November 16, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: INFANT MORTALITY AMONG AFRICAN AMERICANS IN THE ANTELOPE VALLEY

On September 14, 2004, the Board received a status report on the June 2004 report, Infant Mortality in the Antelope Valley, and approved a motion by Supervisor Antonovich, directing us to seek grant funding for which existing resources are not available and to implement the five recommendations of the report.

Attached is a status report on the five recommendations, including efforts to seek grant funding. We anticipate completion of all objectives by end of February 2005, and will submit a final report to the Board review at that time.

If you have questions or require additional information, please let us know.

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Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
INFANT MORTALITY AMONG AFRICAN AMERICANS
IN THE ANTELOPE VALLEY

Update on Recommendations
November 9, 2004

**Recommendation 1**
*Increase capacity and target access to high risk family support programs for African American women and their families.*

1.1 By August 2004, organize a resource group of local provider groups and community advocates to determine the viability of opening a women’s health care local one-stop-shop or “drop-in” care center for at-risk women in targeted areas of the Antelope Valley.

**Update**
This project is being pursued as part of the grant applications currently in process to provide the additional funding need to carry out this work. Partners In Care Foundation and Public Health Foundation Enterprises are working with our community partners to apply for grant funds.

In addition, on October 25, 2004, staff from Maternal Child and Adolescent Health (MCAH), the Area Health Office, Los Angeles Best Babies Collaborative (LABBC) and the Antelope Valley Black Infant Health (BIH) program met with staff from First 5 LA Connect regarding an outbound calling program to link pregnant women with needed services and resources. Additional work will be conducted to determine the design and feasibility of this project.

1.2 By August 2004, Area Health Office and local community health collaborative will submit at least one application for additional funding to increase the capacity of programs that target at-risk African American women and teens.

**Update**
We are collaborating on several grants as stated above. While the grant application for the federal Office of Minority Health was recommended for funding by the agency, funds were not available at this time. Three other grants are pending.
Recommendation 2
Decrease barriers to accessing care by increasing the number of women and infants that have medical insurance.

2.1 By September 2004, the SPA 1 Area Health Officer, the MCAH Director and members of the LABBC, will work with Los Angeles County legislative analysts to prepare language to advocate for Medi-Cal coverage for women two years post-partum to provide inter-conception care.

Update
On September 8, 2004, LABBC and MCAH co-hosted a meeting with key stakeholders to discuss Interconception Care Financing Strategies. The participants discussed the applicability and feasibility of existing models of financing interconception care and have begun to create an action plan for future work. The next meeting will take place on December 8, 2004.

2.2 By September 2004, the SPA 1 Area Health Office will work with community partners and health care providers to increase the use of the newborn referral form for infants born to mothers on Medi-Cal.

Update
We are developing a outreach campaign to address this need and anticipate the program will be ready by January 2005.

Recommendation 3
Collaborate with and educate local health care providers to ensure quality care for African American women and their infants.

3.1 By July 2004 DHS Public Health will initiate an educational program to educate providers regarding infant mortality data, causes of poor outcomes and strategies to assure and improve quality of care.

Update
Dr. Keith Campeau, Area Medical Director for SPA 1, continues to meet and work with local providers regarding services needs of high risk OB clients and their infants.

3.2 By the end of FY 2004-2005 DHS prenatal clinics will provide CPSP-level of care as part of Departmental goals to assure quality of care and integration of Public Health into Personal Health services.

Update
MCAH staff are exploring a variety of models designed to facilitate CPSP implementation in the Antelope Valley and other SPAs. MCAH staff will continue to meet with DHS clinic administration to pursue CPSP implementation.
3.3 By December 2004 provide at least two educational sessions to promote CPSP and prenatal care guidelines for use by community health providers to enhance psychosocial outreach and resource referral to women enrolled in Medi-Cal for their prenatal care.

**Update**
Planning for these sessions is in process.

3.4 By December 2004 SPA 1 Area Health Office and MCAH to provide information and provider education regarding the role of breastfeeding in preventing infant mortality and the advantages to becoming a Baby-Friendly Hospital, hiring lactation consultants, and promoting breastfeeding in hospital programs.

**Update**
MCAH staff made a presentation on the Baby-Friendly Hospital program for DHS leadership on October 14, 2004. DHS hospital staff were invited to attend an educational forum on October 26, 2004.

3.5 By December 2004, Nurse-Family Partnership, Prenatal Care Guidance, Black Infant Health and the other Antelope Valley community-based home visitation programs will train a portion of their home visiting staff as Certified Lactation Educators who will be available to assist their clients with breastfeeding issues.

**Update**
- Funds have been identified to train staff in the Nurse Family Partnership, Prenatal Care Guidance, and Black Infant Health programs
- The training will be scheduled in February 2005.
- Other Antelope Valley community-based home visitation programs will be notified of the training and invited to attend at their cost.

**Recommendation 4**
**Conduct an education and outreach/marketing campaign aimed at African American women and the local community regarding healthy life practices.**

4.1 By July 2004, Antelope Valley Partners for Health and the Area Health Office will update the community resource guide and collaborate with First 5 Connect to increase use of local services by African American families.

**Update**
Antelope Valley Partners for Health has completed the initial revision of the resource guide and the Area Health Office is currently working with First 5 Connect on ways to let local African American families to know about these resources and the guide, as well as exploring other distribution channels. See also update 1.1 above.
4.2 By July 2004, SPA 1 AHO to work with the CAO Service Integration Branch to make available the Most Commonly Required Documents (MCRD) to increase knowledge regarding processes and information needed to obtain Medi-Cal, CalWORKs, and other benefits for high-risk families.

**Update**
Web page update designs have been completed and are scheduled for posting on the web before November 30, 2004.

4.3 By August 2004, the Area Health Office and community collaborative will study the feasibility and plan for a community-based family mentoring program that utilizes local agencies as support systems for targeted high risk families.

**Update**
This program will require further study to assure the privacy of families is protected and that participant agencies have a clear vision of their role as sponsors. We are researching existing programs such as this and will provide the community collaborative information at an upcoming meeting. We anticipate that this meeting will be called for early December 2004.

4.4 By August 2004, MCAH and the Area Health Office will conduct at least three community focus groups to gain further insight into community-identified issues and strategies that focus on infant mortality.

**Update**
Completed. The three focus groups have been completed in collaboration with MCAH and the Health Education unit. Focus group participants commented on questions in the proposed Los Angeles Mommy and Baby Survey (LAMBS) (see Recommendation 5.3), quality of care and issues around their birth experiences. Their responses have been compiled and have been used in developing educational sessions for local hospitals and providers for quality care improvement activities.

4.5 By September 2004, the Area Health Office will create a speaker’s bureau to conduct outreach to increase community awareness and highlight the benefits of early prenatal care, breastfeeding, and the importance of “preconception care”.

**Update**
- A draft presentation on improving birth outcomes has been developed by LABBC in collaboration with the Area Health Office and MCAH. The primary audience is women of childbearing age, pregnant women and families in SPA 1 – the Antelope Valley. Secondary audiences include parent groups, employers, faith-based organizations, and other community based organizations in SPA 1. Staff will be trained on the presentation and sessions to field test it will be scheduled in November and December.
4.6 By September 2004, the Area Health Office will collaborate with local health care agencies and businesses to provide training on Baby-friendly facilities and services for employers.

**Update**
We are in the process of working on a program to distribute to local businesses along with the BFTF (see 4.7) program. Our health educators will meet initially with local chambers of commerce and the Greater Antelope Valley Economic Alliance (GAVEA), as well as large local employers.

4.7 By November 2004 the Area Health Office will collaborate with the Breastfeeding Task Force of Greater Los Angeles’s Breastfeeding Works Program to promote workplace lactation accommodation in the Antelope Valley.

**Update**
- The Breastfeeding Task Force of Greater Los Angeles (BFTF) developed a "Breastfeeding Works" program, which assists employers with the development of lactation accommodation programs to be in compliance with California state law.
- Initial conversations have taken place with the BFTF to discuss implementation strategies such as working jointly with the Antelope Valley Chambers of Commerce and the Greater Antelope Valley Economic Alliance (GAVEA) to coordinate seminars for employers on lactation accommodation in the workplace.

4.8 By December 2004, Area Health Office will publish a resource guide for community and provider distribution that reviews issues such as Medi-Cal enrollment for both mothers and their infants, family support programs such as parenting and mental health counseling, as well as resources for assistance with alcohol and drug abuse issues in families.

**Update**
See 4.1

**Recommendation 5**
**Conduct research to determine the causes of infant mortality in the Antelope Valley.**

5.1 By August 2004, SPA 1 Area Health Office will set up a Community Advisory Board to review research outlined above and to make recommendations about implementation in the Antelope Valley.

**Update**
Members of Antelope Valley Partners for Health and LABBC have continued to work with MCAH and the Area Health Officer for SPA 1 to oversee implementation activities for recommendation 5.
5.2 By September 2004, DHS MCAH in collaboration with the SPA 1 Area Health Office will conduct a retrospective study of 2002 infant deaths in the SPA 1 to identify risk factors that may be associated with adverse birth outcomes, utilizing a Fetal Infant Mortality Review (FIMR) process.

**Update**
- As of October 2004, project members have developed the study protocol and data collection instruments.
- SPA 1 public health nurses have been trained on the study protocol and instruments.
  - MCAH staff have worked collaboratively with Coroner’s office to obtain coroner and autopsy reports for cases in which autopsies were performed.
  - PHN staff in SPA1 have contacted all 53 families and continue to attempt to locate those who have moved to complete the interviews. Record extraction for prenatal and pediatric hospital medical records is nearing completion, and PHNs have begun contacting the providers for to review office/clinic medical records. Dr. Campeau is coordinating this phase of the project as part of his work with the provider community. We anticipate this work will be completed before the target date of December 2004.
  - MCAH will convene a FIMR Technical Review Panel to identify risk factors that may be associated with death and develop recommendations for prevention and intervention by February 2005.

5.3 By September 2004, DHS MCAH will conduct the Los Angeles Mommy and Baby (LAMB) Project with a representative sample of all live births in SPA 1 to identify factors associated with adverse birth outcomes.

**Update**
- The Antelope Valley LAMB project is a population-based study of SPA 1. It is designed to identify potential risk factors for preterm and low birth weight, two birth outcomes that contribute to infant morbidity and mortality. The findings will be used to formulate public health interventions. Areas to be examined include access to care; prenatal care utilization, content and satisfaction; intimate partner abuse; mental health; maternal health and pregnancy history; infant feeding practice; tobacco, alcohol, and drug use; and environmental factors.
- As of October 2004, we have determined the sampling method, finalized the survey instrument, established mechanisms to obtain more timely birth data, and prepared a sample survey package.
- A total number of 750 women will be randomly selected from all live births in SPA 1 over three consecutive months.
- The first survey package was mailed out in October 2004.
5.4 By October 2004, DHS MCAH will set up a fetal-infant mortality expanded surveillance system (FIMESS) to monitor fetal-infant mortality in Los Angeles County in a timely fashion.

**Update**

- As of October 2004, we have collaborated with the Data Collection and Analysis Unit in DHS to obtain timely infant death data directly.
- The FIMESS database system design will be completed and the 2004 infant death certificates will be entered by December 2004.
- In January 2005, we will begin to produce reports from these data.