Infant Mortality, Health Equity and North Carolina’s Future

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Perinatal Health Committee Meeting
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Infant Mortality

INFANT MORTALITY IS DEATH OF A LIVE BORN BABY <1 YEAR OF AGE

WIDELY USED ACROSS THE WORLD AS A MEASURE OF THE HEALTH OF A POPULATION

TIP OF THE ICEBERG – DOESN’T ACCOUNT FOR THE LONG TERM IMPACT OF INFANT MORBIDITY
Most NC child deaths are among infants

Age 15-17: 11%
Age 10-14: 7%
Age 5-9: 6%
Age 1-4: 10%

Total deaths = 1339
Infant (883): 66%

Source: SCHS 2012

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Figure 1: NC Resident Infant Mortality Rates, 1993-2012

Source: State Center for Health Statistics
N.C. Resident Infant Mortality Disparity Ratio

Source: State Center for Health Statistics

Leading Causes of Infant Death in North Carolina, 2012

Source: State Center for Health Statistics
Modifiable risk factors are common to several “congenital conditions”

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Birth Defects</th>
<th>Preterm Birth</th>
<th>Low Birth Weight</th>
<th>Developm. disability</th>
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<td>Nutrition status</td>
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<td>Insufficient folic acid/vitamin</td>
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<td>Obesity</td>
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<tr>
<td>Diabetes - gestational</td>
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<td>Infectious diseases</td>
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<td>Psycho-social stressors</td>
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<td>X</td>
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<tr>
<td>Environment and working activity</td>
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</tr>
</tbody>
</table>

North Carolina Infant Mortality Rates by County 2008 - 2012

Rates Per 1,000 Live Births

- 13 - 15.3
- 15.4 - 17.6
- 17.7 - 31.0
- 31.1 - 38.5

* Rates based on less than 10 deaths are unreliable and should be interpreted with caution.
North Carolina
Life Expectancy at Birth by County
2010-2012

Age
- 78.9 - 81.5
- 77.3 - 78.8
- 75.6 - 77.2
- 72.2 - 75.5

Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime.

2011 Health Factors - North Carolina

Rank 1-25  Rank 26-50  Rank 51-75  Rank 76-100
Why it really matters

The future prosperity of our state depends on all babies being born with the same chance for a healthy and full life. We know that when communities are well connected to resources – good medical care, family supports, education, jobs, easy access to healthy foods and other essentials - we not only see better life outcomes, but birth outcomes, as well.
Studying the Issue

Equity Council

- Over 60 individuals from across the state
- Listserv to share resources, ideas and learning opportunities
- Kick off conference in 2011
- Meetings to review data, discuss approach and share information (7 meetings)
- Collected recommendations and strategies for action
- August 2013 Retreat
Information Review

- Perinatal Health – 3 Part Series (Meeting Notes and Presentations are online)
- Presentation from the Frameworks Institute
- Review of the literature
- Review of plans from other states / discussions with leaders in the field
- Assessing cross over issues such as Adverse Childhood Experiences and trauma
- Outreach to potential partners in North Carolina
- Data collecting and review

www.mombaby.org
Health Equity

There are many important resources available for addressing the critical work of health equity - making sure that everyone has the same chance for a healthy and happy life.

To access a growing list that is organized by categories please click here. The list of resources below is available on this website along with additional resources.

*Undoing Racism in Public Health: A Blueprint for Action in Urban MCH* is a special report to the W.K. Kellogg Foundation produced by CityMatCH.

CityMatCH, the National Organization of Urban MCH Leaders and the Association for Maternal and Child Health Programs (AMCHP) have partnered with the National Healthy Start Association to create the Partnership to Eliminate Disparities in Infant Mortality. To read more about their projects and access these reports click here.

The National Network of Public Health Training Centers has a series of 9 archived webinars which cover a wide range of topics relating to understanding and addressing health inequities. To access these free webinars click here.

The Institute for Dismantling Racism is an organization in North Carolina that believes if racism was constructed, it can be deconstructed.

To review the CityMatCH and AMCHP framework on women’s preventive health click here.

*Undoing Racism: The People’s Institute for Survival and Beyond* focuses on understanding what racism, where it comes from, how it functions, why it persists, and how it can be undone.

The Commonwealth Institute has developed a comprehensive toolkit for talking about racism. To read more, click here.

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Race Matters: Organizational Self-Assessment

The Annie E. Casey Foundation created an organizational self-assessment to help organizations address racism. They believe that because unequal opportunities and racial inequity are deeply embedded and usually not intended, creating equal opportunities, operations and results requires intentional action. To view the self-assessment, click here.

Preconception Resource Center and Research Updates!

Many public health practitioners are leading to improve health equity in the country. Let’s support their work and resources!

**September 2013**

This Month: Health Equity

Our September newsletter focuses on improving health equity in the United States. With so much work to be done, this topic can sometimes feel overwhelming. But organizations and health departments all over the country are taking steps to improving opportunities and health outcomes for minority populations—and they’re having positive results. This month we will highlight their stories, as well as provide tools for organizations ready to take on the challenge of addressing health disparities in their community.

The 12-Point Plan to Close the Black-White Gap in Birth Outcomes

The disparity between Black and White birth outcomes is one of the central issues in
2013 Webinar Series

- City MatCH, AMCHP & National Healthy Start Association – Partnership to Eliminate Disparities in Infant Mortality
- Addressing Racism’s Impact on Women’s and Infant’s Health: Lessons Learned from the Racial Healing Projects in Tennessee
- Connecting Women with Health Care in the South: Overcoming Challenges and Leading the Way
- Closing the black/white gap in infant mortality: successes and lessons learned from the Wisconsin Life Course Initiative for Healthy Families
- Magnolia Project (Jacksonville, FL) Applying the life course approach to case management

Studying the Issue

- Focus Groups (5 sites – 9 groups)
- Data Review Team
- Presentations to potential partners such as Community Development
- Additional Focus Groups have been conducted by the Preconception Campaign and by the Division of Public Health
Intersecting Efforts

- Preconception Health Strategic Plan Development
- National HRSA CoIIN – focus on regionalization, SIDS/Safe Sleep, interconception care, tobacco use and 39 weeks – no opportunity to specifically work on disparities
- AMCHP Life Course Indicator Project
- Maternal Mortality Project
- Pregnancy Medical Home

Framework

APPROACH FOR THINKING AND TALKING ABOUT THIS WORK
Life Course Perspective

- Suggests that biological, psychological, behavioral and social protective and risk factors contributes to health outcomes over a person’s life span.

- The Life Course perspective conceptualizes birth outcomes as the end product of not only the nine months of pregnancy, but the entire Life Course of the mother leading up to the pregnancy.

The Life Course Model

The experiences you have each day add up to determine your health throughout your life.

Optimal Life Trajectory

Cumulative Pathways

Early Programming

Risk Factors

Protective Factors
1/3/2014

Moving Theory to Action

Improving Healthcare

Strengthening Families and Communities

Addressing Social and Economic Inequities

12 Point Plan: A Paradigm Shift in Addressing Disparities in Birth Outcomes

1. Provide interconception care to women with prior adverse pregnancy outcomes
2. Increase access to preconception care for African American women
3. Improve the quality of prenatal care
4. Expand healthcare access over the Life Course
IDEAS / ISSUES

- Increase access to behavioral health services to deal with trauma and support mental wellness
- Promote preconception health
- Ensure that women have access to quality prenatal and postpartum services – promote Centering Pregnancy
- Maximize current opportunities through the Affordable Care Act and State Family Planning Amendment
- Expand Medicaid
- Understand and address the underlying barriers that keep women from accessing care and acting on the

12 Point Plan: Continued

5. Strengthen father involvement in African American families
6. Enhance service coordination and systems integration
7. Create reproductive social capital in African American communities
8. Invest in community building and revitalization
Ideas

- Connect with fatherhood initiatives underway in NC – support and expand them
- Replicate the Leading for Equity training currently underway with local Smart Start partnerships in health departments and social services
- Review training for all home visitors
- Build and support civic engagement on the part of young families and youth
- Provide resources to young families on financial literacy, careers, communication skills and voting

12 Point Plan: Continued

9. Close the education gap
10. Reduce poverty among African American families
9. Support working mothers and families
10. Undo racism
Idea

- Enhance school curriculum to focus on key life skills – invest more in our at risk adolescents
- Paid sick leave and maternity leave for pregnant women and parents
- Examine policies that create health disparities
- Apply an equity lens to policy and funding decisions
- Breastfeeding friendly work environments
- Study and learn from the East Durham Children’s Initiative and Best Baby Zone Initiatives

Uphill Battle

- Impact of recession/economic challenges for local communities and individuals is significant
  - Impacts: Transportation, Ability to prioritize health (hierarchy of need), Ability to access clinical services
- Lack of opportunity → hopelessness
- Some challenges are ingrained into communities (e.g. tobacco use / early parenthood)
- Intergenerational poverty leads to intergenerational health challenges
- Behavior-based preconception health care (such as smoking cessation) is challenging in this environment
- Discussing the BIG issues like racism and poverty is hard
### Perspectives

- The death of a baby signals problems in a community – poor birth outcomes have life-long ripple effects and costs
- Strategies need a larger social intervention component rather than more traditional medical care
- Equity doesn’t always mean equal. Some groups may need more resources and support to achieve our goal of all babies having a healthy start and all young women & men being well.
- We believe in the inherent worth of every baby, mother and family.

### Cornerstone Areas of Action

- Data driven / supported
- Leadership development & education
- Cross systems work
- Community engagement
- Policy changes – address the policies that have intersected to create poor communities and unequal treatment
Potential Focus Areas

FATHERHOOD / MALE ENGAGEMENT

PRECONCEPTION HEALTH

YOUNG ADULTS – 18-24

Thank you!

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