

Action Plan Steps

- **Create an action team of teens and adult youth directors.**

This team first met in July 2003 to share ideas and concerns. Youth expressed that they were not interested in an abstinence message. They said, “we are never *planning* to get pregnant!”

- **Review statistics and findings with pastors.**

It is important to understand the perspective of pastors on this issue. They must be asked, “What, if anything, are our congregations going to do to address infant mortality?”

- **Survey young mothers about their needs.**

It is important to talk with young mothers, both formally and informally, about their parenting needs to understand what education and support should be developed.

- **Meet with hospital administrators and social services concerning their chaplaincy services.**

Hospital chaplains have early contact with infants and families in need of support during the critical first hours of life. For African American pastors to make this connection, it is important to identify and reduce the barriers to African American pastors becoming chaplains.

- **Connect congregations and communities with existing State & Federal programs**

Much can be learned from the individual stories of families who have lost an infant. The coordinators want to meet with WV Department of Health and Human Resources representatives to review and improve guidelines and interview procedures for collecting information from mothers who have lost an infant. Congregations need to link with local service providers.

Racial and ethnic disparities in health need attention from our politicians because there is no simple solution. A coordinated strategy needs to be developed through active dialogue between community members, governmental agencies and technical experts. The solution will require oversight and encouragement from the legislature.

While new monies are always nice, political will is more important. Resources should be directed to support community-level partnerships, innovation, and experimentation. A recommendation might be to request a “2010 Minority Health Report” from the Minority Health Coalition and the Department of Health and Human Resources, Bureau for Public Health, OHEP Healthy People program.



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West Virginia Infant Mortality

- The white infant mortality rate is consistently lower than the African American rate.
- In the last decade, there has been a greater decline in infant mortality when both parents are African American, compared to when both parents are white. Both have declined, but whites less so.
- The father’s race was unknown in 70.3% of the infant deaths to unmarried women, compared to 3.6% of the infant deaths to married women.
- Of infant deaths to unmarried women, 11.8% were to African American mothers, compared to 1.9% for white mothers.
- When the race of both parents was known, African American unmarried couples did not seem to have many more infant deaths (2.0%) than those who were married (1.7%).
- The critical variable underlying infant deaths seems to be the lack of a stable relationship between the mother and father, as evidenced by the father’s race being listed as “unknown”. This situation is more common in the African American infant deaths.
- African American pregnant women enter prenatal care later than white women, and have fewer prenatal visits.

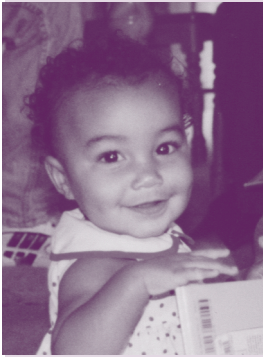
BABIES LOST

Reducing African American Infant Deaths in West Virginia by Connecting to the Faith Community

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Of the 1.8 million people living in West Virginia, African Americans make up only 3.2% of the population. Statewide, there are 8 or less African American infant deaths per year. However, even 3 to 6 deaths represent an African American infant mortality rate that is twice the Caucasian (white) rate. This alarming disparity receives little public attention. This may be due to media influences, political apathy or outright prejudice, but it is more likely that the problem lies with the many social and economic factors that prevent pregnant women from accessing good care.

There is no evidence of an innate biological basis for greater infant mortality among African Americans. In West Virginia, as well as nationally, we know that babies born to teenage and unmarried mothers are more likely to die. In addition, smoking, alcohol and substance abuse contribute to low birth weight and prematurity. These risk factors are very common in African Americans, as well as anyone in poverty.

Given the statistics and the fact that churches are a primary focus of social activity in African American communities, it is surprising that pastors of African American churches perform few infant funerals. Are hospitals or funeral homes handling the deaths? Are parishioners too ashamed to discuss teen pregnancy and infant death within their churches? Do young, unmarried teen mothers participate in the church community? How can a church reach out and provide support to those in need? If they did, would and should churches make this work part of the evangelization and mission programs? These are questions that apply to any faith-based intervention, regardless of the race or ethnicity of the parishioners.

On the positive side, statistics are showing decreasing numbers of infant deaths for all races. Since the early 1980's, a statewide strategy has improved maternal and child health outcomes. This has benefited African American, rural and other underserved communities. Social outreach and education encourages mothers to seek early care in their pregnancy. High-risk pregnancies are transported to specialized centers for delivery. Certain infants are followed closely and case-managed, even in remote areas.

Active and vibrant African American churches are a tremendous social resource, well suited to the type of support that benefits young, unmarried

women. In partnership with governmental agencies, the health care system and technical experts, culturally sensitive and emotionally distressing situations could be addressed locally in a compassionate and caring way.

A joint project was developed to further explore the role of African American churches in addressing the infant mortality disparities. This project linked the Partnership of African American Churches (PAAC) and their Congregational Health and Wellness Coordinators with the Higher Education Policy Commission Office of Health Sciences' Public Health Education Program and the West Virginia Community Voices Partnership.

At three monthly meetings, the Congregational Health and Wellness Coordinators and experts reviewed state and national data and explored several technically complex statistical and ethnographic issues. In between, coordinators raised the issues with their pastors and congregations. They shared with each other the deeper stories behind any infant deaths that had occurred in their communities. They reflected on, and prayed for, deeper understanding.

Infant mortality was only one of several health and wellness issues that were addressed in these meetings. The issue had not surfaced on any of the PAAC coordinators' community needs assessments. Even after focusing on the issue, infant mortality was not singled out as a concern. The coordinators saw it as part of a larger health and wellness picture. They were able to connect the infant mortality issue to nutrition, diabetes, criminal justice, health care, youth programs and spiritual life.

Discussions at three subsequent meetings over ten months led to simple, actionable steps. They have begun steps that address the immediacy of the issue and strengthen the underlying process and structure the churches use to care for those around them.

Comments Made by Congregational Health and Wellness Coordinators

- There is not much of a perceived problem with infant mortality by congregations "Most babies live, these days."
- Hospitals make arrangements directly with funeral homes without involving churches.
- It seems there are more teenage pregnancies compared with the past.
- Young parents lack parenting skills. It used to be that "parents were expected to be *parents* to their babies. Now it seems that *babies* are themselves parents."
- The focus should be on having healthy babies, increasing parental responsibility, teaching parenting skills and changing teen attitudes.
- Because we are Christians and preach/teach abstinence, churches may be a contributor to the infant mortality issue.
- The church as a whole ostracizes single women who become pregnant, resulting in their having less contact with the church.
- In order to grow, pastors and congregations may have to separate their caring for the mother from their feelings about the way she became pregnant. "The act is a sin, but having a child is a blessing."