The Magnolia Project

Reducing Infant Mortality

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Jacksonville at a Glance

- In 2006, **70 Black babies** died before reaching their first birthday
- That’s **3 classes** of children who won’t start kindergarten in five years
- Jacksonville’s rate of infant deaths is **significantly higher** than Florida and U.S. rates
- African-American babies die at **2x** the rate of others
Jacksonville Perinatal Periods of Risk (PPOR)
Map of Fetal Infant Mortality by Race 2003-05

Black Fetal-Infant
Rate = **13.99**

- 6.0
- 3.6
- 1.4
- 2.9

Black = 189 Deaths
13,507 Births + Fetals

White Fetal-Infant
Rate = **8.31**

- 2.77
- 1.9
- 1.0
- 2.6

White = 192 Deaths
23,111 Births + Fetals
Contributing Factors

Perinatal Periods of Risk (PPOR)

- Health of the mother before pregnancy accounts for the largest population of poor birth outcomes

- Too many babies born to soon and too small
Contributing Factors cont.

Fetal and Infant Mortality Review (FIMR)

Unplanned pregnancy and existing medical conditions most frequent factors contributing to poor pregnancy health.
From data to action

• Used PPOR & FIMR findings to respond to federal Healthy Start request for proposal in 1999 to address racial disparities in birth outcomes

• Proposed a pre and interconceptional model

• Initiated the Magnolia Project
The Magnolia Project

A special Healthy Start initiative to improve the health and well-being of women during their childbearing years.
Project Components
(Healthy Start Models of Intervention)

- Outreach and Case Finding
- Enhanced Clinical Services
- Case Management
- Risk Prevention & Reduction (Health Education)
- Consortium (Community Council)
Outreach and Participant Recruitment

Identify and enroll community members that are the most need of services
Enhanced Clinical Services

- Improve accessibility to health care
- Low cost health exams
- Prenatal care
- HIV/STD screening and treatment
- Free Pregnancy test
- Walk-ins!!
Case Management

- Home visitation program for non-pregnant women
- Address health and social factors that could negatively affect a future pregnancy
- Coordinate services from multiple providers to meet participant’s needs
Health Education & Risk Reduction

- Reduce high-risk behaviors associated with infant mortality within women of childbearing age or factors contributing to these behaviors.

- Counseling/education
  - Sexually transmitted diseases/infections
  - Substance abuse
  - Family planning/birth spacing
  - Douching
  - Healthy lifestyle (nutrition, exercise, safe sex)
Community Council (Consortium)

- Established 2002
- Partner with community residents and participants
- Increase community knowledge
  - Community health fairs
  - Lay Health Workers
  - Coordinate health education activities in neighborhood communities
  - Participate in NHSA Annual Spring Conference
Strategies to Reduce Infant Mortality

- Neighborhood clinic
- Non-traditional clinic hours
- “Free” Pregnancy test
- Non traditional outreach events
- Interventions directed at individuals and community
- Neighborhood development, education and capacity building
Strategies to Reduce Black Infant Mortality continued

- Organized *Black Infant Health Community Council (BIHCC)* to engage and mobilize community leaders

- Conducted *town hall meetings and focus groups* to identify key issues and solutions for addressing Black infant health.
What’s next…

Infant Mortality Social Marketing Campaign

* Raise community awareness
  (traditional/nontraditional media/messages to positively impact birth outcomes)

* Increase self-efficacy
  (education, skill-building and resource development)

* Reinforce positive behaviors
  (peer influence)
Nearly 50 babies a year (34 Black and 15 White) could be saved if ALL mothers in Jacksonville had outcomes equal to the mothers with the best outcomes.
Thank you!