Across the lifespan, African-American children and adults are more likely to be uninsured than Caucasian children and adults. A lack of access to health care diminishes opportunities to provide preventive health education messages and increases the risk of delayed diagnosis and treatment of disease.

RECOMMENDATION 1: INCREASE AWARENESS AND UTILIZATION OF HEALTH CARE SERVICES BY PREGNANT AFRICAN AMERICAN WOMEN

A. Facilitate women getting early care in pregnancy
B. Develop a communications system for accessing and educating the public on current programs and resources
C. Enhance programs that utilize Family Support Workers (home visitation programs)

RECOMMENDATION 2: INCREASE THE NUMBER OF WOMEN RECEIVING PRECONCEPTION AND INTER-CONCEPTION CARE

A. Increase Family Planning utilization and knowledge
B. Increase the number of women with a primary care practitioner

RECOMMENDATION 3: INCREASE THE NUMBER OF HEALTH CARE PROVIDERS IN THE LOCAL NEIGHBORHOOD COMMUNITY THAT PROVIDE WOMEN’S HEALTH AND MATERNAL/CHILD HEALTH CARE

A. Provide a practitioner in local neighborhood clinics, WIC offices, and similar appropriate locations.

The Infant Mortality Alliance is a new collaborative of diverse partners that began as a task force working together to develop a strategic plan that will help reduce African American infant mortality rates in Oklahoma County. This Alliance will build upon its success, learn from its challenges, and develop new initiatives to ensure that more of our babies live to see their first birthday.
DID YOU KNOW?
The infant mortality rate (IMR), the number of infant deaths per 1000 live births, has continued to decline in the U.S. over the past several decades. However, despite this decline, improvements have not been equitable. The infant mortality rate for the African American population has not seen declines at the same rate as the Caucasian population. In Central Oklahoma the infant mortality rate among African American infants is more than double the rate of Caucasian infants. Despite our overall progress, the disparity persists.

BACKGROUND
In 2015, over 100 individuals, organizations, state agencies and stakeholders came together as a task force and developed a strategic plan based upon the research and best practice models from across the country. The task force built the plan based on the Life Course Theory that birth outcomes are determined by the entire life span of a woman, not just the nine months of pregnancy. Today, the task force has transitioned into the Infant Mortality Alliance and will begin implementation of the strategic plan with three primary goals in mind, including:

- Access to quality health care across the life span, including before, during and between pregnancies.
- Enhancing family and community systems that can have broad impacts on families and communities e.g., father involvement, integration of family support services, reproductive social capital, and community building.
- Addressing social, racial and economic inequities that impact health e.g., education, poverty, support for working mothers, racism.

HOW TO JOIN OUR EFFORTS

If you would like to join the Infant Mortality Alliance please contact Barbara Colbert at 405-425-4427 or barbara_colbert@occhd.org.

If you want to join the Access to Health Care work group please contact: Kamisha Busby at 405-427-3200 or kamisha.busby@chcookc.org

Rev. James Dorn, Alliance Chair
Kamisha Busby, Chair, Access to Health Care
Karen Jacobs, Chair, Community Engagement
Twyler Earl, Chair, Health Disparities