

County of Santa Clara

Public Health Department

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Date: November 25, 2019

To: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

From: René G. Santiago, Deputy County Executive and
Director, County of Santa Clara Health System
Sara H. Cody, MD, Health Officer and Public Health Director

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Subject: Report on Public Health Department programming to address African American infant mortality

At the May 29, 2019 Health and Hospital Committee meeting, Supervisor Ellenberg requested that the Public Health Department provide an off-agenda report on current programming and initiatives addressing the high rate of African American infant mortality throughout Santa Clara County. This report provides the requested information.

BACKGROUND

The rates of African American infant mortality and preterm birth (a major predictor of infant mortality) are persistently high in the county, state and nation. The following data summarize the racial disparities in birth outcomes among the residents of Santa Clara County:

- From 2000 to 2018, the preterm birth rate among county residents ranged from 7 to 9 per 100 births. In 2018, a higher percentage of African American babies were born preterm (12%) compared to other racial/ethnic groups (Latino: 9%, Asian/PI: 8%, White: 8%).
- Using three year moving averages (from 2005 to 2018), the African American infant mortality rate was persistently higher than the infant mortality rate among all other race/ethnicities.
- In 2016-18, Santa Clara County's infant mortality rate was 3.2 per 1,000 live births (three-year average rate). African American infant mortality rate per 1,000 was 5.4 during this time period; higher than other racial/ethnic groups in the county (Latino: 4.2, Asian/PI: 3.0, White: 2.6).
- In 2016-18, low birth weight rate among county residents was 7 per 100 births (three-year average rate). Low birth weight rate was 1.5 times higher among African

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Americans (9%) compared to Whites (6%). Low birth weight rate was 7% each among Asian/Pacific Islander and Latino groups.

Source: County of Santa Clara, Vital Records Business Intelligence System, California Comprehensive Birth File, 2000-2018. Downloaded on 05/10/2019

CURRENT PROGRAMMING ADDRESSING BLACK INFANT MORTALITY

Black Infant Health: One response to the persistently high African American infant mortality rates is the Black Infant Health (BIH) Program. BIH is an evidence-informed intervention program funded by the California Department of Public Health (CDPH) focusing on social support, stress management and empowerment designed to reduce Black infant mortality. BIH serves African/African Ancestry (A/AA) women who are 18 years or older and up to 30 weeks pregnant at the time of enrollment. BIH clients participate in weekly group sessions (10 prenatal and 10 postpartum) designed to help them access their own strengths and set health-promoting goals for themselves and their babies. In addition to helping clients increase their skills and knowledge, the BIH clients develop social bonds with other pregnant and parenting women in these group sessions. All BIH clients receive one-on-one case management, which ensures that families are connected with the appropriate community and social services to meet their needs. Each woman culminates her BIH participation by developing her own Life Plan to guide her continued progress after BIH. The BIH program is not an income-based program and is open to all A/AA women who meet the eligibility criteria (≤ 30 weeks gestation).

BIH provides the following services:

- Home visits from a Public Health Nurse and Community Advocates
- Referrals for health care, community resources and baby items
- Knowledge to reduce risks for infant problems
- Free empowerment group classes, father support programs, health education classes, and parenting and wellness workshops to prepare for labor and birth
- Opportunity to build connections and network with other families
- Stork's Nest incentive program to provide families with the essential resources to care for their infants

Perinatal Equity Initiative: The 2018-2019 Budget Act established the California Perinatal Equity Initiative (PEI). The Perinatal Equity Initiative is funded with State General Funds that have been authorized through the State of California Health and Safety Code, Section 123260. PEI funds were allocated to Local Health Jurisdictions with Black Infant Health programs to identify ways to improve African American infant birth outcomes and reduce African American infant mortality through an array of interventions that are designed to work in parallel with the BIH intervention model.

Fiscal Year 2018 PEI funds were dedicated to conducting a comprehensive environmental scan of Santa Clara County to identify: 1) where African American infant mortality and preterm births occur; 2) factors contributing to African American infant mortality and preterm birth; 3) how and where women receive prenatal care; and 4) how women are supported before, during and after

pregnancy. The PEI team reviewed data from County vital statistics, conducted a review of hospital charts from African American women who had a preterm birth, facilitated a literature review, conducted focus groups, and held a community town hall forum. The focus groups and town hall forum were dedicated to spreading awareness of the issue and generating community input about solutions and community assets to address persistently high African American infant mortality rates. In Spring 2018, the Santa Clara County Perinatal Equity Initiative also established a community advisory board dedicated to education and advocacy related to African American infant mortality and African American maternal morbidity. The community advisory board is co-chaired by two leaders in the African/African Ancestry community. This community advisory board meets monthly and has a membership of more than 40 members representing various sectors including public health, managed care, social services, government, business, education, and others. Key findings from the environmental scan and community forums include:

- The community identified structural and institutional racism as a root cause of toxic stress among African American mothers and corresponding increased rates of infant mortality
- There is a critical shortage of health care providers who are of African/African Ancestry and/or who have the training or skills to provide culturally informed care for African/African Ancestry women and infants
- Social support is essential for African/African Ancestry for women before, during and after their pregnancies and births
- Current Black Infant Health clients expressed a resounding desire to have an advocate and social support system in place throughout their entire pregnancy and first year postpartum

In September 2019, CDPH announced the availability of supplemental funding for PEI. The Public Health Department submitted and CDPH approved a proposal for funding for two interventions that respond to the needs voiced by African/African Ancestry mothers during the planning phase and are supported by county-level data.

PEI Intervention #1 Maternal Health Navigation

During the PEI planning phase, the BIH clients expressed a resounding desire to have a member of the BIH staff “walk with me” throughout all phases of their pregnancy journey—from the moment they found out they were pregnant, through their delivery, and into the postnatal years. Many of the same women also shared their experiences with institutional racism and mistrust in health care settings. The PEI team concluded that a Maternal Health Care Navigator to support participants through their pregnancy, offering comfort, advocacy and individualized social support, would be the optimal way to ensure that participants can navigate services and systems that are not always equitable or welcoming. Current BIH clients and BIH-eligible women who are unable to participate in BIH due to logistical constraints are eligible for this intervention.

Within a culturally affirming environment that honors the unique history of A/AA women, PEI anticipates that this maternal health navigation intervention will reduce African American infant morbidity and mortality rates. This intervention will also be available to the nearly 10% of recruited BIH women that are unable to join BIH due to logistical constraints and gestational age of their baby. This enhanced support, care navigation and advocacy will help manage or reduce overall stress among A/AA women, regardless of their BIH participation or BIH eligibility. A large body of

research indicates that this toxic stress can adversely impact health and negatively affect birth outcomes. Reducing stress among pregnant A/AA women will help them be healthier, in part by buffering the health-harming effects of stress and institutional barriers.

PEI Intervention #2: Interconception Care

A sizeable body of literature indicates that having a healthy baby starts with a healthy mother, and this intervention provides support to African/African Ancestry women by offering individualized health and wellness planning and social supports in between pregnancies. Throughout the PEI Planning Phase, many BIH alumni expressed enthusiasm for a program that would provide the tremendous social support of BIH programming to women who are not eligible for BIH because they are in between pregnancies (thus not meeting BIH's gestational age requirement). A Maternal Health Care Navigator will facilitate an evidence-informed curriculum developed by the Centers for Disease Control's (CDC) called *Steps to a Healthier Me and Baby-to-Be*. This six-part curriculum guides women in between pregnancies in improving their health and well-being (e.g. healthy eating, screenings, stress reduction) before they are pregnant again. By supporting A/AA women in optimizing their health and well-being before another pregnancy, there is an increased likelihood that these women enter a future pregnancy in an optimal state of health and with an established support system. As women participating in this interconception program become pregnant (and eligible for BIH), they will be linked into BIH services as part of a continuum of care. This interconception intervention is the first of its kind in Santa Clara County to deliver interconception support for A/AA women of reproductive age, regardless of their BIH eligibility status or participation. BIH does not currently offer formalized interconception care, leaving many women in between pregnancies without the support needed to stay healthy between pregnancies.

To ensure these interventions are delivered in a culturally affirming setting, both interventions will be implemented by Roots Community Health Center in San Jose.

OTHER OPPORTUNITIES

A portion of the PEI planning year was dedicated to identifying solutions and generating ideas to combat the increasing rates of African American infant mortality in our community.

Dozens of community members and leaders shared the following ideas:

- Increase the availability of doulas, midwives and advocates who provide culturally informed support over the entire course of a women's pregnancy journey (prenatal care, delivery and postnatal care)
- Facilitate comprehensive trainings for health care providers on implicit bias and cultural humility, emphasizing the experiences and sources of mistrust of African/African Ancestry patients
- Increase the number of designated spaces for African/African Ancestry moms to gather and connect
- Provide a comprehensive awareness campaign throughout the county to connect women into the BIH program
- Require all OB/GYNs practicing in Santa Clara County to refer all pregnant A/AA women to the BIH program, since all are at high risk for poor birth outcomes

- Increase staffing and group sessions in the BIH program to support the case management and health education opportunities that will be a result of the mandated referrals
- Provide transportation and other necessary incentives to support women who participate in BIH

Please contact Beverley White-Macklin for additional information or if you have questions.

c: Miguel Marquez, Chief Operating Officer
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