Black Infant Health Summary

Black infants in America lose their life as much as twice the rate of newborns from other populations in the course of their first years of life. Similarly, more women who are African Americans die during childbirth or even pregnancy periods than the majority of other ethnic groups in the United States. The purpose of my research topic ‘Black Infant Health’ (BIH) is to delineate how the implementation of the program BIH has addressed problems associated with the African American women population in the U.S who, in many cases, suffer from poor outcomes during and after birth. Created in the year 1989 by the department of public health in California, the program has aided in addressing the high rates of infant mortality. The research will analyze further how BIH utilizes an approach that is group-based with distinct case management in order to empower African American women with the ability to make life choices that are healthy for their families and themselves (Braughton et al., 2017).

The setting of this study will be in an African American community. It includes their opinions about BIH, how the program has helped in solving difficulties, and the factors contributing to disparities emanating from birth experiences. These views from community members will be obtained using questionnaires. According to this study, the BIH program type of prevention is primary for its significant objectives are aimed at helping women to have healthy children and ultimately improve the rates of survival among mothers and African-American infants. The program has achieved this type of prevention basically by initiating grass-roots efforts such as individual-based client services, and the group interventions. The group intervention helps in building social support that buffers the negative impact of stress among women by encouraging them to support each other (Pasadena, n.d).

References

Braughton, M., de Bocanegra, H. T., Bradsberry, M., Howell, M., Logan, J., & Schwarz, E. B. (2017). Racial and ethnic disparities in postpartum care and contraception in California’s Medicaid program. *American journal of obstetrics and gynecology*, *217*(1), 47-e1.

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