



SF COLLECTIVE IMPACT TO PREVENT PRETERM BIRTHS

YEAR 1 REPORT

San Francisco Collective Impact to Preterm Birth

Premature, or preterm, birth is the leading cause of infant mortality. Furthermore, preterm babies face a significantly increased risk of cognitive disability, poor school readiness and many other medical and social challenges, the impact of which is felt for a lifetime by these children and their families. **In San Francisco, 1 in 7 Black babies is born premature, a rate that is nearly double that of Whites, and worse than many developing countries.** Studies have shown that being born just a few weeks premature decreases one's likelihood of completing high-school and having high-paying employment as an adult. As premature births are concentrated in lower income communities of color, they are an important driver of the inter-generational cycle of poverty. We, as a city, recognize the urgent need to address the underlying causes of this issue. For this reason, the City and County of San Francisco has convened a group of San Francisco leaders from influential sectors to take a fresh approach towards improving disparities in pregnancy and birth outcomes. We are using a Collective Impact approach, which is a framework that aligns cross-sector partners to solve complex social and health issues.

Through this process, we hope to achieve new levels of innovation and cooperation to create a population-level impact on premature birth disparities. We are excited that, through this initiative, we have the opportunity to transform San Francisco into a city where all children have a healthy start at life.

Steering Committee

The Backbone

- The Backbone team consists of a Program Manager and a Program Associate who support all activities of the Collective Impact effort.
- The Backbone team is funded by UCSF PTBi and the California Department of Public Health. It is housed at the San Francisco Department of Public Health

Steering Committee Members

Various communities, organizations, and perspectives are represented in the Steering Committee, including:

- Parent Advocates/Mothers with lived experience
- San Francisco Government
- Bayview YMCA
- San Francisco Unified School District
- First 5 San Francisco
- San Francisco Health Plan
- Homeless Prenatal Program
- Planned Parenthood NorCal
- National Compadres Network
- Federal Reserve
- UCSF Benioff Children's Hospital

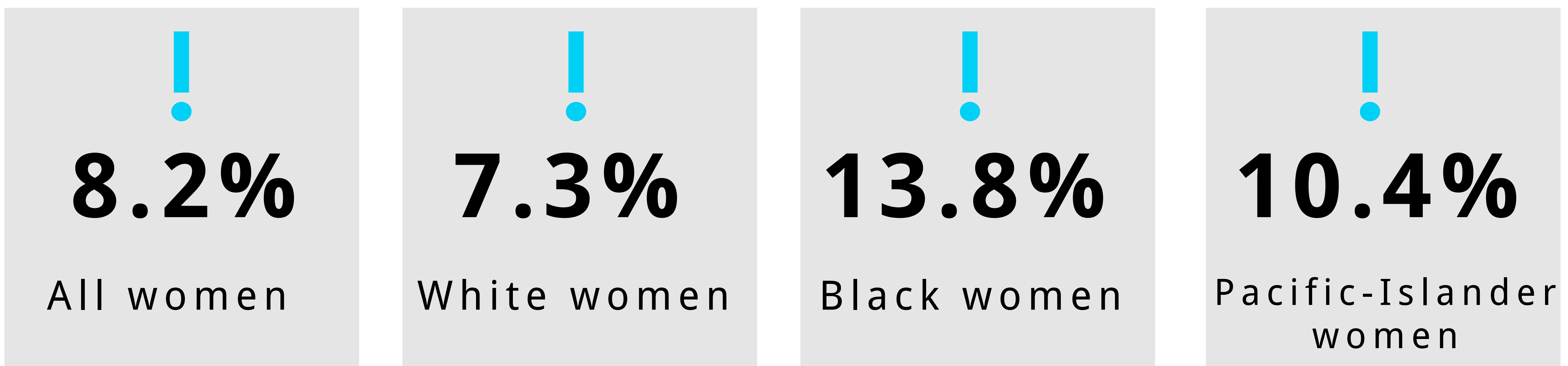


SF Context

While San Francisco, as a city, meets national HP 2020 targets for preterm birth rates, we see significant disparities in rates when broken down by race.

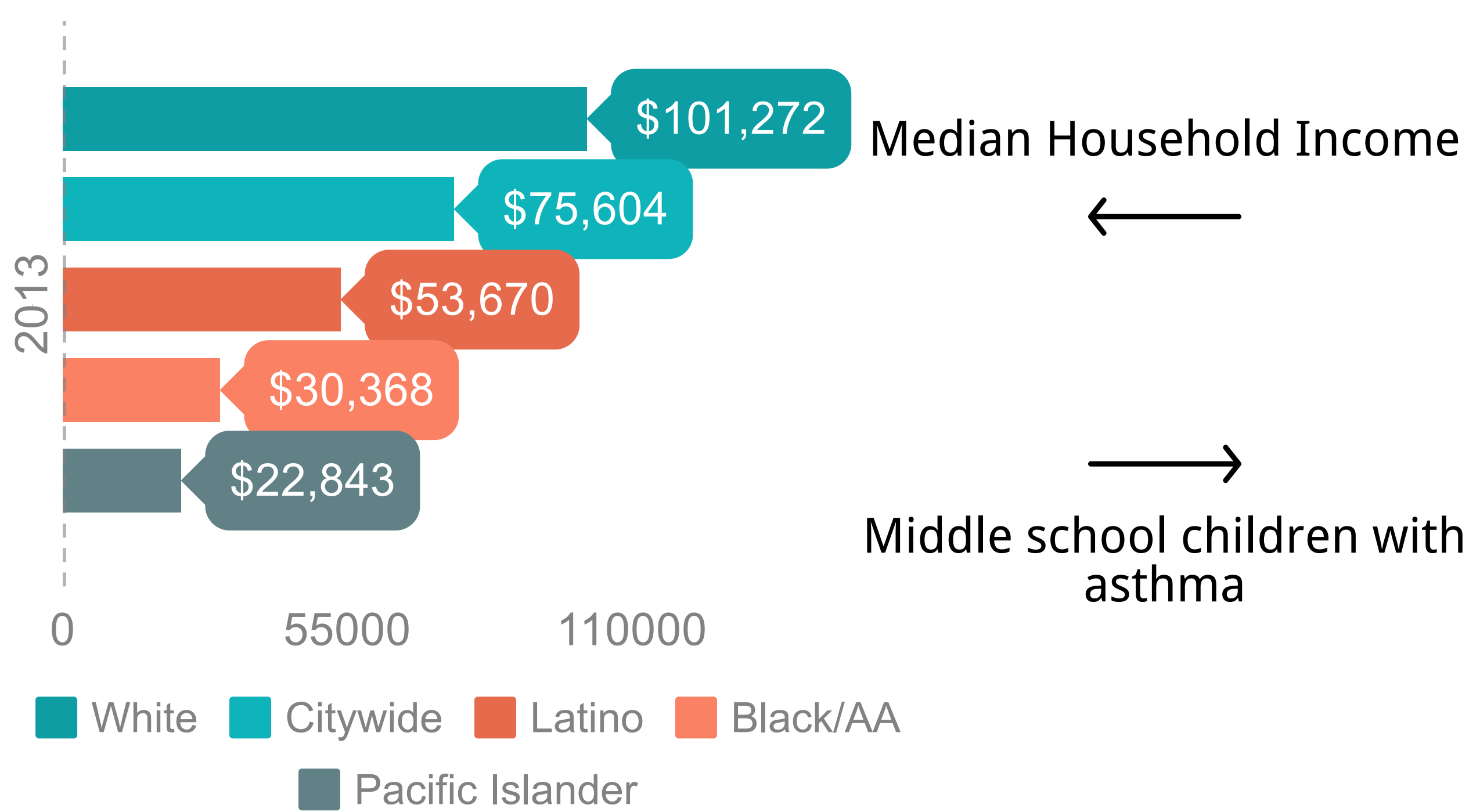


Preterm Birth Rates in San Francisco¹

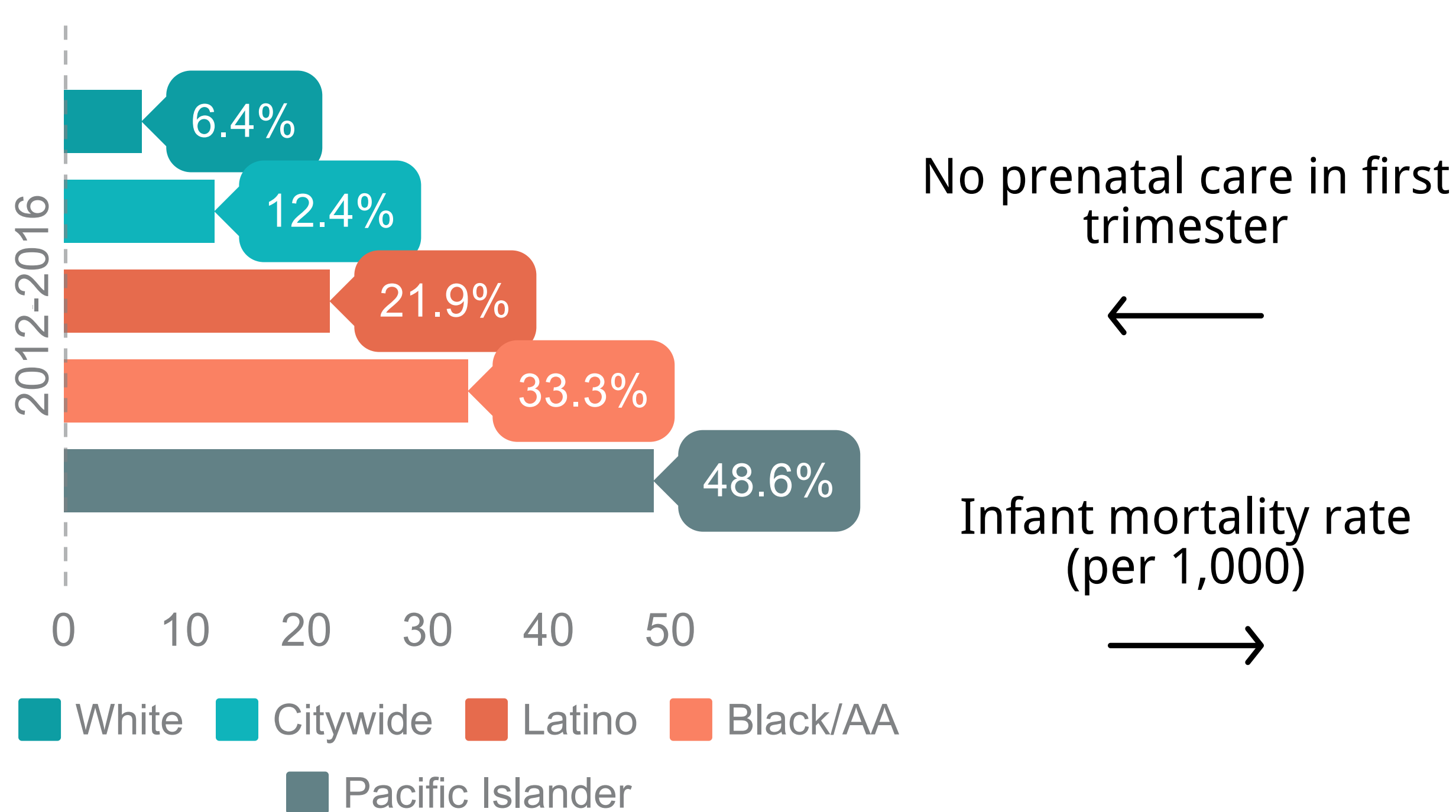
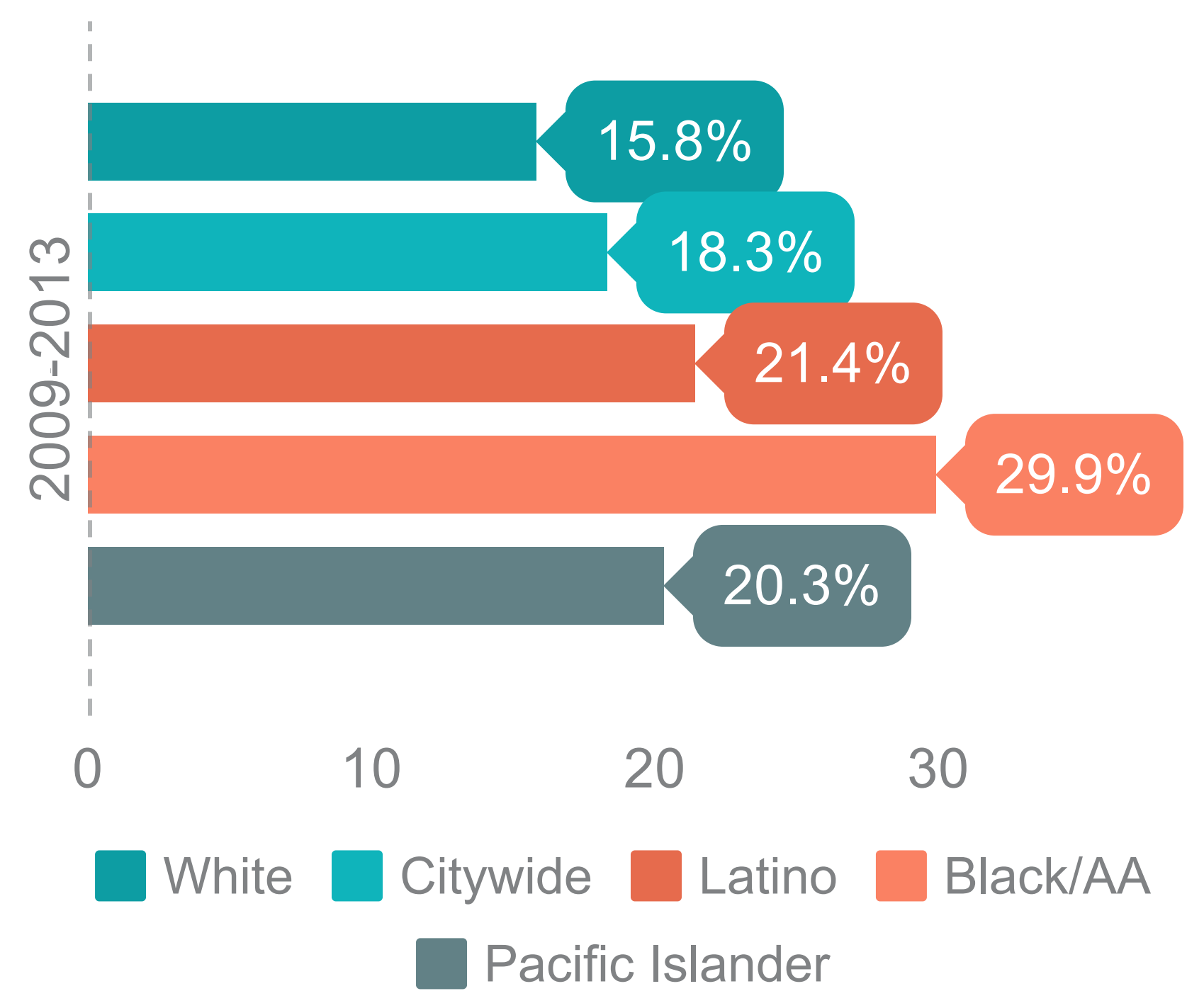


*5-year rates due to small samples, 2012-2016

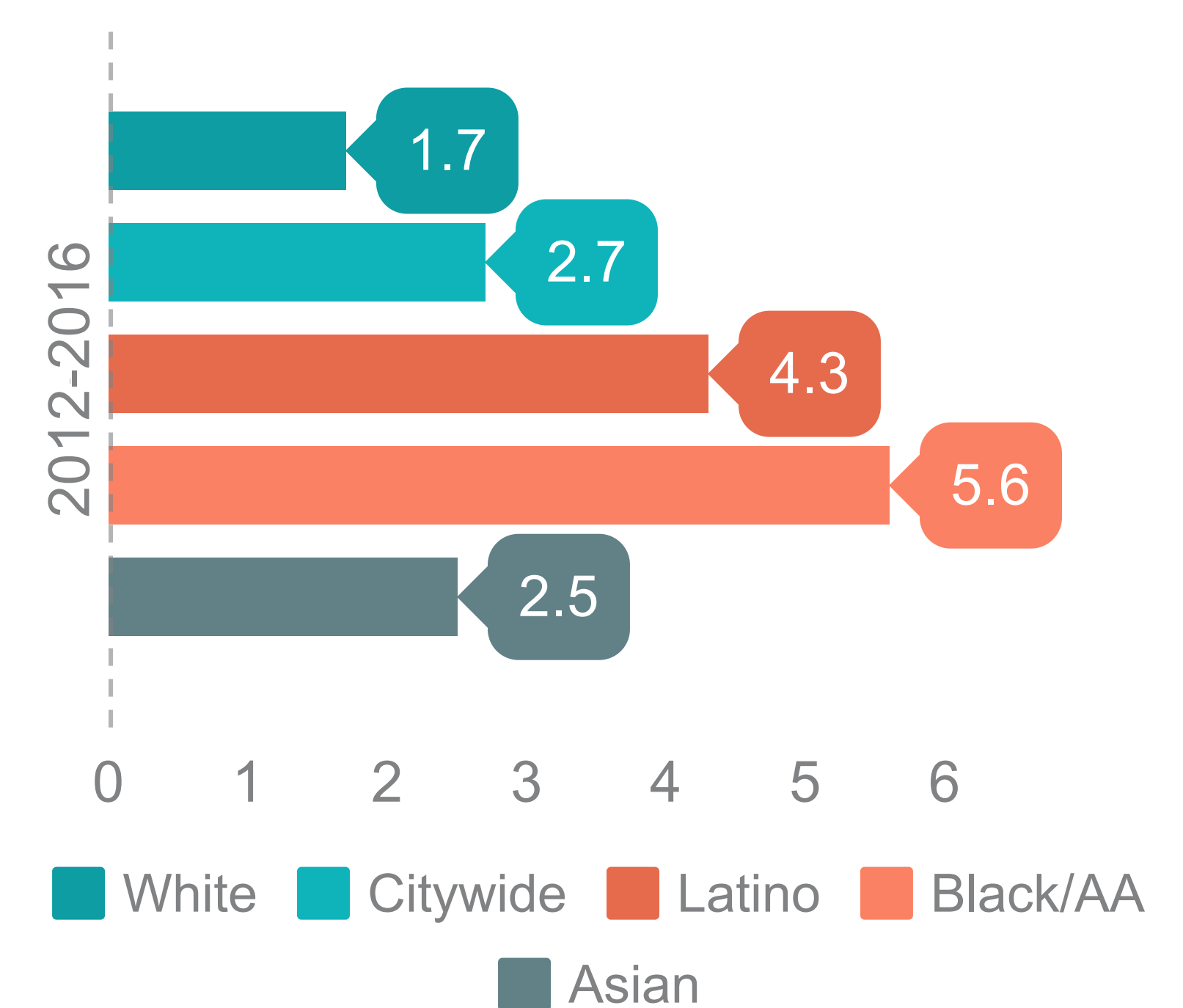
We see similar disparities in other health and socioeconomic indicators as well...¹



← Middle school children with asthma



← Infant mortality rate (per 1,000)



The enduring legacy of racism continues to shape our city's interactions with Black and Pacific Islander women.

We need a transformation approach that values and includes African-American and Pacific Islander women throughout their lives in order to improve birth outcomes.

PROBLEM STATEMENT

GOAL

To have every birth among African-Americans and Pacific Islanders be a healthy birth by 2030.

PRIORITY AREAS

Our Steering Committee has selected the following priority areas:

Increasing access to culturally-relevant Doula care for African-American and Pacific Islander women.

Increasing the number of pregnant African-American and Pacific Islander women that are stably housed.

The steering committee will select additional priority areas in year 2.

Guiding Principles



The Steering Committee

will be guided in their work by the following five principles...

WOMEN AS PRECIOUS

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

LIFE COURSE APPROACH

We seek to undertake a life course approach--the focus on pregnancy and healthcare is not enough. We seek to address the social determinants of health that impact women, their children and the fathers of their children across the lifespan by innovating new solutions, changing systems, shifting mindsets, and altering narratives.

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, and aim to address these historical and structural factors in our work.

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. We plan to engage with and support current initiatives underway in San Francisco that have proven successful in combating the various factors that lead to preterm birth among women 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.

Commitment to Racial Equity

The SF Collective Impact to Prevent Preterm Births acknowledges the impact of race and racism on birth outcomes in San Francisco, and has therefore committed to working towards achieving racial equity in the work that we do.



In a study of mothers, women who reported often feeling worried about racial discrimination **were more likely** to experience preterm birth **(12.5%)**, than women who did not report feeling worried **(7.2%)**.²

Additionally,

mothers who experience social stress during pregnancy have **two times** the risk of having a preterm birth.³

Some stressors experienced disproportionately by African-American women include:

- Unemployment⁴
- Homelessness and housing insecurity⁴
- Neighborhood violence⁴
- Incarceration⁵
- Lack of access to healthy food⁶
- Lack of culturally sensitive healthcare services⁷
- Lack of access to quality education⁴
- Disproportionate tobacco advertising and sales⁸



Research has not been able to tell us what causes preterm birth or what drives these disparities. Experiences of stress and discrimination over the life course may be a reason why we see high rates of preterm birth in older and more educated Black women, despite these being protective factors for White women.

Commitment to Racial Equity

EQUALITY vs EQUITY



Equity is giving everyone what they need to be successful. Equality is treating everyone the same. **Only when racially-oppressed groups are given the support, opportunities and resources they need will they achieve outcomes that are equal to those of the dominant group.**

Racial Equity Brown Bags

Since February, 2018, the backbone team has been planning and facilitating monthly **race equity brown bag series** for MCAH staff to increase race equity practices among their programs.

In these brown bag meetings, participants practice communicating about race and racism, learn about the experiences of their co-workers to build empathy, and contextualize racism within their programs. Future plans include targeted outreach and scheduling to maximize participation.

Racial Equity Assessment

Using resources from Government Alliance for Race Equity (GARE) and Bay Area Regional Health Inequities Initiative (BARHII), the backbone team has launched a **race equity assessment** across MCAH to formally assess attitudes and practices pertaining to race equity. We have interviewed two staff from each program and will compile and analyze the data in the coming months. This baseline information will be used to develop a section-wide racial equity initiative to be implemented in the coming years.

Presentations and Trainings on Race Equity

In addition to the above activities, the Program Manager has developed and facilitated talks and trainings on the historical origins of racism and media representation of race to help people identify and address biases present in their work and programs. These educational talks are ongoing, and have been presented at the SF Unified School District, UC San Francisco and Zuckerberg San Francisco General Grand Rounds, and at various programs and sections within the San Francisco Department of Public Health.

Other Activities

In addition to supporting the Steering Committee activities and the advancement of racial equity, the Collective Impact Backbone Team is participating in ongoing activities aimed at addressing some of the social determinants of preterm birth.

Perinatal Systems Alignment

A convening of actors working in perinatal services in San Francisco working towards aligning efforts to better support women navigating this space.

Through this work, the backbone committee has:

- Held two meetings to discuss the barriers to alignment and decide on one project to work on together.
- Created a systems map to document all of the perinatal actors in San Francisco that will be regularly updated.
- Presented relevant data to the group gathered from community members to incorporate women's voices.

Mini Grants Program

The backbone team created a detailed plan outlining the administration of a community-based **mini-grants program**. The plan was based on information gathered in key informant interviews, a literature review, and research of similar programs across the country. The team also created all the materials (i.e. flyers, applications, templates) needed to implement a round of mini-grants.

Continuous Communications

A variety of activities to increase communication and raise awareness of preterm birth among stakeholders and within communities most affected, including:

- Engaging a communications consultant to help us with branding and messaging
- Creation of a series of infographics on preterm birth risk factors
- Drafting a media handout with facts on the Collective Impact and Preterm Birth in San Francisco.



Work Group - Medical Coverage for Doulas

On April 11th, 2018, The New York Times released an article about maternal mortality in the United States, the devastating toll it is having on African-American women, and the benefits to having doula care during pregnancy, especially for high-risk pregnancies. This inspired the first priority area for the Collective Impact effort.



Simone Landrum and her doula, Latona Giwa.
The New York Times, 2018

Goals for this work group include:

- Expanding access to race-concordant doulas for our target populations by increasing awareness of this service and working to secure MediCal reimbursement for doula services.
- Building up our doula workforce to provide these services to our target population, which will also provide employment opportunities for women from our target population.
- Advocate for policies to institutionalize MediCal funding for doula services across the region and state.

Next Steps

Planned activities for Year 2 include:

- Gain community input on common agenda and finalize.
- Publicize common agenda.
- Increase presence of the Collective Impact within communities most affected by preterm birth.
- Implement one round of community mini-grant funding.
- Policy advocacy.
- Increase Pacific-Islander representation in our Steering Committee
- Support creation of sustainability sub-committee for the collective impact effort
- Define additional priority areas.
- Develop, launch, and oversee working groups to address the selected priority areas.

References:

1. California Department of Public Health, Birth Statistical Master File, 2009-2013
2. Braveman, P., Heck, K., Egerter, S., Dominguez, T. P., Rinki, C., Marchi, K. S., & Curtis, M. (2017). Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?. *PLoS one*, 12(10), e0186151.
3. Goldenberg, R. L., Culhane, J. F., Iams, J. D., & Romero, R. (2008). Epidemiology and causes of preterm birth. *The Lancet*, 371(9606), 75-84.
4. San Francisco Community Needs Health Assessment, 2016
5. JRP Workgroup, San Francisco Department of Public Health
6. <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>
7. San Francisco Health Network
8. <http://sanfranciscotobaccofreeproject.org/density/>

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Steering Committee Members

- Ayanna Bennet - San Francisco Department of Public Health
- Dan Kelly - Human Services Agency
- David Erickson - San Francisco Federal Reserve
- Davina Countee - Parent Advocate
- Héctor Sánchez-Flores - National Compadres Network
- Ingrid Mezquita - First 5 San Francisco
- Jim Glauber - San Francisco Health Plan
- Jonathan Fuchs - UCSF Preterm Birth Initiative
- Kenneth Epstein - San Francisco Children, Youth, and Families - Community Behavioral Health
- Kim Coates - San Francisco Unified School District
- Kim Scurr - UCSF Benioff Children's Hospital
- Lyn-Tise Jones - Parent Advocate
- Maria Su - Department of Children, Youth, and their Families
- Martha Ryan - Homeless Prenatal Program
- Sabra Bell - Parent Advocate
- Sara Kennedy - Planned Parenthood Northern California
- Tacing Parker - Bayview YMCA



Backbone Team



- Zea Malawa - Program Manager

Stephanie Arteaga - Program Associate -



Additional Support

- Jenna Gaarde - Evaluation - San Francisco DPH
- Jodi Stookey - Data - San Francisco DPH