

# Austin — A “Family-Friendly” City:

*Perspectives and Solutions from Mothers in the City*



produced by Mama Sana/Vibrant Woman



## Forward

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It is with great enthusiasm that I support the report *Austin – A “Family-Friendly” City* by Mama Sana/Vibrant Woman. It contains sobering information about the impact of health disparities in our famed “family-friendly” city of Austin and identifies ample room for improvement.

As a researcher, I have spent decades working to address health disparities and much of this work has been carried out with Community Based Participatory Research (CBPR), an approach to research that develops equitable partnerships with communities. CBPR involves research that is carried out “with” communities, not just “in” communities. In the current US context, CBPR is a cutting-edge approach that provides greater depth and potential for redressing entrenched health inequalities.

The report by Mama Sana/Vibrant Woman uses an innovative community-engaged methodology to research that takes CBPR one step further. In this case, a community organization that works directly on maternal health issues is leading the research process. Their research product is a concrete tool for advancing systems change in order to improve health indicators for those facing disparities in Austin. It offers a systems-wide analysis that points us to policy changes on many levels to address the social determinants of health; changes that the city as a whole can engage in.

*Austin – A “Family-Friendly” City* by Mama Sana/Vibrant Woman is an exemplar of CBPR at its best. As the authors note, the problem is not simply reducing maternal and infant health disparities, but understanding what produces the disparities in the first place. This holistic lens to understanding the drivers that produce race and class-based disparities is essential, and provides a model for those who are invested in research for social change.

As Associate Vice President of UT Community Health Engagement for the DDCE, I am excited by this promising effort. *Austin – A “Family-Friendly” City* recommends viable policies and programs that can lead all of us toward a more equitable future and to a city that is truly family-friendly for all.



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## Executive Summary

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Austin is recognized as a “family-friendly” city, but is that true for all of its residents? Mama Sana/Vibrant Woman, a women’s health project of Mamas of Color Rising,<sup>1</sup> presents community-based participatory research that calls into question Austin’s family-friendly reputation for the majority of its residents. The research considers key indicators that affect the health and well-being of families and evaluates the lived experience for low-income women of color and their families in the city. The methods include focus groups and surveys as well as individual and group interviews. Taken together, the primary and secondary data provide key insights that show that race and class impact how well families thrive and even survive in Austin.

Of particular concern to Mama Sana/Vibrant Woman is the issue of maternal and infant health. Statistics show that Black women in this city and Travis County more broadly have dangerously poor maternal health outcomes. Although it is widely recognized that access to prenatal care is a key factor in determining outcomes, Black women and Latina women in Austin receive late or no prenatal care at rates two and three times that of White women. Even more striking is the wide gap between the infant mortality rates for Black and Latino infants as compared to those for White infants. Austin is known for having an abundance of birth support options and services for childbearing women. However, this abundance is not available to all women. This is especially true for those women who need them most.

Yet, improving healthcare alone will not solve these persistent maternal and infant health inequities. The health of mothers and families of color is impacted by all of the social determinants of health. Negative impacts are particularly egregious when it comes to the health of Black women and their infants. Therefore, institutional and systemic racism must be addressed in the city as a whole.

This report offers concrete recommendations to city government and to the community at large in order to move Austin towards becoming a model for equitable development. They include:

- 1) Developing and implementing an equity assessment tool to address the many structural inequities that currently exist in Austin; and
- 2) Supporting innovative demonstration projects that address health inequities affecting pregnant women in Austin.

With these strategic interventions, we can move towards ensuring that no mother’s or child’s life is disposable or expendable – and that Austin is truly family-friendly for all.



## **Austin: a family-friendly city, but for whom?**

A designated “boom” town, Austin ranks among the fastest growing cities in the United States.<sup>2</sup> Key to Austin’s growth has been its branding as a city that is “family-friendly”:

- In 2009, *Forbes.com* named Austin the #2 most “Family-Friendly” city in the U.S.
- In 2010 and 2011, *Parenting Magazine* ranked Austin the #2 “Best City for Families.”
- In 2012, *BBC.com Travel* named Austin among the healthiest cities in the U.S. and *Women’s Health Magazine* ranked Austin the 4th healthiest city for women.

These sources identified factors including superior public schools, clean air, an acclaimed children’s hospital, and progressive values as central to making Austin a model family-friendly city.

With such designations, who would not deem Austin an ideal city? Yet a closer look at the lived experiences of three Austin-based mothers illuminates how race and class delineate which families Austin seems to actually value.

Janet is 31 years old and the mother of an 8-year-old. She believes Austin deserves its distinctions and is a place to which people consciously choose to move because of its family-friendly emphasis<sup>3</sup>. As she explains, “Everywhere we go, we have opportunities for learning... In every neighborhood there’s a natural native landscape or park with areas for the kids to play, versus just a metal playscape...” Opportunities to experience nature, learn, and be outdoors are important aspects of Austin life for Janet, who homeschools her child. For Janet and so many families like hers, Austin is a family-friendly city where children are always welcome at restaurants and stores: “My daughter never feels unwelcome and is treated with respect... I can take my daughter to work if I need to.”

Like Janet, Melissa is also a mother of a young child. Melissa is in her late twenties and moved to Austin eight years ago from Brownsville, TX to go to college at the University of Texas<sup>4</sup>. Yet Melissa questions whether Austin’s family-friendly distinction is actually deserved: “It’s family-friendly on the superficial level, in terms of events. All of the big, and very expensive, festivals have a kids’ area. It’s family-

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**“It’s family-friendly if you can spend money... I don’t think its family-friendly in terms of other things like transportation.”**

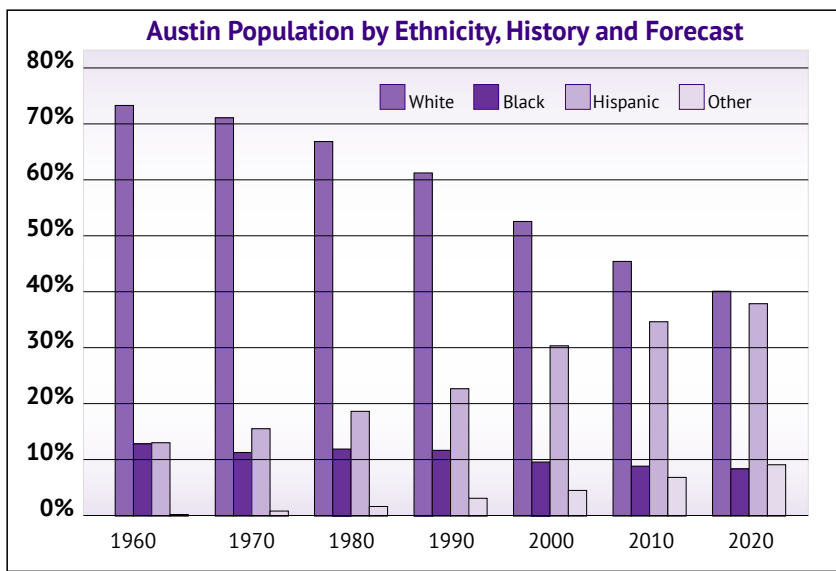
**—Melissa, Latina mother in Austin**

friendly if you can spend money... I don't think its family-friendly in terms of other things like transportation. Work environments are not family-friendly, you can't take your kids to work, though there seem to be some jobs, like in the tech industry, where there are family-friendly environments, where people with kids can make things work. But how many of Austin's poor and working class residents have access to those tech jobs? Not many."

Leslie, in her early 30's, was born and raised in Austin and lives in the city with her five-year-old son<sup>5</sup>. She worries that her son, who is just starting school, will not have access to a high-quality education in this city. Like Melissa, she believes that the family-friendly status of Austin is true for only some families: "Austin should embrace everybody instead of just the 'haves'. The people who really have made a life here in Austin are getting pushed away because of what they don't have. And they helped build Austin."

These three women reflect many demographic similarities: they are comparable in age, have the same level of formal education, and subsist on a similar income (neither of very high nor very low economic means). Each is the mother of one child and is partnered with an individual from her same race/ethnicity. Janet and Melissa moved to Austin within the last ten years, while Leslie has always lived here.

Beyond these similarities, however, the three women's life realities are significantly different. Janet is White, Melissa is Latina, and Leslie is African-American. Janet and Melissa are married to men, and Leslie is in a long-term domestic partnership with her female partner. While Janet considers Austin to be friendly, welcoming, and accessible, Melissa and Leslie, each of whom works two jobs, do not. They worry about their children's access to a quality education and they struggle with health care, transportation, and the rising cost of housing. For these women, Austin might be better described as a "tale of two cities."



Data courtesy austintexas.gov

According to the City of Austin Demographer's Office, as of 2010, Austin is a "majority minority" city<sup>6</sup>, meaning that people of color now account for the majority of the city's residents, a demographic trend that is here to stay for the foreseeable future.

The significance of this demographic trend and the inequities that fuel the divides among Janet's, Melissa's, and Leslie's experiences as mothers in Austin become clearer if we take a closer look at the ways that race overlaps with growing inequality in terms of many of the family-friendly indicators: income, employment, housing, access to healthy food, transportation, education, safety, and health care.

## Income

Income levels in Austin vary widely, a fact which leads to the disparate impact of poverty:

Black residents make 58% and Latinos residents make 56% of what White residents do.<sup>7</sup>

Poverty rates disproportionately affect Blacks (22.3%) and Latinos (29.5%) compared to Whites (11.4%).<sup>8</sup>

## Employment

Rates of unemployment in Austin are disproportionately high for Black and Latino residents:

In 2012 the average unemployment rate for Travis County was 6.4%. For Whites it was 5.7%, for Blacks it was 12.1%, and for Latinos it was 8.4%.<sup>9</sup>

## Housing

Austin's housing market is increasingly unaffordable:

In 2013 48% of Austin renters spent more than 30% of their household income on housing.<sup>10</sup>

Approximately 32% of the city's homeless population is chronically homeless.<sup>11</sup> For single adults, the most common causes of homelessness are a lack of affordable housing, unemployment, mental illness, and/or substance abuse.<sup>12</sup>

Blacks are disproportionately represented among the homeless population. They are five times more likely than Whites to have stayed in a homeless shelter.<sup>13</sup>

## Food Access

A significant percentage of Austin residents, the majority of whom are people of color, face high levels of food insecurity:

More than 38% of the urban population of Travis County is considered food insecure, having low access to fresh, healthy, and affordable food.<sup>14</sup> 24.6% of Black households and 23.3% of Latino households were food insecure in 2012, compared to 11.2% of White households.

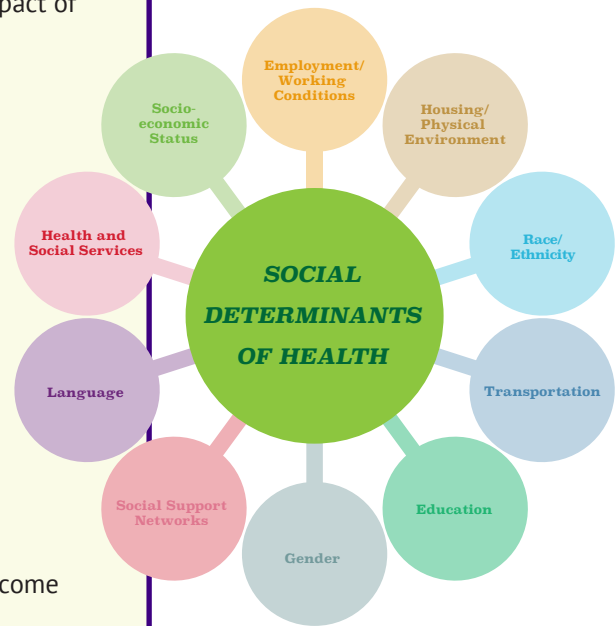
Five zip codes in Travis County do not have access to even one single full-service grocery store. These zip codes reflect common access and demographic patterns, with more full-service grocery stores in predominantly White areas.<sup>15</sup>

## Transportation

Vulnerable populations in Austin face significant challenges when it comes to transportation:

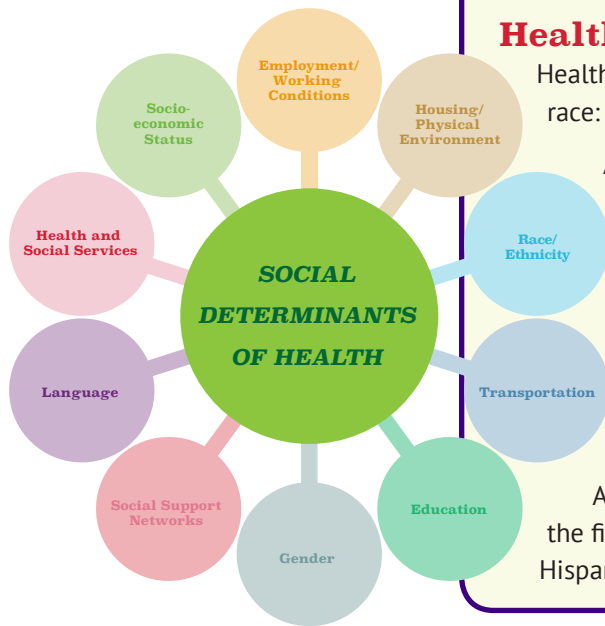
At least one in eight households in some areas has no access to a car and must rely on public transportation to get to and from work, the grocery store, and the doctor's office. These transportation challenges disproportionately affect the elderly, disabled, and poor.<sup>16</sup>

In 2010, the cost of transportation comprised 24.4% of Travis County residents' income.<sup>17</sup>



“The social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries.”

— World Health Organization



### Education

In Austin, the inequities in education begin at an early age and continue throughout children’s lives:

Black and Latino students are under-served by the Austin Independent School District:

White children are much more likely to be school ready than Black and Latino children in Central Texas. From 2010-2012, 40% of Black children and 44% of Latino children were school ready compared to 64% of White children.<sup>18</sup>

In the high school class of 2012, four-year graduation rates were 89.9% for Whites, 79.6% for Blacks, and 78.6% for Latinos.<sup>19</sup>

### Police Profiling

Residents of color continue to face significant disproportionate mistreatment in interactions with law enforcement:

When people of color are stopped by the police, Blacks are almost three times as likely as Whites to be searched and Latinos are more than twice as likely as Whites to be searched. This is despite the fact that people of color are not more likely to be carrying contraband.<sup>20</sup>

Blacks are 3.4 times more likely than Whites and 2.2 times more likely than Latinos to be booked into jail in Travis County.<sup>21</sup>

### Health Care Access

Health indicators and access to care for Austin residents vary significantly by race:

Almost one out of ten children in Travis County is uninsured and one in four adults ages 18-64 in Travis County is uninsured. This includes Non-Hispanic Whites at 12%, Blacks at 16%, and Latinos at 32%.<sup>22</sup>

Blacks experience disparate rates of mortality due to cancer and heart disease compared to Whites and Latinos. Blacks and Latinos disproportionately suffer from death due to diabetes at twice the rate of Whites.<sup>23</sup>

### Prenatal Care

A greater percentage of White mothers (80.9%) receive prenatal care in the first trimester, compared with Black/African American (59.0%) or Latino/Hispanic (46.7%) mothers.<sup>24</sup>

As the data outlined above highlights, the majority of Austin residents, people of color, face persistent inequities across a wide range of areas, demonstrating that Austin is a family-friendly city for only a minority of its population. Although not widely acknowledged, this is no secret as there is ample data, much coming from the City of Austin itself, that White residents experience an Austin very different from the one residents of color do.

The predicament of entrenched inequality that pervades Austin also presents an opportunity: to become a model city leading the way in equitable development,



where growth does not have to equal race- and class-based displacement, and where claims to progressive values are made real for all residents.

One place to start is health care. Extensive local research has been conducted by Shannon Jones, Director of the City of Austin/Travis County’s Department of Health, that demonstrates the correlation of race and inequities in health access and health outcomes. As numerous reports and studies have demonstrated, 80% of health outcomes are determined by life conditions outside of health care service delivery, in other words, by the social determinants of health.<sup>25</sup> According to the World Health Organization, *the social determinants of health* can be understood as “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.” In other words, the growing inequality in Austin not only makes it harder for poor and working-class people of color to stay in Austin, it makes it harder for people to *survive* here.

### Maternal and Infant Health

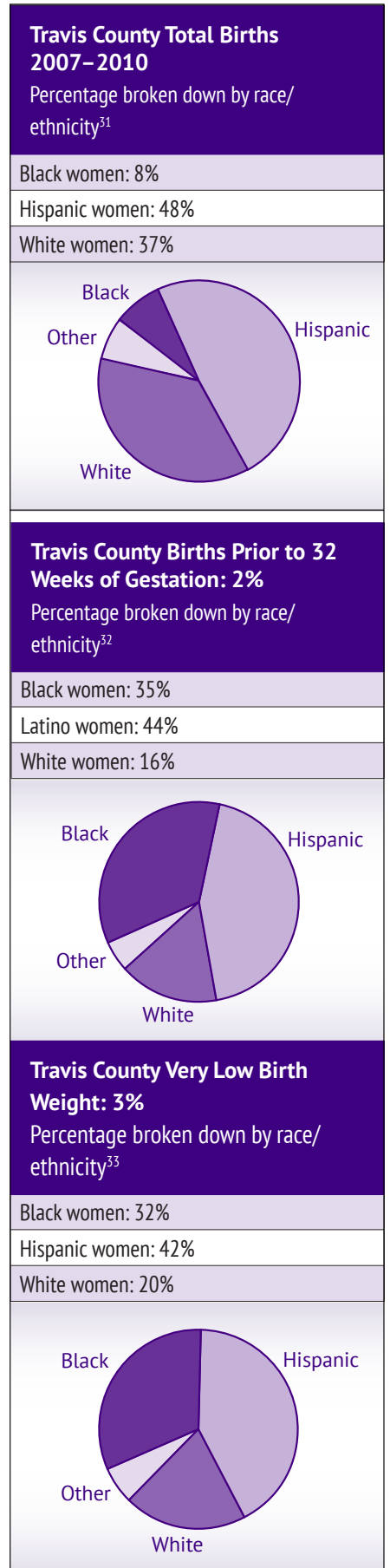
Nowhere are the social determinants of health more evident than in maternal and infant health.

Maternal and infant health are often used as a gauge to provide insight into the health of a community. Nationally as well as in Texas, Black women have a maternal mortality<sup>26</sup> rate more than twice as high as White women do and that gap has only increased since 2007.<sup>27</sup> In Travis County, there are also significantly higher infant mortality<sup>28</sup> rates amongst Black women’s infants than amongst all other groups. These statistics correlate with national patterns. While Latina women’s maternal and infant health indicators are, on average, better than those of Black women, Latina women still fare worse than White women. For instance, although it is widely recognized that access to prenatal care is a key factor in determining maternal and infant health outcomes, 47.5% of Latina women and 36.5% of Black women in Austin receive late or no prenatal care,<sup>29</sup> compared to 16.7% of White women.<sup>30</sup>

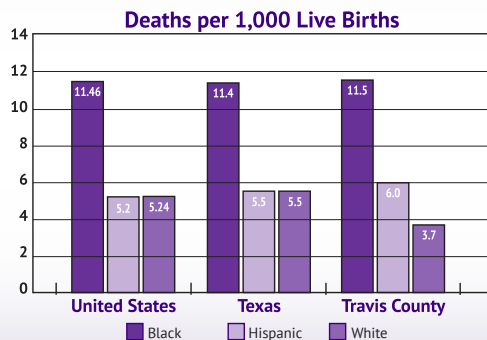
What makes Travis County particularly striking is the depth of the disparity between racial groups in the area of infant mortality. Here infant mortality rates are higher amongst Black and Latino infants compared to the state and national levels while infant mortality rates for White infants are significantly *lower* compared to the state and national levels. The table on the next page demonstrates the greater divide in Travis County.

As a result of the racial and economic divide in Austin, Black mothers and babies are more likely to die in the childbearing year. For the growing population of Latina mothers and babies in the city, pregnancy is also precarious and increasingly susceptible to the impacts of inequality.

In the following section we analyze this enormous racial divide between White mothers and infants and their Black and Latina counterparts. Drawing upon original research conducted by Mamas of Color Rising (MOCR), and Mama Sana/Vibrant Woman, we explain how and why, in some instances, this gap is *significantly wider* in Austin/Travis County than it is in other parts of the state and, indeed, the nation.



### Austin/Travis County Health and Human Services 2010 Infant Mortality Rates by Race and Ethnicity



Data courtesy Texas Behavioral Risk Factor Surveillance System (BRFSS) 2011-2012

The Austin/Travis County HHS findings concur with the research carried out by Mama Sana/Vibrant Woman. Between 2008 and 2010, MOCR conducted community-based research with low-income Black and Latina mothers. Our methods included focus groups and surveys, as well as individual and group interviews conducted at informal gatherings and community potlucks. Community surveys were gathered outside of: Women, Infants, and Children (WIC) offices; Department of Health and Human Services (DHHS) application centers; and local public schools. Our initial findings revealed that low-income mothers of color in Austin face a diverse range of challenges that include: insufficient access to affordable housing and transportation; food insecurity; unemployment; targeting by Child Protective Services; challenges in applying and re-certifying for public benefits such as Medicaid and Supplemental Nutrition Assistance Program (SNAP, also known as “food stamps”); and insufficient access to quality education for their children. However, one challenge stood out for many of the mothers with whom we spoke: lack of access to a full range of

options and quality care during pregnancy.

This issue also resonated with the members of Mamas of Color Rising, 80% of whom had similarly experienced challenges in accessing a full range of options and quality care during their pregnancies. In response, we decided to focus on the issue of maternal and infant health for further investigation. In 2012 MOCR launched Mama Sana/Vibrant Woman to develop a maternal health project and address the root causes of the documented disparities in maternal and infant health in the city of Austin related to race and socioeconomic status.<sup>34</sup> The findings from our research demonstrate that these disparities occur in three primary areas:

- Access to care
- Quality of care
- Outcomes of care

## The predicament of entrenched inequality that pervades Austin also presents an opportunity.

In addition, our analysis concludes that unequal access to maternal health and quality care as well as unequal outcomes lead to far reaching repercussions. The quality and outcomes of the prenatal, birth, and post-partum experiences set the stage for many dynamics in the lives of new mothers. Pregnancy and new motherhood have the potential to be positive and transformative life experiences. Yet for many women – especially low-income women who, in Austin, are disproportionately women of color – pregnancy and new motherhood are traumatic and negative experiences which, combined with a lack of support, often lead to negative health outcomes besides those previously mentioned. These can include post-partum depression and difficulty establishing and continuing breastfeeding. Such outcomes, in turn, can set off a slew of disproportionate challenges for their children, including reduced mother-baby bonding (which impacts a child’s cognitive, emotional and social development) and a higher prevalence of childhood obesity.

In the course of our research, it became further apparent that, while both Black and Latina women in Austin are influenced by inequities that affect maternal health

and infant health outcomes, how we are impacted is different. For example, 100% of the Spanish-speaking Latina women in our focus groups indicated that limited access to care and to language translation were significant barriers to ensuring prenatal care. These women specifically identified the difficulties they encountered in navigating long applications and the bureaucratic and uncommunicative systems of Medicaid, Children’s Health Insurance Program (CHIP), CHIP Perinatal, and Medical Access Program (MAP). Moreover, over 60% of the participants also cited frustration with extremely long waits, noting, for example, that a two-to-three hour wait time for a five-minute prenatal visit was common. Latina focus group participants also indicated that language barriers impacted their overall communication with providers which, combined with rushed appointments, resulted in their experiencing a lack of decision-making power. In comparison, Black women unequivocally indicated that racism and discrimination were key factors that impacted the quality of care they received and, in turn, their health outcomes. They also spoke of daily experiences with racism that were not limited to healthcare settings in Austin.

The term “allostatic load” refers to the cumulative physiological effect of on-going or repeated exposure to stressors, which erodes a person’s health over time. African American women’s continuous experiences with racism and the resulting increased allostatic loads they carry have been widely researched. All of the stressors linked to social determinants of health impact the allostatic load of individuals in communities of color. The effects are particularly severe for Black pregnant women, impairing the health of the pregnancy, reducing oxygen supply to the fetus, and often resulting in low birth weight and other poor infant health outcomes.<sup>35</sup>

The findings of our research correlate with those of national studies and reports, which point to a growing crisis in maternal and infant health in the United States – a crisis that is rooted in racism. It is clear that low-income pregnant women of color face disparities, yet the depth of this crisis has yet to be fully acknowledged. Statistics show, for example, that Black pregnant women with college degrees and access to prenatal care have worse birth outcomes than low-income White women with GED’s, suggesting that, for Black women, race is a more significant factor on birth outcomes than education level, socio-economic status, and prenatal care. The ample research that has been conducted on these findings suggest that racism-related stress and the unique sources of that stress experienced by African-American women play important roles in negative birth outcomes.<sup>36</sup>

As Amnesty International notes, “Women of Color are more likely to experience discriminatory and inappropriate treatment and poorer quality of care. Because women of color make up a disproportionate percentage of those who receive publicly funded care, they are most affected by barriers to accessing health care services through these programs.”<sup>37</sup>

Yet, what makes Austin stand out – and makes these statistics even more stark – is that Austin is one of the cities in the United States known for having an abundance of birth support options and services for childbearing women. For example, the number of Certified Professional Midwives (CPM) in Central Texas is comparable to the number in the entire City of New York, although central Texas has less than one fourth the population.<sup>38</sup> There is a vast array of services provided within hospital systems and private practices in Austin that specifically cater to pregnant women,

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**— Amnesty International**

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**The United States has a higher rate of infant mortality than the vast majority of European countries as well as Australia, New Zealand, Canada, Korea and Cuba<sup>39</sup> The U.S. also spends more per capita on health care than any other country in the world.**

ranging from lactation support services, prenatal exercise, and prenatal massage to childbirth preparation, birth doula, and post-partum support services. As Janet, the White mother reflected in her interview, during pregnancy, “I found a wide variety of options without having to do much research for easy access to maternity-related shops, plenty of midwives...I had plenty of options for a hospital birth, a birthing center, a home birth...it was easy to get information and access. I had options and I know that in other cities and states [that’s] not as likely as in Austin.” Many of these birth support services are evidence-based and shown to improve outcomes.<sup>40</sup>

Yet, like the deceptive veneer of Austin’s family-friendly status, this abundance of pregnancy and birth support services is not available to all women, and especially not available to the women who need it most. For example, Leslie’s experience of pregnancy was decidedly different than that of Janet. As Leslie, the Black mother, recounts, “Where I experienced the most racism in Austin was at the prenatal visits when I was pregnant. That’s when I really came to the realization that you get treated differently..”

Current efforts attempting to address race-based disparities have not resolved the persistent inequalities in maternal and infant health in Travis County. A new approach is needed. However, addressing race-based disparities in maternal and infant health outcomes requires much more than improved access to health care. Staff at the National Institute for Health (NIH), at its Second Summit on the Elimination of Health Disparities in the U.S. (2012), shared a key finding: the health care community has not been able to address the disparities in outcomes by improving the delivery of health care alone.<sup>41</sup> The NIH has recognized the need for practitioners and policy makers to directly address the social determinants of health. It also identifies the need for new models to address growing health disparities in the U.S., the country that spends the most on health care per capita in the world.

It is critical to rethink how maternity care is carried out. In particular, Travis County has a wide range of potential resources to be harnessed that are not currently accessible to low-income women. Based on our in-depth community-based research with low-income Black and Latina women in Austin, and on our assessment of current approaches to address the race-based disparities of maternal and infant health, we offer two key recommendations. We believe that the comprehensive approach that these recommendations propose will enable the City of Austin to ensure that no mother’s or child’s life is disposable or expendable – and that Austin is truly family-friendly for all.

## Recommendation #1

### Develop and Implement an Equity Assessment Tool to Address the Many Inequities that Currently Exist in Austin.

Health care providers and the health care system cannot, in isolation, address health inequalities. A woman's potential for health and wellness during pregnancy is impacted by concrete access to care and the quality of care received. But health outcomes are also impacted by all social determinants of health. In other words, all living conditions, including poverty, racism, and inequality in our city's systems of education, housing, transportation, food access, and social services, impact an individual's or family's ability to be healthy and thrive. Almost all city policies, therefore, fall under the umbrella of what will affect the health of mothers and children. Mothers and children of color, along with other vulnerable communities, are some of those who are being affected by the current unequal conditions.

To address the disproportionate negative impact of living conditions on maternal and infant health and to improve the social determinants of health for *all* residents of the city, we recommend that the City of Austin work with community organizations grounded in communities of color to develop and implement an equity assessment tool to guide all policy-making endeavors of the city. An equity tool can become a mechanism for the city government to identify and transform city policies and practices that perpetuate inequities based on race and socio-economic status; inequities often exacerbated by gender, ability, sexuality, language and age.

There are innovative equity assessment tools being implemented around the country in a number of cities, including Portland, OR, Seattle, WA, and Minneapolis, MN, which the City of Austin can look to for models. One such tool is a community "checklist" used to evaluate policies as well as city-implemented programs to assess whether the said policy or program addresses current race and socioeconomic-based inequities and results in a more equitable city.<sup>42</sup> Mama Sana/Vibrant Woman is working in collaboration with Austin Immigrants Rights Coalition and allgo, a statewide queer people of color organization in Texas, on the proposal for an equity tool for the city of Austin. Mama Sana/Vibrant Woman also has research available on a number of tools that could inform the development of an equity tool for the city of Austin.

Potential questions to consider include:

1. Which families does the policy/program intend to serve?
2. Which families will the policy/program most likely affect?
3. Will it disproportionately affect different racial/ethnic groups?
4. What are the potential benefits for each racial/ethnic group?
5. What are the potential burdens for each racial/ethnic group?
6. What has been done to ensure that these questions have been fully considered and that all of the groups that will be directly affected by the action have been consulted?



7. Have the groups most likely to be affected had meaningful involvement in the decision-making process (which not only includes access, but the ability to influence the outcome based upon participation)?
8. Considering the overall distribution of city resources, does the action under consideration affect the gap (positively or negatively) in access to resources in Austin?

## **Recommendation #2**

### **Support Demonstration Projects that address Health Inequities Affecting Pregnant Women in Austin.**

We recommend that the city support demonstration projects that directly address the multi-layered causes of health inequities affecting pregnant women individually and collectively in Austin. Promising models are available. The City of Austin has the opportunity to harness Austin's abundant local resources to support healthy births and pregnancies for ALL women and children by focusing energy and resources on the populations whose lives and well-being have been long neglected.

Based on our research, innovative, local demonstration projects exist that have shown marked improvement in health outcomes for low-income women of color, including "The JJ Way" in Winter Garden, Florida<sup>43</sup> and the Mama Sana/Vibrant Woman Pregnancy Clinic Maternal Justice Model in Austin, TX.<sup>44</sup>

Concretely, these projects have been proven to:

- reduce cost (or be cost-effective);
- reduce the incidence of maternal mortality, infant mortality, pre-term labor, infant prematurity, and low birth weight;
- positively impact the overall health and well-being of a mother and her baby;
- improve rates of breastfeeding initiation, and of breastfeeding continuation past 2 weeks;
- improve patient participation in prenatal care; and
- improve patient satisfaction and reduce incidences of post-partum depression.

These demonstration projects are based on new interdisciplinary models of care that address all of the following areas to effectively interrupt and turn around current disparities in access, quality of care, and health outcomes:<sup>45</sup>

- holistic, culturally-centered, and respectful prenatal care;
- inter-professional collaboration between midwives and doctors;
- on-going community engagement with community-building programs;
- on-going emotional support;
- culturally-centered nutrition and exercise programs (throughout the childbearing years, including preconception and beginning and/or during puberty);

- childcare available during appointments; and
- bilingual (or multi-lingual) services.

Informed by an understanding of the social determinants of health, the Mama Sana/Vibrant Woman Pregnancy Clinic (MS/VW PC) is one innovative example of a maternity health care program that offers an intersection of disciplines and recognizes that solving the problem goes well beyond shortening waiting times for appointments or simply creating group prenatal care visits. The MS/VW PC provides accessible prenatal care and education using the midwifery model of care, combined with prenatal and postpartum social support and birth companions (doulas) free of charge for low-income African American and Latina women. The clinic's Maternal Justice Model combines health care services with community organizing and uses a culturally congruent model that directly addresses racial and economic inequities that may be embedded in current systems.

We recommend that the city support the Mama Sana/Vibrant Woman Prenatal Clinic as a demonstration project that directly addresses the multi-layered causes of health inequities affecting pregnant women individually and collectively in Austin.

## **Conclusion**

Mama Sana/Vibrant Woman looks forward to collaborating with the City of Austin to implement steps that will address inequities in maternal and infant health access, quality of care, and outcomes. Our first recommendation focuses on the city government's role in proactively advancing equity in all aspects of city policies. Our second recommendation points to specific innovations in maternity care that can improve access, quality of care, and outcomes, while reducing cost and improving patient satisfaction. From our perspective, these recommendations must necessarily be joined together. It is clear that in order for *all* mothers and babies in Austin to be healthy, social, racial, and economic equity must exist for the whole community. Only then can Austin live up to its claim as a "family-friendly" city.

## Notes

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1. \* Mamas of Color Rising, a volunteer social justice organization of mothers of color in Austin, founded in 2008.
2. Austin, Texas – In Photos: America’s Fastest-Growing Cities 2014 - Forbes.com. Retrieved from <http://www.forbes.com/pictures/emeg45iikm/1-austin-texas/>.
3. Interview conducted October, 2014, by M ama Sana/Vibrant Woman as part of a series of interviews with mothers in Austin. The subject’s name has been changed to protect her privacy.
4. Ibid.
5. Ibid.
6. “Top Ten Demographic Trends in Austin, Texas,” City of Austin Demographer’s Office, <https://www.austintexas.gov/page/top-ten-demographic-trends-austin-texas> ; in graph form: [https://www.austintexas.gov/sites/default/files/files/ethnicity\\_forecast.pdf](https://www.austintexas.gov/sites/default/files/files/ethnicity_forecast.pdf).
7. CAN Community Dashboard Report 2014 (p 4), <http://www.cancommunitydashboard.org/files/2014CANCommunityDashboard.pdf>.
8. Austin, Texas Poverty Rate Data, City Data, <http://www.city-data.com/poverty/poverty-Austin-Texas.html>.
9. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/unemployment.php#sthash.NJWVL9Kp.dpuf>.
10. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/housing-cost-burdened.php>.
11. An individual is chronically homeless who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability.
12. Ending Community Homelessness Coalition (ECHO) website page, *Homeless Individuals*, <http://austinecho.org/about-homelessness/homeless-individuals/>.
13. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/homeless.php>.
14. *Overweight and Hungry? Food Insecurity and Obesity in Travis County*, Imagine Austin blog 10/15/14, AustinTexas.gov, <http://austintexas.gov/blog/overweight-and-hungry-food-insecurity-and-obesity-travis-county>.
15. Ibid.
16. Community Health Improvement Plan Austin/Travis County Texas December 2012 [http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHIP\\_Draft\\_12-13-12.pdf](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHIP_Draft_12-13-12.pdf) citing U.S. Department of Commerce, Bureau of the Census, 1-year estimate American Community Survey, 2009.
17. Ibid.
18. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/kindergarten-ready.php>.
19. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/high-school-graduation.php#sthash.w5FKM3fC.dpuf>.
20. U.S. Department of Justice, Civil Rights Division complaint, “NAACP (Austin, TX branch) v. Austin Police Department and City of Austin,” June 27, 2012. <http://content.austin.ynn.com/auscontent/NAACPCompliant.pdf>
21. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/jail-bookings.php>.
22. CAN Community Dashboard 2014 <http://www.cancommunitydashboard.org/drilldowns/health-insurance.php>.
23. Community Health Assessment, Austin/Travis County, Texas, December 2012, p. 39, [http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha\\_report\\_Dec2012.pdf](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf).
24. Community Health Assessment, Austin/Travis County, Texas, December 2012, p. 48, [http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha\\_report\\_Dec2012.pdf](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf).
25. In 2012 Mamas of Color Rising (MOCR), in collaboration with the Institute for Urban Policy Research and Analysis (IUPRA) at the University of Texas at Austin, designed a survey that MOCR conducted with 99 Latina and Black women. An analysis of our data indicates that for the women we surveyed, an increase in stress about economic security negatively impacted their general health. This finding is indicative of the significance of the “social determinants of health.” WHO | World Health Organization. WHO | Social determinants of health. Retrieved from [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).



26. “Maternal mortality” refers to the death of a woman while pregnant or within 42 days of termination of pregnancy.
27. Maternal Mortality and Morbidity Task Force Report, As Required By Senate Bill 495, 83rd Legislature, Regular Session, 2013, Department of State Health Services, September 2014.
28. “Infant mortality” is defined as the death of a child within the first year of life.
29. “Late or no prenatal care” is defined as starting in the second or third trimester or not at all.
30. 2015 Critical Health Indicators Report, Austin/Travis County Health and Human Services Department, p. 33.
31. *Travis County Birth Outcomes as Related to the Physical and Social Environment*, Children’s Optimal Health’s (COH), 2013, <http://www.cohtx.org/wp-content/uploads/2014/01/Birth-Outcomes-Report-2013-Reduced.pdf>.
32. Ibid. p. 37.
33. Ibid. p. 37.
34. This research included focus groups as well as surveys. MOCR organized two separate series of focus groups: one for Black women and one for Latina women.
35. Rich-Edwards, Janet W., and Tarayn A. Grizzard. “Psychosocial stress and neuroendocrine mechanisms in preterm delivery.” *American journal of obstetrics and gynecology* 192.5 (2005): S30-S35.
36. Dominguez, Tyan Parker, Christine Dunkel-Schetter, et al. “Racial Differences in Birth Outcomes: The Role of General, Pregnancy, and Racism Stress.” *Health Psychology* 27.2 (2008): 194–203. APA PsycNET. Web.
37. *Deadly Delivery, the Maternal Health Care Crisis in the US*, Summary, Amnesty International, 2010. Further, the *Listening to Mothers III* Survey carried out by Childbirth Connection, 2013, confirms the findings of Amnesty International. The survey found that Black and Latino women report poor treatment from hospital staff owing to race, ethnicity, cultural background, or language at much higher rates than White women do. Black and Latino women are more likely to use WIC services in pregnancy and to name Medicaid or CHIP as the primary payer of their maternity care. During pregnancy, 70% of Black women, 67% of Latino women, and 38% of White women use the WIC Food and Nutrition Service. Deckerq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Herrlich, A. (2013). *Listening to Mothers III: Pregnancy and Birth; Report of the Third National US Survey of Women’s Childbearing Experiences*. New York, NY: Childbirth Connection. In addition, according to the American Congress of Obstetricians and Gynecologists, 2008 Reform Agenda report, *Women and Health Insurance— By the Numbers*, 24% of African-American and 39.5% of Latino women are uninsured. <http://www.acog.org/~media/Departments/Government%20Relations%20and%20Outreach/hcfwhcfa-numbers.pdf?dmc=1&ts=20120624T1105550955>.
38. According to the U.S. Census Bureau, the population of central Texas in 2010 was 1.76 million and New York City’s 2013 population was 8.406 million.
39. The CIA World Fact Book, 2014, <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>.
40. See, for example: Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). “Impact of Doulas on Healthy Birth Outcomes.” *The Journal of Perinatal Education*, 22(1), 49–58. doi: 10.1891/1058-1243.22.1.49, <http://www.ncbi.nlm.nih.gov/pubmed/24381478>.
41. Finding shared with Summit participants, as recollected by a Mama Sana delegate to The National Institute for Health Second Summit on the Elimination of Health Disparities in the U.S. (2012).
42. An innovative example of this type of checklist or “lens” has already been implemented in Portland, Multnomah County, Oregon, [http://www.racialequitytools.org/resourcefiles/ee\\_lens\\_final-portland.pdf](http://www.racialequitytools.org/resourcefiles/ee_lens_final-portland.pdf).
43. <http://www.commonensechildbirth.org/mch-training-and-certification-program-the-jj-way/>.
44. <http://mamabaila.com/maternal-justice-model-of-care/>.
45. For example, an analysis of the surveys that MOCR created (in collaboration with the Institute for Urban Policy Research and Analysis, University of Texas at Austin) indicates that for the women we surveyed, an increase in support systems positively impacted their general health and reduced their levels of stress.

## About the Authors

This report was conceived and created by Mama Sana/Vibrant Woman members. Contributors include Eshe Cole, Kellee Coleman, Lourdes Kaman, Michelle Mejia, Jeanette Monsalve, and Anna-Lisa Plant. Kellee Coleman and Paula X. Rojas served as the Conceptual Team, with Paula X. Rojas as the Lead Author.

Mama Sana/Vibrant Woman is a women's health project of Mamas of Color Rising (MOCR). MOCR is a volunteer grassroots community organization founded in 2008 to work on social justice issues facing poor and working class women of color in Austin and beyond.



## Thank You

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Our national endorsers:



National Perinatal Task Force



Additional endorsers at: <https://mamasanaclinic.wordpress.com/Endorsers>.

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“Considering the human rights crisis in US maternal health care, Amnesty International appreciates Mama Sana/Vibrant Woman’s research to uncover the root causes of maternal and infant health inequities in Travis County/Austin, Texas.”

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