



# African American Infant Mortality in Fresno County

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Executive Summary

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**7/24/2015**





**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 a persistent increase in infant mortality among African Americans over the last few years, First 5 Fresno County and Fresno State’s Central Valley Health Policy Institute (CVHPI) conducted 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 advisory group 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.

**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. Figure 1 shows some of the factors that were found to increase or decrease the chances of this outcome.

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. <sup>^</sup>Rate is per 1,000 live births.



<i>Outcome</i>	<i>Risk</i>	<i>Protective</i>
Infant Mortality	Pre-term Birth African American Maternal age over 35 Inter-pregnancy period <33 months	Receiving WIC College Degree for women over 22 (p-value= .07)
Pre-term Birth	Previous Pre-term birth African American Asian Maternal age over 35 Hypertension during pregnancy Medi-Cal recipient Inter-pregnancy period <33 months	Increased Economic Opportunity Receiving WIC Foreign Born College Degree for women over 22

Note: All factors significant at p-value =<.05, unless otherwise indicated.

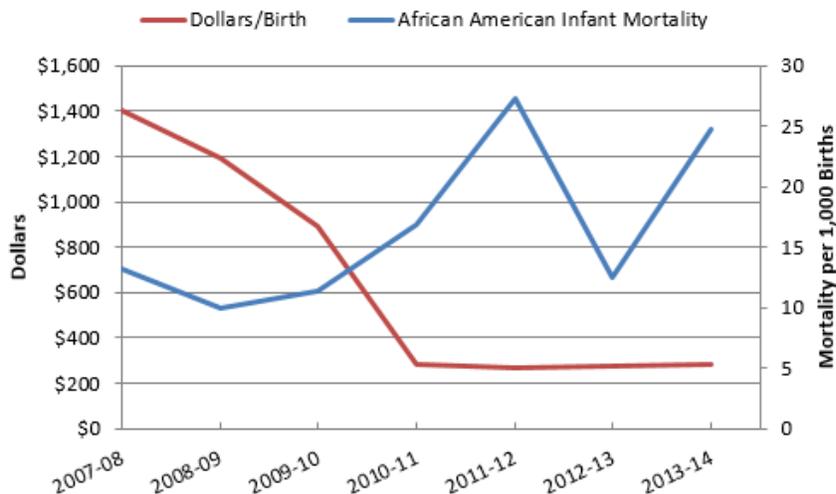
**Qualitative Findings:**

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	
Focus Groups	In-Depth 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> </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:**

The maternal and child health expert advisory group's discussions led to insightful and valuable recommendations for changes in policies and practices that have the potential to address African American infant mortality and other adverse birth outcome challenges facing Fresno residents. Over 30 practical recommendations that could be implemented immediately were identified. Several recommendations appeared most actionable by First 5 Fresno County. Integrating these recommendations, CVHPI identified actions that First 5 Fresno County might take directly, as well as recommendations that First 5 Fresno County might take to the community. **These recommendations will be further refined based on feedback from the First 5 Fresno County Commission, staff and participants in the August 11 community forum.**

First 5 Fresno County should consider the following initiatives:

- Pilot a Centering Pregnancy program for African American women to encourage social support, coordination of services and dissemination of accurate, timely health information prior to and following pregnancy. The pilot could select an initial geographic focus with residents of low educational attainment and economic opportunity.
- Engage African American mothers at high risk for future poor birth outcomes in health and social services. First 5 promotes initiatives with the early childhood services network to design and implement a coordinated support system to improve the physical and mental health of this population and prevent future unhealthy pregnancies. The pilot could select an initial geographic focus on residents of neighborhoods with low education attainment, inadequate economic opportunity and environmental challenges.
- Form a blue ribbon panel of health care, education and community leaders to improve the cultural appropriateness of health care for African American women and families.

Additionally, First 5 Fresno County can play a significant role in advocating for funding support and policies mandating the following:

- Increased funding for Fresno County Department of Public Health's Black Infant Health Program.
- Coordination and expansion of Infant Mortality and Poor Birth Outcomes chart/documentation review to create a timely, multi-level assessment of each event.
- Develop initiatives to address living conditions and life opportunities for young African American women and families by focusing on jobs, transportation, housing, neighborhood resources, and education.

**Special Thanks:** First 5 Fresno County and CVHPI would like to express our appreciation to the individuals and organizations who have contributed their time and insight, including: the women of Fresno who enlightened us with their open conversation and reflections; community service providers who are deeply committed to their clients and participated in in-depth interviews; and members of the Maternal and Child Health Expert Advisory Group who providing invaluable insight and feedback during the research process.