# Improving Birth Outcomes for African American Babies in Los Angeles County

Meeting Proceedings
June 28, 2017

County of Los Angeles
Public Health

# Improving Birth Outcomes for African American Infants in Los Angeles County

## Table of Contents

# Improving Birth Outcomes for African American Babies in Los Angeles County

## MEETING OVERVIEW

On June 28, 2017, the Los Angeles County Department of Public Health (DPH) convened a meeting with sixty community-based agencies, health providers and public health organizations (Appendix A), working with African Americans families throughout Los Angeles County to identify cross-collaborative opportunities and interventions to improve the birth outcomes for African American infants.

The aims of the meeting were to:

1. Review Los Angeles County birth and infant mortality data.
2. Learn about DPH's Health Equity Center
3. Identify additional information needed to better understand the disproportionate infant mortality rate for African American infants.
4. Discuss existing programs and initiatives addressing infant mortality.
5. Identify opportunities for collaboration to eliminate the gap in birth outcomes.

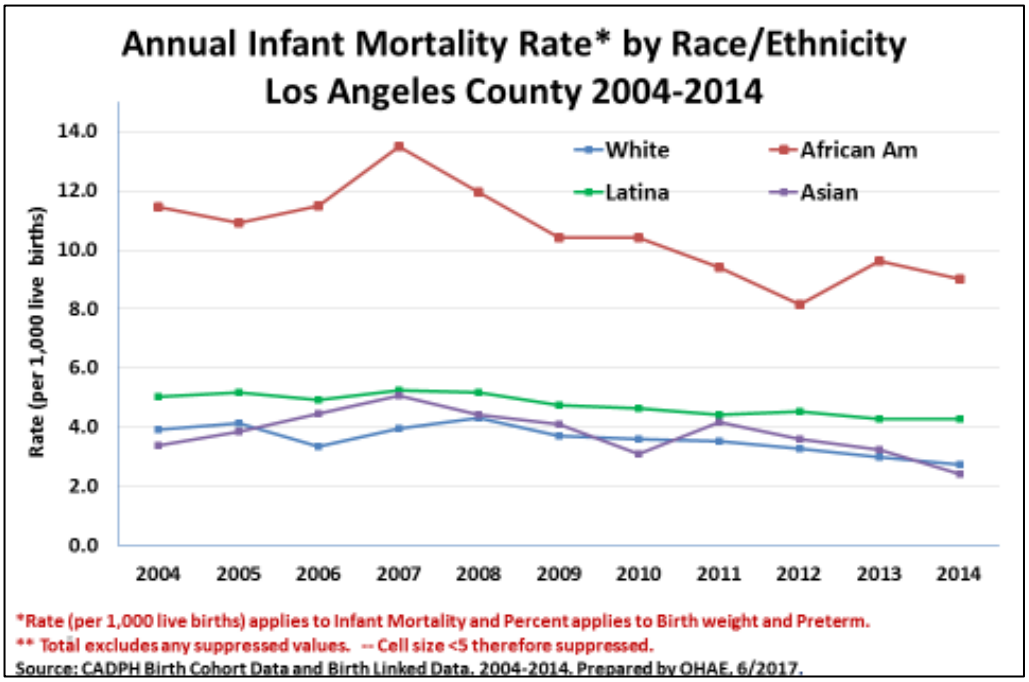
Attendees reviewed a data book (Appendix B) highlighting key findings on Los Angeles County African American birth outcomes and participated in one of three breakout groups (preconception, prenatal, and interconception). In the breakout groups, participants described initiatives their organizations are already implementing to improve African American birth outcomes and provided recommendations as to how DPH could support efforts to eliminate the gap in African American birth outcomes. (Appendix C).

## BACKGROUND AND DATA

Infant mortality is defined as the death of a baby during the first year of life. This is often used as an indicator of a community's level of health. Overall, in the United States as well as in Los Angeles County, the rate of infant mortality has steadily declined. Despite this improvement, the infant mortality rate among African American babies is often two to four times higher than the rate for White babies in the United States.

In 2013, the African American infant mortality rate in Los Angeles County was 10.3 per 1,000 live births, compared to the white infant mortality rate of 3.0 per 1000 live births and the average county-wide infant mortality rate of 4.4 deaths per 1000 live births (Figure 1).

**Figure 1: Los Angeles County Annual Infant Mortality Rate by Race/Ethnicity**



The causes of infant mortality are multi-factorial, but the most common causes of infant death are preterm birth and associated low birth weight. Low birthweight infants weigh 2500 grams (5.5 pounds) or less at birth. The medical and social costs for low birthweight are significant. Low birthweight is a major predictor of infant mortality. In Los Angeles Count; the highest rate of preterm and low birth weight is among African American infants (Figure 2 and Figure 3).

**Figure 2: Los Angeles County Percent *Preterm* Live Births by Race/Ethnicity**

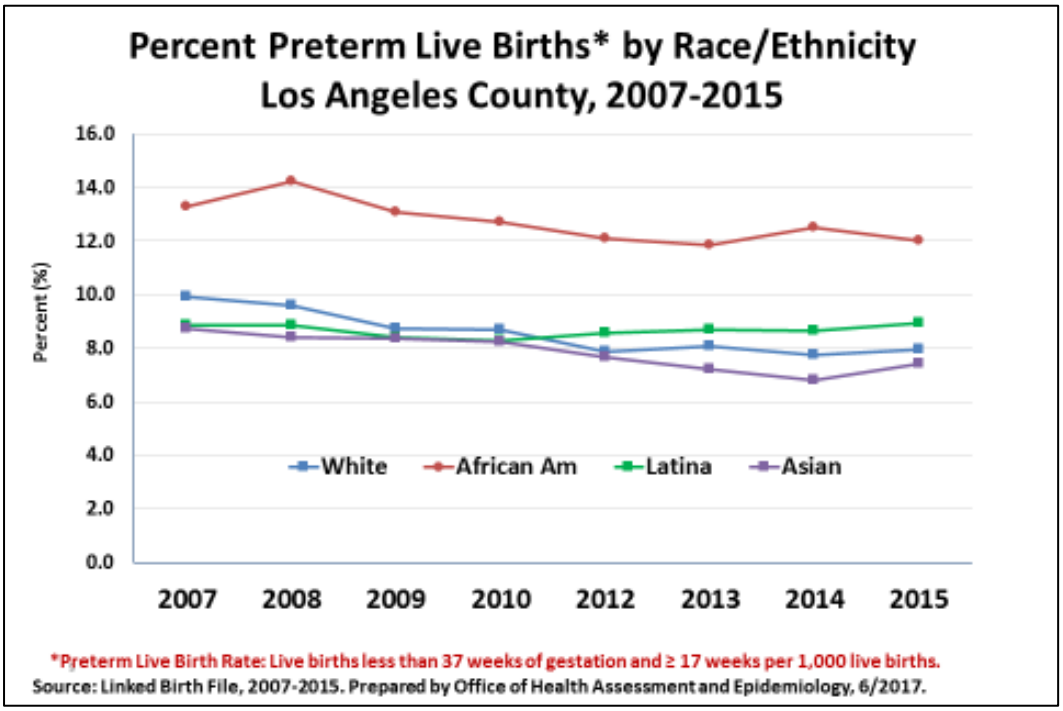
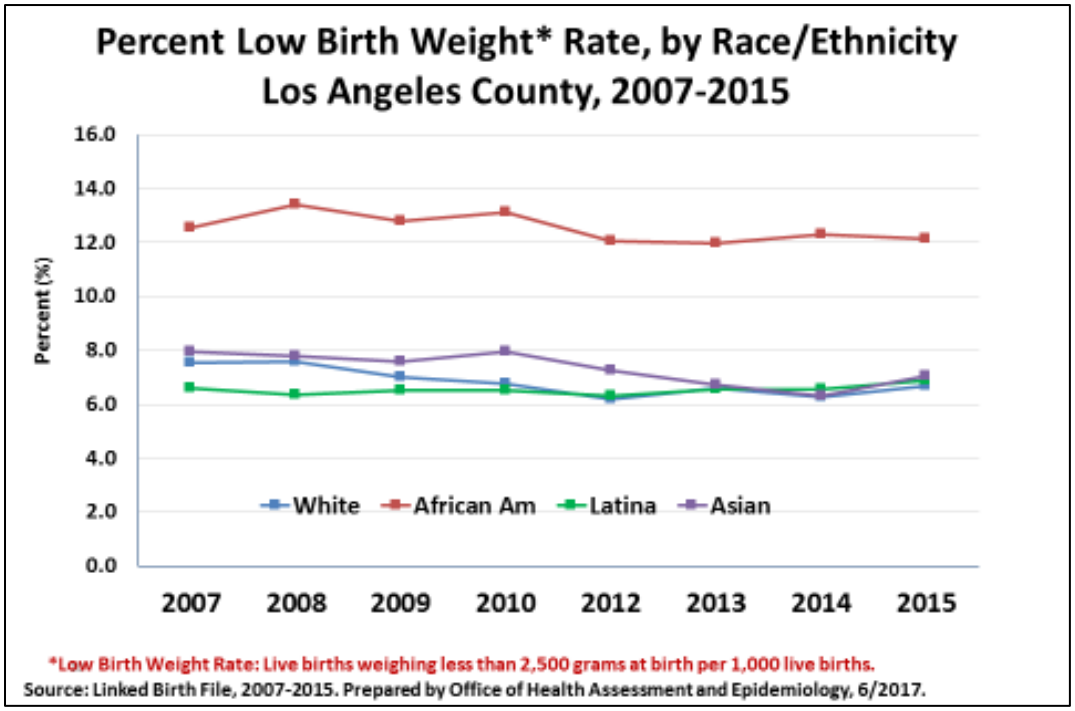
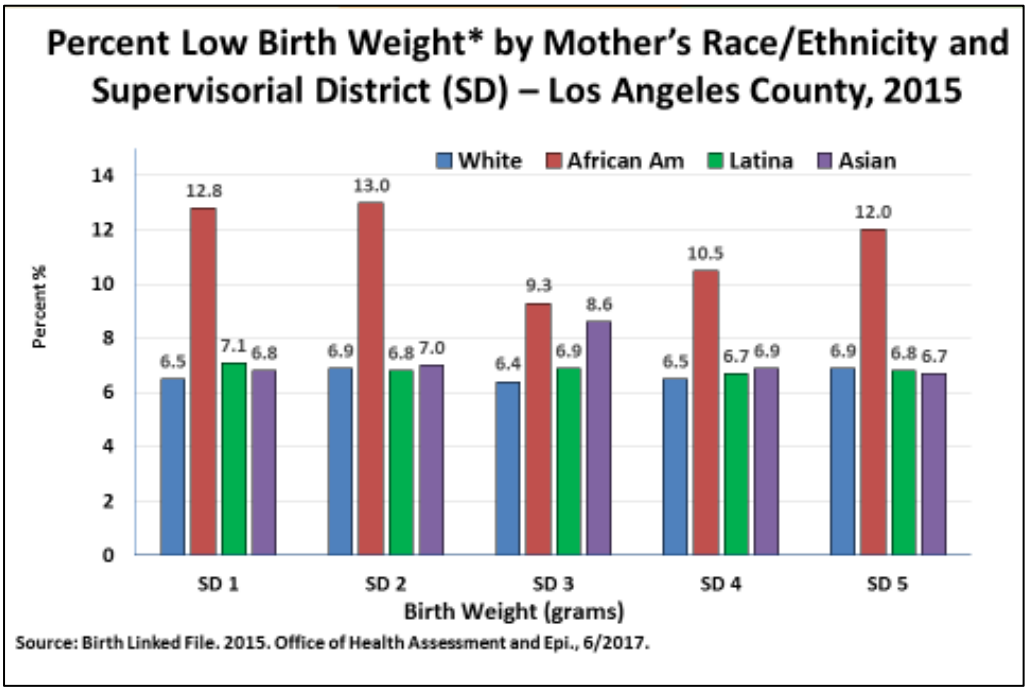



**Figure 3: Los Angeles County Percent *Low Birth* Weight by Race/Ethnicity**



Other factors associated with low birth weight in Los Angeles County include: late entry into prenatal care, smoking, anemia, previous preterm birth, discrimination, more stressful life events, and births paid by Medi-Cal (Appendix D). Similar to the US, low birth weight births among African Americans in Los Angeles County are higher than Whites, regardless of educational level. Geographic variation of low birth weight in Los Angeles County exist, with Supervisorial Districts 1, 2 and 3 having the highest rates of low birth weight among African American babies.

**Figure 4: Los Angeles County Percent *Low Birth Weight* by Race/Ethnicity and Supervisorial District**




## CENTER FOR HEALTH EQUITY OVERVIEW

Dr. Barbara Ferrer, PhD, MPH, MEd, Director of the Los Angeles County Department of Public Health, has affirmed that health equity is one of the Department's top priorities and established the Center for Health Equity for the Health Agency.

Research has increasingly shown that social and economic conditions contribute to approximately 40% of community health and longevity. Racism plays a significant role in perpetuating inequities in health outcomes. Public Health is committed to reducing health inequities through collaborations with a wide-range of partners. The Department strives to support systems, policies, practices and programs that create equitable access to the resources and opportunities all people need to enjoy optimal health.

The Center for Health Equity will lead efforts across the Health Agency to address inequities in health outcomes by focusing on: closing the gap in infant mortality, reducing sexually transmitted infections across populations with the highest rates, and reducing dangerous environmental exposures disproportionately affecting low-income communities.

## BREAKOUT GROUPS FEEDBACK

Feedback from the breakout groups was categorized into preconception, prenatal and interconception strategies. **Appendices E, F** and **G** summarize the feedback from the breakout sessions.
Highlights are described below.

**Preconception:** (**Appendix E**)
Many organizations are actively involved in providing preconception care activities to providers and African American men and women. A variety of preconception health topics already addressed include mental health, smoking cessation, oral health, family planning, and others. Policy and advocacy to promote health access,

and equity are the focus of some efforts. Several participants were partnering with other organizations to promote education and outreach on prematurity prevention.

Opportunities for collaboration with DPH to improve preconception health included sharing data, and serving as an information hub and communication partner. Communication on the content of preconception health, access to health services, and implementation of promising practices were highlighted as important strategies to improve preconception care. Partners wanted providers, men, women and policy makers to benefit from public service announcements and other communication platforms focusing on the importance of preconception care in closing the gap in birth outcomes.

**Prenatal:** (**Appendix F**)
Ongoing prenatal care activities provided by participants included being a Black Infant Health program provider, home visitation contractor, care coordinator, referral source, breastfeeding support, provider for complications during pregnancy, support for fathers and preterm birth prevention strategies. One organization empowered African American parents with leadership skills in their community.

Identified investments for prenatal partnership with the Public Health Department included increasing programs focusing on fathers, promoting preconception care, braiding services already being used by African American women such as the Comprehensive Perinatal Services Program (CPSP), Black Infant Health (BIH), home visitations, and other prenatal care resources. Requests were made to share data and convene exchanges with Dr. Ferrer and the partners attending the meeting.

**Interconception:** (**Appendix G**)
Interconception activities partners provided included, reproductive life planning, breastfeeding support, newborn health navigations, home visitation, referral for services, and postpartum health. Several of the interconception activities overlapped with those from preconception.

The discussion on cross collaboration opportunities with DPH focused on improving health access, promoting breastfeeding support, and assisting in the development of models that promote community engagement, such as “mommy” support groups and community based care.

## A CALL TO ACTION

An open dialogue on the most pressing issues facing stakeholders in attendance, brought to light a call to action and opportunities for partnerships with Public Health. Strategies to improve the African American birth disparities are multi-factorial, but the group’s recommendations fell into three categories of focus: community, health providers and advocacy.

### Community

- Partner with faith-based organizations
- Community-based organizations are the leaders and experts in their community-include them in all effort to eliminate inequities
- Use focus groups. Ask the community what they want instead of assuming your interventions are desired and will work
- Continue to partner with African American leaders. We are talking about their communities.

### Health Providers

- Develop a partnership between Los Angeles County Public Health and all delivery hospitals in the County.
- Target African Americans within delivery hospitals to promote health education and ensure appropriate pre-conception, prenatal and inter-conception care.
- Work with health plans to create incentives that would motivate people to obtain a healthy weight.
- Focus on reducing tobacco use and improving access to oral health services for African American woman of childbearing age.

**Advocacy**

- Los Angeles County should advocate for more funding for Black Infant Health programs.
- There is a need to secure resources to conduct qualitative research to better understand what preconception health means within the African American community and to better understand the experiences of Black women of childbearing age.
- Continue to ensure that federal, state, and local funds prioritize the need to reduce the gap in birth outcomes.

## NEXT STEPS

The Department of Public Health will reconvene the participants in early fall to review the set of recommendations and finalize an action plan that will allow us to work collaboratively with the African American community – consumers, community-based organizations, health care providers, and other leaders to identify opportunities to improve African American birth outcomes. Over the next five years, we hope our collaborative efforts will significantly reduce the gap in birth outcomes, allowing Black babies to experience the same survival rates as White babies.

The first step in our partnership, a convening and conversation, has occurred. We hope to be model of health improvement that can be replicated throughout California and the U.S. to improve the health of not just African American babies, but the entire African American community. Together, we will work to give every baby, regardless of race/ethnicity, an equal chance to thrive and enjoy optimal health and well-being.

# Improving Birth Outcomes for African American Infants in Los Angeles County

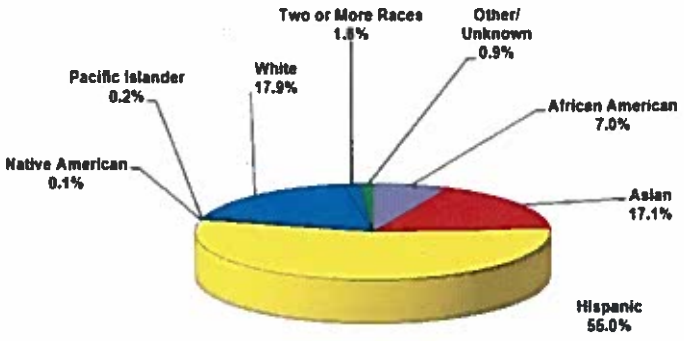
Los Angeles County Department of Public Health

## Los Angeles County


- ~130,000 births per year
- 1 in 30 births in the U.S.
- 1 in 4 births in California
- 62 Delivery Hospitals

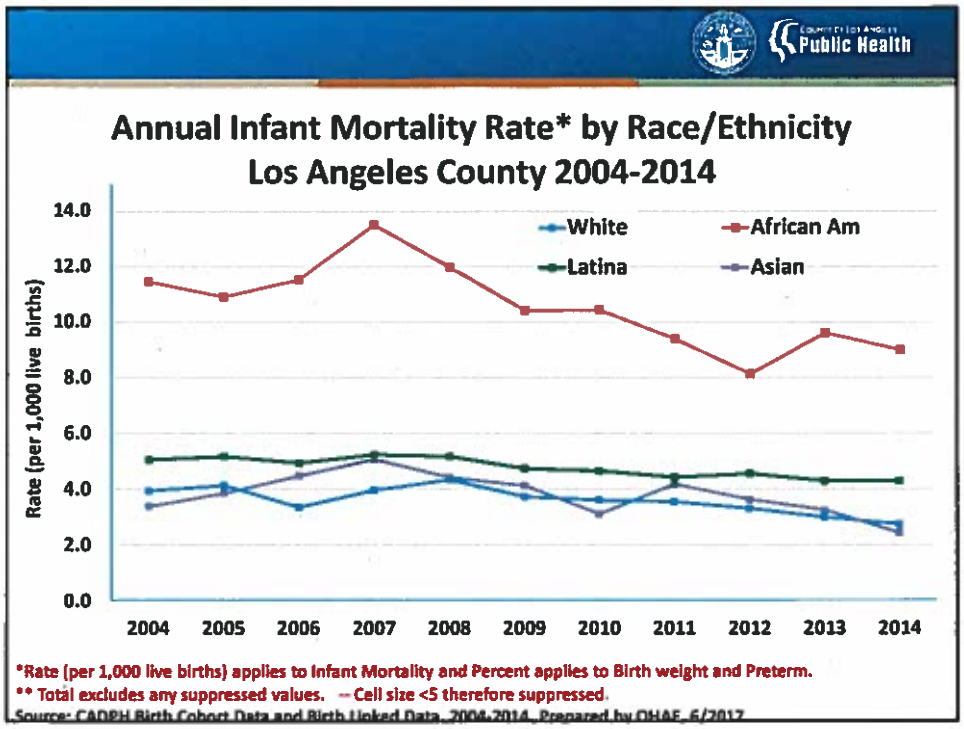
Public Health

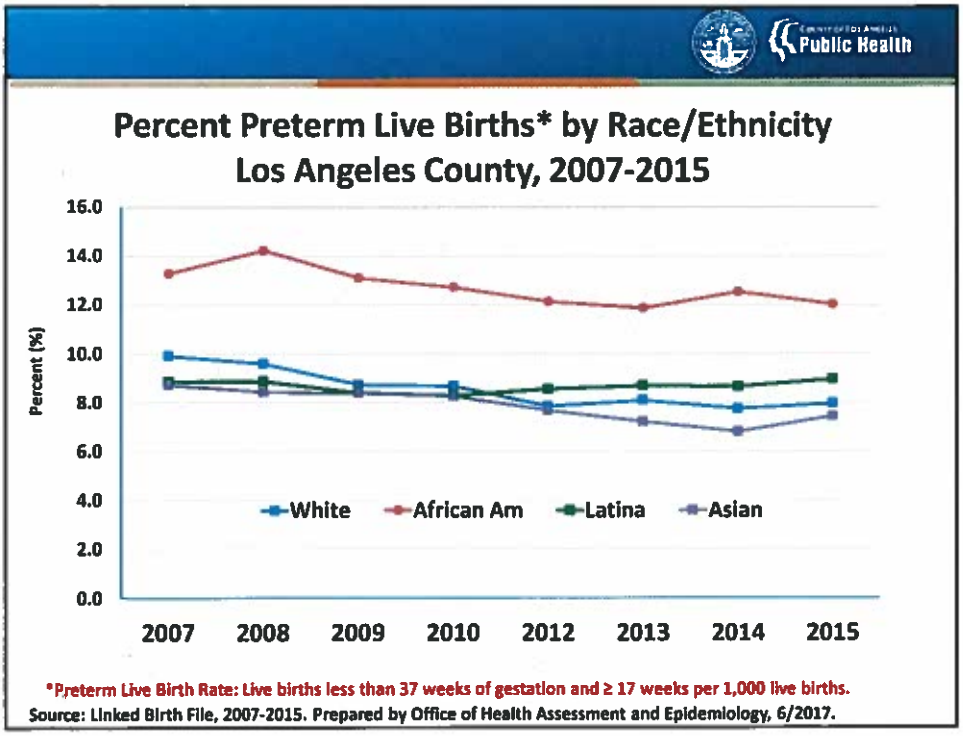
## Percent of Total Live Births by Mother's Race/Ethnicity
## Los Angeles County 2013



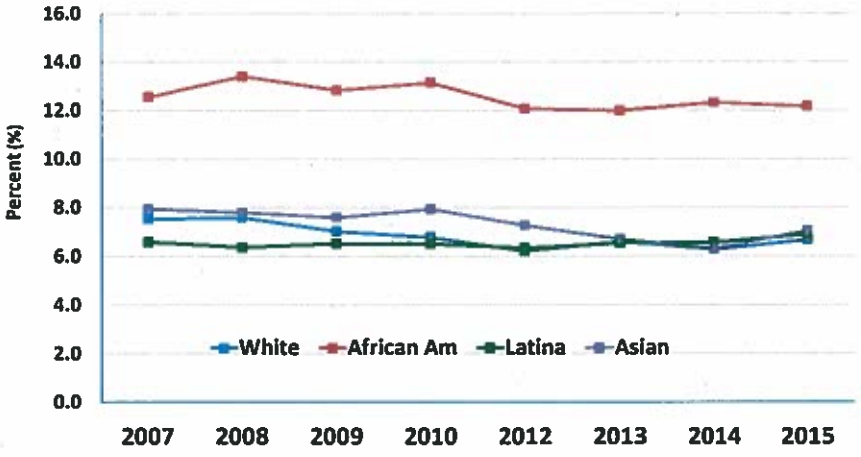

Public Health

# Review Los Angeles County Birth and Infant Mortality Data


Public Health
Annual Infant Mortality Rate* by Race/Ethnicity
Los Angeles County 2004-2014
Rate (per 1,000 live births)
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
White
African Am
Latina
Asian
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
*Rate (per 1,000 live births) applies to Infant Mortality and Percent applies to Birth weight and Preterm.
** Total excludes any suppressed values. -- Cell size <5 therefore suppressed.
Source: CADPH Birth Cohort Data and Birth Linked Data, 2004-2014. Prepared by OHAE, 6/2017


Public Health
Percent Preterm Live Births* by Race/Ethnicity
Los Angeles County, 2007-2015
Percent (%)
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
White
African Am
Latina
Asian
2007
2008
2009
2010
2012
2013
2014
2015
*Preterm Live Birth Rate: Live births less than 37 weeks of gestation and ≥ 17 weeks per 1,000 live births.
Source: Linked Birth File, 2007-2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017.

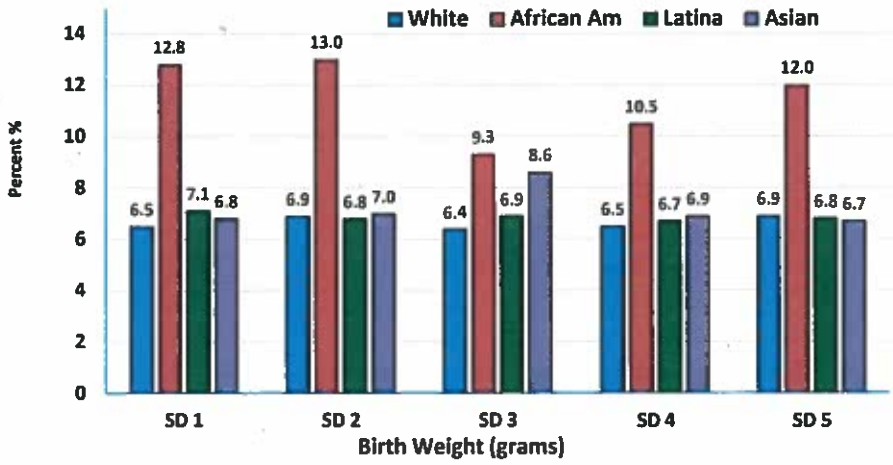
## Percent Low Birth Weight* Rate, by Race/Ethnicity Los Angeles County, 2007-2015




*Low Birth Weight Rate: Live births weighing less than 2,500 grams at birth per 1,000 live births.

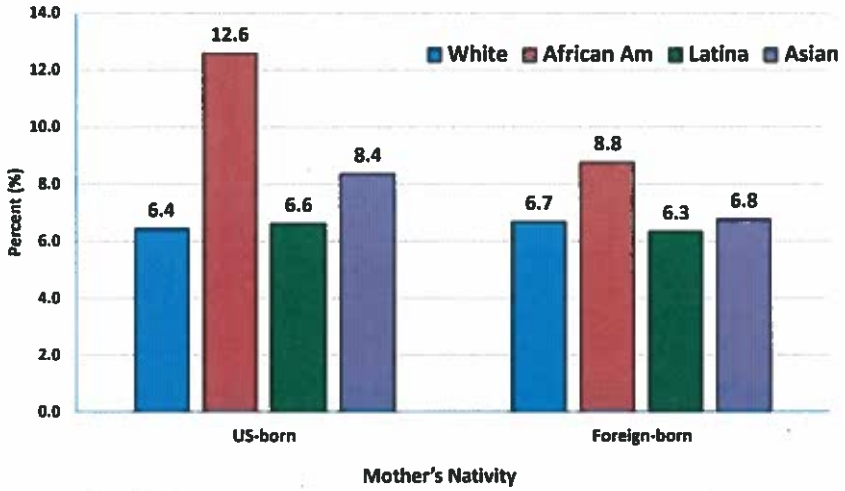
Source: Linked Birth File, 2007-2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017.

## Percent Low Birth Weight* by Mother's Race/Ethnicity and Supervisorial District (SD) – Los Angeles County, 2015




Source: Birth Linked File. 2015. Office of Health Assessment and Epi., 6/2017.

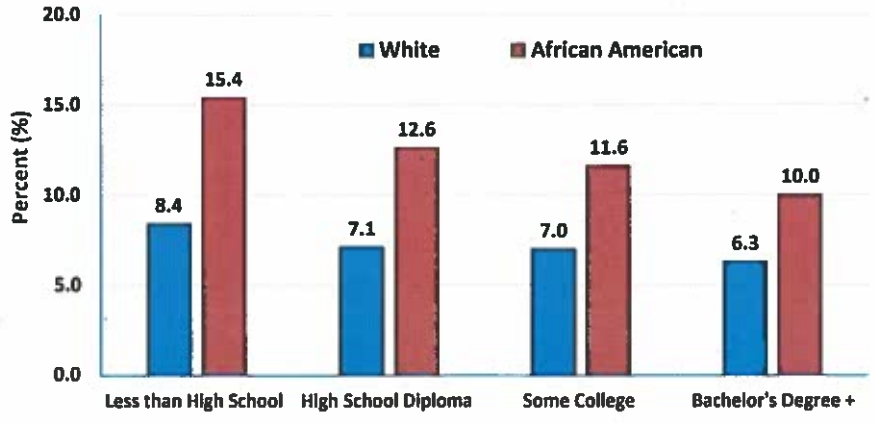
## Percent of Low Birth Weight by Mother's Race/Ethnicity and Nativity: Los Angeles County, 2010-2015




*Preterm Live Birth Rate: Live births less than 37 weeks of gestation and ≥ 17 weeks per 1,000 live births.

Source: CDPH Birth Cohort Data, 2010-2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017.

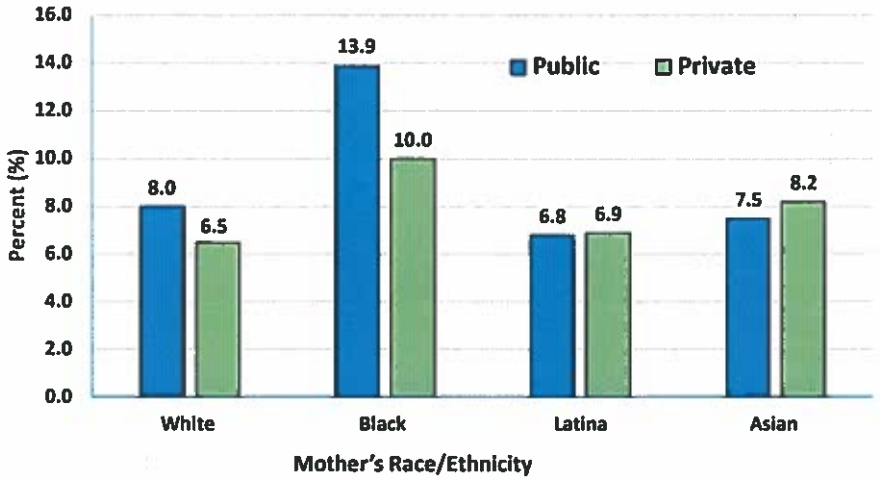
## Percent Low Birth Weight*, by Education Among African Americans and Whites: Los Angeles County 2015




*Education attainment at time of delivery

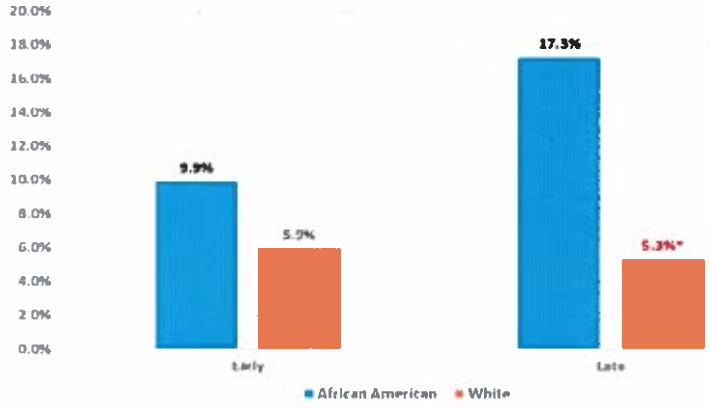
Source: Linked Birth Data -2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017

## Low Birth Weight by Insurance and Race/Ethnicity Los Angeles County, 2015



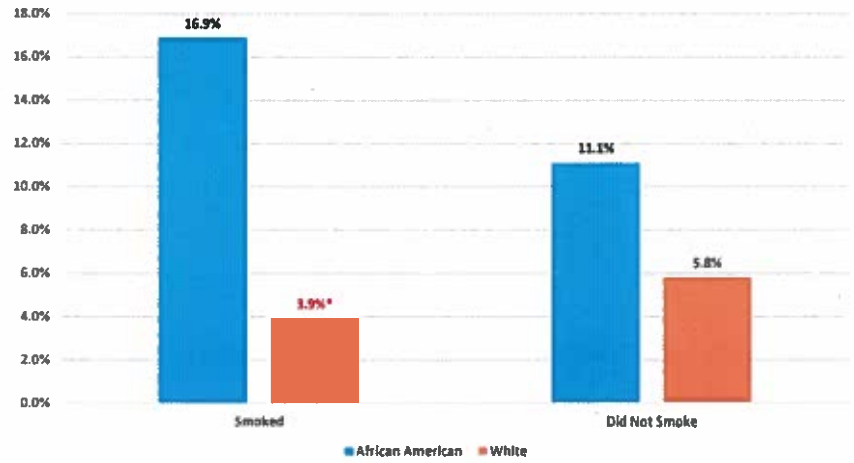

Insurance: based on expected source of payment for delivery
Source: Birth Linked Data, 2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017.

## Percent Low Birth Weight Among African Americans With Early Entry Into Prenatal Care vs Percent Low Birth Weight Among Whites With Late Entry/No Prenatal Care

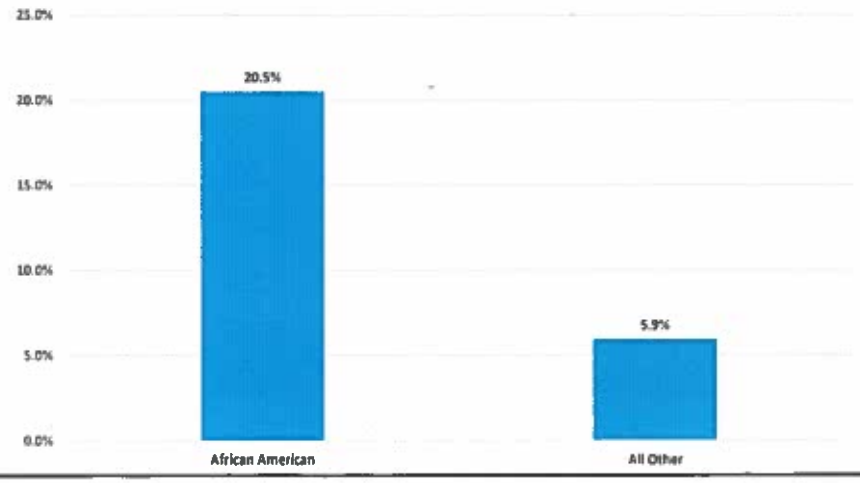


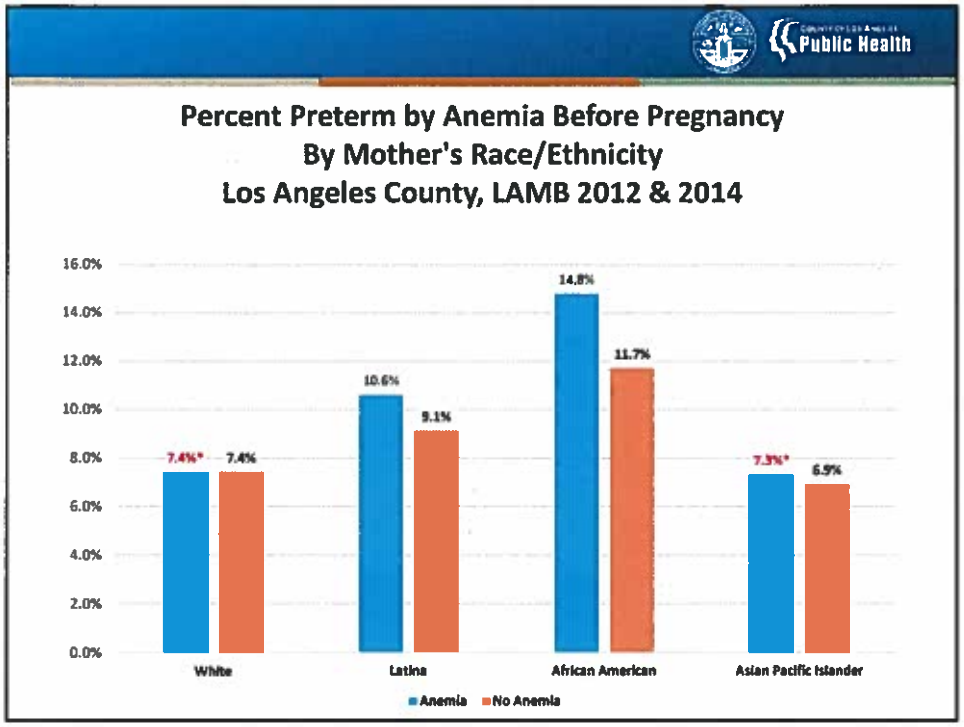

*Early Entry into prenatal care defined as prenatal care at 1st trimester;
Late Entry into prenatal care defined as no prenatal care or after 1st trimester

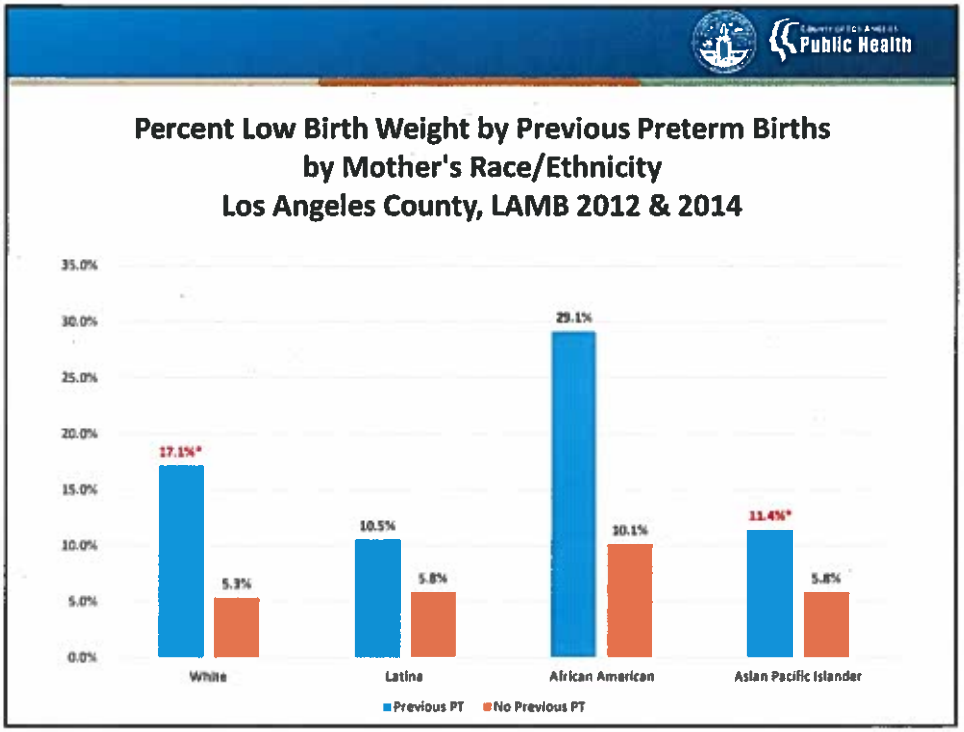
## Percent Low Birth Weight by Smoking During Pregnancy
## African American vs White Mothers
## Los Angeles County, LAMB 2012 & 2014



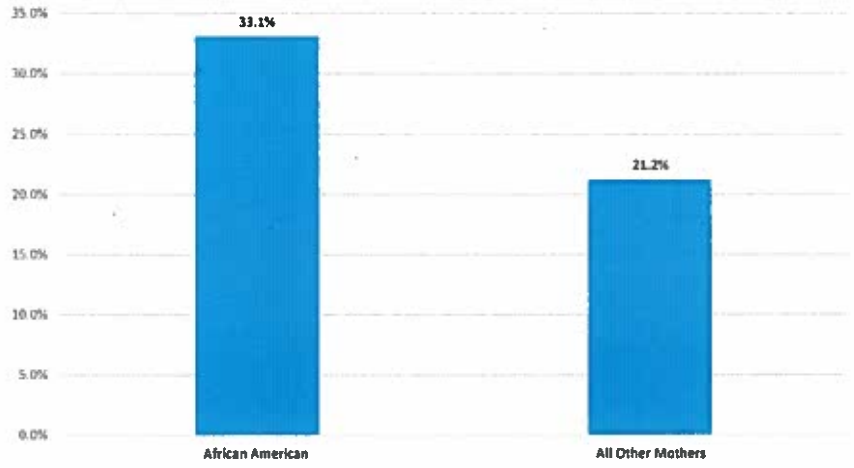

## Second Hand Smoke
## Among Mothers Who Experienced a Fetal/Infant Loss
## African American vs All Other Mothers
## Los Angeles County, LA HOPE 2010-2012



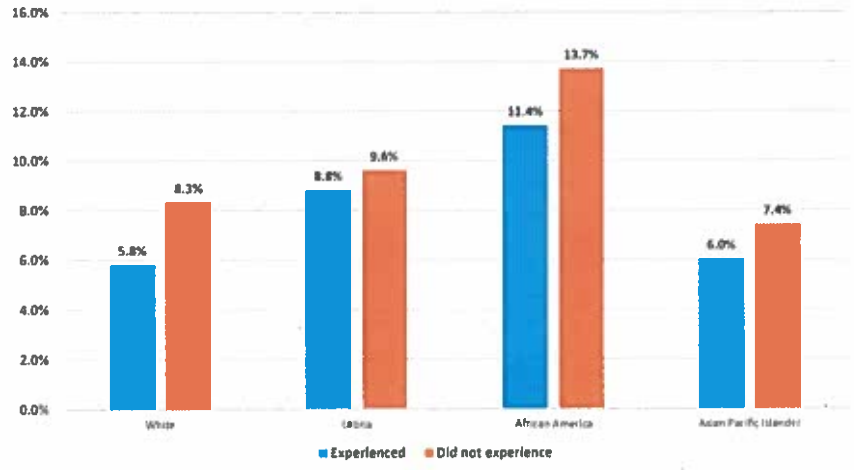

Public Health
Percent Preterm by Anemia Before Pregnancy
By Mother's Race/Ethnicity
Los Angeles County, LAMB 2012 & 2014
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
7.4%*
7.4%
10.6%
9.1%
14.8%
11.7%
7.3%*
6.9%
White
Latina
African American
Asian Pacific Islander
Anemia
No Anemia


Public Health
Percent Low Birth Weight by Previous Preterm Births
by Mother's Race/Ethnicity
Los Angeles County, LAMB 2012 & 2014
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
17.1%*
5.3%
10.5%
5.8%
29.1%
10.1%
11.4%*
5.8%
White
Latina
African American
Asian Pacific Islander
Previous PT
No Previous PT

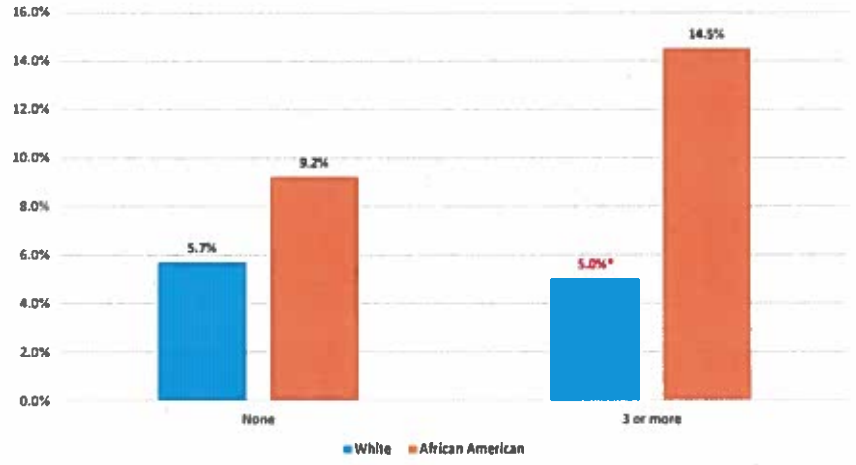
## Perception of Unsafe Neighborhood Among Mother's Who Experienced Fetal/Infant Loss African American vs All Other Mothers Los Angeles County, LA HOPE 2010-2012



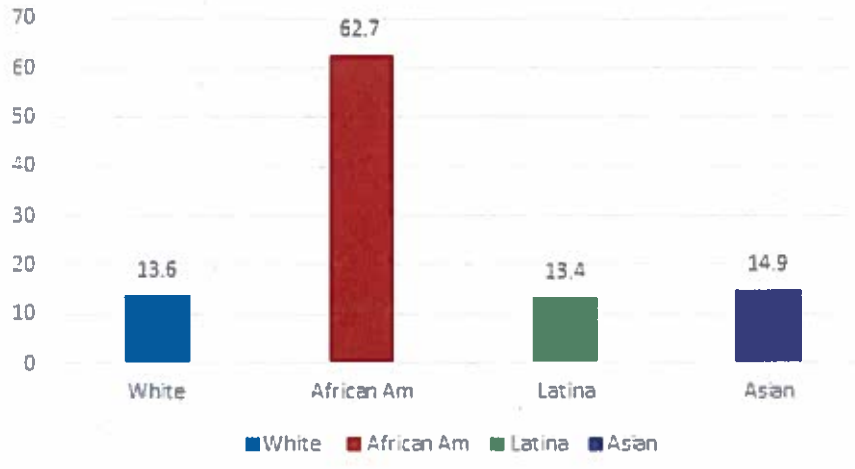

## Preterm Births by Mother Ever Experienced Discrimination by Mother's Race/Ethnicity Los Angeles County, LAMB 2012 & 2014



## Percent Low Birth Weight by Stressful Life Events
## African American vs. White Mothers
## Los Angeles County, LAMB 2012 & 2014




## Maternal Mortality Ratio by Race/Ethnicity
## Los Angeles County , 2007-2013



## Causes of Racial Disparity in Preterm Birth (PTB) Unknown But Evidence Suggests Social Causes Are Important

- Black immigrants from Africa/Caribbean have birth outcomes similar to Whites'
- No/little racial disparity among poor women
- Disparities vary by neighborhood
- High rates among women who were in foster care
- Lower PTB rates among low-income Black women in Centering Pregnancy

CENTER ON SOCIAL DISPARITIES IN HEALTH University of California, San Francisco
https://archive.cdph.ca.gov/programs/cclho/Documents/BRAVEMAN_CCLHO-racism-PTB_4-25-17_FINAL.pdf

## Causes of Racial Disparity in Preterm Birth (PTB) Unknown But Evidence Suggests Social Causes Are Important

- Black women who often worried about racial discrimination had ~ 2 times the risk of PTB
- PTB rates: 12.5% vs 7.2% (chronic worry yes vs no)
- After adjustment for chronic worry: Black-White disparity in PTB was no longer significant Black-White

CENTER ON SOCIAL DISPARITIES IN HEALTH University of California, San Francisco
https://archive.cdph.ca.gov/programs/cclho/Documents/BRAVEMAN_CCLHO-racism-PTB_4-25-17_FINAL.pdf

Public Health

## OTHER FACTORS TO CONSIDER

- Impact of structural racism
- Lack of social support
- Exposure to environmental hazards
- Residential segregation
- Differences in access to medical services/treatment
- Chronic stress

COUNTY OF LOS ANGELES
Public Health

# Improving Birth Outcomes for African American Infants in Los Angeles County

**Chioma Agbahiwe**
President & CEO
***Lillian Mobley Multipurpose Center***

**Janice Ahana**
Nutritionist
***South Los Angeles Health Projects***

**Christina Altmayer**
Vice President of Programs
***First 5 LA***

**Frank Alvarez, MD, MPH**
SPA 1 & 2 Area Health Officer
***Los Angeles County Department of Public Health***

**Barbara Andrade-DuBransky Director of**
Family Support
***First 5 LA***

**Linda Aragon, MPH**
Director, Maternal, Child, and Adolescent Health Programs
***Los Angeles County Department of Public Health***

**Jill Blanks**
Director
***Antelope Valley Partners for Health***

**Lisa Bollman, RNC, MSN, CPHQ**
Executive Director
***Community Perinatal Network***

**Deanna Bressler-Montgomery**
Public Health Nursing Supervisor
***Los Angeles County Department of Public Health***

**Shameeka Correia-Fill, CL-PHN**
Community Liaison Public Health Nurse, SPA 2
***Los Angeles County Department of Public Health***

**Deborah Davenport, RN, PHN, MSPA**
Director, Community Health Services
***Los Angeles County Department of Public Health***

**Giannina Donatoni, MT(ASCP), PhD**
Staff Analyst, Maternal, Child, and Adolescent Health Programs
***Los Angeles County Department of Public Health***

**Jill Elam**
Program Supervisor
***Children's Bureau of Southern California***

**Matthew Emons, MD, MBA**
Medical Director, Quality Improvement and Health Assessment
***LA Care Health Plan***

**Nicole Evans, MSW, MBA**
Program Supervisor, Black Infant Health
***City of Pasadena Public Health Department***

**Michael Fassett, MD**
Director of Maternal-Fetal Medicine
***Kaiser Hospital West Los Angeles***

**Barbara Ferrer, PhD, MPH, MEd**
Director
***Los Angeles County Department of Public Health***

**Janice French**
Director of Programs
***LA Best Babies Network***

**Denise Gee, MPH, RD**
Director of Programs
***PHFE WIC***
***Los Angeles County Department of Health Services***

**Kimberly Gregory, MD, MPH**
Director, Division of Maternal and Fetal Medicine
***Cedars-Sinai***

**Jeffrey Gunzenhauser, MD, MPH**
Interim Health Officer
***Los Angeles County Department of Public Health***

**Griselda Gutierrez**
Medical Director
***Harbor UCLA Medical Center***

**Asaiah Harville**
Grant Coordinator
***Welcome Baby Program***

**Chandra Higgins, MPH**
Epidemiologist, Maternal, Child, and Adolescent Health Programs
***Los Angeles County Department of Public Health***

**Ashaki Jackson**
Director, Evaluation and Outcomes
***Department of Health Services-Women's Health Programs***

**Natalie Jimenez**
Director, Office of Communications and Public Affairs
***Los Angeles County Department of Public Health***

**Loretta Jones, MA**
Founder and Chief Executive Officer
***Healthy African American Families***

**Felica Jones**
Director of Programs
***Healthy African American Families***

**Rae Jones, MBA**
Executive Director
***Great Beginnings for Black Babies***

**McKinley Kemp**
Director
***ETC Inc./Antelope Valley Partners for Health***

**Lynn Kersey**
Executive Director
***Maternal and Child Health Access***

**Jackie Kimbrough, MD**
Executive Director
***The Children's Collective, Inc.***

**Jan King, MD, MPH**
SPA 5 & 6 Area Health Officer
***Los Angeles County Department of Public Health***

**Sun Lee**
Epidemiologist, Division of Assessment, Planning, and Quality
***Los Angeles County Department of Public Health***

**Diana Liu**
Epidemiologist, Maternal, Child, and Adolescent Health Programs
***Los Angeles County Department of Public Health***

**Deirdre Logan, MD**
OB/GYN Watts Healthcare Corporation
***Watts Health Center***

**James McGregor, MD**
***LA Best Babies***

**Teresa Mendenhall, RN, PHN**
Division Manager
***City of Pasadena Public Health***

**Cristin Mondy**
Clinical Nursing Director I
***Los Angeles County Department of Public Health***

**Terri Nikoletich, RN**
Director of Perinatal Education and Lactation Services
***Miller Children's Hospital-Long Beach***

**Rebeca Pastrana-Sheng**
Director of WIC Breastfeeding Program
***Northeast Valley Health Corporation***

**Aneena Pokkamthanam**
Policy Coordinator, Tobacco Control and Prevention Program
***Los Angeles County Department of Public Health***

**Diana Ramos, MD, MPH**
Director, Reproductive Health
***Los Angeles County Department of Public Health***

**Jose Ramos, Jr.**
Program Director
***Children's Bureau of Southern California***

**Fernando Reyes**
Community Programs Manager
***The Children's Collective, Inc***

**Janette Robinson-Flint**
Executive Director
***Black Women for Wellness***

**Yolonda Rogers-Jones**
Coordinator, Black Infant Health Program
***Los Angeles County Department of Public Health***

**Louise Rollin**
Chief Research Analyst, Division of Assessment, Planning, and Quality
***Los Angeles County Department of Public Health***

**Marlena Rowlett**
Corporate Board Secretary
***African American Leadership Organization***

**Terry Silberman, DrPH**
Chief of Planning and Evaluation
***South Los Angeles Health Projects***

**Paul Simon, MD, MPH**
Director, Division of Assessment, Planning, and Quality
***Los Angeles County Department of Public Health***

**Aida Simonian, MSN, RNC-NIC, SCM, SRN**
Executive Director
***PAC/LAC***

**Jessica Sullivan**
Executive Director
***African American Leadership Organization***

**Wenonah Valentine**
Executive Director
***iDREAM for Racial Health Equity***

**Olga Vigdorchik, MPH, MCHES, CLEC**
Health Program Analyst, SPA 1 & 2
***Los Angeles County Department of Public Health***

**Janna Woods, MPA**
Program Supervisor, Black Infant Health
***Great Beginnings for Black Babies***

**Clara Wong, BSN, PHN, RN**
Public Health Nurse, Maternal, Child, and Adolescent Health Programs
***Los Angeles County Department of Public Health***

**Margaret Lynn Yonekura, MD**
Executive Director
***California Hospital***

## Los Angeles County Birth and Infant Mortality Data Book

A. Number of African American (AA) Births by Service Planning Area (SPA) and Zip Code. Los Angeles County, 2015

B. Annual Infant Mortality Rate by Race/Ethnicity. Los Angeles County, 2004-2014

C. Infant Mortality Rate Among Babies Born at Normal Birth Weight (≥2500 grams), by Mother's Race/Ethnicity. Los Angeles County, 2014

D. Infant Mortality Rate Among Babies Born at Low Birth Weight (1500-2499 grams), by Mother's Race/Ethnicity. Los Angeles County, 2010-2014

E. Infant Mortality Rate Among Babies Born at Very Low Birth Weight (<1500 grams), by Mother's Race/Ethnicity. Los Angeles County, 2010-2014

F. Percent Low Birth Weight by Race/Ethnicity. Los Angeles County, 2007-2015

G. Percent of Preterm Births by Mother's Race/Ethnicity & Nativity. Los Angeles County, 2010-2015

H. Percent Low Birth Weight by Mother's Race/Ethnicity and Supervisorial District (SD). Los Angeles County, 2015

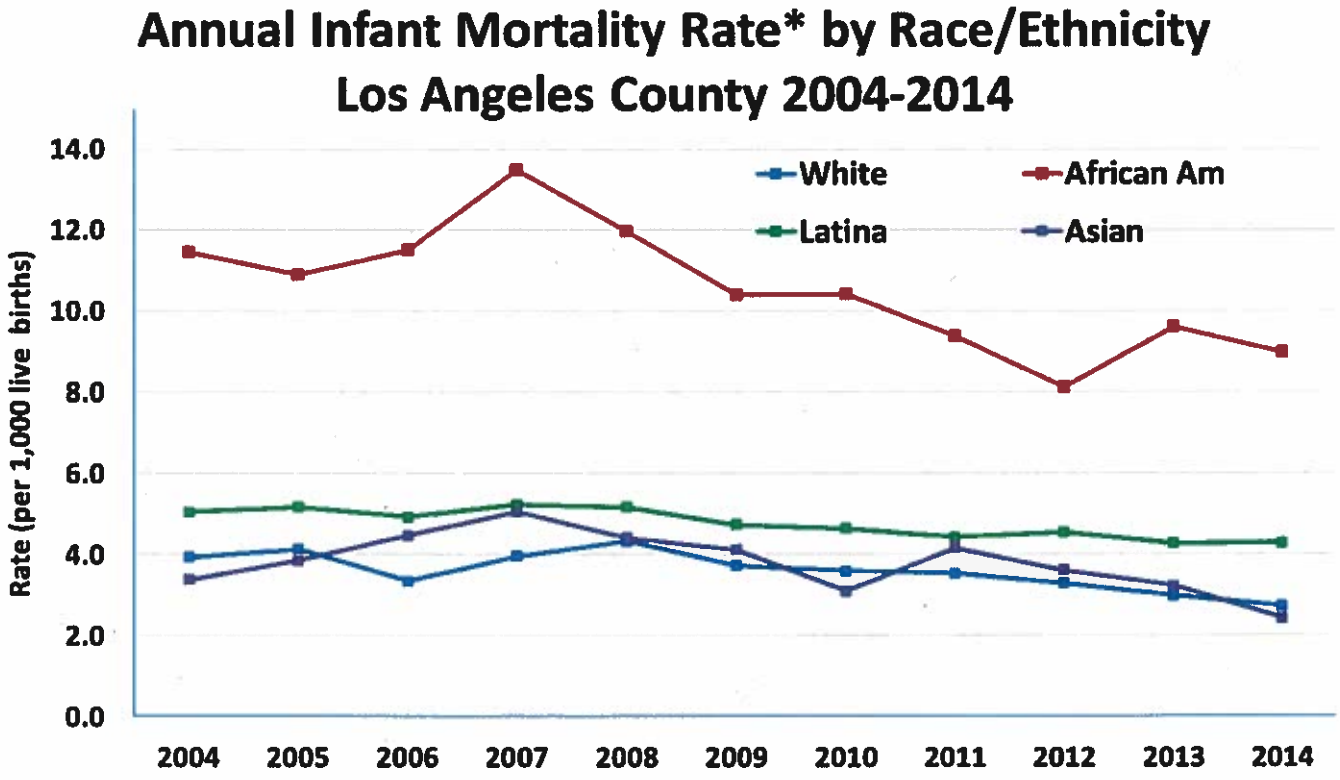
I. Prevalence of Preterm and Low Birth Weight Births by Mother's Race/Ethnicity and Maternal Characteristics. Los Angeles Mommy and Baby, 2012 & 2014

J. Selected Issues Experienced by Mothers and Infants Among Women Who Responded. Los Angeles Health Overview of a Pregnancy Event (LAHOPE), 2010-2012

K. Partner Status Among African American Women with Low Birth Weight Births and Healthy Birth Weight Births. Los Angeles Mommy and Baby, 2012 & 2014

L. Insurance Status Among African American Women with Low Birth Weight Births and Healthy Birth Weight Births. Los Angles Mommy and Baby, 2012 & 2014

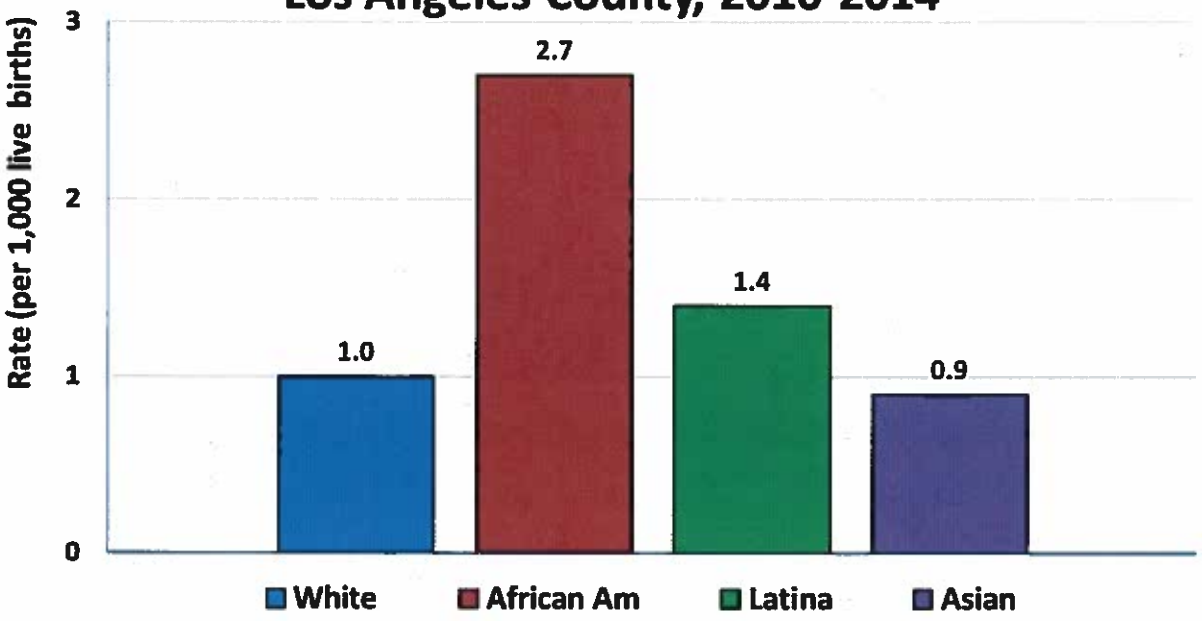
B




*Rate (per 1,000 live births) applies to Infant Mortality and Percent applies to Birth weight and Preterm.
** Total excludes any suppressed values. -- Cell size <5 therefore suppressed.
Source: CADPH Birth Cohort Data and Birth Linked Data. 2004-2014. Prepared by OHAE, 6/2017.

C

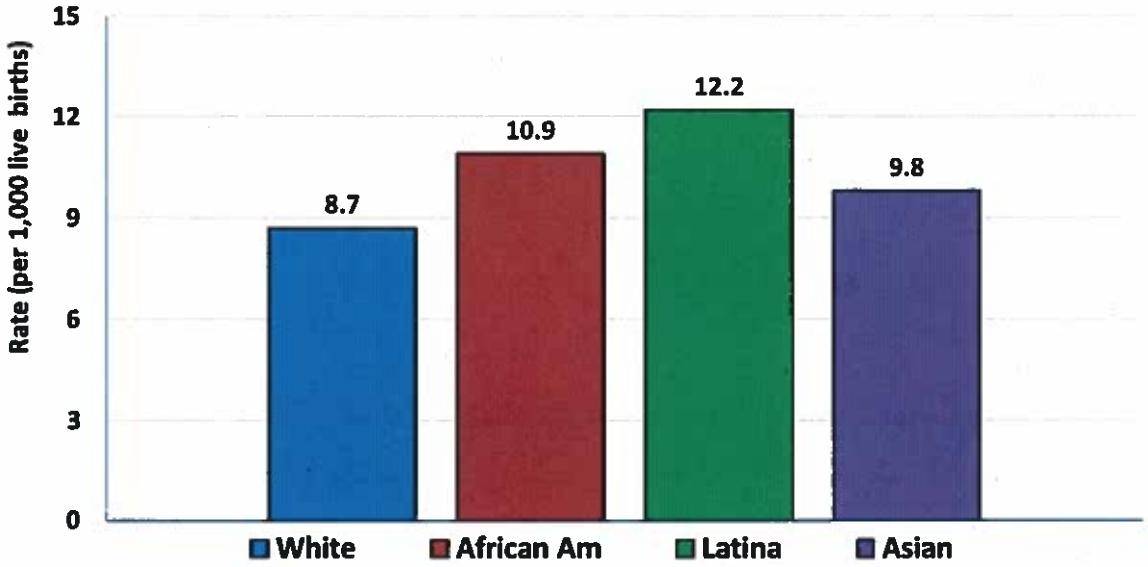
# Infant Mortality Rate among babies born at normal birth weight (≥2500 grams), by mother's race/ethnicity, Los Angeles County, 2010-2014




*Rate (per 1,000 live births) applies to Infant Mortality Rate.

Source: CDPH Birth Cohort Data and Birth Linked Data, 2010-2014. Office of Health Assessment and Epi., 6/2017.

# Infant Mortality Rate among babies born at low birth weight (1500-2499 grams), by mother's race/ethnicity, Los Angeles County, 2010-2014

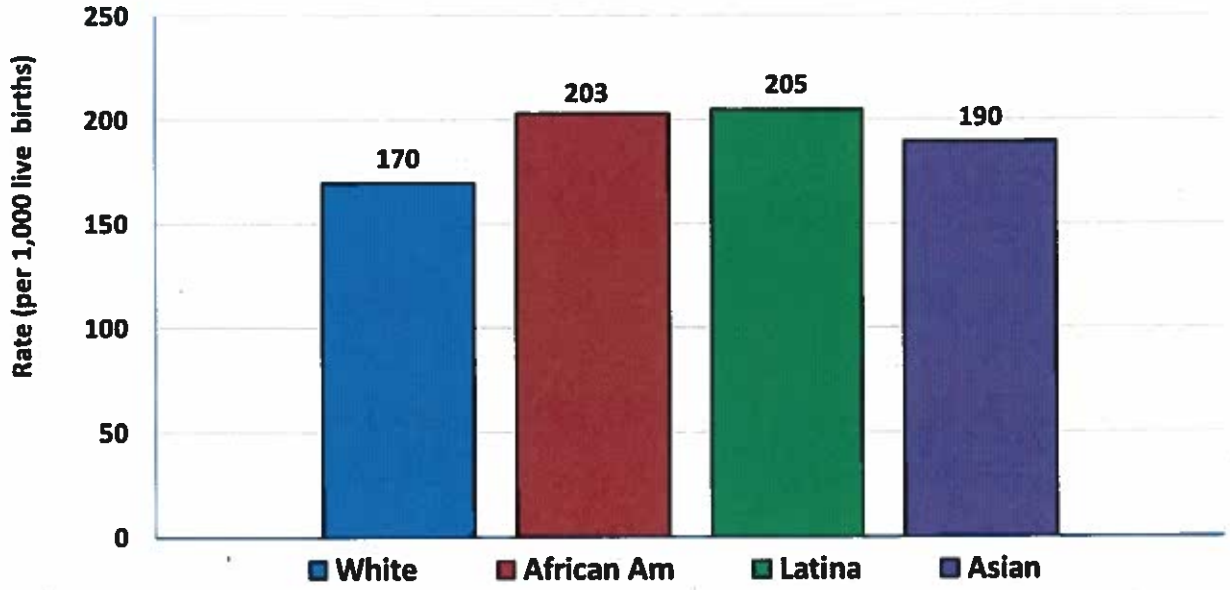



*Rate (per 1,000 live births) applies to Infant Mortality Rate.

Source: CDPH Birth Cohort Data and Birth Linked Data, 2010-2014. Office of Health Assessment and Epi., 6/2017.

E

# Infant Mortality Rate among babies born at very low birth weight (<1500 grams), by mother's race/ethnicity, Los Angeles County, 2010-2014

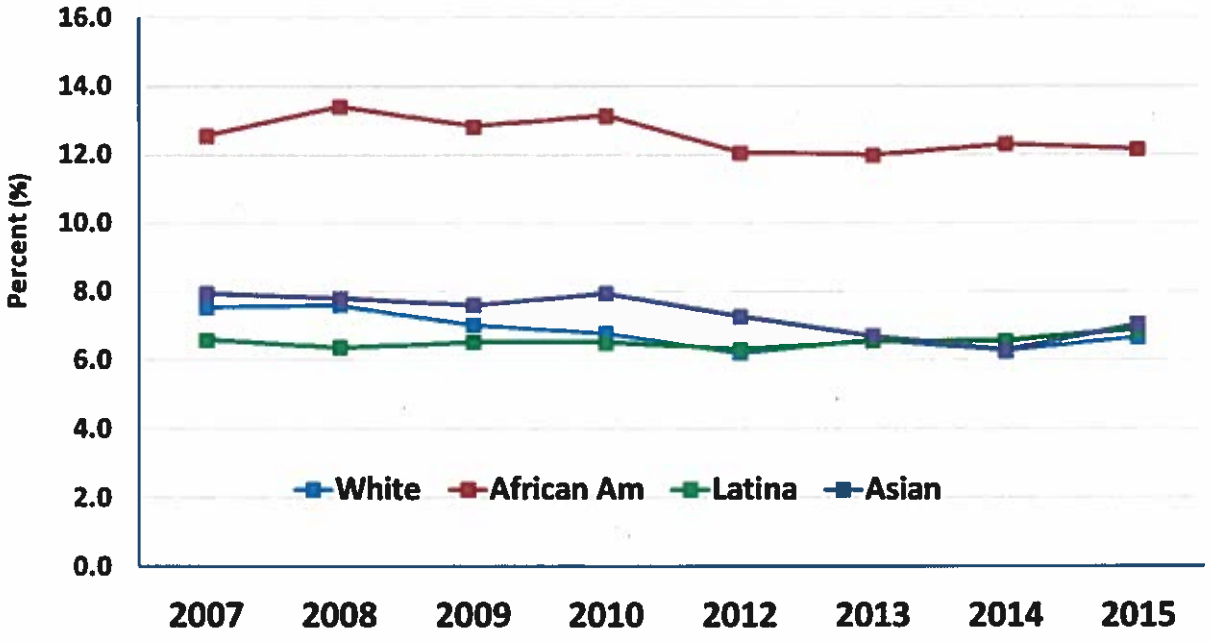



*Rate (per 1,000 live births) applies to Infant Mortality Rate.

Source: CDPH Birth Cohort Data and Birth Linked Data, 2010-2014. Office of Health Assessment and Epi., 6/2017.

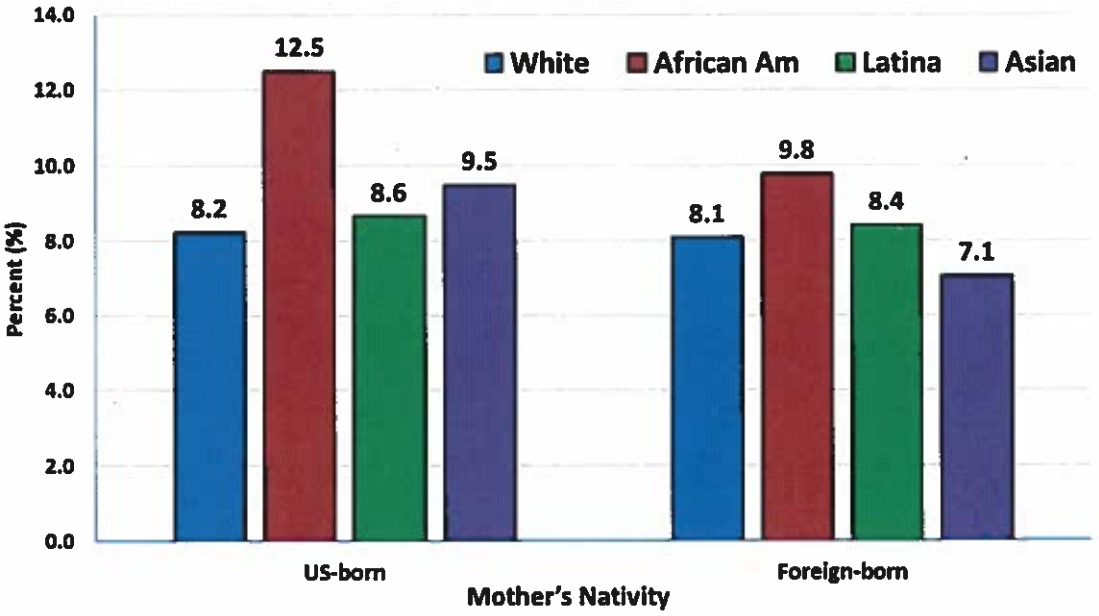
F

## Percent Low Birthweight*, by Race/Ethnicity
## Los Angeles County, 2007-2015




*Low Birthweight Rate: Live births weighing less than 2,500 grams at birth per 1,000 live births.
Source: Linked Birth File, 2007-2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017.

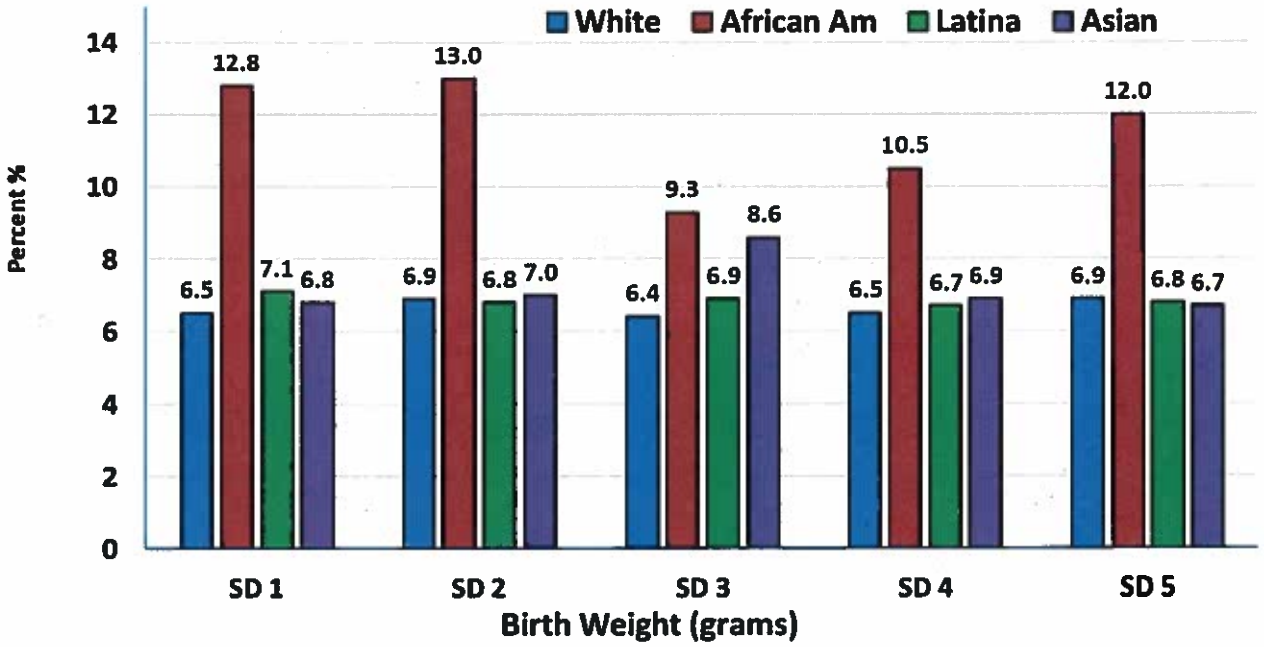
# Percent of Preterm Births by Mother's Race/Ethnicity & Nativity – LAC, 2010-2015




*Preterm Live Birth Rate: Live births less than 37 weeks of gestation and ≥ 17 weeks per 1,000 live births.

Source: CDPH Birth Cohort Data, 2010-2015. Prepared by Office of Health Assessment and Epidemiology, 6/2017.

# Percent Low Birth Weight* by mother's race/ethnicity and Supervisorial District (SD) – Los Angeles County, 2015




*Rate (per 1,000 live births) applies to Infant Mortality and Percent applies to Birth weight and Preterm.
Source: Birth Linked File. 2015. Office of Health Assessment and Epi., 6/2017.

## *Prevalence of Preterm and Low Birth Weight Births by Mother's Race/Ethnicity and Maternal Characteristics*

## Los Angeles Mommy and Baby 2012 & 2014

| | White | | African American | | Hispanic | | Asian/PI | | County | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % Preterm | %LBW | % Preterm | % LBW | % Preterm | % LBW | % Preterm | % LBW | % Preterm | % LBW |
| **Smoked before pregnancy** | | | | | | | | | | |
| Yes | 10.0 | 6.3 | 12.6 | 15.6 | 8.4 | 9.2 | 8.1 | 6.6 | 9.5 | 9.1 |
| No | 7.2 | 5.6 | 12.3 | 10.9 | 9.2 | 5.9 | 6.8 | 5.7 | 8.7 | 6.2 |
| **Supervisorial District of Residence** | | | | | | | | | | |
| 1 | 6.3 | 2.9 | 15.7 | 14.5 | 8.6 | 6.2 | 4.0 | 4.5 | 7.9 | 5.9 |
| 2 | 6.4 | 5.0 | 12.3 | 11.0 | 9.5 | 6.3 | 7.0 | 5.0 | 9.6 | 6.9 |
| 3 | 8.5 | 7.0 | 11.6 | 9.5 | 10.9 | 6.4 | 6.8 | 4.7 | 9.6 | 6.6 |
| 4 | 7.5 | 5.4 | 11.1 | 12.0 | 8.9 | 5.4 | 8.2 | 7.3 | 8.6 | 6.3 |
| 5 | 6.9 | 5.2 | 13.9 | 13.5 | 8.8 | 5.3 | 7.9 | 6.1 | 8.3 | 6.0 |
| **Educational Attainment** | | | | | | | | | | |
| <12 | 11.6 | 4.6 | 12.8 | 15.2 | 9.4 | 6.7 | 14.7 | 4.6 | 9.7 | 7.0 |
| 12 | 5.6 | 4.3 | 11.7 | 11.4 | 9.4 | 5.2 | 4.1 | 3.4 | 8.9 | 5.6 |
| >12 | 7.6 | 5.9 | 12.7 | 10.9 | 9.2 | 6.2 | 7.3 | 5.8 | 8.5 | 6.4 |
| **PNC Payer Source** | | | | | | | | | | |
| Medi-Cal | 6.1 | 4.3 | 13.1 | 12.8 | 8.6 | 5.9 | 6.3 | 5.7 | 8.6 | 6.4 |
| Private insurance | 8.1 | 6.3 | 11.7 | 11.2 | 10.0 | 6.3 | 8.4 | 6.8 | 9.0 | 6.7 |
| **Previous Birth Outcomes** | | | | | | | | | | |
| **Previous preterm birth** | | | | | | | | | | |
| Yes | 23.2 | 17.1 | 29.9 | 29.1 | 19.0 | 10.5 | 17.1 | 11.4 | 20.3 | 13.2 |
| No | 6.6 | 5.3 | 10.7 | 10.1 | 8.6 | 5.8 | 6.5 | 5.8 | 8.0 | 6.0 |
| **Previous miscarriage** | | | | | | | | | | |
| Yes | 9.9 | 7.6 | 16.5 | 14.1 | 11.2 | 6.5 | 6.9 | 6.7 | 10.7 | 7.5 |
| No | 6.6 | 5.0 | 11.2 | 10.7 | 8.8 | 5.8 | 6.9 | 5.5 | 8.2 | 6.0 |
| **Pre-Pregnancy Health** | | | | | | | | | | |
| **High blood pressure** | | | | | | | | | | |
| Yes | 15.0 | 21.6 | 29.1 | 25.8 | 18.4 | 11.3 | 4.9 | 5.7 | 17.8 | 13.9 |
| No | 7.3 | 5.3 | 11.1 | 10.5 | 8.9 | 5.8 | 7.0 | 5.8 | 8.4 | 6.1 |
| **Anemia** | | | | | | | | | | |
| Yes | 7.4 | 7.0 | 14.8 | 12.4 | 10.6 | 6.6 | 7.3 | 5.7 | 10.6 | 7.4 |
| No | 7.4 | 5.6 | 11.7 | 11.4 | 9.1 | 5.9 | 6.9 | 5.8 | 8.6 | 6.2 |
| **Unintended Pregnancy** | | | | | | | | | | |
| Yes | 8.0 | 5.4 | 11.9 | 12.0 | 9.2 | 5.8 | 6.3 | 5.1 | 9.0 | 6.3 |
| No | 7.4 | 5.9 | 13.5 | 11.4 | 8.8 | 5.7 | 7.2 | 6.0 | 8.4 | 6.2 |
| **Neighborhood is Unsafe** | | | | | | | | | | |
| Yes | 7.5 | 5.5 | 14.8 | 12.3 | 7.5 | 4.3 | 8.5 | 7.3 | 8.5 | 5.6 |
| No | 7.4 | 5.7 | 11.8 | 11.4 | 9.4 | 6.1 | 6.9 | 5.7 | 8.7 | 6.3 |
| **Experienced Discrimination** | | | | | | | | | | |
| Yes | 5.8 | 4.9 | 11.4 | 11.3 | 8.8 | 5.5 | 6.0 | 6.1 | 8.2 | 6.2 |
| No | 8.3 | 6.1 | 13.7 | 12.1 | 9.6 | 6.3 | 7.4 | 5.6 | 9.2 | 6.4 |

**Unstable estimates are denoted with red text

NC - cells <=5 are supressed

J

## *Selected Issues Experienced by Mothers and Infants Among Women Who Responded*

## Los Angeles Health Overview of a Pregnancy Event (LAHOPE), 2010-2012

| | African American | | All Other Women | |
|---|---|---|---|---|
| | Estimated N | % | Estimated N | % |
| **Fetal Loss** | **390** | **62.1** | **2,022** | **59.6** |
| **Infant Loss** | **238** | **37.9** | **1,368** | **40.4** |
| **Maternal Medical Conditions Before Pregnancy** | | | | |
| Asthma** | 56 | **8.9*** | 143 | **4.2** |
| Anemia** | 102 | **16.3** | 239 | **7.1** |
| **Maternal Medical Conditions During Pregnancy** | | | | |
| Sexually transmitted disease** | 76 | **12.5*** | 81 | **2.5** |
| **Prenatal Care Issues** | | | | |
| No prenatal care | 26 | **4.2*** | 53 | **1.6*** |
| **Psychosocial Issues** | | | | |
| No live-in partner[1]** | 254 | **41.1** | 446 | **13.5** |
| Somewhat unsafe or not safe neighborhood[2]** | 200 | **33.1** | 685 | **21.2** |
| **Risk Taking Behavior During Pregnancy** | | | | |
| Smoked during pregnancy** | 80 | **13.1** | 94 | **2.8** |
| Exposed to second-hand smoke[3]** | 127 | **20.5** | 187 | **5.9** |

[1]Question asked: At the time your last baby was born, what was your relationship status with the baby's father? Respondents who answered "Separated or divorced" or "Widowed" or "Never married and living apart" were coded as "No live-in partner."

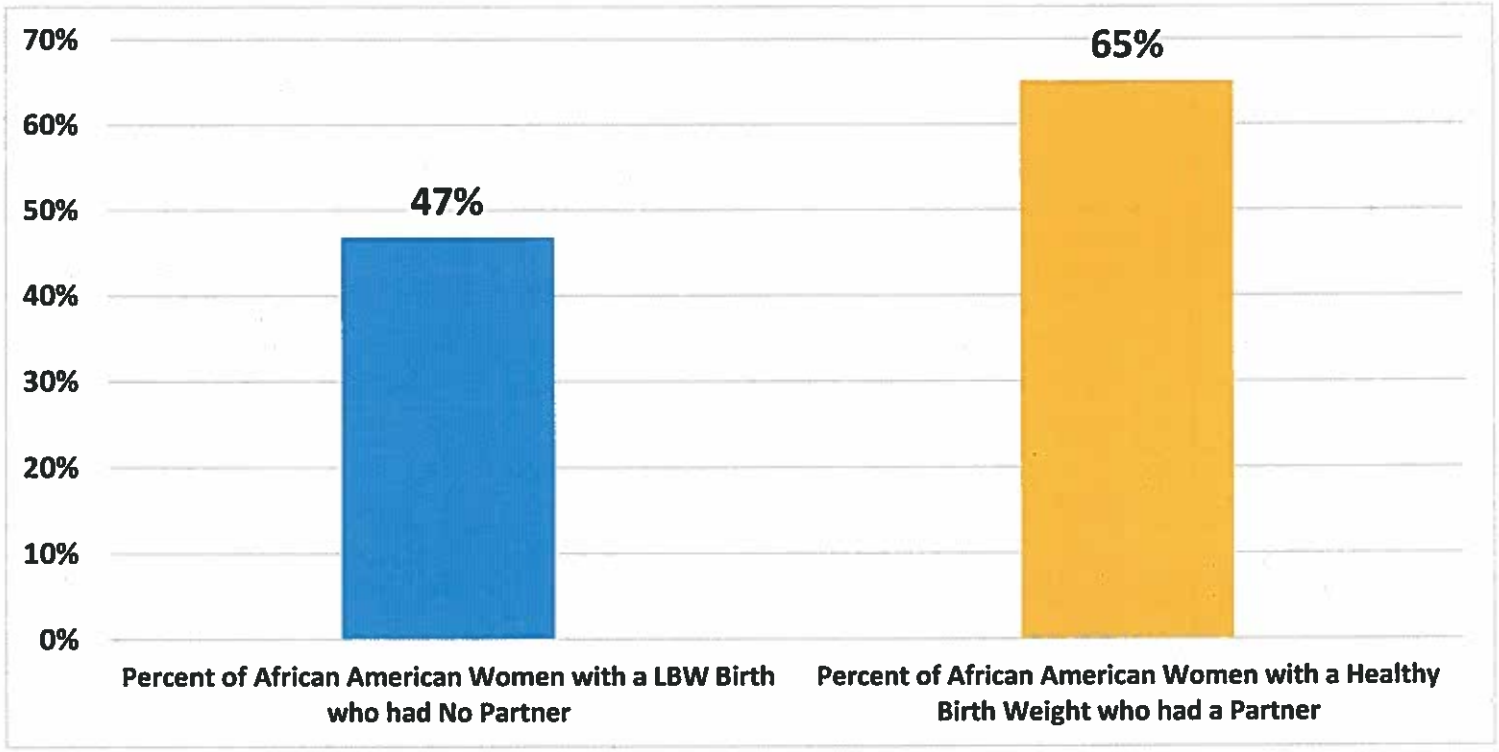
[2]Question asked: How safe from crime do you consider this neighborhood to be? Respondents who answered "Somewhat unsafe" or "Not at all safe" were coded as "Somewhat unsafe or not safe neighborhood."

[3]Question asked: During your last pregnancy, about how many hours a day were you in the same room with someone who was smoking? Respondents who indicated more than 0 hours were coded as "Exposed to second-hand smoke."

* Estimate is statistically unstable (relative standard error > 25%).

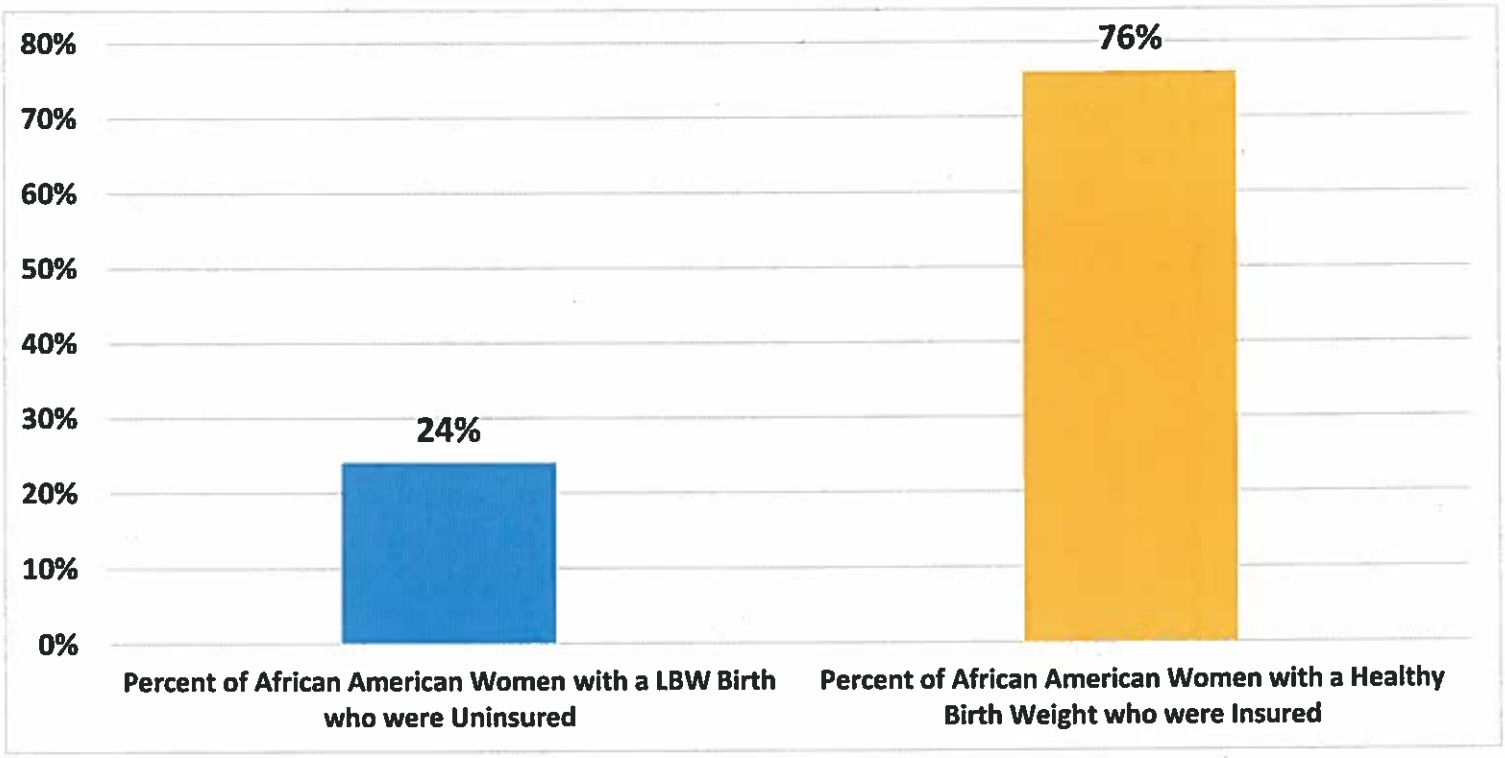
**Estimates are statistically different between two groups.

## *Partner Status Among African American Women* with Low Birth Weight Births and Healthy Birth Weight Births, Los Angeles Mommy and Baby 2012 & 2014



L

## *Insurance Status Among African American Women* with Low Birth Weight Births and Healthy Birth Weight Births, Los Angeles Mommy and Baby 2012 & 2014



## Eliminating the Gap in Birth Outcomes in LA County

**BREAK OUT**

**REMINDERS: Session is 30 minutes**

**Recommendations for Breakout Discussion**

**We will review initiatives your organizations are leading to improving perinatal outcomes and decreasing infant mortality.**

**We want to hear from everyone so this will be a writing and discussion exercise.**

**At the end of our session we will have a spokesperson present our top 2 ideas the Los Angeles County Public Health Department can collaborate to improve the birth outcomes and decrease the infant mortality rate among African American infants.**

1. **Introductions-All**
2. **Pull out the data book and highlight the data related to your group, ie preconception, prenatal, interconception/postpartum**
3. **Take 5 minutes to write down initiatives your organization is doing that address _____ and work towards decreasing infant mortality, especially African Americans**
4. **From what they wrote down, everyone goes around and gives their top 2 activities they are working on**
5. **Discuss: How can Los Angeles County Public Health work to collaborate?**
6. **Select a spokesperson and identify the top 2 or 3 recommendations**

**PLEASE COLLECT EVERYONE'S SHEETS AT THE END**

***Thank you!***

**APPENDIX E**

| | PRECONCEPTION BREAKOUT |
|---|---|
| **Organization Types in Breakout Group** | •California Department of Public Health Black Infant Health (BIH)<br>•Perinatal Health Coordinator<br>•Los Angeles County (LAC) Public Health-Antelope Valley<br>•LAC Hospital delivering a high number of African American (AA) births<br>• Non-profit child-advocacy organization<br>•AA community-based organization<br>•Federally Qualified Health Center (FQHC) in South LA<br>•Pasadena Public Health |
| **Organizational Activities** | • Conduct 10 weekly prenatal and 10 weekly postpartum sessions<br>• Provide case management, social support, empowerment to assist with bonding, relationship building with other women<br>• Discuss how to address issuer/conditions related to preconception health and healthy weight<br>• Preventive check-ups, nutrition and exercise, meditation to decrease stresses and healthy relationships<br>• Importance of having a PNC provider that listens to your needs/concerns. Yoga is included<br>• Prematurity leadership council<br>• Maternal Mental Health Task Force<br>• Prenatal, early childhood home visiting programs: Welcome Baby, Healthy Families America, Parents as Teachers<br>• SPA 1 & 2: Regional Hospital Breastfeeding Consortium (RHBC)<br>• SPA 2: Valley Core Community Consortium: Community Health Committee, Oral Health Committee, Preconception and prenatal on education<br>• SPA 1: Collaborate with Antelope Valley partners for Health and partners such as Antelope Valley Wellness Symposium/Mayor's Health and Wellness Council<br>• Working with March of Dimes<br>• Identify high risk on site- hospital<br>• Equity & diversity officer named<br>• Patient Centered Outcomes Research (PCORI) -patient outcomes research focusing on disparities<br>• Exploring how to utilize small amount of resources earmarked to address birth disparities. Can be utilized for systems level work in any stage (preconception, prenatal, interconception.)<br>• Educating the community and making them aware of the risk protective factors to mitigate the gap in birth outcomes<br>• Hosted call to action on trauma and impact on birth outcomes<br>• Hosted call to action on environmental toxins and the impact of maternal child health<br>• Policy work - crisis pregnancy centers, bio-monitoring, bio-genetics. Environmental justice - toxins/chemicals that affect health and fertility. Reproductive justice - access to quality health care. Nutrition and health education. Sexual health education - STIs/AIDs/Treatment/Conception/Family Planning<br>• Encouraging early entry to prenatal care - access to care<br>• Mental Health/Behavioral Health staff on site: assesses for substance use and screen with the PHQ-9 for depression<br>• Implemented use of daily aspirin to decrease risks for preeclampsia |

## PRECONCEPTION BREAKOUT (continued)

| | |
|---|---|
| | • Referrals to tobacco cessation groups for tobacco using moms<br>• Appropriate referrals to Welcome Baby, Black Infant Health<br>• Home visits<br>• Social connectors, core management, partners, group, fathers, domestic violence<br>• Link families and medical homes<br>• Promote self-efficacy<br>• Work with health plans to set up incentives to decrease weight, healthy weight, decrease percent of costs<br>• BIH provider<br>• Smoking cessation programs, education (nutrition, physical exercise), BIH program, SIDS education prenatal providers social determinants of health and awareness to staff, new mom packets, assist access to care<br>• Numerous MCAH programs – NFP Partnership - enroll in care - health outreach<br>• Convene communities<br>• Connection w/ providers to promote information such as data on birth outcomes & risk factors |
| **Recommendation For LAC Public Health** | • Include California Department of Public Health in Los Angeles County discussions<br>• Data sharing<br>• Help us spread to more men<br>• Encourage more prenatal care programs to offer Centering Pregnancy Program; currently happening at Eisner Health and South Bay Clinics<br>• Preconception health campaign to optimize weight and medical conditions prior to conception.<br>• Enter prenatal early to take advantage of preterm birth prevention strategies i.e. aspirin prophylaxis for preeclampsia<br>• Work plans to decrease bureaucracy for access to provider<br>• Work with the public to emphasize/educate preterm birth is not normal<br>• Identify "best practices" providers who *care* instead of just being in it to make money<br>• Streamline communication efforts between different groups addressing men's health, preconception, to 5 years old<br>• Promote LA FAMILIA/LA Moms which have a preconception health component<br>• Better promotion of speaker's bureau/revise and update<br>• Draw lines & connections b/w STDs, infant, connect to Health Neighborhoods.<br>• Include other social service agencies<br>• Identify best, promising or evidence-based practices that First 5 can focus on at a systems or policy level, with opportunities to integrate with the Department of Public Health and other county efforts<br>• Conduct research on mechanism for successful communicating essential messaging<br>• Use media to perpetuate messages to diverse communities<br>• Provide Access to data<br>• Ensure/assist with continued funding for needed community resources<br>• Continue collaboration meetings (biannual or quarterly to facilitate continued collaboration)<br>• Support community clinics and county clinics to implement health care practices known to reduce preterm births |

## PRECONCEPTION BREAKOUT (continued)

| | |
|---|---|
| | • Fund expansion of centering pregnancy "start-up costs"<br>• PSAs (Public Service Announcements) about importance of preparing for pregnancy for men and women<br>• PSAs providers about implementing clinical guidelines<br>• PSA for issues regarding services offered: FAMILIA, text messages, access to resource for clients/patients<br>• Link data to interventions/recommendations for evidence based and best practices<br>• Link policy to direct services<br>• Lead initiatives on how to work together to address the intersections<br>• Develop programs on how to communicate between family, friends, work, church prior and pregnant women<br>• Education- Preconception Health, specifically related to African American Community<br>• Invest money in initiatives<br>• Bring key partners at least twice a year |

**APPENDIX F**

| | PRENATAL BREAKOUT |
|---|---|
| **Organization Types in Breakout Group** | •LAC Department of Health Services Hospital delivering a high number of African American (AA) births<br>•Non-profit child-advocacy organization<br>•WIC (Special Supplemental Nutrition Program for Women, Infants and Children)<br>•AA community based organization<br>•Black Infant Health (BIH) Contractor<br>•Non-profit social service and policy agency<br>•LAC Public Health SPA 5/6 |
| **Organizational Activities** | • Fund BIH<br>• Fund Home visitation<br>• Working on finding support for fatherhood initiative<br>• Prenatal resiliency classes<br>• Care coordinators<br>• Whole person care<br>• Reproductive Life Planning<br>• Provide education on health foods<br>• Provide education on anemia<br>• Provide education on smoking and second hand smoke<br>• Prenatal care referral<br>• Provide social support<br>• Faith based collaboration to address low birth weight and infant mortality<br>• Prenatal education<br>• Preterm birth education<br>• Home visitation case management<br>• Breastfeeding support<br>• Address policy issues related to prenatal care- mental health, dental health, risk assessment<br>• Support and advocate for activities that support the leadership groups of parents in SPA 6<br>• Support and facilitate meetings addressing immunizations for moms and babies<br>• Prenatal resiliency program<br>• Reciprocity between medical facility and community partners<br>• Referrals and education on prenatal care<br>• Support fathers with issues they may have |

| | **PRENATAL BREAKOUT** (continued) |
|---|---|
| **Recommendation For LAC Public Health** | • Support fathers with issues they may have<br>• Explore how home visitation could deploy prenatal support<br>• Look to integrate CPSP and home visitation programs<br>• What can the connection be for first referral from CPSP to home visitation programs and early intervention programs i.e. BIH, Welcome Baby, etc.<br>• Father Involvement/Initiative<br>• Prenatal wrap-around services<br>• Medical homes<br>• Partnership with WIC programs<br>• Replicate Black Mothers United/Sacramento CPSP<br>• Invest in partner support and involvement<br>• African American women are often very often very socially isolated and have few resources or social support<br>• Support grass root organizations that help aid county in facilitating focus groups in communities<br>• Address barriers and challenges that prevent follow up, postpartum and pediatric care i.e. transportation<br>• Breastfeeding support<br>• Increase home visiting services for mothers across the board before they occur<br>• Provide preconception resources<br>• Resource hub<br>• Support programs that prevent BIH program cuts<br>• Have small meetings to inform/exchange with Dr. Ferrer<br>• Stories of fetal review<br>• Continue using "evidence based" even when it's not randomized<br>• Create a listserv of items brought up<br>• Share data |

**APPENDIX G**

| | INTERCONCEPTION BREAKOUT |
|---|---|
| **Organization Types in Breakout Group** | • LAC HMO Hospital delivering a high number of African American (AA) births<br>• Quality Improvement hospital, patient and provider liaison<br>• AA community based organization<br>• Pasadena Public Health<br>• WIC (Special Supplemental Nutrition Program for Women, Infants and Children)<br>• Home Visitation Program |
| **Organizational Activities** | • Reproductive Life Planning<br>• Smoking Cessation<br>• Breastfeeding support<br>• Support implementing quality improvement initiatives focusing on decreasing low birth weight and c-section<br>• Newborn health navigation<br>• Child spacing/Contraception<br>• Safe Sleep<br>• Food Resources for families<br>• Referral to programs: food, housing, substance abuse, mental health<br>• Community education on environmental toxins and reproductive health<br>• Community partner to bring awareness of AA disparities<br>• Home visitation<br>• Nutrition education |
| **Recommendation For Los Angeles County Public Health** | • Encourage health plans- Medi-Cal to assign a provider and facilities based on geographic location<br>• Increase cross-collaboration among organizations so we don't work in silos<br>• Assist in promoting community based care<br>• Identify/Establish "mommy support groups"<br>• Increase access to postpartum/outpatient lactation support<br>• Bring education on baby care and breastfeeding *to t*he community<br>• Convene community cross collaborative meetings to encourage working together<br>• More Health Centers in the Community to Provide Central Services<br>• Continue supporting BIH<br>• Provide/Share data specific to all geographic areas<br>• Be at the table<br>• Serve as a "hub"-investment opportunity<br>• Staff development<br>• SPA level community training<br>• Increase funded projects such as Centering Pregnancy |