



Florida's Healthy Babies

Data Analysis Report

Florida Department of Health in Martin County

July 2016

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Introduction

The health profile of the United States reflects persistent inequities in health. All people and communities deserve equal opportunities to be healthy, but good health isn't distributed evenly across our society. Low-income communities, particularly communities of color, are more likely to lack access to healthy foods, smoke-free air, and safe places to play and be active.

Health equity is defined by Healthy People 2020 as the attainment of the highest level of health for all people.¹ In order to achieve health equity, a number of initiatives have been adopted that target health disparities in populations. A number of determinants influence health disparities including socioeconomic factors, race and ethnicity, education, and income. In 2016, the Florida Department of Health launched the Florida's Healthy Babies initiative to address the racial and ethnic disparities in infant mortality and the role of social determinants of health statewide.

Infant mortality is the death of a baby less than 1 year of age. Infant mortality is often used as an indicator to measure the health and wellbeing of a community, because the contributing factors that affect the health of the population also impacts infant mortality. Although the infant mortality rates (IMRs) have been declining in the state, Martin County has experienced an increase in infant mortality rates since 2008, particularly among Black infants. The extreme differences in health outcomes of White infants and Black infants emphasize the persistent racial and ethnic disparities present in the county.

The Florida Department of Health in Martin County is dedicated to working towards eliminating racial and ethnic health disparities in the county. In the summer of 2016, as part of the Healthy Babies initiative, a County-Wide Infant Mortality Analysis was conducted. Infant mortality data and related information was collected from numerous sources including Florida CHARTS, the US Census Bureau, and the Florida Bureau of Vital Statistics. The purpose of this assessment was to explore why certain populations bear a disproportionate burden of disease and mortality and what social arrangements and institutions generate those inequities, in order to design strategy to eliminate them.

¹ <http://healthequity.sfsu.edu/content/defining-health-equity>

Key Findings

The key findings of this analysis include:

- ❖ From 2012-2014, the Fetal Mortality Rate in Martin County was 4.5 per 1,000 (fetal deaths and live births).
 - The Non-Hispanic Black Fetal Death Rate was almost 7 times higher, 20.1 per 1,000, than the Non-Hispanic White and Hispanic Fetal Death Rates, 2.9 and 2.7 respectively.
- ❖ Infant mortality rates illustrate the persistent racial and ethnic disparities present in Martin County
 - During 2012-2014, the total infant mortality rate (IMR) in Martin County is 7.0, 0.2 shy of the highest rate in the last 10 years.
 - The Non-Hispanic Black IMR was almost 4 times higher than that of the Non-Hispanic White and Other Race infants.
- ❖ The total neonatal IMR during 2012-2014 in Martin County was 4.8. The neonatal IMR for Non-Hispanic Blacks was 10.3, compared to an IMR of 4.6 for Non-Hispanic White infants.
- ❖ The cause-specific infant mortality rates for Black infants was significantly higher than White infants and Hispanic infants.
 - Black infants had high cause-specific IMR for congenital anomaly/birth defect, prematurity/low birth weight, and Sudden Unexpected Infant Death (SUID), all of which are commonly linked maternal health and prenatal care.
- ❖ Black women had a higher rate of obesity at pregnancy than White or Hispanic women.
- ❖ Black women had a rate of 62.3 for breastfeeding initiation compared to that of White women at 82.3.
- ❖ The Black infants had more than double the rate of low birth weight than White and Hispanic infants.
- ❖ This assessment displays persistent racial and ethnic disparities in infant mortality rates.

Background

Health equity in a population is achieved when every individual has the opportunity to attain their full health potential and no individual is disadvantaged due to social position or other socially determined circumstances.² The results of health inequities in a population are reflected in the differences in duration of life; quality of life; rates of disability, health conditions, and death; severity of health conditions; and access to health services.

Martin County has a total population of 143,318, in which 80.3% are Non-Hispanic White and 5.1% are Non-Hispanic Blacks or African Americans.³ The overall median household income in Martin County was \$51,703.⁴ However, when broken down by race, Non-Hispanic Blacks had a median household income of \$34,239 compared to a median household income of \$53,871 for Non-Hispanic Whites.⁴ From 2010 to 2014, 21.9% of Black families were living in poverty in Martin County. During that same period, 5.5% of White families were classified as living in poverty. Poverty created many difficulties for individuals, families, and the communities in which they live. Poverty often hinders access to a variety of services and products including the proper medical care and nutrition.

High rates of unemployment can affect the financial stability of individuals within a community. This can result in decreased expenditures for health care and can result in higher proportions of the population being uninsured. In Martin County, the unemployment rate in Black civilians was 19.2% during the 2010-2014-time period. During this same time frame, the unemployment rate in White civilians was 10.4%, almost half of the unemployment rate of the Black population.

Quantitative Data

Perinatal Mortality

Perinatal mortality includes both deaths during the first week of life, also referred to as neonatal deaths, and fetal deaths, or stillbirths. Perinatal mortality is an important indicator of maternal care and of maternal health and nutrition; it also reflects the quality of obstetric and pediatric care available. The perinatal mortality indicator plays a vital role in providing information necessary to improve the health status of pregnant women, new mothers, and newborns.

Table 1 highlights the perinatal mortality rates in Martin County over the last ten years. Martin County saw a decrease in total fetal death rate (-44.4%), total IMR (-2.8%), and total postneonatal IMR (-31.3%). Total neonatal infant mortality rate was the only rate that saw an increase (20.0%) during the period of time. The first 28 days of life, also known as the neonatal period, represent the most vulnerable time for a child's survival. Neonatal mortality is generally related to short gestation and low birth weight, congenital

2 <https://www.cdc.gov/chronicdisease/healthequity/>

3 Source: U.S. Census Bureau, 2010 Census.

4 Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

malformations, and conditions originating in the perinatal period, such as maternal complications related to pregnancy or complications experienced by the newborn resulting from birth.⁵

Table 1. Perinatal Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014

	2005-2007	2012-2014	% Change
Total Fetal Death Rate	8.1	4.5	-44.4%
Total IMR	7.2	7.0	-2.8%
Total Neonatal MR	4	4.8	20.0%
Total Postneonatal MR	3.2	2.2	-31.3%

Source: DOH Vital Statistics/ FloridaCHARTS

Fetal Mortality

Fetal mortality is defined as the death of a fetus prior to birth, regardless of gestational age.⁶ Causes of fetal death, or stillbirth, include preterm labor, birth defects, infection, placental problems, such as abruption or inadequate blood flow, and chronic conditions, such as hypertension and diabetes. Avoiding smoking and substance use, maintaining a healthy weight, and preventing and managing chronic conditions prior to and during pregnancy through preconception and prenatal care help reduce the risk of stillbirth.

Although Martin County saw a decline in the total fetal death rate from 2005 to 2014, the rate was disproportionately distributed among the population. The fetal death rate in White and Hispanic groups decreased during this time. Contrast that with the noted increase in Black fetal death rates during this same period of time. In 2012-2014, the Black fetal death rate of 20.1 was significantly higher than the White and Hispanic fetal death rates, 2.9 and 2.7 respectively. The fetal death rate in Black populations is almost 7 times that of White and Hispanic populations.

Table 2. Fetal Death Rates (per 1000 fetal deaths & live births) in Martin County, 2005-2014

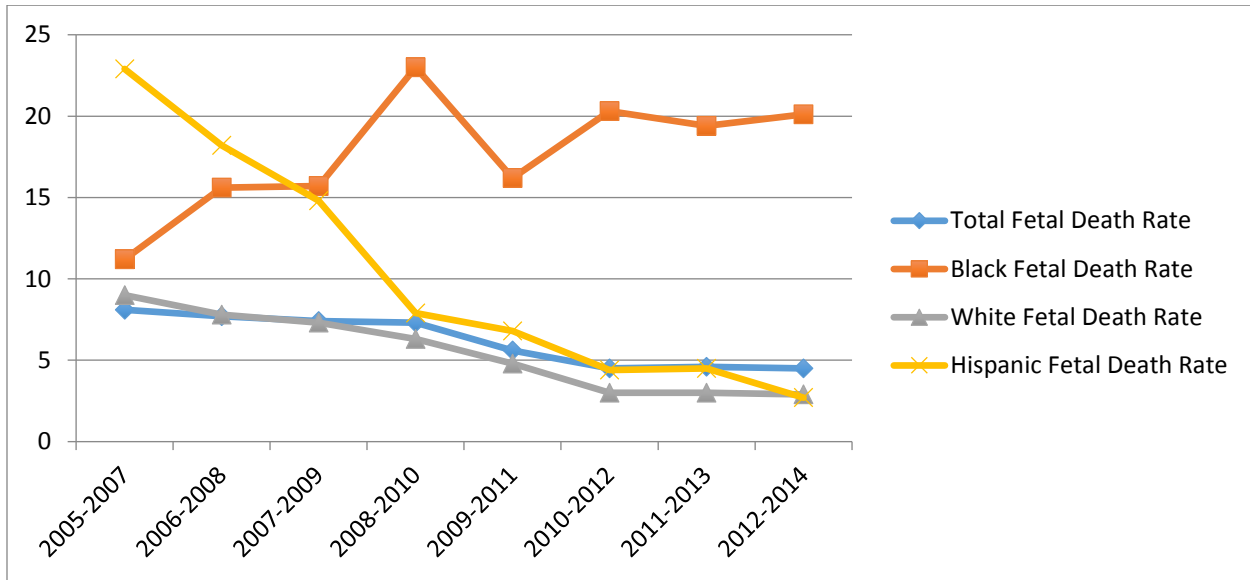
	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Total Fetal Death Rate	8.1	7.7	7.4	7.3	5.6	4.5	4.6	4.5
Black Fetal Death Rate	11.2	15.6	15.7	23	16.2	20.3	19.4	20.1
White Fetal Death Rate	9.0	7.8	7.3	6.3	4.8	3.0	3.0	2.9
Hispanic Fetal Death Rate	22.9	18.2	14.8	7.9	6.8	4.4	4.5	2.7

Source: DOH Vital Statistics/ FloridaCHARTS

5 Centers for Disease Control and Prevention. Quick Stats: Leading Causes of Neonatal and Postneonatal Deaths — United States, 2002. MMWR. 2005; 54(38):966

6 <http://mchb.hrsa.gov/chusa13/perinatal-health-status-indicators/p/fetal-mortality.html>

Figure 1. Fetal Death Rates (per 1000 fetal deaths & live births) in Martin County, 2005-2014



Infant Mortality

Infant mortality is a death of a child that occurs in the first year of life. The table and figure below show IMR by race and ethnicity in Martin County for a 10-year period. The IMR in the county has been increasing since 2008. However, the most significant increase can be seen in the Black infant population.

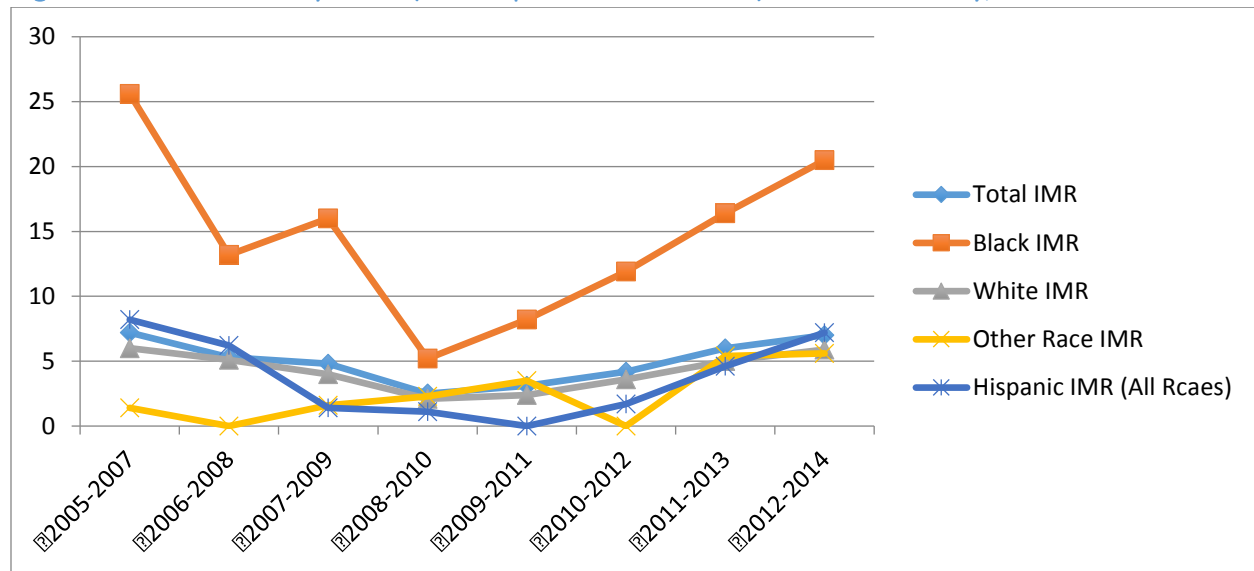
During 2012-2014, there were a total of 3,558 births in the county. Of those, only 180 of them were classified as Other with 1 infant death. However, due to the lower number of births and deaths in the Other category, there was a noticeable increase in the IMR. Although the Black IMR decreased from 25.6 in 2005-2007 to 20.5 in 2012-2014, it was still significantly higher than the IMR of White, Other, and Hispanics. The Black IMR throughout the study period was at least double the mortality rates of Hispanic, Other, and White infants.

Table 3. Infant Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Total IMR	7.2	5.3	4.8	2.5	3.1	4.2	6.0	7.0
Black IMR	25.6	13.2	16.0	5.2	8.2	11.9	16.4	20.5
White IMR	6.0	5.1	4.0	2.1	2.4	3.6	5.0	5.9
Other Race IMR	1.4	0.0	1.6	2.3	3.5	0.0	5.4	5.6
Hispanic IMR (All Races)	8.2	6.2	1.4	1.1	0.0	1.7	4.6	7.2

Source: DOH Vital Statistics/ FloridaCHARTS

Figure 2. Infant Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014



Neonatal Mortality

The neonatal mortality rate is a key outcome indicator for newborn care and directly reflects prenatal, intrapartum, and neonatal care. Additionally, as infant mortality rates decline, the proportion of infant deaths that occur in the neonatal period typically increases. Early neonatal deaths are more closely associated with pregnancy-related factors and maternal health, whereas late neonatal deaths are associated more with factors in the newborn’s environment.⁷

In Table 4, the neonatal mortality rates for a 10-year period are given. There was a visible increase in neonatal mortality rates across all categories from 2005 to 2014. However, the most significant change was seen in the Black neonatal mortality rate with an increase from 8.5 in 2005-2007 to 10.3 in 2012-2014.

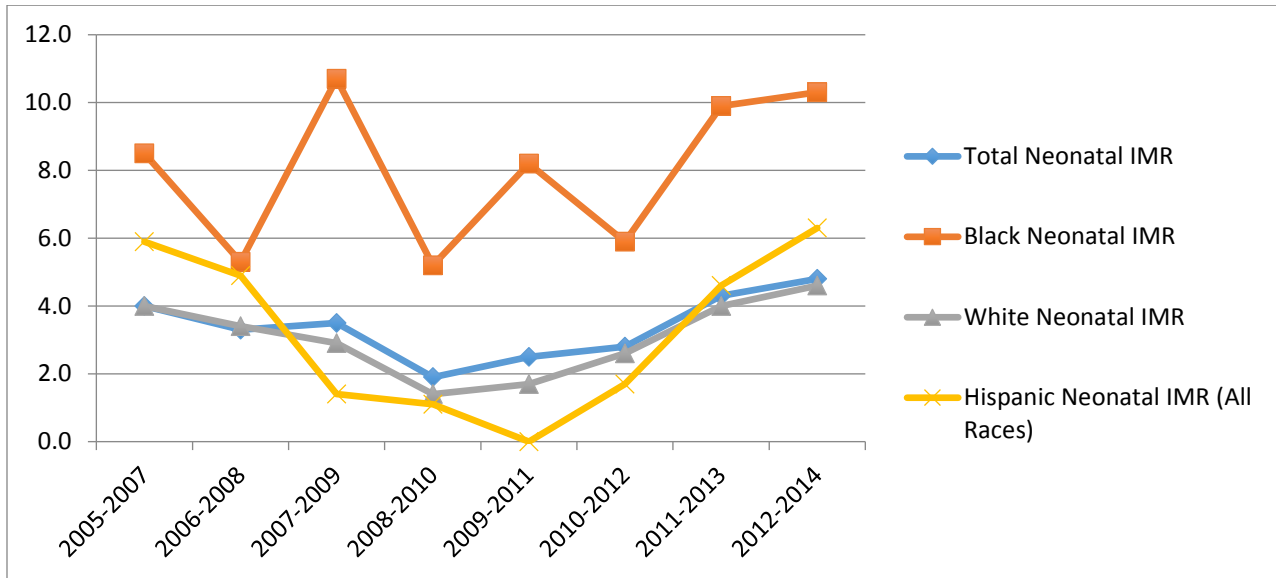
Table 4. Neonatal Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Total Neonatal MR	4.0	3.3	3.5	1.9	2.5	2.8	4.3	4.8
Black Neonatal MR	8.5	5.3	10.7	5.2	8.2	5.9	9.9	10.3
White Neonatal MR	4.0	3.4	2.9	1.4	1.7	2.6	4.0	4.6
Hispanic Neonatal MR (All Races)	5.9	4.9	1.4	1.1	0.0	1.7	4.6	6.3

Source: DOH Vital Statistics/ FloridaCHARTS

7 http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/nb/neonatal-mortality-rate-nmr

Figure 3. Neonatal Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014



Postneonatal Mortality

Postneonatal mortality is defined as the death of a child that is more than 27 days but less than one year of age. Postneonatal deaths are generally related to Sudden Infant Death Syndrome (SIDS), congenital malformations, and unintentional injuries.⁸

The total postneonatal MR in Martin County decreased from 3.2 to 2.2 during the last 10 years. Similarly, the Black, White and Hispanic rates also experienced a decrease. The Black postneonatal MR was almost than 9 times higher than that of the White and Hispanic infants.

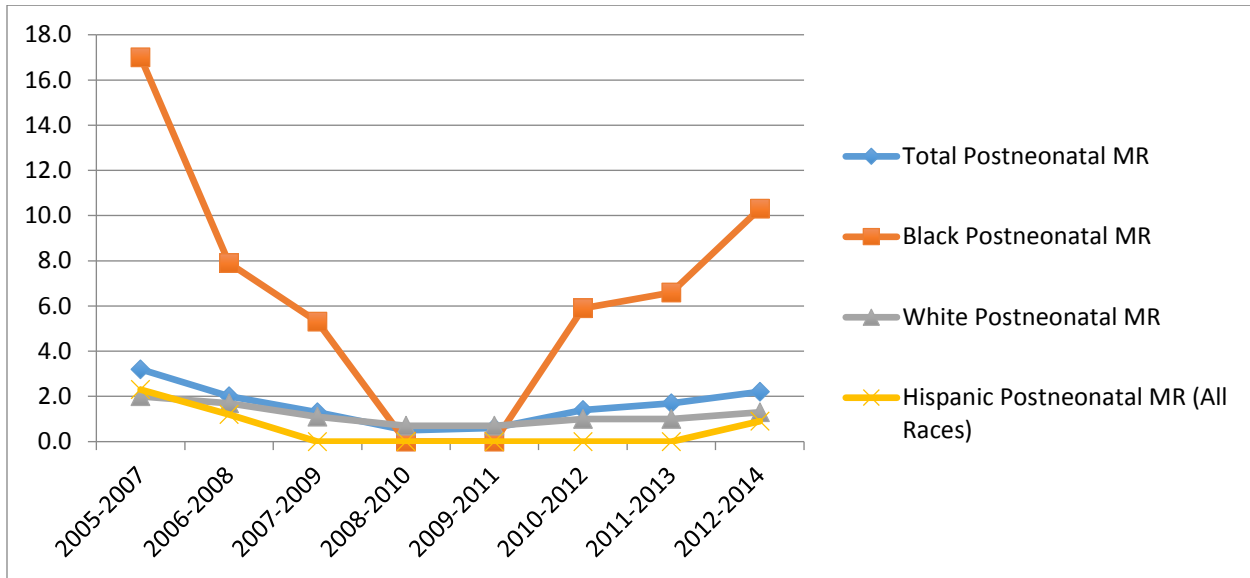
Table 5. Postneonatal Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Total Postneonatal MR	3.2	2.0	1.3	0.5	0.6	1.4	1.7	2.2
Black Postneonatal MR	17.0	7.9	5.3	0.0	0.0	5.9	6.6	10.3
White Postneonatal MR	2.0	1.7	1.1	0.7	0.7	1.0	1.0	1.3
Hispanic Postneonatal MR (All Races)	2.3	1.2	0.0	0.0	0.0	0.0	0.0	0.9

Source: DOH Vital Statistics/ FloridaCHARTS

⁸ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5438a8.htm>

Figure 4. Postneonatal Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014



Select Causes of Infant Death

During the 10-year timeframe, cause-specific IMR were studied. The total cause-specific IMR in order of the highest from 2005-2014 is as follows: (1) Congenital Anomaly/ Birth Defect; (2) Sudden Unexpected Infant Death (SUID); (3) Unintentional Injury (non-SUID accidents); (4) Prematurity/Low Birth Weight; and (5) Intentional Injury (Homicide).

Congenital anomalies can be defined as structural or functional anomalies caused by problems during the fetus's development before birth. Preventive public health measures delivered through health services decrease the frequency of certain congenital anomalies. Primary prevention of congenital anomalies includes: improving diet and nutrition; abstaining from harmful substances; controlling pre-conceptional and gestational diabetes; avoiding environmental exposure to hazardous substances; and improving vaccination coverage.⁹

Sudden Unexpected Infant Death (SUID) is the sudden death of an infant in which the cause of death is not immediately known prior to investigation. In Florida, the SUID category is comprised of the three following causes of infant death: Sudden Infant Death Syndrome (SIDS), Suffocation/Asphyxia in bed or other location, and Unknown. Sudden Unexpected Infant Death (SUID) has fluctuated over the last 10 years demonstrating a rate between 0.5-0.7.

Between 2005-2007 and 2012-2014, cause-specific IMR for all causes decreased across race and ethnicities, with the exception of congenital anomalies and prematurity/low birth weight. Congenital anomalies, prematurity/low birth weight, and SUIDs rates for Black infants has increased over the last 10 years.

⁹ <http://www.who.int/mediacentre/factsheets/fs370/en/>

Table 6. Total Cause-Specific Infant Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
All Causes	7.2	5.3	4.8	2.5	3.1	4.2	6.0	7.0
Congenital Anomaly/Birth Defect	1.5	1.3	0.5	0.5	0.3	1.1	1.4	2.5
Prematurity/Low Birth Weight	0.2	0.0	0.0	0.0	0.3	0.3	0.3	0.3
Sudden Unexpected Infant Death (SUID)	1.5	0.8	0.5	0.3	0.3	0.6	0.6	0.8
Unintentional Injury (non-SUID accidents)	0.2	0.3	0.3	0.0	0.3	0.3	0.3	0.3
Intentional Injury (homicide)	0.2	0.3	0.3	0.0	0.0	0.0	0.0	0.0

Source: DOH Vital Statistics/ FloridaCHARTS

Figure 5. Total Cause-Specific Infant Mortality Rates (deaths per 1000 live births) in Martin County, 2005-2014

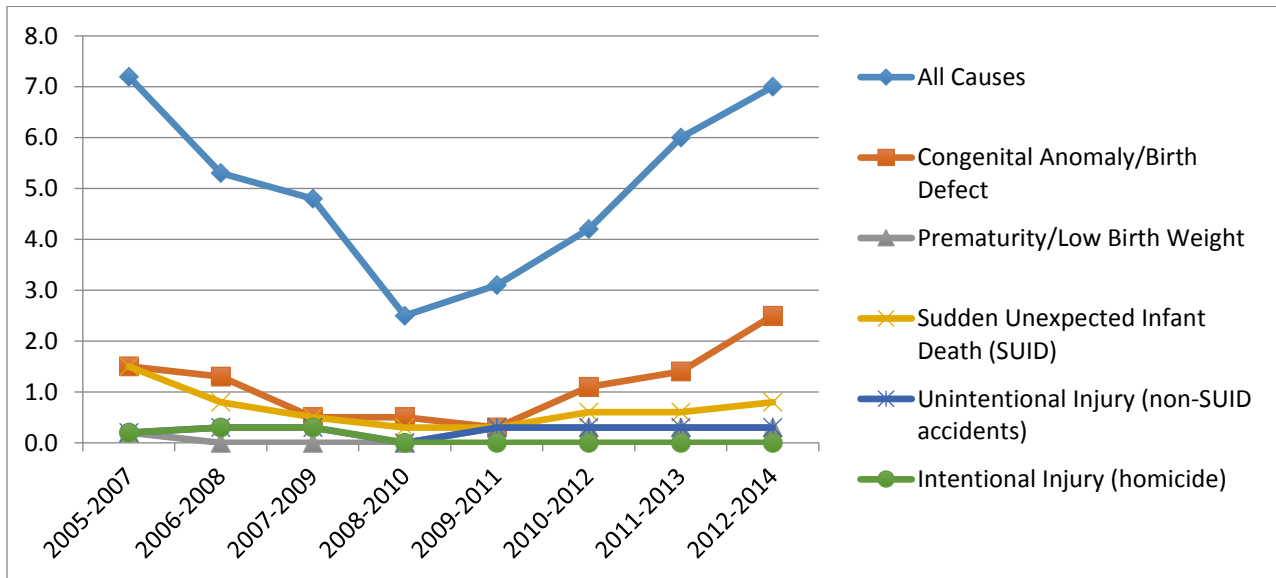


Table 7. Cause-Specific Infant Mortality Rates (deaths per 1000 live births) in Black Infants in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
All Causes	25.6	13.2	16.0	5.2	8.2	11.9	16.4	20.5
Congenital Anomaly/Birth Defect	2.8	0.0	0.0	0.0	0.0	5.9	6.6	6.8
Prematurity/Low Birth Weight	0.0	0.0	0.0	0.0	2.7	3.0	3.3	3.4
Sudden Unexpected Infant Death (SUID)	0.0	0.0	0.0	0.0	0.0	3.0	3.3	3.4
Unintentional Injury (non-SUID accidents)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Intentional Injury (homicide)	2.8	2.6	2.7	0.0	0.0	0.0	0.0	0.0

Source: DOH Vital Statistics/ FloridaCHARTS

Table 8. Cause-Specific Infant Mortality Rates (deaths per 1000 live births) in White Infants in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
All Causes	6.0	5.1	4.0	2.1	2.4	3.6	5.0	5.9
Congenital Anomaly/Birth Defect	1.3	1.4	0.4	0.4	0.0	0.7	1.0	2.3
Prematurity/Low Birth Weight	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sudden Unexpected Infant Death (SUID)	1.7	1.0	0.7	0.4	0.3	0.3	0.3	0.7
Unintentional Injury (non-SUID accidents)	0.3	0.3	0.4	0.0	0.3	0.3	0.3	0.3
Intentional Injury (homicide)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: DOH Vital Statistics/ FloridaCHARTS

Table 9. Cause-Specific Infant Mortality Rates (deaths per 1000 live births) in Hispanic (All Races) Infants in Martin County, 2005-2014

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
All Causes	8.2	6.2	1.4	1.1	0.0	1.7	4.6	7.2
Congenital Anomaly/Birth Defect	3.5	3.7	0.0	0.0	0.0	0.0	0.0	1.8
Prematurity/Low Birth Weight	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sudden Unexpected Infant Death (SUID)	1.2	0.0	0.0	0.0	0.0	0.0	0.9	0.9
Unintentional Injury (non-SUID accidents)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Intentional Injury (homicide)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: DOH Vital Statistics/ FloridaCHARTS

Obesity

Clear evidence indicates that a woman's pre-pregnancy weight is an independent predictor of many adverse outcomes of pregnancy for the woman and her baby. Women who have a Body Mass Index, or BMI, greater than 25 when they become pregnant have an increased risk of having a C-section, developing gestational diabetes, hypertension, preeclampsia and postpartum weight retention. Women who are underweight when they become pregnant have a higher risk of having a preterm or low-birth weight baby.¹⁰

Table 10. Obese at Pregnancy in Martin County, 2005-2014

	2005-2007		2012-2014	
	Count	Rate	Count	Rate
All Women Obese at Pregnancy	709	17.5	760	21.4
Black Women Obese at Pregnancy	107	30.4	116	39.7
White Women Obese at Pregnancy	485	16.2	612	19.9
Hispanic Women Obese at Pregnancy	155	18.2	306	27.7

Source: DOH Vital Statistics/ FloridaCHARTS

Prenatal Care

Having a healthy pregnancy is one of the best ways to promote a healthy birth and getting early and regular prenatal care improves the chances of a healthy pregnancy. Prenatal visits are important for the health of both infant and mother. Health care providers can educate mothers on important health issues, such as their diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol. Health professionals also have an opportunity to instruct expecting parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention, as well as monitor for health-compromising conditions, and help them prepare for the new emotional challenges of caring for an infant.¹¹

The table below shows the births to women who received prenatal care in the first trimester of their pregnancy. Black and Hispanic women had rates around 55% compared to White women with a rate of 71.5%.

¹⁰ Institute of Medicine (IOM) and National Research Council: Implementing Guidelines on Weight Gain & Pregnancy. Retrieved in 2016

¹¹ http://www.childtrends.org/?indicators=late-or-no-prenatal-care#_edn5

Table 11. Births to Women Who Received Prenatal Care in the 1st Trimester in Martin County, 2005-2014

	2005-2007		2012-2014	
	Count	Rate	Count	Rate
Total 1st Trimester PNC	2179	56.9	2407	70.0
Black 1st Trimester PNC	150	45.6	161	57.9
White 1st Trimester PNC	1860	65.8	2128	71.5
Hispanic 1st Trimester PNC	318	39.7	590	54.8

Source: DOH Vital Statistics/ FloridaCHARTS

Mothers who receive late (defined as beginning in the third trimester of pregnancy) or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die. Adequacy of care (defined by the frequency and timing of visits), however, has been correlated with positive outcomes and may also confer benefits such as reduced likelihood of post-partum depression and infant injuries.¹²

In Martin County, the rates of inadequate prenatal care have decreased since 2005 in all races and ethnicities. However, the rate of births to Black women with inadequate prenatal care saw the smallest decrease. Furthermore, the rate of births to Black women with inadequate prenatal care was the highest at 27.4.

Table 12. Births to Women with Inadequate Prenatal Care in Martin County, 2005-2014

	2005-2007		2012-2014	
	Count	Rate	Count	Rate
Total Inadequate PNC	1147	28.3	660	18.5
Black Inadequate PNC	138	39.2	80	27.4
White Inadequate PNC	628	21.0	541	17.6
Hispanic Inadequate PNC	313	36.7	293	26.5

Source: DOH Vital Statistics/ FloridaCHARTS

Breast Feeding

Breast milk is best for babies and benefits of breastfeeding include: creating a bond with mother and baby, providing all the vitamins and nutrients the baby needs in the first six months of life, providing antibodies

¹² Alexander, G.R., Kotelchuck, M. (2001). Assessing the role and effectiveness of prenatal care: History, challenges, and directions for future research. Public Health Reports, 116(4). 306-16.

that help fight off viruses and bacteria and lowering baby's risk of having allergies. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight. Research has also found that breast-fed babies have a decreased risk of dying of Sudden Infant Death Syndrome (SIDS), less likely to develop Type 2 diabetes and experience fewer hospitalizations for pneumonia. Maternal benefits to breastfeeding include: having a decreased risk of breast and ovarian cancer, a decrease likelihood of developing Type 2 diabetes and breastfeeding burns extra calories, so it may also help a mother lose weight.

Black mothers had the lowest rate of initiating breastfeeding at a little over 60%. White mothers and Hispanic mothers had higher breastfeeding initiation rates at 82.3% and 78.3% respectively.

Table 13. Mothers who Initiate Breastfeeding in Martin County, 2005-2014

	2005-2007		2012-2014	
	Count	Rate	Count	Rate
Total Breastfeeding Initiation	3442	85.2	2866	80.6
Black Breastfeeding Initiation	257	73.0	182	62.3
White Breastfeeding Initiation	2543	85.1	2531	82.3
Hispanic Breastfeeding Initiation	768	90.1	865	78.3

Source: DOH Vital Statistics/ FloridaCHARTS

Infant Health Factors

Several factors may increase the likelihood for a preterm birth including: low or high maternal age; Black race; low maternal income or socioeconomic status; infection; prior preterm birth; high blood pressure during pregnancy; tobacco and alcohol use; substance abuse; later prenatal care; and stress.¹³ Although the total rate of preterm births is decreasing in Martin County, it is increasing in Black infants. The rate of Black preterm births is 19.5%.

Table 14. Preterm Births (Percent of Live Births) in Martin County, 2005-2014

	2005-2007		2012-2014	
	Count	Rate	Count	Rate
Total Preterm Births	542	13.4	426	12.0
Black Preterm Births	66	18.8	57	19.5
White Preterm Births	351	11.7	343	11.2
Hispanic Preterm Births (All Races)	115	13.5	161	14.6

Source: DOH Vital Statistics/ FloridaCHARTS

Proper prenatal care and healthy behaviors during pregnancy can reduce the likelihood of low birth weight babies. Black infants are twice as likely to be born at a low birth weight (under 2500 grams) than White infants and Hispanic infants.

¹³ <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

Table 15. Low Birth Weight (Under 2500 Grams) in Martin County, 2005-2014

	2005-2007		2012-2014	
	Count	Rate	Count	Rate
Total Low Birth Weight (LBW)	331	8.2	258	7.3
Black LBW	39	11.1	40	13.7
White LBW	247	8.3	206	6.7
Hispanic LBW (All Races)	74	8.7	68	6.2

Source: DOH Vital Statistics/ FloridaCHARTS

Qualitative Data

Community Action-Planning Meeting

A community meeting was held the evening of June 29th, 2016 in Stuart, Florida. Attendees of the meeting were from various community organizations, faith-based institutions, local agencies, and local residents. A presentation was given on the qualitative data highlighting racial and ethnic disparities in infant mortality in Martin County. The data covered a number of topics including: infant mortality rates, cause-specific infant mortality rates, maternal factors, income and poverty, education, health care, and neighborhoods.

Following the presentation, the film *Unnatural Causes: When the Bough Breaks* was shown. The film follows a Black woman, Kim Anderson, who is a successful Atlanta Lawyer, executive, and mother. Kim became pregnant with her first child and did her best to ensure the baby's health: she exercised, abstained from harmful substances, and received prenatal care. However, Kim went into labor unexpectedly two and a half months before her due date. The film presented the idea that Black or African American women are at increased risk during pregnancy due to the cumulative impact of racism experienced over their lifetime.

At the conclusion of the video, a community discussion was facilitated. Meeting participants engaged in a fruitful discussion on regarding conditions that may have an impact on an individual's health. Conditions identified by the attendees included: chronic stress; living paycheck to paycheck; financial stress; cost of food/basic necessities; racism and stereotypes; unemployment, pregnancies at younger ages, lack of transportation; difficulty accessing health services; domestic violence; and inconsistent prenatal care. Participants agreed that there was a lack of awareness of available resources in the community. Services and resources that are needed are not reaching certain audiences.

The discussion then turned to strategies to address these issues. A heavy emphasis was placed on connecting people in need to available resources. Among the identified strategies was providing more education on topics such as: importance of prenatal care; importance of maternal health and stress education; nutrition; and sex education. Meeting participants stressed the importance of including the youth in the process. Youth perspective could be changed through education and exposure to community event such as the Florida Healthy Babies.

A strong desire for the community to come together for a common cause was another major theme during the meeting. A number of possible partnerships were identified including faith-based organizations, local

health care providers, and law enforcement. Participants left motivated to take the meeting's message out into their community.

On Thursday, September 15, 2016, a second community discussion was conducted in Indiantown in the Booker Park community. Over 40 attendees gathered at the Bible Teachers International of Indiantown off Martin Luther King, Jr. Boulevard. The second meeting followed the same agenda as the first meeting. Qualitative data was presented highlighting the current racial inequities in health outcomes in Martin County. Following the data presentation, *Unnatural Causes: When the Bough Breaks* was shown to the audience.

When the movie concluded, meeting participants were engaged in a discussion to identify reasons why there were these inequities and strategies to remediate the gaps. Attendees conversed about various situations influencing their wellbeing including: living situations, jobs, insurance, nutrition/eating problems, genetics, and relationships. They felt that living in Booker Park has created a number of barriers to accessing health care services and accessing healthy foods. During the discussion, participants said that in other areas in Martin County, there are more resources. As the conversation went on, other members did say that there were some resources in the community, but that it was not widely advertised to the residents. Furthermore, the resources that were there, were limited. Additionally, patients with certain insurances are often turned away from doctors in the community.

The discussion then turned to discussing possible strategies for addressing the issue. The meeting attendees said that more educational outreach for pregnant women was a good place to start. In addition, the participants discussed the importance for marketing the existing, available resources in the community.

By the conclusion of both Healthy Babies community discussions, there were a number of common themes identified including: the need for education and outreach regarding community health resources and services, more community engagement activities and conversations in the Black neighborhoods, and more education regarding nutrition.

Conclusion

This assessment displays the persistent racial and ethnic disparities in health outcomes in Martin County. Infant mortality rates and related indicators vary significantly by race and ethnicity. Black infants were shown to have high rates of infant mortality compared to White infants and Hispanic infants. Additionally, Black infants had increased rates of preterm births and low birth weight.

A community action meeting was held in June to discuss the data and brainstorm root causes and strategies. The attendees discussed a lack of awareness of available community resources. There are services and resources in the community, but the services are not being linked with the individuals who require them most. In addition, Participants stressed the importance for collaboration and partnership.

Many different kinds of changes on many different levels are required to advance health equity. There is positive momentum at the national level, in communities across the country. This report is the beginning of a continued effort to improve outcomes and the quality of life for women, children, and families. Improving the wellbeing of mothers, infants and children is a critical component of public health. Their wellbeing determines the health of future generations and can help predict future public health challenges and successes for families, communities and the health care system.

Healthy Babies Community Action Plan

Following the community discussion, a community action-planning meeting was held to discuss this analysis and brainstorm root causes and solutions around disparities in Martin County. A total of five priorities were identified during this process, including:

- Education and Awareness of Community Resources
- Nutrition and Health
- Liquor Stores and Food Deserts
- Building Trust and Rapport with the Community
- Continuing the Community Engagement and Conversations

Education and Awareness of Community Resources

Being uninformed or uneducated of a community's resources may act as a barrier for care. Throughout both community discussions, participants recognized the importance of being aware of services and resources in the community. Furthermore, education and awareness of available community resources was identified as a strategic priority area for the 2016-2020 Martin County Community Health Improvement Plan.

The overall objective of this goal aims to raise awareness of community residents through increased partnerships and outreach in the high-risk communities.

Nutrition and Health

In 2012-2014, 39.7% of Black women were obese at pregnancy in Martin County. During that same time period, only 19.9% of White women were obese at pregnancy. Obesity is addressed as a strategic priority area in the 2016-2020 Martin County Community Health Improvement Plan with an overall goal of creating a community context where Martin County residents can attain and maintain a healthy weight by increasing access to healthy foods and physical activity opportunities. Also, in 2012-2014, Black mothers had the lowest rate of initiating breastfeeding. Nutrition is an important factor in those statistics. Without the proper education in nutrition, individuals are not able to make the best decision for their health and wellbeing.

The goal is to promote a community-wide campaign to increase the knowledge and awareness of the importance of good nutrition.

Liquor Stores and Food Deserts

According to USDA's Food Access Research Atlas, there are two areas in Martin County designated as a food deserts.¹⁴ The first area is Indiantown and Western Martin County (West of Minute Maid Rd.) The area is classified as a low income census and a low access tract where a significant number of residents are more than a mile from a supermarket. The second designated food desert is the Geographical area between Indiantown and SE Osceola Blvd, West of AIA and East of South Kanner Highway. Along with being classified as a low income census and a low access tract, the area also has a significant amount of residents with low vehicle access. During the community discussions, residents also discussed the number of liquor stores in the area, identifying it as a barrier to good health.

¹⁴ <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

The overall objective of this goal is to reduce the areas designated as food deserts and work to improve access to healthy foods.

Building Community Rapport

During the community discussion, residents expressed that there was a lack of trust between community members and health workers. They said that if they were able to trust health professionals in the community, they would be more likely to seek care and health education.

The goal of this priority is to establish trust in the community through collaboration with providers with an emphasis on culturally competent, patient-centered care.

Continuing Community Engagement

At the conclusion of both community discussions, residents wanted to know how their insight would be used and how they can continue to be a part of the discussion and positive change in their communities. Residents from both target areas want to be a part of the process and help improve their communities and the health outcomes of their family members and neighbors.

Continuing community conversations and engagement with residents allows Community Stakeholders to stay abreast of issues affecting these at-risk populations, see how the action plan is impacting the communities, and make any adjustments if needed.