Executive Summary

Winning the Fight Against Infant Mortality, held September 18, 1996, was sponsored by:

Johnson & Johnson
Although more is spent on health care in this country than any other nation, the U.S. ranks 22nd in infant mortality among industrialized countries—behind such nations as Spain, Singapore, and Ireland. What this means is mounting costs for both government and the business sector for problems that are largely preventable.

To change this situation, in 1991 the U.S. Department of Health and Human Services (DHHS) launched a federal demonstration program with the goal of reducing infant mortality in those communities that have the highest rates in the U.S. Called Healthy Start, this initiative has funded 22 urban and rural communities which, over the past five years, have pioneered new ways to provide comprehensive services to at-risk pregnant women as well as infant care for their babies.

Now, in the final year of this demonstration program, Healthy Start's goal is to turn the learnings of these projects into helpful information for replication that can be shared widely with other communities, businesses, and the maternal and child health field. Accordingly, Healthy Start enlisted the help of Johnson & Johnson, a corporation that has been a major supporter of the Healthy Start Initiative, to host a one-day summit in Washington that not only elevated infant mortality as a priority issue, but presented the lessons learned through the Healthy Start program.

Within this context, the summit addressed the costs to the nation of infant mortality and how the problem affects communities and the business sector. The conference also focused on effective community and corporate models and how these models can be adopted by other communities, employers, and corporations across the country.

Ultimately, however, the goal of this national summit was to focus on the future. Although we have made significant progress toward reducing infant death, infant mortality remains a very serious and tragic problem that must be addressed. For example, despite a century of work, African-American infants still die at a rate that is three times the rate of white infants.

Thus, through this national summit, it is hoped that community leaders, corporations, health care professionals, and policymakers will commit themselves to “winning the fight against infant mortality” by providing the resources and innovative thinking needed to achieve success. As we enter a new millennium, it is time to give this investment in the health of mothers and babies the attention it deserves.

Single copies of this summary are available at no cost from:
National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
(703) 821-8955
(703) 821-2098 fax

For further information, contact:
Division of Healthy Start
Maternal and Child Health Bureau
5600 Fishers Lane
Room 11A-05
Rockville, MD 20857
301/443-0543
301/594-0186 fax
If we continue to stand together and work together, I know that we can win the fight against infant mortality—the fight for the future of our children and the future of our country.

Kevin L. Thurm
Deputy Secretary, U.S. Department of Health and Human Services

A merica's future will be determined by what all of us do to improve maternal and child health. Our best marker of a healthy society is our success as a nation in saving the lives of babies. Despite the recent gains in reducing infant deaths, infant mortality remains a serious and tragic problem that can be solved only if all stakeholders—community leaders, businesses, health care professionals, and policymakers—work together to find answers. To this end, Winning the Fight Against Infant Mortality: A National Summit on Community and Corporate Initiatives was convened on September 18, 1996, in Washington, DC. The summit was jointly sponsored by the federal Healthy Start Initiative and Johnson & Johnson.

This summit examined the impact of infant mortality on our nation and communities, including the business sector. The conference also focused on effective community and corporate models and how they can be adapted by other communities, employers, and businesses across the country. The federal Healthy Start Initiative shared examples of successful community models for winning the fight against infant mortality.

The Private Sector Role: Babies, Business, and The Bottom Line

“No longer can we have barriers between what we do in corporate America and what we do in the communities.”

Mary Jane England, M.D.
President, Washington Business Group on Health
Immediate Past President, American Psychiatric Association

---


- All races
- Black
- White

1 Includes races other than white and black.
"Giving American babies a healthy start translates into increased productivity in the workplace, retention of better qualified employees, and significant reductions in health care costs for employees and their dependents."

Nancy L. Lane
Director of Corporate Affairs, Johnson & Johnson

Saving babies makes good business sense. The benefits of corporate-sponsored prenatal care greatly outweigh the costs. Employees of businesses that provide prenatal care services are healthier and more likely to be productive, stay on the job, and spend less money on health care. Consider the following statistics:

- Fifty-seven percent of the nation's workforce are women, and 80 percent of these women will become pregnant during their careers.
- Pregnancy and birth-related procedures are the fifth largest medical expenditure in the United States. However, only one-third of the $34 billion spent annually on maternity costs is due to normal deliveries. The remaining costs are for cesarean sections, premature births, home care, diagnostic testing, and medicines.
- A national insurance research survey estimated that in 1992 American businesses and their employees paid $5.6 billion through their health benefits programs for unhealthy birth outcomes of mothers and infants. The same study also found that in 1992 companies paid more than $4 billion in higher taxes, medical fees, and insurance premiums to cover uncompensated maternal and infant care costs.
- The health costs incurred over a lifetime for a low birthweight infant can reach $400,000 or more, while prenatal care—which is likely to prevent low birthweight—can cost as little as $750.

Currently, the private sector endeavors to address issues of infant mortality through a variety of workplace and community initiatives. For example, ConAgra Refrigerated Foods Companies/Monfort Inc., has developed a partnership with the local health department to design and implement a preconception health promotion program to ensure healthy birth outcomes for all employees.

The Carnegie Corporation of New York, a private foundation, has developed the publication Starting Points: Meeting the Needs of Our Youngest Children, which is designed to educate all Americans on essential aspects of healthy child development.

Johnson & Johnson's ongoing Maternal and Child Health Initiative provides funding and other resources for a variety of programs. For example, the National Safe Kids Campaign—in its ninth year—influences injury prevention policies and behavior across the nation to reduce childhood injuries. Johnson & Johnson has also worked with Healthy Start in many ways, including producing a national Healthy Start public service announcement, co-chairing the Healthy Start Private Sector Steering Committee, and supporting Chicago Healthy Start's adolescent pregnancy prevention program.

Businesses and foundations can build on the successes of Healthy Start by collaborating with existing Healthy Start projects, replicating Healthy Start models of intervention, and educating communities on the benefits of prenatal care.
Infant Mortality: The Problem That Won’t Go Away

"[Healthy Start is] robust theoretically and robust inspirationally because of its multicultural emphasis, its focus on diversity, its focus on prevention, and its moving away from the classic medical pathological model. Rather it builds on the strengths of the family and the community."  

J. Kevin Nugent, Ph.D.  
Director, Brazelton Center

Twenty-one industrialized nations rank ahead of the United States in infant mortality, despite our country outspending all others in health care. Both government and business costs continue to mount for problems that are largely preventable. While the infant mortality rates for all racial groups have declined, the disparity of infant mortality rates of whites versus non-whites continues to grow. African-American, Native Hawaiian, and Puerto Rican mothers have infant mortality rates that are about twice the national average.

Three main themes define the contributing factors for infant mortality: timing, low birthweight, and epidemiology. The overwhelming majority of infant deaths occur in the first month after birth; of those babies dying in the first month, most die in the first week. Furthermore, of those infants dying in the first week, most die on the first day and near the time of birth. Deaths occurring during the first day of life are those that are most preventable with prenatal care.

Infant mortality is exponentially related to low birthweight. Low birthweight (less than 2,500 grams or 5.5 pounds) is the result of premature birth (less than 37 weeks' gestation), impaired growth in utero, or a combination of the two. Low birthweight infants are at much greater risk of mortality and long-term disability than other babies; they are 20 times more likely than other infants to die during the first year of life. Low birthweight babies account for 7 percent of live births, but for 60 percent of infant deaths. Furthermore, very low birthweight babies (less than 1,500 grams or 3.25 pounds) account for only 1 percent of live births but account for 66 percent of all neonatal deaths.

The rate of low birthweight is far higher for black babies than for white babies. (See table below). The causes of the disparity are not clear. However, factors such as poverty and preterm birth are major contributors.

Barriers to Prenatal Care

"I found that Healthy Start has been able to give women the initiative to go to the clinic, get comfortable, and trust someone to help them.”  

Jimmie Brown  
Consumer, New York City Healthy Start

![Graph showing percent low birthweight by race of mother, United States, 1981-1994](image-url)
"Pregnancy planning is right in the middle of the ‘to do’ list of reducing infant mortality."

Sarah Brown
Director, The National Campaign to Prevent Teen Pregnancy

Early comprehensive prenatal care promotes healthier pregnancies by detecting and managing preexisting medical conditions, providing health behavior advice, and assessing the risk of complications such as low birthweight and preterm birth. Prenatal care, crucial to maternal and child health, serves as a gateway to the health care system, especially for socially disadvantaged women.

Despite gains in women receiving adequate prenatal care, nearly 800,000 women who gave birth in 1994 did not receive prenatal care in the first trimester of pregnancy. Pregnant women must overcome many barriers to obtain adequate prenatal care: lack of access to care; unaffordable care; poor health-seeking behaviors; lack of adequate knowledge of the need for care; and the fact that health care is not considered a “right” for children born in the United States.

To help remove the barriers preventing pregnant women from receiving prenatal care, the country must seek a national consensus proclaiming that child health is paramount. Consistent social, political, and corporate policies are helping to build this consensus. Financial, professional, and personal commitment to the health of our children also must become a priority.

Healthy Start Solutions

“We want to make Healthy Start a permanent part of a community’s infrastructure. We have a lot more work to do.”

Thurma McCann, M.D.
Director, Division of Healthy Start Maternal and Child Health Bureau

The mission of the Healthy Start Initiative is to identify and implement a broad range of community-based strategies and interventions that successfully and significantly reduce both infant mortality and low birthweight rates. Healthy Start focuses the power of collaboration on combating infant mortality.

During the demonstration phase, the 22 Healthy Start communities have contributed enormously to the knowledge base of what works to combat infant mortality in communities, what the communities need, and what resources communities have in designing approaches. The results of the demonstration are nine models of intervention and a host of lessons learned about successfully implementing the interventions. The models, a means of empowering communities to reduce low birthweight and infant mortality as well as increasing access to prenatal care, are:

- Community-Based Consortia
- Outreach and Client Recruitment
- Care Coordination/Case Management
- Family Resource Centers
• Enhanced Clinical Services (e.g., expanded hours)
• Risk Prevention (e.g., male involvement, prison-based services)
• Facilitating Services (e.g., transportation, child care)
• Training and Education (e.g., outreach worker training)
• Adolescent Programs

As Healthy Start looks to the future, new goals include sustaining successful strategies in currently funded demonstration communities and implementing effective strategies in new communities. With the benefit of experience, existing sites will mentor new communities in their efforts to reduce infant mortality. These models of intervention will guide other communities as they adapt programs and strategies.

Call to Action: Putting It All Together

"Infant mortality . . . is a comment on our inability to form a harmonious and healthy society."

Louis Sullivan, M.D.
President, Morehouse School of Medicine
Former Secretary of the U.S. Department of Health and Human Services

Three factors are indispensable in reducing infant mortality: access to care, targeted programs, and making the reduction of infant mortality a high priority on the national agenda. Primary care services must be available to all members of the population. Low-income and minority communities are often left behind.

Health care must be more accessible. Health care needs to be extended beyond the walls of the health care provider's office. The health care system must be taken where it will do the most good—the ghetto, the barrio, the housing project, the church, the school, and the workplace.

This national summit showed how philanthropy and enlightened self-interest can work together to win the fight against infant mortality. Businesses and other institutions help to form values in their surrounding communities. If businesses treat their employees and customers with respect and compassion, the stage is set for a nurturing society. If social profit is just as much of a motive as economic profit, the stage is set for a caring culture. If businesses promote understanding of differences (racial, religious, or personality), then the stage is set for social, mental, and physical harmony and health. It is imperative that businesses become partners with local community clinics and outreach programs.

The federal Healthy Start Initiative encourages the private sector to join in the national and local effort to make our country's children healthy. No matter how large or how small, every corporation can play a unique role in reducing the rate of infant mortality. How? Corporations can find ways in which they can reduce these rates in partnership with their customers and employees and through their marketing plans, products, and services. From internal programs and local information dissemination to national workplace initiatives, the possibilities are varied and endless. The activities do not necessarily require a major monetary commitment, but all make a difference. A business or foundation can help enhance and sustain existing Healthy Start program components. Or it can adapt parts or all of a program in its community or other areas of the country with high rates of infant mortality.

Healthy Start wants corporations and foundations to know that they can make a difference. The private sector must accept the challenge to become a Healthy Start partner and to improve the health of women, infants, and families. For more information on how corporations can become part of the solution, call the federal Maternal and Child Health Bureau's Division of Healthy Start or contact a Healthy Start community directly. Contact information is listed on the back page.
National Summit Speakers

Jimmie Brown, Consumer, Healthy Start/ New York City
Sarah Brown, Director, The National Campaign to Prevent Teen Pregnancy
Kathy Bushkin, Director of Editorial Administration, U.S. News and World Report
Dianna Christinas, Boston Healthy Start
Elizabeth H. Cowles, Dallas Healthy Start
Thomas P. Coyle, Baltimore Healthy Start
Ezra Davidson, M.D., Chair, Obstetrics Department, Charles Drew Medical School
Eunice Diaz, Ph.D., Health Care Consultant
Antoinette Parisi Eaton, M.D., Past President, American Academy of Pediatrics; Chair, Secretary's Advisory Committee on Infant Mortality; Professor of Pediatrics and Preventive Medicine (Emerita), The Ohio State University
Mary Jane England, M.D., President, Washington Business Group on Health; Immediate Past President, American Psychiatric Association
Dana Friedman, Senior Vice President, Corporate Family Solutions
Lucille Gallagher, Vice President, Risk Management, ConAgra Refrigerated Foods Companies/Monfort Inc.
Maxine D. Hayes, M.D., President, Association of Maternal and Child Health Programs; Assistant Secretary, Washington State Department of Health, Community and Family Health
Judith E. Jones, Senior Advisor, Carnegie Corporation of New York
John Kiely, Ph.D., Chief, Infant and Child Health Studies Branch, National Center for Health Statistics
Nancy L. Lane, Director of Corporate Affairs, Johnson & Johnson
Thurma McCann, M.D. Director, Division of Healthy Start, Maternal and Child Health Bureau
Martha Naismith, Director of Federal Relations, Office of Government Affairs, Johnson & Johnson
Audrey H. Nora, M.D., M.P.H., Assistant Surgeon General, Director, Maternal and Child Health Bureau
J. Kevin Nugent, Ph.D., Director, Brazelton Center
Clyde Oden, M.D., President & CEO, United Health Plan
Louis Sullivan, M.D., Former Secretary of the U.S. Department of Health and Human Services, President, Morehouse School of Medicine
Ciro V. Sumaya, M.D., Administrator, Health Resources and Services Administration
Kevin L. Thurm, Deputy Secretary, U.S. Department of Health and Human Services

Healthy Start Communities

Baltimore City Healthy Start
Project Director: Thomas Coyle
Phone: (410) 396-9994

Birmingham Healthy Start
Project Director: Odean Charles
Phone: (205) 251-0622

Boston Healthy Start
Project Director: Dianna Christmas
Phone: (617) 534-7828

Chatham Savannah Healthy Start Initiative
Project Director: Edward Chisolm
Phone: (912) 651-6630

Chicago Healthy Start
Project Director: Cynthia Williams
Phone: (312) 814-4836

Cleveland Healthy Start
Project Director: Juan Molina Crespo
Phone: (216) 664-4620

Dallas Healthy Start
Project Director: Elizabeth Cowles
Phone: (214) 654-4500

Detroit Healthy Start
Project Director: John Waller, Jr., Dr.PH.
Cynthia Tauge
Phone: (313) 876-4300

District of Columbia Healthy Start
Project Director: Barbara Hatcher, Ph.D.
Phone: (202) 645-5624

Essex County Healthy Start (NJ)
Project Director: Sandra M. Huneke
Phone: (609) 292-5656

Florida Panhandle Healthy Start
Project Director: Mimi Graham
Phone: (904) 922-1300

Milwaukee Healthy Women And Infants Project
Project Director: Brenda Bell-White
Phone: (414) 345-4500

Mississippi Delta Futures Healthy Start
Project Director: Melanie Williams
Phone: (601) 335-7059

New Orleans Healthy Start/ Great Expectations
Project Director: Marsha Broussard
Phone: (504) 565-7601

Healthy Start/New York City
Project Director: Michelle Drayton-Martin, R.N.
Phone: (212) 334-0250

Northern Plains Healthy Start
Project Director: Sharon Vogel
Phone: (605) 229-5315

Northwest Indiana Healthy Start
Project Director: Risë L. Ross
Phone: (219) 989-3999

Oakland Healthy Start
Project Director: Mildred Thompson
Phone: (510) 639-1246

Pee Dee Healthy Start
Project Director: Madie Robinson
Phone: (803) 662-1482

Philadelphia Healthy Start
Project Director: Deborah Roebuck
Phone: (215) 685-6801

Pittsburgh Healthy Start
Project Director: Carol Synkewicz
Phone: (412) 578-8003

Richmond Healthy Start
Project Director: Judi Cramer
Phone: (804) 780-4191
**Healthy Start Private Sector Partners**

| 6 WDSU-NBC | Gateway Outdoor Advertising |
| Abell Foundation, Inc. | Gateway, Inc. |
| Action Agency | General Foods, Inc. |
| Advertising Council | General Motors Corporation/Nebraska Highway Safety Council |
| Alameda Alliance for Health | Giant Food, Inc. |
| Alpha Kappa Alpha Sorority, Inc./Gamma Delta Zeta Chapter | Gillette Company |
| Alpha Phi Alpha Fraternity Church | Glaxo Wellcome, Inc. |
| American Baby | Goya |
| American Cancer Society | Graco Inc. |
| American College of Obstetricians and Nurse Midwives | Gymbooree |
| Anna Johenning Baptist Church | Harris Foundation |
| Annie E. Casey Foundation | Henry Bader Foundation |
| Associated Supermarket | Hillcrest Foundation |
| Audobon Society | Hines Foods |
| Aveda, Inc. | Hoblitzelle Foundation |
| Baltimore City Fire Department/Commercial Credit | Howard Heinz Endowment |
| Baltimore Gas & Electric | Jewish Health Care Foundation |
| Ben & Jerry's | Johnson & Johnson |
| Black and Decker U.S., Inc. | Kansas Health Foundation |
| Blue Cross/Blue Shield Association | Krauss Department Store |
| Body Shop | Kroger Company |
| Books for Kids Foundation | Liberty Bank and Trust Company |
| Books-A-Million | Macy's Department Stores |
| Boston Gas Company | Magee Women's Hospital |
| Bristol Myers-Squibb Company | Manhattan Neighborhood Network |
| Brooklyn Chamber of Commerce | March of Dimes Birth Defects Foundation |
| Brooklyn Union Gas Company | Mary Kay Cosmetics, Inc. |
| Bruno Inc. | Mattel Foundation/Exxon Corporation |
| Bunnies | McDonald's Corporation |
| Carnegie Corporation of New York | Mead Johnson |
| Chase Manhattan Bank | Mercy Hospital Corporation |
| Checkers Corporation | Metro Food Market |
| Chemical Bank | Metropolitan Life |
| Christ Child Society | Modell Sporting Goods |
| Cigna Foundation | National Allotment Insurance Company |
| Classic Outdoor Advertising | National Association of Retail Druggists |
| Colgate-Palmolive | New Orleans Dietetic Association |
| Cousin Johnny's | New Orleans Saints |
| Cross Island Bank | New York Botanical Gardens |
| Crossland Savings Bank | New York Community Trust |
| Crystal Charities | New York Restaurant School |
| Dallas Foundation | New York Yankees |
| Delta Research and Education Foundation | Northwest Pharmacy |
| DePaul University | Nynex |
| Dow Chemical Company | Partners for Healthy Babies Pathmark |
| Electric Cooperatives of South Carolina, Inc. | Patrick Media Group |
| Elizabeth A. Brinn Foundation | Patrick Outdoor Advertising Pepsico, Inc. |
| Eta Phi Beta Sorority Ford Foundation Gallery at MetroTech | Pfizer, Inc./United Hospital Fund |
| Phipps Community Development Corporation | PrimeCare HMO |
| Procter & Gamble Company | Provident Bank of Maryland |
| Prudential Insurance Company of America | Rainbow Books |
| Rauch Foundation | Rehoboth Baptist Church |
| Republic National Bank | Rite-Aid Corporation |
| Robert Wood Johnson/ | Robert Wood Johnson/ |
| The Henry J. Kaiser Family Foundation | Roc |
| Safeway, Inc. | Salt-n-Pepa Sampling Corporation |
| Sara Lee Corporation/Hanes | Schwederman's Grocery Stores |
| Schwederman's Grocery Stores | Sinai Samaritan Hospital |
| Sinkler Miller Medical Association | Southeastern Michigan Health Association |
| Stein & Company | Stop Shop and Save |
| Success by Six | Strauss Foundation |
| Tiger Foundation | Style |
| Time Warner, Inc. | Toy Manufacturers of America |
| Toy Manufacturers of America | Toys-R-Us |
| Tupperware | U-Haul Company/Hanna Andersen's Clothing Catalog |
| University of The District of Columbia (UDC) | Vibe Magazine |
| The Upjohn Company | Visiting Nurses Association of Brooklyn |
| Vibe Magazine | WABC-TV |
| Visiting Nurses Association of Brooklyn | Walt Disney Productions |
| WABC-TV | Washington Metropolitan Area Transit Authority (METRO) |
| Walt Disney Productions | Wendy's International, Inc. |
| Washington Metropolitan Area Transit Authority (METRO) | Wildlife Conservation Society |
| Wendt's International, Inc. | WOL/WMMJ Radio |
| Wildlife Conservation Society | Woodward Avenue Presbyterian Church |
| WOL/WMMJ Radio | WPXI Television |
| Woodward Avenue Presbyterian Church | WQXI Radio (New Orleans) |
| WPXI Television | WZAK radio (Oakland) |
| Young's Memorial Church of Christ Holiness | Zellerbach Family Fund |

and many more.
Winning the Fight Against Infant Mortality: A National Summit on Community and Corporate Initiatives: Executive Summary

Received 3,000 copies 11/25/96.