

Tulsa County receives almost \$2 million in federal grants to reduce infant mortality

A program to help pregnant women get coordinated medical care for a healthy delivery is expanding in Tulsa County to all expecting mothers.

The Healthy Start program is getting the boost with nearly \$2 million in two federal grants from the Maternal Child Health Bureau of the Health Resources Services Administration.

It is reportedly the first time the agency has approved two Healthy Start grants to a single county at the same time. This brings the state total to four grants. The other two are in Oklahoma City and southeast Oklahoma.

More than 600 women considered at high-risk for having difficult pregnancies received Healthy Start services last year in Tulsa County.

The program is coordinated by the Community Service Council, which subcontracts with the Tulsa Health Department to offer services through the Family Health Coalition. Because of its limited funding, the focus has been on geographic areas with the highest rates of infant mortality, pre-term deliveries and low birth weights.

A federal grant of \$1.2 million to the Community Service Council will create a new Healthy Start program, and another \$750,000 award will go to continuing the maternal services of the Tulsa Health Department.

The two Healthy Start programs mean all women of childbearing years in the county will have access to prenatal and postnatal care.

“Every baby deserves a better chance at life,” Tulsa Healthy Start Program Manager Corrina Jackson said in a press release. “And what better way to educate our community than by broadening our efforts with two Healthy Start Programs in Tulsa.”

Healthy Start has been operating in the county for almost 20 years.

“From 2005 to 2007 for targeted ZIP codes, the average infant mortality rate in Tulsa County was 19.67 percent—that was reduced to 14.95 percent from 2009 to 2012,” Jackson stated.

“Finally a time has come when the federal government is placing additional funds in our community to keep the effect sustained for a while.”

In a health profile released earlier this year, the ZIP codes with the highest fertility rate were in north and east Tulsa, but this was also where mothers were least likely to have prenatal care. The ZIP codes with the highest rates of low birth-weight infants were in north and downtown Tulsa.

West Tulsa had the most tobacco use during pregnancy.

Oklahoma’s infant mortality rate has historically fared among the worst in the nation, with only eight states having worse rates in 2011, according to the U.S. Centers for Disease Control and Prevention.

The U.S. ranks 129th out of 224 among industrialized nations in infant mortality, according to the World Factbook released by the CIA.

The U.S. was stuck in a plateau from 2000 to 2005, then declined by 12 percent by 2011, according to the CDC. It went

from 6.9 deaths per 1,000 live births in 2000 to a rate of 6.05.

During that same time period, Oklahoma dipped from 8.05 deaths per 1,000 live births in 2005 to a rate of 7.59, which the CDC considers no significant change. In 2012, the rate decreased to 7.5 in Oklahoma.

Tulsa County's infant mortality average rate between 2007 and 2009 was 8.1 per 1,000 live births.

The Healthy Start program provides assistance with prenatal care, access to well-baby visits and childhood immunizations, plus offers family planning help, referrals to social services, and links to agencies for jobs, child care, housing and education.

In addition, the program coordinates the Tulsa Fatherhood Program, which provides fathers resources and tools to stay involved in their children's lives.

As part of Healthy Start, participants are screened for issues such as depression, smoking, substance abuse and family violence, all factors that can influence the birth of healthy babies.

In the smoking cessation part of the program, Healthy Start participants reduced their smoking rate from 27 percent in 2010 to 16 percent in 2012.

Through the Family Health Coalition, care coordinators are embedded in private practices, university-affiliated programs, federally qualified health centers and intertribal health services. The coalition works with payers, employers, consumers, health-care providers and community agencies to improve health indicators.

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