REDUCING INFANT MORTALITY IN THE AFRICAN AMERICAN COMMUNITY

OKLAHOMA COUNTY STRATEGIC PLAN
MANY PEOPLE FEEL UNEASY AND SAD WHEN THEY THINK ABOUT INFANT MORTALITY. YET FOR TOO MANY FAMILIES IT IS A TRAGIC REALITY. EVERY YEAR, NEARLY 400 BABIES DIE IN OKLAHOMA BEFORE THEY REACH THEIR FIRST BIRTHDAY. IN CENTRAL OKLAHOMA ALONE, AT LEAST TWO FAMILIES EXPERIENCE THE DEATH OF THEIR INFANT EVERY WEEK.

WHY IS THIS HAPPENING AND WHAT CAN BE DONE ABOUT IT?

Infant mortality, the death of an infant before they reach one year of age, is a key indicator often used to measure the health and well-being of a population. Factors such as tobacco use, obesity, fertility issues, poverty, environment, barriers to health care, and access to needed services have a significant impact on an infant’s health. The first year of a child’s life is the most vulnerable.

According to the Oklahoma State Department of Health, the three leading causes of infant deaths are: Congenital Anomalies, Prematurity and Sudden Unexpected Infant Death/SIDS.

Congenital anomalies are caused by problems during the development of a fetus before birth. According to the Oklahoma City County Health Department’s Fetal and Infant Mortality Review (FIMR) program, nearly one-third of all infant deaths reviewed are caused by a congenital anomaly (2010-2012). While there is no way to completely eliminate congenital anomalies, there are ways to minimize some of the risk factors. It is important for families to be as healthy as possible before they become pregnant. In addition, families must have access to health care before and during pregnancy to discover and respond to any possible risks related to congenital anomalies.

Premature birth [also known as preterm] occurs before 37 weeks of pregnancy. More often than not, babies born early fail to benefit from valuable time to grow and develop. They may have more health problems compared to babies born at full term. Premature birth is one of the greatest contributors to infant death. Most preterm-related deaths occur among babies who were born very preterm (before 32 weeks). Each year in the United States, about 1 in 10 babies is born prematurely (March of Dimes, 2014).

Sudden Unexpected Infant Death [SUID] is the death of an infant less than 1 year of age that occurs suddenly and unexpectedly. Although the causes of death in many of these infants cannot be explained, the greatest numbers occur while the infant is placed in an unsafe sleeping environment [CDC 2013]. This leads to confusion about whether or not an infant death can be ruled as Sudden Infant Death Syndrome [SIDS]. A SIDS death is only declared after all other causes and risk factors have been eliminated through a scene investigation, complete autopsy and review of the infant medical history. In a large number of cases, the cause of death is often ruled as unknown.
THE PROBLEM

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 (OSDH, 2014). Despite our overall progress, the disparity persists.

OUR RESPONSE

Racial disparities specific to the African American community and directly related to the high infant mortality rate were addressed in Oklahoma City during the 2015 Infant Mortality Summit: An African American Perspective. This Summit brought together community leaders, health care professionals, non-profit organizations and state agency leadership. Together the decision was made to move forward and develop an Infant Mortality Task Force charged with creating a strategic plan to reduce the infant mortality rate in the African American community in Oklahoma County.

THE PLAN

Over 100 individuals, organizations, state agencies and stakeholders came together and began building a strategic plan based upon the research and best practice models from across the country.

The Task Force began with the clear understanding that an important component of reducing infant mortality is reducing the inequities between racial/ethnic groups. The group focused on the Life Course Perspective, which is based on the theory that birth outcomes are determined by the entire life span of a woman not just the nine months of pregnancy. The three goals, adopted from the Life Course Perspective, focus on reducing inequities in birth outcomes including: [Barfield, 2012]

- 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 and economic inequities that impact health e.g., education, poverty, support for working mothers, racism.
It is imperative for women to receive care in the first trimester of pregnancy. There are over four million births per year in the United States and nearly one third of them will have some kind of pregnancy-related complication (Jones, 2008). Women who do not get early prenatal care are at greater risk for problems going undetected or not being dealt with soon enough to make a difference. Early prenatal care can lead to improved birth outcomes for both mother and baby.

A. Facilitate women getting early care in pregnancy
High-quality prenatal care is vital to both the health of the mother and the healthy development of the child. Though the disparity in access to prenatal care has been narrowing over time, there remains a gap in the quality of care received. Research shows that African-American women do not receive the same level of health behavior advice or ancillary health care services during prenatal care as Caucasian women [Lu, et.al, 2010].

B. Develop a communications system for accessing and educating the public on current programs and resources
Currently, services for low-income families are fragmented and require parents to visit multiple locations, complete duplicate paperwork, and arrange for child care and transportation. Community-based family resource centers that integrate various sources of funding can provide these families with comprehensive health and social services in “one-stop shopping”[Lu, et.al, 2010].
2-1-1 services assist Oklahomans with information and referral across the spectrum of human need, including but not limited to health care, food pantries, affordable housing, child care, after-school programs, caregiver support, financial programs, literacy, and job programs (2-1-1 Oklahoma Council, 2016).

The Family Life Learning Center (FLLC) establishes a place-based setting and community partnerships for the delivery of programs, technologies and resources that help families experience a more fulfilled life. FLLC partners primarily with churches and schools to develop efficient and effective delivery systems.

FLLC has two key initiatives currently in place. The “Raising the Grade” initiative delivers the necessary resources, strategies and technologies to the educational community. This initiative helps students achieve higher levels of academic and social success. The health initiative helps our community achieve healthier outcomes by partnering with faith ministries and community health providers that promote and encourage healthy lifestyles.

C. Enhance programs that utilize Family Support Workers (home visitation programs)

Families who participate in local home visiting programs receive advice, guidance and other help from health, social service and child development professionals. Through regular, planned home visits, parents learn how to improve their family’s health and provide better opportunities for their children.

Home visits may include support for preventive health practices such as finding suitable prenatal care, improving family diets, and reducing use of tobacco, alcohol, and substances. Home visitors can support mothers through all stages of pregnancy and beyond. In addition, they provide education related to the health and development of a mother and child. Home visitors help parents understand child development milestones and behaviors and promote the use of positive parenting techniques. They may also work with mothers to set goals for the future, continue their education, and find employment and child care solutions (Health Resources and Services Admin., 2015).

Children First provides mothers with reliable and up to date education from maternal and child health nurse home visitors. Topics include safe sleep practices, causes of preterm labor, hypertensive disorders of pregnancy, smoking cessation, risks of closely-spaced subsequent pregnancies and many others. Clients receive help finding appropriate prenatal care, improving eating habits, and reducing use of alcohol and illegal substances.

The Nurse Family Partnership model used by Children First was able to show “in the Memphis trial, children in the control group, as a trend, were 4.5 times more likely to die in the first nine years of life as were children who had been visited by nurses, a difference in mortality accounted for by deaths due to prematurity, Sudden Infant Death Syndrome, and injuries” (Olds et al., 2007).
The goal of preconception care is to ensure that women are healthy before they get pregnant. Many protective and risk factors that affect birth outcomes are present early in pregnancy or even before women conceive. All women of child-bearing age should receive preconception care. This focuses on a woman’s overall health, which includes health promotion and disease prevention. These services should be integrated into health care over the course of a woman’s life [Lu, et.al, 2010].

A. Increase Family Planning utilization and knowledge
   a. The Task Force supports Central Oklahoma’s Plan to Reduce Teen Pregnancy “As a Matter of Fact” five year plan.
      It is not surprising that most teenagers are not ready, physically or emotionally, to have children. The Teen Pregnancy Prevention Collaboration’s overall goal is to reduce teen births in central Oklahoma by one-third by 2020. National research reveals three successful strategies to reduce the teen birth rate: [1] evidence based sexuality education curriculum, [2] access to medical services that include family planning and contraception, and [3] community awareness and support for addressing the issue. With the assistance of school, community, and medical care, the goals of this plan are attainable.

   b. Improve and enhance family planning services
      Family planning allows individuals and couples to anticipate and attain their desired number of children. It is achieved through use of contraceptive methods and the treatment of involuntary infertility [WHO, 2015].

   c. Broader awareness of all aspects of what family planning means such as pregnancy spacing.
      Some experts believe that closely spaced pregnancies don’t give a mother enough time to recover from the physical stress of one pregnancy before moving on to the next. For example, pregnancy and breast-feeding can deplete stores of essential nutrients, such as iron and folate. If a woman becomes pregnant before replacing those stores, it could affect her health or her baby’s health. However, it is also possible that behavioral risk factors, such as failure to use health care services, unplanned pregnancies, stress and socio-economic disadvantages, are more common in women who have closely spaced pregnancies. These risk factors, rather than the short interval itself, might explain the link between closely spaced pregnancies and health problems for mothers and babies [Mayo Foundation, 2015].

B. Increase the number of women with a primary care practitioner
   It is advantageous to increase the number of women who have a primary care provider. Women who receive routine care are much more likely to manage their chronic health conditions, such as hypertension or diabetes, conditions that can greatly contribute to poor birth outcomes.
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 settings.**

   The greatest distinguishing advantage of Mobile Health Clinics is their mobility, which allows them to reach populations in areas where other health care options are not available. The capacity of a mobile health clinic is increased by its ability to fill gaps as community needs and resources shift over time. As the demand for affordable and accessible health care continues to grow, mobile health clinics and other alternatives such as retail-based clinics are likely to become an increasingly important part of the landscape.
COMMUNITY & FAITH ENGAGEMENT

ENHANCE AND DEVELOP FAMILY AND COMMUNITY SYSTEMS THAT HAVE A BROAD IMPACT ON REDUCING INFANT MORTALITY

One of the most effective ways to eliminate health disparities and reduce infant mortality is to engage the community in developing strategies to address challenges that affect them.

Working with families, schools, policy makers and faith communities to become actively involved in identifying relevant issues, making decisions on what needs to be accomplished, and then implementing those changes, leads to success on every level.

RECOMMENDATION 1: FAITH-BASED

ENGAGE THE FAITH COMMUNITY TO DEVELOP INITIATIVES THAT ADDRESS INFANT MORTALITY

Families of faith will naturally turn to their faith leaders and places of worship for guidance, support and healing after the loss of an infant. For African American families the need for a helpful and supportive response from their clergy, lay church leadership, and their faith community is enormous. Providing support that is helpful can be a challenge to any community (AAFBBII, 2015).

A. Develop a First Ladies’ Network

The wives of senior Pastors, commonly referred to as “First Ladies”, have come together to build a robust network of women to advance education, good health and economic opportunities for the families they serve.

B. Fatherhood Initiative

In the U.S. today, nearly half (49%) of poor African-American children live in single-mother families with little or no father involvement (Lu, 2010). The involvement of fathers can be addressed at the individual, interpersonal, community and policy levels. This may require educational, employment, legal, or social services. Fathers may also need assistance in improving their relationships with the women in their lives. Community institutions need to take a leadership role in addressing the higher rates of unemployment, violence, and incarceration among African-American men in many communities (Lu, et.al, 2010).
C. Develop Safe Sleep materials for the Faith community

The faith community has long been a source of care and comfort for people in need. On average, two families face the loss of their infant each week in central Oklahoma. Nearly a quarter of all infant deaths are directly related to an unsafe sleep environment. The plight of our infants dying calls for new concern and a new commitment to ensuring that babies have a safe place to sleep, live, and flourish.

Safe Sleep Sunday/Sabbath was created to raise awareness about the difficulties facing our most vulnerable population, our babies, and to inspire all of us to work together and put an end to unsafe sleep practices.

25 WAYS TO PARTICIPATE IN SAFE SLEEP SUNDAY

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<tr>
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<tbody>
<tr>
<td>01</td>
<td>Say a special prayer for families who have lost an infant</td>
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<tr>
<td>02</td>
<td>Have a moment of silence to remember all infants that have died</td>
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<td>03</td>
<td>Release balloons in remembrance of all infants that have died</td>
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<td>04</td>
<td>Provide an information table with resources for grief and bereavement</td>
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<td>05</td>
<td>Create a memorial garden for members who have experienced the loss of an infant</td>
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<td>06</td>
<td>Collect diapers/shoes/other baby items to donate to an organization</td>
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<td>07</td>
<td>Take up a collection to help with flowers/cards/etc. for grieving families</td>
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<td>08</td>
<td>Display signs or posters with information about infant mortality</td>
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<td>09</td>
<td>Light candles in remembrance of those who have lost an infant</td>
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<tr>
<td>10</td>
<td>Sing a special song to acknowledge those who have lost an infant</td>
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<td>11</td>
<td>Recite a poem dedicated to families that have experienced an infant loss</td>
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<td>12</td>
<td>Offer pink/blue ribbons for families to wear to acknowledge their infant loss</td>
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<td>13</td>
<td>List or read the names of infants that have died within your church</td>
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<td>14</td>
<td>Develop a message or sermon to support families that have experienced an infant loss</td>
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<td>15</td>
<td>Educate your congregation on infant safety</td>
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<td>16</td>
<td>Place a special dedication in your church bulletin for families that have lost an infant</td>
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<td>17</td>
<td>Create a memorial board with the names of infants that have died within your church</td>
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<td>18</td>
<td>Acknowledge loss by sending a card to the family that has lost an infant</td>
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<td>19</td>
<td>Create special remembrance days for families that have lost an infant</td>
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<td>20</td>
<td>Encourage parents to bring remembrance items to put on display at church</td>
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<td>21</td>
<td>Host a panel with parents who have experienced the loss of an infant</td>
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<td>22</td>
<td>Provide bereavement packets to families that experience the loss of an infant</td>
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<td>23</td>
<td>Encourage grieving parents to write a letter to their baby</td>
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<td>24</td>
<td>Provide materials for grieving parents to create a memory box for their baby</td>
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<tr>
<td>25</td>
<td>Create a support group/person to aid grieving families</td>
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Socioeconomically disadvantaged neighborhoods, often in urban environments, have been shown to have a negative impact on health outcomes. These neighborhoods are often racially segregated; are more likely to be located near freeways and industries that expose residents to pollution; are more likely to include individuals who engage in violence, and drug and alcohol abuse; have less access to healthy foods and safe exercise; and are underserved by health and social service providers. Men and women who grow up and live in these neighborhoods will accumulate stressors and risk factors throughout their lives that will affect their health and the health of their children. Improvements in these communities will be achieved through economic, political, and infrastructure development (Lu, et.al, 2010).

A. Join and support Urban Renewal efforts in NE Oklahoma City
   The Oklahoma City Council approved the creation of the Northeast Renaissance Redevelopment district, opening stretches of 23rd Street, 36th Street, Martin Luther King Ave. and other thoroughfares in northeast Oklahoma City to urban renewal policies and plans (Felder, 2014). There is hope that new planning will provide tools to help facilitate job creation, public infrastructure upgrades, parks, and open space enhancements.

B. Address food and nutrition needs
   It is estimated that 23.5 million people in the US live in food deserts. More than half are low-income. Families are often forced to shop at convenience stores where costs are high and food is largely pre-packaged with low nutritional value and high calorie counts. The lack of a grocery store leaves communities with higher rates of obesity, diabetes, heart disease and other diet-related issues.

RECOMMENDATION 3: GOVERNMENT AND EDUCATION

INCREASING HEALTH CARE BENEFITS AND ELIGIBILITY TO PREGNANT WOMEN

Medicaid plays a key role in child and maternal health, financing 40% of all births in the United States. Medicaid coverage for pregnant women includes prenatal care through the pregnancy, labor, and delivery, and for 60 days postpartum as well as other pregnancy-related care (Centers for Medicaid and Medicare Services, 2016).

Long Acting Reversible Contraceptive (LARC) devices are proven to be effective in the reduction of unintended pregnancies and their potential negative health outcomes for both infant and mother. Effective September 12, 2014, the Oklahoma Health Care Authority (OHCA) will allow separate reimbursement for LARC devices outside the Diagnosis Related Group payment methodology when placed immediately postpartum (while the member is still inpatient).
HEALTH DISPARITIES

ADDRESS SOCIAL, RACIAL AND ECONOMIC INEQUITIES THAT IMPACT HEALTH

Evidence suggests that factors such as stereotyping and prejudice on the part of health care providers may contribute to racial and ethnic disparities in health. Additionally, cultural differences between the health care provider and patient can cause communication problems and can lead to an inaccurate understanding of the patient’s symptoms. Ambiguities between health care providers’ and patients’ understanding and interpretation of information may contribute to disparities in care. For example, language and literacy barriers interfere with physician–patient communication and can contribute to culturally derived mistrust of the health care system and reduce adherence to health care provider recommendations [ACOG, 2015].

RECOMMENDATION 1

SUPPORT AFRICAN AMERICAN WORK FORCE DEVELOPMENT.

The Institute of Medicine’s 2004 report, In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce highlights the significant differences in the racial and ethnic composition of the healthcare workforce compared to the U.S. population. In recent years African Americans accounted for approximately 16 percent of the U.S. population but just over 6 percent of physicians [AAMC, 2010].

A. Increase higher education opportunities and completion rates.

Despite the official desegregation of schools in the United States, substantial disparities in educational opportunities exist. Children who have less access to after-school activities are more likely to have health problems that interfere with learning and school attendance. As an adult, lower educational attainment is linked with lower salaries, greater job and housing insecurity, less access to health care, and poorer health status.
RECOMMENDATION 2:
ADDRESS INSTITUTIONAL BARRIERS THAT LEAD TO POOR OUTCOMES FOR MINORITY WOMEN

There is a growing body of research linking racism with disparities in health outcomes. Racism occurs at three main levels: internalized, personally-mediated, and institutional. Institutional racism is the most fundamental level at which change must take place. Currently, there is limited research on the relationships between racism and birth outcomes. Researchers need to develop better measures of racism, study the possible causal pathways between racism and poor birth outcomes, construct intervention studies that address institutional racism, and design longitudinal studies that examine the effects of racism over the life course and across generations. In addition, health care providers should take specific steps to ensure that all patients receive equal treatment, and public health professionals should use the core functions of public health to make racism a leading public health issue (Lu, et.al, 2010).

A. Identify issues related to Institutional Racism
   Institutional racism occurs within and between institutions. Institutional racism is discriminatory treatment, unfair policies and inequitable opportunities and impacts, based on race, produced and perpetuated by institutions (schools, mass media, etc.). Individuals within institutions take on the power of the institution when they act in ways that take advantage and disadvantage people, based on race (Lawrence, 2004). Whether implicitly or explicitly expressed, institutional racism occurs when any certain group is targeted and discriminated against.

RECOMMENDATION 3:
REDUCE ECONOMIC INEQUITIES BY PROVIDING EDUCATION AND SUPPORT TO FAMILIES

Educating people on how to handle financial issues such as banking, retirement and predatory lending is a way to reduce economic inequalities. Empowering women to develop “social capital” which is a connectedness within their community is valuable. Life coaching and mentorship type programs offer another resource for reducing economic inequalities to families.

A. Financial security education
   Financial security can be established through many avenues. It is attained by developing skills and overcoming barriers. Some of the tools necessary include; navigating through financial crisis, building a budget, eliminating debt, avoiding predatory lending and establishing a plan for saving. Individual and family coaching can assist in modifying behaviors and developing self-discipline that are both needed for financial success.

B. Empower women to develop social capital.
   Social capital is the level of social connectedness within a community, and research shows that social capital is associated with disparities in health. Reproductive social capital is an extension of this concept, focusing on those aspects of a community’s organization that foster the connectedness of pregnant women to their communities and the promotion of reproductive health within those communities (Lu, et.al, 2010).
Thank you to all of the task force members and organizations for your dedication and commitment in developing a strong strategic plan designed to reduce infant mortality in the African American community in Oklahoma County.

ACKNOWLEDGMENTS

Angela Dickson
Anthony Kibble
Azure Herra
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Belinda Rogers
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Twyler Earl
Tyler Harl
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A special thank you goes to the executive FIMR staff for all of your time, talent and support in helping coordinate the Task Force activities.

Rev. James Dorn
Donna Foster
Karen Jacobs
Anthony Kibble
LaTonjia Roberts
Belinda Rogers
Jenny Belew
Jana Beihl
Sheri Brack
Barbara Colbert
Kelli McNeal
Jennifer Paulley-Micue
Carla Ponce
REFERENCES


The Central Oklahoma Fetal and Infant Mortality Review (FIMR) Project is funded through the Oklahoma State Health Department, Maternal and Child Health Service, Title V. Funding for the printing of this brochure was made available, in part, through a Community Grant from the March of Dimes Oklahoma Chapter.

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