Addressing Infant Mortality in DC Citywide Action Plan



DECEMBER 2007 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH Office of the Director

Addressing Infant Mortality in DC: Citywide Action Plan

The District's most recent epidemiological report for infant mortality revealed slight changes in infant deaths from 1996 to 2005. In response to this steady trend, the Department of Health (DOH) has developed a citywide action plan to respond to the maternal and child health needs in the District and reduce infant mortality rates throughout the city.

A service gap analysis conducted by the DOH identified potential holes in the safety net of services for residents of the District. DOH will focus on three strategies for improvement over the course of the next year, some of which are already in operation:

I. Increase capacity and impact of DOH home visitation program for pregnant women

The federally funded Healthy Start programs constitute the city's primary initiative serving low-income expectant mothers and infants at risk for adverse perinatal health outcomes. These home visitation programs administered by DOH and by Mary's Center for Maternal and Child Care, Inc. promote a healthier physical and social environment in the home and link families to needed care. In 2008, additional funds will be used to expand the capacity of the Healthy Start program, including an investment to recruit and train family support workers who will team up with nurse case managers to address major risk factors affecting the health of pregnant and parenting women and their children.

Service or Initiative	Participating Agencies	Timeline
Increase oversight and effectiveness of the Healthy	Community Health	May
Start program's nurse case management component	Administration (CHA)	2007
through the establishment of the Bureau of Perinatal		
Infant Health.		
Recruit, train and deploy new Family Support	Community Health	January
Workers under the Healthy Start program to provide	Administration (CHA)	2008
complementary support services that address psycho-		
social risk factors affecting pregnant and parenting		
women and their children.		
Design and implement a public information campaign	Community Health	March
educating women, including those who are not yet	Administration (DOH)	2008
pregnant, and their families about the critical role of		
comprehensive pre-conception and prenatal care in		
ensuring a healthy pregnancy, birth, and infancy.		
Facilitate the distribution of 15,000 to 18,000 free	DOH and First Candle	March
cribs over the next seven years to low-income mothers	National Crib	2008
to prevent Sudden Infant Death Syndrome (SIDS),	Campaign	
thanks to an \$11 million grant from the Bill &		
Melinda Gates Foundation to First Candle.		

II. Enhance collaboration between DOH Community Health Administration's initiatives and other sectors of government serving atrisk women and families

The Community Health Administration will partner with sister administrations within DOH and other government agencies to ensure that screening and identification of atrisk families is widespread to increase enrollment in prenatal care and home visitation programs. Specifically, Healthy Start's nurse case managers and family support workers will link high-risk women to needed care provided by sister agencies, including tobacco cessation, substance abuse treatment, HIV screening and care, and other services.

Service or Initiative	Participating Agencies	Timeline
Increase early identification of pregnancy and	DOH and participating	January
ensure timely enrollment in prenatal care for all	managed care	2008
women of child-bearing age under Medicaid and the	organizations (MCO)	
DC HealthCare Alliance.		
Increase well-child pediatric visits throughout the	DOH and participating	January
first year of life for all newborns on Medicaid, in	managed care	2008
particular, the first two visits at 48 hours and 1	organizations (MCO)	
month post-discharge.	-	
Implement routine prenatal HIV testing and	DOH HIV-AIDS	January
treatment that prevents perinatal HIV transmission	Administration (HAA)	2008
to the infant.		
Enhance linkage to substance abuse education and	DOH Addiction	February
treatment services.	Prevention and	2008
	Recovery	
	administration (APRA)	
Enhance community-based screening and	DOH and Child and	February
prevention services for at risk families and youth	Family Services	2008
served by child protective service agency.	Agency (CFSA)	
Facilitate outreach and linkages to care for homeless	DOH and Department	March
pregnant women.	of Human Services	2008
	(DHS)	
Improve screening practices for all women and	DOH and Department	March
youth at risk for mental illness.	of Mental Health	2008
	(DMH)	
Provide adequate prenatal care for pregnant inmates	DOH and the	March
during incarceration.	Department of	2008
	Corrections (DOC)	

III. Increase coordination between government and the community to ensure a comprehensive, citywide approach to reducing infant mortality.

The District will strengthen its partnership with healthcare providers, community-based organizations, and patient advocacy groups to identify opportunities for collaboration and mutual support in the effort to prevent mortality, lifelong disabling conditions, and other threats to infant health.

Service or Initiative	Participating Agencies	Timeline
Institutionalize and expand pilot program to improve	DOH and Mary's	December
discharge planning and linkage to appropriate medical	Center for Maternal and	2007
and social services for women admitted to birthing	Child Care, Inc.	
hospitals with inadequate prenatal care and at risk for		
domestic violence, substance abuse or other factors		
that negatively affect infant development.		
Facilitate linkage to tobacco cessation programs for all	DOH and American	January
at-risk mothers.	Lung Association-DC	2008
Compile perinatal screening risk information into a	DOH and prenatal	July 2008
perinatal data registry in order to increase utilization	clinics, community	
of risk data by clinicians and case managers caring for	obstetricians and	
all newborns and their mothers.	pediatricians, birthing	
	hospitals and other	
	health care providers	
Convene a year-long advisory group comprised of	DOH and National	March
experts and stakeholders in perinatal and infant health	Institute of Child	2008
to identify and compile best practices based on	Health and Human	
existing data regarding infant mortality and perinatal	Development	
outcome disparities.	(NICHD), health care	
	providers, managed	
	care companies, and	
	community-based	
	organizations.	
Commission a comprehensive study of factors	DOH and the George	December
associated with infant death and developmental	Washington University	2008
disability for Medicaid beneficiaries in the District of	School of Public Health	
Columbia and identify novel population-based	and Health Services	
preventive activities and individual health care		
interventions that will reduce infant mortality		