

# African American Infant Mortality in Fresno County



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## A Call to Action

Fellow Community Members,

Infant mortality is an indicator of a community's overall health. It reflects the condition of important community matters such as maternal health, healthcare accessibility and the availability of community resources. In just seven years between 2007 and 2014, infant mortality among the African American community in Fresno County increased by a shocking 87 percent. What does this appalling statistic say about Fresno County's overall health?

At First 5 Fresno County, we are charged with promoting, supporting and improving the early development of children from the prenatal stage through five years of age. We want all children to have a strong foundation so they can reach their full potential. The prevalence of high rates of infant mortality in Fresno County became our call to action. To get to the heart of the issue, First 5 Fresno County commissioned a needs assessment to find answers and guide future investments and decision making. We knew this assessment would require intense research and in-depth community input. The Central Valley Health Policy Institute was the agency selected to undertake this project.

The following pages detail the Central Valley Health Policy Institute's research methods, findings, community input and recommendations. The report underscores barriers and highlights opportunities to change the odds for African American babies in Fresno County. It is our hope that this report will be a catalyst to reverse the high infant mortality rate and help improve Fresno County's overall health. First 5 Fresno County is committed to working alongside other agencies and community members to implement recommendations presented in the report.

A handwritten signature in black ink that reads 'Emilia Reyes'.

Emilia Reyes

Executive Director



### **Funding and Contributors:**

First 5 Fresno County commissioned this project to better understand the issues surrounding infant mortality and to make policy, research, and practice recommendations. First 5 Fresno County contracted with the Central Valley Health Policy Institute (CVHPI) at Fresno State to conduct an assessment of the social determinants of infant mortality. This document includes zip code analysis of infant mortality secondary data from county and state sources, delineates barriers and challenges to pre and post conception health for African American expectant mothers and clinical and social services providers in Fresno County. Several preliminary recommendations from the project were explored in detail at a community forum on August 11, 2015 and the results of this event are included as well. We would also like to acknowledge the contribution of many CVHPI staff including: Dr. John Capitman, Emanuel Alcala, Cindy Ballesteros, Jacqueline Cortez and Yesenia Silva.

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## Special Thanks and Acknowledgements

First 5 Fresno County and the Central Valley Health Policy Institute would like to express our appreciation to the individuals and organizations who have contributed their time and insight. Our deepest appreciation goes out to the women of Fresno County who enlightened us with their presence and had the courage to speak on difficult issues relating to their personal experiences; without which this report would not be as rich or vibrant in the daily struggle to obtain quality health care. The over 100 Fresno residents who participated in the August 11 community meeting made an invaluable contribution to prioritizing possible actions to improve African American birth outcomes in our communities.

We would like to extend our gratitude to those who participated in our in-depth interviews: Neonatal Intensive-Care Unit (NICU) staff at Saint Agnes Medical Center, perinatology and maternal medicine representatives from Valley Children’s Hospital, contributors from Fresno Women’s Medical Group and Spirit of Women, staff from Women, Infants and Children (WIC), and coordinators of the Comprehensive Perinatal Services Program (CPSP).

We would also like to thank the following community members who participated in our Maternal and Child Health Expert Panel. The Panel was chaired by Gail Newell, MD MPH- UCSF Fresno, Director of Department of Obstetrics and Gynecology. Dr. Newel and the Panel members provided invaluable insight and feedback throughout the research and development of recommendations process.

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# African American Infant Mortality in Fresno County

## Executive Summary

### Background:

Much higher rates of infant mortality and other adverse birth outcomes have been noted for African Americans compared to whites nationwide and locally, even as overall rates of infant mortality have declined for many years. In response to an 87% increase in infant mortality among African Americans from 2007-08 to 2013-14, First 5 Fresno County commissioned Fresno State’s Central Valley Health Policy Institute (CVHPI) to conduct a mixed method assessment, between January 2015 and July 2015. At the onset of the project, representatives from First 5 Fresno grantee service providers, organizations providing public health education, representatives from the Cecil C. Hinton Center, obstetricians, neonatal nurses, and other individuals serving communities significantly impacted by infant mortality formed a maternal and child health expert panel to direct the project and develop recommendations based on findings. Quantitative secondary data from county and state sources were analyzed, including issues of health care access, pollution burden and relevant socio-economic factors. Qualitative data was collected from two focus group discussions with African American women of child bearing age living in Fresno County’s most distressed neighborhoods. The first focus group was introduced to Photo Voice, a qualitative research method in which participants photographed images of their communities that influence their health. The second focus group watched an 8 minute segment from the Unnatural Causes series: *“Is Inequality Making Us Sick?”* (Available at: [http://www.pbs.org/unnaturalcauses/hour\\_02.htm](http://www.pbs.org/unnaturalcauses/hour_02.htm)). We then engaged each group in a dialogue about social determinants of reproductive and infant health. Findings and potential recommendations were explored by Maternal and Child Health Expert Panel, convened for the project, and presented to the First 5 Fresno County Commission on July 15, 2015. With guidance from the Commission a community and stakeholders event to further discuss and prioritize these recommendations was held on August 11. The final report from the project highlights key findings and recommendations.

### Quantitative Findings:

Many personal and environmental factors contribute to a mother’s and infant’s risk of experiencing poor health outcomes, including race/ethnicity, maternal age, socio-economic status and time between pregnancies. Our data revealed that Fresno County’s African-American population experiences an infant mortality rate of 25.3 per 1,000 live births compared to a rate of 8.1 per 1,000 live births for white residents (3.13 times higher rate, Table 1). This is considerably higher than the racial infant mortality disparity in California as a whole (2.5 times higher for African Americans) or the national rates (2.21 times higher for African Americans). Results also indicate that income, access to care, and health care coverage are predictive of infant mortality. Persons enrolled in Medi-Cal benefits are at nearly 50% higher risk than privately insured individuals. Since preterm birth (PTB) is a key risk factor for infant mortality, the predictors of PTB were also examined. Table 2 and Figure 1 show some of the factors that were found to increase or decrease the chances of this outcome.

**Table 1: Infant Mortality by Race/Ethnicity, Fresno County, 2013**

Race/Ethnicity	# of Infant Deaths	Rate of Infant Death <sup>^</sup>	% of Infant Mortality	% of Live Births	% of Excess Infant Deaths

White	25	8.1	17%	19.7%	-10.70%
Black	21	25.3	15%	5.3%	76%*
Hispanic	82	9.0	58%	58.9%	-1.91%
Asian	14	7.8	10%	11.5%	-12.50%
Total	142	9.1	100%	100%	--
Notes: *Chi square significant <.001. ^Rate is per 1,000 live births. Data was collected from the Fresno County Department of Public Health as well as Birth and Death Statistical Master Files from the California Department of Public Health.					

**Table 2: Factors Associated with Infant Mortality and Pre-Term Birth (Regression Analysis)**

<i>Outcome</i>	<i>Risk</i>	<i>Protective</i>
Infant Mortality	Pre-term Birth African American Maternal Age Older than 35 Inter-pregnancy Period <33 Months	Receiving WIC College Degree for Women Older than 22 ( <i>p</i> -value= .07)
Pre-term Birth	Previous Pre-term Birth African American Asian Maternal Age Older than 35 Hypertension During Pregnancy Medi-Cal Recipient Inter-pregnancy Period <33 Months	Increased Economic Opportunity Receiving WIC Foreign Born College Degree for Women Older than 22
Note: All factors significant at <i>p</i> -value =<.05, unless otherwise indicated. Data was collected from the Fresno County Department of Public Health as well as Birth and Death Statistical Master Files from the California Department of Public Health (2013).		

### Qualitative Findings:

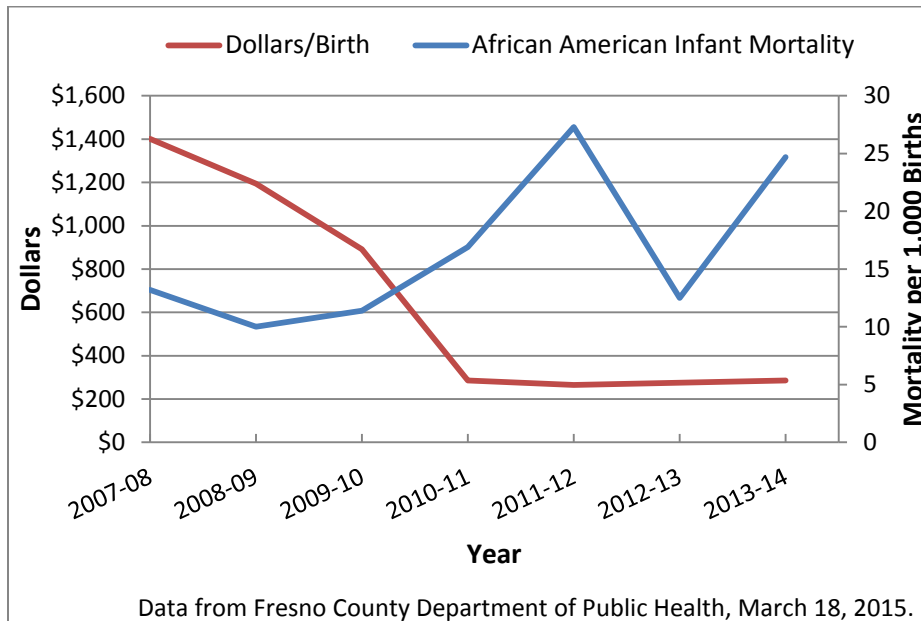
Explanations for the increasingly poor birth outcomes among African American women are complex, involving a number of psychological, social, and economic factors that surround pregnancy and birth. The persistence of discrimination and unequal opportunities traps African American women in economic uncertainty, poor housing, lack of transportation, inadequate education, and unsafe neighborhoods. These factors are exacerbated by the absence of material resources as well as the waning social and relational resources that have traditionally mitigated the hopelessness of poverty. Participants experienced severe stress during pregnancy. Most of the women were the sole breadwinners in their families and there was an overall consensus that African American men are discriminated against in hiring practices, face barriers to obtaining job training, and are singled out by the justice system for penalties, such as having their driver’s licenses revoked, and thus experience unemployment or underemployment as a result. Subsequently, most mothers reported a high level of social isolation and stress as well as largely unaddressed health and mental health concerns. When seeking health care, expectant mothers often experienced a profound lack of accessible and culturally appropriate health care services. In addition, African American women lacked access to preventive care and health information, particularly during the preconception period. Almost all women conveyed lack of knowledge about the relationship between preconception health and birth outcomes. Additional themes are listed in Table 3.

**Table 3: Summary of Qualitative Themes**

African American Women Focus Groups	Health and Human Service Professional Interviews
<ul style="list-style-type: none"> <li>• Day-to day practical challenges (lack of transportation, flexible jobs, education opportunities, unsafe neighborhoods, etc.)</li> <li>• Little to no social support, community is a source of judgement</li> <li>• Substantial maternal stress</li> <li>• Lack of information about preventing poor birth outcomes</li> <li>• Socio-economic differences in quality of care and experiences at clinics</li> <li>• Extensive experience with pre-term birth</li> <li>• Neighborhood can be violent, lacks social resources and healthy food outlets</li> <li>• “Outsiders” need to establish lasting, meaningful relationships to support residents</li> </ul>	<ul style="list-style-type: none"> <li>• Economic uncertainty</li> <li>• Lack of transportation</li> <li>• Poor preconception health status</li> <li>• Lack of emotional support</li> <li>• Barriers to providing services (lack of staff, long wait lists, long wait time at appointment, issues coordinating care)</li> <li>• Cultural barriers (staff does not reflect population, misconceptions circulate in community)</li> <li>• Lack of information about preconception health</li> <li>• Reduction in funding for the Fresno County Department of Public Health, Black Infant Health Program</li> </ul>

Interviews with health and social service professionals highlighted many of these same factors. Respondents noted that African American women faced structural barriers to the receipt of needed preconception health care and that these same barriers influenced the quality of care throughout the pregnancy, birth and post-partum period. Health social service professionals also noted how public health investments in the Black Infant Health program, a nationally recognized model for improving African American’s birth outcomes had been reduced during the same period as infant mortality was increasing (see Figure 1).

Figure 1: Spending and Infant Mortality



### Recommendations for Addressing African American Infant Mortality

Based on this research, reactions from the First 5 Fresno County Commission and results of the community and stakeholder meeting, three primary recommendations are offered to the First 5 Fresno County Commission for consideration and action.

1. **Blue Ribbon Panel to Improve Care for African Americans:** First 5 Fresno County should take the lead role in the formation and staffing of an inclusive Blue Ribbon Panel of health care, education and community leaders to improve the cultural appropriateness of health care for African American women and families. The new Blue Ribbon Panel should explore the barriers to inclusion of African Americans in key health care front line and patient support role, how to create an effective pipeline from education to professional engagement for African Americans in Fresno, and how to combine cultural competence/humility training and structural changes in health settings to prioritize culturally respectful care. The Blue Ribbon Panel should include elected community representatives and diverse health and human professionals. The First 5 Fresno County Commission should insist on broad institutional support for the Blue Ribbon Panel and for measurable initiatives and outcomes for which health and social services across the county will be held responsible.
2. **Develop and Pilot a Centering Pregnancy program for African American women.** Although the BIH program can make important improvements in African American women’s use of appropriate prenatal and postnatal health services, First 5 Fresno County can encourage and provide specific financial backing for the development of a Centering Pregnancy program and/or a Fresno-specific adaptation of this program. The intention of group-visit and wraparound services for women throughout the perinatal period (pre-conception to child age 3) is to ensure access to peer and professional social support, coordination of services and dissemination of accurate, timely health information prior to and following pregnancy. This model has been shown efficacious and cost-effective in other communities. The First 5 Fresno County role can be around supporting the development, siting, and staffing of the program and supporting policy initiatives to ensure



adequate reimbursement through public and private insurance. The new program should be sited in a location that is easily accessed and culturally responsive to South West Fresno residents and other Fresno African American communities, recognizing that overcoming transportation and setting barriers is paramount to program success.

3. **Develop initiatives to address living conditions and life supporting for young African American women and families by focusing on jobs, transportation, housing, neighborhood resources, and education.** This recommendation highlights the need for First 5 Fresno County to become a key participant in addressing the social determinants of health inequalities in Fresno. Multiple community advocacy initiatives, such as the California Endowment-supported Building Healthy Communities and Habitat for Humanity, and multiple public initiatives, such as the development of the South West Fresno community-specific development plan, are focused on improving living conditions and life prospects for African Americans and other low-income people of color in Fresno. First 5 Fresno County can function as a supporter of these initiatives by encouraging the child and family services networks to become involved and by outreaching to families with young children to increase their knowledge and engagement around these programs. The First 5 Fresno County Commission can build upon these existing programs by focusing new attention on the living conditions and life prospects for African American families and others, supporting specific efforts to improve career preparation and human resource policies responsiveness to the needs of young African American families. The Commission can also spearhead efforts to improve the responsiveness of educational setting and new business development efforts to the needs of young African American women and their families.
4. **Support, Promote, and Enhance Public Health Services.** In addition to these efforts, the First 5 Fresno County Commission should consider ongoing monitoring and outreach/enrollment processes of the current expansion of the Fresno County Department of Health Black Infant Health and high-risk pregnancy programming. The Commission should determine on an ongoing basis the extent to which these programs are sufficiently funded to meet community needs. At the same time, the First 5 Fresno County Commission can play a central role in promoting the adoption by the Fresno County Department of Public Health of a more robust and inclusive effort to review all cases of adverse birth outcomes and to build a system of feedback and support to maternal and child health providers and others about best practices for improving African American birth outcomes.

### **Emerging Opportunities to Address Adverse Birth Outcomes in Fresno**

Several new initiatives in Fresno, spurred and supported by the First 5 Fresno County attention to African American infant mortality, are bringing together organizations, systems and resources to promote better health and wellbeing outcomes for Fresno mothers and their families. There may be opportunities for First 5 Fresno County to leverage investments in reducing adverse birth outcomes for African Americans by coordinating efforts with these initiatives:

**Fresno Preterm Birth Initiative:** With support from UCSF Preterm Birth Initiative-California (PTBi-CA), an innovative multi-year research initiative to better understand chronic stressors and protective factors in mothers and babies, particularly among low-income African Americans and Latinas, Fresno has formed a collective impact initiative to cut the rate of preterm birth by one-half over the next few years. The Fresno PTBi and UCSF will focus on improving systems of care for pre-conception and pregnancy care and social supports for young women and families county-wide and will also focus key attention on central Fresno neighborhoods with high rates of adverse birth outcomes. A key component of the initiative is community engagement through the formation of *mothers' councils* in deeply impacted communities and countywide. The initiative is also exploring *centering pregnancy models*. There may be

opportunities for First 5 Fresno County to enrich and extend the community engagement component of PTBi and to partner in the development of centering pregnancy models.

**Fresno Community Health Improvement Partnership (FCHIP)—Pre-to-3 Working Group:** In order to focus and accelerate efforts to improve population health in Fresno, the Fresno DPH and over 200 participants from diverse Fresno organizations and communities have been developing a county-wide health improvement plan. The Pre-to-3 workgroup with over 20 regular participants is also seeking to improve health and well-being outcomes for mothers and infants, including reduction in adverse birth outcomes. Although the working group and the overall FCHIP has not determined its specific priority objectives and activities, there has been considerable focus on the development of a **Best Babies Zone** (see: <http://www.bestbabieszone.org/MCH-updates>) initiative in a rural town, such as Sanger. In this model, a group of women who are at risk for-, or have experienced adverse birth outcomes, work together in their neighborhood to create new life and health opportunities for their peers. First 5 Fresno County could support community engagement and program development in this context.

**Strengthening WIC:** As in prior research, this study found that WIC participation was associated with less risk for adverse birth outcomes. It is not clear how the nutritional assistance and educational components of WIC contribute to this outcome and more research is needed. In the short run, First 5 Fresno County can build on existing relationships and programs to promote WIC enrollments and to strengthen the capacity of existing WIC educational services to connect women with needed health care and other supports.