The Contribution of **Population-Level Health** Inequalities to **Prepregnancy BMI and Gestational Weight Gain in** the United States

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Presenter Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

The importance of a life course perspective...

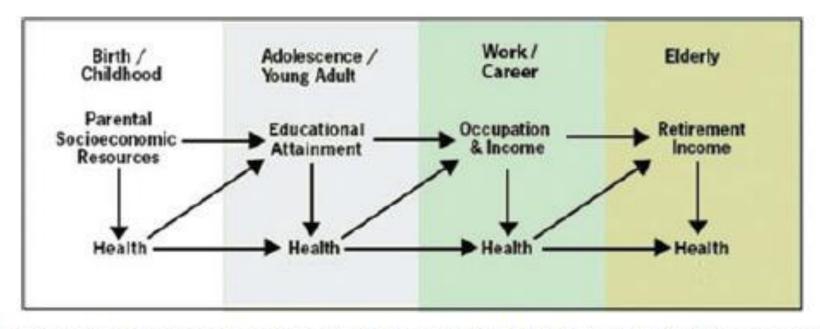


Figure 1. The dynamic and reciprocal relationships between SES and health through the life-course. (Source: Adler, N.E., Stewart, J., and members of the MacAthur Network on SES and Health. 2008. Reaching for a Healthier Life. Facts on Socioeconomic Status and Health in the U.S. University of California, San Francisco. Accessed at: http://www.macses.ucsf.edu/News/Reaching%20for%20a%20Healthier%20Life.pdf)



Structural Drivers of Health Outcomes

Health Outcomes

- Adult health status
- Mental health status
- Child health status
- Premature mortality
- Infant mortality
- · Low birth weight

Socioeconomic Factors

- · Livable income
- Affordable housing
- Post-secondary education
- Connected youth
- Preschool enrollment
- Employment

Social Environment

- Low poverty concentration
- Low murder rate
- Low assault rate
- Low rape rate
- Low robbery rate

Physical Environment

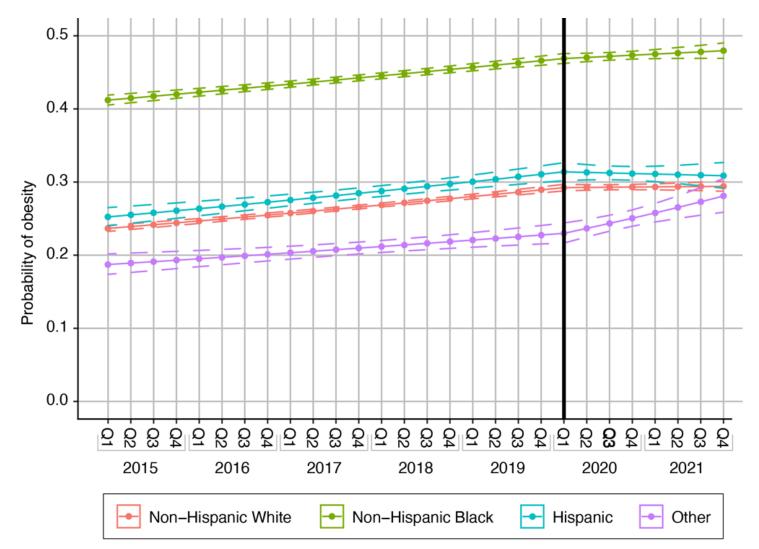
- Home ownership
- Housing quality
- Air quality -Particulate matter
- Low liquor store density
- Food security

Access to Health Care

- Access to primary care
- Access to psychiatric care
- Health insurance coverage
- Affordable health care
- Usual source of care
- Colorectal cancer screening



Demographic disparities in prepregnancy BMI



Simpson SE, et al. Trends in Gestational Weight Gain and Prepregnancy Obesity in South Carolina, 2015–2021. Prev Chronic Dis 2024;21:240137. http://dx.doi.org/10.5888/pcd21.240137

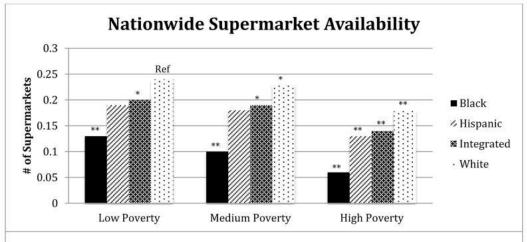


Environmental and Structural Contributors

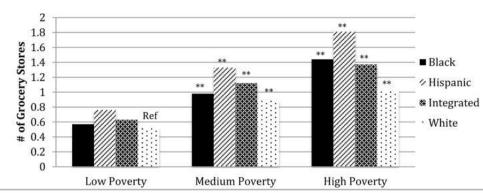
- Likely that disparities in GWG reflect systemic inequities across race, SES, and geography.
 - Food apartheid/insecurity/deserts
 - Built environment (e.g., access to parks, sidewalks, prenatal care)







Nationwide Grocery Store Availability





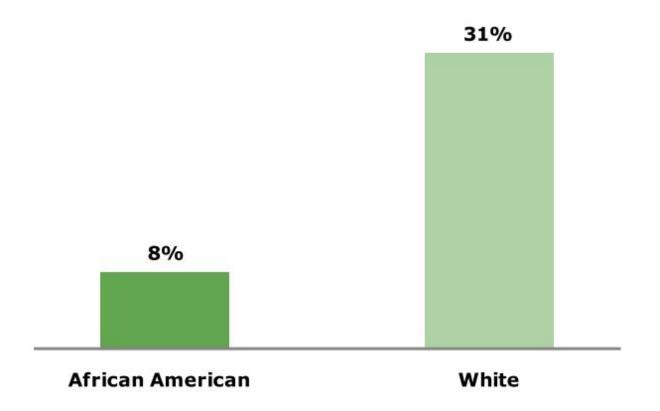
Bower et al, Prev Med. 2013 Oct 23;58:33–39.

Food Apartheid/ Desert/ Insecurity



Food Apartheid/Desert/Insecurity

Have a supermarket in census tract of residence

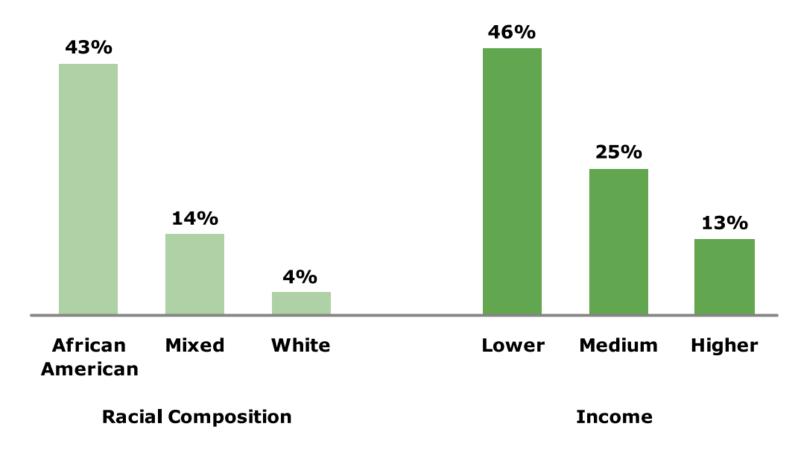


Source: Morland et al., 2002.



Food Access by Race and Income

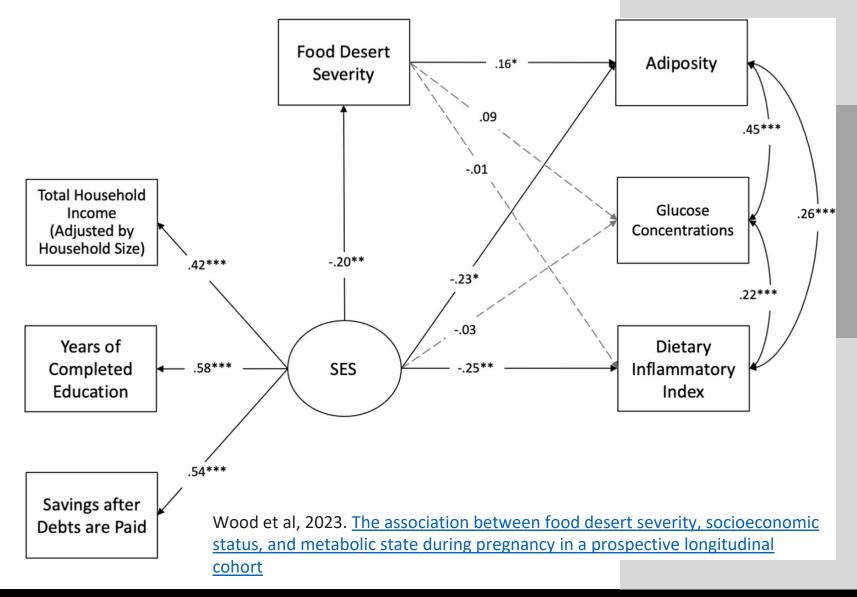
Share of Baltimore Neighborhood Food Stores with Low Availability of Healthy Food, by Neighborhood Race and Income, 2006



Source: Franco et al., 2008. grocerygap.original.pdf

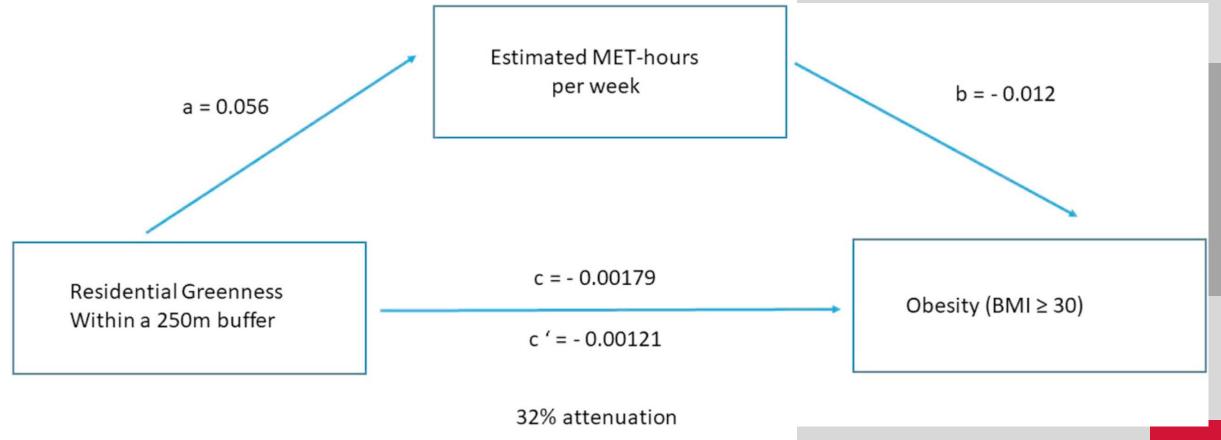


Risk associated with food insecurity





Built Environment and Physical Activity and Obesity

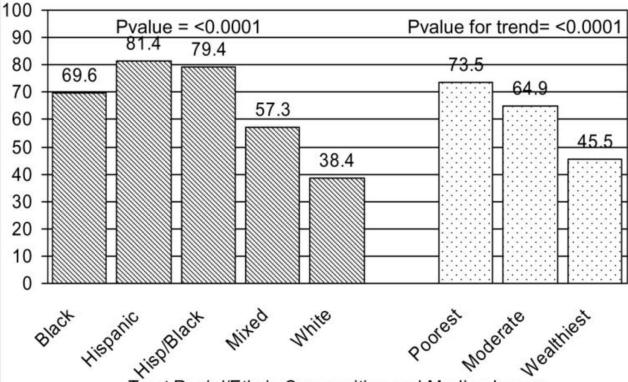


Villeneuve et al, 2018

Built Environment

- Access to park spaces
- Access to sidewalks

Figure 1b: Percent of tracts from all sites without a recreational facility by racial/ethnic composition and median income adjusted for tract area*



Tract Racial/Ethnic Composition and Median Income

Moore et al., Am J Prev Med. 2008 Jan;34(1):16–22.

doi: 10.1016/j.amepre.2007.09.021



^{*} Proportions were adjusted to the mean area of the tracts using logistic regression

Policy and Public Health Interventions

- Examples of programs (e.g., WIC, Medicaid expansion, community health initiatives)
- Opportunities to address disparities through primordial prevention



Challenges and Barrier

- Policy resistance
- Underfunding of maternal health programs
- Difficulty addressing upstream causes (e.g., poverty, racism)



Future Directions and Research Needs

- Longitudinal studies
- Intersectionality-informed research
- Data gaps (e.g., in LGBTQ+ populations, rural areas)



Conclusions & Call to Action

- Health inequalities significantly impact prepregnancy BMI and GWG
- Disparities are deeply rooted in structural and social determinants
- Need for systemic, multisectoral solutions

Call to Action

- For researchers: Further studies on structural factors
- For policymakers: Invest in upstream interventions



Thank you

