MCAH Initiatives to Close the Black:White Infant Mortality Rate

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Objectives

I. Provide an overview of Infant Mortality Data
II. Discuss how MCAH programs addresses Black:White disparities in birth outcomes
III. Highlight the expansion of MCAH programs through new CA State General Funds
Births in California, 2000-2017

### Black Resident Births by County, 2015-2017

#### Percent of Total Black Births in California

<table>
<thead>
<tr>
<th>Percent Range</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0 - 1.4</td>
<td>Light Blue</td>
</tr>
<tr>
<td>1.5 - 4.2</td>
<td>Blue</td>
</tr>
<tr>
<td>4.3 - 10.3</td>
<td>Dark Blue</td>
</tr>
<tr>
<td>10.4 - 35.1</td>
<td>Dark Blue</td>
</tr>
</tbody>
</table>

#### County* | Number of Black Births | Percent of Total Black Births in California
---|------------------------|----------------------------------|
San Francisco | 1,077 | 1.5 |
Santa Clara | 1,163 | 1.6 |
Orange | 1,235 | 1.7 |
Solano | 1,754 | 2.5 |
San Joaquin | 2,070 | 2.9 |
Fresno | 2,099 | 3.0 |
Kern | 2,123 | 3.0 |
Contra Costa | 3,003 | 4.2 |
Riverside | 4,707 | 6.6 |
Alameda | 4,806 | 6.8 |
San Diego | 5,424 | 7.6 |
Sacramento | 5,674 | 8.0 |
San Bernardino | 7,344 | 10.3 |
Los Angeles | 24,919 | 35.1 |
California | 70,998 | 100.0 |

*Counties with less than 1.5% of total black births in California are not shown.

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Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Program, Center for Family Health.
Infant Mortality Rate and Number of Deaths, 2000-2015

Data Sources: California Birth Cohort Files, 2000-2015
Prepared by the Epidemiology, Surveillance and Federal Reporting, Maternal, Child and Adolescent Health Division, Center for Family Health
Infant Mortality Rate by Race/Ethnicity 2000-2015

Deaths per 1,000 Live Births

- African American
- Hispanic
- White

Data Sources: California Birth Cohort Files, 2000-2015
Prepared by the Epidemiology, Surveillance and Federal Reporting, Maternal, Child and Adolescent Health Division, Center for Family Health
Infant Mortality Rates by Race/Ethnicity, 2015

Data Sources: California Birth Cohort File, 2015.
Note: Neonatal Mortality: Deaths < 28 days. Postneonatal Mortality: Deaths 28 days to 1 year of age. Rates do not always add to total due to rounding.
Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Program, Center for Family Health
Preterm Singleton Births by Race/Ethnicity, 2007-2017

Note: Includes California resident live births with gestational age range 17-47 weeks. Preterm is <37 weeks gestation. Very preterm is <32 weeks. Gestational age is based on obstetric estimate.

Source: California Department of Public Health, 2007-2017 Birth Statistical Master Files

Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Program, Center for Family Health
Rate of SUID Deaths by Race/Ethnicity, 2008-2015

Sources: California Department of Public Health: Birth Cohort Files, 2008-2015. SIDS = ICD-10 Code R95 (Sudden Infant Death Syndrome); Accidental Suffocation = ICD-10 Code W75 (Accidental Suffocation and Strangulation in Bed); Undetermined = ICD-10 Code R99 (Other Ill-Defined and Unspecified Causes of Mortality); SUID = ICD-10 Causes R95, R99, W75 combined.

ICD-10 = International Classification of Diseases, 10th Revision
Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Program, Center for Family Health
Severe Maternal Morbidity among Resident California Women Hospitalized for Labor and Delivery: 2006-2015


Data Source: 2006-2015 Patient Discharge Data, Office of Statewide Health Planning and Development

Notes: 2015 data are reported for January through September 2015 due to coding changes from ICD-9-CM to ICD-10-CM/PCS, which began 10/1/2015. Also, on January 1, 2015, OSHPD began requiring use an expanded set of codes for disposition of patient (field name = disp) that conforms to national standards as given by the National Uniform Billing Committee (NUBC).

Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Program, Center for Family Health
Racial and Ethnic Disparities Persist

African-American women are three to four times more likely to die from a pregnancy-related causes than are women of other racial/ethnic groups.

African-American infants are twice as likely to die than white infants or other racial/ethnic groups before their first birthday.
Disparities

Social policy

Poverty
Limited Access to Care
Under-Education

Bad Housing
Bad Neighborhoods

Weathering
Unemployment
Hopelessness
Stress

Adverse Environmental conditions

Smoking
Family Support

Poor Working Conditions
Lack of access to good Nutrition

Racism

Adapted from A. R. James
“Race isn’t a Risk Factor in Maternal Health. Racism is.”

- DR. JOIA CREAR-PERRY

Black Mamas Matter Alliance’s April 2018 Black Paper:
“Setting the Standard for Holistic Care of and for Black Women”

Racial disparity experts attribute the difference in outcomes to differences in social experiences.

Traumatic or toxic stress exposures (such as deprivation, discrimination, institutional racism) have been linked to poorer health outcomes through known neuroendocrine pathways.

The challenge lies in finding ways to eliminate racial/ethnic disparities through social and policy change that promote equitable access to healthy communities, economic resources, social support and opportunities to thrive.
Understanding the Story

- Not Heard
- Not Listened to
- Devalued
- Trauma (Mental/Emotional)
- Provider Attitudes
- Hardship
- Disrespect
- Isolation
- Criminalization
Promising Solutions

• Current science supports the idea that social factors play a prominent role in birth outcomes.

• Promising Practices:
  – Reducing Stress
  – Increasing Social Support
  – Building Empowerment
  – Improving health & social conditions across life’s course

Black Infant Health (BIH)
Perinatal Equity Initiative (PEI)
Community Birth Plan (CBP)
BIH Evolution

Early Years
1989 - 2000

Mid-Years
2001 - 2014

2015 - Present
The Black Infant Health (BIH) Program

Our Goals:

• To improve health among African-American mothers and babies,
• To reduce Black:White disparities in maternal and infant health, and
• To empower women to make healthy choices for themselves and their families.

Who We Serve:

• African-American women, 18 years or older at the time of enrollment.
• Women 30 weeks or less pregnant at the time of enrollment.
The BIH Program spans 15 jurisdictions where over 90% of African-American live births occur.

Source: California Birth Statistical Master Files, 2006-2008, Non-Hispanic African-American resident mothers, age 18 years or older, excluding foreign-born mothers. Analysis by CDPH MCAH EAPD.
## Black Infant Mortality Rates by BIH Program, 2013-2015

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Live Births</th>
<th>Number of Infant Deaths</th>
<th>Infant Deaths per 1,000 Live Births</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>5,382</td>
<td>54</td>
<td>10.0</td>
<td>(7.7, 13.1)</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>3,002</td>
<td>24</td>
<td>8.0</td>
<td>(5.4, 11.9)</td>
</tr>
<tr>
<td>Fresno</td>
<td>2,357</td>
<td>47</td>
<td>19.9</td>
<td>(15.0, 26.4)</td>
</tr>
<tr>
<td>Kern</td>
<td>2,271</td>
<td>28</td>
<td>12.3</td>
<td>(8.5, 17.8)</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>26,832</td>
<td>254</td>
<td>9.5</td>
<td>(8.4, 10.7)</td>
</tr>
<tr>
<td>Riverside</td>
<td>4,839</td>
<td>41</td>
<td>8.5</td>
<td>(6.3, 11.5)</td>
</tr>
<tr>
<td>Sacramento</td>
<td>5,825</td>
<td>63</td>
<td>10.8</td>
<td>(8.5, 13.8)</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>7,628</td>
<td>101</td>
<td>13.2</td>
<td>(10.9, 16.1)</td>
</tr>
<tr>
<td>San Diego</td>
<td>5,472</td>
<td>50</td>
<td>9.1</td>
<td>(6.9, 12.0)</td>
</tr>
<tr>
<td>San Francisco</td>
<td>1,164</td>
<td>&lt;10</td>
<td>-</td>
<td>(-, -)</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>2,138</td>
<td>27</td>
<td>12.6</td>
<td>(8.7, 18.3)</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>1,270</td>
<td>11</td>
<td>8.7</td>
<td>(4.8, 15.4)</td>
</tr>
<tr>
<td>Solano</td>
<td>1,899</td>
<td>16</td>
<td>8.4</td>
<td>(5.2, 13.6)</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>75,082</strong></td>
<td><strong>760</strong></td>
<td><strong>10.1</strong></td>
<td><strong>(9.4, 10.9)</strong></td>
</tr>
</tbody>
</table>

Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Program, Center for Family Health
Overview BIH Program

- Current Funding is $8.175M
- The Governor’s Budget for FY 2019-2020 proposes an additional $8M in SGF for expansion.
- The BIH program was designed to inform Black women about toxic stress, help women build social support systems, develop strategies for stress reduction and empower women to develop essential life skills as well as access high quality prenatal care.
BIH is Unique

The Basics
- Health Care
- Smoking
- Nutrition
- Substance Abuse

Social Factors
- Reducing Stress
- Fostering Social Support
- Empowerment Tools
- Increasing Self-Esteem
Social Support & Empowerment

• Social Support fostered in BIH by:
  – Creating warm, welcoming Afro-centric environments
  – Encouraging women to develop and sustain supportive and strong social connections
  – Improving participants interpersonal skills

• Interactions through relationships:
  – Improves coping, esteem, belonging & competence exchanges of resources

Used with permission from Kern County Black Infant Health Program
The BIH Program: Local Core Staff

The local BIH team consists of:

- Coordinator
- Mental Health Professional
- Public Health Nurse
- Family Health Advocate
- Group Facilitator
- Community Outreach Liaison
- Data Entry

Used with permission from Santa Clara County Black Infant Health Program
BIH Enrollment

• Completed by each BIH Local Health Jurisdiction (LHJ) using the BIH Recruitment Form

• Agency staff may send referrals to local BIH programs

• Potential participants must meet eligibility requirements:
  - Self-Identified, African-American woman
  - At least 18 years of age at the time of enrollment
  - 30 weeks or less pregnant at the time of enrollment
BIH: IMPLEMENTING THE MODEL
BIH Services

- Implements an intensive social support and empowerment intervention
- Uses a group-based approach (based on group prenatal care model)
- Complementary, client-centered case management to help women:
  - Develop life skills
  - Learn strategies for reducing stress, and
  - Build social support in the context of a life-course perspective.
- Weekly group sessions (10 prenatal and 10 postpartum) designed to help clients access their own strengths and set health-promoting goals for themselves and their babies.
BIH Services

- Empowers women to reduce stress
- Increases resiliency, self-esteem, and mastery
- Promotes healthy behaviors and relationships
- Connects women to other needs and services (i.e. transportation, housing, etc.)
- Groups are held in culturally affirming environments, honoring the unique history of African-American women.

Used with permission from Kern County Black Infant Health Program
BIH Group Sessions

- Women attend weekly sessions that discuss the following:
  - Maternal and infant health
  - Effects of Racism
  - Healthy relationships
  - Making healthy/positive choices

- LHJs use motivators, such as transportation, child care and client support materials to help women stay engaged.

- Use of African-American historical icons, videos and goal-setting activities for life planning beyond BIH.
Preliminary Outcomes

• Preliminary data on short-term outcomes is promising and shows statistically significant increases in:
  – Social Support
  – Self Esteem
  – Resiliency
  – Mastery

• These outcomes are hypothesized as being important contributors to disparities in perinatal outcomes.

Over 90% of participants agree: BIH improves their ability to set and reach goals, manage stress and helps build stronger social connections.
CALIFORNIA PERINATAL HEALTH EQUITY (PEI)
CA Perinatal Equity Initiative (PEI)

• $8 Million in SGF to complement and support existing BIH program services.

• Goal: Improve Black maternal and infant health outcomes and reduce infant mortality rates.

• Funding to ensure county leadership coordination and lasting change in public awareness and in public health and clinical practice.
CA Perinatal Equity Initiative (PEI)

Jurisdictions participating in PEI will create a local community grant program to implement at least 2 intervention options based on local needs and resources:

- Group prenatal care
- Preconception/interconception care
- Fatherhood Initiative
- Home Visitation/case management
- Other Innovation Strategy Based on Local Needs & Resources (e.g. Doula & Patient Navigator services)
Uniting the Black Community & the Hospital

- Hospital Quality Improvement
- Patient Experience
- Clinical Interventions
- Payers and Health Plans
- Provider Engagement
- Focus Groups with Preterm Birth Moms
- Community Health Promotion
How can you help?

Share the Stories!

**SisterStory: Stories from the Black Infant Health Program**

BIH is a voluntary, group-based intervention focused on improving maternal and infant health outcomes by helping Black women build resilience, gain social support and improve skills for reducing stress. The Black Infant Health (BIH) program is a statewide effort aimed at reducing the health disparities affecting Black families and their babies. For more information, visit the [Black Infant Health program](#).

**Our Digital Stories**

**Angela's Story: Lifelong Friends for Mom and Baby**
When Angela enrolled in the Black Infant Health (BIH) program over two years ago, she didn't realize the impact it would have on her—and also her unborn baby. She knew BIH was educational and provided maternal and infant support through group sessions during pregnancy and postpartum. Other than that, she wasn't sure what to expect.

**Jewel's Story: Focusing on the Positive**
Meet Jewel, second from the right, who shares what it meant to her to be involved in Sacramento County’s Black Infant Health (BIH) program. In the photo, she is surrounded by a few of the many friends she made while in the program. The group has remained close long after graduating, and in the video portion of the story, they talk about the importance of BIH and their ongoing sisterhood.
Thank You!

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