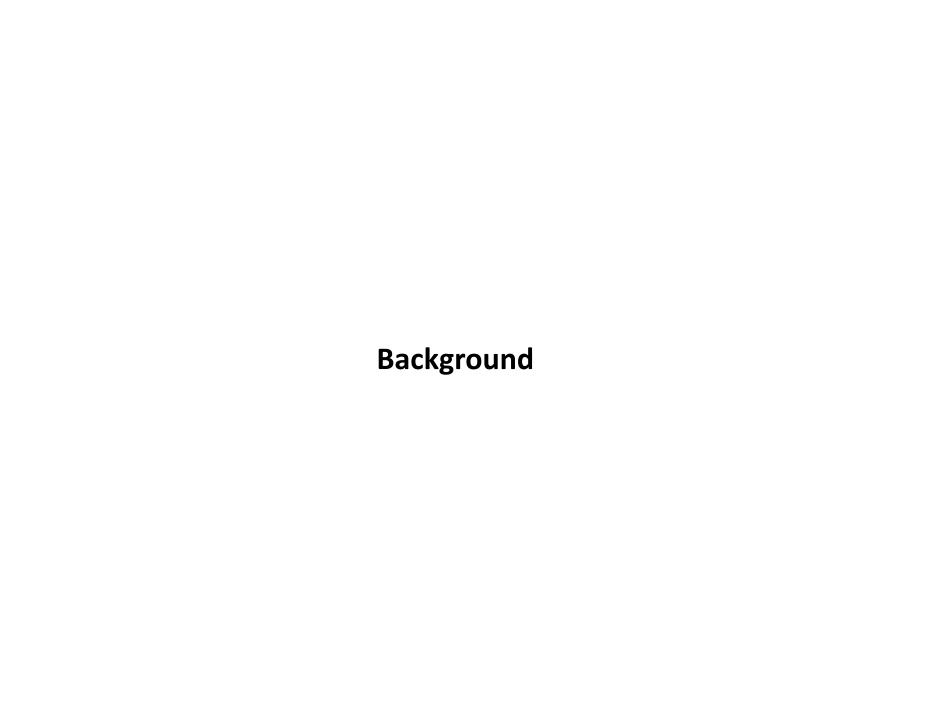
Infant Mortality in Minnesota: A Focus on Black/African Americans

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What is Infant Mortality?

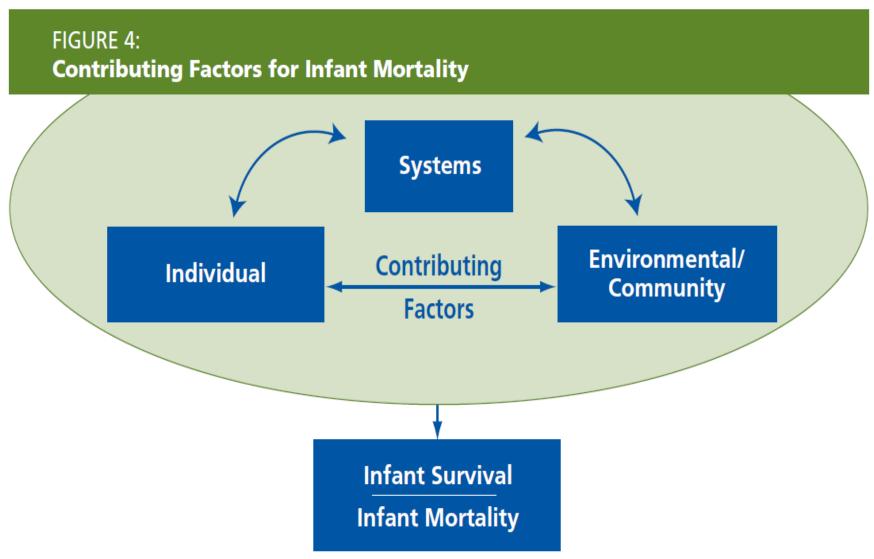
- Infant mortality is defined as the death of a live born infant during the first year of life.
- Infant mortality is usually divided into two categories based on age:
 - (1) Neonatal mortality— death of infants aged 0-27 days
 - (2) Post-neonatal mortality— death of infants aged 28 days to 1 year old

What Does the Infant Mortality Rate Indicate or Suggest?

- The infant mortality rate is the number of infant deaths per 1,000 live births.
- It is an important indicator of the health status of a population.
 - Factors affecting the health of populations can also affect infant mortality
- The IMR reflects "...a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices."¹

¹Source: MacDorman MF, Mathews TJ. Recent Trends in Infant Mortality in the United States. NCHS data brief, no 9. Hyattsville, MD: National Center for Health Statistics. 2008.

A Complex Multi-Factorial Problem



Source: Disparities in Infant Mortality, January 2009

http://www.health.state.mn.us/divs/chs/infantmortality/infantmortality09.pdf

Contributing Factors to Infant Health Outcomes

Individual

- -Mother (Health, Demographic, ...)
- -Infant (Birth Health Status)

Environment / Community

- -Physical (e.g., Housing, Safety, Environmental Hazards)
- -Economic (Income, Employment, Education, . .)
- -Social (Culture, Racism, *Stress*, . . .)

Systems

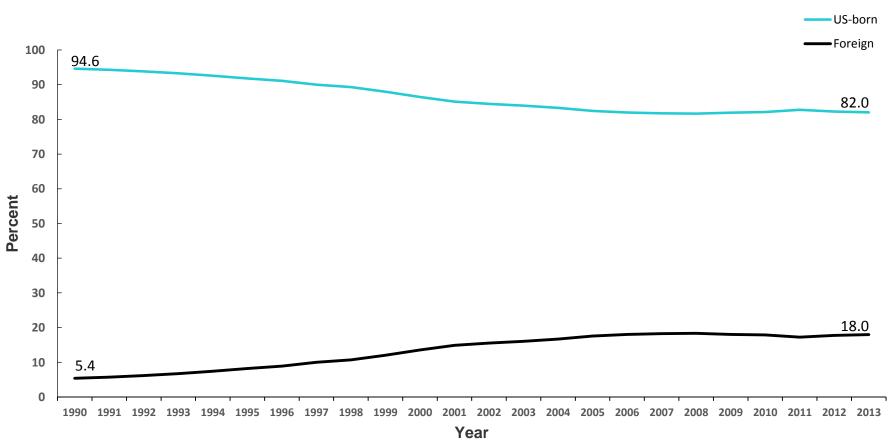
- -Health Care Delivery
- -Public Health (National, State, Local)
- -Other (transportation, interpreters, cultural competence of services)

Infant Mortality Data Reporting

- Data Source
 - Linked Infant Death/Birth Data Set
 - Match the death of the infant to its birth
- Race reported as mother's race
- Reported by birth year

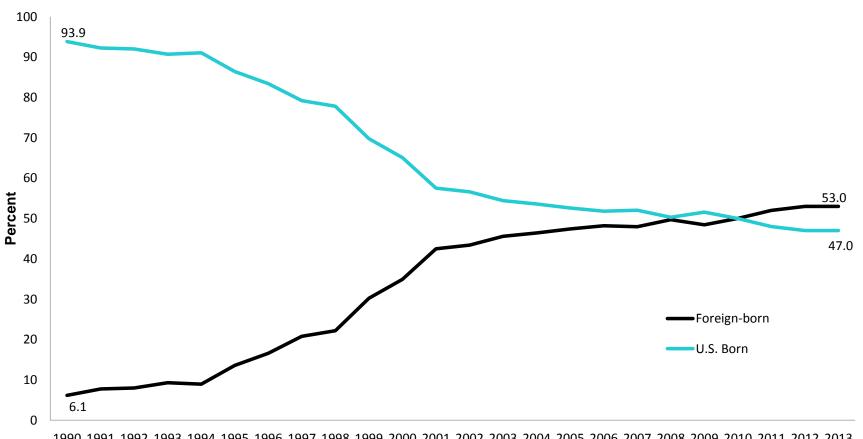


Percentage of Births by Maternal Nativity, Minnesota, 1990-2013



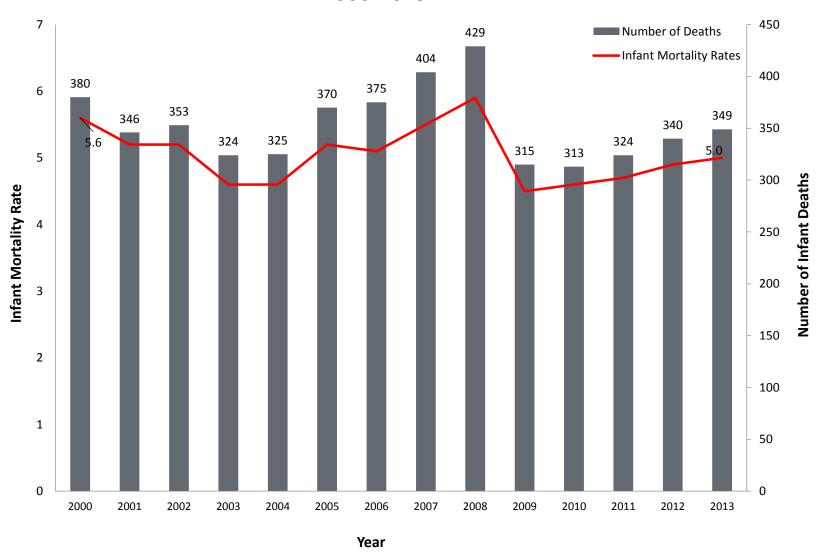
Source: MDH, MCHS linked Infant Death/Birth File

Percentage of Black/African American Births by Maternal Nativity, Minnesota 1990-2013

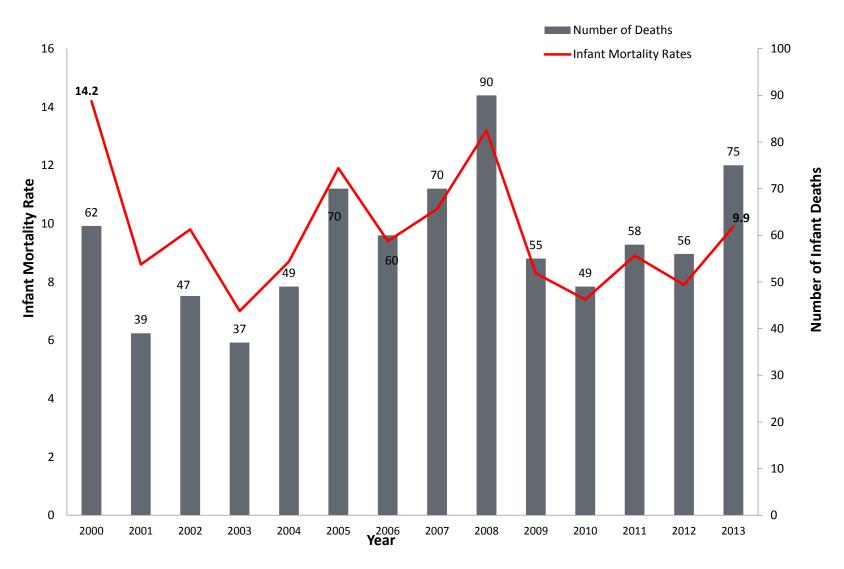


1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 **Year**

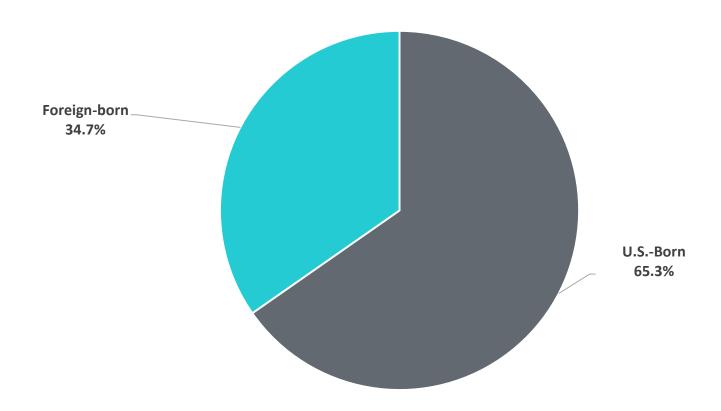
Number of Infant Deaths and Infant Mortality Rates, Minnesota 2000-2013



Number of Infant Deaths and Infant Mortality Rates for Black/African Americans, Minnesota, 2000-2013

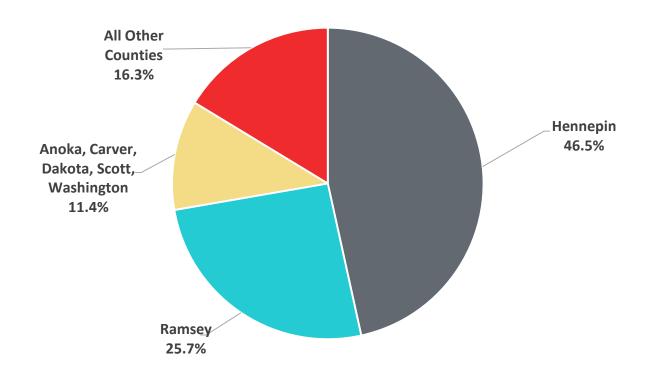


Percentage of Black/African American Infant Deaths by Maternal Nativity Minnesota, 2000-2013



Source: Minnesota Department of Health, Center for Health Statistics

Percent Distribution of U.S.-Born Black/African American Infant Deaths by Minnesota County, 2010-2014



Source: Minnesota Department of Health, Center for Health Statistics

Black/African American Infant Mortality Rates by County and City, Minnesota 2010-2014

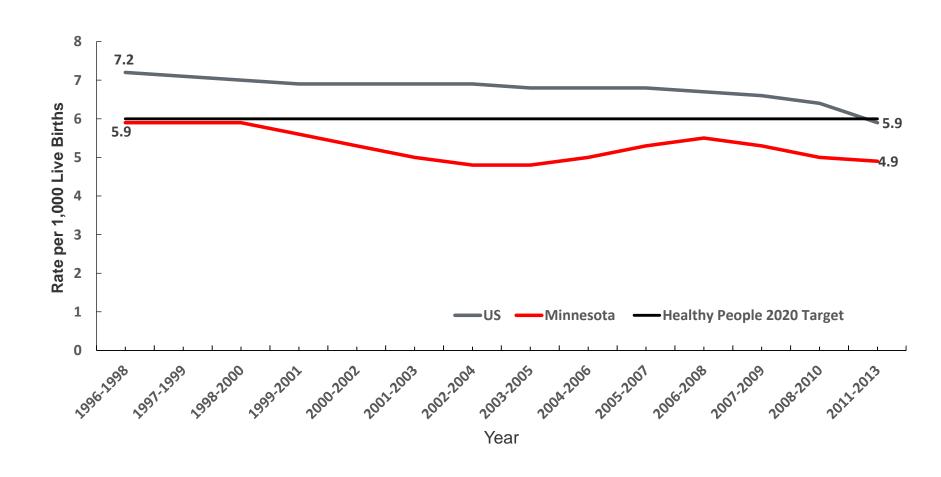
County/City	Infant Mortality Rate	Infant Morality Disparity Ratio*		
	(2010-2014)	(2010-2014)	(1995-1999)	
Hennepin County	11.3	3.4	1.9	
Minneapolis	13.3	3.1	1.9	
Brooklyn Park/ Brooklyn Center	11.4	3.2	1.4	
Ramsey County	12.9	2.6	2.4	
Saint Paul	13.6	2.9	2.1	
Anoka, Carver, Dakota, Scott, Washington	11.7	3.4	2.8	
Greater MN	16.3	3.6	2.4	

^{*}US born Non-Hispanic African American vs Non-Hispanic White Rate

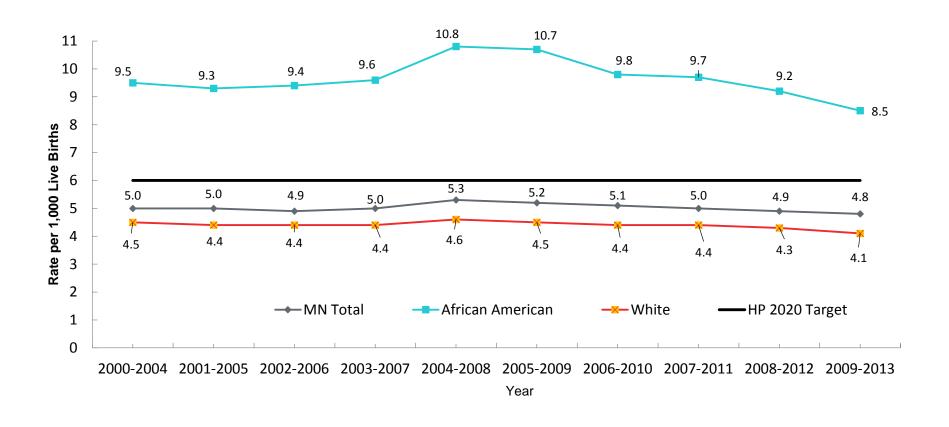
Source: MDH, Linked Infant death/Birth File

National and Regional Comparisons

Infant Mortality Rates by Year of Birth, Minnesota and U.S. 3-Year Averages



Black/African-American Infant Mortality Rates,¹ Minnesota, 2000-2004 through 2009-2013



¹Five-year averages *HP 2020 Infant Mortality Target is 6.0 infant deaths per 1,000 live births Source: Minnesota Department of Health, Center for Health Statistics

Infant Mortality Rates & Rank by Race/Ethnicity Among Region V States, 2011-2013

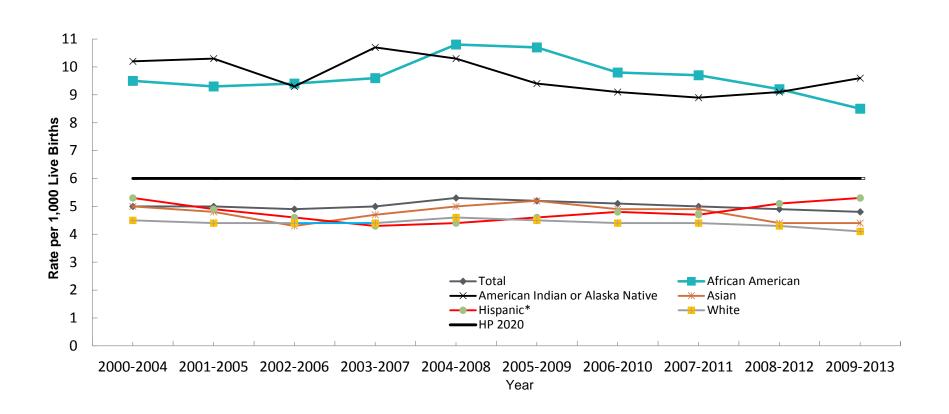
State	Total	Non- Hispanic Black	Non-Hispanic American Indian or Alaska Native ¹	Asian or Pacific Islander	Hispanic	Non- Hispanic White	Region V Rank
Illinois	6.3	12.9		4.6	5.2	4.8	3
Indiana	7.1	12.8	1	5.1	6.0	6.4	5
Michigan	6.8	13.1	8.8	4.3	5.9	5.3	4
Minnesota	4.9	8.8	11.2	4.5	5.3	4.2	1
Ohio	7.6	13.5	-1	4.2	6.9	6.3	6
Wisconsin	6.0	14.0	8.0	6.7	5.2	5.0	2
U.S.	5.9	11.2	8.0	4.1	5.0	5.0	N/A

Source: National Center for Health Statistics

⁻⁻Data not available.

¹ Includes Aleuts and Eskimos

Infant Mortality Rates¹ by Race/Ethnicity of Mother, Minnesota, 2000-2004 through 2009-2013

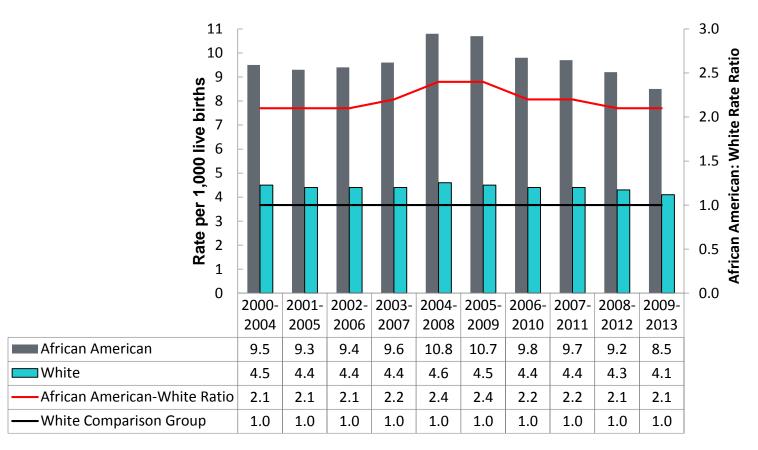


^{*}Hispanic can be of any race

Source: Minnesota Department of Health, Center for Health Statistics

¹Five-year rolling averages

Infant Mortality Rates¹ and Rate Ratios² among Infants born to Black/African American Mothers, Minnesota, 2000-2004 through 2009-2013

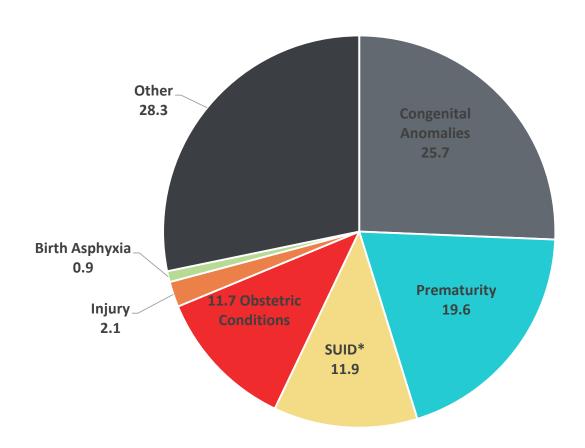


^{*1}Five-year rolling averages

²Rate Ratios are calculated by dividing a specific population's IMR by the White rate Source: Minnesota Department of Health, Center for Health Statistics

Causes

Percent Distribution of the Leading Causes of Infant Deaths, Minnesota, 2009-2013



^{*}SUID includes SIDS and sleep-related infant deaths Source: Minnesota Department of Health, Center for Health Statistics

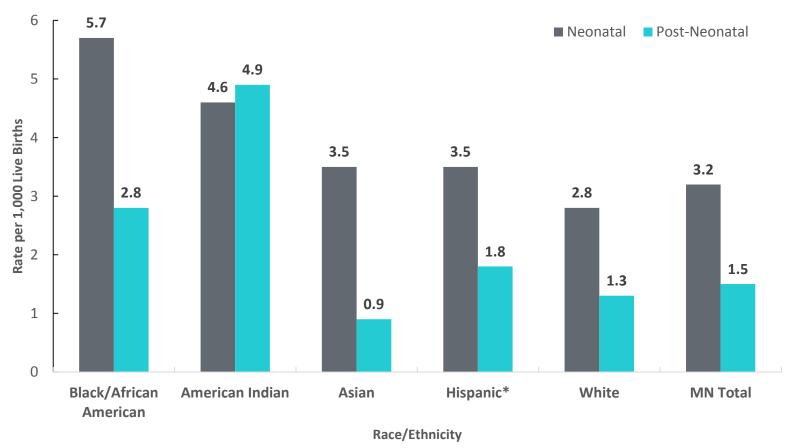
Top Five Leading Causes¹ of Infant Mortality by Race/Ethnicity of Mother, Minnesota, 2009-2013

Race/Ethnicity	First	Second	Third	Fourth	Fifth
African American	Prematurity (23.2%)	Congenital Anomalies (22.9%)	Obstetric Conditions (11.9%)	SUID (includes SIDS and Sleep-Related Infant Deaths (11.6%)	Birth Asphyxia (1.0%)
American Indian	SUID (includes SIDS and Sleep-Related Infant Deaths (29.9%)	Congenital Anomalies (16.4%)	Prematurity (11.9%)	Obstetric Conditions (9.0%)	Injury (3.0%)
Asian	Congenital Anomalies (30.4%)	Prematurity (23.2%)	Obstetric Conditions (14.3%)	SUID (include SIDS and Sleep-Related Infant Deaths (5.4%)	Birth Asphyxia (0.9%)
Hispanic*	Congenital Anomalies (32.6%)	Prematurity (20.5%)	SUID (includes SIDS and Sleep-Related Infant Deaths (12.1%)	Obstetric Conditions (8.3%)	Injury (2.3%)
White	Congenital Anomalies (25.4%)	Prematurity (18.3%)	SUID (includes SIDS and Sleep-Related Infant Deaths (12.1%)	Obstetric Conditions (11.7%)	Injury (2.3%)
Total	Congenital Anomalies (25.7%)	Prematurity (19.6%)	SUID (includes SIDS and Sleep-Related Infant Deaths (11.9%)	Obstetric Conditions (11.7%)	Injury (2.1%)

¹Excludes deaths classified as "other."

^{*}Can be of any race

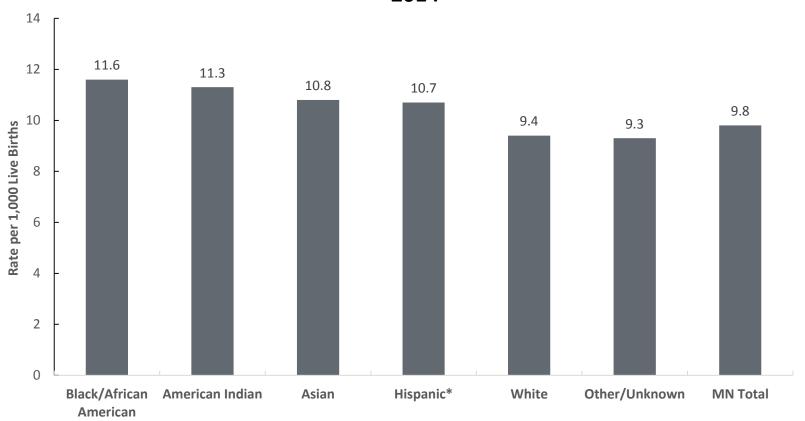
Neonatal and Post-Neonatal Mortality Rates by Race/Ethnicity of Mother, Minnesota, 2009-2013



*Can be of any race

Source: Minnesota Department of Health, Center for Health Statistics

Percentage of Preterm* births by Race/Ethnicity, Minnesota, 2014



Race/Ethnicity

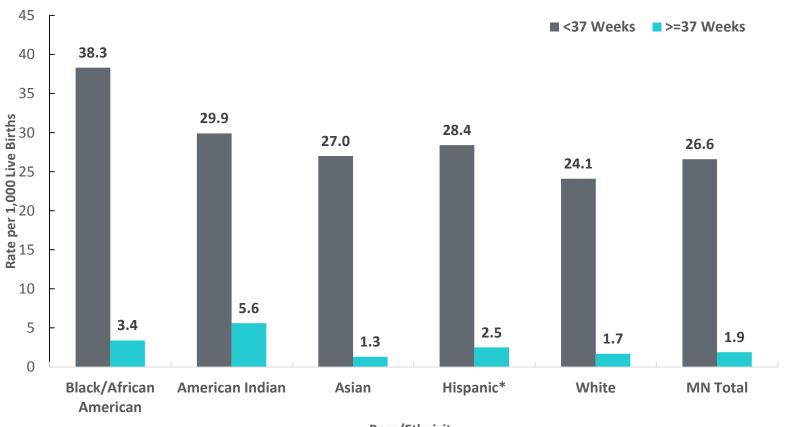
*Percent of all births

Preterm is less than 37 weeks of completed gestation $\,$

Hispanic can be of any race

Source: Minnesota Center for Health Statistics, Minnesota Department of Health

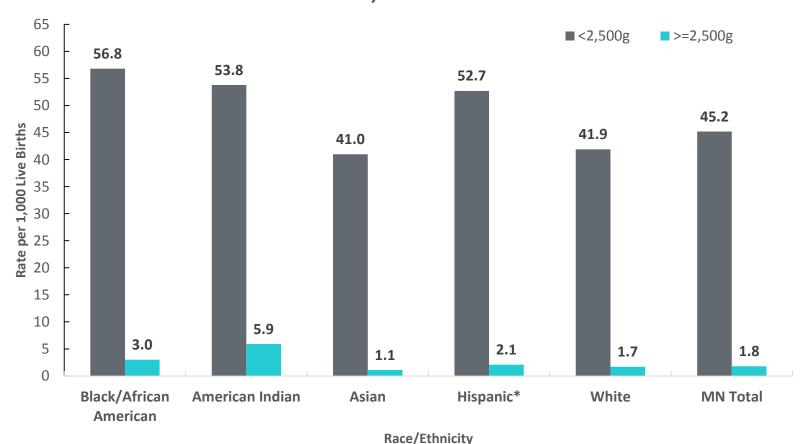
Infant Mortality Rates by Gestational Age and Race/Ethnicity, Minnesota, 2009-2013



Race/Ethnicity

*Can be of any race Source: Minnesota Department of Health, Center for Health Statistics

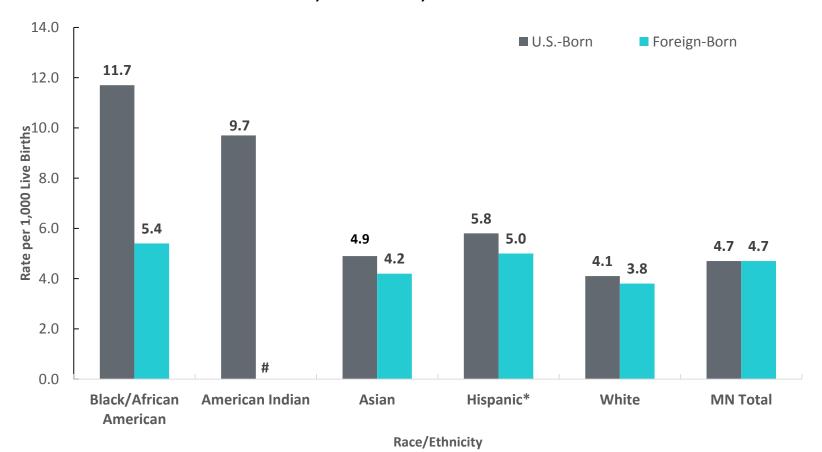
Infant Mortality Rates by Birth Weight and Race/Ethnicity, Minnesota, 2009-2013



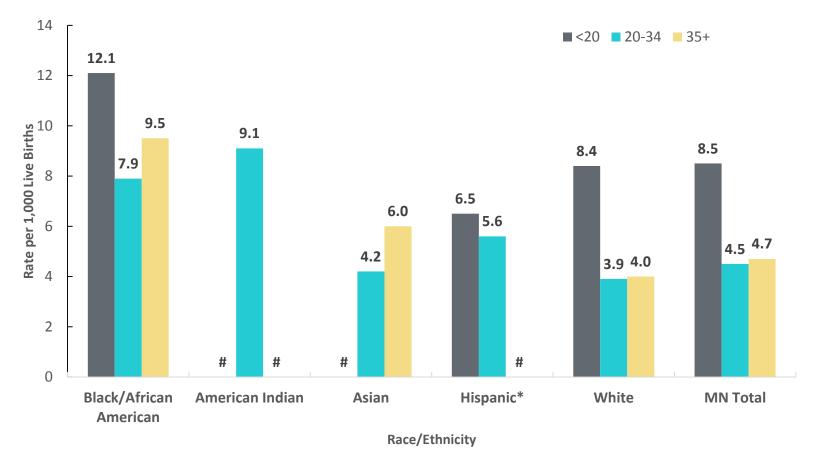
*Can be of any race Source: Minnesota Department of Health, Center for Health Statistics

Maternal Characteristics

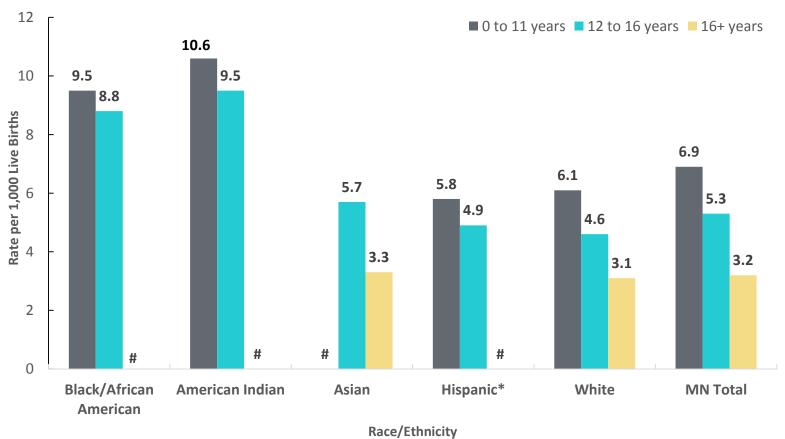
Infant Mortality Rates by Maternal Nativity and Race/Ethnicity of Mother, Minnesota, 2009-2013



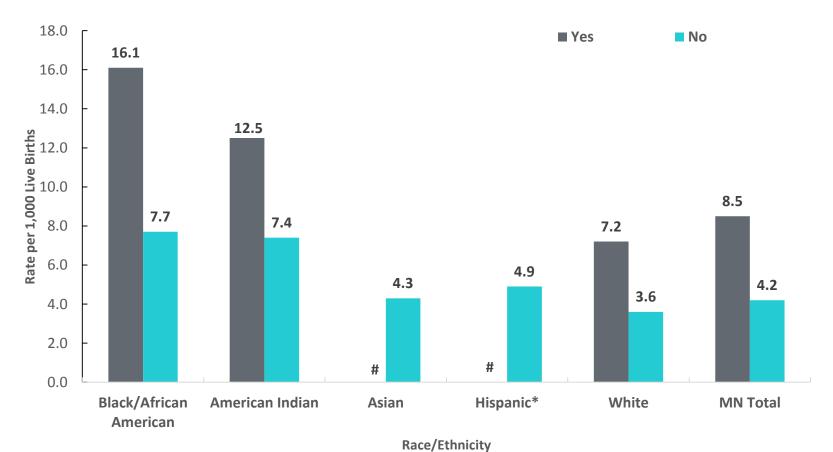
Infant Mortality Rates by Maternal Age and Race/Ethnicity of Mother, Minnesota, 2009-2013



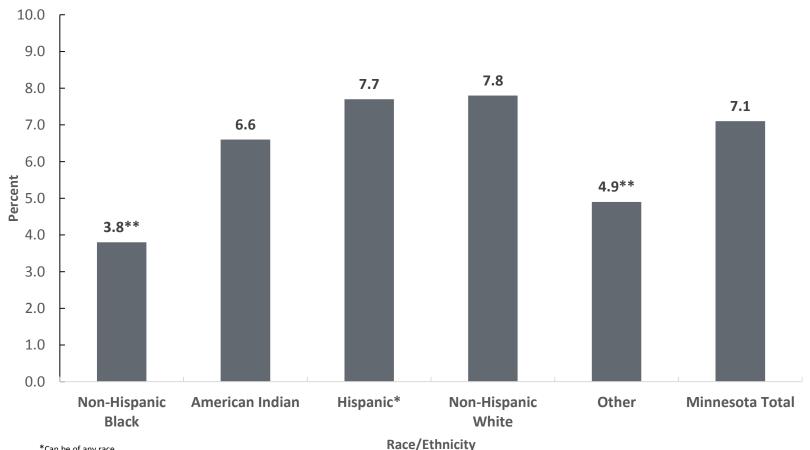
Infant Mortality Rates by Maternal Education and Race/Ethnicity of Mother, Minnesota, 2009-2013



Infant Mortality Rates by Maternal Smoking Status and Race/Ethnicity of Mother, Minnesota, 2009-2013



Percent of Women Who Consumed Alcohol During the Last 3 Months of Pregnancy by Race/Ethnicity, 2009-2013



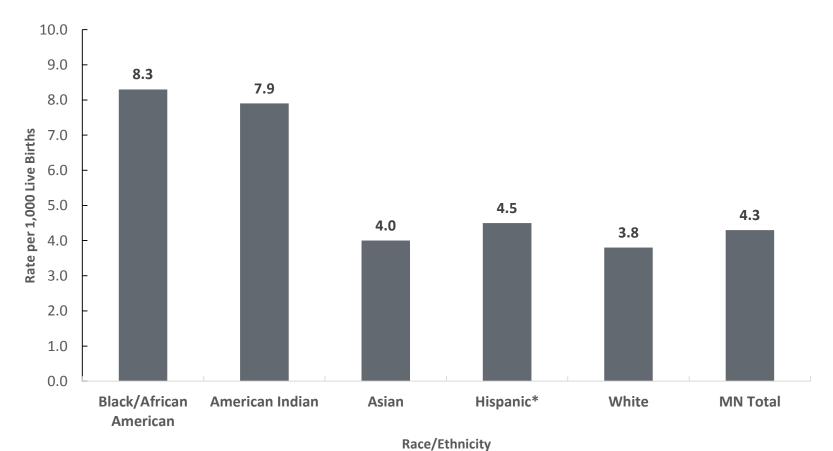
^{*}Can be of any race

Consumed any amount of alcohol during pregnancy among those who drank any alcoholic beverages in the previous two years. Other includes Asians, Foreign-born, Mixed Race, and data for which the race of the respondent is unknown.

Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS), Minnesota Department of Health, Division of Community and Family Health, Maternal and Child Health.

^{**}Significantly different from Non-Hispanic Whites (p<.05)

Infant Mortality Rates by First Trimester Prenatal Care Initiation and Race/Ethnicity of Mother, Minnesota, 2009-2013





Examples of Past or Ongoing Evidence-Based Infant Mortality Activities/Programs in Minnesota

- Healthy Babies are Worth the Wait Campaign
- ■MN Prematurity Coalition
- •Minneapolis Healthy Start
- Eliminating Health Disparities Community Grants
- ■2015 Breastfeeding Summit
- ■DHS Elective Induction Coverage Policy
- ■MN Medicaid Family Planning Waiver
- MDH Preconception Health Work Group
- Infant Mortality Reduction Plan
- Low Birth Weight Initiative
- MDH Health Equity Efforts
- ■Women's Children and Infant's Nutrition Program (WIC) Special Supplementation Nutrition Program
- ■MN SID Center Grant (SUID reduction)
- Family Planning Special Projects Grants Programs
- ■MCH Title V Black Grant

New Efforts and Partnerships

New Clinical/Hospital-based Efforts

- Reduce the incidence of Sleep-Related Infant Deaths
 - Modeling safe sleep in hospitals via the National Safe Sleep Certification Program
- Reduce Prematurity
 - MN 17P clinical quality improvement initiative to reduce subsequent preterm births in the African American and American Indian populations

Place-based

 MDH State Partnership Initiative to Improve Minority Health Grant *

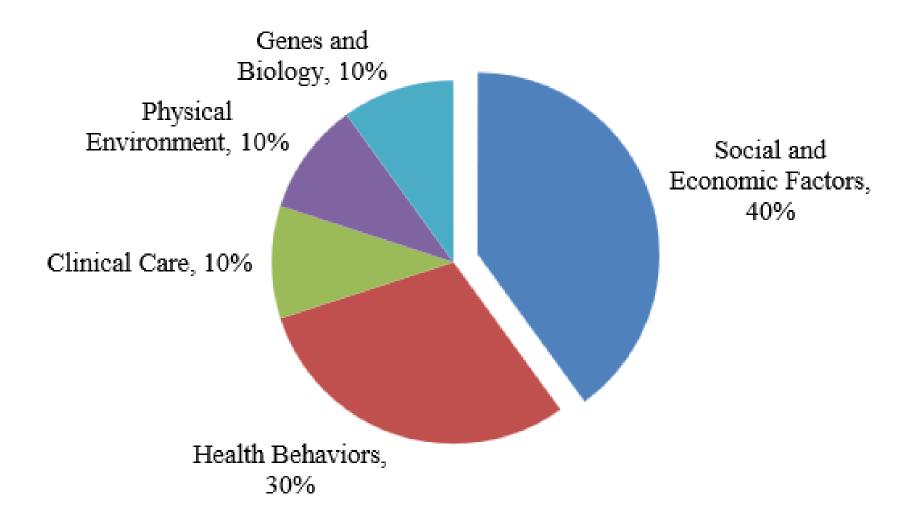
Next Steps

Advance Health Equity

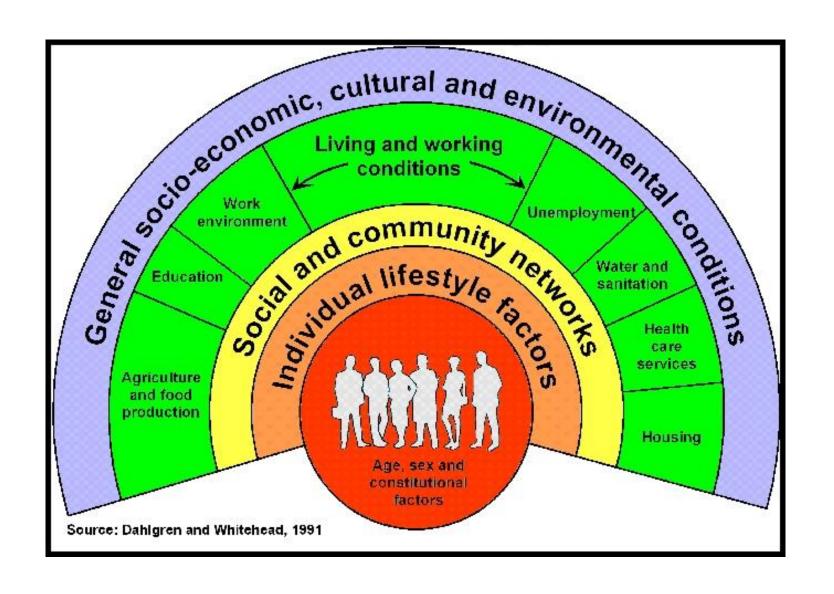
"Health equity means achieving the conditions in which all people have the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities."

MDH Advancing Health Equity
Report to the Legislature
February 2014

The Determinants of Health

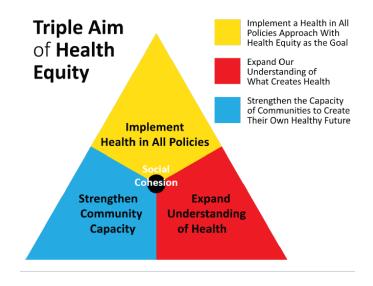


Layers of Influence on Health



Advance Health Equity

- Change the narrative about what creates health
- Change our approach to improving health for all
- Focus on the Triple Aim of Health Equity



Advance health equity across the life course!

Questions and Discussion

Infant Mortality Reduction Plan

The Infant Mortality Reduction Plan (Part One) may be found here:



Infant Mortality Reduction Plan for Minnesota

Thank You!

Contact

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