



April 26, 2019

The Honorable Eloise Gómez Reyes
Acting Chair, Assembly Budget Subcommittee No. 1 on Health & Human Services
State Capitol, Room 2175
Sacramento, CA 95814

Re: Black Infant Health Program Expansion – SUPPORT

Dear Assembly Member Reyes:

The County Health Executives Association of California (CHEAC), representing local health departments throughout our state, is pleased to SUPPORT the Governor's proposed investment of \$7.5 million to address African American infant mortality and encourages the inclusion of alternative models to do so.

Infant mortality is defined as the death of an infant before their first birthday. Studies show that African American communities have historically been disproportionately affected by higher rates of infant mortality throughout the United States, including in California. According to the U.S. Centers for Disease Control and Prevention (CDC), preterm birth and low birthweight and maternal pregnancy complications were among the five leading causes of infant death in 2015.

On average, there are 31,000 African American babies born each year in California, of which 3,000 to 4,000 babies are born prematurely and/or with low birthweight. African American infants continue to die at more than two times the rate observed for white, Hispanic, and Asian/Pacific Islander infants. While the infant mortality rate has declined over the past two decades, some evidence has shown that progress in reducing African American infant mortality has stalled in recent years.

The Administration's budget proposal to expand the Black Infant Health Program is a promising step toward further assisting local health department efforts to reduce the gaps in infant mortality locally. While local health departments have made strides in working with clinical providers, community members, and local organizations in designing outreach efforts, delivering health education, support services, and case management, and connecting women and children to other health and social services, additional flexibility in program models and allowable activities is desired by local health departments. This additional flexibility would enable local health departments to better engage African American women and their families, screen and refer for physical and behavioral health conditions, and more effectively improve birth outcomes.

Local health departments support efforts to reduce inequities in maternal, infant, and child health as those provided under the proposed funding to address African American infant mortality, and we would be happy engage both the Legislature and Administration to further explore alternative programming models.

Should you have any questions, please feel free to contact me at (916) 327-7540.

Sincerely,

As signed by

Michelle Gibbons
Executive Director

cc: Honorable Members, Assembly Budget Subcommittee. No. 1
Andrea Margolis, Consultant, Assembly Budget Subcommittee. No. 1
Cyndi Hillery, Budget Director, Assembly Republican Caucus
Karen Smith, MD, MPH, Director and State Public Health Officer, California
Department of Public Health (CDPH)