

2010

ISSUE BRIEF 2: REPRODUCTIVE HEALTH IN OREGON, ELIMINATING OREGON'S RACIAL DISPARITIES IN INFANT MORTALITY AND LOW BIRTH WEIGHT



Urban League of
Portland

INTRODUCTION

A close look at state and national infant mortality and low birth weight rates reveals systemic inequities in maternal and women's health. Currently in Oregon and across the country, infant mortality is roughly two times higher for African Americans of all social and economic backgrounds compared with Whites. Additionally African American infants are roughly twice as likely as Whites to be born with a low birth weight.

Economic uncertainty, poor housing, inadequate education and unsafe neighborhoods all contribute to levels of stress in and out of pregnancy for many low-income women and therefore affect birth outcomes. Furthermore, research indicates that the disparity between African Americans and Whites can be attributed to race-related stress. It also suggests that we can improve birth outcomes by mitigating the effects of racism, providing improved social support, enhancing prenatal medical care, and increasing community awareness and mobilization. We have identified seven national and local programs that have piloted work using these strategies.

Low birth weight infants require significant social and medical services whose cost to families and society is high. Our work must begin long before a woman is pregnant. A failure to address women's, child and maternal health greatly affects the most important first years in a child and his/her mother's life and has countless public policy implications, including achievement outcomes in school, mental health, employment, housing, criminal justice and other areas. Policies aimed at eliminating disparities and increasing equity are an opportunity to make long-term progress in birth outcomes and reduce related social and economic racial disparities.

INFANT MORTALITY AND LOW BIRTH WEIGHT NATIONAL, STATE AND COUNTY

Infant Mortality (IM) refers to death during the first year of life and Low Birth Weight (LBW) refers to an infant weighing less than 2,500 grams (five pounds, eight ounces) at birth.

National

- In 2007, African Americans had roughly 2 times the infant mortality rate of non-Hispanic Whites.
- In 2005, African American mothers were 2.5 times as likely as non-Hispanic White mothers to begin prenatal care in the third trimester or not receive prenatal care at all.

Oregon

- Infants born to Black/African American mothers during 2002-2004 were approximately twice as likely to die within their first year as those born to White or Hispanic mothers (10.4 vs 5.6 and 4.7 infant deaths per 1,000 live births respectively).
- Although infant mortality in Oregon declined significantly in the early 1990s, there has been no improvement since the mid-1990s.
- From 1995-2004, Oregon's rates of LBW and VLBW births have significantly increased.

- During 2002-2004, infants born to Black/African American mothers were almost twice as likely to be LBW as those born to white or Hispanic mothers (10.7 versus 5.9 and 5.3 percent, respectively).

RESEARCH

National research identifies four major areas that can increase birth and maternal outcomes for African American women, including: mitigating the effects of racism, providing improved social support, enhancing prenatal medical care and increasing community awareness and mobilization.

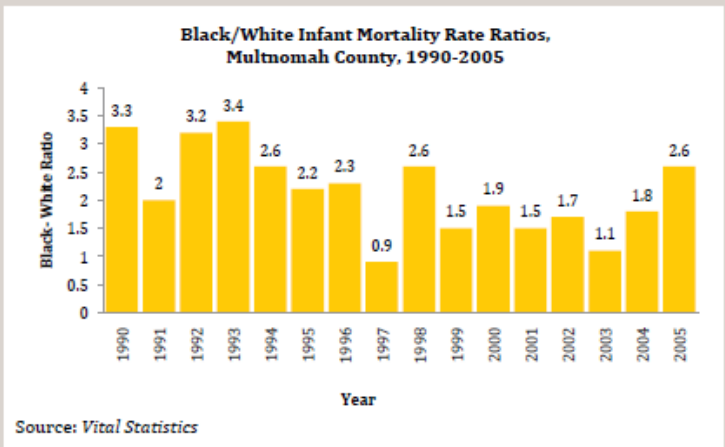
Mitigating the Effects of Racism

There is growing scientific support among researchers that the linkage between racism and disparities in infant mortality should be factored into efforts to eliminate these widespread racial disparities. These efforts in infant mortality must move beyond pregnancy alone and focus on women's overall health before, during, and after pregnancy.

Providing Improved Social Support

Poverty remains a major contributing factor to African American women's poor birth outcomes. Social support has become increasingly important in public health intervention as research has begun to demonstrate the impacts of

“The participation of community members in the development of public health interventions is an incredibly important component of implementing successful programs in any community.”



poverty and stress on health outcomes. Social support can include home visitation, group prenatal care or companion (doula) type programs by which women are given support throughout pregnancy, childbirth and the postpartum period in order to reduce stress levels and address the various factors contributing to poor birth outcomes.

Enhancing Prenatal Medical Care

Prenatal care includes medical care provided to a pregnant woman to prevent complications and decrease the incidence of maternal and prenatal mortality. In addition to medical care, prenatal care often includes education and counseling about how to handle different aspects of pregnancy, such as nutrition and physical activity, what to expect from the birth itself, and basic skills to care for an infant. Preventing infant mortality is strongly linked with preventing low birthweight. Access to, utilization of and satisfaction with maternal and child health care are critical ingredients in improving maternal and child health outcomes.

Community Awareness and Mobilization

The participation of community members in the development of public health interventions is an incredibly important component of implementing successful programs in any community. Community mobilization and involvement is a strong strategy for improving the ownership and sustainability of an intervention. Community mobilization improves project sustainability and effectiveness by making projects more relevant and acceptable to the communities. Development of intervention strategies needs to be context-specific as each community has its own specific cultural expectations to address. It is important to work closely with leaders from the community level to the national level in order to maintain support and ensure that interventions are addressing community priorities in their programs.

NATIONAL MODELS

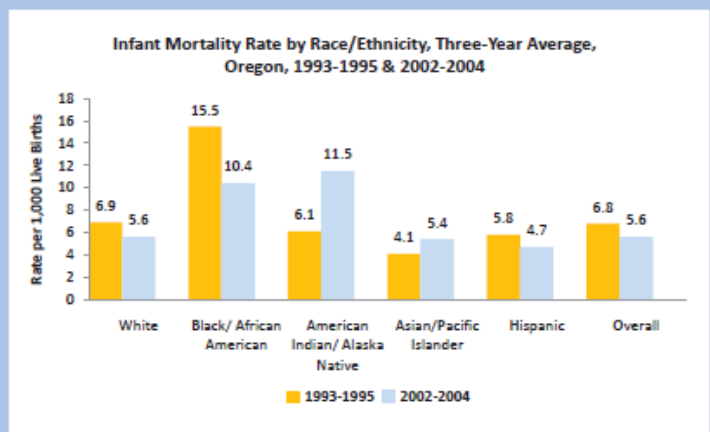
During the course of our research, the Urban League of Portland identified seven model programs that have a proven track record of success in working with African American mothers to decrease infant mortality and low birth weight babies, while also resulting in stronger outcomes for mothers. These programs have shown success in other ethnic communities—but specifically address African American women and families.

1) Futures- Resources, Education and Care in the Home (REACH) This project was located in Chicago, Illinois. This program aimed to reduce infant mortality through home visits by a team of trained community residents led by a nurse. Low-income, inner-city pregnant African American or Mexican American women were recruited in two university prenatal clinics in Chicago. The effects of the program varied by race/ethnicity. For African Americans, the program was associated with better maternal documentation of infant immunizations, more developmentally appropriate parenting expectations and higher 12-month infant mental development scores. This study, along with previous research by the same authors, suggests that home visits by a nurse-health advocate team improve maternal and infant outcomes such as depression, immunization updates, improved environments for infant rearing etc.

2) Firstborn Program- Three counties in New Mexico are utilizing a new program which started in 2002 called the Firstborn Program (FBP). In 2002 it was named one of the nation's 10 most innovative and exemplary prevention programs by the Center for Substance Abuse Prevention and other collaborative national agencies. The success of the program is based on several key characteristics. FBP is community based and works toward meeting local priorities through community involvement and collaboration. It is evidence-based, with strong medical community support, rigorous staffing requirements and clinical training protocols. The program uses exceptional family education resources, including three core curricula: First Born Prenatal Curriculum, First Born First Year of Life Curriculum; and First Born Toddler Curriculum. Additionally, the program has clearly articulated theory, implementation protocols, culturally sensitive components, program fidelity, high retention rates, sound evaluation and integrity.

The FBP model is based on a simple equation: when the program's resources are combined with local assets, the culmination is a strong, community-based project. An effective and sustainable program is dependent upon its relationship with local stakeholders and the involvement of all community networks. In this way, the FBP then becomes the community's bridge to external assets.

“Cultural proficiency training, inclusive of the acknowledgement of the adverse effects of racism on health, is key to improving prenatal services.”



3) The Birth Sisters program at Boston Medical Center

(BMC) is a multicultural doula support program that offers all childbearing families Birth Sister support throughout childbirth and the postpartum period. Program services include prenatal contact, continuous emotional and physical support throughout labor and birth, assistance with breastfeeding and up to eight hours of in-home postpartum social support. The study concludes that a hospital-based doula support program is strongly related to improved breastfeeding outcomes in an urban, multicultural setting.

4) Racial and Ethnic Approaches to Community Health

(REACH) The Genesee County Precious Black Babies Project, in Flint, Michigan, emphasizes reducing racial disparities in infant mortality through population-focused interventions that embody cultural understanding, sensitivity and relevance. The project has created a campaign to raise awareness among community residents about racial disparities in infant death rates and to help reduce these disparities. Community events sponsored by the project and a faith-based health team network have provided a forum for disseminating information on reducing African American infant mortality.

This program offers a model of a successful collaboration among community residents, public health workers, industry, and an academic institution. It addresses the devastation of infant death in the community through seminars that explicitly examine the adverse impact of racism on health. Hence cultural proficiency training, inclusive of the acknowledgement of the adverse effects of racism on health, is key to improving prenatal services.

LOCAL MODELS

5) ICTC: Sistah Care Program and Full Circle Doula-Birthing

Companion program: Sistah Care is a youth program that is offered by The International Center for Traditional Childbearing, (ICTC) which support childbirth process through various social support systems. The Sistah care program is a high school health career exploratory and academic support program for female students 13-17 years of age, who are interested in becoming midwives, nurses, obstetricians, neonatologists, pediatricians, doulas and other professionals. With the nursing shortage in Portland, Sistah Care is a vital link to closing the

gap and helping to increase diversity at the same time.

The Full Circle Doula program provides personal support to women and families throughout the pregnancy and childbirth experience with the goal of increasing positive birth outcomes, and reducing infant mortality in the African American community.

6) The Healthy Birth Initiative (HBI) is a Healthy Start program of Multnomah County Health Department's Early Childhood Services Division. Founded in 1998, this program aims to reduce disparities in perinatal health among African American and Hispanic women in Multnomah County. Services include home visits, education and support groups from pregnancy through the child's second year of life. The goal aims to help women achieve good pregnancy outcomes and to promote healthy growth and development of themselves and their children.

HBI currently serves 120 African American and Hispanic women and their families per year. A 2002 evaluation of the program stated that 86 percent of women giving birth in 2002 received first trimester care. Findings revealed the rate of low birth weight among HBI mothers met the 2002 goal: the African American low birth weight was 10.7 percent, below the goal of 13.7 percent.

7) Centering Pregnancy: is an innovative model of facilitated group antenatal care that has been successfully operating in the USA for the past decade. A study found that group prenatal care results in higher birth weight, especially for infants delivered preterm. Group prenatal care provides a structural innovation, permitting more time for provider-patient interaction and therefore the opportunity to address clinical, psychological, social, and behavioral factors to promote healthy pregnancy.

Results have implications for designing prenatal services that might contribute to reduction of racial disparities in adverse perinatal outcomes.

* Currently, Legacy Midwives at Emanuel Hospital, are listed as CenteringPregnancy certified providers.

POLICY RECOMMENDATIONS

The Urban League of Portland believes that low birth weight and infant mortality can be reduced in the African American community by implementing strategic programs at the state, city, and county levels, in addition to action taken directly by health care providers.

We ask policy makers and health care providers to take the following steps to address low birth weight and infant mortality in the African American community:

STATE ACTIONS

State legislature, Hospitals, Oregon Health Policy Board and Department of Human Services

- Commit to the elimination of infant mortality and low birth weight disparities in Oregon between African Americans and the general population through the allocation of needs-based funding and yearly tracking on birth outcomes by race and ethnicity.
- Ensure the Oregon health insurance exchange includes standards that require physicians and other care providers can provide culturally proficient care for African American mothers facing social and physical stressors.
- Revise standards to Oregon Health Plan, Public Purchasing, and Health Care Reform regarding quality of overall women's care including screening for bacterial vaginosis, chlamydia, gonorrhea, dental caries, mental health care.
- Include African American women on all policy boards related to maternal and child health.
- Include questions about the general psychological, social and economic impacts of race-related stressors in general as well as discrimination in health care in PRAMS, the Pregnancy Risk Assessment Monitoring System.

COUNTY ACTIONS

Hospitals, Multnomah County Health Department, Federally Qualified Health Centers, and local clinics and providers

- Support Multnomah County's Early Childhood Services to track African American women served and provide culturally proficient treatment interventions that enhance prenatal medical care, improve the provision of social support and address social and psychological stressors.
- Expand the Healthy Birth Initiative to serve a larger area of Multnomah County and larger caseload, with a targeted focus around eliminating birth outcome disparities. Revisit original program vision to be led by a community consortium to inform program planning and hold Multnomah County Commission and Health Department accountable around hiring practices, budget and program outcomes.
- Increase transparency and accountability by providing access and availability to annual data around birth outcomes and information regarding program and community engagement planning.

- Ensure that the community and community leadership most affected by birth outcomes in program planning and education and outreach campaigns are supported and compensated for community participation.

PROGRAM RECOMMENDATIONS

1. A doula/birthing companion program that is led by a community-based organization and sponsored by a hospital to improve birth and postpartum outcomes such as LBW infant outcomes, postpartum depression and breastfeeding rates.
2. Multi-disciplinary prenatal care program addressing both clinical and psychosocial factors (i.e. CenteringPregnancy).
3. Community health worker model program, similar to the work of ICTC that addresses the specific needs of African American pregnant women (i.e. home visitation program).
4. Job descriptions that are all written to include mandatory competencies for working effectively with low income, urban African American women.

CITY ACTIONS

Portland Housing Bureau

- Provide culturally-specific supportive housing services for pregnant women who do not have stable housing.
- Provide supportive social services for women requiring pre/perinatal care who are forced to move for financial reasons.

SOURCES:

Research of Evidence Based Strategies to Reduce Infant Mortality in African Americans. Shabd Simran Adeniji, Masters in Public Health Student. Oregon Health & Science University. September 12th, 2010. and Maternal and Child Health Indicators Among Black/African-Americans in Multnomah County, prepared by Sarah Tran, Multnomah County Health Department.

This document was prepared for a Policymakers Roundtable on Reproductive Health held in Portland, OR on Sept. 29, 2010.

Acknowledgements: A special thank you to Shabd-Simran Adeniji, Western States Center, Sarah Tran, Tricia Tillman, Sonali Balajee, the Policymakers Roundtable on Reproductive Health Advisory Group.

For further information, please contact:

Midge Purcell - mpurcell@ulpdx.org,
Katie Sawicki - ksawicki@ulpdx.org,
Stephan Herrera - sherrera@ulpdx.org.

Urban League of Portland
10 N Russell Street
Portland, OR 97227
(503) 280-2600

