

POLICY FORUM

Infant Mortality in North Carolina: A New Perspective on a Persistent Problem

Introduction

Gordon H. DeFries, PhD, and Kristie K. Weisner, MA

Issue Brief:

North Carolina's Infant Mortality Problems
Persist: Time for a Paradigm Shift

*Julia L. DeClerque, DrPH, MPH, Janice A. Freedman,
MPH, Sarah Verbiest, MSW, MPH, and
Stuart Bondurant, MD*

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Robert G. Dillard, MD

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William R. Purcell, MD

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*Robert E. Meyer, PhD, MPH, and
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Vijaya K. Hogan, DrPH

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*Cathy L. Melvin, PhD, MPH, and
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SPECIAL ARTICLE

There Is Life (and Death) Beyond the Infant
Year: North Carolina's Recent Experience in
Reducing Child Deaths

Tom Vitaglione, MPH

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INTRODUCTION

Policy Forum: *Infant Mortality in North Carolina: A New Perspective on a Persistent Problem*

For decades, North Carolina health professionals and public health activists have confronted stark statistics, which indicate an inability to adequately prevent infant deaths in our state, especially among racial and ethnic minorities. While comparisons of our infant death rates with those in other states no longer put us at the absolute bottom of the national distribution, we are clearly among the few states at the lower levels of accomplishment with regard to this important indicator of health and healthcare disparity.

For health professionals who have worked so hard to address these issues, the persistence of these problems has been an especially frustrating and challenging part of their careers. Yet, it is important to recognize that measurable and positive changes have occurred, slowly but surely, over the past decade or so. Important changes have been brought about through: assurance of better access to primary healthcare services for pregnant women and children, a campaign to promote consumption of folic acid during women's childbearing years and pregnancy, state and federal nutritional and dietary supplement programs, the availability of excellent neonatal care services across the state, and the Back To Sleep Campaign and other child care initiatives. For a problem as pervasive and complex as this, there is no single intervention that can stem the tide and result in dramatic results overnight.

The Editors of the *North Carolina Medical Journal* are pleased to have an opportunity to focus on these perennial public health issues. The Policy Forum in this issue is made possible through a grant from the March of Dimes of North Carolina, with whom we are pleased to have undertaken a close collaborative relationship in addressing the many issues discussed in these pages. While the March of Dimes did provide funding for the printing and distribution of this issue, the opinions expressed are those of the authors and not the March of Dimes.

We think our readers will find the initial paper in the Forum by Dr. Julia DeClerque and colleagues of great interest. Dr. DeClerque et al. argue for a change in the way we have conceptualized and approached infant mortality in North Carolina and the nation. Drawing on the work of the World Health Organization and a number of agencies and programs here in the United States, these authors call our attention to the fact that the largest proportion of infant deaths are associated with general health conditions and health factors present (and in many cases preventable) among women of childbearing ages prior to pregnancy. Hence, it is suggested and statistically demonstrated that the greatest potential impact on infant mortality rates may be realized by addressing the more general health of women in these age groups, whether or not they are pregnant.

This "paradigm shift" will not be easily explained, or accepted by policy makers who often prefer to invest in healthcare services and programs targeted to specific health conditions, with the expectation that clearly associated results will be demonstrated in the near-term. The proposal for focusing infant mortality reduction efforts with an approach that addresses the general health of women in childbearing ages (whether or not pregnancy has been established) will require a very different perspective and a very different set of programmatic investments. We hope the commentaries that follow this Issue Brief will help clarify the importance of this paradigm shift, as well as provide an update on what is arguably one of North Carolina's most persistent public health dilemmas.

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