





Infant Mortality: A Community Problem

Who is the Community?

- People, Stakeholders + Leaders
- Public and Private Community Organizations
- The Health Care System

What is the Problem?

- National, State and Local Infant Mortality Rates show racial disparity

Causes of Infant Death by Medical Condition in the U.S.

28,025 infant deaths in 2003

- Congenital – 20%
- Low Birth weight – 17%
- Sudden Infant Death Syndrome – 8%
- Maternal Complications – 6%
- Complications of Cord, Placenta – 4%
- Accidents - 3%
- Respiratory Distress Syndrome – 3%
- Sepsis - 3%
- Neonatal Hemorrhage - 3%
- Other - 31%

National/Intern. Infant Mortality



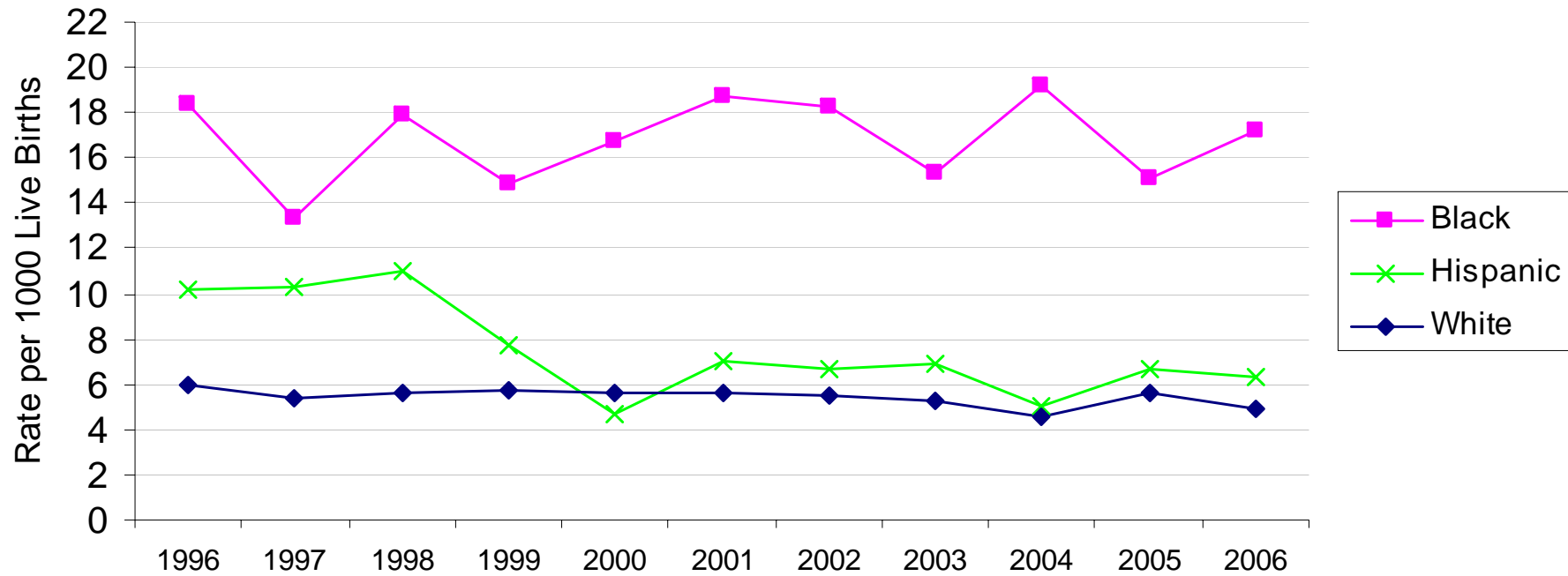
Infant Death Rate / 1000 Live Births 2006

- Angola – 192
- Bolivia – 54.58
- Mexico - 21
 - Kenosha Black – 17
- USA – 6.85
 - Kenosha Hispanic – 6.1
 - Kenosha White – 4.5
- Japan 3.2

The Facts



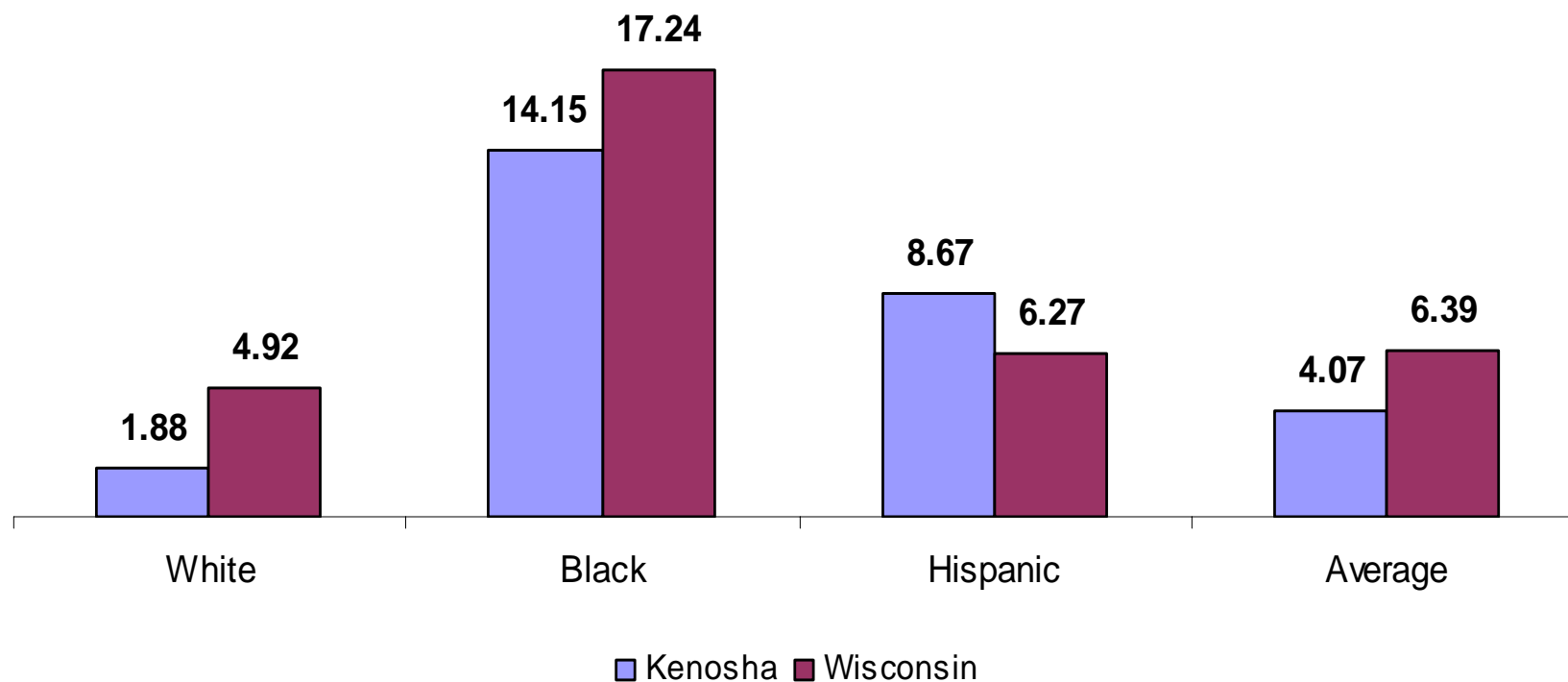
Wisconsin Infant Mortality Rate, 1996 - 2006



The Facts



2006 Infant Mortality Rates in Kenosha County and Wisconsin



Health Care Systems



Kenosha Reality:

Unequal provision of Services to the community

There are 2 Health Care Systems

There are 15 OB Providers equally distributed

- **2/3 of all Hospital Admissions go to one system**
- **2/3 of Medicaid Admissions go to other System**
- **25% of Medicaid OB patients go to 1 out of 15 OB providers**



What are the Current Beliefs / Myths?

Current Belief / Myth



Socioeconomic Status in Black Women Causes Higher Infant Mortality

- **Controlled Studies show a higher rate of infant mortality in Black women than White women with same socioeconomic status.**
- **Studies show Black women with high socioeconomic status have higher rates of infant mortality than low socioeconomic White women.**

Current Belief / Myth

Lower Education is the Reason

- **Black women with more than high school education have infant mortality rate of 15.8 compared to whites at 3.9.**

Current Belief / Myth

High Risk Behaviors is the Reason

- **Black women are less likely to smoke cigarettes during pregnancy than White women.**
- **Black women who do not smoke during pregnancy have higher rates of infant mortality than White women who do.**

Current Belief / Myth

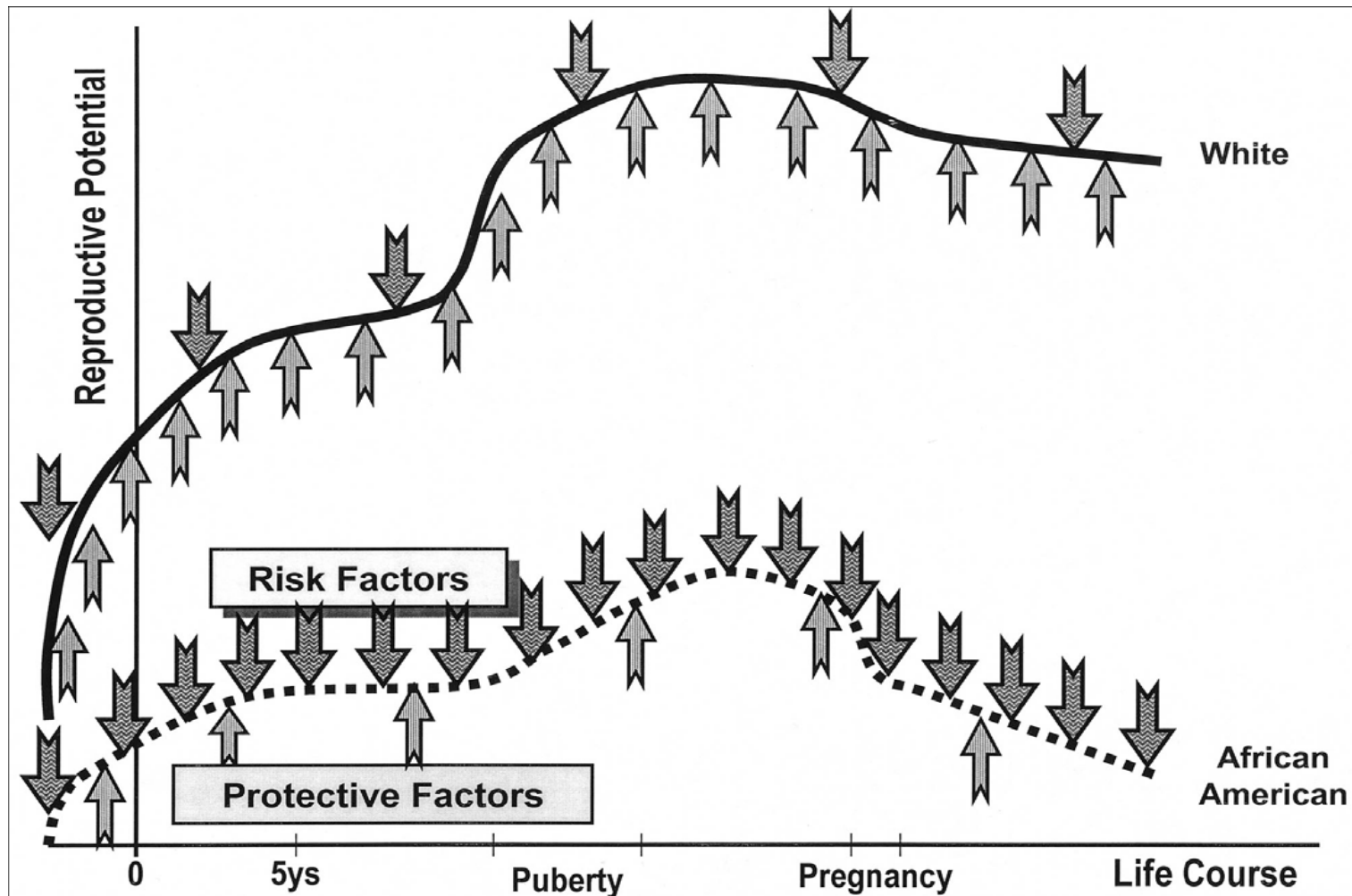
Lack of adequate prenatal care is the Reason

- **Black women who started prenatal care in the first trimester had higher rates of infant mortality than White women who received late or no prenatal care.**
- **Increased use of prenatal care over the past 10 years has not caused a significant decrease in infant mortality rates in Black or White women.**

What is the Answer?

- Do We Need a Different Community Perspective to Solve the Problem of Increased Rates of Infant Mortality in Blacks?

Life-Course Perspective



From: Lu, M. and Halfon, N. (2003) Racial and ethnic disparities in birth outcomes: A life-course perspective, *Maternal and Child Health Journal*, 7(1): 13-30.

Life-Course Perspective

Socioeconomic Status

- **Studies show that the conditions in which a woman is born and under which her pregnancy occurs affect her birth outcomes.**
- **Studies also “suggest that it may take more than one generation to equalize socioeconomic disparities in birth outcomes” (p. 19)**

Life-Course Perspective



Behaviors

- **Most risk behaviors start before pregnancy and their cumulative affects may still exist even if the behavior stops during pregnancy.**

Stress

- **Stress responses cause by exposure to chronic and repeated stress over the lifespan affect the birth outcomes of Black women.**

Life-Course Perspective

Infection

- **Infections that cause preterm labor are present before conception or early in pregnancy.**
- **Treating an infection weeks or months after it is contracted may be ineffective because the immune-inflammatory response which affects the pregnancy has already been initiated and possibly cannot be reversed.**

Life-Course Perspective

Race and Racism

- **Black women who self-report having experienced racial discrimination are 3.3 times more likely to give birth to a very low birth rate baby than those who do not.**
- **Blacks experience more barriers when dealing with the health system than Whites.**
- **The Black-White gap in infant mortality rates is higher in cities that are more segregated.**

Life-Course Perspective

Prenatal Care

- Prenatal care does “too little too late” to reverse the health disparities that affect birth outcomes.
- Access to Prenatal care is discriminant based on socioeconomic status

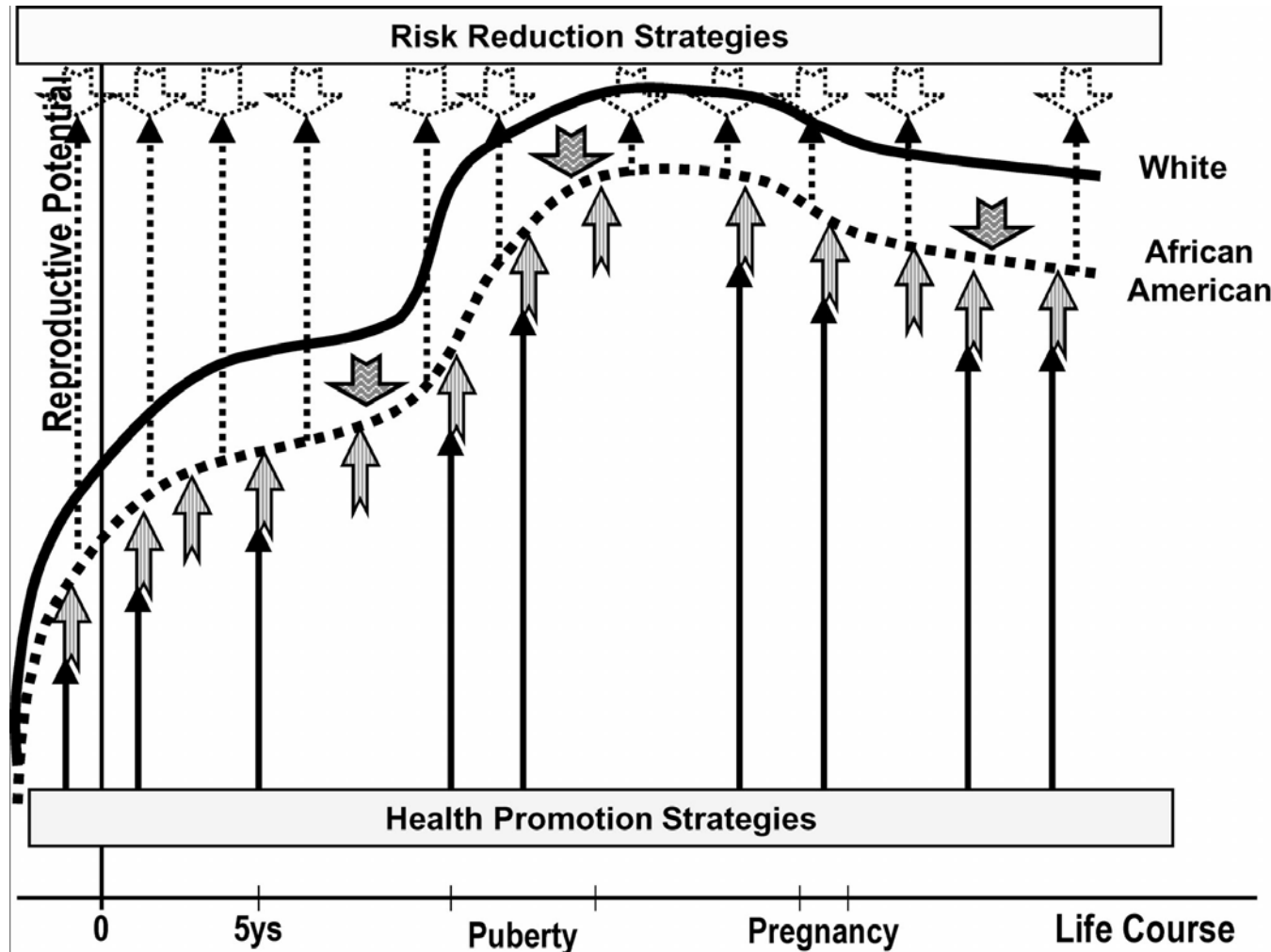
Life-Course Perspective



To Eliminate Racial-Ethnic Disparities in birth outcomes will require:

1. Closing the gap in one generation to give the next generation an equal start,
2. Targeted intervention during sensitive developmental periods (e.g., in utero development, early childhood, puberty, pregnancy), and
3. Risk reduction and health promotion strategies across the life span” (p. 19).

Life-Course Perspective



How interventions throughout the life course, and particularly during sensitive periods of development, such as risk reduction strategies (dashed lines) and health promotion strategies (solid lines), might change developmental trajectories and close the Black–White gap in reproductive potentials.

12-Point Plan to Reduce Racial and Ethnic Disparities in Birth Outcomes



- I. Improve Women's Health: Foster the conditions to improve health care for Black women, and their families, over their entire life span.**
 - 1. Provide inter-conception care for Black women with prior adverse birth outcomes, and their families.**
 - 2. Improve preconception care for Black women and their families.**
 - 3. Improve the quality of prenatal care for black women.**
 - 4. Expand health care access over the life course for Black women and their families.**

12-Point Plan to Reduce Racial and Ethnic Disparities in Birth Outcomes



II. Improve Family and Community Health: Foster conditions for Black women, families and communities to strengthen themselves.

5. Strengthen father and male involvement in Black families
6. Enhance systems collaboration and integration for family support services.
7. Create reproductive social capital in Black families and communities.
8. Invest in building stronger and healthier communities that promote not only healthy pregnancies but also health across the lifespan

12-Point Plan to Reduce Racial and Ethnic Disparities in Birth Outcomes



III. Reduce Allostatic Load: Foster conditions to reduce chronic stress and traumatic experiences over the life course.

9. Close the education gap.
10. Reduce poverty/economic hardship among African American families.
11. Support working mothers and families.
12. Foster conditions to promote cultural and linguistic competence and to reduce racism.

Our Goal for Kenosha County





The time for change is now.
Help save the babies.