

Final Report

Duval County Community Policy Review Initiative Infant Mortality



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Submitted by Jacksonville's
Infant Mortality Professional Advisory Committee
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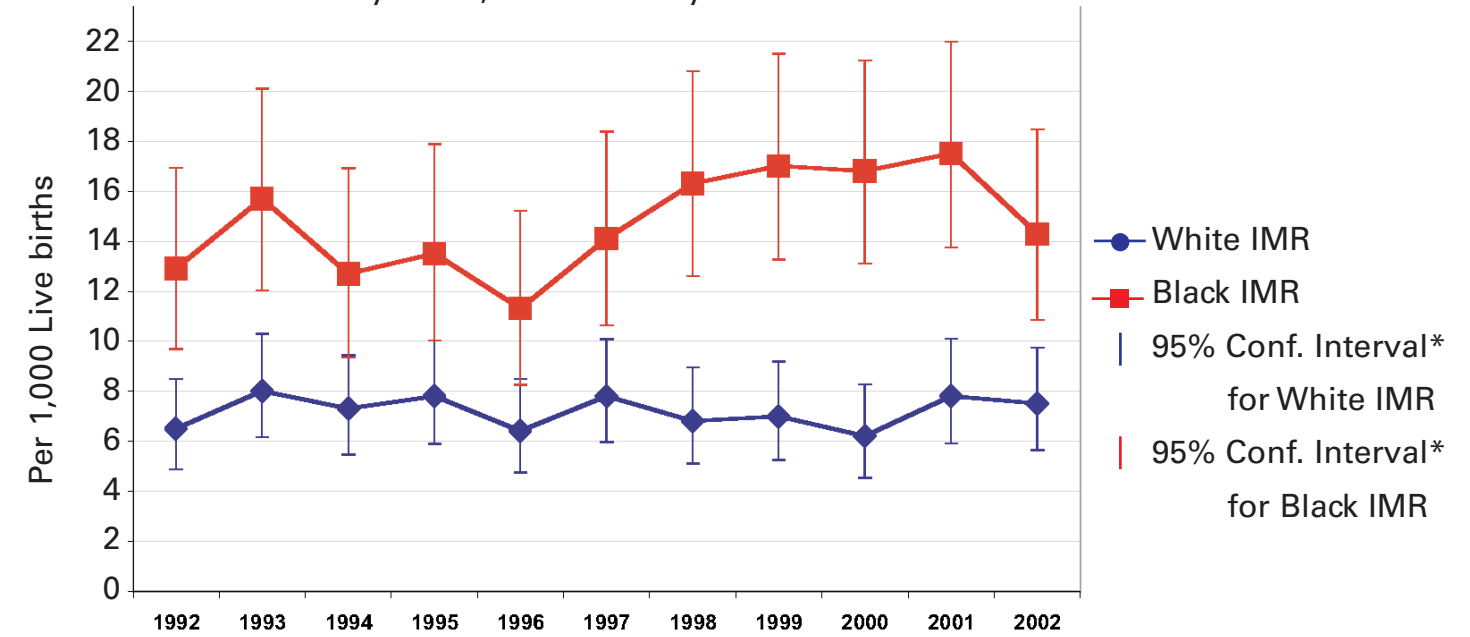
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Figure 1

Infant Mortality Rates, Duval County 1992-2001



Source - Florida Department of Health, Office of Planning, Evaluation and Data Analysis, CHARTS
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, September 2004

* Confidence Intervals provide statistical markers to gauge real trends versus differences that are more likely to reflect insignificant variation of data from year to year.

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Reducing Disparities in Infant Mortality: A Local Health Department Initiative

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SUMMARY

Fifteen volunteers from diverse professional backgrounds convened to form a local Infant Mortality Professional Advisory Committee (PAC). The group reviewed data to understand the infant mortality problem in Jacksonville and to make policy recommendations for addressing it. National and local data lacked clear direction for best practice. Systematic evaluation of local programs can begin to fill the gap in knowledge about the effect of local programs on infant mortality rates. Empowerment, education, and advocacy are critical steps for facilitating implementation of policy by those who have resources.

PROBLEM

The United States has struggled with reducing infant mortality. Although the U.S. infant mortality rate declined 90% during the 20th century, the U.S. continues to fall behind other developed countries, ranking 19th in 1989 and 28th in 1998.⁽¹⁻⁴⁾ Disparities persist in ethnic mortality rates reflecting the failure of the U.S. health care system and society to effectively deal with infant mortality.⁽⁵⁻⁶⁾ National data have shown a trend toward fewer low birthweight births but more infant deaths among African Americans than Caucasians. In the last two decades of the 20th century, low birthweight births increased 14% for Caucasians and 2% for African Americans, but infant mortality decreased 48% for Caucasians compared to 37% for African Americans.⁽⁷⁻⁸⁾ This trend toward more infant deaths among African Americans was also reflected in Duval County infant mortality rates during the last decade of the 20th century. At least 50% more African American infants died compared to Caucasian infants.^(Figure 1, page 5)

STRUCTURE

The Professional Advisory Committee was formed in 2003 to study rates and disparities in infant mortality. The committee's 15 volunteers included six physicians, five social and behavioral science researchers, two Maternal and Child Health experts, one nurse, one social worker, and one community advocate. The Healthy Start Coalition, the University of Florida College of Medicine and the Duval County Health Department were represented on the committee. No attrition occurred during 2003. Meetings lasted 90 minutes and were convened

every six to eight weeks. On average, six members attended each meeting. The format of meetings included distribution of research data before each meeting, a timed agenda, roundtable discussions, and an informal meeting style. Professional Advisory Committee members sought first to understand ideas expressed before offering comments. They also asked each other questions to clarify initial comprehension of issues discussed.

PROCESS

Public health policy development is a critical component of assuring community health.⁽⁹⁾ The Institute of Medicine considered policy development⁽¹⁰⁾ to be a core public health function in its 1989 publication. Healthy People 2010 has identified problems that warrant policy interventions.⁽¹¹⁾ As an endeavor to implement evidence-based public policy development in Jacksonville, the Duval County Health Department has identified four major community health problems that can benefit from evidence-based public policy interventions. These problems are infant mortality, teen pregnancy, sexually transmitted infections, and obesity. This report describes the policy development process for addressing infant mortality. The organizing framework that guided the process was:

- 1) Review national and local research and data related to the infant mortality problem,
- 2) Interpret research and data findings related to prevention of infant mortality,
- 3) Translate knowledge into policy statements for reducing disparities in local infant mortality, and
- 4) Recommend policies for reducing disparities in local infant mortality rates.

Five questions were posed to frame the policy development process:

- 1) What do we know about infant mortality in Duval County?
- 2) How can we explore data to better understand infant mortality in Duval County?
- 3) What should be the short-term emphasis to address the local infant mortality problem?
- 4) What should be the long-term emphasis to address the local infant mortality problem?
- 5) How can we apply what we know to influence public policy decisions that aim to reduce disparities in local infant mortality rates?

The Duval County Health Department/University of Florida Institute for Health, Policy, and Evaluation Research (HPER) provided staff support for the policy development process. The University of Florida, the Department of Pediatrics and Obstetrics and Gynecology and the Northeast Florida Healthy Start Coalition made substantial contributions to the policy development process. The Coalition has a long history of engaging groups at-risk for infant deaths, delivering services to address maternal needs, and documenting the impact of services on factors that predispose mothers to low birth weight infants and infant death. This policy development process builds upon the Coalition's epidemiology and process evaluation initiatives.

OUTCOME

National.

The literature regarding effective infant mortality prevention programs was ambiguous.⁽¹²⁾ The majority of studies were epidemiological in nature, revealing low birthweight and preterm births as major determinants of infant mortality. Low birthweight accounts for more than 90% of all neonatal deaths and preterm births account for more than 66% of the racial gap in infant deaths between African Americans and Caucasians.⁽¹³⁾ The few studies that provided insights regarding past efforts to reduce infant mortality revealed that single interventions such as: advances in medical technology, greater access to prenatal care, and improved clinical knowledge of prematurity risk factors have failed to significantly reduce disparities in infant mortality.⁽¹⁴⁾ Some evidence suggests that comprehensive, multi-faceted programs can be successful.⁽¹⁵⁾ The national literature failed to provide a best practice model of demonstrated effectiveness in reducing infant mortality; therefore, the committee focused on local data and programs to gather additional insights for policy development.

Local.

A number of local programs have been implemented to reduce infant mortality. Examples of these programs include: 1) Healthy Start, 2) Project Impact, 3) Magnolia, 4) Northeast Florida Breastfeeding Coalition, 5) Friendly-Access, and others. Despite the local effort, infant mortality rates among African Americans have increased in most of the last five years in Jacksonville, with

the most recent year being an exception. Comprehensive programs may require sustained efforts to demonstrate effectiveness. However, a community-wide policy review has not been conducted to inform decision-making about how to develop policies to address the infant mortality problem. Factors associated with infant deaths, as documented by the FIMR process, include maternal health status before and during pregnancy, gynecological infections, preterm labor, and premature rupture of the membrane. Other non-medical factors, such as maternal age less than 21 years, being African American and/or being unwed or of lower socio-economic status, also contribute to disparities in infant mortality. Considerable resources have been invested in designing and implementing local infant mortality programs.⁽¹⁶⁻¹⁸⁾ However, the absence of outcome data on program effectiveness and the lack of an evaluation framework for assessing the impact of local infant mortality prevention programs provided the impetus for policy development.⁽¹⁹⁻²⁰⁾

POLICY RECOMMENDATIONS

The absence of a best practice model regarding what works to prevent disparities in infant mortality led the committee to offer two recommendations:

- 1) Implement and study the impact of comprehensive health care programs for women of childbearing age during the pre- and-interconceptional periods.
- 2) Implement systematic evaluations of local Maternal and Child Health programs targeting poor birth outcomes among at risk groups to identify determinants of disparities in infant mortality rates.

NEXT STEPS

The policies recommended in this report are a first step toward obtaining outcome specific data about local infant mortality prevention programs. Local findings can support decision-making and judgments about the merits of local programs that aim to reduce disparities in infant mortality rates. However, it is not enough to recommend policy changes. Garnering political support and resources are critical steps for successful implementation of the recommended policies. Follow-up action to implement the recommendations is critical.