

# 2015-2018 Black Infant Health Program Evaluation

*Participant and Staff Perceptions about the Program*



September 2021







Public health recognizes that racism,<sup>1</sup> as well as social and economic stressors, play a major role in poor birth outcomes—babies born too early and too small—for Black women and birthing people. The California Black Infant Health (BIH) Program is an evidence-informed group model with complementary one-on-one life planning designed to improve birth outcomes in the Black community by enhancing life skills, improving strategies to reduce stress, and building social support. An evaluation of prenatal program implementation and outcomes was conducted for participants enrolled between July 1, 2015 and June 30, 2018 across 17 sites in 15 local health jurisdictions throughout California. For additional details about the program, the evaluation and other results please visit: [cdph.ca.gov/BIH](https://cdph.ca.gov/BIH).

This brief examines the results of surveys administered to gauge participant and staff perceptions of BIH. These survey responses are important because participant experiences provide an understanding of the lived impact of BIH and how it is meeting individuals' expectations. Analyzing staff satisfaction and engagement is important to understanding staff's sense of purpose and happiness with their work environment. Feedback from participants and staff can help to identify areas of the program that work well and areas that

need improvement, which helps ensure that BIH is meaningful and engaging.

Following participation in the prenatal portion of BIH, 745 participants completed a satisfaction survey reflecting on how the program helped them, what they liked the best about the program and what ways BIH made a difference in their lives. Participants responded to four items on a 4-point scale (Figure 1) and two open ended questions (Figures 2 and 3).

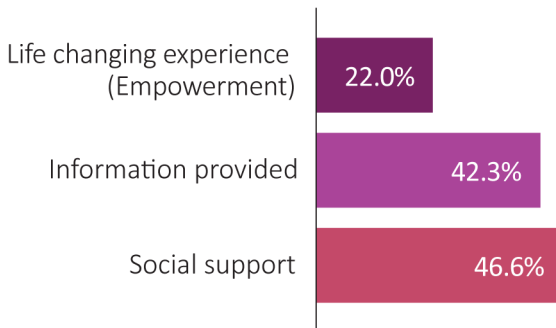
**Figure 1. BIH participants agreed or strongly agreed that BIH helped them.**

	Build stronger social connections	94.5%
	Manage stress	94.5%
	Set goals	97.4%
	Achieve goals	92.9%

Data Source: Data includes BIH participants that were recruited and enrolled over 3 state fiscal years (July 1, 2015 – June 30, 2018) and completed a satisfaction survey (n=745). Extracted from Efforts to Outcomes (ETO) data system on 12/31/18.

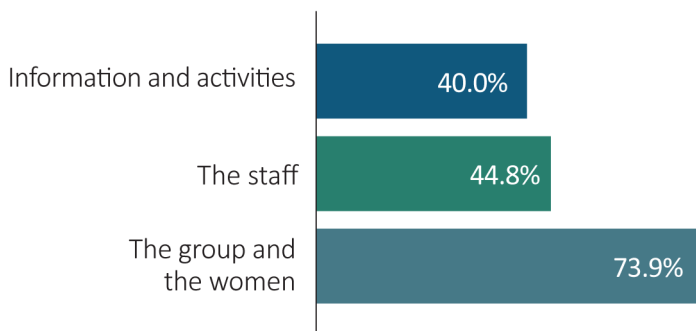
**Figure 2. How Has BIH Made a Difference in Your Life?**

Top Three Topics in Responses



**Figure 3. What Did You Like the Most About the BIH Program?**

Top Three Topics in Responses



Data Source: Data Includes BIH participants that were recruited and enrolled over 3 state fiscal years (July 1, 2015 – June 30, 2018) and completed a satisfaction survey (n=745). Extracted from BIH State data system on 12/31/18. Percentages do not add to 100% as responses could include multiple topics.

In late 2018, 94 BIH Program staff completed an online survey about 20 aspects of their work environment. Overall, both direct service staff and those in BIH manager roles appeared to have positive perceptions about their work and work environments, with a few noteworthy exceptions related to available resources and work-related stress (Figure 4). Most staff also agreed that the BIH program is effective at meeting intermediate health outcomes (Figure 5) or the short-term milestones that may increase the likelihood of reaching long-term healthy birth outcomes<sup>2</sup> for Black women and birthing people.

**Figure 4. BIH staff work experiences**

Data is the percent of respondents who agreed or strongly agreed with the statement.

My work is rewarding	94.6%
I have the information I need to do my work right	95.7%
I have enough time to do my work right	97.4%
There are usually enough people or staff to get all the work done	59.8%
I find my work stressful	58.0%

Data Source: Data includes BIH staff working for the Program in October and November of 2018 (n=94).

Most participants that filled out a satisfaction survey had a positive experience with the program, with **99.2%** of them saying they would refer a friend, colleague, or relative to BIH.

One participant said: *“BIH gave me a place to connect with other Black mothers that are at the same state in their lives/pregnancy as I am. BIH provided me with women who look like me that can provide me with information/advice.”*



**Figure 5. BIH staff perceptions of how effective the program is at meeting intermediate health outcomes**

Data is the percentage of respondents who agreed or strongly agreed with the statement “BIH program is effective at...”

Helping participants become empowered	<b>97.8%</b>
Increasing participants’ social support	<b>97.8%</b>
Improving participants’ abilities to cope with stressful circumstances	<b>94.7%</b>
Promoting healthy behaviors among BIH participants	<b>98.9%</b>
Connecting participants with the services they need	<b>95.7%</b>



Data Source: Data includes BIH staff working for the Program in October and November of 2018 (n=94).



During a stakeholder meeting, BIH staff shared what they believed were the most relevant services to BIH participants:

- ▶ **Sisterhood**
- ▶ **Group participation/bringing women out from isolation**
- ▶ **Connections to resources**

In the survey one staff member shared: *“Most important aspect of the program is social support. In my experience when women in group bond and can tell their truth/story to other women, you can visually see a shift. It’s like small ‘aha’ moments.”*

## SUMMARY

- ▶ Most participants that filled out a satisfaction survey had a positive experience with the Program and most of them would refer others to BIH.
- ▶ Both direct service staff and managers appeared to have positive perceptions about their work and work environments, with a few noteworthy exceptions related to available resources and work-related stress.
- ▶ Feedback from both participants and staff reflect their perception that the program is achieving its intermediate health outcomes, most notably the social support it provides.

## REFERENCES

1. Office of Minority Health and Health Equity (OMHHE). Centers for Disease Control and Prevention. April 12, 2021. Accessed May 12, 2021. <https://www.cdc.gov/healthequity/racism-disparities/index.html>
2. State Infant Mortality Collaborative: Infant Mortality Toolkit. State Infant Mortality (SIM) Toolkit: A Standardized Approach for Examining Infant Mortality. November 1, 2013. Accessed May 12, 2021. <http://www.amchp.org/programsandtopics/data-assessment/InfantMortalityToolkit/Pages/default.aspx>

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