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Introduction

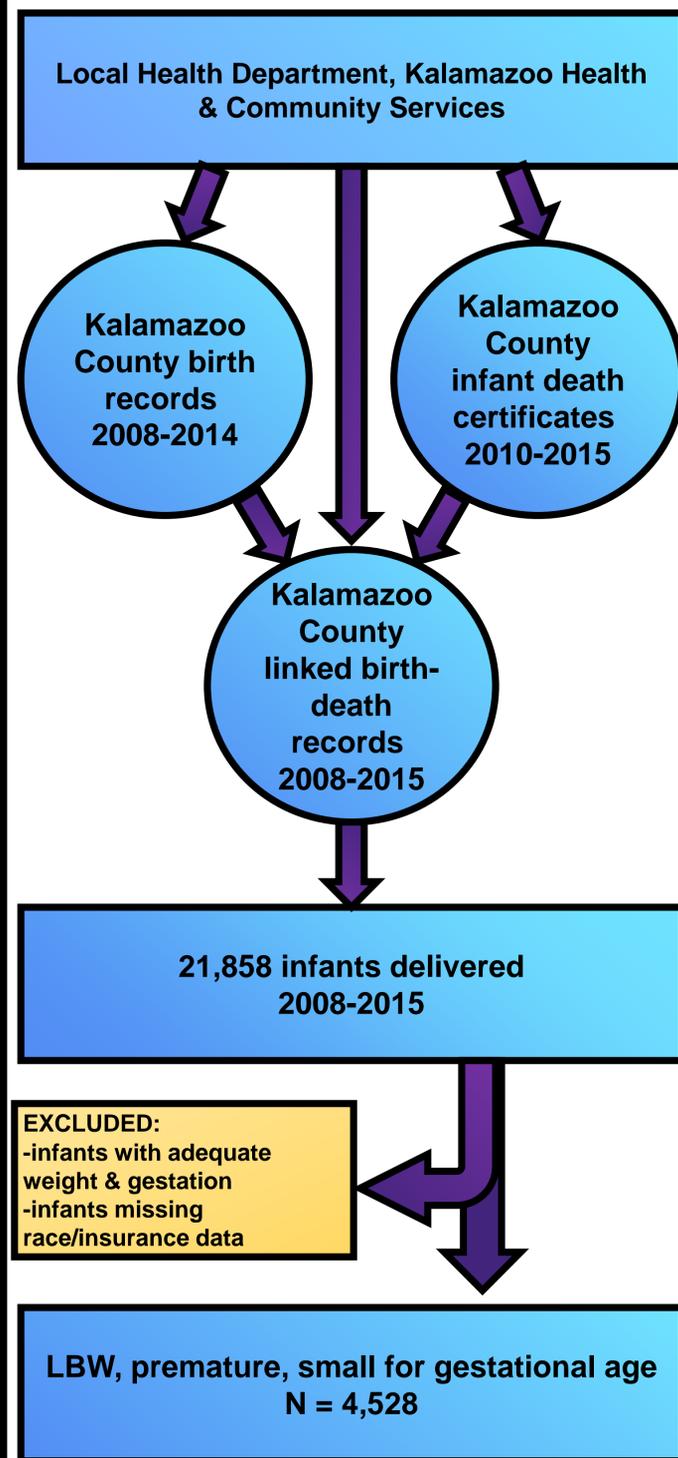
In Kalamazoo County, significant racial and socioeconomic disparities are evident in infant mortality rates. The greater prevalence of poor birth outcomes (PBO) (prematurity, low birthweight, small for gestational age) among infants of color and poor infants is a significant contributor. It is unknown, however, whether these disparities continue to impact the survival of PBO infants.
 LBW <2500 g

Objectives

To examine whether there are racial or socioeconomic differences in the one-year-survival of PBO infants, controlling for other health contributors.

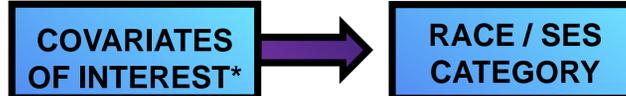


Data



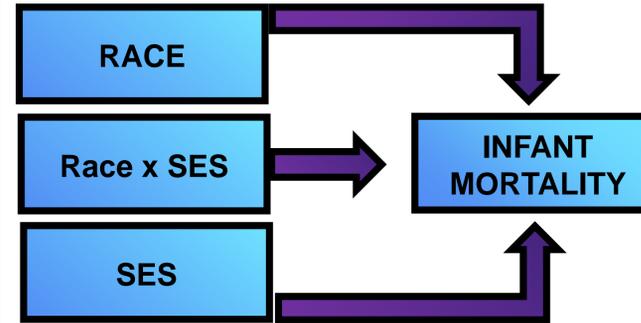
Methods

Weighting



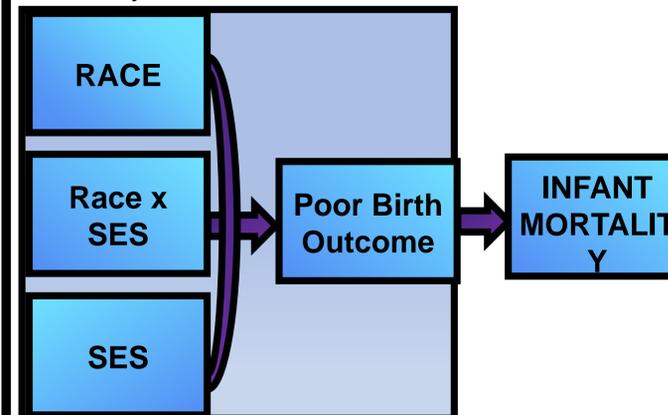
*plurality, Hispanic ethnicity, teen, kotelchuck score, prenatal care in 1st trimester, previous poor outcome, chronic medical risk, BMI, obstetric medical risk, high school education, infection, tobacco smoker, marital status, weight gain during gestation

Outcome Model



Analysis

Utilizing the stabilized weights computed from the Association Model's propensity scores, the effect of race and SES on covariates of interest associated with PBO (grey box) can be isolated in order to obtain greater confidence in the unbiased effect of race and SES on infant mortality.



Results/Conclusion

The outcome model indicates that neither race ($\beta = -0.1428$, $p = .6134$) nor SES ($\beta = -0.4528$, $p = .3993$) nor the raceXses interaction ($\beta = .4026$, $p = .5088$) are significantly associated with infant mortality within tAlthough racial and socioeconomic disparities are present in the likelihood of a poor birth outcome, these disparities do not persist beyond that. he first year.

| | Estimate | p-value |
|-------------------------------|----------|---------|
| Race (ref='Mothers of Color') | -.1428 | .6134 |
| SES (ref='Medicaid') | -.4528 | .3993 |
| Race x SES | .4026 | .5088 |

Conclusion

What are the clinical and policy implications of these findings... (e.g., (1) clinical and community care of at-risk infants appears to be equitable by race and SES, (2) Prevention efforts should focus upon the maternal preconceptional and interconceptional health...factors such as

References

connections, etc)

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