

## WHITE PAPER

The Black Infant Health Practice Initiative requests \$1 million for the 2008-2009 fiscal year to continue evaluating the factors associated with infant mortality and to pilot interventions developed during the first year to address racial disparities in infant deaths. This funding would not only provide an opportunity to implement and evaluate interventions developed during the first year of the Initiative, but also allow communities with high Black infant death rates to sustain community involvement and advocate for needed policy and system changes at the local and state level.

Additionally, the Black Infant Health Practice Initiative requests legislative authority to amend Florida's current Medicaid family planning waiver to pilot expanded primary and preventive health care services for women who deliver very low birth weight babies. This is a revenue-neutral proposal that will allow selected sites with high Black infant mortality to address the health care needs of high-risk women between pregnancies and reduce their risk of having another costly premature baby.

In 2007, the Legislature passed and Governor Charlie Crist signed HB I269, creating the Black Infant Health Practice Initiative. The purpose of the legislation is to determine the medical and social factors contributing to the elevated rates of infant mortality among Black infants in Florida and to develop community-based strategies and recommend policy changes at the local and state level to address the disparity.

As a result of HB 1269, a statewide practice collaborative has been formed to implement this legislation and address the issue of racial disparity in infant deaths in Florida. Included in this collaborative are the eight counties identified in statute (Hillsborough, Gadsden, Palm Beach, Orange, Broward, Duval, Putnam and Miami-Dade) each of which will receive grant funds administered by the Department of Health to participate in the Black Infant Health Practice Initiative. Each of these counties has a non-white infant mortality rate of at least 1.75 times greater than the white infant mortality rate between 2003 and 2005. Four of the Healthy Start Coalitions named in statute will collaborate with the Federal Healthy Start Consortiums in their counties (Hillsborough, Gadsden, Palm Beach and Duval). The University of South Florida (USF) and Florida Agricultural and Mechanical University (FAMU) are providing technical assistance and scientific guidance in developing and implementing research to understand the medical and social factors contributing to the racial disparity in infant deaths. The Florida Department of Health provides the technical assistance and contract management expertise for the collaborative.

Each community is charged with determining the social, economic, safety and health system factors that are associated with racial disparities in infant mortality in their communities. Based on the community-based research, the communities will develop a series of interventions and policies that are designed to address the disparity factors associated with infant mortality. Through the community engagement process, each community will also focus on implementing the community systems changes that are needed to address racial disparity. Each community will develop an evaluation plan to determine the effectiveness of each intervention they develop.

The community grant awards are using nonrecurring funds which must be expended by June 30, 2008. To effectively address this critical issue, continued funding is needed to sustain assessment activities as well as seed interventions based on recommendations developed by the collaborative. The Black Infant Health Practice Initiative requests an additional \$1 million dollars for the 2008–2009 fiscal year to continue community-based research such as FIMR case reviews and updating the Perinatal Periods of Risk analysis for 2006 and to pilot interventions developed during the first year to address the racial disparities in infant deaths. The additional funding would not only provide an opportunity to implement and begin to evaluate interventions developed during the first year of the Initiative, but also to move forward as individual communities, statewide, to sustain community involvement and advocate to change policies at the local and state level to reduce racial disparity in infant mortality.

At the end of the second year, the Black Infant Health Practice Initiative will sponsor a statewide workshop for other communities in Florida. The workshop will provide training for assessing and addressing racial disparity in infant mortality, sharing lessons learned over the past two years, and discuss additional efforts needed to close the racial gap.

Additionally, the Black Infant Health Practice Initiative requests legislative approval to amend Florida's current Medicaid family planning waiver to pilot expanded primary preventive health care services for women who deliver very low birth weight babies. Analyses undertaken by communities as part of the Black Infant Health Practice Initiative identified prematurity and very low birth weight as the primary contributors to Black infant death and disparities in birth outcomes. Women who have had a very low birth weight baby are at increased risk for having a poor birth outcome in subsequent pregnancies. Currently, many of these women do not have access to health care and related services that could address their risks until they are pregnant. The provision of care to these high-risk women between pregnancies offers promise for reducing Black infant mortality and narrowing disparities.

Amendment of the state's current Medicaid family planning waiver would enable selected communities involved in the collaborative to demonstrate the effectiveness of providing primary care and related risk reduction services to high-risk women between pregnancies. This is a revenue-neutral proposal that would address a key finding of the Black Infant Health Practice Collaborative and serve as a model for implementing this cost-saving health service statewide.