

Learner Handout 4.4 A: Case Study, Black Infant Health Program

Activity 4.4

When the City of Berkeley, California, began issuing periodic Health Status Reports in the late 1990s, many were shocked to see how large the racial inequalities in health were in a city best known for its university and its progressive politics. Black infants were four times more likely than White infants to be born with low birth weight during the period from 1993 to 1995.

The City of Berkeley evaluated the causes of this inequality and recognized that “being at risk for having a low birth weight baby is not a genetic predisposition but is due to many factors including stress that may be related to discrimination and racism.”

In response, the public health department developed the Berkeley Black Infant Health Program based on a community empowerment model. Two CHWs, Ramona Benson and Yvonne Lacey, were hired to conduct health outreach to invite pregnant and parenting women to participate in an ongoing support group. The group combined health education and stress reduction with empowerment and linked their work to neighborhood community action teams.

“In our group we talk about relationships, including relationships with mothers, with the baby’s father, and a circle of friends,” said Ramona. “We talk about how to create support in our lives and to provide it to others. We talk about finances, education, racism, stress reduction, personal and community empowerment—and how to have a healthy baby. If our moms aren’t stressed, if they have support in their life and are empowered to advocate for themselves, to navigate systems and ask for what they need, that will help their pregnancy and help them to raise a healthy baby.”

The CHWs also helped women navigate the health system and overcome obstacles so that Black women could get earlier and more consistent prenatal care.

By 2005, four years after the Black Infant Health Program was started, the inequality in rates of low birth weight between Black and White babies had been reduced from 4-to-1 to 2-to-1, and the inequality in access to early prenatal care (first trimester) had been virtually eliminated.

The achievements of the Black Infant Health Project and allied programs were substantial. Although Black babies in Berkeley were still more than twice as likely as White babies to be born with low birth weight, huge progress had been made. The program continues to work to eliminate inequalities.

Learner Handout 4.4 A: Case Study, Black Infant Health Program *(continued)*

Discussion Questions:

Based on the information provided in the case study, do your best to answer the following questions:

1. What factors contribute to (what are the causes of) the higher incidence of low-birth weight?
2. What might be some of the consequences of low birth weight babies among African-American mothers in Berkeley? Please use the ecological model to determine consequences on the individual, relationship, community, and society levels.
3. What types of power are involved the Black Infant Health Project? What are some of the powers *over* the women? Powers *with*? Power *within*? How does the project help promote or address these powers?
4. What roles can CHWs play in promoting the health of mothers and babies?