies who are born preterm and/or low birthweight are at increased risk for death in the first year of life and experience a range of health problems throughout the babies' lifespan; and

WHEREAS, studies have found a significant correlation between birthweight and school age disabilities, behavior problems, reading and math scores, cognitive functions during young adulthood, adult educational attainment, and reproductive outcomes such as low birthweight and gestational diabetes in future generations; and

WHEREAS, twice as many African-American women give birth to preterm and/or low birthweight babies than Caucasian or Latinas in the United States; and

WHEREAS, historically, many researchers who study birth outcome disparities believed that lack of access to prenatal care such as taking key vitamins, testing for conditions such as high blood pressure, and genetic diseases caused the disparities in baby's birthweight; and

WHEREAS, despite the improvements in both access to and utilization of prenatal care, racial disparities in birth outcomes persist and have widened over the past several decades; and

WHEREAS, a paper published in the Maternal and Child Health Journal in 2003 by Dr. Michael Lu and his colleagues argued that health care providers need to consider the experiences a woman had over the course of her life, not just the nine months she is pregnant, to predict her birth outcome; and

WHEREAS, Dr. Lu called this idea the "life course perspective" which implies that each stage of life is influenced by all the stages that precede it; and

WHEREAS, Dr. Lu and his colleagues proposed a 12-point plan to reduce racial disparities in birth outcomes, such as improving access to health care before, during and after pregnancy, and throughout a woman's life, closing the education gap, increasing father involvement, reducing poverty among black families, and lastly, undoing racism; and

WHEREAS, according to Dr. Amani Nuru-Jeter, Ph.D., associate professor of epidemiology at the University of California Berkeley School of Public Health, "even though racism can affect people in different ways, discrimination is a chronic stressor and when a woman is stressed all of the time, she is less likely to have a healthy pregnancy;" and

WHEREAS, the physical symptoms of stress are caused by hormones released in the brain, most notably, adrenaline and Cortisol; and

WHEREAS, Cortisol, often called "the stress hormone," causes more than just sweaty palms, and studies link high levels of Cortisol to inflammation, weight gain, high blood pressure, mood changes, and heart disease; and

WHEREAS, women who have high levels of stress and high levels of Cortisol tend to have babies that are preterm and/or low birthweight; and

WHEREAS, in 2016, for the first time in 8 years, the United States reported an increase in low birthweight to 9.63%, compared to 9.57% the year before; and

WHEREAS, in 2010, the most recent year for which international data are available, the United States had the 54th highest rate of preterm births out of 184 countries around the globe; and

WHEREAS, the Illinois Department of Public Health, Division of Vital Records, released a report showing that an average of 9.3% of babies born in Chicago were low birthweight in 2014, including 14.1% for African-American babies and 6.8% for Caucasian babies; and

WHEREAS, the same report looked at Chicago's 77 communities and found that the communities

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that have predominantly African-American residents have the highest low birthweight percentage, with it being as much as 17.3% ; and

WHEREAS, new research from the Center for Community Health Equity, a collaboration between DePaul University and Rush University Medical Center, compared the low birthweight of babies in Chicago and Toronto, a racially diverse city about the same size as Chicago; and

WHEREAS, they found that the well-to-do communities in both Toronto and Chicago had a low birthweight prevalence of about 3%, but differed in the "worst-off communities with 11% in Toronto and close to 20% in Chicago; and

WHEREAS, this research also found that Toronto showed no link between segregation and low birthweight even among communities that have high levels of unemployment and low levels of education; and

WHEREAS, the research concluded that there are three reasons for the difference: (1) Canadians have universal single-payer health care that allow women access to better care throughout their lives and around the time of their pregnancies; (2) Canadians have more accessible municipal public services such as transportation, and stronger social safety nets, including educational systems; and (3) racial discrimination is less pronounced since the systematic marginalization of groups from rights, opportunities and resources is less prominent; and

WHEREAS, this research demonstrated that racial inequality in birth outcomes is not inevitable and can be reversed with the right policies in place; and

WHEREAS, recently Governor Andrew M. Cuomo of New York announced a series of initiatives to include a doula pilot program to combat the high rate of maternal mortality among African-American women and birth outcome disparities; and

WHEREAS, a doula is a non-medical professional who provides guidance, information, and one-on-one physical and emotional support before, during and after childbirth and serves as an advocate for the mother's medical needs; and

WHEREAS, studies have shown that the calming presence and supportive reinforcement of a doula can help improve birth outcomes and reduce birth complications for the mother and the baby; and

WHEREAS, studies have also demonstrated a reduction in medical costs due to less costly interventions and better health outcomes for mothers and babies; and

WHEREAS, if the doula program is successful, New York will join Minnesota and Oregon as the only states that allow Medicaid reimbursements for doula services; and

WHEREAS, New York City recognized that women of color, particularly in high-poverty neighborhoods, experience high rates of poor birth outcomes, including cesarean section, preterm births, low birthweights, and infant mortality; and

WHEREAS, to combat the persistent inequities in birth outcomes, in 2010 the New York City Department of

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Health and Mental Hygiene's Healthy Start Brooklyn introduced the "By My Side Birth Support Program" that provides doula support during labor and birth, along with prenatal and postpartum visits; and

WHEREAS, between the years 2010 and 2015, 489 infants were born to women enrolled in the "By My Side Birth Support Program;" and

WHEREAS, the data was promising because the program participants had lower rates of preterm birth (6.3% vs. 12.4%) and low birthweight (6.5% vs. 11.1%) and the department recommended further research to examine the influence of doula support on birth outcomes among populations with high rates of chronic disease and stressors such as poverty, racism, and exposure to violence; and

WHEREAS, the participants' feedback indicated that the doula's support was highly valued and helped give women a voice in consequential childbirth decisions; and

WHEREAS, Chicago, like New York City, is a large urban city with affluent and non-affluent areas, the latter of which also struggles with high preterm births and low birthweights; and

WHEREAS, just as New York City was able to reduce its preterm births and low birthweights by implementing the "By My Side Birth Support Program," Chicago can and should implement a similar program; and

WHEREAS, in order to combat the structural racism in our neighborhoods, Chicago is committed to prioritize equity in health and invest in the health of all residents with a focus on City areas where the highest percentages of low birthweights persist; now, therefore

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

Pat Dowell Alderman, 3 rd Ward
EdwSfd M. Burke Alderman, 14th Ward

That the Department of Family and Support Services and the Department of Public Health appear before members of the City Council to address the City's need and the ability to mitigate disparities in birth outcomes within the City of Chicago.

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