

# Legislation Details (With Text)

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SUBMITTED BY: David Pomaville, Director, Department of Public Health

# SUBJECT: Retroactive Revenue Agreement with California Department of Public Health

# RECOMMENDED ACTION(S):

# Approve and authorize the Chairman to execute a retroactive revenue Agreement with California Department of Public Health, for the California Perinatal Equity Initiative, effective December 1, 2018 through September 30, 2019 (\$529,236).

Approval of the recommended action will provide the Department of Public Health with California Department of Public Health (CDPH) one-time funding to implement the California Perinatal Equity Initiative (PEI) in the County. The funding will support local perinatal equity planning to fill gaps in current services and assist with development of a collective impact blueprint to reduce African-American infant mortality, no increase in Net County Cost. This item is countywide.

# ALTERNATIVE ACTION(S):

There are no viable alternative actions. Should your Board not approve the recommended action, the Department would not be able to accept the CDPH funds nor implement the PEI in the County.

# RETROACTIVE AGREEMENT:

The recommended agreement is retroactive to December 1, 2018. The recommended agreement was received from CDPH on December 18, 2018, the time required to prepare and review the agreement, did not allow presentation to your Board at an earlier date.

#### File #: 19-0082, Version: 1

# FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. CDPH will provide \$529,236 to fund community activities and contract costs related to PEI implementation. Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2018-19 Adopted Budget and will be included in the FY 2019-20 budget request.

#### DISCUSSION:

The County's mortality rate for African-American infants continues to be 2.5 times higher than the statewide rates and 2.21 times higher than the national rates for other groups. The County's African-American population experiences an infant mortality rate of 25.3 per 1,000 live births compared to a rate of 8.1 per 1,000 live births for white residents (3.13 times higher rate). The Department's Black Infant Health (BIH) Program, an evidenced-informed intervention program focused on social support, stress management, and empowerment, continues to work toward reducing African-American infant mortality, but gaps in services still exist. CDPH awarded new funding to 13 local county health departments with BIH Programs to establish the PEI and support implementation of perinatal health interventions to reduce the disparities in infant mortality rates and fill gaps in current services.

Approval of the recommended agreement will allow implementation of a PEI scope of work in the County that includes:

- conducting an environmental scan to review local vital statistics and data to gain a deeper understanding of African-American infant mortality and prenatal care,
- partnering with local hospitals with the highest African-American preterm birth rates and Regional Perinatal Programs of California to conduct medical record reviews of preterm births and focus groups with mothers that delivered at hospitals,
- designated Department staff attending State Learning and Brainstorming Sessions to participate in strategic planning and development of PEI interventions,
- establishing a local Perinatal Health Equity Community Advisory Board to engage local stakeholders in discussing the needs and opportunities to reduce African-American infant mortality, and
- launching a Public Health Awareness Campaign to raise awareness and promote health activities to vulnerable populations with the highest rates of preterm birth and infant mortality.

Approval of the recommended agreement indicates the County's agreement to indemnify the State in connection with the performance of the agreement.

# ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Agreement with CA Department of Public Health 18-10643

#### CAO ANALYST:

Sonia M. De La Rosa