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Manuel E. Fermin, Chief Executive Officer

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Tamara Taitt, Communications & Programs Specialist
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Diana Sierra, Consultant
Dr. Guoyan Zhang, Senior Epidemiologist
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IV. Next Steps
Why are Black babies dying in their first year?

Miami-Dade and Broward probe infant deaths

After far too long the state has decided to investigate why so many Black babies are almost three times as likely as whites to perish before their first birthday.

The Black Infant Health Practice Initiative, initiated by two Tampa area lawmakers, State Sen. Arthenia Joyner and Rep. Betty Reed, aim to find out why these conditions exist and what must be done.

Joyner and Reed were alarmed to find that the number of infant deaths in their communities were as high as four times that of white babies.

Among the projects chief aims: to review community conditions and stress factors that contribute to higher incidences of still births or fetal and infant deaths. The initiative also wants to hear from local healthcare, political and community leaders, as well as conduct citizen focus groups about the challenges Black babies face.

Every child deserves a long health, productive life. This legislation will ensure that more of Florida's children have the same opportunity," Gov. Charlie Crist.
State's infant death rates higher for blacks

BY ANDREA ROBINSON

A black mother in South Florida is almost three times as likely than a white mother to have her baby die before he or she turns a year old.

The Black Infant Health Practice Initiative wants to find out why.

Among the project's chief aims: to review community conditions and stress factors that contribute to higher incidences of still births or fetal and infant deaths. The initiative also wants to hear from local healthcare, political and community leaders, as well as conduct citizen focus groups about the challenges black babies face.

The project has a tight deadline. It's slated to run through June 30.

The $1 million study was pushed by two Tampa area lawmakers. State Sen. Arthenia Joyner and Rep. Betty Reid were alarmed at the number of infant deaths in their communities -- as high as four times that of white babies.

"Every child deserves a long, healthy, productive life. This legislation will ensure that more of Florida's children have the same opportunity," Gov. Charlie Crist said when he signed the measure into law last July.

The eight participating counties in the study all have nonwhite infant mortality rates at least 1.75 times greater than the white rate. The counties, a mix of urban and rural, include Miami-Dade, Broward, Palm Beach, Gadsen, Hillsborough, Putnam, Orange and Duval. Gadsen and Hillsborough have the highest black mortality rate -- four times that of white infants, according to Dr. Emile Commedore, a physician and director of the Florida Health Department's office of minority health.

The state wants to determine the medical and social factors that contribute to black infant mortality. "We want to develop community strategies to deal with this," Commedore said.

`COMMUNITY PROBLEM'

Experts say lowering the infant-death rate will require societal and cultural changes that are measured in decades, not years.

Advocates say some fetal and infant deaths are inevitable, but many of the deaths are preventable.

"We are 100 percent committed to do whatever it takes to save our babies, all of our babies," said Manny Fermin, chief executive officer of the Healthy Start Coalition of Miami-Dade.

Those who work in the field say the problem is not new. Ultimately, advocates say, the deaths of black babies are not only a problem for the black community. They are an indicator of the entire community's priorities -- getting services to struggling families at the front end saves taxpayer money in the long run.

'It's a community problem. We may not be directly affected by the problem, but the moms don't have insurance. Our taxpayers' dollars pay for this," said Kalenthia Nunnley-Bain, president of the Healthy Start Coalition board in Miami-Dade.
RAISING AWARENESS

The Healthy Start Coalition of Miami-Dade and the Healthy Infants, Healthy Mothers Coalition of Broward County have started talks with local healthcare providers, child-care advocates and agencies that provide services to pregnant women and infants to find out how to improve services.

Those talks soon will reach the ground level, Fermín said.

"We're raising the consciousness level," Fermín said. "We need people at the street level to become conscious of this."

Added Michelle Reese, project director with Healthy Mothers, Healthy Babies in Broward: "Some people just don't know this is happening."

PREVENTABLE DEATHS

The infant mortality rate is the number of babies who die before their first birthday for every 1,000 live births.

Data from the Florida Department of Health shows that the number of black babies dying before turning a year old increased from 10.7 deaths per 1,000 live births in 2001 to 11.5 deaths in 2006. In Broward, the number of deaths rose slightly, from 11.01 in 2001 to 11.12 in 2006.

Between 2003 to March 2007, Broward County health officials examined fetal and infant deaths across the county in an attempt to lower deaths overall.

A November report found more than 40 percent of fetal and infant deaths in the county were preventable. "Reduction of preventable deaths due to infection, SIDS (sudden infant death syndrome), maternal medical causes, accidents and homicide would have the largest impact on overall perinatal mortality," the report states.

Advocates point to likely culprits such as lack of prenatal care, diet and obesity.

"People are not getting regular medical care, not getting proper nutrition. If the mom is overweight, she has other medical problems that will impact the baby," said Ellen Anderson, spokeswoman with Healthy Mothers, Healthy Babies.

But there may be other factors indirectly related to healthcare. Among them, said Tamara Taitt of Miami-Dade's Healthy Start Coalition, are lack of family support, poor working conditions, low pay and lack of time off work for medical appointments.

"Even if you have a nearby clinic, but it takes four hours out of your day to be seen for a 10-minute appointment, you're not likely to go," Taitt said.
FOR IMMEDIATE RELEASE

Monday, February 04, 2008

(Tampa, FL) – The Healthy Start Coalition of Miami-Dade has been selected to lead the Black Infant Health Practice Initiative (HB 1269) in Miami-Dade County, and will be working in close partnership with the Miami-Dade County Health Department. In response to this mandate from the Governor, the Healthy Start Coalition of Miami-Dade is convening a CALL TO ACTION meeting with Black leaders and community stakeholders.

Where: Jackson Memorial Hospital’s Diagnostic and Treatment Center (DTC)

1080 NW 19 Street, Room 270

Date: Monday, February 11, 2008.

Time: 6:00 PM

This meeting is to address the racial disparities between Black and White mothers and infants in Miami-Dade County. We need to openly discuss community conditions and stressors that may be contributing to the positive as well as adverse outcomes among Black mothers and babies.

Regardless of the amount of care and prenatal education, some fetal and infant deaths are inevitable. However – some of these babies can be saved and in Miami-Dade County babies die needlessly. “We are 100% committed to do whatever it takes to save our babies, ALL of our babies,” said Manuel E. Fermin, Chief Executive Officer of the Healthy Start Coalition of Miami-Dade. “We look forward to working with all of the community leaders to address this urgent issue.”

The “infant mortality rate” is the number of babies who die before their first birthday for every 1,000 live births. Data from the Florida Department of Health shows that the number of Black babies dying in the first year of life increased from 10.7 deaths per live births in 2001 to 11.5 deaths per 1,000 live births in 2006. A black woman living in Miami-Dade County is two and a half times more likely than her white neighbor to see her baby die. Experts say lowering the infant-death rate will require societal and cultural changes that are measured in decades, not years.
“We are very proud of the work done in our community to reduce the rate of infant deaths. Although we have made such great progress, we are still working toward reducing these numbers even more,” said Lillian Rivera, R.N., M.S.N. “We know there is more work to do as we continue to address the disparities that have created the higher infant mortality rates that impact our minority communities.”

Kalenthia Nunnally-Bain, President of the Board of Directors, said “This call to action is of great urgency. Our Black Babies are dying. We need to plan, mobilize and create a blueprint to better respond to the crisis of Infant mortality, address racial disparities and close the gaps.”

WE INVITE YOU TO JOIN THIS CONVERSATION!
RSVP to Mrs. Doris Nazario at (305) 541-0210 or dnazario@hscmd.org.

-End-
The Black Infant Health Practice Initiative requests $1 million for the 2008-2009 fiscal year to continue evaluating the factors associated with infant mortality and to pilot interventions developed during the first year to address racial disparities in infant deaths. This funding would not only provide an opportunity to implement and evaluate interventions developed during the first year of the Initiative, but also allow communities with high Black infant death rates to sustain community involvement and advocate for needed policy and system changes at the local and state level.

Additionally, the Black Infant Health Practice Initiative requests legislative authority to amend Florida's current Medicaid family planning waiver to pilot expanded primary and preventive health care services for women who deliver very low birth weight babies. This is a revenue-neutral proposal that will allow selected sites with high Black infant mortality to address the health care needs of high-risk women between pregnancies and reduce their risk of having another costly premature baby.

In 2007, the Legislature passed and Governor Charlie Crist signed HB 1269, creating the Black Infant Health Practice Initiative. The purpose of the legislation is to determine the medical and social factors contributing to the elevated rates of infant mortality among Black infants in Florida and to develop community-based strategies and recommend policy changes at the local and state level to address the disparity.

As a result of HB 1269, a statewide practice collaborative has been formed to implement this legislation and address the issue of racial disparity in infant deaths in Florida. Included in this collaborative are the eight counties identified in statute (Hillsborough, Gadsden, Palm Beach, Orange, Broward, Duval, Putnam and Miami-Dade) each of which will receive grant funds administered by the Department of Health to participate in the Black Infant Health Practice Initiative. Each of these counties has a non-white infant mortality rate of at least 1.75 times greater than the white infant mortality rate between 2003 and 2005. Four of the Healthy Start Coalitions named in statute will collaborate with the Federal Healthy Start Consortiums in their counties (Hillsborough, Gadsden, Palm Beach and Duval). The University of South Florida (USF) and Florida Agricultural and Mechanical University (FAMU) are providing technical assistance and scientific guidance in developing and implementing research to understand the medical and social factors contributing to the racial disparity in infant deaths. The Florida Department of Health provides the technical assistance and contract management expertise for the collaborative.
Each community is charged with determining the social, economic, safety and health system factors that are associated with racial disparities in infant mortality in their communities. Based on the community-based research, the communities will develop a series of interventions and policies that are designed to address the disparity factors associated with infant mortality. Through the community engagement process, each community will also focus on implementing the community systems changes that are needed to address racial disparity. Each community will develop an evaluation plan to determine the effectiveness of each intervention they develop.

The community grant awards are using nonrecurring funds which must be expended by June 30, 2008. To effectively address this critical issue, continued funding is needed to sustain assessment activities as well as seed interventions based on recommendations developed by the collaborative. The Black Infant Health Practice Initiative requests an additional $1 million dollars for the 2008–2009 fiscal year to continue community-based research such as FIMR case reviews and updating the Perinatal Periods of Risk analysis for 2006 and to pilot interventions developed during the first year to address the racial disparities in infant deaths. The additional funding would not only provide an opportunity to implement and begin to evaluate interventions developed during the first year of the Initiative, but also to move forward as individual communities, statewide, to sustain community involvement and advocate to change policies at the local and state level to reduce racial disparity in infant mortality.

At the end of the second year, the Black Infant Health Practice Initiative will sponsor a statewide workshop for other communities in Florida. The workshop will provide training for assessing and addressing racial disparity in infant mortality, sharing lessons learned over the past two years, and discuss additional efforts needed to close the racial gap.

Additionally, the Black Infant Health Practice Initiative requests legislative approval to amend Florida's current Medicaid family planning waiver to pilot expanded primary preventive health care services for women who deliver very low birth weight babies. Analyses undertaken by communities as part of the Black Infant Health Practice Initiative identified prematurity and very low birth weight as the primary contributors to Black infant death and disparities in birth outcomes. Women who have had a very low birth weight baby are at increased risk for having a poor birth outcome in subsequent pregnancies. Currently, many of these women do not have access to health care and related services that could address their risks until they are pregnant. The provision of care to these high-risk women between pregnancies offers promise for reducing Black infant mortality and narrowing disparities.

Amendment of the state's current Medicaid family planning waiver would enable selected communities involved in the collaborative to demonstrate the effectiveness of providing primary care and related risk reduction services to high-risk women between pregnancies. This is a revenue-neutral proposal that would address a key finding of the Black Infant Health Practice Collaborative and serve as a model for implementing this cost-saving health service statewide.
Perinatal Periods of Risk

Miami-Dade County, 2004-2005
Perinatal Periods of Risk Approach

Study Population

- Live births and infant deaths 2004-2005
  - 500 grams or larger

- Fetal deaths 2004-2005
  - 24 weeks or greater gestational age
  - 500 grams or larger

- Residents of Miami-Dade County at time of birth
Perinatal Periods of Risk Approach

Target and Reference Group in Miami-Dade

Target Group: Non-Hispanic Black including Haitian
  • Live Birth-Infant Death Data: Non-Hispanic Black including Haitian
  • Fetal Death Data: all Black regardless of Hispanic origin because 33% of cases missed Hispanic origin

Reference Group: Non-Hispanic White and Hispanic
  • Live Births-Infant Death Data: Non-Hispanic White and Hispanic Aged 20 and above
  • Regardless of maternal education level because 35% of cases missed education in Fetal deaths
  • Fetal Death Data: all White regardless of Hispanic origin because 33% of cases missed Hispanic origin
Perinatal Periods of Risk Approach

Map Fetal-Infant Mortality, Miami-Dade, 2004-2005 All Race/Ethnicity

Age at Death

Fetal        Neonatal        Neonatal

Maternal Health/ Prematurity
242 (3.8)

Maternal Care 151 (2.4)
Newborn Care 53 (0.8)
Infant Health 78 (1.2)

Birthweight

500-1499 g

1500+ g

524 Fetal-Infant deaths
64,255 Live Births and Fetal Deaths
Rate=8.2 deaths per 1,000 births
Perinatal Periods of Risk Approach

Map Fetal-Infant Mortality, Miami-Dade, 2004-2005 Non-Hispanic White & Hispanic Mother aged 20 and above

Age at Death

Fetal Neonatal Post Neonatal

Maternal Health/
Prematurity

115 (2.6)

Maternal Care
85 (1.9)

Newborn Care
33 (0.8)

Infant Health
35 (0.8)

500-1499 g

1500+ g

268 Fetal Infant deaths
43,942 Live Births and Fetal Deaths

Rate=6.1 deaths per 1,000 births

Reference Group-1 including all Non-Hispanic White & Hispanic regardless of Age and Education
Perinatal Periods of Risk Approach

Map Fetal-Infant Mortality, Miami-Dade, 2004-2005 Non-Hispanic Black and Haitian

Age at Death

Fetal  Neonatal  Neonatal

Maternal Health/Prematurity

104 (6.8)

Maternal Care
56 (3.7)

Newborn Care
15 (1.0)

Infant Health
36 (2.4)

Birthweight

500-1499 g

1500+ g

211 Fetal Infant deaths
15,237 Live Births and Fetal Deaths
Rate=13.8 deaths per 1,000 births
Perinatal Periods of Risk Approach

Map Fetal-Infant Mortality, Miami-Dade, 2004-2005

Age at Death

- Fetal
- Neonatal

Birthweight

- 500-1499 g
- 1500+ g

Maternal Health/Prematurity

Black N=104, Rate=6.8
White N=115, Rate=2.6

Maternal Care

Black N=56
Rate=3.8
White N=85
Rate=1.9

Newborn Care

Black N=15
Rate=10
White N=33
Rate=0.8

Infant Health

Black N=36
Rate=2.4
White N=35
Rate=0.8

Total Rate: 13.8 vs 6.1

Non-Hispanic Black + Haitian vs. Non-Hispanic White + Hispanic
Perinatal Periods of Risk Approach

Excess Mortality, Miami-Dade, 2004-2005

Age at Death

Black
Fetal Neonatal Post Neonatal

Maternal Health/Prematurity Rate=6.8
Maternal Care 3.7
Newborn Care 1.0
Infant Health 2.4

White (reference)
Fetal Neonatal Post Neonatal

Maternal Health/Prematurity Rate=2.6
Maternal Care 1.9
Newborn Care 0.8
Infant Health 0.8

Excess: Rate & #

Non-Hispanic Black + Haitian vs. Non-Hispanic White + Hispanic

Black
White (reference)
Excess: Rate & #

Overall Rate: 13.8 - 6.1 = 7.7 N=117

Birth weight

Non-Hispanic Black + Haitian vs. Non-Hispanic White + Hispanic