

Black Mothers United

Improving birth outcomes by addressing social determinants of health

Shannon Read, MPA Executive Director March 14, 2017



- Dedicated to improving the health & well-being of our Sacramento community to assure our children & families the best environment in which to grow & thrive.
- Current programs:
 - Black Mothers United
 - Safe Sleep Baby
 - Girls on the Rise

In Sacramento County

- The death rate among African American children is almost twice as high as the rate for all children (rate of 102 compared to 53.2 per 100,000.
- Infant sleep related and perinatal conditions are two of the leading causes of death for African American children.

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- Contributing factors may include:
 - * Sexually Transmitted Disease (STD)
 - Poor nutrition outcomes
 - * Dental care issues
 - * Teen Pregnancy
 - Previous pregnancy problems or infant loss
 - * Family stressors

- * Drug abuse
- Lack or maternal prenatal and postnatal knowledge
- Lack of infant care knowledge
 - Lack of partner support during pregnancy

Sacramento County Blue Ribbon Commission Recommendations

- Engage and empower members of the African American community to help implement, inform, and advocate for culturally appropriate strategies. These trained 'cultural brokers' will be key to numerous efforts, particularly in raising public awareness and providing direct services.
- Other recommendations emphasized the importance of collaboration, best practices, community level education campaigns, and documentation via data collection and data sharing across systems. The provision of direct services to address key risk factors was prominent in the recommendations.

How CCHWB is Addressing the Issue

- Black Mothers United A community driven and service focused care program to improve pregnancy and birth outcomes among African American women.
 - Conduct targeted outreach to low income African American mothers in high risk neighborhoods in Sacramento County.
 - Conduct an educational campaign in targeted neighborhoods.
 - Create partnerships with churches, neighborhood associations, and other community based organizations.
 - Provide culturally relevant case management, intervention, education, and support to at-risk African American women during and after their pregnancy.

The Black Mothers United Program

- Black Mothers United is driven by three main outcomes:
 - 1. Increase the number of African American women who enter prenatal care early.
 - 2. Decrease the number of babies born prematurely.
 - 3. Decrease the number of babies born at low birth weights.



What Makes BMU Unique?

- Recognizing and acknowledging client strengths
- Non-judgemental approach to addressing risk factors
- Building relationships based on trust
- Proactive interventions
- No appointments necessary

Program Goals

- Expand program to reach 550 pregnant African American women by June 30, 2018.
- Track entry into prenatal care to promote goals of increasing the number of women who receive prenatal care as well as early entry into prenatal care (before the end of the first trimester).
- Increase partnerships and providers referring to the program to try and reach others in need of case management.
- Increase presence within areas of the community with highest levels of African American perinatal conditions deaths to identify women who are not accessing prenatal care and enroll them into the Black Mothers United program.

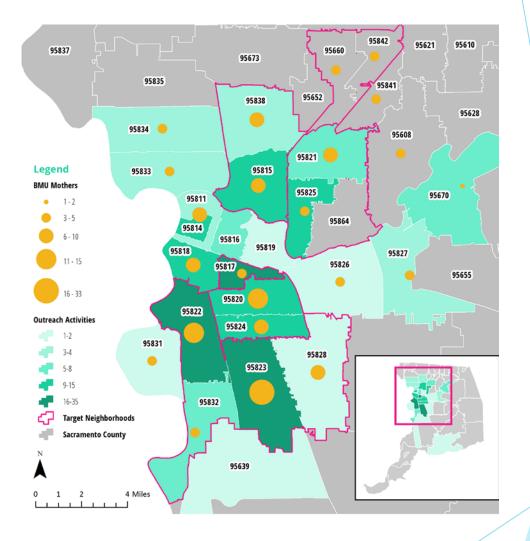


Personal Advocates

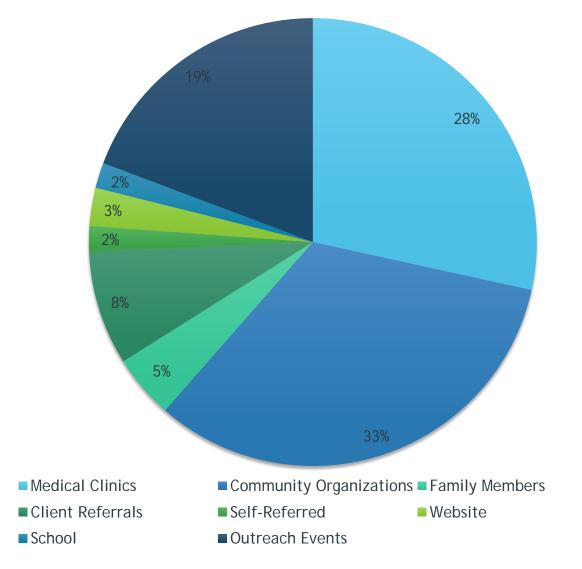
- Personal Advocates provide case management, which includes:
 - Providing individualized support & follow up
 - Helping clients access healthcare services
 - Assisting with referrals to community resources
 - Educating clients on pregnancy & birth
 - Supporting clients in accessing social services
 - Ensuring each client is given Safe Sleep Baby Education

Targeted Outreach

Outreach activities & BMU clients by targeted neighborhoods in Sacramento County.



How BMU Gets Clients

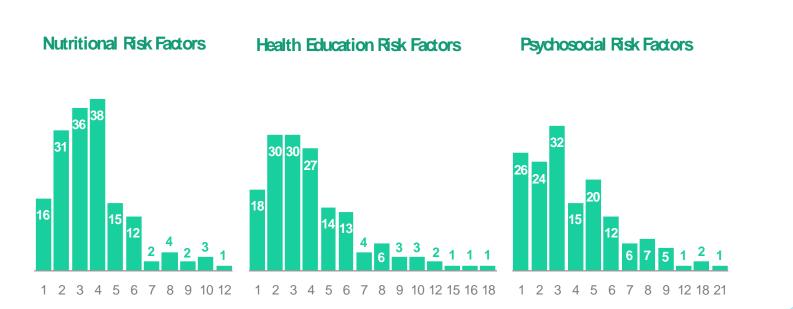


Case Management & Care Planning

- Personal Advocates use the Comprehensive Perinatal Services Program (CPSP) assessments to create a care plan for each of the clients. This nutrition, psychosocial, and health education assessment generates a report that assists in identifying client needs and risk factors.
- 100% of clients have reported at least one "risk factor" that needed to be addressed through case management.
- The range of "risk factors" identified was 1 to 25, with an average of two risks per woman.

Client Risk Factors

- Of the 186 clients served to date:
 - 96% identified at least one nutritional risk
 - > 92% identified a health education risk
 - 91% identified a psychosocial risk



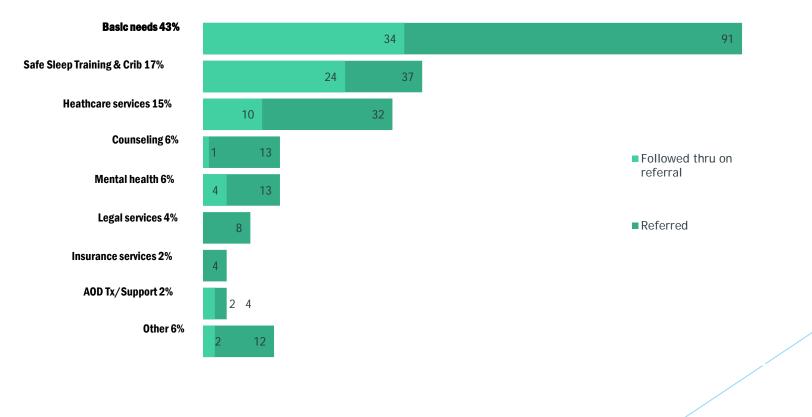
Assessed Needs/Risks of BMU Clients

Discomforts							
Current family problems or stressors						4	4%
Previous sexually transmitted infection					4:	2%	
Financial problems					40%		
Transportation problems			36	5%			
No postpartum self/Infant care knowledge			35%	6			
Eats Infrequently			34%				
Needs WIC			34%				
No prenatal care/danger sign knowledge		31%					
Housing and homelessness	28%						
Dental problems 28	3%						
Education level 28	8%						

68%

Referrals to Community Services

Personal Advocates support their clients in accessing services that will help to support a health pregnancy. The chart below displays the percentage of referrals given by type of referral.



Partnerships

- The BMU model is centered on building relationships with both the women served, social service agencies, and with healthcare providers. In order to ensure a streamlined referral process, the program develops both formal and informal partnerships with the following types of agencies:
 - Community-based organizations
 - ► Faith-based
 - Healthcare providers
 - ► Housing
 - School-based

Healthy Babies

To date, 81 women participating in the BMU program delivered babies (three of which were twins).

86 | Pregnancy Outcomes

81 Deliveries | 94%

3 Miscarriages (at 9, 10, and 16 weeks) | 3%

2 Stillborn | 2%

81 | Deliveries

57 Healthy babies born (>37 weeks, >5.8lbs) | 70%

3 Sets of twins | 4%

8 Pre-term | 10%

5 Low birthweight | 6%

5 Pre-term & low birthweight | 6%

3 Missing birth outcomes (baby born after program exit) | 4%

Client Feedback

- How Personal Advocates help:
 - There's always something going on. It's just like that stress level and you want to lash out. Being able to talk it out and get input and feedback so you can look at it clearly helps.
 - She helps me with rides to the doctor. She's told me about resources... and whenever I'm going through something I'll call and we'll laugh and cry. It is my first pregnancy and I didn't know what to do. I wasn't prepared...so I am better informed.
- Most Valuable things learned from BMU:
 - I found out a lot about a lot of things I didn't know ... different resources, looking for places [to live], transportation, stuff you need for your baby, sicknesses you might experience as a pregnant woman.
- What you like most about BMU:
 - [The Personal Advocates] are a breath of fresh air. You can have that fed-up day and they have the smiles and are welcoming and talk about what's going on.
 - It's very uplifting. It's good to have that person. Knowing that you have that extra support. A person that doesn't know your family and you can just vent.
 - ► They have that voice and it calms your spirit. It's just calm here.

Summary & Next Steps

- Streamline Service Delivery.
- Expansion to North Sacramento.
- Increase Partnership with Birth & Beyond.
- Increase Prenatal Health Education.

Contact

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