



Black Infant Health Program

An Overview of the Conceptual Framework and Logic Model

Problem intervention is intended to address: The California Black Infant Health (BIH) program is intended to address the problem of poor birth outcomes and health disparities that affect African American women and their babies.

Intervention goal: BIH aims to improve health among African American mothers and babies and to reduce the Black:White disparities in maternal and infant health by helping women become empowered to make healthy choices for themselves, their families, and their communities.

Intervention Summary: Within a culturally affirming environment and honoring the unique history of African-American women, the BIH Program uses a group-based approach with complementary participant-centered case management to help pregnant and parenting women develop life skills, set and attain health goals, learn strategies for managing stress, and build social support. Each BIH participant attends weekly group sessions (10 prenatal and 10 postpartum) and works individually with BIH staff to set and make progress toward meeting her personal goals, to connect with other community and social services to meet her needs, and to develop a longer-term Life Plan that can guide her continued progress after BIH.

Scientific Rationale: The health of African-American mothers and infants can be improved—and Black:White health disparities reduced—through an empowerment-based approach that focuses on strengthening life skills, building resilience, reducing/managing stress, and promoting healthy behaviors and relationships to help women create healthier lives for themselves and their children.^{1,2,3}

Addressing stress among African-American women—including stress due to experiences of racial discrimination, trans-generational poverty, and associated powerlessness and lack of self-esteem—is crucial to reducing the Black:White disparities in maternal and infant health. When Black women become empowered with skills to help them manage and reduce stress in their lives, they are more likely to be healthy, have healthy babies, and raise healthy children.^{4,5} Having more social support can also help them and their families become healthier, in part by buffering the health-harming effects of stress and by increasing access to health-promoting resources.^{6,7,8}

Programmatic assumptions: The BIH intervention builds on the following evidence-informed assumptions:

- Group approaches are generally more effective than one-on-one approaches in accomplishing behavior change, in part because of how they foster empowerment, reduce social isolation, and mobilize social support.^{8,9}
- Most pregnant African-American women can participate in and benefit from groups, when those groups are accessible and effectively facilitated and when program staff enthusiastically encourage women to participate.¹⁰

Governing Concepts: The BIH program implementation and evaluation embody the following governing concepts:

- **Culturally relevant:** Providing culturally relevant information that is important to African-American women and honors the unique history and traditions of people of African descent.
- **Participant-centered:** Placing the participant's own needs, values, priorities and goals at the core of every interaction and activity, recognizing that people have an inherent tendency to strive toward growth.
- **Strength-based:** Building on each woman's strengths to enrich her, her family and her community by empowering her to make healthy decisions.
- **Cognitive skill-building:** Encouraging the woman to think differently about her behaviors and to act on what she has learned, recognizing that problem solving is a goal-oriented process.



Black Infant Health Program An Overview of Key Program Outcomes and Impacts

Shorter-Term Outcomes

| <i>What changes do women experience over the course of their participation in BIH? What are they learning? What do they do differently?</i> | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Outcome | Outcome Measure |
| Improved ability to set and make progress toward meeting personal goals | Goal setting, confidence in goal achievement, and progress toward stated goal(s) in the areas of health, relationships, and finances |
| Improved ability to manage stress | Change relative to baseline in self-reported use of stress management techniques |
| Improved social support | Change relative to baseline in (a) self-reported emotional and practical support and (b) Social Provisions Scale ¹⁰ |
| Increased mastery | Change relative to baseline in Pearlin Mastery Scale ¹¹ |
| Increased self-esteem | Change relative to baseline in Rosenberg's Self-esteem Scale ¹² |
| Increased resiliency | Change relative to baseline in Brief Resiliency Scale ¹³ |
| Healthier eating and decreased cigarette smoking | Changes relative to baseline in fruit and vegetable intake, consumption of sugary beverages, fast food consumption, compliance with recommended use of multivitamin with folate; and cigarette smoking |
| Increased health knowledge | Change relative to baseline in knowledge about appropriate timing of delivery, infant sleep practices, and shaken baby syndrome |
| Greater physical activity | Change relative to baseline in reported level of physical activity |
| Increased breastfeeding | Self-reported breastfeeding initiation and duration, relative to initial intent |

Longer-Term Impacts

| <i>What longer-term impacts is the BIH Program having on birth outcomes among African American women in California and on the Black:White disparities in maternal and infant health?</i> | |
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| Impact | Impact Measure |
| Increased proportion of term deliveries among African American women | Proportion of live births to BIH participants that occur at or after 39 completed weeks of gestation, relative to (a) other African American women who have not participated in BIH and (b) white women |
| Increased proportion of normal birth weight deliveries among African American women | Proportion of live births to BIH participants with birth weights between 2500 and 4000 grams for singleton deliveries, relative to (a) other African American women who have not participated in BIH and (b) white women |

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