

Population Vulnerability and State Policy to Address Racial Health Inequity: The Intersection of Politics and Preterm Births in Health Equity Policy

Nathan Myers
Tonya E. Thornton
P. Edward French

This study investigates whether a state's Black preterm birth rate prior to the COVID-19 pandemic is related to the policies a state adopted in the midst of the pandemic to try to increase health equity, controlling for the overall percentage of the African American population in the state and the governor's partisan affiliation. Regression results find that the Black preterm birth rate and the state's governor being affiliated with the Republican party have a statistically significant and negative relationship with equity policies associated with the governor. In another regression analysis, the percentage of the state's population that is African American is positive and significant, while the partisan affiliation of the governor is no longer significant. This finding supports the theory that protecting members of marginalized populations during pregnancy does not greatly influence state policy but the proportion of the African American population may be influential in encouraging policy action.

Keywords

public health emergencies, governor, racial equity, health equity, preterm birth, marginalized populations

This study considers whether states that had pre-existing issues with health inequity prior to the COVID-19 pandemic were more responsive in terms of advancing policies to improve health equity during the pandemic. It is posited that the COVID-19 pandemic illuminated the serious implications of health inequities, not just for those directly affected but also for society in areas such as increased healthcare costs. The area of healthcare that will serve as the focus for the article will be preterm births among African American mothers. The article will test whether a higher level of African American preterm births is related to the enactment of state policies to address such inequities, either coming from the governor or the legislature, and administrative agencies.

Partisanship at the federal, state, and local levels of government has influenced responses to public health emergencies in the United States for decades (My-

ers 2019). Most recently, partisan politics in the U.S. federal system complicated public health messaging and hindered a coordinated SARS-CoV-2 (otherwise known as the coronavirus or COVID-19) pandemic response both before and after the COVID-19 vaccines became available (Myers and Thornton 2021). Previous research has substantiated the risks when emergency response becomes entangled with politics, particularly in a presidential election year (Balbeuna, Thornton, Baxter, and English 2022). During the first Trump administration, states were left to compete with each other and the federal government for supplies (Cook and Diamond 2020; Koh 2020), even as states implemented a patchwork of non-pharmaceutical responses (Rahman and Ollstein 2020). Underlying these conditions were state and local public health departments that had long been underfunded and poorly resourced for emergencies (Engel et al. 2020) and hospitals forced to make

critical decisions about triaging patients during crises (French and Raymond 2009).

During the H1N1 pandemic, offspring of women infected generally did well, although they were noted to be at increased risk for preterm birth, which elevates risk for morbidity and mortality (Mosby, Rasmussen, and Jamieson 2011). Meanwhile, COVID-19 infections disproportionately affected poor and/or minority employees in service jobs (Alcendor 2020). Bearfield, Humphrey, Portillo, and Riccucci (2023) noted that government officials often engage in circumventing behavior to stall or kill policies to eliminate institutional or structural racism. Success will require explicit goals, a realistic perspective on politics, and being intentional about implementing and evaluating policies to address racism. Efforts to address institutional and structural racism must also be able to overcome deeply ingrained partisan and identity politics. Black women and other marginalized communities have been successful using nontraditional approaches to community building by creating networks and collaborations outside of formal and mainstream challenges (Blessett 2023). Public administration will be able to better address challenges such as inequities in preterm birth through approaches such as centering the lives of people with intersecting identities, highlighting the contributions of people of color, and putting public administration and its challenges in an appropriate historical, economic, and political context. Real change can come from leveraging Black women's intellectual contributions to activism, advocacy, and resistance (Blessett 2023). Zielinski, Harvey, Jones, and Wen (2024) studied factors affecting Medicaid spending, a key source of coverage for minorities. Their research confirmed the interactions among factors including "state political parties, Medicaid spending, lobbying efforts, and overall state economics" (59). State health associations and other key stakeholders tended to align with the majority party on expansion, and the authors cautioned advocates for Medicaid expansion at the state level that the longer expansion is delayed, the less likely it is to occur. Advocates are advised to focus on public education, awareness, and support as these factors can catalyze change in resistant states, and such changes are necessary to improve equitable access to healthcare in the United States (Zielinski, Harvey, Jones, and Wen 2024). The objective of this research is to analyze whether the level of preterm births among African Americans in a state prior to the COVID-19 pandemic is significantly related to the implementation of new policies to promote

health equity at the state level, controlling for the partisan affiliation of the governor and the level of African American population in the state. The research question is whether preexisting metrics of health equity in a state prior to the COVID-19 pandemic promoted more effort to address health inequities during or after the pandemic. Next, the article will review the degree to which preterm birth is a particular health concern, how it represents a larger problem of health inequity, and how politics can exacerbate the issue.

Preterm Birth, Partisanship, and Health Inequities

Preterm birth rate is a useful metric to consider as both a metric for how successful a state's public health infrastructure was before the pandemic, as well as an indicator for the level of risk among a state's most vulnerable citizens. Egbe et al. (2022) found that extreme preterm births were a significantly lower risk for White women compared to all subgroups of Black women, with other research finding that non-Hispanic Black women were at greater risk for obstetric intervention compared to their White counterparts (MacDorman, Thoma, Declercq, and Howell 2022). Kistka et al. (2007) found that preterm births occurred independently of socioeconomic factors and medical issues of the mother, and also concluded that the timing of preterm births during different pregnancies of the same mothers points to an important genetic component. Socioeconomic factors may contribute to inequities with regard to quality of care. African American and White women both experienced preterm birth associated with lack of prenatal care in the presence of pregnancy complications, as lack of such care increased the risk of preterm complications by almost three times for Black women and White women (Vintzileos et al. 2002). Whitworth et al. (2023) found in their study of spontaneous preterm birth in Harris County, Texas, that Black expectant mothers had a 79% higher level of risk of spontaneous preterm birth compared to White expectant mothers. These risks among Black expectant mothers were elevated by environmental justice factors, such as particulate matter and ozone. No racial differences were observed with regard to the effects of general deprivation factors on spontaneous preterm birth.

Policy has also been noted as a contributor to

preterm birth rates. Preterm births among Black women born outside the United States were found to be associated with criminalizing immigration policies, compared to inclusive immigration policies that were found to be associated with lower preterm birth rates among all women born outside of the United States (Sudhinaraset et al. 2021). Nturanabo and Winfred (2025), extrapolating from a model originated by Marmot (2010), presented a conceptual framework proposing that reducing inequalities through health provision, civic education, and legislation could help to address issues such as maternal mortality, infant mortality, and preterm birth weight. Krishnamoorthi and colleagues (2023) wrote on the findings presented and recommendations made at a maternal and infant health summit. Recommendations coming out of the summit included providing education on topics such as implicit bias, anti-racism, and social equity theory to all members of the birthing clinical team and developing particular medical school curricula regarding the needs of BIPOC (Black, Indigenous, and People of Color) individuals. Summit participants also recommended devoting hospital resources to providing implicit bias training for staff, while assessing the efficacy of such programs and the degree to which they are improving health outcomes and reducing health disparities. There were also recommendations to diversify the hospital workforce generally, and among birthing health providers in particular. These recommendations advocated for both recruiting more BIPOC individuals to work in hospitals and also incorporating more types of birthing health providers, such as midwives and doulas, into hospital institutions. Policy recommendations stemming from the summit included providing paid family leave, increasing access to Medicaid even to those without legal status, increasing funding for research on disparities in maternal and infant mortality and morbidity, and standardizing the review process for maternal and postpartum within one year of a birth with an eye toward whether they were preventable and whether racial disparities were a contributing factor.

The issue of preterm births is an important area of concern as preterm births present higher morbidity and mortality rates than those brought to term (MacDorman, Thoma, Declercq, and Howell 2022). In light of this, the rate of preterm birth for African American citizens is included as the primary independent variable of interest in this study. Just as preexisting individual health conditions were related to particular people exper-

riencing more severe illness from COVID-19 (Treskova-Schwarzbach et al. 2021), one could extrapolate to preexisting weaknesses in societal health outcomes signaling a community's greater overall vulnerability to severe outcomes from a pandemic. Therefore, the rate of African American preterm births prior to the pandemic was investigated for a potential relationship with the proliferation of health equity policies during and after the pandemic to reduce inequitable health risks in the future. The percentage of Black citizens as a percentage of the overall population is included as a control in this study for the level of political influence Black citizens can exert as a voting bloc in the state.

During the early stages of the COVID-19 pandemic, both Republicans and Democrats spoke of the need to take precautions to protect vulnerable populations like racial minorities and those with lower income, both of which find themselves at higher risk for structural threats like preterm births (Cathey 2020). However, gubernatorial partisanship and population ideology will mitigate this initial emphasis on protecting those most in need, out of consideration for concerns of individual liberty and economic viability (Myers 2019). The primary question of interest is whether preexisting health inequality as indicated by the preterm birth rate among Black women in the state was related to state policy efforts under Republican and Democratic gubernatorial administrations to address racial health inequalities during the COVID-19 pandemic. In other words, did health challenges in a state prior to COVID-19 have any effect on promoting policy change to promote greater health equity after the start of the pandemic?

Theory Regarding Gubernatorial Decision Making and Racial Inequity Policies

In a study published early in the COVID-19 pandemic, Adolph et al. (2022a) found a strong relationship between the party affiliation of a state's governor and the adoption of a statewide mask policy. They further found in their analysis that states with a more liberal population were more likely to adopt a statewide policy in favor of wearing face coverings than states with a more conservative populace. This research continues in the tradition of other studies examining how partisanship and ideology can affect attitudes and actions in public health matters (Baum 2011; Colgrove, Abiola, and Mellow 2010; Fowler et al. 2012; Gollust et al. 2013;

Gostin 2011; Myers 2019, Myers and Thornton 2021). Media coverage described how Republicans and Democrats viewed and addressed the COVID-19 pandemic differently and how those differences played out in the 2020 election (Newport 2020; Shesgreen 2020).

Baum et al. (2022), in a study focused on Australia, concluded that political will to promote health equity can be created by breaking path dependencies, collaborating with like-minded political forces, framing options to make them more attractive, highlighting factors challenging elite interests, and exploring the use of civil society to promote policies creating greater equity. Emphasizing equity and a right to health, according to this article, necessitates a change in societal norms. Hunter and Lawton (2021) point to the establishment of equity task forces as a common approach to developing and implementing long-term strategies to reduce health disparities. Several states, such as Washington, Louisiana, and New York, have instituted health equity policies originating with such task forces.

The relationship between racial disparities in policy and partisanship was evident in other studies. Morone (2016) noted that eight out of 10 of the U.S. states with the highest African American population rejected Medicaid expansion under the Affordable Care Act. Conversely, eight out of 10 states with large Latino populations did avail themselves of the chance to expand Medicaid. At the same time, states with Republican governors that chose to expand Medicaid had small African American populations. Adolph et al. (2022b) studied gubernatorial policy decisions related to five social distancing policies during the COVID-19 pandemic. Improving disease trends were found to be related to the easing of restrictions, but economic factors appeared to have no bearing. Republican governors eased restrictions sooner than Democrats, and governors of states with larger African American populations eased restrictions a week earlier, regardless of greater health risks being experienced by the Black population in their state. The authors suggest that this may be partly explained by Republican governors not receiving meaningful political support from African Americans in their state. The research confirmed that easing indoor COVID-19 restrictions in the presence of a larger African American population substantially affected significant portions of the Black community (Adolph et al. 2022b). Adolph and colleagues cite Butler and

Broockman (2011) when noting literature supporting the contention that white elected officials at the state level from both parties are less attentive to demands from the African American community.

Literature regarding racial inequity policy from other disciplines can illuminate these issues as well. Donnelly (2017) theorized that politicians pursued policy to reduce racial disparities in criminal justice due to a belief in civil rights and/or a desire to be seen as solving social problems. Enactment of such policy was found to be related to increasing problems of disproportionate sentencing, Democratic control of elected offices, and judicial inaction with regard to fairness. Reforms ranged from exploratory studies to prohibiting race as a factor in decision-making to comprehensive interventions. Variables that were found to be significantly related to enactment of reforms to reduce racial inequality in criminal justice included existing racial disparities in incarceration and arrest rates, judicial efforts to reduce disparities, the percentage of a state's population in poverty or the percentage that is African American, the crime rate, and Democratic control of the legislature. Notably, in this study, the presence of a Democratic governor was not significant.

This study theorizes that politicians are more likely to take action to promote racial health equity policies to address key social problems (such as preterm birth) and claim credit for doing so. As suggested by Donnelly (2017), governors may take action on an existing area of health inequity (particularly during a health emergency likely to make that inequity even worse) in order to serve a pressing policy need, as well as to receive political credit for doing so. However, this relationship may be mitigated by Republican governors having less electoral incentive to address equity challenges experienced by African Americans.

Based on the discussion above, this study will test the following hypothesis:

H1: A higher level of black preterm birth at the state level prior to the pandemic will be related to an increase in policy effort to address health inequality in the wake of COVID-19; however, this relationship may be mitigated by the partisan affiliation of the governor.

Methods and Data

The measure for Black preterm birth rate (2017–2019 average), the percentage of live births that occurred before the fetus was full-term, was collected from the website for the March of Dimes organization, though the data is originally from the National Center for Health Statistics. Preterm birth for African Americans is used as the independent variable of interest because, as discussed in the literature review, this is a measure of health that affects all races to some degree but is exacerbated by structural differences in how African Americans are treated by the healthcare system.

The percentage of a state's population composed of Black residents, collected by the U.S. Census Bureau (reported in 2020), was found at the website Black-Demographics.com. The party affiliation of individual governors (2020–2021) was confirmed through state websites. Montana was removed from the analysis due to a change in the governorship during the period under study. A binary measure of gubernatorial party affiliation was used in this study to investigate the degree to which such factors can mitigate need-based concerns when setting preventative policy during a pandemic. Since this study is particularly interested in the intersection of systemic racism as it affects the African American community, our hypotheses focus on measures particular to those groups.

Information regarding the policies states enacted to address treatment and outcome inequities for racial and ethnic minorities in each state during the COVID-19 pandemic came from the National Academy for State Health Policy. This data was originally published in 2021 and then updated in 2022 (National Academy for State Health Policy 2025). Each individual policy was reviewed and through an iterative categorization approach, the following list of policy categories was developed: creating a new body within the state government in response to COVID-19, official recognition of systemic racism as a public health threat, vaccination planning, use of federal funds and/or state grants, facilitating intergovernmental coordination, compiling health information in novel ways, and increasing considerations of racism's effects across state government agencies. It was also noted whether a state issued at least one executive order or signed one bill related to addressing racial health inequities. After these categories were produced, each of the specific

state policies intended to address health inequality was coded as belonging to one of these categories. The authors wished to differentiate between policies originating from the governor and those policies initiated by the legislature or administrative agencies. Therefore, two versions of each policy category were created, one for actions taken by the governor and one for actions originating with the legislature or an administrative agency. The dependent variable for the study is an additive index created by counting the number of health equity policies enacted in each state, and is intended to provide a measure of the level of policy attention to racial inequity in health care given by state leaders during the COVID-19 pandemic. The research is focused on policies coming directly from the governor as the chief executive, as opposed to those not coming from the chief executive. Administrative agencies may be acting at the governor's bidding, but if the governor is leaving it to the agencies to enact policies indirectly, it signifies they do not want to take direct responsibility.

The information on the National Academy for State Health Policy webpage was then coded independently by the author and a research assistant according to the content of the policy and whether it was enacted directly by the governor, the legislature, or administrative agencies. See Appendix A to review the various categories. Each instance of a state engaging in one of the policy categories was coded as 1. Then, three totals were calculated for each state: total number of health equity policies originating from the governor, total number of health policies originating from either the legislature or health department, and the total of both categories. Once totals were calculated for all states, a correlation analysis was run on the coders' findings. The independent findings were correlated with a Pearson's r of 0.75. North Carolina and Virginia scored highest in regard to the totality of these policies. A description of the policy options that were coded is provided in Appendix A. For a similar approach to using state-level policies related to racial disparities in statistical analyses, see Donnelly (2017). Variable information is provided in Table 1 and summary statistics are provided in Table 2.

Analysis and Results

Three Poisson regression models were used to test the hypotheses above. Poisson regression was used

Table 1. Regression Variables and Data Sources

<u>Variable</u>	<u>Data Source</u>
Black Preterm Birth Rate by State	National Academy for State Health Policy
Black-White Wage Gap by State	Federal Reserve Bank of St. Louis
% of Black Population by State	BlackDemographics.com
Party of Governor	State Websites and Google Searches
Equity Policy Index	National Academy for State Health Policy (Content Analysis)

Table 2. Summary Statistics for Regression Variables

Variable	Obs.	Mean	St. Dev.	Min.	Max.
Actions(General)	49	1.163	1.143	0	4
Actions(Governor)	49	0.898	1.104	0	4
Actions(Total)	49	2.061	1.329	0	5
Black Preterm Birth Rate	49	12.937	2.135	8.2	17.1
% Black Population in the State	49	10.633	9.196	1	37
Party of the State Governor	49	0.531	0.504	0	1

because the dependent variable uses count data. The model using the Actions (General) dependent variable did not have a significant Wald chi2 (4.85), $p < 0.183$). See Table 3.

Table 3. Poisson Regression Results for Influence of Variables on Health Equity Actions Pursued by the Legislature and Administrative Agencies

<u>Variable</u>	<u>Coeff</u>
Black Preterm Birth Rate	.043 (.078)
Percentage of Black Residents	.018 (.016)
Party of Governor	-.052 (.274)
Constant	-.605 (.911)

N = 49
 Wald chi2(3) = 4.85
 Prob > chi2 = 0.183
 Pseudo R-Square = 0.0249

The Poisson regression model focused on actions by the governor had a significant Wald chi2 and a Pseudo R-Square of .089, indicating that the model is an overall fit for the dependent variable. The variable measuring the preterm birth rate for African Americans in the state was statistically significant and negative, which contradicts

the theory suggested by Donnelly (2017) that governors will address issues of racial equity if there is the prospect of claiming credit. The dichotomous variable indicating the partisan affiliation of the governor was significant at the .05 level with a negative relationship as well, supporting the theoretical perspective that Republican governors are less inclined to support racial equity policies. The variable for the percentage of African Americans in the state was not statistically significant in this model.

Table 4. Poisson Regression Results for Influence of Variables on Gubernatorial Health Equity Actions

<u>Variable</u>	<u>Coeff.</u>
Black Preterm Birth Rate	-.228 (.104)*
Percentage of Black Residents	.035 (.025)
Party of Governor	-.810 (.342)*
Constant	2.754 (1.111)*

N = 49
 Wald chi2(3) = 11.96
 Prob > chi2 = 0.0075
 Pseudo R-Square = 0.089

* < .05

The third model using the dependent variable measuring combined state action to address racial and ethnic health inequity in the state had a significant Wald chi2 and a Pseudo R-Square of .034. In this model, the variable for the percentage of African Americans in the state was significant and positive, while the variable for the party of the governor was significant and negative. The variable for African American preterm birth was not significant in this model.

Table 5. Poisson Regression Results for Influence of Variables on Overall Health Equity Actions

<u>Variable</u>	<u>Coeff</u>
Black Preterm Birth Rate	-.077 (.055)
Percentage of Black Residents	.026 (.010)*
Party of Governor	-.362 (.177)*
Constant	1.602 (0.617)**

N = 49

Wald chi2(3) = 8.39

Prob > chi2 = 0.0386

Pseudo R-Square = 0.0336

* < .05; ** < .01

Discussion

The two statistically significant Poisson regression models examining policy actions related to health equity connected to the governor and total state policy effort offer some significant findings. In the model focusing on policies promoted specifically by the governor, the rate of African American preterm births was statistically significant but negative, while the overall percentage of African Americans in the state population was not. The party of the governor was significant and negative, indicating that states with Republican governors were less likely to adopt racial equity policies in the wake of the COVID-19 pandemic.

This supports the contention that political factors separate from need often drive decisions about the adoption of such policies. The gap in terms of healthcare and economic security between racial groups in the United States was documented long before many Americans were familiar with the idea of a coronavirus. However, despite previous federal initiatives to promote greater health equity in the United States (see Warnecke et al.

2008), little concerted effort was placed on addressing those specific concerns. Similarly, when the COVID-19 pandemic was recognized in the United States, along with its disproportionate effect on minority populations, statistical evidence indicates that previous vulnerabilities played little role in the adoption of policies to promote more equitable protections. The hypothesis that governors were enacting policies to address societal problems, regardless of party, for egalitarian reasons was contradicted.

The evidence from the model looking at total policy effort to promote greater health equity indicates that the percentage of African American residents in the state had a positive and significant effect. This is indicative of the African American community's strength as a voting bloc and potential for political organization encouraging state governors, legislators, and public health officials to take action to better measure the pandemic's disproportionate effects as well as policy action to mitigate it (see Krueger and Mueller 2001). In this model, the variable measuring the political affiliation of the governor (1 = Republican, 0 = Democrat) was again negative but significant. The variable measuring the percentage of African American preterm births was not statistically significant in this model.

Scholars have noted the need to address problems of health inequity to make the United States more resilient against future pandemics and other health emergencies. However, the results of this study suggest that we are unlikely to see this unless (a) the African American community and their political allies make a concerted effort to push for a long-term agenda for racial parity in health and/or (b) Republican governors are convinced that the vulnerabilities of minority groups in their state represent vulnerabilities for the state as a whole. While there is some evidence from the adoption of the state equity policies that systemic racism was recognized as a barrier to health security for everyone and that some Republican governors recognized this, the dispersed nature of the COVID-19 response and the likelihood that states would continue to wield significant policy power in future emergencies indicates that health policy advocates must do more to frame minority health risks and economic vulnerability as a societal risk that leaves all Americans vulnerable to virulent disease, social disruption, and financial upheaval.

In Vermont, Republican Governor Phil Scott signed an executive order creating a Racial Equity Task Force,

which issued reports in 2020 and 2021 reviewing how to address aspects of systemic racism. The governor also signed four pieces of legislation, creating an Office of Health Equity and Health Equity Advisory Committee, developing health equity grants, addressing health disparities through data, and including more cultural competency in medical education (NASHP 2022). In 2023, Vermont's Office of Racial Equity was recognized by the National Governors Association for the creation of a Policy Impact Tool to be used for the development and review of health equity policy in the executive branch (National Governors Association 2023).

In South Carolina, Governor Henry McMaster, a Republican, signed a joint resolution that made adjustments to the state's vaccine distribution strategy based on recommendations from the COVID-19 Community Assessment Review and Equity (CARE) panels (NASHP 2022). The website for the CARE panels shows that the regionally-based panels did meet extensively (South Carolina's COVID-19 CARE Panels n.d.), but it is unclear from the available evidence what their final recommendations were and to what extent they were incorporated into the state's vaccination strategy. It is notable that in 2022, South Carolina was one of several states that stopped reporting vaccination data by race (Ndugga, Hill, Artiga, and Halder 2022) and that as of May 10, 2024, the percentage of fully-vaccinated people in the state stood at 59% (69% had one dose) (USA Facts 2024). With regard to promoting greater health equity, there have been discussions about expanding Medicaid under the Affordable Care Act (Laird 2024).

Policy Implications

The COVID-19 pandemic provided clear and convincing evidence of both how race and class inequities limit societal resilience and also how addressing such inequities is affected by partisan politics. The findings of this study indicate the importance of continuing to explore how inequities between racial groups create systemic vulnerabilities to community resilience. State and local government leaders were forced to make many difficult decisions regarding the reopening of businesses and schools during the pandemic, decisions which were made even harder by the need to balance the effects of these decisions on various groups. Promoting policies to put all segments of society on a more balanced foot-

ing would help to make decision-making during future emergencies less complex.

Additionally, more consideration should be given to the power of the African American community to exert political influence and promote health equity. The results of this study suggest that states with a higher African American population were more responsive with regard to health equity measures. Individuals and groups representing African American political interests at the state and local level may benefit from emphasizing the relationship between their concerns and overall community resilience to build support for greater parity. Much attention was given during the pandemic to the higher level of risk assumed by frontline employees, and the fact that jobs that precluded social distancing were disproportionately held by minorities (Tai et al. 2021). However, the need for greater equity goes beyond simply making sure that jobs considered essential by society remain filled, but with adequate protections. It is about providing the most people with the strongest baseline of health and economic well-being going into a public health emergency so the risks and benefits of policy decisions fall more proportionately and the overall population can return to "normal" more uniformly.

Future Research

Going along with the previous points, a more careful examination is needed concerning how state governors approach the issue of health equity, taking into account factors such as public opinion and institutional constraints on taking action. While previously dismissed as "identity politics," if health equity is an issue of overall societal resilience with important implications for the social and economic condition of the state, the partisan division on the issues is vital as well. Some Republican governors, like Vermont's Phil Scott, recognized the need to address systemic racism while others recognized the more practical aspects of taking into account inequities, such as designing better vaccination strategies. There is a foundation upon which to build more bipartisan consensus on promoting racial health equity in forums like the National Governors Association. However, this will require more equal acknowledgment in both parties of the serious and diverse risks we will face in the near term.

Nturanabo and Winfred (2025), extrapolating from a model originated by Marmot (2010), presented

a conceptual framework proposing that reducing inequalities through health provision, civic education, and legislation could help to address issues such as maternal mortality, infant mortality, and preterm birth weight. Bearfield, Humphrey, Portillo, and Riccucci (2023) noted that government officials often engage in circumventing behavior to stall or kill policies to eliminate institutional or structural racism. Success will require explicit goals, a realistic perspective on politics, and being intentional about implementing and evaluating policies to address racism. Efforts to address institutional and structural racism must also be able to overcome deeply ingrained partisan and identity politics.

Black women and other marginalized communities have been successful using nontraditional approaches to community building by creating networks and collaborations outside of formal and mainstream challenges. Public administration will be able to better address challenges such as inequities in preterm birth through approaches such as centering the lives of people with intersecting identities, highlighting the contributions of people of color, and putting public administration and its challenges in an appropriate historical, economic, and political context. Real change can come from leveraging Black women's intellectual contributions to activism, advocacy, and resistance (Blessett 2023).

Whitworth and colleagues (2023) found in their study of spontaneous preterm birth in Harris County, Texas, that Black expectant mothers had a 79% higher risk level of spontaneous preterm birth compared to White expectant mothers. These risks among Black expectant mothers were elevated by environmental justice factors. No racial differences were observed regarding the effects of general deprivation factors on spontaneous preterm birth. Krishnamoorthi et al. (2023) wrote about the findings presented and recommendations made at a maternal and infant health summit. Recommendations coming out of the summit included providing education on topics such as implicit bias, anti-racism, and social equity theory to all members of the birthing clinical team and developing particular medical school curricula regarding the needs of BIPOC individuals. Summit participants also recommended devoting hospital resources to providing implicit bias training for staff, while assessing the efficacy of such programs and the degree to which they are improving health outcomes

and reducing health disparities. There were also recommendations to diversify the hospital workforce generally, and among birthing health providers, in particular. These recommendations advocated for both recruiting more BIPOC individuals to work in hospitals and also incorporating more types of birthing health providers, such as midwives and doulas, into hospital institutions. Policy recommendations stemming from the summit included providing paid family leave, increasing access to Medicaid even to those without legal status, increasing funding for research on disparities in maternal and infant mortality and morbidity, and standardizing the review process for maternal and postpartum within one year of a birth with an eye toward whether these conditions were preventable and whether racial disparities were a contributing factor. Future research can also focus on the effectiveness of health equity policies already enacted.

Conclusion

This research investigated the question of whether there is a relationship between preexisting sociopolitical conditions at the state level and state policy decisions made to address health equity concerns following the beginning of the COVID-19 pandemic. With regard to those policies stemming directly from the governors' offices, preterm births among Black residents had a negative relationship with the additive index of state health equity policies. States having a Republican governor also had a negative relationship with this variable. These results indicate that those states with worse sociopolitical conditions concerning minority health conditions prior to the pandemic saw less gubernatorial action on health equity policy. Republican governors were found to take significantly less action.

The result regarding Republican governors was repeated in the other significant model focused on the dependent variable of health policies coming from the governor, legislature, and the administrative agencies. In this model, however, the variable for the percentage of the state population made up of Black residents was significant and positive. This suggests that in states with a larger Black population, the population can exert stronger political influence to advance policy to address health challenges affecting them. More effort should be focused on the dynamics leading to the enactment of policies to promote equity in health, as well as other areas.

References

- Adolph, Christopher, Kenya Amano, Bree Bang-Jensen, Nancy Fullman, Beatrice Magistro, Grace Reinke, and John Wilkerson. 2022a. "Governor Partisanship Explains the Adoption of Statewide Mask Mandates in Response to COVID-19." *State Politics & Policy Quarterly* 22(1): 24–49. <https://doi.org/10.1017/spq.2021.22>
- Adolph, Christopher, Kenya Amano, Bree Bang-Jensen, Nancy Fullman, Beatrice Magistro, Grace Reinke, Rachel Castellano, Megan Erickson, and John Wilkerson. 2022b. "The Pandemic Policy U-Turn: Partisanship, Public Health, and Race in Decisions to Ease COVID-19 Social Distancing Policies in the United States." *Perspectives on Politics* 20 (2): 595–617. <https://doi.org/10.1017/S1537592721002036>
- Alcendor, Donald J. 2020. "Racial Disparities-Associated COVID-19 Mortality among Minority Populations in the US." *Journal of Clinical Medicine* 9 (8): 2442. <https://doi.org/10.3390/jcm9082442>
- Balbuena, Ken, Tonya E. Thornton, Patrick Baxter, Walter English, and Wendy Chen. 2022. "The Disastrous Business of Presidential Campaigns: The Effect of Disaster Declarations on Presidential Elections in FEMA Region 3." *Journal of Emergency Management* 20 (6): 535–559. <https://doi.org/10.5055/jem.0666>
- Baum, Fran, Belinda Townsend, Matt Fisher, Kathryn Browne-Yung, Toby Freeman, Anna Ziersch, Patrick Harris, and Sharon Friel. 2022. "Creating Political Will for Action on Health Equity: Practical Lessons for Public Health Policy Actors." *International Journal of Health Policy and Management* 11(7): 947–960. https://www.ijhpm.com/article_3978.html
- Baum, Matthew A. 2011. "Red State, Blue State, Flu State: Media Self-Selection and Partisan Gaps in Swine Flu Vaccinations." *Journal of Health Politics, Policy and Law* 36(6): 1021–1059. <https://doi.org/10.1215/03616878-1460569>
- Bearfield, Domonic, Nicole Humphrey, Shannon Portillo, and Norma Riccucci. 2023. "Dismantling Institutional and Structural Racism: Implementation Strategies across the United States." *Journal of Social Equity and Public Administration* 1(1): 75–92. <https://doi.org/10.24926/jsepa.v1i1.4837>
- Black Demographics: The African American Population. 2023. "Black Population by State. Accessed January 23, 2023 at <https://blackdemographics.com/population/black-state-population/>
- Blessett, Brandi. 2023. "Black Women Been Knew: Understanding Intersectionality to Advance Justice. 2023." *Journal of Social Equity and Public Administration* 1(2): 42–50. <https://doi.org/10.24926/jsepa.v1i2.5034>
- Butler, Daniel M., and David E. Broockman. 2011. "Do Politicians Racially Discriminate Against Constituents? A Field Experiment on State Legislators." *American Journal of Political Science* 55 (3): 463–477. <https://doi.org/10.1111/j.1540-5907.2011.00515.x>
- Cathey, Libby. 2020. "Republican Governors Break from Trump amid Growing Calls for Mask Mandates." *ABC News*. <https://abcnews.go.com/Politics/republican-governors-break-trump-amid-growing-calls-mask/story?id=71818051>
- Colgrove, James, Sara Abiola, and Michelle M. Mello. 2010. "HPV Vaccination Mandates—Lawmaking amid Political and Scientific Controversy." *New England Journal of Medicine* 363 (8): 785–791. <https://www.nejm.org/doi/full/10.1056/NEJMSr1003547>
- Cook, Nancy, and Dan Diamond. 2020. "‘A Darwinian Approach to Federalism’": States Confront New Reality under Trump." *Politico*. <https://www.politico.com/news/2020/03/31/governors-trump-coronavirus-156875>
- Donnelly, Ellen A. 2017. "The Politics of Racial Disparity Reform: Racial Inequality and Criminal Justice Policymaking in the States." *American Journal of Criminal Justice* 42 (1): 1–27. <https://doi.org/10.1007/s12103-016-9344-8>
- Egbe, Teniola I., Diana Montoya-Williams, Kate Wallis, Molly Passarella, and Scott A. Lorch. 2022. "Risk of Extreme, Moderate, and Late Preterm Birth by Maternal Race, Ethnicity, and Nativity." *The Journal of Pediatrics* 240: 24–30. <https://doi.org/10.1016/j.jpeds.2021.09.035>
- Farberman, Rhea K., Dara Lieberman, Matt McKillop, Zarah Ghiasuddin, and Rachel Dembo. 2020. "Ready or Not: Protecting the Public from Diseases, Disasters, and Bioterrorism." *Trust for America's Health*. Accessed May 15, 2020 at www.tfah.org/report-details/ready-or-not2020
- Federal Reserve Bank of St. Louis. 2020. "Examining U.S. Economic Racial Inequality by State." Accessed January 23, 2023 at <https://www.stlouisfed.org/publications/bridges/volume-3-2020/examining-us-economic-racial-inequality-by-state>
- Fowler, Erika Franklin, Sarah E. Gollust, Amanda F. Dempsey, Paula M. Lantz, and Peter A. Ubel. 2012. "Issue Emergence, Evolution of Controversy, and Implications for Competitive Framing: The Case of the HPV Vaccine." *International Journal of Press/Politics* 17(2): 169–189. <https://doi.org/10.1177/1940161211425687>
- French, P. Edward, and Eric S. Raymond. 2009. "Pandemic Influenza Planning: An Extraordinary Ethical

- Dilemma for Local Government Officials.” *Public Administration Review* 69 (5): 823–830. <https://doi.org/10.1111/j.1540-6210.2009.02032.x>
- Gollust, Sarah E., Laura Attanasio, Amanda Dempsey, Allison M. Benson, and Erika Franklin Fowler. 2013. “Political and News Media Factors Shaping Public Awareness of the HPV Vaccine.” *Women’s Health Issues* 23(3): e143–e151. <https://doi.org/10.1016/j.whi.2013.02.001>
- Gostin, Lawrence O. 2011. “Mandatory HPV Vaccination and Political Debate.” *Jama* 306 (15): 1699–1700. <https://jamanetwork.com/journals/jama/article-abstract/1104510>
- Hunter, Dawn M., and Betsy Lawton. 2021. “Centering Racial Equity: Disparities Task Forces as a Strategy to Ensure an Equitable Pandemic Response.” *Saint Louis University Journal of Health Law & Policy* 14 (2): 251–278. <https://scholarship.law.slu.edu/jhlp/vol14/iss2/5>
- Kistka, Zachary A-F, Lisanne Palomar, Kirstin A. Lee, Sarah E. Boslaugh, Michael F. Wangler, F. Sessions Cole, Michael R. DeBaun, and Louis J. Muglia. 2007. “Racial Disparity in the Frequency of Recurrence of Preterm Birth.” *Journal of Obstetrics & Gynecology* 196 (2): 131e1–131e6. <https://doi.org/10.1016/j.ajog.2006.06.093>
- Koh, Howard K. 2020. “We Need One Response—Not 50—to Covid-19.” *STAT*. Accessed June 22, 2020 at <https://www.statnews.com/2020/05/22/we-need-one-response-to-fight-covid-19-not-50/>
- Krishnamoorthi, Mahima, Amy Balbierz, Danielle Laraque-Arena, and Elizabeth A. Howell. 2023. “Addressing the National Crisis Facing Black and Latina Women, Birthing People, and Infants: The Maternal and Child Health Equity Summit.” *Obstetrics & Gynecology* 141 (3): 467–472. <https://doi.org/10.1097/AOG.0000000000005067>
- Krueger, Brian S., and Paul D. Mueller. 2001. “Moderating Backlash: Racial Mobilization, Partisan Coalitions, and Public Policy in the American States.” *State Politics & Policy Quarterly* 1 (2): 165–179. <https://doi.org/10.1177/153244000100100203>
- Laird, Skylar. 2024. “SC Could Consider Merits, Drawbacks Expanding Medicaid, Following Other States.” *South Carolina Daily Gazette*. May 16. <https://scdailygazette.com/2024/05/16/sc-could-consider-merits-drawbacks-expanding-medicaid-following-other-states/>
- MacDorman, Marian F., Marie Thoma, Eugene Declercq, and Elizabeth A. Howell. 2022. “The Relationship between Obstetrical Interventions and the Increase in U.S. Preterm Births, 2014–2019.” *PLoS One* 17 (3): e0265146. <https://doi.org/10.1371/journal.pone.0265146>
- Marmot, Michael, T. Atkinson, J. Bell, C. Black, P. Broadfoot, J. Cumberlege, et al. 2010. “Fair Society, Healthy Lives.” *Strategic Review of Health Inequalities in England Post*. University College London.
- Morone, James A. 2016. “Partisanship, Dysfunction, and Racial Fears: The New Normal in Health Care Policy?” *Journal of Health Politics, Policy and Law* 41 (4): 827–846. <https://doi.org/10.1215/03616878-3620965>
- Mosby, Laura G., Sonja A. Rasmussen, and Denise J. Jamieson. “2009 Pandemic Influenza A (H1N1) in Pregnancy: A Systematic Review of the Literature.” *American Journal of Obstetrics & Gynecology* 205 (1): 10–18. <https://doi.org/10.1016/j.ajog.2010.12.033>
- Myers, Nathan, and Tonya E. Thornton. 2021. “Accountability, Polarization, and Federalism: Oversight during and after the COVID-19 Pandemic.” *Journal of Emergency Management* 19 (71): 49–58. <https://doi.org/10.5055/jem.0613>
- Myers, Nathan. 2019. *Pandemics and Polarization: Implications of Partisan Budgeting for Responding to Public Health Emergencies*. Bloomsbury Publishing.
- National Academy for State Health Policy (NASHP). 2025. “How States Collect, Report, and Act on COVID-19 Race and Ethnicity Data.” <https://nashp.org/state-tracker/how-states-collect-report-and-act-on-covid-19-race-and-ethnicity-data/>
- National Governors Association. 2023. “Leading State Approaches and Communication Strategies to Support Health Equity.” Accessed November 9, 2025 at <https://www.nga.org/publications/leading-state-approaches-and-communication-strategies-to-support-health-equity/>
- Ndugga, Nambi, Latoya Hill, Samantha Artiga, and Sweta Halder. 2022. “Latest Data on COVID-19 Vaccinations by Race/Ethnicity.” *KFF*. <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/> (accessed November 9, 2025)
- Newport, Frank. 2020. “The Partisan Gap in Views of the Coronavirus.” *Gallup*. Accessed May 20, 2020 at <https://news.gallup.com/opinion/polling-matters/311087/partisan-gap-views-coronavirus.aspx>
- Nturanabo, Mamerito, and Arinaitwe Winfred. 2025. “A Social Equity Lens on Maternal Health Outcomes: Developing a Conceptual Framework.” *International Journal of Research and Innovation in Social Science* 9 (5): 3746–3750. <https://doi.org/10.47772/IJRISS.2025.905000284>
- Rahman, Kamran, and Alice Miranda Ollstein. 2020. “How States Are Responding to Coronavirus, in 7 Maps.” *Politico*. March 25. Accessed June 19, 2020 at <https://www.politico.com/news/2020/03/24/coronavirus-state-response-maps-146144>
- Shesgreen, Deirdre. “How COVID-19 Shaped the 2020 Election, Swinging Some Voters to Biden but Bolster-

- ing Trump with His Base.” *USA Today*. November 9. Accessed January 18, 2021 at <https://www.usatoday.com/story/news/politics/elections/2020/11/09/covid-19-shaped-2020-election-amid-split-biden-trump-response/3729201001/>
- South Carolina Department of Health and Environmental Control. n.d. “South Carolina’s COVID-19 Community Assessment Review and Equity (CARE) Panels.” <https://scdhec.gov/covid19/covid-19-vaccine/south-carolinas-covid-19-community-assessment-review-equity-care-panels>
- Sudhinaraset, May, Rebecca Woofert, Maria-Elena De Trinidad Young, Amanda Landrian, Dovile Vilda, and Steven P. Wallace. 2021. “Analysis of State-Level Immigrant Policies and Preterm Births by Race/Ethnicity among Women Born in the US and Women Born Outside the US.” *JAMA Network Open* 4 (4): e214482–e214482. <https://doi.org/10.1001/jamanetworkopen.2021.4482>
- Tai, Don Bambino Geno, Aditya Shah, Chyke A. Doubeni, Irene G. Sia, and Mark L. Wieland. 2021. “The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States.” *Clinical Infectious Diseases* 72 (4): 703–706. <https://doi.org/10.1093/cid/ciaa815>
- Treskova-Schwarzbach, Marina, Laura Haas, Sarah Reda, Antonia Pilic, Anna Borodova, Kasra Karimi, Judith Koch et al. 2021. “Pre-Existing Health Conditions and Severe COVID-19 Outcomes: An Umbrella Review Approach and Meta-Analysis of Global Evidence.” *BMC Medicine* 19 (1): 212. <https://doi.org/10.1186/s12916-021-02058-6>
- Vintzileos, Anthony M., Cande V. Ananth, John C. Smulian, William E. Scorza, and Robert A. Knuppel. 2002. “The Impact of Prenatal Care in the United States on Preterm Births in the Presence and Absence of Antenatal High-Risk Conditions.” *American Journal of Obstetrics & Gynecology* 187 (5): 1254–1257. <https://doi.org/10.1067/mob.2002.127140>
- USA Facts. 2024. “US coronavirus Vaccine Tracker.” Accessed November 9, 2025 at <https://usafacts.org/visualizations/covid-vaccine-tracker-states/>
- Warnecke, Richard B., April Oh, Nancy Breen, Sarah Gehlert, Electra Paskett, Katherine L. Tucker, Nicole Lurie et al. 2008. “Approaching Health Disparities from a Population Perspective: The National Institutes of Health Centers for Population Health and Health Disparities.” *American Journal of Public Health* 98 (9): 1608–1615. <https://doi.org/10.2105/AJPH.2006.102525>
- Whitworth, K. W., I. Moussa, H. M. Salihu, A. Chardon Fabien, M. Suter, K. M. Aagaard, and E. Symanski. 2023. “Environmental Justice Burden and Black-White Disparities in Spontaneous Preterm Birth in Harris County, Texas.” *Frontiers in Reproductive Health* 5: 1296590. <https://doi.org/10.3389/frph.2023.1296590>
- Zielinski, Mary, Jillian Harvey, Walter Jones, and Jiebing Wen. 2024. “Medicaid Expansion Case Study: Differences between Florida and New York Medicaid Expansion Policy.” *Journal of Social Equity and Public Administration* 2 (2): 46–62. <https://doi.org/10.24926/jsepa.v2i2.5593>

Acknowledgment. Thanks to Andrew Beddow for his research assistance in the preparation of this manuscript.

Nathan Myers (Nathan.myers@indstate.edu) is a Professor in the Department of Political Science and Director of the Master of Public Administration at Indiana State University. His areas of research include public policy, public health emergency preparedness, and the governance of biotechnology. He is the author of *Pandemics and Polarization: Implications of Partisan Budgeting for Responding to Public Health Emergencies* (2019) and numerous related articles. Myers is a graduate of Knox College (BA), University of Illinois at Springfield (MPA), and University of Nevada, Las Vegas (PhD).

Tonya E. Thornton (Tonya.thornton@gcc-us.org) is the Vice President of Research and Development at the Global Connective Center. She serves as a subject-matter expert to the Department of Defense on critical infrastructure, grid security, and emergency management. She was co-chair of the American Society of Public Administration’s pandemic task force.

P. Edward French (Efrench@pspa.msstate.edu) is a Professor in the Political Science and Public Administration Department at Mississippi State University. A member of the National Academy of Public Administration and former editor of *Public Administration Review*, as well as editor in chief of *Public Personnel Management*.

Appendix A

Descriptions Used for National Academy for State Health Policy Coding

Establish Collaboratives: State government actively facilitated collaborations between government and external actors in the private and/or nonprofit sector, or actors in the private and/or nonprofit sector without direct government involvement.

Establish Collaboratives (Governor): The state governor is specifically noted for helping to establish collaboratives.

Creation of New Groups within Government (COVID-specific): New entities (task forces, commissions, councils, etc.) were created to address aspects of the COVID-19 pandemic.

Creation of New Groups (Governor): The state governor is specifically noted for being involved in creating new entities to address aspects of the COVID-19 pandemic.

Vaccination Plans: State developed specific vaccination plans for minority populations or devoted specific portions of broader vaccination plans to serving minority populations.

Vaccination Plans (Governor): Governor is specifically noted for being involved in developing vaccination plans for minority populations.

Use of Federal Funds for Minority Populations: Some funds provided to the state from the federal government for the COVID-19 response were used specifically to address vulnerabilities of minority populations.

Use of Federal Funds (Governor): Governors are particularly noted for being involved in using federal funds to address minority vulnerabilities.

Intergovernmental Coordination: Part of the state government's response to addressing racial inequities in the COVID-19 response involved coordination between local, state, and/or federal government.

Intergovernmental Coordination (Governor): Governors are specifically noted for helping to facilitate intergovernmental coordination during the COVID-19 response.

State Grants: States provided grant funding (non-federal) to the nonprofit entities and other eligible organizations during the COVID-19 response.

State Grants (Governors): Governors are specifically noted as being involved in the provision of non-federal grants to eligible organizations.

Compiling Information: States used new and/or innovative approaches to collecting and reporting information regarding racial inequities affecting the COVID-19 response.

Compiling Information (Governors): Governors are specifically noted for being involved in innovative approaches to compiling information on racial inequity.

Increased Consideration of Racial Justice in State Government: An agency or multiple agencies took action to address issues of racial inequities not specifically caused by or related to COVID-19 (for example, the addition of a new government position).

Increased Consideration of Racial Justice (Governor): The state governor is specifically noted for taking steps to encourage an agency or agencies to address racial inequities beyond COVID-19.

State Recognizes Race as a Public Health Problem/Recognizes the Problem of Systemic Racism: Official state acknowledgment of public health concerns related to racism and/or the existence of systemic racism.

Systemic Racism (Governor): State governor is specifically noted for recognizing race as a public health problem and/or systemic racism.

Executive Order: Governor issued at least one executive order addressing racial inequities relating to COVID-19.

Signed Legislation: Governor signed at least one bill related to COVID-19.