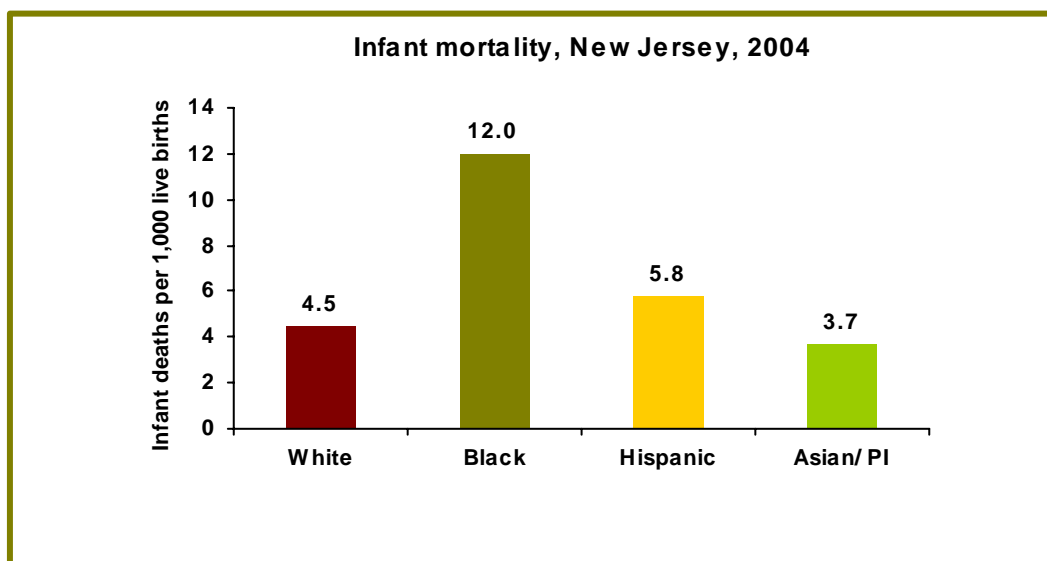


## G. Area of Emphasis: Infant Mortality

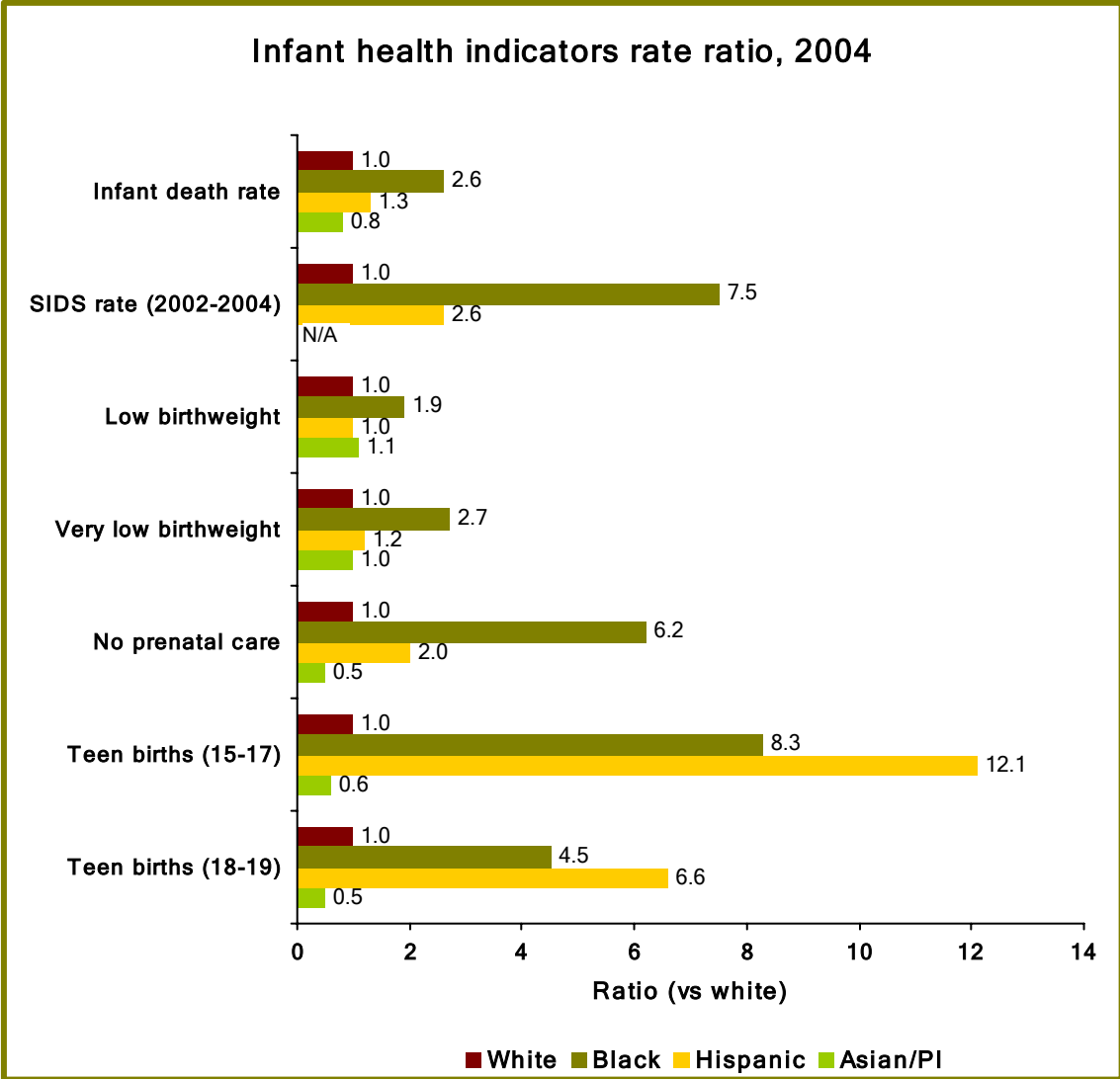
### Background Data

While infant mortality rates overall are declining in New Jersey and within all racial/ethnic groups, blacks have significantly higher infant mortality rates than other groups. The infant mortality rate among blacks remains nearly three times the rate among whites. The rate among Hispanics is 1.3 times the white rate, while the rate among Asian/Pacific Islanders has been about the same as for whites over the last few years.



*Source: New Jersey Department of Health and Senior Services, Center for Health Statistics*

Racial/ethnic disparities occur among many of the infant health indicators outlined in HNJ 2010. The following graph summarizes the ratios of infant health indicators for minority groups as compared to whites. For example, the Sudden Infant Death Syndrome (SIDS) rate is 7.5 times higher for blacks than for whites and the teen birth rate among Hispanics aged 15 to 17 years is 12.1 times the rate among whites. The birth rate to Asian/Pacific Islander teens aged 18 to 19 years, however, is half the rate among whites.



*Source: New Jersey Department of Health and Senior Services, Center for Health Statistics*

## Building on Success

- The Black Infant Mortality Reduction (BIMR) Initiative is long standing in New Jersey and involves the Maternal and Child Health Consortia, Healthy Mothers/Healthy Babies and Healthy Start grants. These projects successfully link black women and their infants to comprehensive maternity and pediatric services. Some programs provide case management support to mothers throughout the prenatal period. BIMR also promotes collaboration among churches, grassroots organizations, businesses and other community-based organizations, including the sponsorship of forums and presentations on black infant mortality.
- In 2006, a Request for Proposals was released focusing on modifying the behaviors, lifestyles and conditions that affect birth outcomes by improving the quality of care provided during the prenatal and infant period.
- Service providers and community-based organizations have partnered to improve black infant mortality rates in New Jersey. This collaborative approach addresses the behaviors, lifestyles, and conditions that affect black infant birth outcomes.
- The patient education brochure, *These Tests Could Save Your Baby's Life: Newborn Screening Tests*, as well as two of the 20 fact sheets on inheritable disorders, are available in English and Spanish. The brochures are routinely sent by the program to all birthing facilities for inclusion in their newborn information packets.
- Women, Infants, and Children (WIC), a multi-component, comprehensive, cost-saving public health nutrition program, addresses the specific health and nutrition needs of pregnant, postpartum or breastfeeding women of low socioeconomic status, infants and children. The ethnic distribution of New Jersey WIC participants is composed of 26 percent black (non-Hispanic), 52 percent Hispanic, 18 percent white (non-Hispanic), three percent Asian (non-Hispanic) and one percent other.

**Goal: Decrease disparities in birth outcomes between white and black infants.**

## *Action Plan*

### *Steps and Timeline*

*FY 2007- 2010*

- Provide cultural competency training for paraprofessional and professional health care staff.
- Increase outreach and basic education to the community on black infant mortality.
- Increase funding to support enhanced prenatal and pediatric services.
- Utilize newborn screening and genetic services follow-up programs to ensure that all infants born in New Jersey who have abnormal newborn screening test results receive appropriate and timely case management services.
- Inform appropriate parties including primary care physicians, medical specialists and parents of abnormal screening results.

### *Outcome Measures*

- Reduce the infant mortality rate to 7.5 per 1,000 live births for blacks and 6.4 for Hispanics.
- Reduce the percentage of infants with birth weight less than 2,500 grams to 7.5 percent for black and 6.0 percent for Hispanic and Asian/Pacific Islander populations.
- Increase the percentage of paraprofessionals and professional health care staff completing cultural competency training.
- Increase to 85 percent the proportion of black and Hispanic live births for which the mother received prenatal care in the first trimester of pregnancy.