

Addressing Infant Mortality Among African Americans:

An Urgent Matter



Report of a Minneapolis/St. Paul Metropolitan Area Environmental Scan Utilizing
African American Churches

Conducted by the Stairstep Foundation There is a Balm Team

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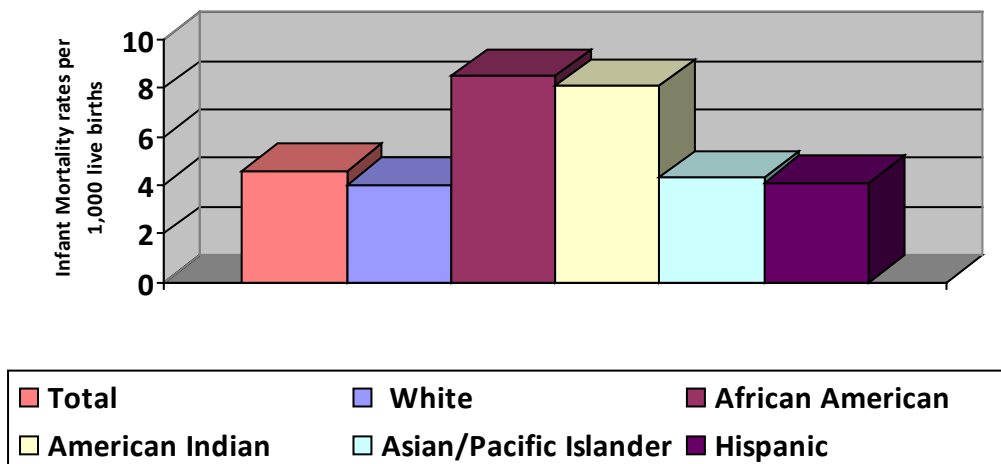
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INTRODUCTION

Infant mortality, defined as the death of an infant during the first year of life, is an important indicator of the health status of a population. According to data from the Minnesota Department of Health, each year about 70,000 babies are born in Minnesota of which about 380 die in their first year of life. The overall infant mortality rate in Minnesota is the lowest among all states in the United States. Despite having the lowest overall infant mortality rate in the country, some populations in Minnesota experience infant mortality at rates that are much higher than the state average (Figure 1). In 2009, the infant mortality rate for African Americans in Minnesota was, 8.5 compared to a state average of 4.6 per 1,000 live births (<http://www.health.state.mn.us/divs/chs/annsum/09annsum/AnnualSummary2009.pdf>).

Figure 1. Infant Mortality Rates in Minnesota by Race/Ethnicity



To better understand the topic of infant mortality among the African American communities in Minnesota, the Stairstep Foundation conducted an environmental scan among 16 African American churches in the Twin Cities of Minneapolis and St. Paul.

Project Scope

1. Assess the extent of the problem of infant mortality from the community perspective
2. Assess the community perceptions about causes of infant mortality
3. Assess community wisdom about solutions to address the problem of infant mortality

Methodology

Mixed methods were used which included quantitative (survey) and qualitative methods. Qualitative methods included eight focus groups and one-on-one interviews with 14 ministers and a County medical examiner.

Survey

The survey was a 48-item instrument administered by volunteer health coordinators from participating churches. The questions were designed based on previous national and state-level research on infant mortality. The goal is to have 5-10 completed surveys from each church. Topics covered in the survey questions included:

- Demographics
- Health Insurance
- Prenatal Care
- Injury Prevention/Safety
- Sleeping Behaviors
- Alcohol Use and Tobacco Use

- Parental Relationship
- Previous Pregnancy Outcomes

Focus Groups

Eight focus groups were conducted by volunteer health coordinators from participating churches using a uniform moderator's guide. A total of 43 (23 females, 20 males) individuals participated in the focus groups at various church locations. Focus group participants' ages ranged 15-68 years. Each focus group lasted approximately 1 hour and was audio recorded. Focus groups were conducted with each of the following groups:

- Healthcare workers
- People who have experienced infant mortality personally or in their immediate family members
- Teenage mothers
- Men
- General church members (3 groups)

Questions addressed in each focus group included:

- What is the perception of the problem of infant mortality in the African American community?
- What were participants' past or current experiences with infant mortality either personally or with family and friends?

- For those who have had personal experience with infant mortality, how did they handle the situations, what resources did they use or wish were available, and what would they do differently?
- What role can the church play in reducing this problem or in supporting those going through the experience among their congregation?
- What role might the church play in addressing the issue of infant mortality among the community at large, including non-members of the church?

Interviews

Individual interviews were conducted by volunteer health coordinators from participating churches. Fifteen interviews were conducted including 14 ministers and a County medical examiner. Interviews lasted 30 to 60 minutes. Interview questions included:

- What do people who work to reduce infant mortality rates among African-Americans need to understand to be effective?
- Do you think the resources available will reduce infant mortality rates among African Americans? What else is needed?
- Who do you think African Americans would trust to get information about maternal and child health?
- What do you think will work to reduce infant mortality rates among African Americans, such as working with churches, radios, TV, media, sports, music, and community health workers?
- What role can the church play to reduce infant mortality among church members?

- What role can the church play in the community to reduce infant mortality?

RESULTS

Survey Results

Overview and Demographics

The survey was administered by volunteer health coordinators from participating churches between the months of February and May 2010. A total of 93 surveys were completed. Because this aspect of the project was designed to examine perspectives from mothers, all participants were females with a mean age of 30.7 (SD=8.0) years. Forty-two percent of respondents were married, had an average household size of 4 (SD=1.9), and nearly 60% had household income of less than \$25,000 in the previous year.

Table 1. Demographic Characteristics of survey respondents

Characteristics	Mean (SD)* or Percent
Female	100%
Age in years, mean (SD)	30.7 (8.0)
Marital Status	
Married	41.9%
Living with steady partner/common law marriage	8.6%
Never married	33.3%
Other	16.1%
Household size, mean (SD)	4.0 (1.9)
Household income in past 12 months	
Less than \$10,000	19.6%
\$10,00-\$14,999	9.8%
\$15,000-\$19,999	16.3%
\$20,000 to \$24,999	14.1%
\$25,000 to \$34,999	12.0%
\$35,000 to \$49,999	9.8%
\$50,000 or more	14.1%
Other	4.3%

*SD = Standard Deviation

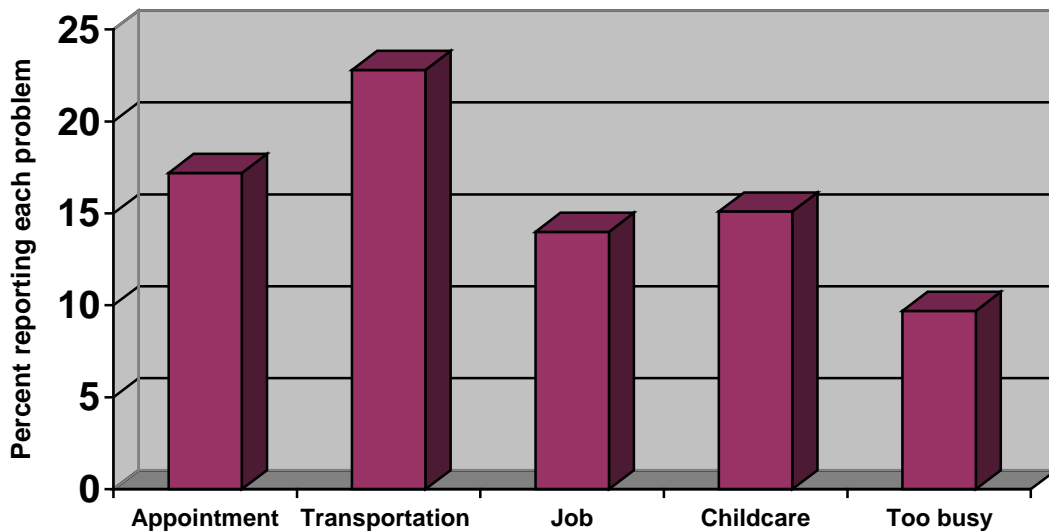
Health Insurance

When asked about health insurance before their most recent pregnancy, 23.7% reported they did not have any type of health insurance before they got pregnant. Of those who had insurance, 52.6% had Medicaid (including Medical Assistance or Minnesota Care), 21.5% had insurance through their work or husband's work, and 17.2% had Indian Health Service. Eighty-seven reported they have insurance for their new baby.

Prenatal Care

Seventy-six percent of the women reported that they got prenatal care as early as they wanted; 38.9% had their first prenatal visit with first month, 77.8% within the first 2 months, and 92.2% within the first 3 months of pregnancy. Figure 2 shows frequency of problems that women reported they encountered with getting prenatal care.

Figure 2: Problems encountered getting prenatal care



Appointment = I couldn't get an appointment
Transportation = I had no way to get to the clinic
Job = I couldn't take time off work
Childcare = I had no one to take care of my children
Too busy = I had too many things going on

Survey participants were also asked about whether or not their healthcare provider discussed certain topics with them during their prenatal visit. Their responses are shown in Table 2. When asked to what extent they followed the advice from their healthcare professional during pregnancy, 10.8% reported they followed the advice “a little”, 81.7% said “a lot” and only 1.1% said “not at all”. Twenty-six percent of respondents reported not taking any multivitamins during the month they got pregnant, 17.2% took multivitamins 1-3 times/week, 8.6% took them 4-6 times/week, and 30.1% took them daily. Twenty-four percent reported taking other prescription and/or over-the-counter medicines during pregnancy. Fifty-eight percent of survey respondents reported breastfeeding their baby after delivery and the mean duration (SD) of breastfeeding was 17.8 (25.7) weeks. Fourteen-percent were told during their most recent pregnancy by a healthcare provider that they had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection. The most common of these were yeast (7%), Chlamydia (4%), Group B Strep (4%), Gonorrhea (3%), Syphilis (2%), Trichomonas (2%), and UTI (2%).

Table 2. Health topics discussed at prenatal visits

Topics	Percent reporting topic was not discussed
How smoking during pregnancy could affect my baby	31.2%
Breastfeeding my baby	23.7%
How drinking alcohol during pregnancy could affect my baby	23.7%
Using a seat belt during my pregnancy	30.1%
Birth control methods to use after my pregnancy	16.1%
Medicines that are safe to take during my pregnancy	15.1%
How using illegal drugs could affect my baby	30.1%
Doing tests to screen for birth defects or diseases that run in my family	23.7%
What to do if my labor starts early	18.3%
Getting tested for HIV (the virus that causes AIDS)	20.4%
The kinds of food that would be good for the development of the baby	15.1%

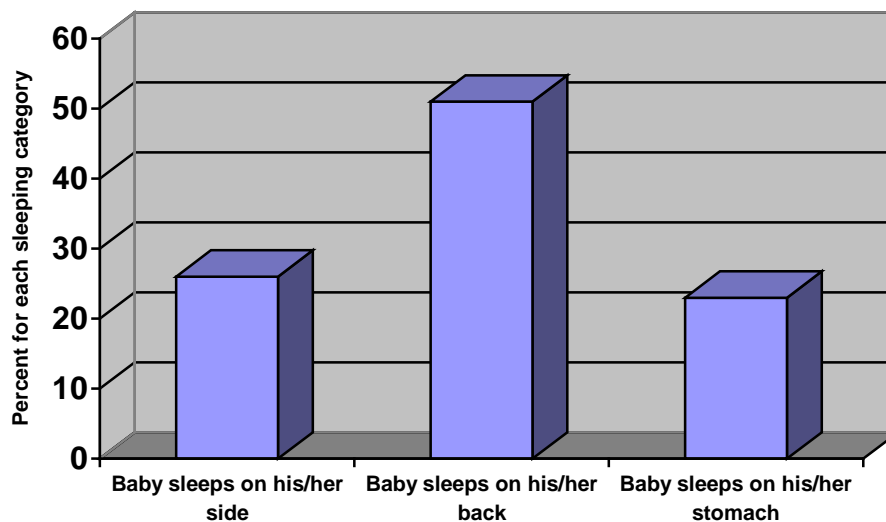
Injury Prevention/Safety

Survey respondents were asked about whether or not they have a car seat for their baby and how often a car seat was used by their infant. Eighty-four percent reported having an infant car seat for their baby, but 5.5% sometimes or never have their baby ride in a car with an infant car seat. Twenty-two percent have experienced some kind of violence during pregnancy, including pushing/punching (8%), hitting (4%), slapping (4%), injury that required medical attention (3%), and others (3%).

Sleeping Behaviors

When asked about sleeping behaviors of their baby (Figure 3), 26% laid their baby on his/her side, 51% on the back, while 23% laid baby down on his/her stomach. In addition, 35% reported that their new baby often or always sleeps in the same bed with mom or someone else; the new baby sleeps alone in a crib 65% of the time.

Figure 3. How baby most often sleeps



Alcohol and Tobacco Use

Respondents were asked about their alcohol use during the 3 months before pregnancy, including binge drinking. Binge drinking was defined as drinking 5 or more alcoholic drinks in one sitting. About 60% did not consume alcohol within 3 months prior to their pregnancy (Figure 4). About 34% of respondents reported engaging in binge drinking at various times (Figure 5).

Figure 4: Number of drinks per week

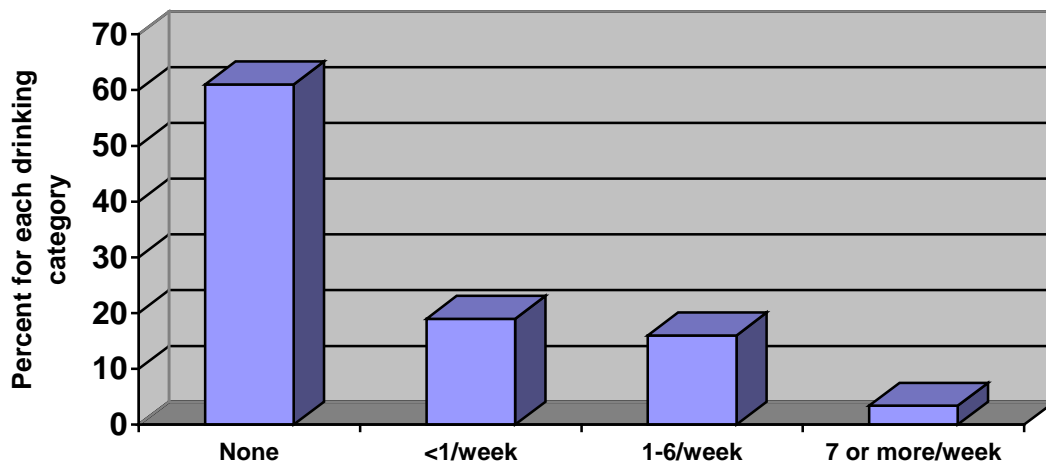
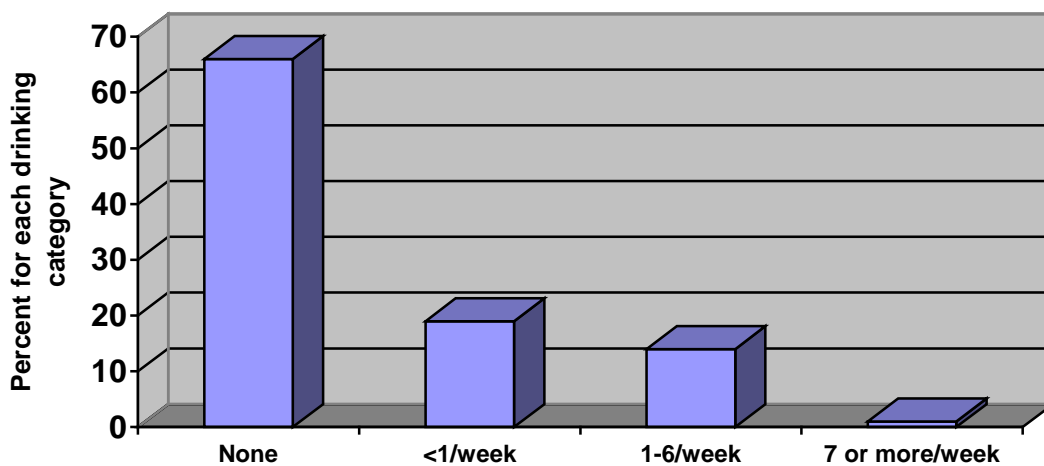


Figure 5: Number of binge drinks per week



Twenty percent of respondents smoked cigarettes at the time of the survey. Figure 6 shows the self-reported number of cigarettes smoked per day (CPD) with most of the smokers smoking 1-10 cigarettes per day. Thirty percent of respondents reported stopping smoking for one day or longer during pregnancy because they were trying to quit, and 31% attempted to cut back on the number of cigarettes smoked during pregnancy. Figure 7 shows the distribution of home smoking rules during respondents' most recent pregnancy. About one-third either do not have any rules about smoking in their homes or allow smoking at some times or in some places in their homes during pregnancy.

Figure 6: Number of cigarettes smoked per day

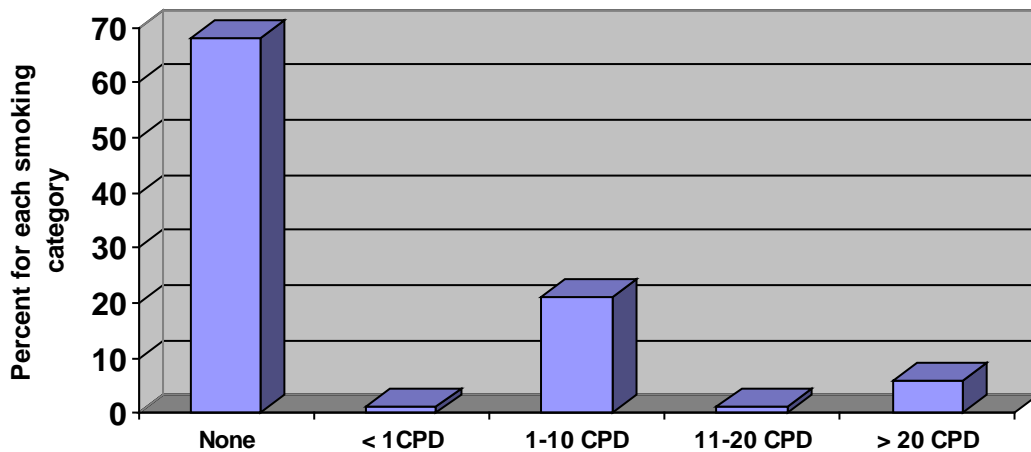
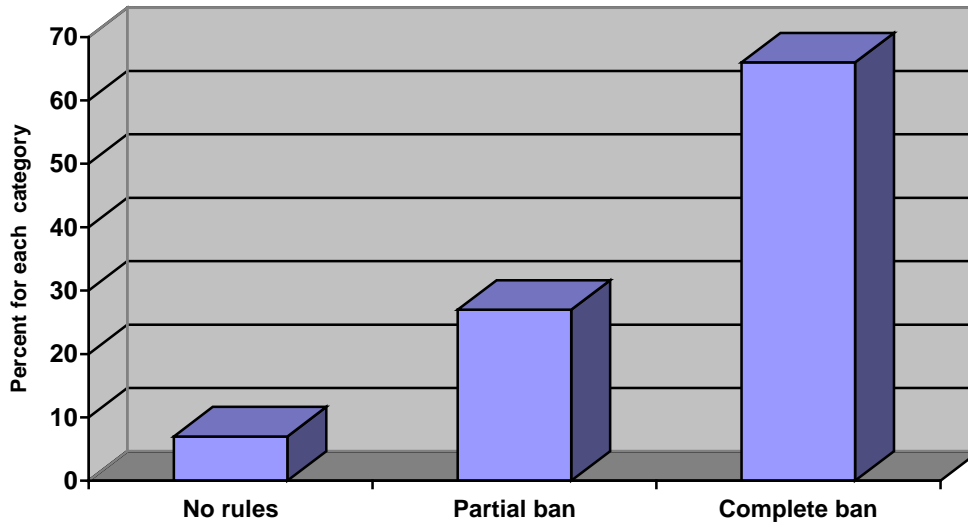


Figure 7 : Home smoking rules during most recent pregnancy



Parental Relationship

Survey respondents were asked whether or not their baby's father lived with them during their most recent pregnancy with 76% reporting "Yes". Fifty percent of respondents reported that the baby's father currently live them.

Previous Pregnancy Outcome

Nine percent of the respondents reported that they have had a previous baby that weigh less than 2.5 kg at birth and 6% have had a baby born more than 3 weeks before their due date. Eleven percent reported that their most recent baby was no longer alive.

Focus Group Results

General Themes

A number of themes were common to virtually all groups. With the exception of the healthcare professional group, one theme apparent to varying extent in all groups is lack of awareness among some that infant mortality is still a problem among African Americans. One such comment was:

.....I don't know if this is a problem at this time, but I know years ago they didn't encourage before a child was born ultrasound and where they take the fluid. They didn't encourage any of that and I think that was a problem back then. As you get older and have children, there is subject to be some problems, even if there's no history of problems in your family. I don't know exactly what the age has to do with it, but I feel one of the problems is not enough real examination before the child is born, not enough getting down to see what's going on with their child before they were born.

Another common theme expressed was how devastating losing an infant can be to the family and community. This creates a huge yet unmet need for affected families. One person commented:

.....Okay, I personally had one with my niece, and her baby regrettably... he just was, you know, went to put him down for the nap, the usual scenario, which is true. You put them down; they just don't wake up, and they took him to (a hospital)... and I must say they were very good there, and they transferred him over to (another hospital).....and they knew he wasn't going to make it, but they just... you know, the process, so that you could process it and not just say, boom, they're gone or whatever, and the coroner was excellent because he took a lot of time to explain everything and let us know that it was nothing that she had done, that it was just the SIDS. They didn't know what caused it and stuff, so it really is... it's an experience that's really hard, and you know, you just... it's hard to deal with it, but you need strong family support, you know, and you definitely, definitely, definitely have to have that in your life to get you through it. .

Another person added:

....Yeah, and I, too, I could say we have lost eight babies within the last eight years.... I could say out of that eight, four African American, two Native and two Caucasian, so that has been within I'd say eight to 10 years, so when you connect with the women, because it's such a personal thing, it feels like a family. It feels like our grandbabies. It feels that way. So when they're going through this, it's very devastating and it's very hard because we put out all the service that we can put out, and they take it in and they do well, but like you said, some of them, they're so devastated. 'Is it my fault?' or 'what could I have done differently?'

Across groups, participants also identified lack of education especially by young mothers about prenatal and infant care as indicated by this comment:

....I think one of the reasons or causes is young mothers not being educated about doing prenatal care, not having the proper nutrition. I think that has a lot to do with it.

Several participants in most groups thought that economic stressors and other stressors in the home could contribute to infant mortality, as one person stated,

I think some of it is economic stressors or other stressors in the home. I know as of recently infant mortalities have gone up, and I know our office has been looking at that. And seeing the death that we did experience, we are kind of thinking, well, maybe some of these stressors in the economy and not having as much money around, there's been higher domestic abuse rates as well. Maybe that has some play in it.

Another person added:

.....not in my immediate family, but in my workplace in the past I have seen it happen, and the person it happened to, yeah, I guess you could say stress, you know, trying to work and take care of children that were already there, you know, just overworking yourself, and I think that was her problem because she had like back-to-back miscarriages, if that's included in there.

Another related theme is lack of resources for adequate day care that may lead to child abuse

.....Well, yeah, I'm just kind of thinking about the case I know, and I think another thing was lack of proper... I don't know if I want to say "proper

supervision," but maybe daycare, something like that available, because I think sometimes younger mothers end up maybe having boyfriends take care of the children, and something may happen under someone else's care.

Another major theme that emerged and was common to all the groups is that the church is a trusted institution within the African American community and that the church can play an important role in addressing infant mortality both among its members and the community at-large. Among the many roles that the church can play is to be supportive, forgiving, and not judging people who already experienced a tragedy as stated by someone:

Being supportive, I think the church is there to be supportive, and also show a sense of forgiveness, something I think we forget about, we're so...they (the church) certainly could make sure that they know that they should be getting care from the doctor from day one. They should always be encouraged at our churches. Most of us, when we've got someone pregnant in the congregation, we don't really interact with that person and talk to them about the baby to see how they are doing or anything, and I think we could be more focused on our young people, or whoever is having the baby, we could be more open with those people and let them know that we're there and just see how they are doing. I think that is part of the responsibility of the church.

Another benefit of churches mentioned is that there are others beside the ministers that can be involved in addressing the problem as this comment shows:

.....counseling and the counseling doesn't necessarily have to come from the pastors. It can come from the female deacons. It can come from the mothers of the church. Some churches have women's groups, but that kind of thing they could be supportive from those people rather than so much by the pastor.

Even when people are referred to other resources, they end up with the getting help from their churches:

.....we talk to them about the educational piece and all of that and still, sometimes these things happen, so what we try to do is steer them in some

counseling and we refer them to the SIDS center, and sometimes they don't go. Some, they decided to go to the spiritual, which is fine, which is a great thing. They go to their minister or someone in their church or family to deal with it.

However, some cautioned that the church should only be involved if they have been trained to do this:

.....if someone has proper training then I could see them, simply because, just like you say, we, as a people, we have a tendency to judge no matter what. It's just us; we judge. He is the one that's supposed to judge, but we as a people, as we are, we judge, so if a person had proper training and they had heard that someone had lost their child, then, okay, I say step out there, because you going to know the right... not even words to say, but the right way to say it because it's not what you say; it's how you say it to most people, no matter what you're going through. So I think the approach of a person having training and the approach to that person would be more helpful than just saying, okay, I go to this church and (a name) knows what happened to me, and (a name) comes to me and I'm looking at her and she's looking at me in my eyes and I'm like... how can you tell me that? You know what I'm saying? How can you say that when you don't really... if you haven't experienced... I haven't experienced... you can't do it (without training).

The majority supported the idea that churches should be involved in addressing infant mortality beyond their walls. Churches are more aware about what is going on in their community and many see it as part of their responsibility to help in their community:

Sometimes our churches don't realize a lot of the responsibility for a lot of things that happen in the community, is that their responsibility is that they should always have their doors open to address any difficulties where people may have lost children and not only just the infants.

Another person commented:

When you lose a child that is a really rough time, so there should always to resources at the church where they could reach out and get some help. I don't know how many of our churches have psychologists and psychiatrists, but when they do have those kinds of people, we used to have where they sign up, and if you are a doctor, they tell stuff. If we did that in our churches, and if those people are willing, someone from the congregation.

Churches should also find ways for getting information about their resources to the community through for example, radio, television, or the web. They should also encourage people to share their experience with others and not “bottle it up”:

If the church has those resources, how can they inform the community of that? What are the things they could do to inform the community? You have people that are non-church and they do not want to come, but then you have all these resources over here. What things should the church be doing in order to inform the non-church members that there are resources here that are available?

Churches can use various media to reach out to people in their communities including radio, television, and the internet:

..... most churches have a website now. A lot of people surf the web, so that would be one way of getting that information out. I think radio and the newspaper and maybe even TV. They have spiritual programs on that announce different things that are going on in the community, so I think that would be a way.

All agreed that the church needs to be given resources to address health issues in their communities:

.....and people always say, like, 'the church needs to do this!' and I think it's sometimes hard because the church doesn't always have the resources that maybe other... that maybe in the Latino community that's a little more true, that we don't have the resources to do as much as other churches.

Another statement endorsed by most was that the churches should be given more resources to address infant mortality,

...Maybe the state could give the church grants to help out in these areas, providing daycare for people who can't afford it, you know, when they need it, if it's even just for an hour; they got to go to the grocery store, you know, and stressful times, being able to provide certain services, hiring people to be counselors for people who are depressed.

Although the majority of participants would like to see the church address the problem of infant mortality beyond its members, not everyone agreed with this expanded role for the church as indicated by this comment:

.....I'm not sure about that one.....I think that one's a little more difficult.....It's kind of like bringing yourself into...someone else's stuff,....someone else's stuff, and if, you know, they haven't actually come to you and said they wanted your help, I think we're not as close-knit of a community as, you know, people used to be, and I think it might have been easier before; but now you don't even know your own neighbor. It's hard to then, you know, reach out at that point.

Healthcare Professionals

One of the major factors participants felt was contributing to the problem of infant mortality within the African American community is lack of up-to-date information, or in many cases misinformation about the topic of infant care. This was mentioned in virtually all focus groups but was emphasized by healthcare professionals. One healthcare professional stated:

Well, for me, I could honestly say that it might be several things. One is lack of education when they're having their babies. You know, like if they're going to the clinic, hopefully they're getting some education there, as opposed to from their families, etc., because their families have a different perception about babies, how they should be sleeping and that kind of thing. 'Do they need a crib' and 'do they not need a crib?' You have some parents that are coming from the old way, maybe 20 or 30 years ago, so they don't always bring on the proper teaching that their children, any of these young women, should have. And so I think that they need to be educated very early on when they're pregnant.

Another area of concern raised among the healthcare professionals was about wrong infant sleeping behaviors. People talked about differences in the way things were done in the past, “old school”, and the new way that people are being taught to do things

today, which is the “new school”. Healthcare workers were concerned that some older generations with good intentions are still instructing younger mothers in the wrong way.

One person stated:

...I'm thinking in terms of like the baby sleeping with the mom and sleeping with covers and pillows and everything like that, just trying to make sure that the baby is safe and sleeping in a proper way in a crib as opposed to sleeping with them, because a lot of moms prefer... some of them, the young mothers, still want their babies to sleep with them, and they sleep with the babies with them when we have found out it has caused suffocation, you know, and I have witnessed that with the loss of five of the babies.

Another person added:

Old school of thought used to lay a baby on their stomach, and now the new school of thought is to lay them on the back, and that is not widely known in the community. And so I think it is education and trying to turn some of that around or that you know you do need a bassinet. A child needs to go in a bassinet or a crib vs. we know you love your baby and want the baby to be there, but it is not safe.

The healthcare professionals were also concerned about shorter stays in hospitals after delivery. Because of the quick discharges, there is not enough time to adequately do all necessary education. This problem depends on the hospital as some do a better job than others in providing adequate education and materials prior to discharge. Many participants agreed with comments such as:

When Mom and I had our children, you used to actually spend a week in a hospital, and they even had video pictures of things that you were supposed to do, like how you fed the baby and breastfeeding was encouraged, and of course they had cloth diapers....over the years, if you're lucky you're in there 24 hours, because now it's hours rather than a week.

...., but you really don't go home with a wealth of information that you can even refer to, you know, like pick up a book or pull out a flyer. They don't send that much information home anymore.

...Does it also depend unfortunately what hospital you're at, you know, what community? Because my daughter just had a baby two years ago and she did get this information and they did go over it with her regarding the do's and the don'ts with her baby, but she also selected to have a midwife, too.

One program that all the healthcare professionals agreed is effective is the “Doula” program. They all thought that having doulas involved in the prenatal and delivery process could improve the delivery experience and ensure new mothers receive needed education and support. There were several positive comments about the success of the “doula” programs. Several individual comments include:

....so now you can have a midwife, and then there's another very, very important person called the doula....the doula is just wonderful.

....I'm excited to say that I've been around when there wasn't a doula, and watching them grow and watching them now is great, they can even get paid.

.....I've just been introduced to the doulas this year, and they are wonderful. You can have the doula for your husband, keep him calm, breathing, also for your... yes, for yourself, because the doula is there to keep you breathing, calm, get whatever you need. It's like having your own masseuse.

... It's like a birthing partner and they have training now and they're certified and you should know that at Stairstep they actually have a trainer, and it's the third year that they've been training women in the church to become doulas.

The professionals also talked about substance abuse, including drugs and alcohol as important factors in infant mortality as stated by one participant:

.... another thing I think that perhaps we don't necessarily think about is, you mentioned the drugs a minute ago. Those people, men as well as the women, who uses drugs before they become pregnant also has a fact in that. So any young person that I see or talk to, I ask (them) before you start to thinking about a family, stop your drugs.

Another person added:

.....when you're thinking about the women that with the alcohol, you know, and some of the five drugs and such drugs that are mandated by law for the

health of these babies is that there's methamphetamines, opiates, crack cocaine and alcohol, and now it's marijuana, as well, and the alcohol does... very poisonous damage, to the system, more so... crack cocaine, marijuana and heroin. Crack cocaine eventually, if they're nurtured and healthy as a point, they can outgrow it. But when the mothers are drinking alcohol, even... you don't know when the first trimester. It goes to the brain. So we have to understand that, that none of the drugs and alcohol is good for the health of the babies.

Sometimes mothers are hesitant to ask for help because they get blamed as others and they are also afraid of being reported:

And in those situations, I think it's hard. I think it would be really hard for someone to go and get the therapy that they might need after a situation like that, because, when a child dies under one, it isn't necessarily everybody's hugging and thinks you're a great person, you're fine. There's probably a lot going on in that situation, whether it be other people looking at you criminally, it could be people looking at you child-protection-wise. I mean it could be... there could be a lot of...stress.... repercussions going on at that time.

Another added:

....and for you to go to somebody, a therapist, who is a mandated reporter, that is an issue, I think.

Men

One theme that emerged from men is the need to recognize that men treat things differently as expressed in these comments:

...I guess men treat things a little differently and talking about something like that would be kind of hard because you have to watch how you talk about it and we talk about stuff in a different way from women. It's harder or tougher type of setting versus a spill out of emotions. We are more introverted and hold onto a lot of stuff instead of letting it kind of hang loose and just be a person. A lot of men probably tend to do that. I know in certain situations I do the same, so I'm sure it's the same across the board for other men.

I think persistence. The first time around we don't latch on as quick. We are not too quick to put ourselves out on that limb or open ourselves up to everybody else. A lot of men are kind of introverted, so it takes some time

before we open up to other men or other people. We are more observant and we keep our emotions to ourselves. And that is our perspective, I guess.

Another theme is that men should be included in the educational programs addressing infant mortality:

The guys need guidance too, you know, because I heard... I was at North Point waiting to be waited on and these two guys were sitting there talking, and they were talking about this girl wanted to have a baby for him. You know, they were having a conversation about that, so it's like you said, self-esteem and they feel... and some of them said they want somebody to love.

I think also, not just the mom, but that we have to pay close attention to the father. Just from experience, I put it in perspective, I think the counseling should be geared toward both (mom and dad).

Teens

There was a general lack of awareness among teens about the problem of infant mortality until it happened to them personally as expressed in this teen's comment:

I wasn't aware of it (infant mortality). There are different reasons why a baby would die. It could be that it was without a cause. Sometimes it's because the baby is tangled up some stuff that's in the crib, a blanket and stuff like that because people would roll the baby over and sleep in the bed with baby. Other times it's just.... sometimes people have shaken the baby. You have heard of shaken-baby syndrome?

Another teen shared her experience with a fellow teenager:

She said I was in agony. She was having a hard time...what can you say? Well, look at him...through that whole experience; I didn't want to hold the baby for a while. I wouldn't have wanted to go through that at all... Just going through that you don't even want to hold another baby given what the mom went through. That is a really difficult situation.

When asked about what possible role the church could play in addressing infant mortality among teenage mothers, many teenagers suggested the need for education and counseling as stated in these comments by some teens:

I think they should learn more about their risks of having babies, so that they check their background, maybe to see what might be wrong with their system [Inaudible] or their family history.

I think there should be counseling for this, so do this early. It wouldn't cost that much. Cost could be based on the income of the people.

Individual Interviews

Although the majority of the ministers interviewed were aware of the problem of infant mortality in their community, there was still some degree of unawareness about the problem of infant mortality among a few of the ministers as stated by one minister:

I'm not sure that I thought there was a problem with infant mortality for African Americans. However, if I think about it, I think it's about the medical assistance that African American pregnant women get. They might not be receiving the adequate medical attention that they need during pregnancy. Then after the birth of the baby, maybe there are some other things that need to be done, prenatal care that needs to be taken care of.

There was a general level of concern among most of the ministers that infant mortality is a huge problem in the African American population. However, there were a few common themes as well as differences in the perception of the nature of the problem among individual ministers. Three themes that were widely shared among the ministers as contributing to the infant mortality among African Americans include poor parenting skills, inadequate prenatal care, and lack of education about infant mortality in their communities. Ministers expressed that these problems are worse among young or adolescent parents. As one minister puts it:

.....I know there have been an awful lot of infant deaths. Obviously this has to be a concern for anyone who care about human life as pertaining to what is going on in the home environment, and the type of training that our parents may need so they can better watch their children, better care for their infants, and so that the African-American infant mortality rate will be reduced, hopefully to zero.

According to the ministers, parental training must start before the baby is born:

I think our families are not getting all of the training necessary, not just when a child is born but even before a child is born,... We're not stupid, it's kids/babies having babies, teenagers having babies. Well, what is a teenager? What does a teenager know about parenting skills? They don't know anything, and then they get involved, they have chaotic relationships with the fathers of these infants, and of course there are a lot of issues that have not been addressed between them. Now they have one added issue with a child born in the family. There is definitely a lack of parental training on these kids' part.

Regarding inadequate prenatal care, some ministers think that “fear” is a big contributing factor, as expressed by one minister:

Well, it is a problem and one of the biggest ones is fear. Young ladies are scared to let family know, scared to let anyone know. By the time anyone realizes that they are further along than she looks or that they are, it's usually in the third trimester, and by that time they are missed two trimesters of prenatal care that they desperately need for the child, it's forming and growing within the womb of the mother, and not getting what the child deserves to have. The chances are much better for the child than if they ignored it until the third trimester.

The ministers were also generally concerned about lack of adequate education about infant mortality more so among pregnant teenagers because they continue to engage in behaviors that would affect the health of their unborn baby. One minister said:

My perception of the problem is one of our African-American families not having enough education around what infant mortality is, what it takes to have a healthy, stable life for their infants. A lot of young families have come up in our community in the last 20 years, particularly in this last 10, the parents, the

mothers and the fathers, are much younger. ...right now (I know of) several young women who are expecting babies between 14 and 22. When I ask them what are their plans, they're looking at these children as baby dolls or toys, these kinds of things, somebody who will receive the way they want to dress them, the way they want to feed them, and they're hoping they're cute, but when I talk about infant health and infant care, it's like 'well, my baby's going to be fine.' I think they don't have any clue of what it takes for... I've seen them just ingest all kinds of junk and smoke still, and even some of the girls still do smoke marijuana, smoke weed. It's like 'my baby's going to be okay,' and they don't really believe that they're taking risks with their bodies when they're pregnant when they don't do the kinds of things that they need to do.

Ministers also spoke about the role of poverty as stated in this comment:

I think for us, as in most things, poverty is a major force, and sometimes poverty is connected to education or information. Oft times, we get some of the worst care and some of the worst information sometimes when we go, but then other times, we don't go get the information that we need for a healthy lifestyle, such as, I've seen young girls pregnant that still drink and smoke, and so they overlook the detriment that that can bring to the child. If we get them educated more, and get them up and out of those places and pockets of poverty, it could play a major role.

Several ministers expressed that people working to reduce infant mortality in the African American population need to have a certain level of awareness and skill set to be effective. First, they need to be up-to-date in their knowledge about prenatal care and care of infants and not depend on old knowledge and ways of doing things, as one minister put it:

They need to have the best information available at this present time. Rather than try and do things we saw our parents do for us, we need to have the adequate, the updated information that benefits the majority group. I don't think we have that information. Sometimes we think we know and we just do what we think we know. I think we need to tap into the education of taking care of our infants.

The ministers also want people working within this community to be upfront in their message, especially with young people:

Education is a key, not being afraid to confront the young people, letting them know what they are responsible for and what the child deserves to have. After it's all said and done, it's about the child and it's about the mother realizing that what they are carrying is life, and when you are carrying a life you want to take care of that life. That child deserves that, and to teach the young ladies, and also the young men, who are involved with the pregnancy, not to be afraid to tell somebody, to feel free and open to tell someone so they can get you the help that you need.

Most of the ministers also emphasized the need for cultural competency for professionals working to reduce infant mortality within the African American communities:

One of the main things I would say is that those professionals need to be culturally competent. They need to understand the culture of the African American; they need to understand the moms, the infants, our families, and our makeup. I think it's important to understand many of the barriers that we may have, or some of the issues and problems we might face in our community, and being culturally competent is really important. They have to look through a different lens.

Ministers also thought it was important that professional working African American communities understand the economic issues people are dealing with because this is related to health issues:

They have to understand the issue of economic resources that poverty is a big reason why people experience more infant mortality in our community, and African-Americans are disproportionately more economically stressed and distressed than other communities.

Some of the ministers believe that although resources are available to address infant mortality, African Americans don't have adequate access to useful information to the same extent as other groups and that this needs to be corrected, as expressed by one minister:

I think in this country we need to stop being divided as groups and we need to be just people and everybody get the same information and that information be disbursed equally and evenly to all people. We know that the segregation

thing certainly plays a part in this and people are just not willing to share the information that they have. I believe that if we had adequate information and adequate service to our people that we could certainly lower the infant mortality rate.

The access problem was stated differently by another minister:

If we have access to the resources, I think it will work, because a lot of times, the resources are there, but the people who really need it, they are not there. We have different workshops or meetings or whatever, but if they're not there to get the information, that they're not there to get the resources, and then it's not going to help them. We've got to make the resources more accessible. That's where we make a difference.

Concern was also expressed about the level of funding available to address the problem of infant mortality:

..our resources, when it comes to us, are always under-funded. It's almost like we're forever and a day in pilot projects that we can know that which is right and we don't do it. Study after study after study, and I'm sure they've done a million of them, tells what are the things that we need to do to change the situation around, but the government, for the most part, normally under-funds everything when it comes to us.

Regarding what else would be needed in addition to traditional measures, some ministers believe that programs need to address other life issues that impact infant mortality:

Value training, respect of life, anger management, social skills, unemployment, and what to do when you're unemployed. Really we want to see everybody employed. Education, the basic fundamentals of a quality of life needs to be reinstated, and I think a lot of these parents today lack those skills, lack the opportunity. A lot of them are dropouts out of high school, so the high schools, the grade schools; unfortunately, middle schools probably need to develop a sort of curriculum on parental training. We can't legislate any home training, but something, anywhere where there is young people especially, young mothers, young fathers, whether it be prison, hospitals, school, church, YMCA, anywhere where there's a pocket of people who are potential parents, there needs to be some kind of curriculum for parental training.

There was a general consensus that African Americans are more likely to trust other African American professionals:

I think they would trust other African Americans more so than they would the Caucasians because it looks like we care about ourselves more so than other folk care about us. We need to have African American doctors and nurses and practitioners, who have the expertise in child development, childcare and that kind of thing to benefit our people. I just said that we need to stop being a nation of separate people, but right now, the way things are, we are stuck in that mold. We are stuck there because that's where our country is.

In addition to healthcare professionals there are other institutions in the community that are trusted by people including churches and local businesses:

In my 43 years of living, I know that the black church has played a vital role in any issue that was going to affect our community. The church has been one of the main centers for people to gather every week, and I think if the pastors and lay leaders would get involved. Most churches now do have health team ministries or some kind of health team auxiliary within their church, and if time or space were provided, that information could be given out on Sundays and on Wednesdays or even Saturdays with workshop and seminars would be helpful.

...yeah, we trust people with our hair, we trust people with our feet, getting the pedicures, we trust people with our hands, getting the manicures, and barbershops. Going to places of business, Ernst Beauty Supplies, Sally's, people trust those people because they go in there and spend their money, and they provide, they're getting a service. We have to think outside of the box and find people that people trust in the community.

Virtually all the ministers expressed that combating the problem of infant mortality among African Americans would require working through multiple channels and institutions such as schools, media, and local businesses. One minister stated:

It's an education thing, and we need to work with schools and the churches. I don't want to say this, but I know everybody want to come to the church because the church is the stabilizing institution in our community...the only

place we have in our African American neighborhoods now is the church. We have no other gathering board other than the barber shop or the beauty shop, but I believe that we need to have a way of disseminating information equally to all people and that's not happening now. Some people don't come to church; other people go to barber shops, other people go to hair dressers, but we need to have an adequate way of disseminating information to our entire African American community and I don't think that's happening now.

Another minister suggested we need a new way of thinking:

All of these things, working with churches, radio, TV, media, sports, music, and community health workers. I think all of that. However, something is not working, and we're doing some of this already. I know we use the term 'thinking out of the box' a lot, but we have to rethink how we do this. It's not working.

I don't have all the answers but I do know that we're going to have to... we can't wait for people to come to us, we have to go to the people, and we have to be in very unlikely places. I named some of the places in the forefront that's not on here, beauty shops, hair salons, barbershops, and those kinds of places. However we do it, it needs to be tweaked, and we have to come up with some new ways of not doing a lot of work, but working smarter, and working in the way that we reach more people.

All the ministers thought the churches have an important role to play to reduce infant mortality among their members and that there are a number of things that can be done by the churches that are not currently happening in most churches.

Examples include the developing a curriculum both to increase awareness of the problem and how to prevent and what to do when the situation occurs. A minister commented:

Besides preaching it, having classes. Faith-based organizations need to have structured classes, especially youth classes, Sunday School Christian education classes on Sundays, and midweek services that would also involve a curriculum addressing this great subject of infant mortality.

The program needs to be offered in a caring manner:

To be a voice in the church, that's the biggest thing. There are people who want to be a guide or an encouragement to the young ladies, and also, the families in the church, to let them know that you care. Let them know that you understand and let you know that you are not alone. Letting them know that it's not about beating them across the head about what the Bible says. You have to deal with people in the natural sense before you even deal with the spiritual sense.

Some ministers also thought the education provided in churches should include sex and sexuality as well as prenatal care:

Number one, we can start early to talk about sex and sexuality in the church. I think the church has been too silent. If there are people in the church, just based on working with those people who would like to have groups with young people, so that first thing would be to decrease teenage pregnancy, because we know that many times teenagers, the infant mortality can be high. That's the first thing, is to decrease people having babies.

The second thing the church can do is have health ministries where we talk about good prenatal care, because we're talking about healthy eating, that's important, and anti-smoking campaigns. We know that smoking really adds to infant mortality, and I've seen lately that so many of our younger people are smoking now. One time that was down, but that's up again as I go and look and I see young women in their 20s and 30s smoking, that kind of thing.

The church can play a role when we talking about healthy living and healthy well-being, because I think God want us to be whole people. Infant mortality is just a part of what God wants for us. God wants our babies to be strong and healthy and living, so that would just be a part of that health ministry that churches can do.

There was a general consensus among the ministers that churches ought to be involved in addressing the problem of infant mortality in the larger community beyond their church membership and that this should be done in a collaborative manner and not with competing or duplicating programs. Some specific statements of two ministers include:

...I could see a group of churches getting together, having a forum on infant mortality, or having a Sunday, like you have a Cancer Sunday, have a Sunday on infant mortality, have a session and have someone from the

outside who works on this, have a session after church or before church to do this. You could do it individually as churches or you could have an infant mortality forum one Saturday and have people come together and talk about the importance of it.

...Have a forum, conduct a community forum, call faith-based churches together and have some speakers, mothers and fathers, those who lost children, those who are about to have children, even those who don't want children, all should be present to at least bring awareness and education to the community. I think that we have a golden opportunity. I like what I'm seeing, there's a yearning for education now, and this is good stuff that needs to be taught, it's good stuff that needs to be shared with the people.

In addition to interviews with the ministers, the project also included an interview with a County medical examiner to get his perspectives on the causes and possibly reduction of infant mortality in the African American community. The medical examiner clarified that since recently, there has been a new understanding that Sudden Infant Death Syndrome or SIDS is not the major cause of infant mortality. He stated:

Research and home visit case findings has given consistent evidence that unsafe sleeping environments is a major cause of infant mortality.

He further explained that common scenarios that may cause infant suffocation and death include:

... getting caught in a corner where she/he cannot move; rolling over on a plastic bag and can't breathe; sleeping in a crib lined with a soft pillow, blankets and rolls into a pillow fold and can't breathe or roll back; being placed on a soft couch and rolls into the fold of the couch; or being in bed with a large/obese adult who rolls over on the infant.

The medical examiner then gave a few hints about what is found when a baby dies from suffocation:

A baby who dies from suffocation has profuse discoloration around the mouth and nose, where the effort to breathe creates or causes a web across the cheeks and nose. When you see where the infant was found, there is a linen stain or evidence of frothy mucus where efforts to breathe failed.

SUMMARY OF FINDINGS

1. Although healthcare professionals and some ministers in African American churches are aware of the problem of infant mortality among African Americans, there is a considerable level of unawareness about this problem within the African American community in general, and among ministers and church members.
2. The main factors identified by the participants as contributing to the infant mortality problem among African Americans include economic challenges, lack of access to resources, teenage pregnancy, poor parenting skills- especially for younger mothers, inadequate prenatal care, and lack of education about infant mortality in their communities.
3. There is a general lack of awareness about resources available for addressing infant mortality.
4. Program officials addressing infant mortality in African American communities should work with professionals and organizations that are trusted by African Americans. Although the church is the main trusted institution, there are other trusted groups like healthcare professionals, barber shops, and beauty salons.
5. There was a general consensus that churches ought to be more involved in addressing the problem of infant mortality both among its members and the African American community at large.

6. Churches ought to have youth and family ministries that are led by people that are trusted by young people who are impacted by infant mortality and other related health problems.
7. Twenty percent of respondents reported they did not have any type of health insurance before they got pregnant. About 14% did not have insurance for their new baby.
8. About 25% of respondents did not receive prenatal care early enough during pregnancy, and many face difficulty accessing prenatal care including, lack of convenient appointments, transportation problems, lack of release time from employers, and lack of day care for other children at home while pregnant mothers go for prenatal appointments.
9. Nearly half of the people surveyed reported they either did not take any multivitamins or took vitamins for 3 or fewer days a week during the month they got pregnant.
10. About 17% of respondents reported they did not have an infant car seat for their baby.
11. About 20% of respondents reported experiencing some kind of violence during pregnancy.
12. Unsafe sleeping behaviors for babies are quite common. About one-third of the respondents reported that their new baby often or always sleeps in the same bed with mom or someone and 25% of the women lay their babies to sleep on their stomach.

13. About 20% of respondents smoked cigarettes before pregnancy, and only a small proportion quit during pregnancy. About a third of the respondents either did not have any rules about smoking in their homes or allowed smoking in some rooms or some times during their pregnancy.
14. Nearly half of the respondents consume alcohol and about 2 in 5 women binge drink within 3 months of their pregnancy.
15. Nearly 10% of the respondents have had a previous baby who weighed less than 2.5 kg at birth.
16. Nearly 11% of the women surveyed reported that their most recent baby was no longer alive.

CONCLUSIONS AND RECOMMENDATIONS

1. Although a lot may have been done in the past to educate people about infant mortality, there remains a considerable level of lack of awareness and lack of education about infant mortality in African American communities. Programs are needed to increase the level of awareness about the high rates of infant mortality among African Americans. In African American communities, churches are trusted institutions and are willing partners to address the awareness issue. Churches already have the infrastructure for education and outreach for grassroots impact through volunteer health coordinators and culturally appropriate faith-based educational programs that cut across multiple generations. In addition to churches schools, local

businesses, and health professionals should be engaged in outreach and educational programs.

2. Teenagers and young mothers should be priority groups for educational and outreach programs. Educational curriculums addressing teen pregnancy, prenatal education, and infant care should be developed and implemented through church-based, school-based, and community-based programs.
3. Research has demonstrated the efficacy of doula involvement in both a reduction of infant mortality and improvement in the rate of unwanted second pregnancies. While participants in this scan reflected a certain awareness of and appreciation for doula services the availability of these services is not consistent with the need and benefit. Efforts should be made to expand availability of doulas to this vulnerable population.
4. Because many factors that contribute to high rates of infant mortality are behaviors that remain quite prevalent in African American communities, there is a need to develop interventions for behavioral change at population levels. Among behaviors to be addressed are unprotected sex, teenage pregnancy, substance abuse, and unsafe sleeping behaviors. Such interventions should engage communities using a community-based participatory approach to ensure relevance, acceptability, sustainability, and overall benefit to the community.

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