

SUMMARY STATEMENT

Through collaboration and partnerships, the California Department of Public Health; Maternal, Child and Adolescent Health Division (CDPH/MCAH) continues to work to decrease the state's preterm birth rate. In addition to current programs, CDPH/MCAH has expanded efforts to reduce disparities in preterm births. In 2018, the preterm birth rate among births to non-Hispanic Black mothers was more than 1.5 times the preterm birth rate among non-Hispanic White mothers (12.2% vs. 7.6%).

ACTIVITIES AND RESULTS

CDPH/MCAH continues to focus on the impact of racism on Black birthing people to develop and revise strategies to improve Black birth outcomes. Data from the Maternal and Infant Health Assessment (MIHA) survey reveal a sharp increase in chronic worry about racial discrimination among Black women. In 2018, nearly seven in ten Black women worried often about experiencing racial discrimination for themselves or a loved one, and three-quarters of Black women had experienced incidents of racial discrimination. Worry about racial discrimination has been linked to preterm birth, maternal hypertension and symptoms of maternal depression.

To address the health and wellbeing of Black women and their babies, CDPH/MCAH funds 14 Local Health Jurisdictions to implement the Black Infant Health Program (BIH). BIH currently uses a group-based approach with complementary life-planning services to help pregnant and parenting Black women develop life skills, set and attain health goals, learn strategies for managing stress, and build social support and empowerment. New funding granted to the BIH program in 2018 allowed the program to expand beyond the group model and provide case management to birthing people to meet their needs. An evaluation of the BIH Program was conducted covering three state fiscal years (July 1, 2015 – June 30, 2018), focusing primarily on implementation of the prenatal group component. The goal of the evaluation was to examine implementation and participants' outcomes of the program. The evaluation covered five focus areas: population served; services received by participants and participants' perceptions of the program; services provided by staff and staffs' perceptions of the program; implementation fidelity and contextual factors supportive of fidelity; and participants' intermediate health and health-related outcomes. Dissemination of the evaluation results is forthcoming.

In addition, CDPH/MCAH also funds 11 counties to implement the Perinatal Equity Initiative (PEI). PEI requires each county to utilize a community advisory board to determine which of five interventions to implement in order to complement the BIH program and further support Black families. Counties have chosen to implement fatherhood or partner interventions, implicit bias trainings, group prenatal care, personal support models, connecting birthing people to doulas/midwives, home visiting models, and preconception/interconception care models. Each county is also developing a public awareness campaign that focuses racism as a risk factor for preterm birth. PEI is utilizing the Results Based Accountability (RBA) framework to monitor local implementation and outcomes.

In 2018-21, CDPH/MCAH, with the March of Dimes and other preconception health leaders, is participating in the California Preconception CoIIN to pilot clinical practices to improve health before pregnancy with a particular focus on supporting low-income women and women of color.

COVID RELATED WORK

COVID-19 has affected all MCAH programs and populations. Some examples of what CDPH/MCAH is doing to support the response are:

- Developing and updating guidance for people who are pregnant and breastfeeding
- Providing funding flexibilities to support program participants and the MCAH population with meeting their basic needs, e.g., with baby items, food/food services, clothing, hygiene items, mental health support, technology and school supplies
- Adapting program implementation to use virtual platforms and allow participants to safely receive services and maintain continuity of support and connection. As an example, through collaboration with the California Department of Health Care Services, the California Perinatal Services Program (CPSP) released guidance on telehealth for delivering Medi-Cal-covered services during the pandemic.
- Adapting the MIHA survey questionnaire and protocol to monitor secondary impacts of the COVID-19 pandemic related to topics including income, employment, childcare, food security, intimate partner violence, mental health, substance use, healthcare access and program participation

CDPH/MCAH recognizes that the COVID-19 pandemic is likely to cause severe long-term impacts on health and well-being, and will continue to assess, adapt, and strive to meet the needs of babies and families in California.