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Stagnant or Increasing Infant Mortality: The MCH Director's Role in Responding

MELINDA SANDERS: Good morning. Okay, I need everybody to say good morning to prove to me that you are awake.

AUDIENCE: Good morning.

MELINDA SANDERS: Thank you very much. Okay, I'm kind of a substitute here today. Originally, Dr. Vencata Garicapadi was going to do this presentation, and several months ago he came up to me and he said, “I have a little problem doing that presentation." And I said, "Well, why? I mean, you're really good at this stuff, you know, Vencata.” And he said, “Well, my wife's due with twins, and her due date’s right about the same time as the AMCHP Conference.” Well, anyway, so, here are the little Garicapadi Twins. They’re Argen and Aniga. And they’re just as cute and all that and anyway, so, there's his excuse for not being here. So, he put together this PowerPoint for me. And then he gave me all these documents--I didn't even bring them all up here—and I think he was afraid that if I was up here saying all this stuff, you wouldn't believe me. So, here's the one on the focus group for African-Americans, the infant practices. We've got the, anyway, if

you have questions about any of this, he sent all the stuff with me, I've got posters, I've got all that stuff. So, anyway, just so you know that I really am telling the truth.

So here's a picture of Missouri. One of the things that I thought was real interesting is that Missouri is kind of a strange state. And I can say that because I was born and raised there. And, we sit right in the middle of the country. And in the northeast part, it's really like Iowa and Nebraska and it's flat and it’s cold and I really don't know what they do up there because I've never lived there. But, and then you get down south and it's, you know, we border states like Tennessee and Arkansas and all that stuff, and I mean, they like, grow rice and all that stuff. It's very southern down there. And then you go to St. Louis and Kansas City and you have the two big metropolitan areas. And I grew up in St. Louis, so, you know, of course that's wonderful. And then you have, in the middle you have Jefferson City, which has got a population of about 40,000 and it's just kind of like a big small town. So it's very diverse. So the North is really liked the Northern states, the South is really like the Southern states, and the middle is just kind of the middle.

Okay. Just so you know, we have a population of 5.8 million people in Missouri, 85.4% of which are white, and 11.5% are black. And I mention that because obviously, you can tell in this particular slide that we have big differences here with the African-American rate being up there in the pink, and then we have the

white infant mortality rate being there in the blue and then the overall there in the middle in the brown. What we've tried to do is to pretty much remain stagnant in Missouri over the last couple of years, and we have been able to do that pretty well. In 2005, we had about a 39% decline in the overall infant mortality rate, and a 25% decline in the African-American rate, and a 43% decline in the white rate, which is good. Of particular significance though is the fact that the racial disparity increased from 1.9 in 1980 to 2.3 in 2005, and I can't remember, somebody else that was up here that talked about the difference between 1980 and, anyway. So I guess we're just in line with everybody else.

Okay. This is looking at low birth weights in Missouri. The graph shows the trends of the low birth weight births in Missouri since 1991. As you can see here, the African-American mothers are more than twice as likely to deliver a low birth weight baby than the white mothers. The low birth weight births have been increasing among the white population, while they've pretty much remained unchanged among the African-American population, and you can pretty well see that. While it’s well known that the low birth weight is a significant predictor of infant mortality, the factor that has gained significant momentum over the past decade is the pre-term births, as we've all kind of talked about. And it’s been similar to the nationwide observation that pre-term births in Missouri have also been on an upward trend, more so among the African-Americans, as has been stated in other states as well.

When we look at our pre-term births, not surprising once again, we continue to have our racial disparities. The graph shows trend data of pre-term births in Missouri since 1991. It’s similar to previous data slides. The rates of the pre-term births are higher among the African-Americans than among the whites. If we look at this graph, the rates of the pre-term births have seen a steady increase among whites, while they have seen a decrease among the African-Americans. Twenty-six percent increase in pre-term births among the whites, with a six percent decrease among the African-Americans since 1991. As seen here, the rates for pre-term births among the whites, if they consider this trend, if we carry this out far enough, we’re questioning whether or not they will actually come together, so that we won't see as much of a difference between the races in pre-term births. The cost specific infant mortality rate, as you can see, there is a lot going on here. Prematurity conditions again, number one. And if you look at the difference there again between the African-American and the white populations. But other things to look at too. The other is almost like the second leading cause of infant mortality. Other being things like injuries and unexplained causes. I mean, that's a big area. External being infections, things like that. As we talked about prematurity being the leading cause of infant mortality among the African-American infants, the African-American infants are four times more likely to die than the white infants due to prematurity-related conditions. That's pretty big.

The disparity also is evident in deaths of African-American infants due to other causes as I talked about. This is the dilemma that remains unresolved so far. If

the African-American community have no increases in pre-term birth, then why is it the leading cause of infant deaths among them? And while on the other hand, the whites have a significant increase in pre-term birth, but do not seem to have the same outcomes. Will public health efforts be completely successful in eliminating this disparity remains to be known. We don't really know. There are other things that are coming out. We hear talk about the genetic link and the role that that plays in infant mortality, especially with the African-American population. Does this mean that we give up on the public health effort altogether? Of course if I say that at the legislature, they'd be like, "Oh, well, we'll just take all your money." And, so we don't say that. But no, no, we're not, we're not ready to give up. Do we have one single answer? No. Do we think it's one single answer? No. I think it's a whole combination of a whole lot of other things.

So these are the things that we have put together to try to address some of these issues in Missouri. We have home visiting programs. And we have two specific kinds. We have the Missouri community-based home visiting program, which uses some paraprofessionals. And then the building blocks of Missouri, which is the Dr. David Olds Program. Both programs serve pregnant and parenting mothers and their children through the age of two, and we have an outcomes analysis that's in progress at this point in time. And this is just to show you where we have those different programs. As you can see, we've got St. Louis and Kansas City. We don't have it statewide. And then we have a lot in southeast

Missouri, big, high infant mortality rates down in southeast Missouri and a very high African-American population down there as well.

Some of the programs, the other programs we have to reduce infant mortality risk factors in Missouri. We got a grant in 2004, called the Missouri Healthcare Insurance and Access Survey, and I brought a copy of that document with me. But it's also on our Website as well. And so a lot of this information comes from there. A lot of our programs were designed and have a fit with that particular document. We are lucky. We have three Healthy Start Programs in Missouri, and you won't be surprised. St. Louis, Kansas City, and Southeast Missouri is the, you know, the two metropolitan areas and southeast, again, with the high infant mortality rate. We have FEMA just starting up in St. Louis and Kansas City. And we have coalitions in St. Louis and Kansas City as well. I'm not going to mention all the programs that we have. One of the things, one of the bigger documents that I do have, which I thought was real interesting is, we really question, what were some of the infant care practices among the African-American women? Not because we thought they were doing something wrong, just because it was so different.

And so we hired a group from the University of Missouri to go out and to do some focus groups throughout the state, just to give us an idea of what was going on out there, and it's very interesting. I think we, some things we learned, we already knew. But there were other things that were mentioned that were kind of new to

us too. And one of the things that we talked about was like the Back to Sleep. That was one of the big interests that we had. And, we said well, you know, but you're telling us that your babies are laying on their stomachs and on their sides, and you're telling us that at the hospital they taught you that you were supposed to lay that baby on its back, and they said, yeah, but you can, that's one thing when you're in the hospital, but you come home, and I tell my mom or my grandma or whatever that that's what I'm supposed to do, and they say, that is just ridiculous. You were born and raised, you know, laying on your side and on your tummy and that's what you're going to do. So, I have a whole, that's one of the big documents I have, so I really can prove that really, we did that.

Other things we've looked at, violence against women. That's the big issue in our state. We're continuing to look at that. Comprehensive look at maternal and child health indicators to reduce infant mortality and morbidity. We have the PRAMS program. We just got started. We just finished our first year with PRAMS. But we did do a copycat program with that a year before that. We called it the MoPro Program. Couldn't call it PRAMS since it wasn't CVC funded. But we did that to help us along. So we're just starting to get some of that data from the MoPro Program. And of course, doing folic acid promotion. Looking at teen pregnancy prevention, seeing what we can do there, having some success with our top programs.

And of course, we, like all good states, we have those abstinence education programs as well. We have, the General Assembly in the state of Missouri has given additional funds to St. Louis to try to help them in their zip codes, about five zip codes where they especially have higher infant mortality rates. And we're trying to see if that's going to make any difference. But, you know, you put 150, $200,000 into some place for five zip codes to improve infant mortality. And then you go back the next year to the legislature and they're saying, “Okay, so, did you fix it?” No. It didn’t happen. And then we also have FAS, Fetal Alcohol Syndrome grants as well. So, somebody else said partners are essential. These are some of our partners. Future directions. Continue doing what we’re doing and see if we can find what the answers are, basically. Thank you.