

Proposed Strategies for Addressing U.S.-Born African American Infant Mortality

These strategies resulted from brainstorming sessions in two rounds of community co-learning sessions held between September 2017 and March 2018 as part of the Center for Health Equity project *Addressing Infant Mortality and Developing a Health Profile on African American Mothers and their Infants Living in Hennepin County Using a Health Equity Analysis*. The 2015-2020 project was funded by the Office of Minority Health at the U.S. Department of Health and Human Services under the State Partnership Initiative to Address Health Disparities program. There were 22 co-learning participants, three of whom were also members of the project leadership team Community Voices and Solutions (CVAS). The discussions took place during the sixth and seventh sessions in each round of co-learning, after participants heard from speakers and held meaningful dialogues on multiple topics related to African American infant mortality. Also at their disposal were the results from four community focus group discussions, a CVAS mapping exercise that identified the root causes of African American infant mortality, and recommendations from three previous studies that looked at the infant mortality issue in Minnesota. CVAS members provided input into the document in January and March 2020. In all discussions, participants targeted policies, systems and environments (PSE) that influence the conditions in which people live, work, play and age, also referred to as the social determinants of health (SDOH). In contrast to individual-level interventions, PSE changes in the conditions for health benefit the broader population, are more sustainable, and have longer lasting impacts.

The proposed strategies are organized in this document by issue area. While there may be other important infant mortality issues, these proposed strategies are limited to addressing issues that arose at the time of the discussions, and in most cases were influenced by the lived experience of CVAS and co-learning participants.

Child Protection

1. Prevent burnout of child protection workers (CPWs) by reducing caseloads.
 - Too-heavy caseloads lead to burnout and eventually to CPW attrition. CPWs need to be able to develop good trusting relationships with their clients, and children and families deserve uninterrupted support. Frequent CPW turnover prevent these from happening.¹

¹ In late 2018 Hennepin County overhauled its Child Protection Services (CPS) system in response to wide criticism that child abuses were being discovered too late mainly due to too-heavy caseloads and burnout among its workers. Through increased funding the county was able to hire more case workers, increasing the number by 70 percent from fall 2015 to fall 2017. The result was a decrease in case worker turnover by 42 percent, workers were able to spend more time with families, and kin placements rose by 17 percent because case workers were more often able to reach extended family members so they could have temporary care of the children in danger. Shelter

- Develop hiring criteria or training for CPWs to be better prepared to work with African American families to recognize and affirm their cultural values and beliefs.
2. Provide wrap-around services for the whole child.
 - Child protection and child welfare practices must address the whole person and take into consideration their physical, social, spiritual, economic, and emotional needs. Children often fall through the cracks in the child protection system due to the failure to address all these needs.
 3. Improve coordination with the justice system
 - The courts must realize that delays in the justice system impede processes to address the concerns of families who have a child in the child protection system.

Civic Engagement

4. Encourage greater civic engagement in both political and non-political processes.
 - Encourage African Americans to vote and participate in election caucuses so that they can push for resolutions that matter to them.
 - Encourage volunteerism for personal development as this develops knowledge, awareness, critical thinking skills, and proclivity to action, which collectively can cultivate positive change in the community.
 - Provide ongoing education on the benefits of civic engagement.
 - Provide funding and other resources to eliminate barriers to involvement in civic life, for example, assistance with food, transportation, child care or adult/elder care.
 - Create a special day at the capitol to highlight needed legislation that would decrease African American infant mortality.
 - Elevate and partner with African American civic associations or organizations. There is no need to “reinvent the wheel” and create new groups if such groups already exist. One example is the African American Leadership Forum. AALF is a cross-sector network of Black thought leaders, influencers, builders, and ambassadors with a mission “to foster a just society that works better for all Americans by addressing disparities in economic development, health and wellness, education, and family and culture in the Black community, and convening, supporting and developing the leadership capacity of Black leaders across Minnesota.”
 - Promote better coordination of African American infant mortality efforts to discourage working in silos. Project participants spoke of being “pulled in many directions” when asked to participate or volunteer in infant mortality efforts. Better coordinated efforts that avoid duplication are likely to attract more participants.

placements also fell by more than 25 percent. By 2019, child protection workers handled an average of 11 cases at a time, down from 18 to 20 cases in 2015. The longer-term plan was to shift from a reactive to a proactive model, for human services to respond before maltreatment happens. Sources: Hennepin County takes innovative approach to helping at-risk kids [Editorial]. *Star Tribune*, September 11, 2018. Retrieved from: <https://www.startribune.com/hennepin-county-takes-innovate-approach-to-helping-at-risk-kids/493000831/>. Hennepin County reporting drop in child protection caseloads. *Star Tribune*, April 18, 2019. Retrieved from: <https://www.startribune.com/hennepin-county-reporting-drop-in-child-protection-caseloads/508758452/>.

Criminal Justice

5. End mass incarceration.
 - Mass incarceration is rooted in structural racism. African Americans are disproportionately represented in America's prisons and jails. Based on 2010 Census data, Blacks comprised 31 percent of the inmate population in Minnesota prisons and jails but only 5.3 percent of the state's population. Nationally, they make up 40 percent of the incarcerated population but represent only 13 percent of residents.² Incarceration causes traumatic experiences, stress, and increases the risk of sexual violence and infectious disease. Contact with the criminal justice system destroys families. The incarceration of a loved one cause them emotional distress and financial instability.
6. Revise prison/jail policy to allow doulas of color to provide services to inmates
 - Revise prison/jail policy to allow African American doulas to care for incarcerated pregnant women.
 - In 2014, Minnesota senate bill SF 2423 (parallel House bill HF 2833) passed allowing incarcerated women who gave birth to receive services from a certified doula as long as the correctional facility does not have to pay for it. That is, if the services are free or the incarcerated woman pays for them. This does not do much for the economic and financial well-being of Black doulas and decreases access to their services.

Economic Development

7. Create a coalition/collective/network of African American organizations to improve economic opportunities in the community
 - By working together and supporting each other, the organizations can find and pursue economic development opportunities to improve their financial standing. They can also pursue grant opportunities, and use the funding to host community events advocating for change, provide training to community members on policymaking (e.g., how to draft and sponsor bills, how bills become laws) and to rally around issues impacting African Americans when the legislature is in session.
8. End redlining and other racially discriminatory policies and practices that impede the development of African American neighborhoods.

Education

9. Introduce legislation that would funds programs that create a career pathway for students (starting in middle school) to be introduced to medical and allied health fields.
10. Connect with secondary schools regarding the inclusion of maternal and child health and behavioral health in health classes
 - Health classes in public schools have been cut to one semester, and curriculums do not adequately characterize the importance of the issue of disparities in maternal and child

² Prison Policy Initiative (2020). *Mass incarceration: The whole pie*. Retrieved from: <https://www.prisonpolicy.org/reports/pie2020.html>.

health outcomes. Health curricula need more in-depth information, and health education should not be relegated to elective status.

11. Develop youth advocates/ambassadors/champions for healthy African American babies
 - It is important to sustain efforts into the future by preparing and educating youth around the issues and training them to be ambassadors and advocates.
 - Teach students to become healthy and productive citizens. Use a train-the-trainer approach and use community assets to create educational opportunities that would train them to be effective health messengers.
12. Strengthen the Community Health Worker (CHW) certification curriculum
 - The current CHW curriculum focuses on chronic diseases and lacks content and training on maternal and child health. As a result, CHWs are seldom employed in prenatal or child health clinics. The CHW curriculum needs a stronger emphasis on pregnancy, birthing and infant care.
13. Create a combined CHW/Doula certification program
 - Both CHWs and doulas provide support. It would be the best of both worlds and would be beneficial to the community if the combined certification covers the birthing process, lactation education, and post-partum care education.

Health

14. Make it standard practice to offer doula and midwife services
 - It must be standard practice at hospitals and clinics to inform African American pregnant women about doula or midwife services and to offer them these services. This must be a requirement for the baby-friendly designation for hospitals and clinics.
15. Establish policy to intentionally have male involvement
 - Encourage father involvement by creating a father/male-friendly environment in hospitals or clinics before the baby's birth and throughout infancy.
16. Demand better enforcement of laws allowing Medicaid payment for doulas
 - Minnesota has passed laws expanding access to doula services for pregnant Medicaid enrollees. State bills SF 699 in 2013 and SF 2087 in 2014 provided for Medicaid reimbursement, but only for doulas certified by certain agencies. Examples of doula training programs or childbirth organizations that can certify doulas in Minnesota are Doulas of North America (DONA) and International Childbirth Education Association. The laws do not allow Medicaid payments for women who received training by organizations not on the list, for example, doula training by community programs. Also, according to Black doulas the laws are not uniformly enforced. They cannot always access the Medicaid funds since not all birth centers provide doula services, let alone Black doula services. And even if their services are secured, they are paid at a lower rate than white doulas. There must be equal pay for all doulas regardless of race.
 - In 2017, Senate bill SF 1275 (parallel House bill HF 2178) was introduced that increased the Medicaid reimbursement rate for doula care services after July 1, 2017 to \$47 per

prenatal or postpartum visit, up to a total of six visits, and \$488 for attending and providing doula services at a birth. It did not pass.

17. Restore the Fetal Infant Mortality Review (FIMR) for the African American community

- A baby's survival and quality of life is the responsibility not only of the mother but of the community as well. An infant mortality review (IMR) is a community-based action-oriented procedure designed to improve the health of women, infants, and families. It involves a multidisciplinary and diverse team of community representatives and professionals that reviews each case and makes recommendations for addressing critical issues. The information from an IMR helps the bereaved family and the entire community understand the factors behind the death so they can then develop culturally appropriate responses to prevent future deaths.
- In 2011 and 2012, Minnesota conducted IMRs in both the American Indian and African American communities for 29 deaths that occurred between 2009 and 2010. The project was community-driven with support from the Minnesota Department of Health. However, significant barriers to contacting families were identified, resulting in only two cases being fully reviewed in each community. No other African American IMRs were undertaken after that. Bringing back FIMR requires a legislative mandate and funding. A FIMR bill has been introduced in the legislature every year since 2014 but has never passed. During the 2020 legislative session, for the first time FIMR made it to the Governor's list of initiatives for MDH. It had added muscle given the relaunching of the Governor's Children's Cabinet in August 2019. Unfortunately, however, it was shelved when priorities shifted in response to the COVID-19 pandemic.

18. Demand for better enforcement of laws that govern reporting of infant deaths when the cause of death is unknown.³

- Families deserve the right to know the cause of their baby's death. They must be fully involved in the entire process from investigation to reporting findings.
- There must be complete and thorough autopsies of infant deaths that are sudden and unexpected, especially since autopsy reports are used in FIMRs.
- Some African American families, however, are unaware that they are entitled to an autopsy. There must be better education to inform them of this right and the programs and services available, as stipulated in law.
- Provide grief support to families who have suffered the loss of a child.

19. Increase awareness of congenital anomalies among African American babies

³ Minnesota laws on reporting Sudden Infant Death (SIDS) or Sudden Unexpected Infant Death (SUID) include: Minn. Stat. Ann. § 144.07 allowing the commissioner to promote programs and services available for parents and families of victims of SIDS and collect and report to the legislature the most current information regarding the frequency and causes of SIDS; Minn. Stat. Ann. § 144.222 providing specifications for fetal death reports and requiring each infant death identified as SIDS to be reported within five days to the state registrar; Minn. Stat. Ann. § 145.898 requiring the Department of Health to develop uniform investigative guidelines and protocols for coroners and medical examiners conducting death investigations and autopsies of children under two years of age; and, Minn. Stat. Ann. § 390.11 requiring all sudden or unexpected deaths to be promptly reported to the coroner or medical examiner for evaluation, including unexpected deaths of children.

- Congenital anomalies or birth defects is the second most common cause of death among African American babies (next to prematurity), yet project participants said they knew very little about the condition or its prevalence in the community. The complexity of the condition contributes to the lack of awareness or knowledge. Not all congenital anomalies can be diagnosed at birth, and not all have a prenatal origin. While congenital anomalies could be caused by genetics, in some cases they are the result of infections or nutritional or environmental factors and are therefore preventable. More resources should be set aside for education and prevention in the African American community.
20. Create a system for health care providers to become partners in baby friendly initiatives where they can access resources and opportunities for development.
 - A hospital with a Baby-Friendly designation uses evidence-based maternity policies and practices to support mothers who breastfeed their babies. While the decision to breastfeed is a personal one, evidence shows that breastmilk protects against childhood illnesses and provides long-term benefits to the mother and baby. There is also data to show that Baby-Friendly initiatives have led to an increase in exclusive breastfeeding rates regardless of a mother's race, ethnicity, and socioeconomic status.
 - Even when a hospital is Baby-Friendly, direct care providers still must have the knowledge, skills, and cultural competence to support breastfeeding. They must know and understand African American women's values, beliefs, and attitudes towards breastfeeding in order to encourage breastfeeding initiation and continuation.
 21. Establish legislation that would allow for health insurance to cover home-based care for women so that new moms can care for their babies at home longer. Set a standard of 6-8 weeks postpartum insurance coverage for all women
 22. Build a system in hospitals where they work with community organizations to provide integrated care resources to the mother, baby, and family. Patients should not be discharged until they receive these resources. It should be a criterion for grading hospitals.
 23. The Minnesota Department of Health should receive and provide more funding to support infant mortality initiatives.
 - Use the funding to increase awareness of infant mortality and infant mortality data, and to support community initiatives, especially those in the African American community.
 - Identify hotspots where infant mortality is prevalent and target efforts in those areas. For example, a previous infant mortality review identified an overflow homeless facility in Minneapolis (Drake Hotel) as the place where majority of the infant deaths occurred.
 - Fund innovative community programs that offer incentives to expectant mothers to get prenatal care and education. For example, Abria Pregnancy Resources in the Twin Cities awards points to first-time moms when they attend prenatal education classes and come in for prenatal exams which can be used to purchase items for themselves and their baby at their in-house store.

Housing

24. Establish maternity homes for homeless and housing-insecure women who are pregnant

- These places would provide wrap-around care to women, with services provided by culturally competent doulas, midwives, CHWs, doctors, nurses and advocates in a holistic setting, and, where they can receive care up to 18 months postpartum.
 - A 2011 study found that four percent of the women in the sample experienced homelessness within 12 months before pregnancy. The homeless mothers had less prenatal care and well-child visits, were less likely to take prenatal vitamins, and were more likely to be underweight or obese. Infants born to the homeless mothers had lower birth weights, longer hospital stays, and were more likely to receive neonatal intensive care.⁴ Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2012-2016 showed that two percent of women who responded to the survey were homeless, had to sleep outside in a car, or were living in a shelter in the 12 months before their baby was born. Having safe and stable housing throughout their pregnancy with holistic medical care and support means less stress for the mother and child.
25. Revise policies at homeless shelters to provide better accommodations for the needs of pregnant women and a safe place for babies.
- For example, allow them to bring in fresh produce and to store breast milk, or allow more family members to stay together.

Income

26. Advocate for a national or statewide paid leave policy
- Paid leave means working men and women will not have to give up their jobs to care for the baby, their families or themselves; employers and the economy benefit because this will reduce turnover and lead to a stable labor force and vibrant economy.
27. Provide more educational opportunities to African Americans to allow them to earn a degree or certification that would prepare them for jobs that pay at least a living wage.
28. Increase awareness of MFIP policy regarding work requirements for pregnant women
- The Minnesota Family Investment Program or MFIP is Minnesota's welfare reform program for low-income families with children. MFIP recipients not complying with the employment requirements, such as when they miss work assignments or fail to turn in paperwork, can lead to sanctions. Being sanctioned means the recipient can have all or part of their MFIP benefits taken away. However, an MFIP recipient's non-compliance is not always a result of conscious decision-making; in some cases the requirements make it difficult to comply. MFIP allows pregnant women to participate in practical activities that would help them become better parents, for example, attending classes on prenatal care, birthing, parenting, lactation, or budgeting, as well as other classes for personal improvement. Awareness of such allowable activities, however, is quite low, even among job counselors at social service agencies or the state caseworkers themselves. Also, activities to improve one's employability are allowed at the discretion of the caseworker. Granting of exemptions from work activities (illness, learning

⁴ Richards, R., Merrill, R.M., & Baksh, L. (2011). Health behaviors and infant health outcomes in homeless pregnant women in the United States. *Pediatrics*, 128 (3) 438-446. <https://doi.org/10.1542/peds.2010-3491>.

disability, family member has a disability or emergency, no child care, going through an eviction process, etc.) also vary by caseworker. The state should intensify efforts to increase awareness of allowable activities for pregnant women, and to eliminate caseworker bias in imposing sanctions, especially racial bias.

Media

29. Create/establish ongoing relationships and opportunities for African American media to participate in efforts to increase community awareness around infant mortality using positive messaging.
 - An example of positive messaging is a community celebration of the baby's milestones. Some community organizations host Community Baby Showers for pregnant women and new moms. A similar celebration can be hosted for African American babies who turn a year old. It can be a stand-alone event or as part of larger community events such as Juneteenth or Rondo Days. The celebration can provide material, emotional, and social support to moms. It is especially meaningful in light of the dire statistics on African American infants. The media coverage can highlight this fact.
30. Be strategic about how to get the information to major media outlets (for example, radio, television, Facebook, streaming services such as Netflix and Hulu) and be creative about media messaging (for example, create a webpage for African American pregnant women and teens)
31. Develop a marketing campaign on African American Infant Mortality to increase public awareness.
 - For example, create a documentary that tackles past and current efforts on African American infant mortality, and what more is needed to reduce infant mortality disparities. Use recognizable, credible, high profile individuals with a personal connection to the issue to help to promote the messages (participants cited the tennis professional Serena Williams as an example). Or put up informational posters or flyers at places where community members gather such as beauty salons, barber shops, churches, or doctor's offices. The Community Baby Shower can also be part of the informational campaign.

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