

## FORMATION OF BIHPI

The Black Infant Health Practice Collaborative launched on January 25, 2008 to address the disparities between African American and white babies.

Gov. Crist signed HB1269 on July 27, 2007 to address the disparity in eight counties.

# INFANT HEALTH REPORT



“It takes a village to raise a child.

It takes a community to save one. Do your part!” - Community Voice

## DUVAL COUNTY BLACK INFANT HEALTH PRACTICE INITIATIVE

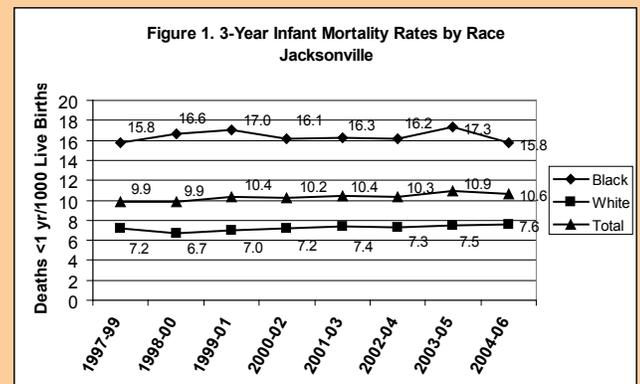
### DESCRIPTION OF COMMUNITY AT THE ONSET OF THE INITIATIVE

Jacksonville is an urban area located in Northeast Florida. In 2000, 778,879 people resided in the 774 square mile city. The city is 27.8% African American with a median age of 33.5 years. About 13% of the area's residents have incomes below the federal poverty level, including 19% of families with children under age 18 (U.S. Census, 1999).

Infant mortality in Jacksonville exceeds state and national rates. Racial disparities in birth outcomes contribute significantly to the city's poor standing. Black babies die at twice the rate of babies of other races (Figure 1).

The city's first Black Infant Mortality initiative was organized by the Northeast Florida Healthy Start Coalition (NEFHSC) in 1997 in response to an increase in infant deaths. An initial analysis of fetal and infant deaths was completed using the Perinatal Periods of Risk (PPOR) and presented to the community. This analysis showed a need to improve the health of women before pregnancy. Results were used to obtain funding for the Magnolia Project, a federal Healthy Start program that uses a preconception strategy to address disparities in birth outcomes. A Black Infant Mortality Task Force was established by the Coalition in 2000 to direct further attention to growing disparities. The group represented a broad cross section of the community, including churches and other neighborhood organizations. Information obtained through community surveys and focus groups resulted in the development of a faith-based infant mortality awareness project, Hold-Out the Lifeline, with funding from the state Closing the Gap program.

The Magnolia Project and other community-based initiatives have created opportunities to engage the Black community around maternal and child health issues in Jacksonville through outreach and awareness activities as well as participate on the Magnolia Project Community Council and Coalition.



### ENGAGEMENT & MOBILIZATION PROCESS

Building on these efforts, the Black Infant Health Practice Initiative (BIHPI) enabled Jacksonville to expand its range and reach by engaging and mobilizing the Black community, as well as key community stakeholders. A broad-based Leadership Team led implementation efforts. The team members were Joy Burgess, MSN, UF Department of Pediatrics, chair; Rev. Tom Rodgers, chair of the NEFHSC; Thomas Bryant III, Administrator, Duval County

Health Department-Institute for Health, Policy and Evaluation Research; Rhonda Brown, Magnolia Project Director; Marsha Davis, Magnolia Project Community Development Director; Eartha Bryant, Magnolia Project Community Council member; Vanessa Boyer, Healthy Mothers, Healthy Babies Executive Director; Deborah Parsons, Aide to State Senator Tony Hill; Laurie Lee, RN, FIMR Coordinator; Carol Mannings, MD, Pediatrician; and Carol Brady, NEFHSC Executive Director and Sarah Holdstein, NEFHSC Coordinator, Communications & Special Projects. The group developed a detailed plan which guided the implementation of the initiative. Team members participated in technical assistance conference calls and consulted with participating universities as needed.



Community mobilization and engagement were a primary focus of the initiative. The key strategy for increasing community awareness, involvement and ownership of infant mortality was to organize the Black Infant Health Community Council (BIHCC). The Council will have an ongoing role in developing and promoting leadership and activism in the Black community around issues related to infant mortality. A concerted effort was made to elicit broad involvement from the Black community beyond the usual participants involved in public health and social services. A diverse group of nearly 30 representatives joined the group and spent three months learning about the issue and factors contributing to poor birth outcomes in the city. A Strategic Action Plan was drafted by the BIHCC. Implementation efforts will be led by three subcommittees focusing on Advocacy & Community Education, Professional Education and Philanthropy & Political Will.

*“The goal of the Black Infant Health Community Council (BIHCC) is to increase community knowledge about the factors that contribute to Black infant death and promote community action—through advocacy, education, philanthropy, political will and effective community partnerships—to improve the health of Black infants and women of childbearing age in Duval County.”*

**Jacksonville Perinatal Periods of Risk (PPOR)  
Map of Fetal Infant Mortality by Race 2003-05**

Black Fetal - Infant  
Rate = **13.99**

White Fetal - Infant  
Rate = **8.31**

Maternal Health		
<b>9</b>		
Maternal Care	Newborn Care	Infant Health
<b>3.6</b>	<b>1.4</b>	<b>2.9</b>

Maternal Health		
<b>2.7</b>		
Maternal Care	Newborn Care	Infant Health
<b>1.9</b>	<b>1.0</b>	<b>2.6</b>

Black = 189 Deaths  
13,507 Births + Fetals

White = 192 Deaths  
23,111 Births + Fetals

**QUANTITATIVE OVERVIEW**

Fetal and infant death data for 2003-05 was analyzed using the Perinatal Periods of Risk (PPOR). PPOR demonstrated that the health of the mother before pregnancy accounts for the greatest racial disparity in birth outcomes. Too many Black babies are born too soon and too small. Survival rates for higher birth weight Black babies are equal to or better than other babies. When FIMR case review information is examined using the PPOR categories, unplanned pregnancy and pre-existing medical conditions are the most frequent factors contributing to poor pre-pregnancy health.

There are opportunities for prevention—nearly 50 babies a year (34 Black and 15 White) could be saved if all mothers in Jacksonville had outcomes equal to the mothers with the best outcomes.

**QUALITATIVE OVERVIEW**

Examination of FIMR findings on 2005-07 case reviews showed disparate contributing factors by race. Unplanned and undesired pregnancies were more frequent among Black cases, while substance abuse, including tobacco, was more commonly identified in White cases. There was a significant difference in the number of contributing factors present in each case by race, with Black mothers experiencing more multiple risks.

A series of five town hall meetings and five focus groups allowed the Jacksonville BIHPI to identify key issues as well as solutions for addressing Black infant mortality. Sixty community residents participated in five town hall meetings that identified environmental racism, lack of health education, access barriers related to Medicaid, and distrust of social programs as issues. Thirty focus group participants including church members, public housing residents, teens and Black professionals identified stress, lack of trust in the health care system, poverty, lack of community and family support, lack of education and drug abuse as key concerns. Key informant interviews were held to gauge awareness of infant mortality among elected officials and community leaders.



## IMPACT OF THE INITIATIVE

Quantitative and qualitative analyses completed for the Jacksonville BIHPI underscore the need to continue and expand the Coalition's focus on preconception health as a primary strategy for addressing racial disparities in infant mortality. The scope of Healthy Start case management for pregnant and postpartum women should be broadened to address the health of women before and between pregnancies. The Magnolia Project and Azalea Project should be continued and replicated in other high-risk areas of the county. These initiatives utilize evidence-based practices in preconception health, and risk reduction and prevention that directly impact Black birth outcomes. Measurable objectives for these initiatives target risk reduction goals (at program entry and discharge). Both community-based initiatives incorporate neighborhood development and strong consumer participation in the design and implementation of program interventions.

A critical recommendation of the Jacksonville BIHPI was the institutionalization of community mobilization and engagement efforts through the establishment of the Black Infant Health Community Council. The Strategic Plan developed by the Council will ensure that activities are in place to increase community and professional awareness, a key factor for successfully addressing health inequities. Most important, the Council will build on, as well as contribute to the development of assets in the Black

community which are critical to improving the health of women, children and families that suffer disparities. These assets include indigenous leaders (elected and non-elected), the Black Panhellenic Council, the faith community, leaders in neighborhood housing communities, Black professionals in health, law and education, and similar groups. The work of the BIHPI has helped to expand the dialogue around health disparities in Jacksonville beyond individual risk factors to root causes, such as racism, poverty, education and related factors that require community-level interventions. Sustained community engagement and mobilization will direct continued attention to these root causes.

## SUSTAINABILITY PLAN

The Northeast Florida Healthy Start Coalition has pledged to provide staffing and support to sustain the Black Infant Health Community Council and its activities beyond BIHPI. The Coalition's 2009 Annual Action Plan includes a specific objective for continuing the work of this group to engage and mobilize the community in working to improve infant health and assist in the implementation of the BIHCC Strategic Plan.

## LESSONS LEARNED

- Collaboration and cultivation of new partnerships are important to addressing the issue of infant mortality in Jacksonville.
- Having state resources was critical to the success of the Black Infant Health Practice Initiative.
- The ability to work with other communities facing the same issues regarding their high infant mortality rates facilitated information sharing, advocacy and cross-site support.
- Addressing racism is necessary, but very challenging.
- Having a well-established entity to support the development of the local Black Infant Health Community Council is critical.
- The community is not aware of the high rate of Black infant mortality in Jacksonville, its root causes and implications for the overall well-being and quality of life of its residents.

- Reframing the issues related to Black infant mortality in the language of health equity allows for a broader community conversation about root causes and solutions to promoting Black infant health.
- Aggressive and ongoing efforts are needed to engage local and state policymakers in addressing the issue of infant mortality and its root causes.
- This initiative contributed to increased community exposure and understanding of the mission and services provided by the NEF Healthy Start Coalition.

## IMPLEMENTATION PLAN FOR RECOMMENDATIONS/NEXT STEPS

The Black Infant Health Community Council will finalize its Strategic Action Plan in September, 2008. The plan has a three year horizon with measurable objectives and outcomes. Initial activities around Advocacy & Community Education, Professional Education and Philanthropy & Political Will have a one-year implementation timeframe. The Coalition and Healthy Jacksonville 2010 were selected to participate in the CDC's Racial and Ethnic Health Disparities Action Institute (REHDAI) in August, 2008 which will provide additional technical assistance, skill building and possibly resources to continue the work initiated under the practice collaborative. A community team is also participating in the USF-Kellogg-funded initiative to support the development of emerging Black leaders.

Finally, the Coalition and Council will continue the critical partnerships with other community organizations working to address disparities and root causes. These include the Jacksonville Community Council, Healthy People 2010 and the Duval County Health Department, Blueprint for Prosperity, and OneJax, as well as the seven other partner communities that participated in the Black Infant Health Practice Initiative.

### ASHLEY'S STORY

Ashley is a young woman living in one of the neighborhoods with the highest infant mortality rate, meaning she already was subjected to the daily stressors of life in that area. She lived in an area that had limited food stores, job opportunities, housing and green space, which all can lead to chronic stress.

She is a mother of two beautiful girls and, regrettably, she lost her last baby before it was born (fetal loss). Drugs, at the time, consumed much of her life until she was in an accident which led her to believe she was worth so much more than she was giving herself. The car accident left her in a coma for a week, but she has fully recovered and also decided to make tremendous life changes. Her "miracle baby" survived the accident and from that day forward she vowed to care for herself and her children. She left the father of her children, who supplied most of the drugs, and knew she needed to protect her children from the dangers of the streets.

Soon after the accident, Ashley joined the Magnolia Project and started receiving regular healthcare and setting life goals with her case manager. At the beginning of the case management, she was renting a house and her main goal was to get a car to help reduce the struggle of getting her children to and from school, as well as getting herself to work to pay her bills. During the hardships, Ashley continued to participate in church and a generous person donated a car to her to help foster positive change her life.

Unfortunately, Ashley's ex, father to her children and her financial stability, came back into her life and sent her spiraling backwards due to the bad influence he was in her life. She was able to keep her home, her job and her children, but soon knew she had to tell him to leave. She was empowered enough to do just that. He left and Ashley continued to her pursue her dreams of going back to school and continue to be the wonderful mother she has set out to be.

Despite all of the harsh times, Ashley never lost focus and continues to follow her dreams of obtaining her GED and collecting college credits. She doesn't know what she wants to be "when she grows up", but does believe an education is very important. The Magnolia Project empowered her to believe in herself to go back to school. She felt as though it would be too difficult, but with a little guidance, she realized this was a true possibility for her and her family. Ashley has learned that to protect herself and her children, she needed to think about the positives and only let positive influences into her life.

