

*Silicon Valley Health Equity Summit  
A Call To Action*

*Addressing Black Infant Health*

*Wednesday, February 4, 2009*

*Santa Clara Marriott*



**Public Health Department**

Santa Clara Valley Health & Hospital System



# Infant Mortality

- Infant mortality rates are calculated by the number of deaths of infants under one year old in a given year per 1,000 live births in the same year. This rate is often used as an indicator of the level of health in a country.

## U.S. Infant Mortality Rate

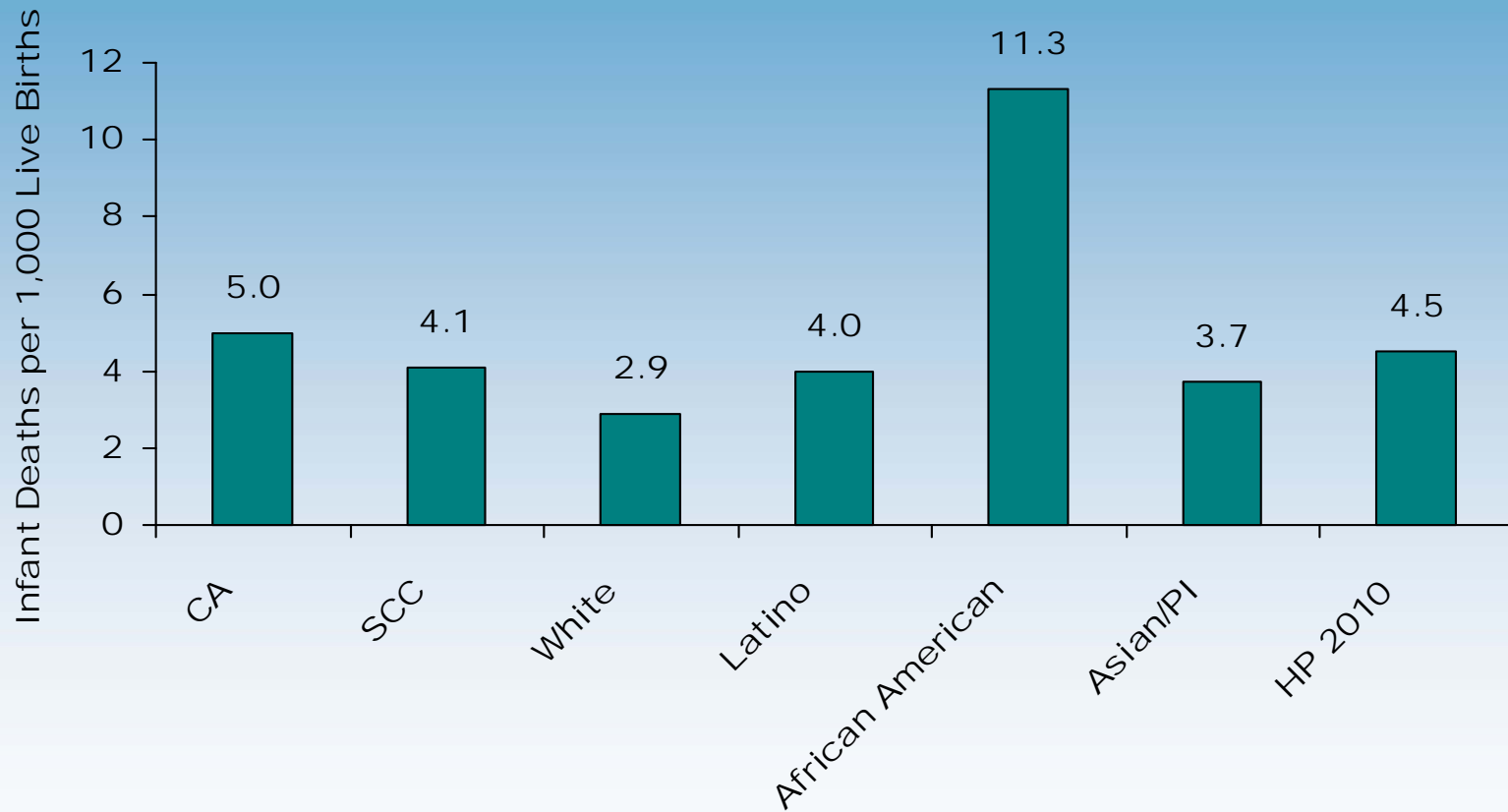
### Ranking

<u>Rank</u>	<u>Country</u>	<u>IMR</u>
35	Cuba	6.04
36	South Korea	6.05
<b>37</b>	<b>United States</b>	<b>6.37</b>
38	Croatia	6.60
39	Belarus	6.63
40	Lithuania	6.68

# Health Status Indicator Infant Mortality Rates

- Healthy People 2010 objectives  
4.5 deaths/1000 live births
- United States  
6.4 deaths/1000 live births
- California  
5.3 deaths/1000 live births
- Santa Clara County  
4.1 deaths/1000 live births

# Infant Mortality Rates in Santa Clara County

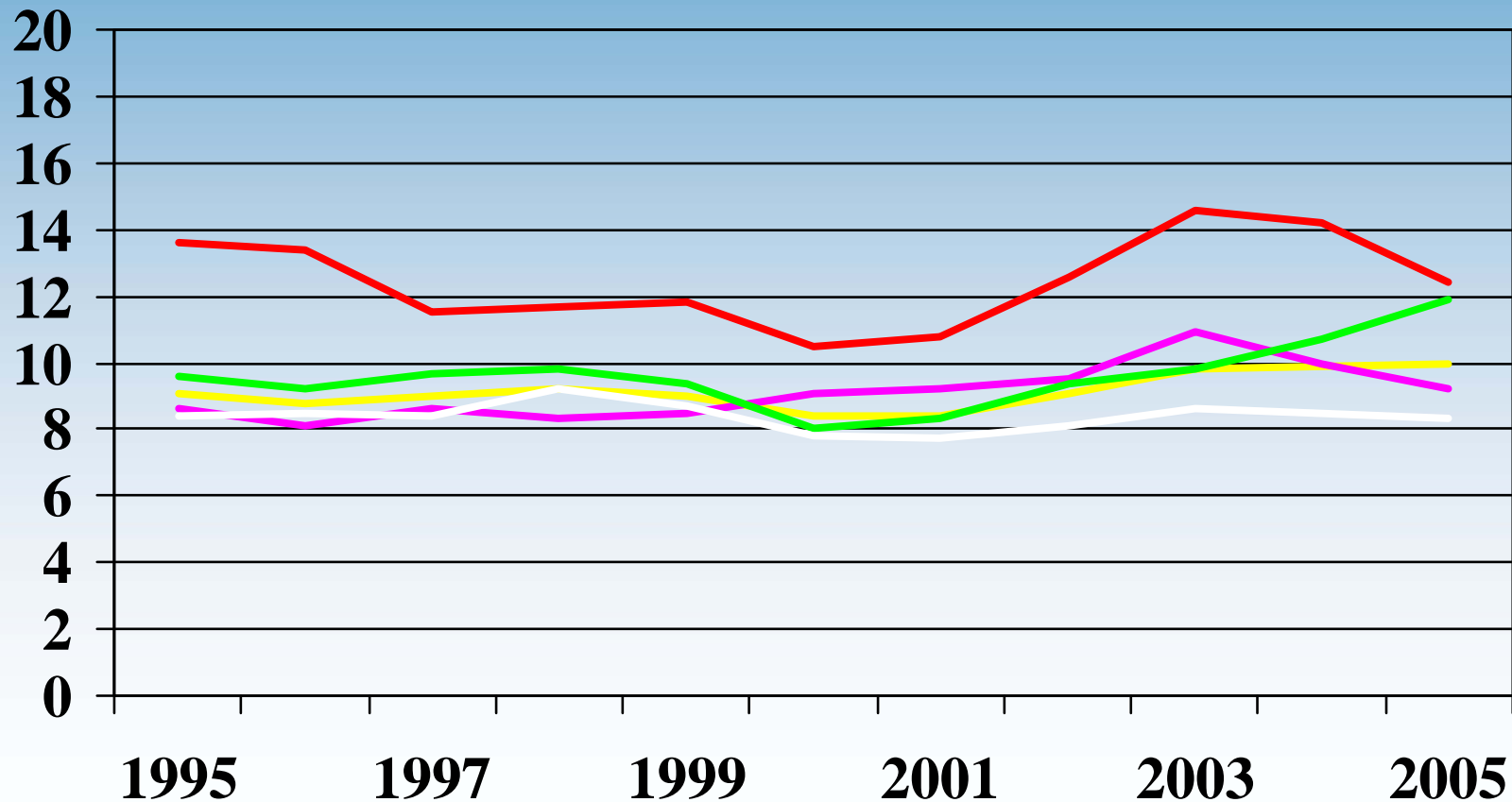


# African American Birth Outcomes

- Black infants die at nearly three times the rate of other babies in their first year of life
- African American infants are twice as likely to be born low birth weight (below 5.8 lbs)
- The risk of premature birth (<37 weeks gestation) is greater for Black women
- Although African American women represent only 2% of the female population in SCC, they account for 42% of all infant deaths

# Highest Proportion of Preterm Births Among Black Women

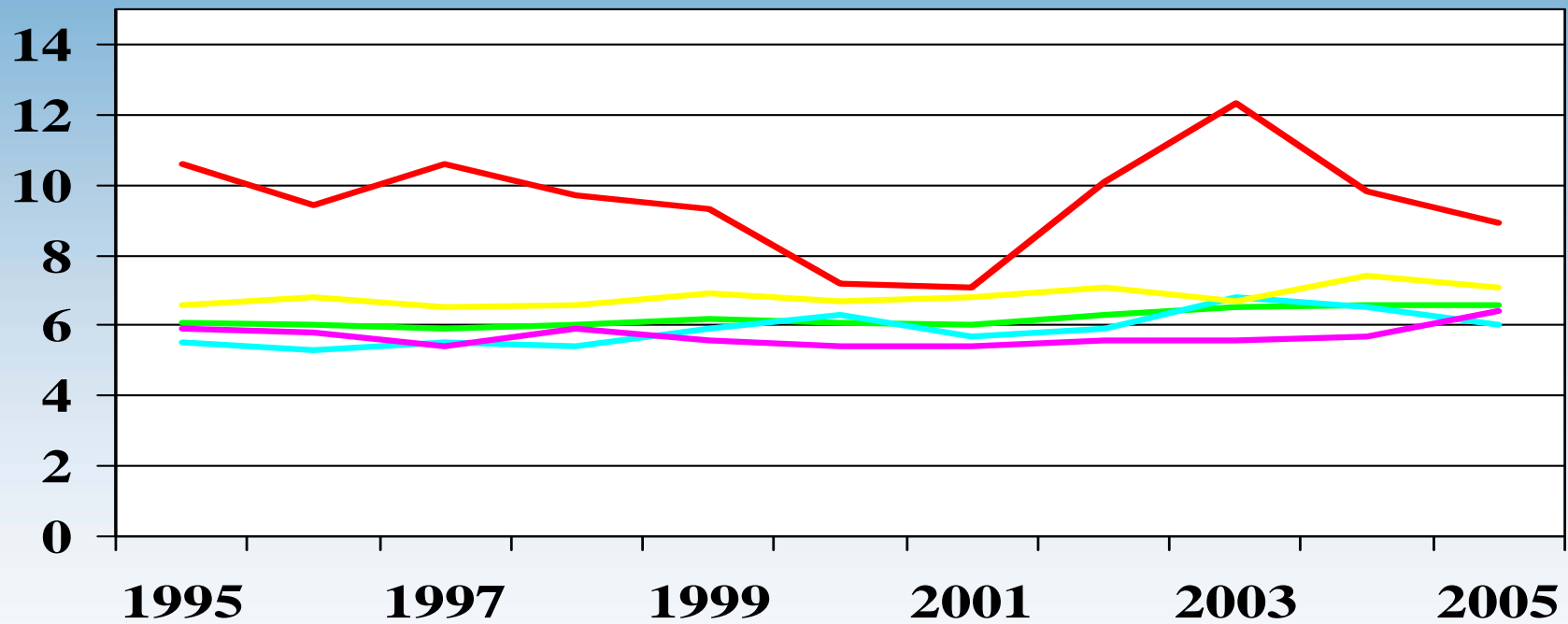
Overall Whites Hispanic  
African American Asian/PI



Preterm birth is birth <37 weeks gestation  
Source: FHOP, 2005

# Highest Proportion of Low Birth Weight Births Among Black Women

Overall Whites Hispanic African American Asian/PI



Low birth weight is <2500 grams at birth  
Source: FHOP, 2005

# Medical Causes for IMR

- Congenital abnormalities
- Pre-term birth
- Low birth weight
- SIDS
- Pregnancy related complications

# Other Causes of Infant Death

- Recent research shows that infant mortality and health in general is profoundly influenced by social determinants such as where we live, our income, our education, the color of our skin and stressors associated with racism and other social pressures.

# Root Causes of Infant Mortality Rate

- Stress
- Racism
- Social Class/Power
- Poverty
- Immigration/Recent Immigrant
- Unstable Housing

# Effects of Racism



Common exposure which effects all individuals irrespective of SES (education and income)

# African American Risk/Predictors

- All African American women are at the same risk for poor birth outcomes
- Income, education, etc. are not predictors for birth outcomes

# Cost of Poor Birth Outcomes

- The economic burden for preterm births is \$26.2 billion or \$51,600 per infant
- Premature babies on average spend 16.8 days in the hospital compared with 2.3 days for full term infants
- Mothers of premature babies spend more time on short-term disability (29 days) compared with mothers of full-term babies (18.9 days)

# Additional Costs

- Affects of prematurity across the life span:
  - Less likely to be in excellent or good health in childhood
  - Score lower on reading comprehension and math achievement tests
  - One-third are more likely to drop out of high school
  - Greater risk for certain chronic conditions i.e. Metabolic syndrome (combination of HBP, Type 2 Diabetes, Heart disease)

# California Department of Health Services Response

- In 1989, DHS launched efforts to improve African American birth outcomes within 18 health jurisdictions (counties, cities) where 97% of infant deaths occurred.
- Santa Clara County BIH Program began in 1991.
- BIH Programs services are available to all pregnant and/or parenting women with children under the age of 2 years.

# BIH Program Staff

- One Health Care Program Manager
- Three Public Health Nurses
- One Health Education Specialist
- One Health Education Associate
- One Community Worker
- One Office Specialist

# Program Models

- Case Management
- Outreach/Tracking
- Social Support & Empowerment
- Health Education
- Role of Men Fathers Program

# Program Client Information

- 796 clients served since 1996
- 133 clients currently being served
- 36% enrolled in their second trimester

# Clients Profile

- Typical BIH Client
  - 25 years old
  - Single (67.6%)
  - Some college education (41%)
  - Not employed at time of enrollment (69.4%)
  - Primary source of income is employment (28.3%)

# Client Medical History

- 40% have anemia
- 7% have gestational diabetes
- 6% have pregnancy induced hypertension
- 8% experience premature labor
- 17% have another pre-existing medical condition

# BIH Community Partners

- BIH Advisory Board
- March of Dimes
- Blue Cross, SCCFHP
- Zeta Phi Beta
- Faith Community
- Ujirani Family Resource Center
- Ujima Family Health
- Kaiser Permanente
- The Health Trust
- Catholic Charities
- City of San Jose
- Office of the District Attorney
- Emergency Housing Consortium

# Santa Clara County Trends

- Infant Death among Blacks in SCC have been persistently lower than the state since 1994
- The IMR for African American babies in Santa Clara County has dropped from 15.5 to 11.3 per 1,000 deaths in the last 10 years
- However, the IMR for African Americans in the county is much times higher than the overall county rate and has remained persistently so higher for the last 10 years

# How You Can Help

- Participate with the efforts of the Black Infant Health Program and/or its Advisory Board
- Learn to recognize the symptoms of racism and confront it whenever possible
- Support preventative health, programs, services and activities such as the BIH Program that address reducing infant mortality/morbidity through advocacy, letter writing to policy makers, etc.
- Support pro maternal/paternal legislation

## How You Can Help (*cont.*)

- Refer families to the BIH Program
- Volunteer your time and resources toward programs that support reduction of infant mortality (i.e. Storks Nest, professional expertise, etc.)

# BIH Program Contact Information

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