

HEALTH PRIORITY AREA

INFANT MORTALITY

**Adams County
Community Health Plan**
Alliance for Building Communities
2007



Overview/Description of Priority

Approximately 6 million pregnancies occur each year in the United States. Maternal/child health begins before conception with proper nutrition and a healthy lifestyle and continues with appropriate prenatal care, the prevention of complications when possible, and the early and effective treatment of complications. The ideal result is a pregnancy at term without unnecessary interventions, the delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the woman, infant, and family. Infant mortality is an important indicator of the health of a nation or community because it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions and public health practices. Following is a discussion of the indicators that were identified in Adams County to measure infant mortality.

Low birth weight (LBW) is associated with long-term disabilities such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. Despite the low proportion of pregnancies resulting in LBW babies, expenditures for the care of LBW infants total more than half of the costs incurred for all newborns. In 1988, the cost of a normal, healthy delivery averaged \$1,900, whereas hospital costs for LBW infants averaged \$6,200.

Prenatal care should begin early and continue throughout pregnancy according to accepted standards of periodicity. Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each component can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, which contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. (HP 2010)

The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low pre pregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor. (HP 2010)



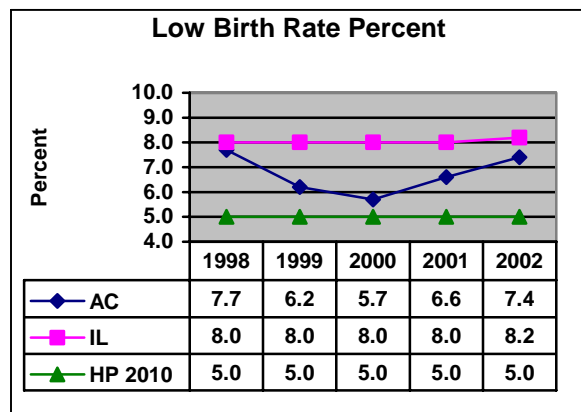
The teenage pregnancy rate in the United States is much higher than in many other developed countries—twice as high as in England and Wales, France, and Canada and nine times as high as in the Netherlands or Japan. Teenage pregnancy remains an intense national issue, within the context of public health and welfare reform concerning the optimum potential of the nation's youth and the growth and development of newborns. Most adolescent childbearing occurs outside marriage, a trend that has increased markedly during the past two decades. In 1997, 78 percent of births to adolescent females (under age 20 years) were out of wedlock, compared to 44 percent two decades earlier (1977).

For teenagers, the problems associated with unintended pregnancy are compounded, and the

consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

Community Health Status Assessment

- The percentage of pregnant women receiving adequate prenatal care in Adams County has been higher (better) at 89.1% than the state percentage at 74.7%.
- The percentage of low birth weight births in Adams County has been consistently below (better than) at 7.4% the Illinois percentage at 8.2% but above the HP 2010 goal of 5.0%.
- The percentage of births to teens was lower (better) than the state percentage from 1998 to 2001 however, in 2002 the two percentages were virtually identical and in 2003 and 2004 the Adams County percentage at 3.9% has been higher than the state at 3.4%.



Local Public Health System Assessment

The essential service most relevant to maternal/child health issues is Essential service #1: Monitor health status. The overall score in this area was 58.0%. The first sub objective in this standard is a population-based community health profile that scored 83.1%. One identified item that should be included is access to maternal and child health data which scored 100%.

Forces of Change Assessment

There were no issues related to maternal/child health identified in the forces of change assessment.

Community Themes & Strengths

This survey identified teen pregnancy as a community priority social issue. Although teenage pregnancy rates in the United States are declining, a significant number of American teens have unintended, often unwanted, pregnancies each year, yielding negative outcomes for teenage parents, their children, and society in general. For example, teenage mothers are more likely to drop out of high school and live in poverty, and their children frequently experience health and developmental problems. (Annie E. Casey Foundation, 1998). While millions of American families struggle individually with the emotional and economic challenges that unintended pregnancy can bring, teen pregnancy poses a significant financial burden to society at large – an estimated \$7 billion per year. (Annie E. Casey Foundation, 1998).

Many teen mothers are not ready for the emotional, psychological, and financial responsibilities and challenges of parenthood. Furthermore, pregnant teens are less likely to receive timely prenatal care and are more likely to engage in risky behaviors, resulting in a low birth weight infant.

Survey Results

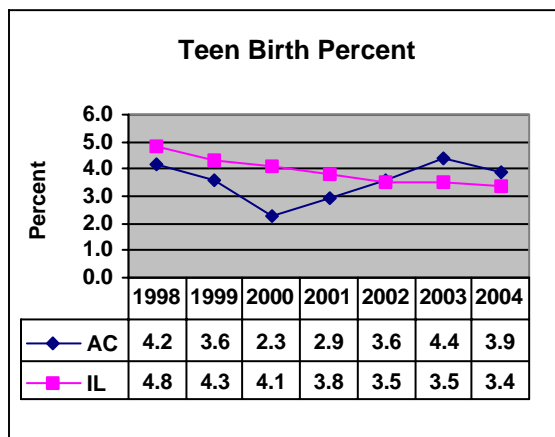
Community ranked 3rd in “major problems” and fourth in “major and moderate” problems combined. Key informants ranked 5th in “major problems” and 2nd in “major and moderate” problems combined overall ranking – Teen Pregnancy ranked 2nd of “major problems” and 2nd of “major and moderate problems” combined.

Teen Pregnancy: People affected

Average 116 births to teens (1990-2001) includes births by out of county teens
 Number of females 10-17 in Adams County: 3,314 in 1990; 4,007 in 2000

Teen Pregnancy: Population groups most affected

Girls 19 and younger. Consideration must also be given to the impact of teen pregnancy on the child born, the family of the teen mother and the community.



Comparisons to state and nation

Trends over time: Statistics show that in Illinois teen pregnancy rates have declined, although, in Adams County the rate has remained the same for the past ten years. This reflects number of births to teens, not the percentage of teens giving birth.

Existing Services For Teen Pregnancy

Quincy Public Schools Teen Mothers Program: average 25.6 students enrolled (1990-2002)
 Teen Parent Services: average 96.12 student served (1995-2002)

Teen Pregnancy Causes

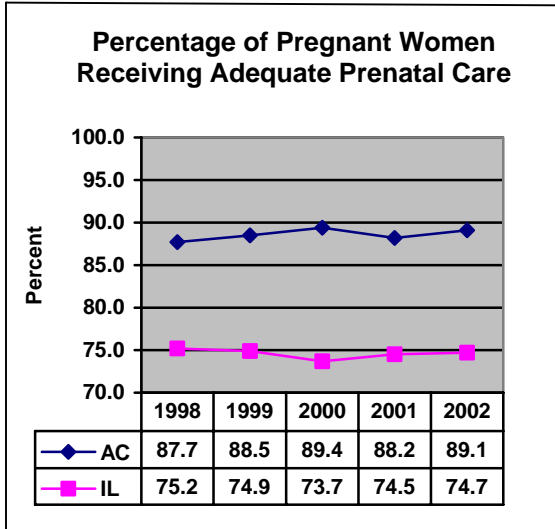
Generational
 Societal acceptance
 Lack of education
 Socio-economic issues

Related, Crosscutting issues

Child care
 Medical services
 Employment or lack of adequate employment
 Education
 Future generation continuing trend
 Children at risk

Assets of associations and organizations

Adams County Health Department: PATCH, WIC, Visiting Nurses
 Quincy Public Schools: Teen Mothers Program, Teen Parent Services
 Quincy Catholic Charities: Problem Pregnancy Parent Support Program
 Parenting Pals
 Mentor Moms
 CareNet Pregnancy Services
 Blessing Hospital
 Family Planning
 Child Care Providers



all young people in all communities (Healthy Communities Healthy Youth: A National Initiative of Search Institute to Unite Communities for Children and Adolescents, Search Institute, 1998). Search Institute has been studying developmental assets in youth in communities since 1989, using a survey called Profiles of Student Life: Attitudes and Behaviors. The data the initiatives based on research of more than 500,000 sixth to twelfth grade public school students in 500 communities representing 25 states of all sizes. The research identified 40 developmental assets- positive attributes that young people need to grow up to be healthy, principled, and caring adults. The more assets young people have, the more likely they are to engage in positive behaviors such as volunteering or doing well in school. In addition, they are less likely to be engaged in at-risk behaviors. The assets fall into the eight broad categories of support local and economic conditions.

Community Capacity

Our community has adopted a youth development approach to address a variety of issues in our community. A litany of studies-both national and local- call attention to frighteningly high rates of alcohol and other drug use, teenage pregnancy, violence, school failures, and other concerns about adolescents. People everywhere are looking for solutions to these problems. Yet, in spite of our best intentions, we seem to be making little progress. The most common response is to seek to reduce problems through prevention programs, early intervention, and social services. Then, when all else fails, we turn to increasingly

expensive treatment and/or incarceration. The problem centered approach that relies heavily on professionals and public sector resources rarely work by itself. A complementary approach is needed-one that accents healthy development and requires action by all residents of a community. This approach recognizes that a major issue in all towns and cities is that many of the core processes of healthy development are increasingly absent. Strengthening, and in some cases rebuilding, this development of

Healthy People 2010 Goals

- 9-7. Reduce pregnancies among adolescent females
- 16-6. Increase the proportion of pregnant women who receive early and adequate prenatal care.
- 16-10. Reduce low birth weight (LBW) and very low birth weight (VLBW).

Adams County Program Goals

Decrease infant mortality rate in Adams County resident births. (Baseline 7.3%, 2004 I-Plan Data)

Adams County Program Objectives

- Increase the percentage of pregnant women who receive adequate prenatal care. (Baseline 89.1% in 2002, I-Plan Data System)
- Decrease the percentage of low birth weight births in Adams County. (Baseline 7.4% in 2002, I-Plan Data System)

- Decrease the percentage of teen births in Adams County. (Baseline 3.9% in 2004, I-Plan Data System)

Adams County Program Strategies

Strategy #1: Family Case Management

The Family Case Management Program (FCM) helps families with a pregnant woman, infant or young child obtain the health care services and other assistance they may need to have a healthy pregnancy and to promote the child's healthy development. The goals of the Family Case Management Program are to: provide access to primary health care; identify and resolve access barriers; provide health education to all eligible clients; and reduce infant mortality.

The program serves pregnant women and infants in families that are below 200% of the federal poverty level. Local FCM programs develop close working relationships with physicians, hospitals, pharmacists, and other specialty medical providers. The FCM program also collaborates with community agencies to address barriers in accessing medical services, childcare, transportation, housing, food, mental health needs and substance abuse services. Case management providers are extensions of the local Department of Human Service offices in that they serve as authorized agents for completing Medicaid Presumptive Eligibility applications for pregnant women, and assist families in completing KidCare applications for their children.

Strategy #2: WIC

The mission of the WIC program is to improve the health and nutritional status of women, infants and children, reduce the incidence of

infant mortality, premature births and low birth weights, aid in the development of children, and refer women to other health care and social service providers.

WIC serves income eligible women and children; pregnant, breastfeeding and postpartum women; and infants and children up to 5 years of age who have a medical or nutritional risk. WIC allows caregivers who have medical and financial responsibility for children and are relatives but not legal guardians of the children to apply for WIC benefits on behalf of the children in their care. Such caregivers might include grandparents, aunts or uncles.

WIC program activities include: health screenings; nutritious foods; nutrition education, counseling and support; breastfeeding support and referral to other services.

Strategy #3: Youth Development Curriculum

We offer Character Counts to nine classrooms of sixth graders in two school districts in Adams County. The curriculum was developed by the Josephson Institute of Ethics. Character Counts is an eight-week program, with 60-minute lessons that consist of a series of activity-based lesson plans to help youth develop and strengthen personal character. The curriculum is based on six pillars of character: trustworthiness, respect, responsibility, fairness, caring and citizenship. The six pillars were identified by a diverse group of education and youth-service leaders who were convened to find consensus on a "common denominator" of values on which all Americans could agree. The curriculum provides youth with a common language and understanding of how one exercises good character. The program has proven results as documented by an evaluation plan that was conducted in 1998. The evaluation plan was based on baseline data and data collected two years later from both students and teachers. The results showed that teachers agree that Character Counts positively affects students' lives. Teachers have seen improvements in how students treat others, their life skills and decision-making. Many findings documented many of the attitudinal and

behavioral measures saw improvement. Examples of the measures that were improved include: those who lied to a parent or teacher, used physical force against someone, and never broke a promise to someone, etc.

Strategy #4: Social Norms Marketing

We will implement a social norms marketing campaign that attempts to increase knowledge of teen pregnancy and promote the assets of youth. The methodology we will use is social norms theory that states that much of people's behavior is influenced by their perception of how other members of their social group behave. According to social norms theory, people tend to misperceive (exaggerate) the negative health behavior of their peers. If people think harmful behavior is typical, they are more likely to engage in that type of behavior. All too often, perceptions are incorrect. By educating a group of people about healthy behavior that is the usual practice among their peers, behavior can be affected in a positive manner. Normative messages are designed for delivery using various media and promotional strategies in order to effectively reach a target population and promote its accurate norms of health and safety (The Main Frame: Strategies for Generating Social Norms News, 2002). There are a variety of studies that have found social norms to be an effective intervention. The studies have found impressive evidence for the importance of the social norms paradigm shift to the field of health promotion in which risk is reduced and wellness grows. Program findings of middle school students found that while a solid majority believed that sexual intercourse was only appropriate for adults, equally strong majorities thought that their peers held much more permissive attitudes- believing that sex was ok for people their age.

The model that we use in Adams County to target substance abuse is the Montana Model of Social Norms Marketing. Jeff Linkenbach, Ed.D., who is the Director of MOST of Us, developed this model in 1998. We plan to use this model to develop public awareness.

Following are the seven steps of the model with a discussion of the activities that we will conduct to provide community-wide messages to reduce teen pregnancy:


Step 1: Planning and Environmental Advocacy- This step involves forming the committee that will provide oversight to the project. The advisory committee has been formed and is described within the grant application. In addition, environmental advocacy consists of promoting an environment conducive to promotion of the intervention. We continue to work with the advisory committee to promote youth development and teen pregnancy prevention messages throughout the community.

Step 2: Baseline Data: Data that will be used are data from the community analysis that will be conducted and data from the focus group data. An example of data from the social norms campaign that we currently use for substance abuse is: 3 of every 5 Adams County youth **do not** drink alcohol.

Step 3: Message Development: Messages will be developed using a group of students. The messages will be based around the data that we obtain and will be positively stated. As an example, the message that students developed for the substance abuse campaign is Think Again. The slogan is then followed by statistics developed from the baseline data that is collected.

Step 4: Market Plan: The market plan will be developed using a subcommittee of the advisory group. They will develop a plan to promote the message throughout the community using radio, television, and promotional items to be given away at schools and throughout the community media outlets during the year. In future years, the plan will be expanded to new promotional items and new media outlets piloted with a small group of the targeted population of youth before the campaign is implemented.

Step 5: Pilot Test and Refine Materials: The plan and the materials will all be reviewed before the campaign is implemented.



Step 6: Implement Campaign: The campaign will be implemented in all junior and senior high schools in Adams County.

Step 7: Evaluate: We will evaluate the reach of the program by going to the schools during the end of the grant year to determine how many of the students are aware of the message and can give us the normative statistics that we are promoting.

Strategy #5: AOK Network

It is important to assist families in obtaining appropriate services in a timely manner to help improve the infant mortality of a community. The Adams County AOK Network is committed to building a community wide partnership that promotes a system of services that are comprehensive, coordinated, and user friendly to families of young children. The activities that are completed by the AOK Network in order to fulfill this function include provider education and workforce training. The goal of this activity is to coordinate and support current training resources for the 0-5 workforce. The second activity that is conducted is to increase awareness of services. The goal of this activity is to create an information source for parents. The third activity that is conducted is early intervention with the goal of children entering into early intervention services sooner. The fourth activity that is conducted is parent education with universal access to parent education programs as the goal.

<p>Population Groups At Risk:</p> <ul style="list-style-type: none"> • Youth • Low Income • Uninsured 	<p>Proven Intervention Strategies</p> <ul style="list-style-type: none"> • Implement a Family Case Management Program • Implement a WIC Nutrition Program • Implement a Youth Development Program to help youth develop and strengthen personal character • Implement a social norms marketing campaign to decrease teen pregnancy • Build a community wide partnership that promotes a system of services that are comprehensive coordinated and user friendly to families of young children.
<p>Risk Factors</p> <ul style="list-style-type: none"> • Teen Pregnancy • Low Birth Weight 	
<p>Contributing Factors (direct and indirect)</p> <ul style="list-style-type: none"> • Lack of Education • Societal Acceptance • Lack of Self Esteem • Early Prenatal care • Cigarette Smoking • Low Pregnancy Weight Gain • Access to Care • Social Norms • Life Skills 	<p>Health Impact Objectives</p> <ul style="list-style-type: none"> • Facilitate families access to needed and appropriate early childhood services. • The Early Childhood system is comprised of skilled and competent workforce that is responsive to community needs. • The community has a coordinated and collaborative system of early childhood services. • Early childhood services are family focused, culturally competent and strength-based. • Parents/caregivers are leaders in their families, the early childhood system and their communities
<p>Health Improvement Goals Decrease infant mortality in Adams County resident births (Baseline 7.3%, 2004 I-Plan Data)</p>	
<p>Health Improvement Objectives</p> <ul style="list-style-type: none"> • Increase the percentage of pregnant women who receive regular prenatal care (Baseline 89.1% in 2002, I-Plan Data System) • Decrease the percentage of low birth weight births in Adams County (Baseline 7.4% in 2002, I-Plan Data System) • Decrease the percentage of teen births in Adams County (Baseline 3.9% in 2004, I-Plan Data System) 	<p>Healthy People 2010 Objectives</p> <ul style="list-style-type: none"> • 9-7 Reduce pregnancies among adolescent females • 16-6 Increase the proportion of pregnant women who receive early and adequate prenatal care • 16-10 Reduce low birth weight (LBW) and very low birth weight (VLBW)
<p>Estimated Funding Needed Approximately \$612,050 is needed to fully implement the identified intervention strategies.</p>	
<p>Potential Funding Sources</p> <ul style="list-style-type: none"> • WIC grant (secured) \$264,000 • Family Case Management grant (Secured) \$235,000 -Illinois Dept. of Human Services • Teen Pregnancy grant (secured) \$36,050Ill. Dept of Public Health • AOK grant (secured) \$7,700 	

INFANT MORTALITY HEALTH PROBLEM ANALYSIS WORKSHEET

