



**Preparing
for a
Lifetime**
It's Everyone's Responsibility

Oklahoma Leadership Summit on Infant Mortality

Summary Report

Maternal and Child Health Service
Oklahoma State Department of Health
February 25, 2013

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Executive Summary

Of the births in Oklahoma each year, about 400 babies die before their first birthday. According to the National Center for Health Statistics, Oklahoma ranks 44th in the United States in infant mortality, and has been above the national infant mortality rate (IMR) for two decades. Disparities exist regarding infant mortality with African American and American Indian babies dying at higher rates than White babies.

A statewide initiative, *Preparing for a Lifetime, It's Everyone's Responsibility*, was launched in September 2009. The goal of the initiative is to reduce infant mortality and other adverse birth outcomes as well as reduce racial disparities for such outcomes.

To help raise awareness about infant mortality among key leaders, the Oklahoma Leadership Summit on Infant Mortality was held October 1, 2012. The goal of the Summit was to influence stakeholders to take action toward improving birth outcomes in Oklahoma. The Summit was host to seventy-one organizations, representing very diverse types of entities from across the state, including local government, state agencies, advocates, medical associations, law enforcement, minority organizations, families, businesses, community-based organizations, and tribal entities.

The Summit agenda was designed to provide opportunities to educate participants about infant mortality and contributing factors. Information was presented to underscore the emotional aspect of infant loss and to emphasize the financial impact of infant morbidity and mortality. Participants were asked to identify specific actions that they could take to positively influence birth outcomes on an individual level, within their workplace, and within their communities. Follow-up activities will take place in order to sustain the momentum created by the Summit. Next steps include:

- Maintain contact with Summit participants
- Enlist support of champions for infant mortality reduction
- Conduct community-based projects
- Address disparities

The Oklahoma Leadership Summit on Infant Mortality is one activity in a continuum of prevention efforts. If significant and lasting change is to be accomplished, each of us must engage in activities to improve birth outcomes and do our part to give Oklahoma babies the best start in life.



Background

The infant mortality rate, defined as the number of deaths to infants less than one year of age per 1,000 live births, is one of the most important indicators of the health of Oklahoma and the nation. In 2007, Oklahoma's infant mortality rate was 8.5. Oklahoma ranked 46th in the United States for infant mortality. In response, the Oklahoma State Department of Health Commissioner's Action Team on Reduction of Infant Mortality was convened May 2007 with the overarching goal of reducing infant mortality in Oklahoma. Since that time, some improvements in the infant mortality rate have been observed. According to the National Center for Health Statistics, in 2009, Oklahoma ranked 44th in the United States in infant mortality. However, Oklahoma continues to remain above the national infant mortality rate. Oklahoma's infant mortality rate is 7.85, which means that almost eight babies die per 1,000 live births in Oklahoma. In fact, of the births in Oklahoma each year, about 400 babies die before their first birthday.

The top three rankable causes of infant mortality in Oklahoma are:

- congenital malformations (medical condition present at birth)
- disorders related to short gestation (less than 37 completed weeks of pregnancy) and low birth weight (less than five pounds, eight ounces)
- Sudden Infant Death Syndrome (SIDS)

Infant mortality is associated with a number of factors such as:

- maternal health
- quality and access to health care
- socioeconomic conditions
- health practices of individuals and families

Further, disparities exist regarding infant mortality with African American and American Indian babies dying at higher rates than White babies.

In 2009, the Oklahoma State Department of Health along with multiple partners launched *Preparing for a Lifetime, It's Everyone's Responsibility*, a statewide initiative to reduce infant mortality and other adverse birth outcomes as well as reduce racial disparities for such outcomes. Priority areas addressed through the initiative include lifestyle behaviors and health before and during pregnancy, prematurity, postpartum depression, tobacco use, infant safe sleep, breastfeeding, and infant injury prevention. A workgroup has been created to address each of these priority areas.

The Summit

An impetus for the Oklahoma Leadership Summit on Infant Mortality began with a national event organized by the Health Resources and Services Administration, Maternal and Child Health Bureau. The Health Resources and Services Administration recognized the importance of developing a strategy for the nation to improve birth outcomes and reduce infant mortality. The Health Resources and Services Administration Infant Mortality Summit held January 2012 brought together leadership teams from 13 states, including Oklahoma, for the purpose of sharing and learning about effective strategies and also developing or enhancing state-specific plans relative to addressing infant mortality. Oklahoma's Leadership Team included the Commissioner of Health and key staff from the Oklahoma State Department of Health, Oklahoma Health Care Authority, Oklahoma Hospital Association, and University of Oklahoma Health Sciences Center. A strategic priority identified by the Oklahoma Leadership Team during the Health Resources and Services Administration's event was to conduct a state-level summit. Planning for the Oklahoma Leadership Summit on Infant Mortality began within weeks following the national event.

The Oklahoma Leadership Summit on Infant Mortality held October 1, 2012, served as a pivotal strategy to convene state and community leaders in order to:

- raise awareness about infant mortality
- gain support for the issue
- identify steps each participant could take to impact infant mortality
- achieve widespread dissemination of the message

One hundred twenty-six participants from seventy-one organizations registered for the Summit, representing very diverse types of organizations from a broad geographic area that covered most of the state. Participants represented local government, state agencies, faith-based organizations, advocates, medical associations, military, law enforcement, minority organizations, businesses, community-based organizations, families, and tribal entities. (See Appendix A for organizational registration list.)

The goal of the Summit was to influence stakeholders to take action toward improving birth outcomes in Oklahoma. Some participants were familiar with the issue of infant mortality; for others, the issue was new and unfamiliar. The Summit agenda was designed to provide opportunities to educate all participants about infant mortality and contributing factors. Information was presented to underscore the emotional aspect of infant loss and to emphasize the financial impact of infant morbidity and mortality. (See Appendix B for agenda. Appendix C provides Summit PowerPoint slides.)

Oklahoma's top ranking leadership supported the Summit and contributed to its success. Dr. Terry Cline, Commissioner of Health and Cabinet Secretary of Health and Human Services, assisted with planning the event and offered opening remarks during the Summit. Governor Mary Fallin demonstrated her support by highlighting the importance of the issue with comments provided to the audience through video.

The theme of the event was "It's Everyone's Responsibility. What steps will you take to prevent infant mortality?" Facilitated sessions were organized in the following categories – community, provider, workplace, and education. Participants were asked to self-select a group that best described who they represented. The purpose of the sessions was to help participants identify specific actions that each could take to positively influence birth outcomes on an individual level, within their workplace, and within their communities. As part of the facilitated sessions, participants were asked to complete a "Commitment to Action".

Examples of commitments made by Summit participants include:

Individual level –

- build awareness with faith-based collaborative
- promote infant safe sleep in public addresses
- create a mobile phone application on issues related to preventing infant mortality
- organize a campaign to re-purpose crib bumper pads into tote bags
- ensure parenting and pregnant friends are informed on *Preparing for a Lifetime* issues

Workplace level –

- advocate for a breastfeeding room for nursing students
- add infant mortality to a city wellness program
- provide training for staff
- ensure staff members have information to share with clients
- present information to co-workers at department meetings
- integrate *Preparing for a Lifetime* information in classes for nursing students

Community level –

- promote smoke-free environments in city owned facilities
- engage local partnerships to take an active role in promoting *Preparing for a Lifetime* initiative tools
- publish in professional journals

Community level – continued.

- promote issues through social media
- educate childcare staff on infant safe sleep
(See Appendix D for Commitment to Action Summary.)

Evaluation

In order to learn about the effectiveness of the Summit, participants were asked to complete an evaluation instrument at the conclusion of the event. Participants answered questions as to whether main points were stated effectively, examples were given to illustrate the main points, sessions provided new information, the information provided would be applied, and whether there was an increase in knowledge of the topic presented. Just over one-half of the Summit participants completed the instrument. Participants responded that their knowledge level increased for the sessions on the emotional and financial impact of infant mortality. Participants also responded favorably when asked if information provided during the facilitated sessions was useful for application on an individual level, within their workplace, and within their community.

Many participant comments were positive, “I plan to inform and educate my clients about all the issues we discussed today”, “Lots of helpful information to apply within own family and to those we serve”, and “This was a great session and learned a lot and will take this to my community”. Other comments offered suggestions, such as, “Need to follow up with provider community to engage broader participation”, “Would like to see this further expanded to other large areas”, and “I would like to see another post-summit that specifically provides more definition to new interventions”. All comments will be considered when planning future activities.

Through the process of planning and implementing the Summit, important lessons were learned.

- Partnerships are essential to success. Numerous individuals representing various organizations worked together before, during, and after the event to offer input, leverage resources, provide assistance on-site, and enrich the process with a diversity of perspectives.
- Leadership support is key to accomplishing the goal. Support of decision makers and leaders helped to stimulate the commitment of others to the project. Enlisting leadership to play a direct role in planning strengthened the likelihood of conducting a successful event.

- Planning requires a very coordinated effort. It was extremely valuable to involve a broad range of individuals, representing various perspectives and organizations, in the planning process.
- Follow-up is vital to maintain momentum. The Summit served to increase awareness about infant mortality and related issues. It will be important to maintain routine communication with participants so that they remain engaged and committed to taking steps to reduce infant mortality.

Follow-up

The planning committee determined that follow-up with participants would be essential to maintain interest in infant mortality, keep individuals engaged in related activities, and to gauge progress on their commitments to action to address infant mortality.

- 30-day follow-up:
Phone calls were made to gauge progress and offer any technical assistance needed to fulfill “Commitment to Action”. Responses from calls indicated that individuals were interested in receiving materials to share with clients, family, and community members. Some participants had developed policies for their organizations related to infant mortality. Others indicated they were hosting community events to share information about infant mortality, organizing local campaigns, and integrating information into curricula.
- 60-day follow-up:
Thank you cards, along with participants’ individual “Commitment to Action”, were mailed to participants as a reminder of the activities they listed.

A news release outlining the highlights of the Summit was disseminated in the weeks following the event. (See Appendix E for news release.) Additionally, this post-Summit report will be shared with all participants as well as media outlets to summarize the event, offer evaluation results, and describe follow-up activities.

Next Steps

Next steps will include:

- conduct community-based events around the state to engage local partners and promote use of tools developed through the *Preparing for a Lifetime* initiative
- reach out to the business sector
- enlist support of champions for infant mortality reduction
- integrate infant mortality prevention efforts into existing local infrastructure
- maintain contact with Summit participants

Conclusion

In order to reduce Oklahoma's infant mortality rate, we must remain vigilant. There must be an ongoing effort toward long-term and sustainable change to improve birth outcomes and reduce the disparities that currently exist. Multiple activities must simultaneously take place and everyone – providers, family members, clergy, business executives, government officials, community leaders, and others – must play an active role. The Oklahoma Leadership Summit on Infant Mortality is one activity in a continuum of prevention efforts that must continue to be implemented. Individuals, workplaces, and communities across Oklahoma can make a difference. For Oklahoma's mothers, babies, families, and communities, we must each do our part to give our babies the best start in life, and help ensure that Oklahoma's babies survive to celebrate their first birthday.

Appendix A
Organizational Registration List

Oklahoma Leadership Summit on Infant Mortality
Organizational Registration List

Organization	Street Address	City	ST	Zip Code
American Congress Of Obstetricians and Gynecologists (ACOG) Oklahoma Section	2000 S. Wheeling, Suite 800	Tulsa	OK	74105
Association of Maternal and Child Health Programs	2030 M Street, N.W., Suite 350	Washington	DC	20036
Association of State and Territorial Health Officials	2231 Crystal Drive, Suite 450	Arlington	VA	22202
Association of Women's Health, Obstetric and Neonatal Nurses	637 N. Zenith Avenue	Tulsa	OK	74127-5230
Center for Children and Families, Inc.	1151 E. Main Street	Norman	OK	73071
Central Oklahoma CARELINK	P.O. Box 18448	Oklahoma City	OK	73145
Central Oklahoma Healthy Start	3017 N. Martin Luther King Jr. Avenue	Oklahoma City	OK	73111
Cherokee Nation WW Hastings Hospital	100 S. Bliss	Tahlequah	OK	74464
Chesapeake Energy Corporation	6100 N. Western	Oklahoma City	OK	73118
Choctaw Nation Health Services Authority	One Choctaw Way	Talihina	OK	74571
City of Lawton	212 S.W. 9 th Street	Lawton	OK	73501
City of Tulsa	175 E. 2 nd Street	Tulsa	OK	74103
CityMatCH	982170 Nebraska Medical Center	Omaha	NE	68198
Claremore Indian Hospital	16294 E. Dakota Road	Claremore	OK	74017
Department of Defense Reynolds Army Community Hospital	2777 Ringgold Road	Fort Sill	OK	73503
Emergency Infant Services	222 S. Houston Avenue	Tulsa	OK	74127
George Kaiser Family Foundation	7030 S. Yale Avenue, Suite 600	Tulsa	OK	74136
Housing and Urban Development	301 N.W. 6 th Street, Suite 200	Oklahoma City	OK	73102
Indian Health Care Resource Center of Tulsa	550 S. Peoria Avenue	Tulsa	OK	74106
Infant Crisis Services	4224 N. Lincoln Boulevard	Oklahoma City	OK	73105

Organization	Street Address	City	ST	Zip Code
Inspira Counseling	1103 N. New Haven Avenue	Tulsa	OK	74115
Kimray	52 N.W. 42 nd Street	Oklahoma City	OK	73118
Latino Community Development Agency	420 S.W. 10 th Street	Oklahoma City	OK	73109
March of Dimes	5100 N. Brookline, Suite 850	Oklahoma City	OK	73112
Metropolitan Library System	300 Park Avenue	Oklahoma City	OK	73102
Metropolitan Tulsa Urban League	240 E. Apache Street	Tulsa	OK	74106
Muscogee (Creek) Nation	1801 E. 4 th , P.O. Box 400	Okmulgee	OK	74447
Norman Regional Health System	991 N. Porter	Norman	OK	73071
Office of Attorney General	313 N.E. 21 st Street	Oklahoma City	OK	73105
Office of Perinatal Quality Improvement	2428 S.W. 138 th Street	Oklahoma City	OK	73170
Office of the Chief Medical Examiner	901 N. Stonewall Avenue	Oklahoma City	OK	73117
Oklahoma American Academy of Pediatrics	253 Hazel Boulevard	Tulsa	OK	74114
Oklahoma Department of Human Services/Family Services Support Division	P. O. Box 25352	Oklahoma City	OK	73125
Oklahoma Association of Chiefs of Police	8300 N.E. 36 th Street	Spencer	OK	73084
Oklahoma Attorney General's Office	313 N.E. 21 st Street	Oklahoma City	OK	73105
Oklahoma Child Death Review Board	1111 N. Lee, Suite 500	OKC	OK	73103
Oklahoma City Area Inter-Tribal Health Board	701 Market Drive	Oklahoma City	OK	73114
Oklahoma City-County Health Department	921 N.E. 23 rd Street	Oklahoma City	OK	73105
Oklahoma City University	2501 N. Blackwelder	Oklahoma City	OK	73106
Oklahoma Department of Career and Technology Education	1500 W. 7 th Avenue	Stillwater	OK	74074
Oklahoma Department of Corrections	2901 N. Classen, Suite 200	Oklahoma City	OK	73106

Organization	Street Address	City	ST	Zip Code
Oklahoma Family Network	P.O. Box 21072	Oklahoma City	OK	73156-1072
Oklahoma Federation of Families	3907 Durango Circle	Norman	OK	73072
Oklahoma Health Care Authority	2401 N.W. 23 rd Suite 1A	Oklahoma City	OK	73107
Oklahoma Hospital Association	4000 N. Lincoln Boulevard	OKC	OK	73105
Oklahoma Institute for Child Advocacy	3909 N. Classen, Suite 101	OKC	OK	73118
Oklahoma Policy Institute	907 S. Detroit, Suite 1005	Tulsa	OK	74120
Oklahoma Primary Care Association	4300 N. Lincoln Boulevard, Suite 203	Oklahoma City	OK	73105
Oklahoma State Conference National Association for the Advancement of Colored People	P.O. Box 11024	Oklahoma City	OK	73132
Oklahoma State Department of Education	2500 N. Lincoln Boulevard	Oklahoma City	OK	73105-4599
Oklahoma State Department of Health	1000 N.E. 10 th Street	Oklahoma City	OK	73117-1299
Oklahoma State Medical Association	313 N. E. 50 th Street	Oklahoma City	OK	73105
Oklahoma Tobacco Settlement Endowment Trust	3800 N. Classen Boulevard, Suite 200	Oklahoma City	OK	73118
Oklahoma University - Tulsa School of Community Medicine	4502 E. 42 nd Street, Room 2A31	Tulsa	OK	74135
Oklahoma University Health Sciences Center	801 N.E. 13 th Street, Room 21	Oklahoma City	OK	73104
OSU Center for Health Sciences	717 S. Houston Avenue	Tulsa	OK	74127
OU Center for Public Management	300 Kellogg, 2 nd Floor	Norman	OK	73072
OU-Tulsa School of Community Medicine	4502 E. 41 st Street, Room 2A31	Tulsa	OK	74135
Parent Child Center of Tulsa	1421 S. Boston	Tulsa	OK	74119
Rural Health Association of Oklahoma	2929 E. Randolph Avenue, Room 130	Enid	OK	73701-4667
Safe Kids Oklahoma	900 N. Portland Avenue	Oklahoma City	OK	73107
Smart Start Oklahoma	421 N.W. 13 th Street, Suite 270	Oklahoma City	OK	73103

Organization	Street Address	City	ST	Zip Code
St. John Medical Center	2244 E. 8 th Street	Tulsa	OK	74104
The Children's Hospital at OU Medical Center	3308 Oak Hollow Road	Oklahoma City	OK	73120
Tulsa Health Department	5051 South 129 th East Avenue	Tulsa	OK	74134
Turning Point	1000 N.E. 10 th Street	Oklahoma City	OK	73117-1299
U.S. Department of Housing and Urban Development	301 N.W. 6 th Street, Suite 200	Oklahoma City	OK	73102
United Way of Central Oklahoma	1444 N.W. 28 th Street	Oklahoma City	OK	73106
University of Central Oklahoma	100 N. University, Box 187	Edmond	OK	73034
University of Tulsa	800 S. Tucker, Lorton Hall 302	Tulsa	OK	74104
YWCA Oklahoma City	2460 N.W. 39 th Street	Oklahoma City	OK	73112

Appendix B
Summit Agenda



**OKLAHOMA LEADERSHIP SUMMIT
ON INFANT MORTALITY**



**IT'S EVERYONE'S RESPONSIBILITY
WHAT STEPS WILL YOU TAKE TO PREVENT INFANT MORTALITY?**

**OCTOBER 1, 2012
THE REED CONFERENCE CENTER**

AGENDA

- 8:30 am Registration & Continental Breakfast+
- 9:00 am Welcome and Blessing – Lucinda Myers, Muscogee (Creek) Nation
- 9:15 am Welcome and Setting the Stage – Terry Cline, Ph.D., Commissioner of Health
Secretary of Health and Human Services
- Improving Oklahoma's Infant Mortality Rate – Governor Mary Fallin (video)
- 9:20 am Emotional Impact of Infant Mortality
Joni Bruce, Executive Director, Oklahoma Family Network
Melinda Heidling, Parent
Angela Monson, M.P.A., Associate Provost, OUHSC Community Partnerships &
Health Policy
- 9:55 am Economic Impact of Infant Mortality – David Blatt, Ph.D., Director, Oklahoma
Policy Institute
- 10:25 am Instructions/Expectations for Facilitated Action Sessions
- 10:30 am Break & Transition to Facilitated Action Sessions

10:45 am Facilitated Action Sessions (Trained facilitators will guide and document discussions)

Community – conducts projects, programs, and initiatives that serve individuals on a local basis, e.g., city government, community and faith-based organizations, foundations, law enforcement.

Providers – administers, provides, and/or coordinates preventive or curative health related services, e.g., hospitals, health care clinics, mental health services, professional associations.

Payers – covers and/or compensates individuals and organizations for preventive or curative health related services, e.g., private insurance companies, Medicaid.

Workplace – employs individuals, e.g., corporations, state and city government, health care organizations, military.

Education – provides educational opportunities to enhance knowledge and skills, e.g., higher education, career and technology education, workplace training.

12:30 pm Lunch (provided on-site)*

1:15 pm Facilitators Report Out and Next Steps

2:15 pm Call to Action – George Young, D. Min., Senior Pastor, Holy Temple Baptist Church

2:30 pm Adjourn

*Continental breakfast and lunch provided by the Oklahoma Chapter of the March of Dimes.

Appendix C
Economic Impact of Infant Mortality PPT Slides

Economic Impact of Infant Mortality

David Blatt, Director, Oklahoma Policy Institute
dblatt@okpolicy.org | 918 794 3944

Oklahoma Leadership Summit On Infant Mortality
October 1st, 2012



I. Introduction to infant mortality

- Key Terms
- Trends
- Demographics
- Risk factors

II. Economic Impact

- Costs of infant mortality
- Savings from public health interventions

III. Policy Interventions

- Smoking pre-emption
- Medicaid expansion
- Community health centers
- Family planning clinics



1. Key Terms
2. Trends
3. Demographics
4. Risk Factors

Infant mortality refers to deaths that occur within the first year of an infants life; major contributors are:

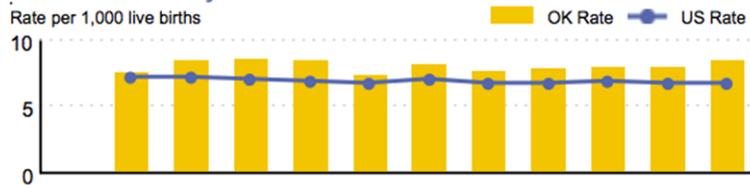
- **Preterm birth** refers to a live birth prior to 37 weeks of completed gestation
- **Low birthweight** refers to babies born weighing less than 2500 grams or 5 1/2 pounds

introduction



Infant Mortality

Rate per 1,000 live births

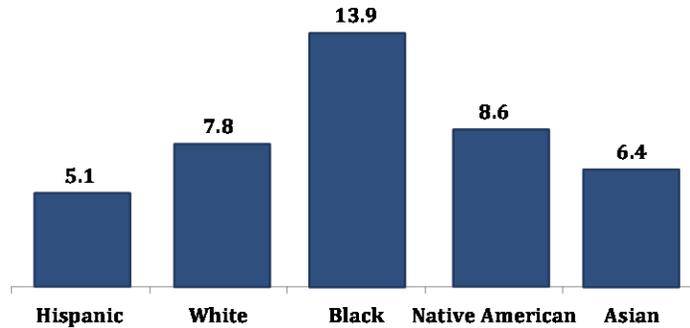


Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
OK Rate	7.5	8.5	8.6	8.4	7.4	8.2	7.7	7.9	8.0	8.0	8.4
US Rate	7.2	7.2	7.0	6.9	6.8	7.0	6.8	6.8	6.9	6.7	6.8

- Between 1997 and 2007, Oklahoma's infant mortality rate fluctuated between 7.5 and 8.4 deaths per 1,000 live births
- Oklahoma's infant mortality rate is consistently higher than the national average and ranked 6th nationally in 2007
- Low birthweight, preterm births, and birth defects are the leading risk factors for infant mortality in Oklahoma



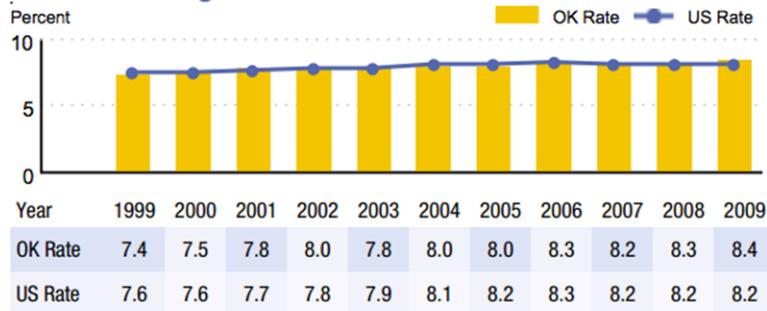
Infant mortality rate per 1000 births, by race/ethnicity
Oklahoma 2005-2007



- Infant mortality varies by race and ethnicity, with Native American and African-American infants dying at the highest rates in Oklahoma
- During the 1990s, the gap in infant mortality between black babies and white babies narrowed in every state except two – Oklahoma and Iowa



Low Birthweight



- Between 1999 and 2009, the rate of infants born low birthweight increased in Oklahoma by more than 13 percent
- Rates of low birthweight in Oklahoma are similar to national rates
- Major risk factors for low birthweight include prematurity, smoking, maternal nutrition, and extremes of maternal age



Preterm



- Between 1999 and 2009, the rate of infants born preterm in Oklahoma rose 15 percent
- The rate of preterm births in the state is consistently higher than the national average
- 2/3 of preterm births occur spontaneously (vs. medical intervention)
- Major risk factors include a history of preterm births and uterine/cervical abnormalities



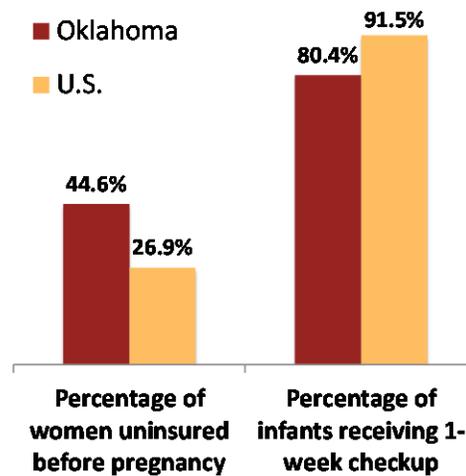
risk factors

1. Uninsurance
2. Smoking
3. Obesity
4. Incarceration

Oklahoma has higher rates of infant mortality, preterm birth, and low birth weight because women in the state experience elevated risk factors



Women without access to health care before, during, and after pregnancy (for baby) are at greater risk for complications and infant mortality



uninsurance



16.9% OF PREGNANT WOMEN IN OKLAHOMA SMOKE, COMPARED TO 13.2% NATIONALLY

Smoking is a major contributor to infant mortality, prematurity & low birthweight – including nonsmoking mothers exposed to second hand smoke

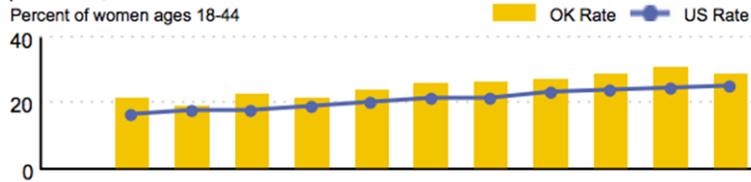
Infants exposed to second-hand smoke are at higher risk of SIDS

smoking



Obesity

Percent of women ages 18-44



Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
OK Rate	21.7	19.1	22.5	21.8	24.1	25.7	26.3	27.1	28.9	30.8	29.1
US Rate	16.4	17.6	17.8	19.2	20.2	21.4	21.7	23.6	23.7	24.4	25.1

- Obesity can seriously complicate pregnancy, increasing the risk of hypertension, diabetes and preterm birth

maternal obesity



**OKLAHOMA
INCARCERATES
MORE WOMEN
PER CAPITA THAN
ANY OTHER
STATE - AND
MOST OTHER
COUNTRIES**

Parental incarceration
disadvantages infants and
increases their risk of death

Controlling for race, income and
other factors, infants whose
parent/s are incarcerated are **29.6
percent** more likely than the
average infant to die before their
first birthday

incarceration



1. Costs of infant mortality

2. Savings from public health interventions

- There are no current estimates of the total cost or economic impact of infant mortality at the state or national level
- The bulk of state costs for infant mortality can be attributed to the cost of treating preterm and low weight births

economic impact



cost of preterm & lbw

- Preterm/LBW births represent just **8 percent** of all births, but account for **47 percent** of the cost of all births
- Preterm/LBW infants stay in the hospital **6x** longer and cost **25x** more than uncomplicated newborns

Average Hospital Costs

Preterm vs. term births

25 weeks	\$202,700
36 weeks	\$2,600
38 weeks (term)	\$1,100

Low birthweight (LBW)

500-700g	\$224,400
2250-2500g	\$4,300
>3000g (healthy)	\$1,000



cost of preterm & lbw

- Nationally, Medicaid paid for **42 percent** of all preterm/LBW births and **38 percent** of all uncomplicated births
- Oklahoma's SoonerCare Medicaid program pays for almost two-thirds (**64 percent**) of all annual births
- Hospital prices and private insurance premiums reflect the costs of uncompensated care for preterm/LBW births



savings from public health interventions

SoonerCare/Medicaid & Infant/Maternal health programs have been instrumental in:

1. Improving access to prenatal and maternity care for low-income women and babies
2. Lowering the incidence of infant mortality and low birthweight
3. Lowering the cost of treatment for states, providers, and parents



savings from public health interventions

- Early and continuous prenatal care allows for diagnosis and treatment of health problems that cause poor fetal development, low birthweight, preterm birth, and infant death
- Every **\$1.00** spent on prenatal care for low-income women saves **\$3.38** on infant medical care during the first year of life
- A California study found that while providing prenatal care cost Medicaid about **\$1,000 per infant**, each very low birthweight birth avoided saved Medicaid **\$50,000 per infant** in *initial* hospitalization costs alone



policy interventions

1. Local control - smoking
2. Medicaid expansion
3. Community health centers
4. Family planning clinics



**OKLAHOMA'S
STATEWIDE
SMOKING
PREEMPTION
PROVISION IS
ONE OF THE
STRICTEST IN THE
U.S.**

Smoking bans are simple
and effective

Few public health problems
have such a 'ready and
practical' solution

Local control on smoking & tobacco



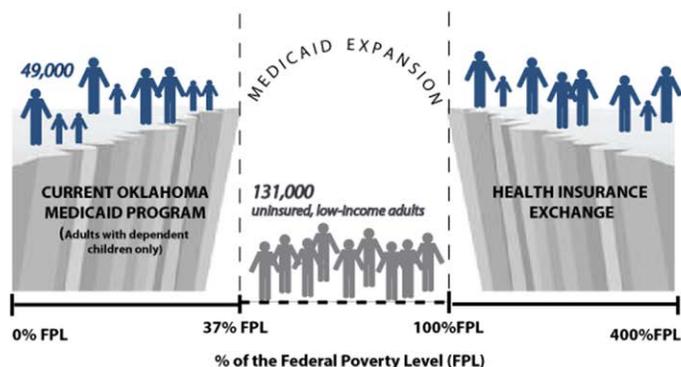
- Access to health care improves maternal (and eventually infant) health outcomes in low income families by increasing the odds a woman will:
 - Receive prevention and education around smoking and obesity
 - Receive timely diagnosis and treatment for diseases/conditions that, if she become pregnant, might affect the health or risk the life of mother or baby (i.e. cancer, diabetes)
 - Receive education about nutrition and pregnancy timing

medicaid expansion



Medicaid Expansion Bridges the Gap For Adults in Poverty

If Oklahoma chooses not to expand Medicaid, thousands of Oklahomans will fall into a coverage crater—unable to enroll in Medicaid and barred from getting tax credits to buy coverage in the new health insurance exchange.



 OKPOLICY.ORG

- Community Health Centers (or Federally Qualified Health Centers, FQHCs) are nonprofit, community-based primary health care delivery organizations supported largely by federal funds
- They provide high-quality, affordable primary care and preventive services to patients that tend to be low-income, racial or ethnic minorities, uninsured or publicly insured (e.g., Medicaid), rural, and chronically ill

community health centers

 OKPOLICY.ORG

- Less than **5 percent** of low-income Oklahomans have access to a community health center, among the lowest in the U.S.
- States with the highest density of community health centers also have the smallest disparities in maternal access to prenatal care by race and income

community health centers



- Most clinic clients are low- to moderate-income women who are planning on having children in the future, or women who already have children
 - Programming is not primarily focused on preventing pregnancy, but on education and medical care to help avoid unplanned and unintended pregnancies
- In one year, publicly funded family planning programs saved the state of Oklahoma **\$59 million** in public-sector health care costs
 - That accounts for savings from **104,000 women**, who would otherwise have been eligible for Medicaid if they had become pregnant, but received education about pregnancy spacing & risk factors and contraception through a family planning program

family planning clinics





questions?

David Blatt, Director, Oklahoma Policy Institute
dblatt@okpolicy.org | 918 794 3944

To learn more about health and health care in
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Appendix D
Commitment to Action Summary

**OKLAHOMA LEADERSHIP SUMMIT ON INFANT MORTALITY
OCTOBER 1, 2012
THE REED CONFERENCE CENTER, MIDWEST CITY, OK**



Commitment to Action Summary

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Promote habits/actions that reduce infant mortality rates among friends and family	Organize a presentation of applicable information to the ACOG board of Director	Look for opportunities to be an advocate and volunteer, maybe tell my story
Share information: present my day in "Preparing for a Lifetime"	Format a summary "blog" information/presentation on today's discussion in "Preparing for a Lifetime" with CEUs	Take responsibility and focus on what "I" can do, will do to be one of many change agents
	Encourage Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) to blog safe infant practices to members	Encourage my hospital to use sleep sacks and be the example
Continue to increase my knowledge base to effectively communicate and educate community on infant mortality issues	Promote Preparing for a Lifetime campaign and make referrals and linkages to appropriate health services	Promote education on steps to reduce infant mortality
Introduce to build awareness with the faith based collaborative I work with	The same	The same
Continue to advocate to reduce the incidence of infant mortality	Continue to educate on all the seven topics of Preparing for a Lifetime	Educate the community church and local neighborhood stores and safe sleep

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Keep those issues on the front burner	Bring back information learned here today	Educate the in-home daycares on safe sleep positions
Commit to taking steps to reduce infant mortality in my community	Plan community events to promote education to reduce infant mortality in my communities	Participate and plan events/education to reduce infant mortality in my communities
Promote infant safety in public addresses	Promote smoke free environment in city owned facilities	Promote public awareness campaign on infant safe sleep
Present what I learned and ideas for promotion of this program with my co-workers at our dept. meeting	Work on getting materials for waiting rooms that address the 7 areas	Attempt to visit our outlying clinics with this program information
Talk about all 7 topic areas to everyone so more are aware, keep speaking publicly	Talk to my associates, post information on the bulletin board	Hold events quarterly and yearly to promote prevention and infant mortality
Help create a smart phone application for individuals to gain access to the information on 7 topics	Look at policies that can be modified to help educate clients on 7 topics	Help educate families and work with other agencies in the community
Give a baby sack to Maternal/Child Outreach education	Speak to the mothers on the importance of using the sacks versus a blanket (bilingual)	
Refer families, educate families and supply families with information on all topics discussed	Educate families on all issues covered	Advocate on those issues, inform my community, follow policies/bills that support such issues in positive light

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Work with my church to assess the needs in the immediate community	Collaborate with agencies to assist them	Collaborate with Emergency Infant Services to start programs to facilitate important information
Work on increasing Preparing for a Lifetime information in class for nursing students	Advocate for a breastfeeding room for nursing student	Pursue opportunities for support/action
Share information on my websites	Speak and educate families	Speak with families
Continue creating awareness and educating about the 7 essential topics	Continue giving information about Preparing for a Lifetime	Talk in our groups about how to prevent infant mortality
	Add this to the city wellness program to make everyone aware of infant mortality	Incorporate statistics and data concerning infant mortality in my community presentations, etc.
Talk about safe sleep with young moms when I see them	Make sure information gathered today is available to the public through our programs	Look for opportunities to talk about infant mortality issues
Make sure my pregnant and parenting friends are well educated on Preparing for a Lifetime practices	Take back these ideas to Oklahoma Department of Mental Health and Substance Abuse Services leadership and brainstorm how to incorporate action steps into our infrastructure planning, Preparing for a Lifetime training for systems of care staff in all 77 counties	Share information with Oklahoma Public Health Association members

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Attend an advisory council meeting	Make sure that my agency's breastfeeding room meets state standards	Work on mental health support efforts
	Ensure Oklahoma Department of Human Services field staff have flyers, information sheets, etc to give to our customers	
Promote safe sleep education with my patients	Encourage nurses and care providers to ask about safe sleep	Media coverage about safe sleep. Facilitate educational materials with Emergency infant Services
	Suggest that information and education about infant mortality be included in curriculum	
	Educate my students so that they can go and educate all the clients that they come into contact with	Continue to work towards establishing a school-based clinic to provide services to pregnant/parenting teens and their children
Tell my story of infant loss	Continue to support families who suffer loss and educate them on future pregnancies	Visit churches, hospitals and other organizations to educate on infant mortality
Buy sleep sacks and share safe sleep information at every baby shower	Promote Preparing for a Lifetime awareness in company newsletter	Share safe sleep, postpartum depression, etc at my church – share with moms on bulletin board
Rethink baby gifts	Advocate for FACS classes, promote March of Dimes to Family, Career, and Community Leaders of America	Work through church to spread the word

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
As a grandmother, I will remove the bumper pad from my baby bed and repurpose into a bag	Organize a campaign to collect bumper pads and repurpose into bags	Contact quilt guilds statewide to ask them to help with the “Bumper to Bags” program
Talk to my children about preconception/interconception health	Create/develop activities to promote breastfeeding in our families	Promote all anti-smoking issues at my child’s school/sports community
	Run 2 blog posts on the subject of infant mortality and “It’s Everyone’s Responsibility” campaign in the next 12 months	
Support the overall program	Share information throughout the state	Promote awareness throughout the state
	Submit article to Oklahoma Academy of Pediatrics news letter on available resources from Preparing for a Lifetime	
Tell my friends about what I learned and resources available to them	Make an effort to integrate Preparing for a Lifetime information into my presentations	Advocate for more collaboration among our different organizations to leverage our resources
Babysit for a friend who has children under the age of 1 year	Engage Turning Point partnerships to take an active role in promoting the Preparing for a Lifetime tools at the grassroots level	Promote safe sleep (media outlets/church /family/friends)
Educate and promote infant mortality information in my church and community	Work with communities to take action through our educational community shower initiatives	Continue to promote and facilitate access to information on infant mortality

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Focus on the safe sleep program	Educate physicians about safe sleep	Work with other leaders to develop safe sleep initiatives, publication in the medical journals
Discuss more safe sleep practices besides back to sleep	Post safe sleep posters in Spanish	Give sleep sacks for baby programs
Make sure I discuss safe sleep with all new parent contacts	Develop policies and procedures as well as practices that ensure safe sleep practices	Advocate for safe sleep initiatives
Be more aware of infant mortality by visiting Preparing for a Lifetime website at least weekly to re-educate myself on new data	Ensure my co-workers (nurse) are educated as to Preparing for a Lifetime website and data and educate/train nurses on how they can help	Host a monthly health education meeting for women/girls with purpose of advocating self confidence and responsibility
Work to ensure consistency in pre and post birth education for families among social workers, nurses and providers	Coordinate and continually work to ensure follow-through for education and support with Patient-Centered Medical Homes, pediatrics and community services	
Report to our local Turning Point Coalition about this meeting	Support healthy pre/post natal policies	Work with other community leaders to address our county's high infant mortality
Help educate young mothers concerning, crib safety, nutrition and smoking	Help to further educate safe sleep, breastfeeding and postpartum depression	

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Support legislation that expands resources including better access to healthcare for low income families	Encourage Smart Start communities and identify existing resources in their communities for low income mother and families	Support programs that educate the public wellness and infant safety
Talk with my children – ages 19 & 21 – about preconception health, full term births and safe sleep	Partner with Preparing for a Lifetime to offer a promotion/education opportunity through social media	Talk with neighbors and friends to spread best practices information
Continue to be passionate about infant safety and gain up to date facts	Teach Neonatal Intensive Care Unit graduating parents safe sleep, car seat safety, and 1-800-QUITNOW	Be a positive role model and resource person for anyone interested in or needing education
Educate those around me on the importance of safe sleep	Work with staff for improved way to educate and target high-risk populations on maternal and child health issues	Locate and be more involved with partners involved with infant mortality reduction/activities
Educate grandparents raising grandchildren in support groups	Continue to educate my programs concerning infant mortality and adopt appropriate approaches within those programs to address infant mortality	Actively participate in issues associated with infant mortality reduction
Educate family and students about issues	Check curriculum for adequacy	Champion initiatives for prevention of infant mortality
Encourage student nurses to promote education and support of the 7 areas	Continue including these topics in the curriculum	Support education to groups in all 7 areas

<i>Individually</i>	<i>Workplace</i>	<i>Community</i>
Keep my health, promote a healthy and safe environment and educate myself on best practices	Provide the information regarding any of the 7 topic areas to the staff I supervise	Promote healthy and safe practices through social media
Look into current applications/technology so that I am aware of those available resources	Encourage the organization to provide breastfeeding space. Put safe sleeping flyers in shelter	Discuss these concepts with my patients and with whom they apply

Appendix E
Summit News Release

For Release: Nov. 27, 2012 - Pamela Williams, Oklahoma State Department of Health – 405/271-5601

Leadership Summit Focuses on Reducing Infant Mortality in Oklahoma *Business and Community Leaders Make Commitments*

Leaders from more than 65 Oklahoma agencies and organizations met in Midwest City recently to learn about infant mortality and identify steps they could each take to decrease the number of preventable infant deaths in Oklahoma. Sadly, more than 400 babies in Oklahoma die before their first birthday. The state's infant mortality rate of 7.85 exceeds the national rate of 6.39.

Summit participants included representatives from medical associations; universities; state and federal agencies; community-based organizations; provider, child and family organizations; tribal representatives; and Oklahoma businesses.

"We are very happy to see the response from leaders in Oklahoma. They discussed ways to involve their families, communities, businesses, and places of worship in helping prevent infant mortality," said State Health Commissioner Dr. Terry Cline. "A key outcome was recognizing the need to provide individuals with information about how to become and stay healthy before starting a family and how to connect women to health care early in their pregnancies."

The Leadership Summit encouraged stakeholders to take action toward improving birth outcomes in Oklahoma by identifying specific ways they could help. The Oklahoma State Department of Health (OSDH) and partners participating in the statewide ***Preparing for a Lifetime, It's Everyone's Responsibility*** infant mortality initiative will provide follow up and technical assistance to the participants who made commitments.

Among recommendations and commitments made by participants during the Summit were the following:

- Create a mobile phone application on issues related to preventing infant mortality.
- Enhance city and government wellness programs to include information on preventing infant mortality.
- Teach new and potential parents about preventing infant mortality through employer, client, patient, and community outreach programs, including babysitter training and home care provider training.
- Incorporate preventing infant mortality into nursing student training and other health care providers as part of their standard educational curricula.

To learn more about the ***Preparing for a Lifetime, It's Everyone's Responsibility*** initiative, visit <http://iio.health.ok.gov> or contact Janette Cline, OSDH Maternal and Child Health Service, at janettec@health.ok.gov.

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