

# EXPECTING JUSTICE

*Annual Report 2018-19*



EXPECTING  
**JUSTICE**

# EXPECTING JUSTICE

## *Taking Action for Birth Equity in San Francisco*

### *Collective Action for Collective Impact*

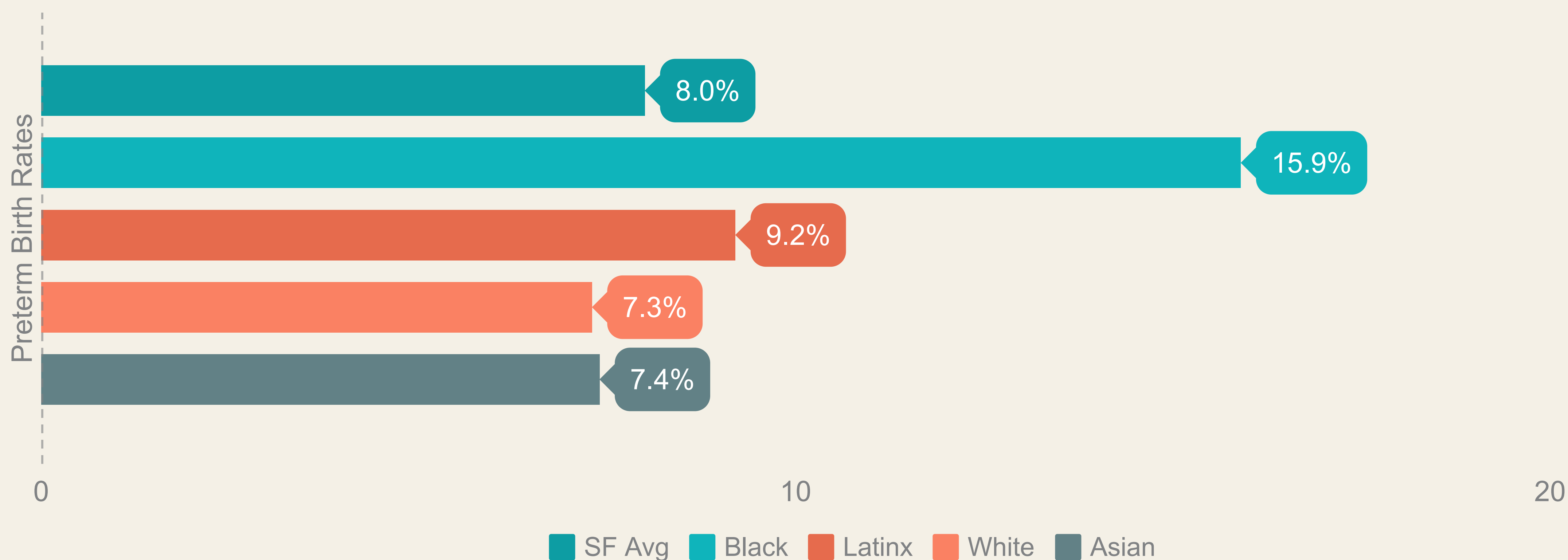
In San Francisco, racism and birth outcomes are intertwined. Black and Pacific Islander (PI) families experience adverse birth outcomes at significantly higher rates than other communities.<sup>1</sup> Before a Black or PI child sets foot in the world, he or she is affected by historical and ongoing discrimination in housing, jobs, criminal justice, and health care.

Expecting Justice was formed nearly two years ago to address these inequities. Expecting Justice is a cross-sector initiative consisting of city agencies, community-based organizations, health providers, and community members. Using racial equity as a framework, we have developed a multi-component approach to address key dimensions of vulnerability faced by Black and PI women during pregnancy and childbirth.

We believe that what Expecting Justice is undertaking is meaningful and necessary and we are committed to support this important work until San Francisco has become a city in which every baby, no matter their race, has a healthy start.

## *Birth and Racism in SF*

Preterm Birth Rates in San Francisco, 2018



Because of the overall small rate of Pacific Islander births in San Francisco, we do not report the annual preterm birth rate for this community. Between 2012-2016, the preterm birth rate for Pacific Islanders in San Francisco was 10.4%, the second highest rate in the city.<sup>1</sup>



## *Common Agenda*

### **Problem Statement**

The enduring legacy of racism continues to shape our city's interactions with Black and Pacific Islander women. We need a transformational approach that values and includes African-American and Pacific Islander women throughout their lives in order to improve birth outcomes.

### **Big Goal**

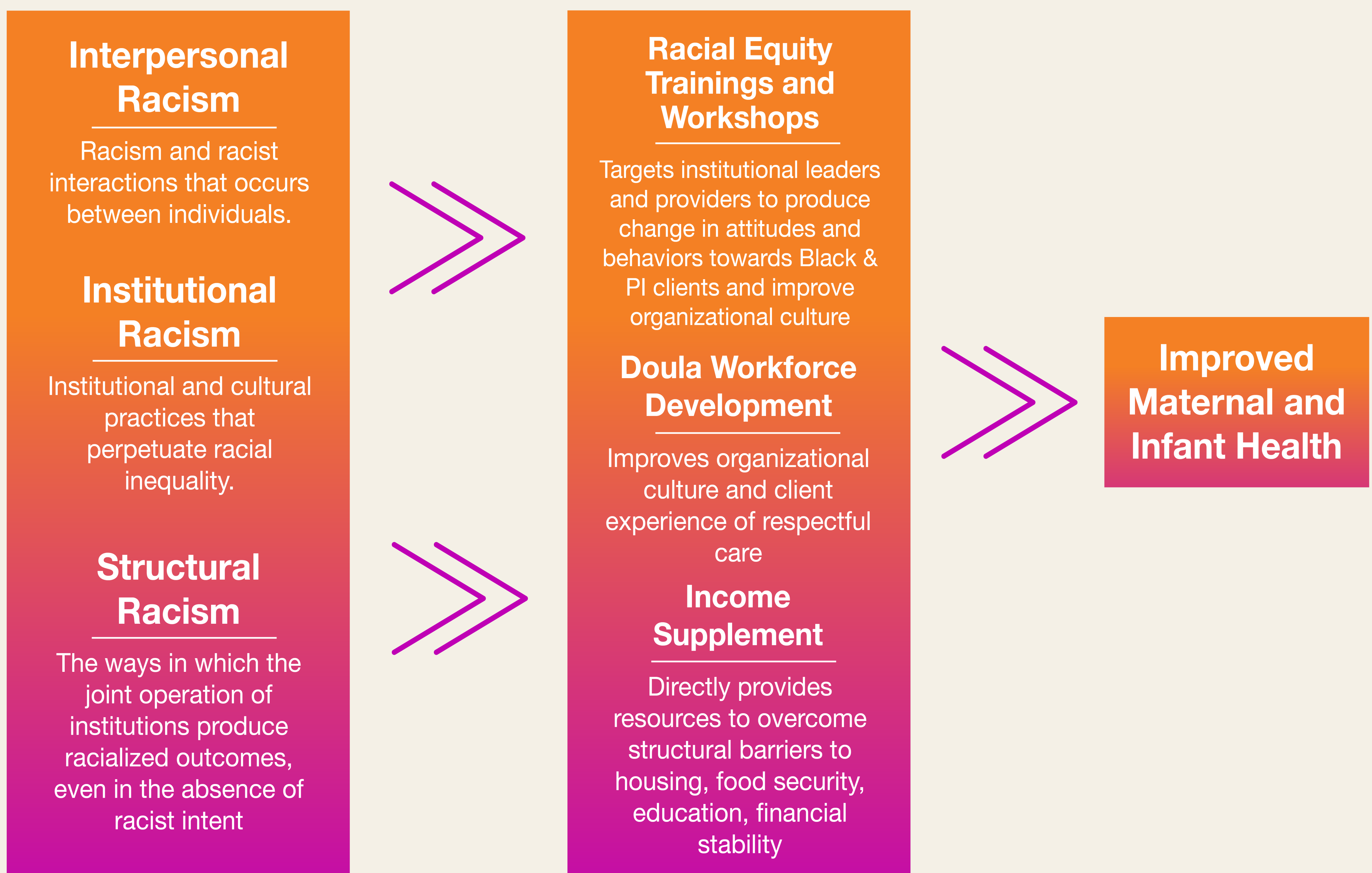
Expecting Justice wants every birth to be a healthy birth within San Francisco's Black and Pacific Islander populations by the year 2030 and that providers, public health professionals, and institutional leaders who interact with pregnant women have a shared understanding of and sense of responsibility to address racism and racial health disparities.

### **Strategic Focus Areas**



# Conceptual Framework

Expecting Justice is taking an innovative, multicomponent approach to reduce the astonishing rates of preterm birth and infant mortality among Black and PI communities. Using a racial equity framework, the approach includes 1) racial equity trainings with social service and clinical providers to eliminate racist policies and practices that negatively impact Black and PI people, 2) a doula intervention to fight racism and related maternal stress in the healthcare setting, and 3) a pregnancy income supplement program to address the upstream impacts of racism by reducing poverty and associated stress.



These three components complement one another to address key dimensions of vulnerability faced by Black and PI people during pregnancy and childbirth: interpersonal and institutional racism in the healthcare and public health systems, plus structural racism manifested as the racial wealth gap. Based on deep engagement with community members and other stakeholders, we believe this combined approach is imperative to ensure safe and healthy childbirth for Black and PI mothers in our city.

# *Guiding Principles*

**Expecting Justice** is guided in their work by the following five principles

## **Women are precious**

We see girls and women in San Francisco as precious and valuable.

## **Life Course**

We seek to address the social determinants of health that impact women, their children and the fathers of their children across the lifespan

## **Racism as a root cause**

We acknowledge the racist, historical underpinnings of the many structural barriers that lead to preterm birth among women of color in San Francisco today

## **Sustainability**

We aim to align funding and incentives for preterm birth, while recognizing that improving conditions for pregnant women of color requires investments, opportunities, and reparations for communities of color.

## **Mothers' voices**

Through our work, we commit to elevating the voices of those most affected by preterm birth by opening communications and engagement with communities of color as well as building capacity among mothers of color.



# Strategic Focus Area: Doula Access

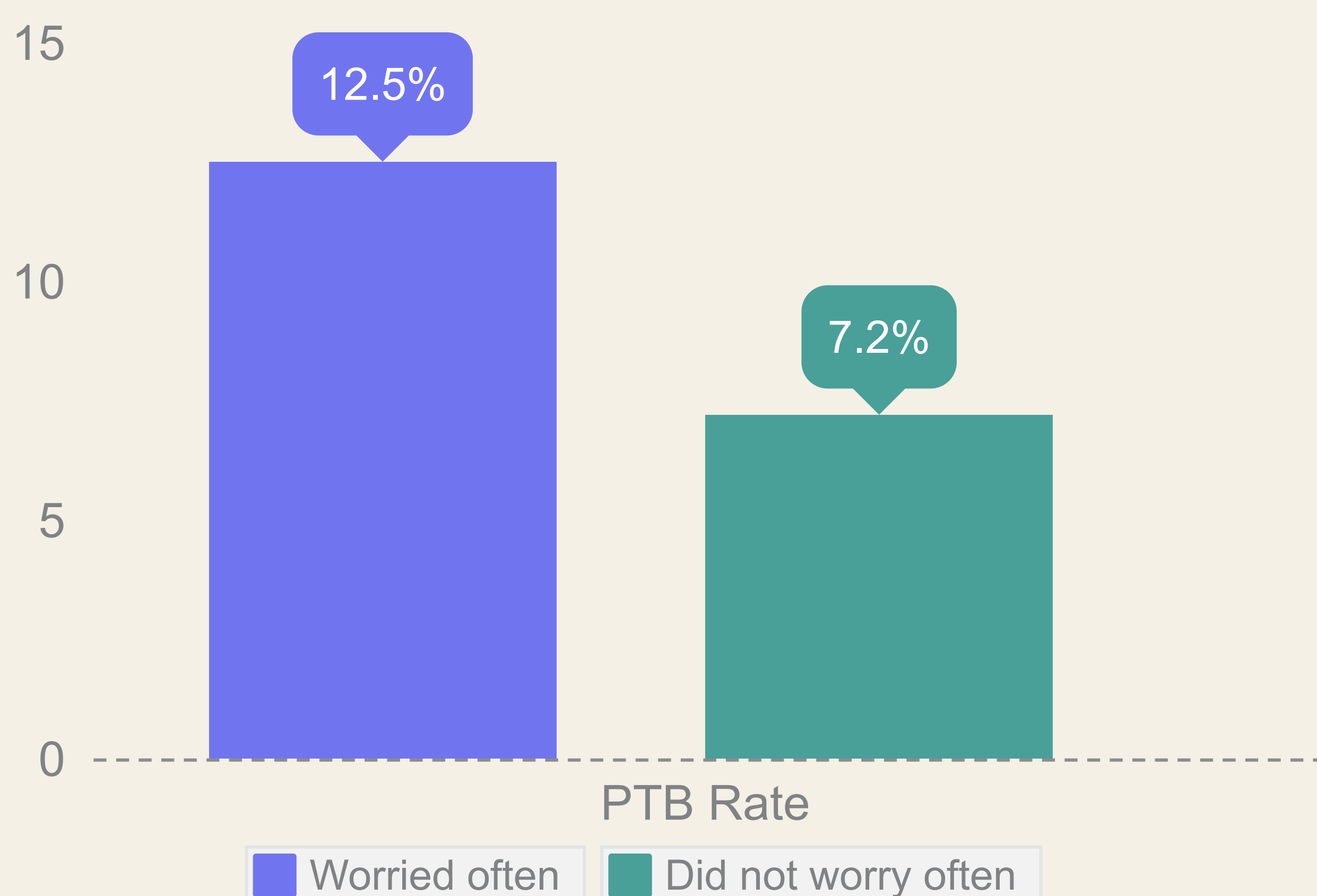
## The Problem

In SF, a Black infant is almost twice as likely to be born prematurely compared to a White infant (13.8% versus 7.3%, 2012-2016) and Pacific Islander infants have the second highest preterm birth rate at 10.4%.<sup>1</sup> Preterm births (PTB), those that occur before the 37th week of gestation, carry the highest risk of infant mortality and also long-lasting health and developmental challenges, the impact of which is felt for a lifetime by these children and their families.<sup>2</sup>

Disparities in preterm birth are a manifestation of racial inequity.

In a study of mothers, 36.9% of Black women reported often feeling worried about racial discrimination, compared to 5.5% of White women.<sup>3</sup>

Those that worried often had a higher PTB rate than those who did not worry often.



Black women who reported being treated unfairly at work were more likely to experience preterm birth.<sup>4</sup>



Mothers who experience social stress during pregnancy have **two times the risk** of having a preterm birth.<sup>5</sup>

Maternal stress represents a significant risk factor for shorter gestation and an increased risk of preterm birth.<sup>5</sup> And growing evidence suggests that differential quality of care contributes to racial disparities in perinatal outcomes.<sup>6-9</sup>

Black and Pacific Islander women have the **highest rates of prenatal morbidity** and the **lowest rates of breastfeeding** in San Francisco, yet women from these communities are the **least likely to seek prenatal care.**<sup>1,10</sup>

Recent research conducted with Black women in San Francisco and other Bay Area counties reveals that,



“ the relationships between pregnant black individuals and their health-care providers are often a source of stress, anger and distress during a vulnerable time.”

The majority of respondents felt fearful of maternal health systems and reported experiences of disrespect and coercion when interacting with providers.<sup>9</sup>

## Doula Access



In 2018, Expecting Justice partnered with SisterWeb, CPMC Foundation, and President of the San Francisco Board of Supervisors Malia Cohen to launch a community doula program to provide culturally concordant community doula care for Black and PI birthing people in San Francisco at no cost to participating birthing people.

Published data indicates that doula care is one of the most promising interventions to improve labor and delivery outcomes, especially for low-income women of color.<sup>11-15</sup>

# Key outcomes associated with doula support include:

<sup>11, 14-20</sup>

reduced preterm birth and low birth weight rates

increased initiation of breastfeeding

reduced negative feelings about birth experiences

increased cost savings in medical expenditures

## Activities

### Funding

Secured \$460k from CPMC foundation and additional \$200k from the San Francisco Health Plan to help build a community doula program in San Francisco in partnership with SisterWeb Community Doula Network.

**Program Goal:** To support an innovative community-based doula program and to cultivate a network of peer doulas from within African American and Pacific Islander communities in San Francisco to increase birth equity and decrease birth disparities.

### Integration

Established Hospital Champion Dyads to create an ongoing system for community doula integration into the birth team and coordination of hospital staff training. These dyads can facilitate bi-directional communication and feedback between the labor and delivery staff and the doulas with the goal of changing the culture in Labor and Delivery wards.

### Evaluation

Funded by UCSF's Preterm Birth Initiative California (PTBi-CA), UC Berkeley researchers will use community-based participatory research methodologies and quantitative data collection to evaluate this new doula program.

### Programmatic Support

Convened a doula access working group made up of local community doulas, social service providers, medical providers, and community residents. The work group helped to inform programmatic planning and strategic decision-making for SisterWeb's community doula program.

### Policy

In partnership with NHeLP, led a statewide policy workgroup that explored the options for making doula services a Medi-Cal covered benefit with a goal of advancing legislation.



# Strategic Focus Area: Pregnancy Income Supplement

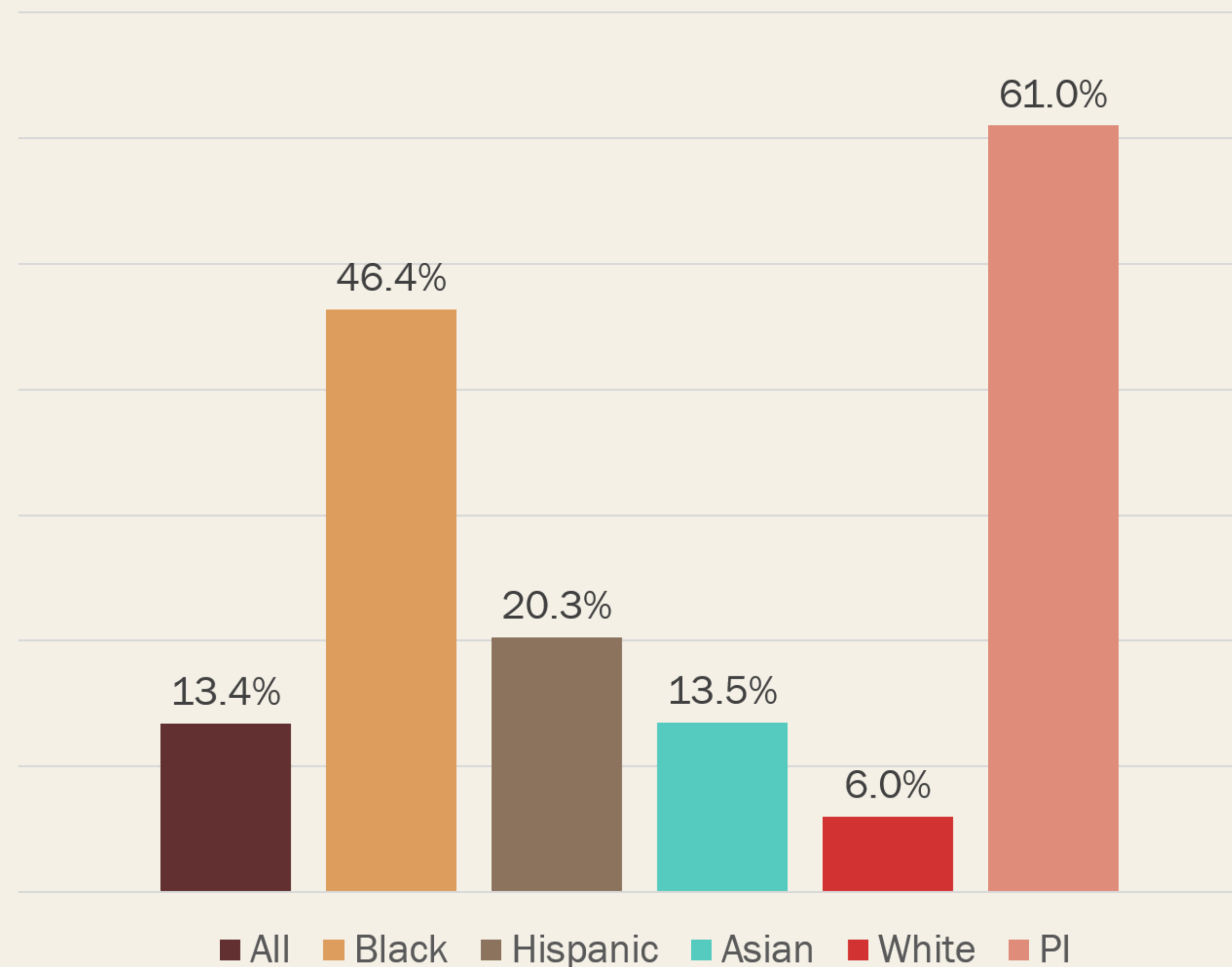
## The Problem

San Francisco is a wealthy and well-resourced city, yet many of its residents, especially the continuously marginalized Black and Pacific Islander populations, experience extreme income inequalities, compared to their white and Asian counterparts, and significant disparities in birth outcomes.<sup>1,21</sup>

Structural racism is an important factor driving this inequity.

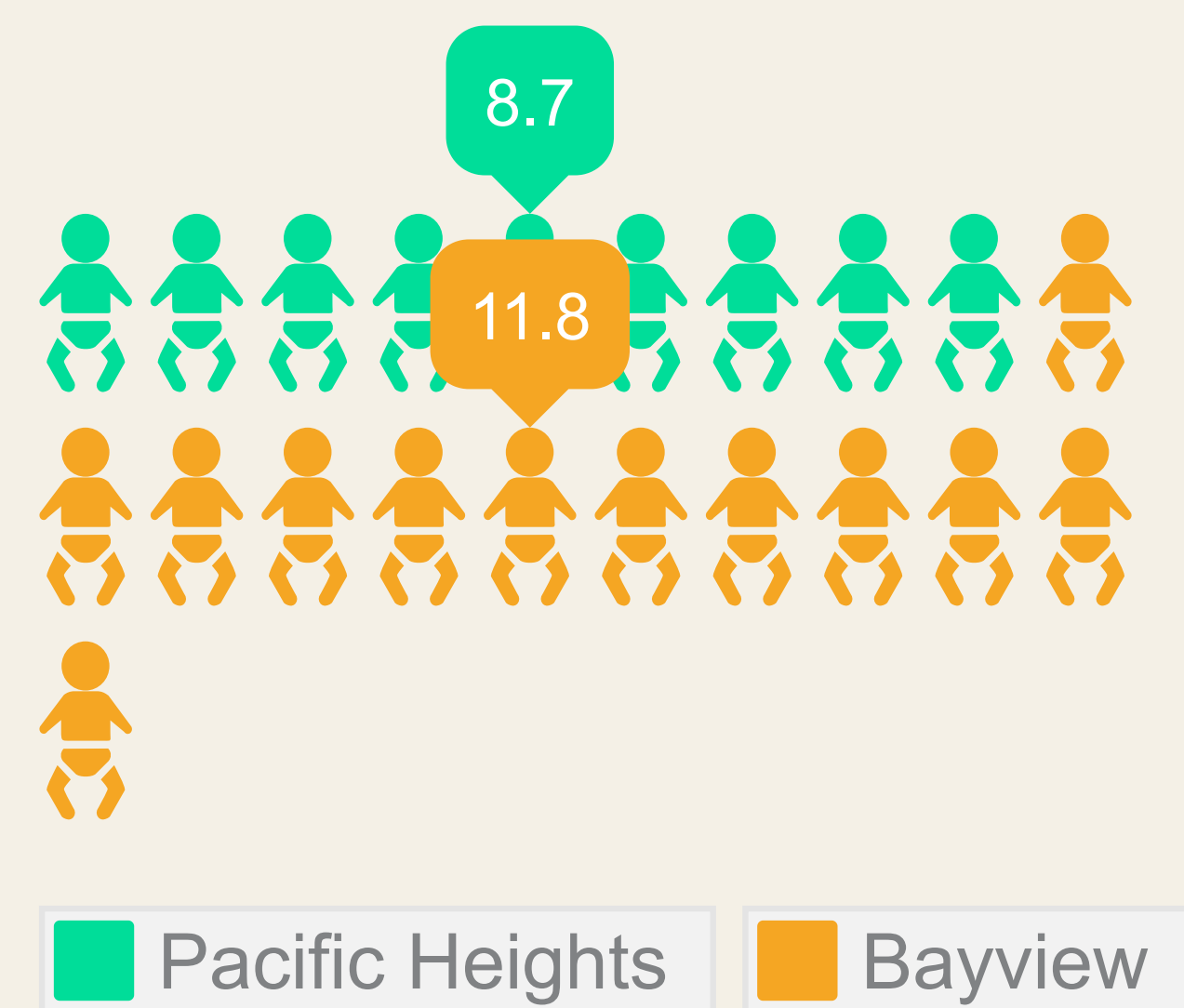
“The doctors told me that I had a high risk pregnancy, so I had to take two tests that were \$800 each, and one that was \$1,000! I had private insurance but was still not making enough money. I had just gotten out of debt but these bills sent me back on a downward spiral of credit card debt.”

Mothers Living in High Poverty Neighborhood, 2012-14<sup>22</sup>



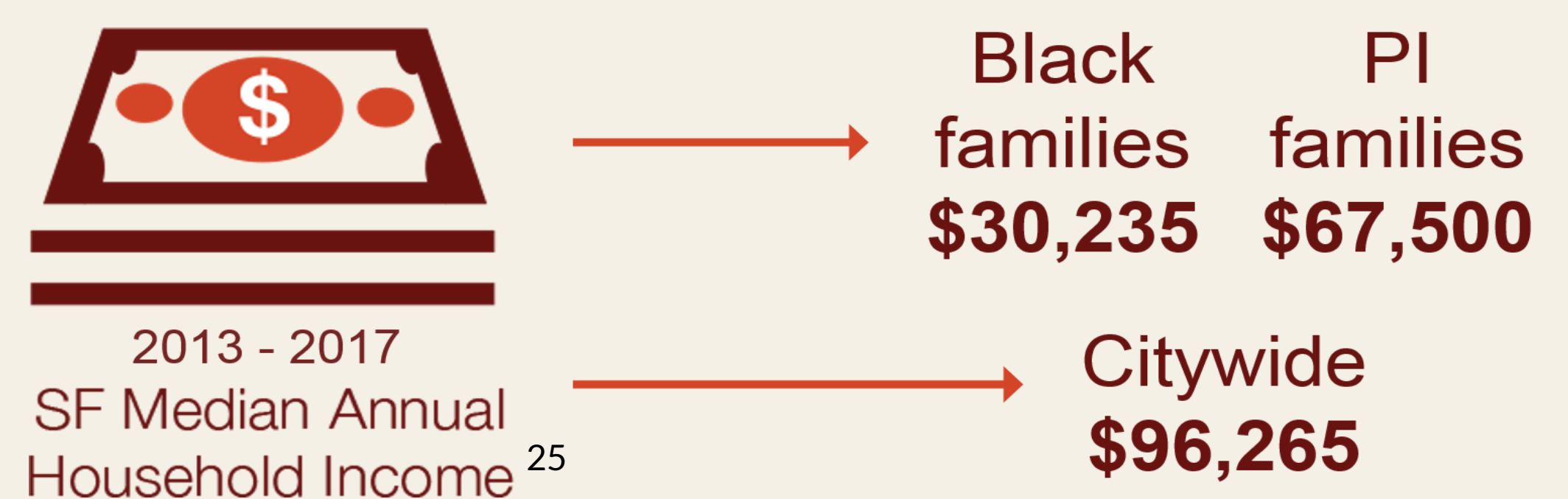
### Preterm Births in SF

Women in the Bayview neighborhood have higher rates of preterm birth than women in the Pacific Heights.<sup>23</sup>



Well-documented historical and current discrimination such as redlining, urban renewal, unequal pay and a lack of employment opportunities underlie differences in income and wealth for Black and Pacific Islander communities, making it difficult for families to meet basic needs, resulting in higher stress and a related toll on physical health.

San Francisco has one of the greatest degrees of income inequality in the United States:<sup>24</sup>



Black and PI women in SF face unique social and environmental risk factors, including substandard housing and housing instability, greater exposure to conditions of concentrated poverty including crime and violence, limited access to quality foods and adequate nutrition, unequal educational opportunities, and poorer-quality employment opportunities.



**Due to SF's disproportionately high cost of living and strict income eligibilities based on the FPL, at least half of the Black and PI community earn too much income to qualify for public assistance programs, but do not earn enough to afford basic necessities.**<sup>25-28</sup>

The strain of ongoing financial insecurity contributes to chronic stress and is associated with premature birth.<sup>29</sup> Although San Francisco has programs to address poverty, the current focus is not enough to close the gaps. The high rates of preterm birth experienced by the Black and PI community require a more urgent and upstream intervention.

## Common issues in current programs include:<sup>30</sup>

Low-income eligibility threshold

Benefits have low purchasing power

Constant risk of denial or disqualification

Increases stress and jeopardizes maternal mental health



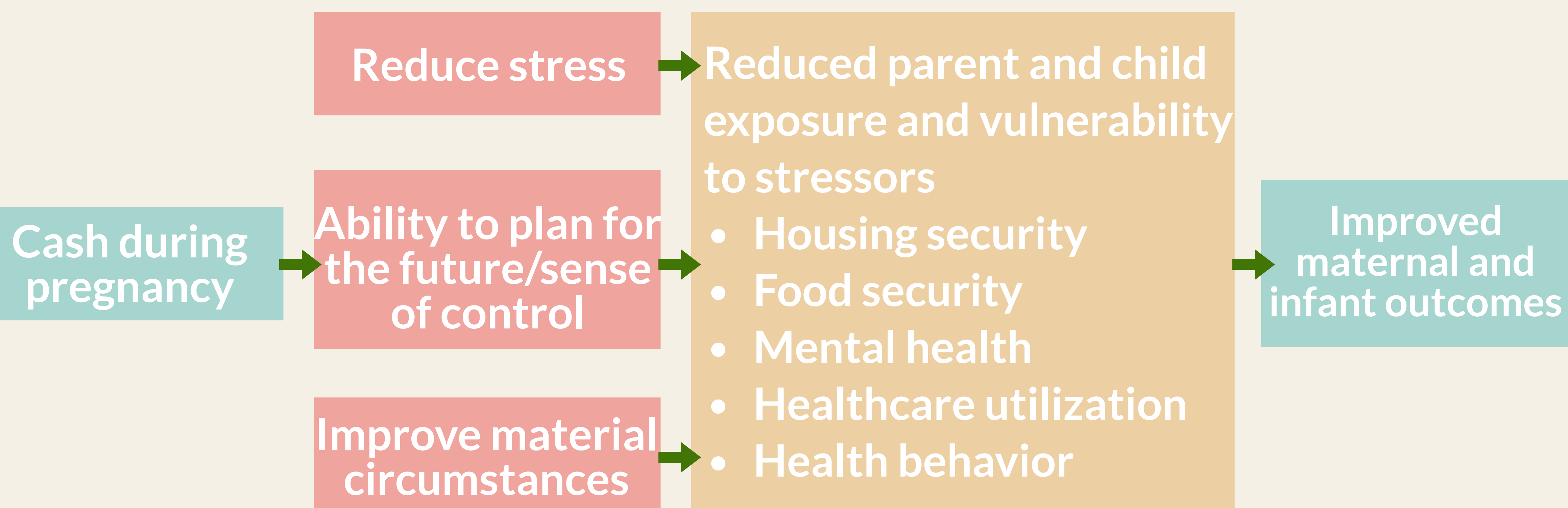
**I was so stressed about preparing for my pregnancy and had a fear of losing my son. I wanted to give him what he deserves, but that was also stressful. I never got to enjoy my pregnancy so I wanted to enjoy him when he got here but didn't get to do that because I had to think about how to provide for him.**



# Pregnancy Income Supplement

Expecting Justice is piloting the first unconditional income supplement during pregnancy in the United States and will reach 100 low-income Black and PI pregnant women in San Francisco. The program aims to distribute a monthly income supplement of \$700-\$1,000 per month for the duration of a person's pregnancy and then for the first two months of the baby's life, with a goal of eventually implementing a supplement for up to two years post-pregnancy.

## Why cash? Why pregnancy?<sup>29,31-35</sup>



Early study results have been promising:<sup>35</sup>

A recent quasi-experimental study in Manitoba, Canada found that an approximately 10% increase in income from an unconditional income supplement during pregnancy resulted in reductions of low birth weight and preterm birth.

10% increase in income during pregnancy

Reduced preterm birth by 17.5%

Reduced low birth weight by 21%

# Pregnancy Income Supplement Pilot

First of its  
kind in the  
US

\$700-\$1,000  
monthly  
stipend

Will reach 100  
Black and PI  
moms in SF

## Activities

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### Funding

Expecting Justice is currently fundraising for the pregnancy income supplement pilot, aiming to reach \$1.5 million to launch.

### Collaborative Design Process

Expecting Justice is engaging its community residents, city leaders, and other stakeholders to design an income supplement program that is tailored for Black and Pacific Islander birthing people in San Francisco.

### Evaluation

Expecting Justice will evaluate the pilot to better understand how families are using this additional income and to determine the health and economic impacts of the income support. If the pilot is successful, we will collaborate with city agencies to identify a path toward sustainability and scalability.

### Human Services Agency

HSA has committed to fund two Public Service Trainee positions to serve as outreach workers/research assistants for this income supplement pilot for a one-year period. These two positions will be staffed by low-income community residents and this commitment represents a \$63,258 in-kind contribution from HSA.

### First 5 San Francisco

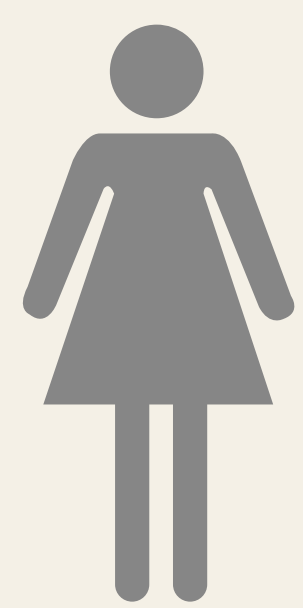
First 5 SF has committed to extending the availability of income supplements postnatally for the pilot's 100 participants. First 5 will leverage their role in managing the city's childcare subsidy, normally only available for low-income parents who are working or in school full time, to offer the mothers in our pilot the option of staying home with their babies and using \$1,600 per month child care subsidy as an income supplement instead. This benefit will be available to every woman in our pilot cohort from when their child is two months until their child reaches kindergarten-age.

# Strategic Focus Area: Anti-Racism Promotion

## The Problem

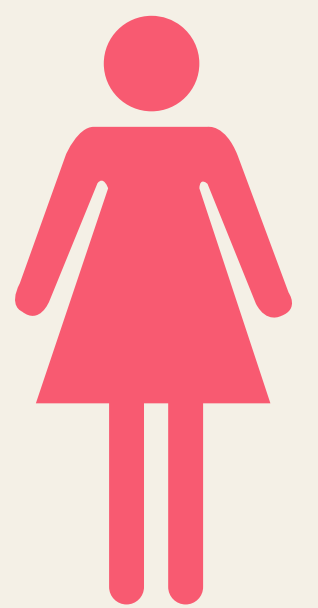
The tremendous amount of institutional racism that pregnant Black and PI people face in San Francisco reverberates throughout our systems and can be quantified for almost all socioeconomic criteria. Economically, San Francisco has some of the highest levels of racial income inequality in the nation.<sup>24</sup> Academically, Black students in San Francisco have the lowest achievement rates in the state.<sup>36</sup> Despite making up only around 5% of the city's residents, African Americans make up over 50% of the jail population, and nearly 40% of SF's homeless population.<sup>37</sup> Furthermore, during pregnancy, Black people in San Francisco are four times as likely to be turned away at a prenatal visit compared to White people.<sup>22</sup>

## Education<sup>23</sup>



84%  
of White children  
graduate high school  
in SF

58%



of Black/AA children  
graduate high school  
in SF

18%  
Bayview



55%  
Citywide

Achieved Reading  
Proficiency in the third grade

## Housing<sup>38</sup>

Women who live in public housing have a higher preterm birth rate than those that live in standard housing:

7.7

Preterm birth rate for a woman living in standard housing.

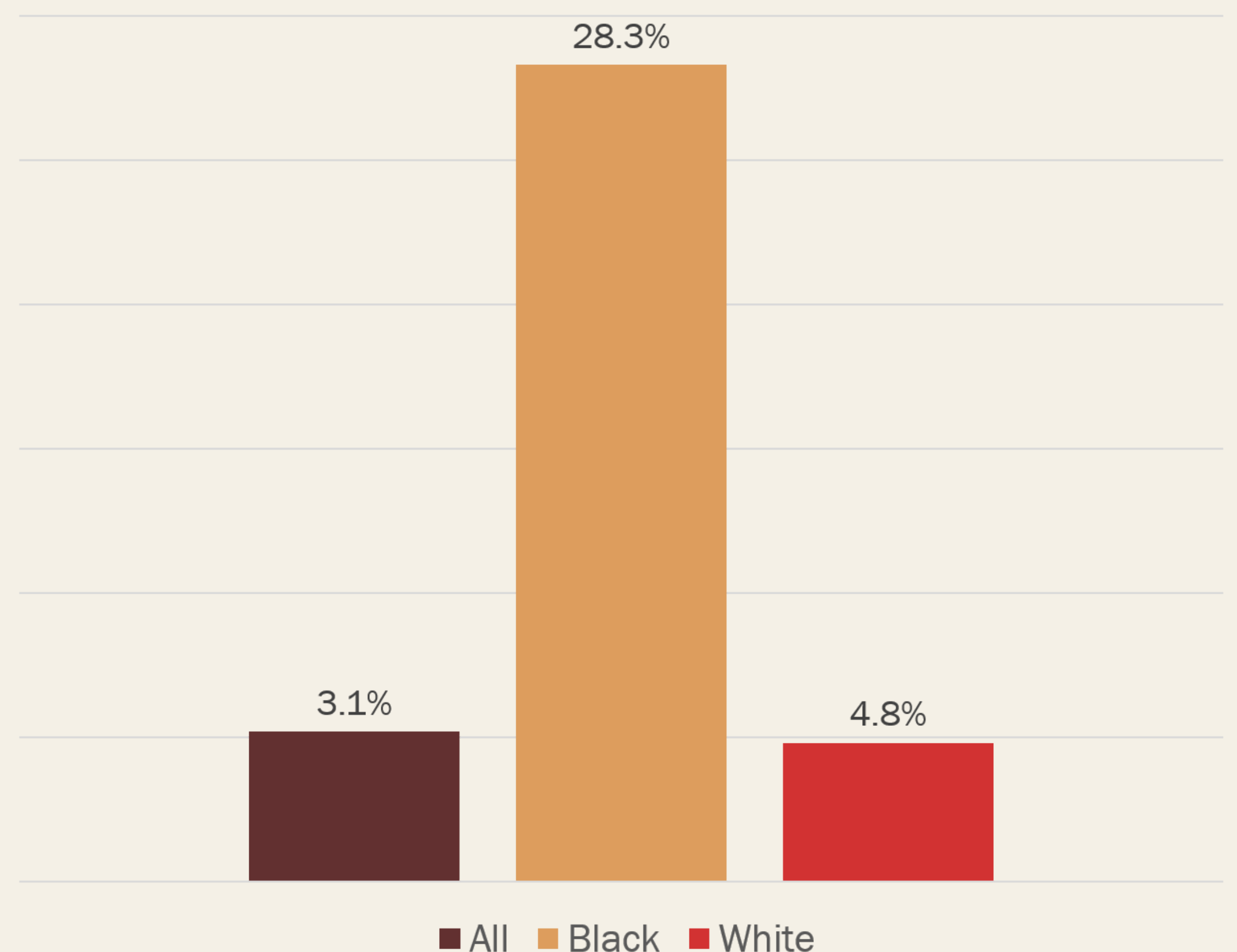
9.8

Preterm birth rate for a woman living in public housing.

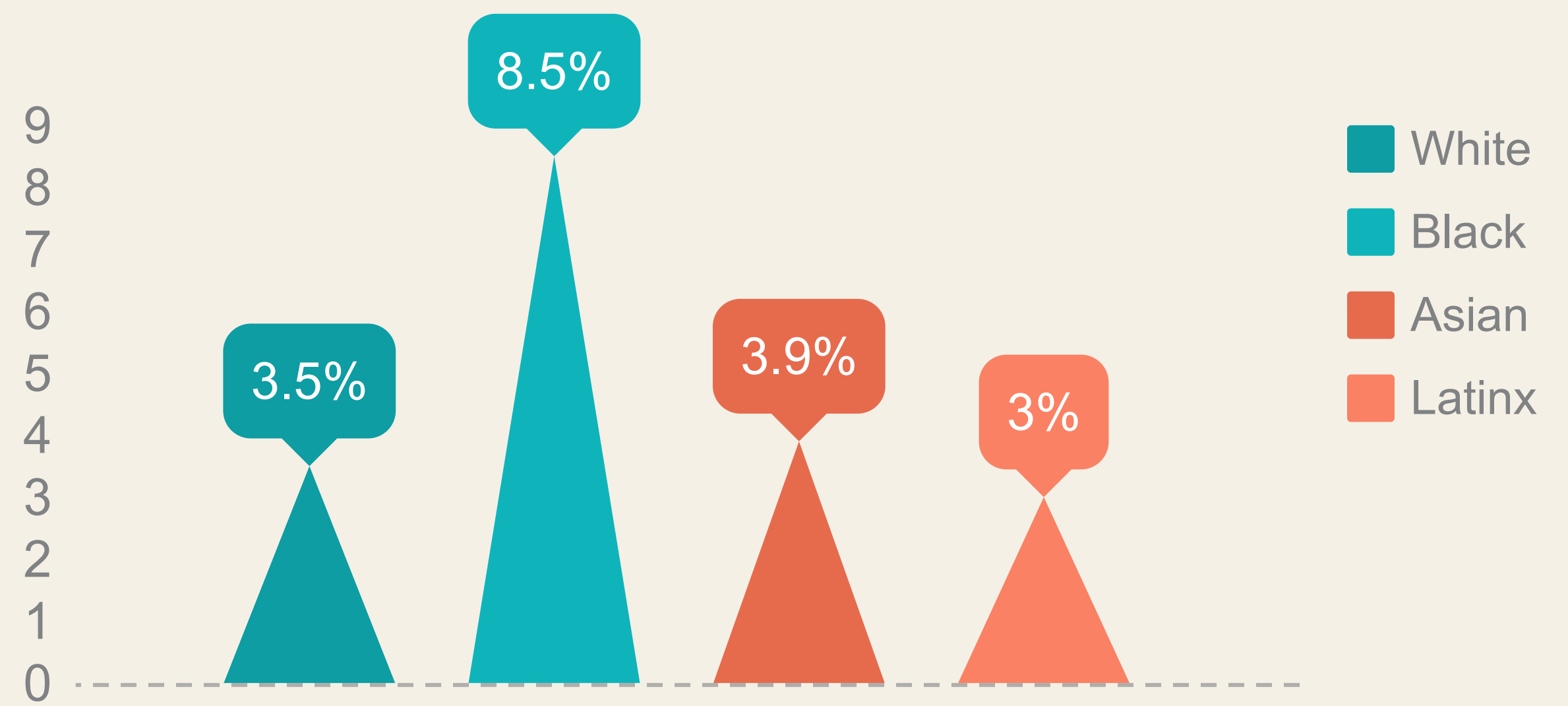
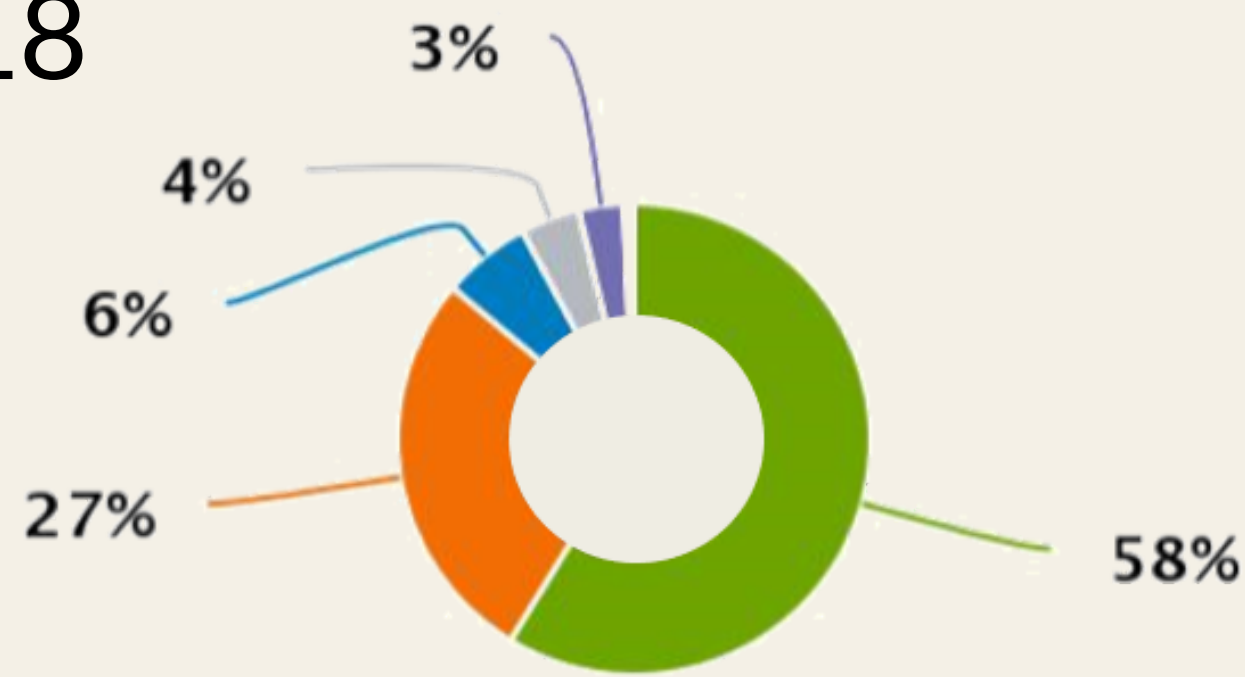
Pacific Islanders make up 0.4% of the SF population but represent 10% of the women of childbearing age living in public housing.

## Healthcare<sup>22</sup>

Was Told a Provider Either Would Not Take Her Insurance or Accept Her as a Patient, 2014-16

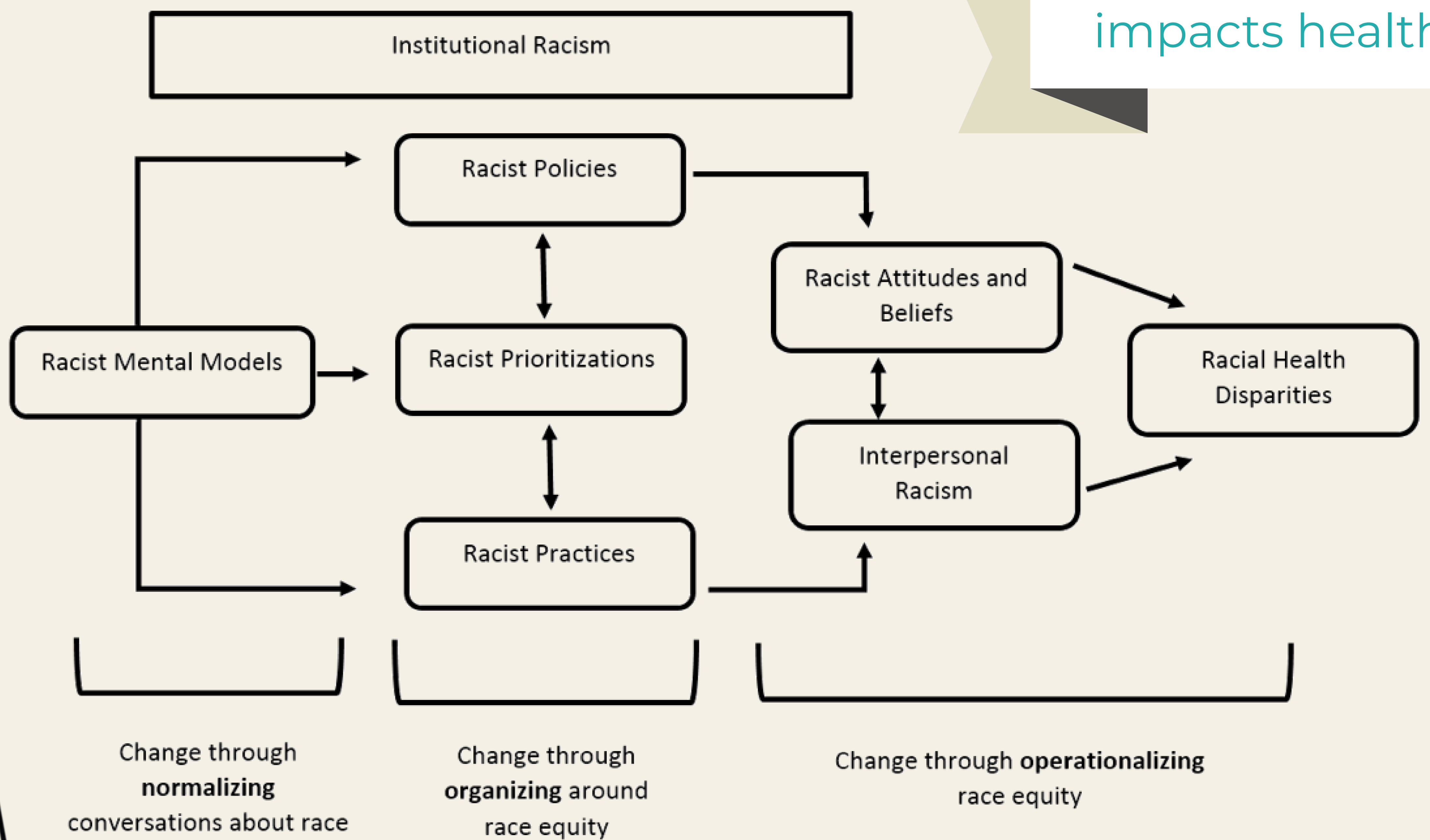


## UCSF Faculty Ethnicity, 2018



Unemployment Rate by Race in SF, 2017

Institutional racism impacts health



Leading researchers have called for health care systems to address racism within their own institutions as a means of addressing racial disparities in perinatal and other health outcomes.<sup>6-8</sup> Specifically, health care systems must address racism in their recruitment, hiring, and retention/promotion practices because there is compelling evidence that workforce diversity can be an important tool in reducing disparities in health outcomes.<sup>41</sup> Additionally, studies have shown that provider implicit bias impacts not only the quality of care patients of color receive, but may also impact how patients of color perceive their own medical condition as well as their self-efficacy and health-seeking behaviors.<sup>7</sup> Lastly, the ways racism impacts social service institutions' policies, practices, priorities, and resource distribution must be acknowledged and redressed to close the racial gaps in perinatal and other health care outcomes.<sup>8</sup>



## Anti-Racism Promotion

Black and Pacific Islander birthing people in San Francisco face discrimination in their interactions with healthcare and social service systems every day. Expecting Justice recognizes the need to focus on systems change to address the complex manifestation of racism that affect women during pregnancy and childbirth.



Expecting Justice is expanding the reach and impact of the race equity training initiative, **Health Equity and Anti-Racism Training Up San Francisco (HEART Up SF)**, to increase racial sensitivity among providers, public health professionals, and institutional leaders who interact with pregnant people.

Through trainings, seminars and workshops, HEART Up SF helps participants, develop an understanding that racism is at the root of health disparities, increase self-efficacy to engage in racial dialogue, and cultivate a sense of responsibility to address racism and racial health disparities. These individual efforts culminate into shifts in organization culture and ultimately in policies that lift up Black and PI communities.

## Expecting Justice Anti-Racism Trainings in the Last Year

3 Quarterly Provider Meetings for Primary Care

Multiple citywide convenings

Nurse Leadership Conference

MCAH Race Equity Brown Bag Series

Reached over 500 city & county staff

Several Bay Area wide convenings

Included in UCSF Medical School electives

2 DPH Public Health Nursing Quarterly Meetings

MCAH All-Staff Meeting

4 Grand Rounds at ZSFG

# Logic Model

## Levels of Racism and How it Impacts Birth

### Structural Racism

The joint operation of San Francisco's institutions produce racial inequities that create barriers making it difficult for black and pacific islander communities to meet basic needs



### Income

The strain of ongoing financial insecurity directly contributes to chronic stress and is associated with premature birth



Black families	PI families
\$30,235	\$67,500
Citywide \$96,265	

5-yr preterm birth rate in SF

<b>13.8%</b>	Black/African American
<b>10.4%</b>	Pacific Islander
<b>9%</b>	SF overall

### Institutional Racism

Racist institutional and cultural practices manifests in the form of many social and environmental racial inequities that perpetuate poor health outcomes in the black and pacific islander community in San Francisco



### Student Achievement

Less education is associated with preterm birth

	Black students	All students
English Proficiency	<b>23%</b>	<b>55%</b>
Math Proficiency	<b>15%</b>	<b>50%</b>

### Employment

Unemployment is associated with preterm birth

Within CCSF, one of the largest employers in SF, **black people are fired at**

**2 TIMES**  
the rate of other employees

### Interpersonal Racism

Racism and racist interactions that occur between individuals shows up in San Francisco's healthcare and social service settings, negatively impacting the ways black and pacific islander communities get treated and access services



### Provider Interaction

Inadequate prenatal care is associated with preterm birth

In 2014-16, **28.3% of black moms** were told a provider either would not take her insurance or accept her as a patient during her pregnancy

“ While healthcare provider bias is often unintentional and unrecognized, it does lead to mistrust in the healthcare system as well as poor satisfaction with patient care. ”

## Expecting Justice Solutions

### Pregnancy Income Supplement

Monthly cash stipend for pregnant black and pacific islanders in San Francisco

Imagine this in SF!

In Manitoba, Canada, one study showed that a 10% increase in income during pregnancy led to reduced preterm birth by 17.5% and reduced low birthweight by 21%

### Anti-Racism Promotion

Anti-racism training targeting providers to produce change in attitudes and behaviors toward black and pacific islander clients

What if SF could do this!

In Genesee County, their anti-racist training for healthcare providers led to a decrease in infant mortality rates in the county from a high of 23.5 to 15.2 deaths per 1,000 live births

### Doula Access

Culturally-concordant, community doula care to support birthing people facing discrimination in clinical settings

SF can produce these results!

A Cochrane review that looked at 27 trials of continuous support for women during childbirth found that having a community doula reduced preterm birth rates, low birthweight rates, and improved their experience with labor and delivery



# Other Activities

In addition to supporting the Steering Committee focus areas, Expecting Justice participates in ongoing activities that contribute to healthy births.

## Mutually Reinforcing Activities

### California Perinatal Equity Initiative

Expecting Justice has taken a lead role in the execution of the SFDPH, MCAH PEI Planning Grant activities. The backbone team provided deep dive findings for Local Needs Assessment and Environmental Scan related to Black Maternal Health in San Francisco. Expecting Justice engaged several stakeholder groups to gather input about unmet needs of Black birthing people in San Francisco and synthesized the results to directly contribute to the intervention selection process. Expecting Justice championed the planning process to implement Be Heard San Francisco, an innovative community engagement platform that will serve as a community-driven, opt-in, civic engagement tool where San Franciscans can have their voices heard through polls and surveys about improving health outcomes in the City and County of San Francisco. Expecting Justice is also collaborating with other bay area counties to develop a regional public health awareness campaign to be launched 2019-20.

### UCSF PTBi-CA Collaboratories

Expecting Justice partnered with and co-sponsored several PTBi-CA Collaboratories centering Expecting Justice's focus areas:

- The Healing Power of Doulas (January 2019)
- How Can We Close the Racial Gap in Preterm Birth Rates? (February 2019)
- Cash During Pregnancy: A Promising Approach for Improving Health Inequities at Birth (May 2019)

## Policy Advocacy

Expecting Justice supports the advancement of the following bills in partnership with Black Women for Wellness, Act for Women and Girls, California Nurse-Midwives Association, Naral Pro-choice California, Western Center on Law and Poverty, and other local organizations, through research, material development, and media advocacy:

### SB 464 - California Dignity in Pregnancy and Childbirth Act

which would create an implicit bias training program for perinatal care providers that includes required initial basic training through the program and a refresher course every two years thereafter. The measure would also require the California Public Health Department to collect "better data on maternal mortality rates and require hospitals to provide patients with more information on how to file discrimination complaints".<sup>42</sup>

### AB 241 - Implicit bias: continuing education: requirements

which would require continuing education programs for physicians, surgeons, registered nurses, and physician assistants to include training on understanding implicit bias in medical treatment.<sup>43</sup>

## UCSF Mini Course

Expecting Justice and SFDPH MCAH Racial Equity Champions co-led and developed a curriculum for a UCSF Mini-Course on Racial Equity for future physicians. The mini-course provided tools and skills to prepare students to both work with clients from all racial backgrounds and change systems that uphold racial hierarchies. The mini-course allowed students to process and practice the work of creating an equitable society in which everyone, regardless of skin color, can have the opportunity to be healthy.

## Racial Equity Tools

Expecting Justice has developed a Racial Equity 101 Toolkit that provides a menu of tools to integrate racial equity into your existing practices. The tools in this document are organized by Government Alliance on Race & Equity (GARE)'s "Normalize, Organize, Operationalize" framework from GARE and Race Forward's "Actions to Advance Racial Equity". Each tool in this document can be applied to ongoing work to self-reflect, cultivate workforce, develop communication skills, improve quality of services, and hire/engage with HR, etc.

Interested?  
Check out the Racial Equity 101 Toolkit at  
[tinyurl.com/RaceEquity101](https://tinyurl.com/RaceEquity101)


## Workforce Development

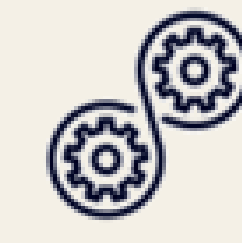
Expecting Justice and MCAH are co-developing a race equity-focused mentorship program in partnership with MPH students from various universities and FACES for the Future through John O'Connell High School. Activities include supporting students of color in their professional development, such as informational interviews, job shadowing, resume-building, and overall mentorship, while cultivating their racial equity skills.


## Media Advocacy

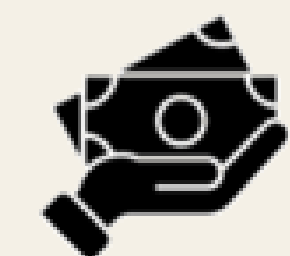
We seek to empower public health practitioners by introducing a framework for addressing racism as a root cause. The Racism as a Root Cause (RRC) approach can help guide and structure the important work of dismantling racism so Black, Indigenous and other racially marginalized groups can finally have an equal opportunity for good health.

## Racism as a Root Cause (RRC) Approach

 **Precise Impact**  
Precisely impacts the racially marginalized group(s)

 **Systems Change**  
Focuses on changing policies, systems, or environments as opposed to changing people

 **Long-Term**  
Sustainable and/or institutionalized for long term impact

 **Reparations**  
Seeks to repair historical injustices by shifting resources, power, and opportunities to marginalized racial groups

# Steering Committee

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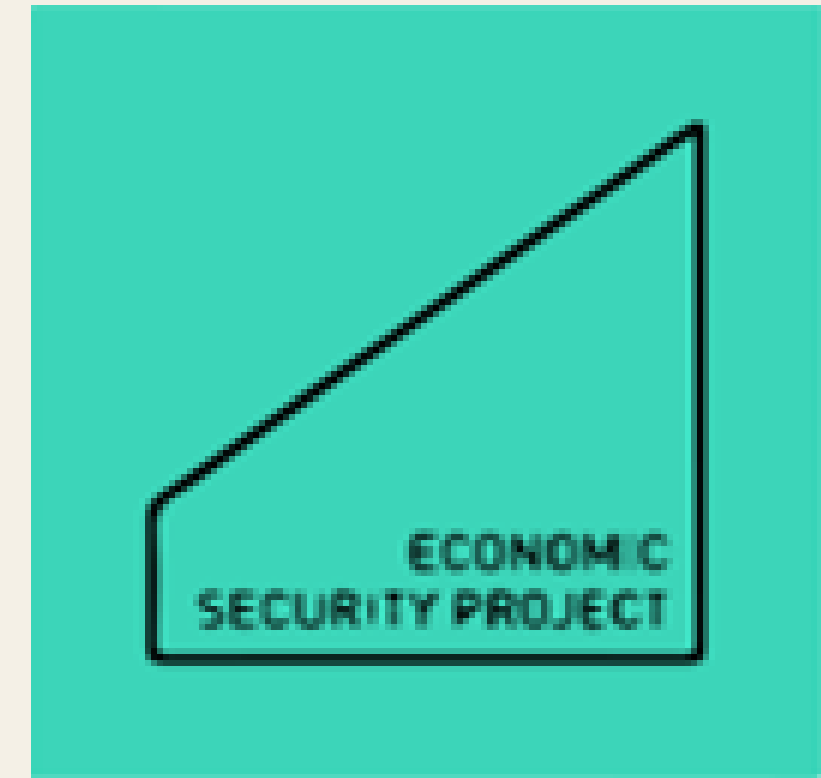
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**Our Children  
Our Families**  
Council San Francisco



FEDERAL RESERVE BANK  
OF SAN FRANCISCO



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