Accelerating Upstream Together to Eliminate Infant Mortality Disparities by 2030

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Associate Administrator
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People
Why We’re Here

• There exist longstanding disparities in infant mortality in Region 5.

• MCHB is committed to supporting acceleration of progress.

• A series of virtual meetings will support shared understanding of root causes of disparities and allow for engagement of larger group of partners and stakeholders.

• Our goal is to eliminate racial disparities in infant mortality by 2030.
Paradigm for Improving Maternal and Child Health

Accelerate
Upstream
Together
Accelerate
Upstream
Together
Infant Mortality Rate, United States (1980-2019)

Rate of 5.6 = 20,921 deaths
In 2017, the infant mortality rate (IMR) for black infants (10.8) achieved the same rate as for white infants in 1980. 37 years later.

If the black IMR continues at the same rate of decline since the beginning of this millennium, it will reach the 2017 white IMR (4.9) in 2069. 52 years later.
In 1995, the infant mortality rate (IMR) for AI/AN infants (9.2) achieved the same rate as for white infants in 1985, 10 years later.

By 2015, the AI/AN IMR (8.0) reached the white IMR in 1989, 26 years later.

If the same rate of decline continues, it will reach the 2015 white IMR (4.9) in 2087, 72 years later.

Note: Period Linked Infant Birth/Death File begins in 1995 for more accurate AI/AN estimates based on maternal race.
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Together
“Upstream” Thinking
Life Course Approach

Adapted from the Life Course Toolkit by CityMatCH. Available at: http://www.citymatch.org/projects/mch-life-course-toolbox.
Life Course Approach

Among girls:
- 29.9% overweight or obese (10-17 yo)
- 41.5% (all ages) report ≥1 adverse childhood experiences

Among women 18-44:
- 24.6% without well-woman visit in past 12 months
- 13.4% in “fair or poor” health
- 14.3% are current smokers
- 56.0% are overweight or obese
- 31% have household income of <$25k

Adapted from the Life Course Toolkit by CityMatCH. Available at: http://www.citymatch.org/projects/mch-life-course-toolbox.
What Determines Health?

Health care accounts for only 10-20% of overall health
Structural and Social Determinants of Health

EXPERIENCE OF SOCIAL DETERMINANTS

INCOME/POVERTY/WEALTH
EDUCATION
EMPLOYMENT
TRANSPORTATION
HOUSING
FOOD SECURITY
EXPOSURE TO TOXINS
HEALTH INSURANCE
DISTANCE TO SERVICES

States Are Looking Upstream

• In the 2020 Title V Five-Year Needs Assessment, the percentage of states and jurisdictions which developed priorities targeting specific racial/ethnic populations and topics increased from 2015 including:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Determinants of Health</td>
<td>20%</td>
<td>42%</td>
</tr>
<tr>
<td>Health Equity</td>
<td>29%</td>
<td>46%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>61%</td>
<td>81%</td>
</tr>
</tbody>
</table>

• In addition, 54 states and jurisdictions acknowledged health equity and/or social determinants of health in their Application/Annual Report as important considerations in their work to address needs of the MCH population.
Accelerate
Upstream
Together
“We’re not there until we’re all there.”

Wanda D. Barfield, MD, MPH, FAAP, RADM USPHS (ret.)
What would it take to achieve equity in infant mortality rates by 2030?
Healthy People 2030: Infant Mortality

Reduce the rate of infant deaths — MICH-02

Status: Baseline only

Reduce the rate of infant deaths within 1 year of age

Baseline: 5.8 infant deaths per 1,000 live births occurred within the first year of life in 2017

Target: 5.0 infant deaths per 1,000 live births

Target Setting Method: Projection

Data Source: Linked Birth/Infant Death Data Set, CDC/NCHS

Learn more about data measurement for this objective
Where Are We Now?

Of broad or bridged race/ethnic groups, only NH Black and AI/AN infants have not already met the HP 2030 target.

In fact, they have not even made the original HP 2000 target (7.0) 30 years after it was set.

Even if they meet the target, they wouldn’t achieve equity with NH White majority group.

Using the same target setting projection for the overall IMR, NH White infants are projected to reach 4.0 by 2030 – this is the true target for equity.

Where Do We Go From Here?

• Ultimately, we want to prevent every infant death possible.

• Given the large and persistent gap between black and white infant mortality, we need to accelerate efforts to achieve equity now.
What Would It Take to Achieve Equity?

To achieve equity, an additional 4,186 babies need to celebrate their first birthday. That’s ~12 babies/day.

For context: ~10,500 babies born each day in the United States.

Notes: Uses 3-year average data (2016-2018) to improve stability of estimates and assumes constant births
What Can States Do to Achieve Equity?

Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7)

<table>
<thead>
<tr>
<th>Number of Black Infant Deaths to Prevent Annually</th>
<th>To Achieve Equity</th>
<th># States</th>
<th>% of Total Black Infant Deaths to Prevent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11</td>
<td>&lt;1</td>
<td>15</td>
<td>1%</td>
</tr>
<tr>
<td>12-59</td>
<td>1-4</td>
<td>15</td>
<td>11%</td>
</tr>
<tr>
<td>60-119</td>
<td>5-9</td>
<td>8</td>
<td>19%</td>
</tr>
<tr>
<td>120-239</td>
<td>10-19</td>
<td>10</td>
<td>45%</td>
</tr>
<tr>
<td>240-336</td>
<td>20-28</td>
<td>3</td>
<td>24%</td>
</tr>
</tbody>
</table>
What Can Counties Do to Achieve Equity?

Number of Black Infant Deaths to Prevent Annually to Achieve Equity

<table>
<thead>
<tr>
<th>Black Infant Deaths to Prevent Annually</th>
<th>Black Infant Deaths to Prevent Monthly</th>
<th># Counties</th>
<th>% of Total Black Infant Deaths to Prevent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>&lt;1</td>
<td>646</td>
<td>29%</td>
</tr>
<tr>
<td>6-11</td>
<td>&lt;1</td>
<td>70</td>
<td>14%</td>
</tr>
<tr>
<td>12-23</td>
<td>1</td>
<td>42</td>
<td>18%</td>
</tr>
<tr>
<td>24-47</td>
<td>2-3</td>
<td>21</td>
<td>18%</td>
</tr>
<tr>
<td>48-95</td>
<td>4-7</td>
<td>8</td>
<td>11%</td>
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<tr>
<td>96-149</td>
<td>8-12</td>
<td>3</td>
<td>9%</td>
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Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7); 324 counties had no Black births and 2,023 counties had too few births to expect one death per year.
What Can Region 5 States Do to Achieve Equity?

Region 5 accounts for ~20% of total Black infant deaths that need to be prevented to achieve equity by 2030.

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<tr>
<td>IL</td>
<td>226</td>
<td>19</td>
<td>6%</td>
</tr>
<tr>
<td>OH</td>
<td>212</td>
<td>18</td>
<td>5%</td>
</tr>
<tr>
<td>MI</td>
<td>192</td>
<td>16</td>
<td>5%</td>
</tr>
<tr>
<td>IN</td>
<td>77</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>WI</td>
<td>69</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>MN</td>
<td>43</td>
<td>4</td>
<td>1%</td>
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Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7)
What Can Region 5 Counties Do to Achieve Equity?

- 4 of the top 10 counties with the most excess deaths to prevent are in Region V
- Cook, Wayne, Cuyahoga, Milwaukee

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Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7); 24 counties had no Black births and 407 counties had too few births to expect one death per year.
What Can Region 5 States Do to Achieve Equity?

Region V accounts for ~10% of total AI/AN infant deaths that need to be prevented to achieve equity by 2030.

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<td>MN</td>
<td>11</td>
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<td>WI</td>
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<td>3%</td>
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<td>MI</td>
<td>1</td>
<td>1%</td>
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Notes: Uses 3-year average data (2016-2018) and assumes a 15% improvement for White IMR (1-4/4.7); IL, IN, OH had <10 AI/AN deaths and were suppressed.
Region 5 States Are Primed To Accelerate Equity

• In the 2020 Title V Five Year Needs Assessments, the Top 5 Priority Needs identified in Region 5 include:
  ▪ Neighborhood and built environment
  ▪ Community-based care; community-clinical linkages
  ▪ Reducing disparities
  ▪ Transition of care
  ▪ Social and community context

• All six states in Region 5 (IL, IN, MI, MN, OH, WI) chose measures to address these areas of need.
“Sometimes when I get home at night in Washington, I feel as though I had been in a great traffic jam…moving toward the Hill where Congress sits in judgment on all the administrative agencies of the Government.

In that traffic jam there are all kinds of vehicles….the kinds of conveyances, for example that the Army can put into the street—tanks, gun carriages, trucks, the dancing horses of officers…”
“...There are other kinds of vehicles in this traffic jam—great numbers of them...hayricks and the binders and the ploughs...of the Department of Agriculture....There are....the handsome limousines of the Department of Commerce...and the barouches in which the Department of Justice officials sometimes appear....”
“...I stand on the sidewalk watching it become more congested and more difficult...

...and then, because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic.”

Grace Abbott
Second Chief of the Children’s Bureau (1921-1934)
It’s Time For Us To Move Into the Traffic

Accelerate

Upstream

Together
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