

Infant Mortality in Rural Georgia

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House Rural Development Council



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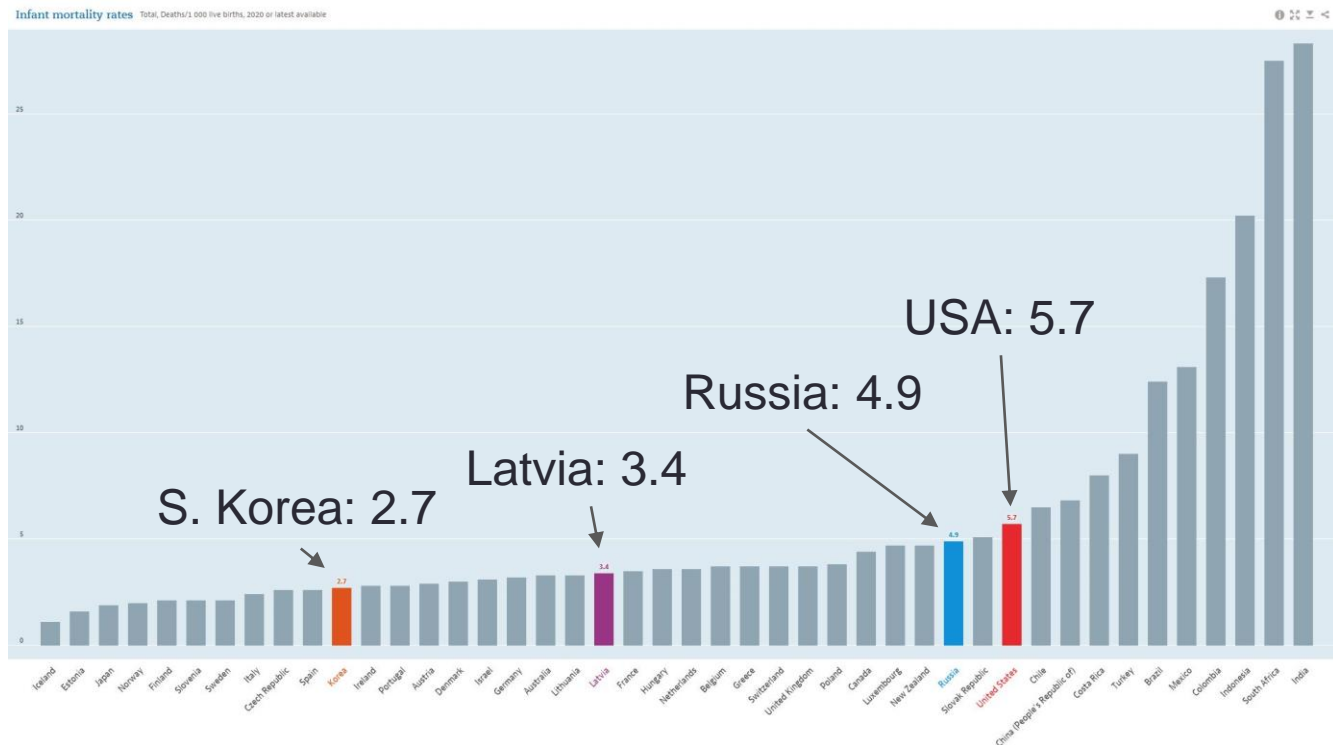
Center for Rural Health
AND HEALTH DISPARITIES

The Center

- One of only four federally-designated rural-focused NIH Centers of Excellence in the nation
- Two Focal Areas
 - Partnering with rural communities to engage in interdisciplinary research, training, and community outreach designed to generate novel, community-driven methods for eliminating health disparities
 - Developing data-driven policy recommendations for achieving rural health equity

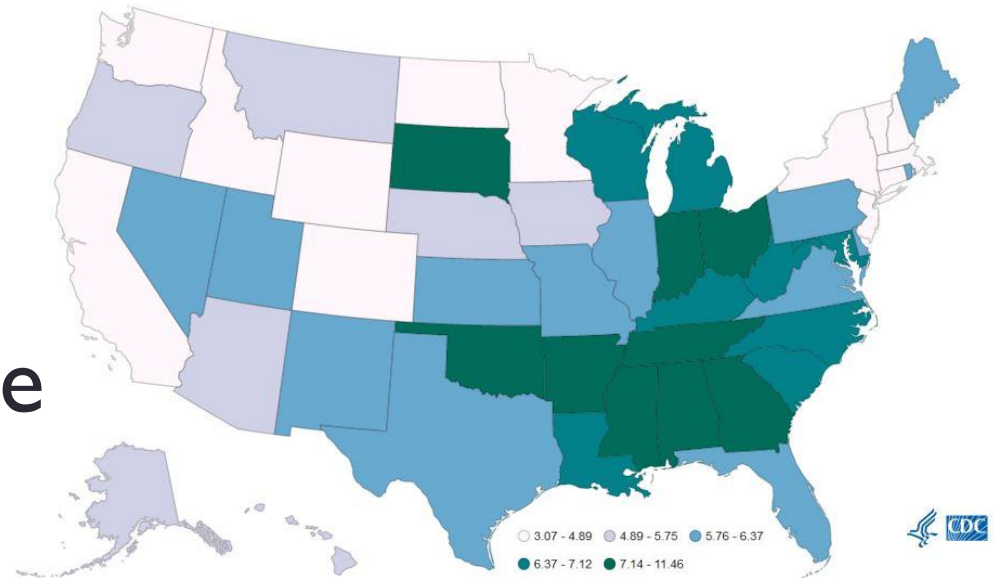
Infant Death Crisis

- The United States has one of the highest infant mortality rates in the developed world



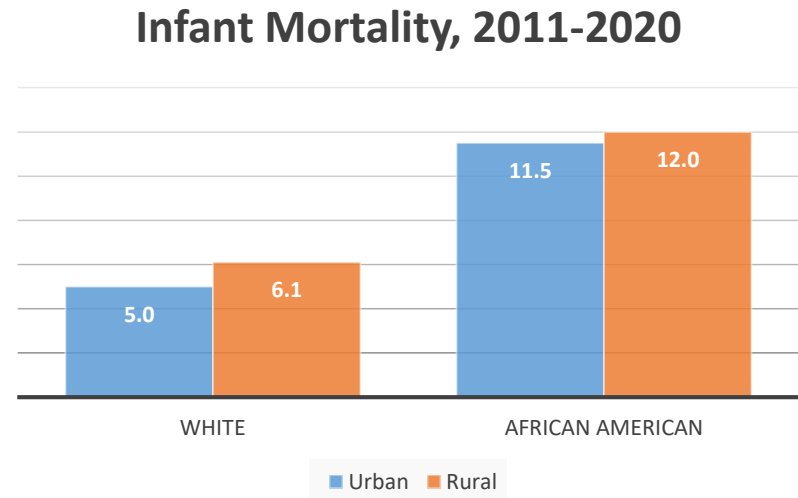
Infant Death Crisis

- Georgia consistently ranks in the 10 states with the highest infant mortality rate (babies who die before their first birthday)



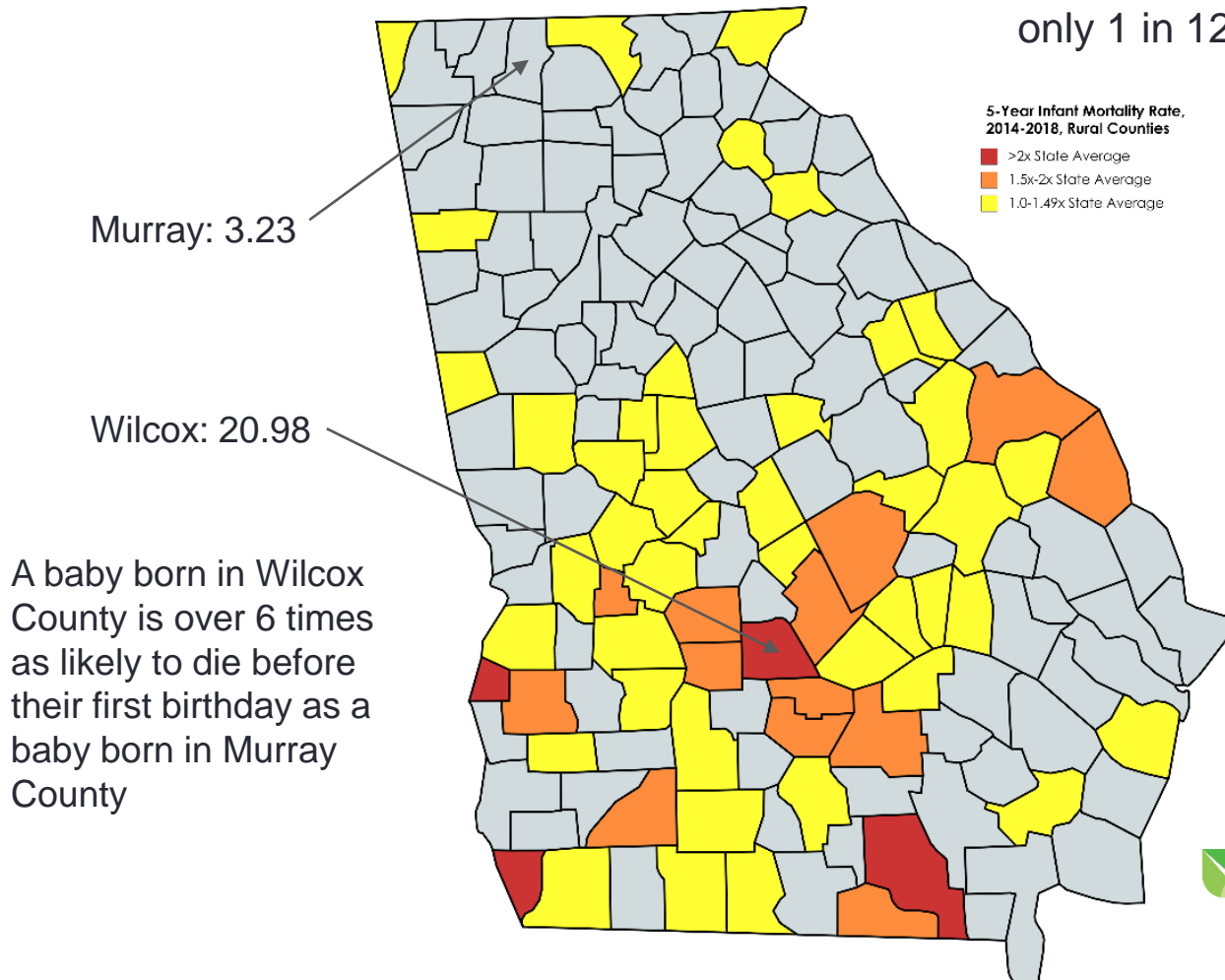
Layers of Risk

- Rural babies in Georgia have a significantly higher mortality rate than in urban Georgia
- Rural African American babies have nearly 2x the mortality rate of rural White babies



Rural Infant Mortality

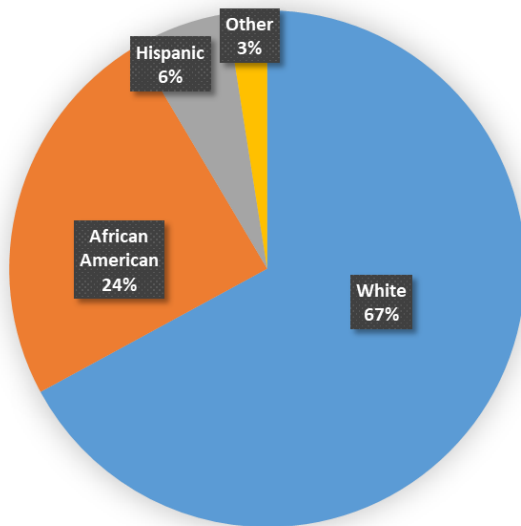
While nearly 1 in 6 rural counties have at least 1.5x state average infant mortality, only 1 in 12 urban counties do



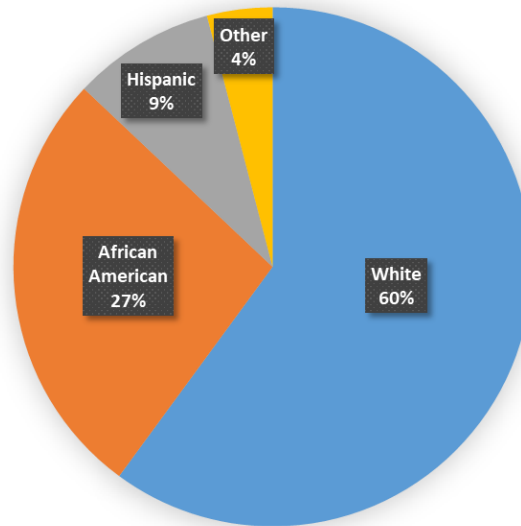
For perspective, from 2014-2018, **1 out of every 50** babies born in Wilcox County died before their first birthday

Racial Disparities

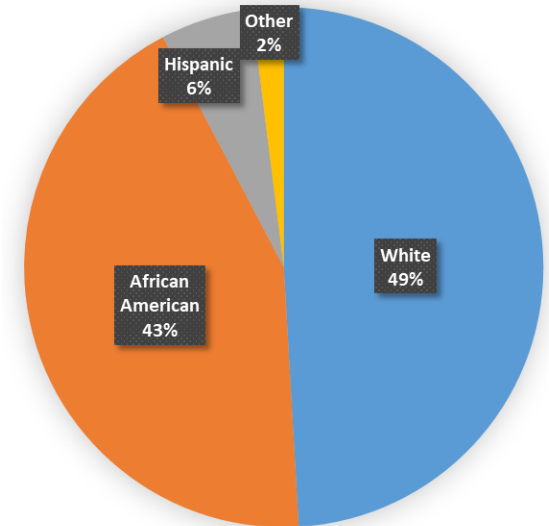
Rural Demographics, 2011-2020



Rural Births, 2011-2020



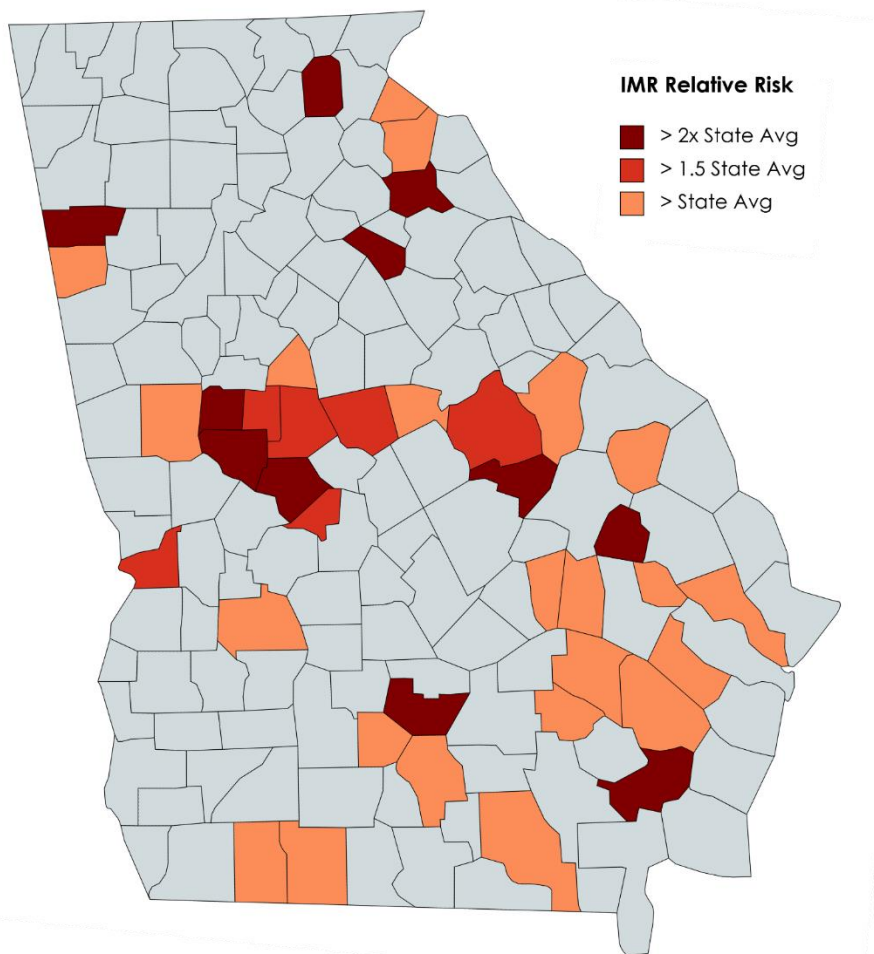
Rural Infant Deaths, 2011-2020



- A Black infant born in rural GA is nearly twice as likely to die before their first birthday when compared to a White infant

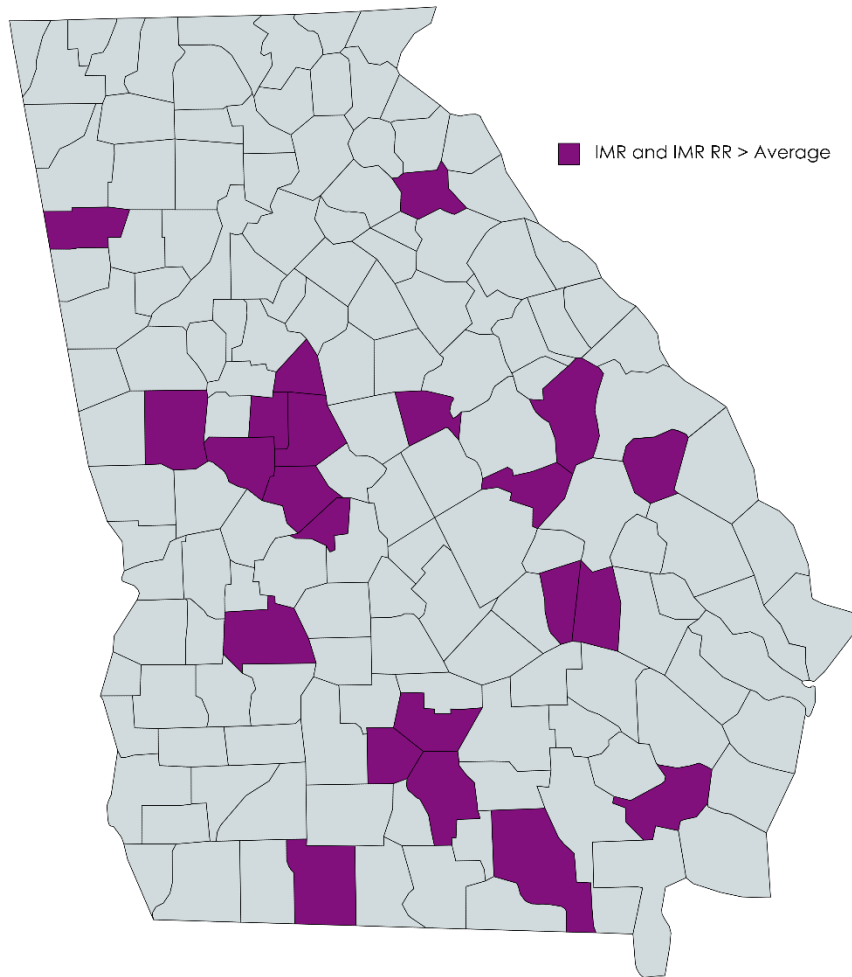


Racial Disparities



- 1 out of 3 rural Georgia counties have a racial disparity even larger than the state's overall disparity

Intersection



- 22 rural Georgia counties have both an infant mortality rate that is higher than the state average and a racial disparity that is larger than the state average

How Do Rural GA Babies Die?

Cause of Death	% of Rural GA Infant Deaths, 2011-2020
Birth Defects	19.2%
Prematurity	18.7%
SIDS	13.6%
Birth-Related Infections	3.7%
Unintentional Suffocation	3.4%
Respiratory Distress Syndrome	2.4%
Lack of Oxygen to Fetus	1.8%
Homicide	1.4%
Other (causes < 1% or unknown)	35.0%



How Do Rural GA Babies Die?

Underlying Factors (example)	Cause of Death	% of Rural GA Infant Deaths, 2011-2020
Prenatal exposures	Birth Defects	19.2%
Prenatal care	Prematurity	18.7%
Safe sleep	SIDS	13.6%
Followup peds care	Birth-Related Infections	3.7%
Safe environment	Unintentional Suffocation	3.4%
Followup peds care	Respiratory Distress Syndrome	2.4%
Access to L&D	Lack of Oxygen to Fetus	1.8%
	Homicide	1.4%
	Other (causes < 1% or unknown)	35.0%



WHY Do Rural GA Babies Die?

- Traditional risk factors have correlates
 - E.g., low birthweight associated with missed prenatal visits
- Resource Limitations
 - Often unique to rural areas – e.g., lack of social services
- Direct Barriers
 - Structural and more easily modified - e.g., access to care
- Broader Social Determinants of Health
 - Often intersect and are more challenging to address – e.g., poverty

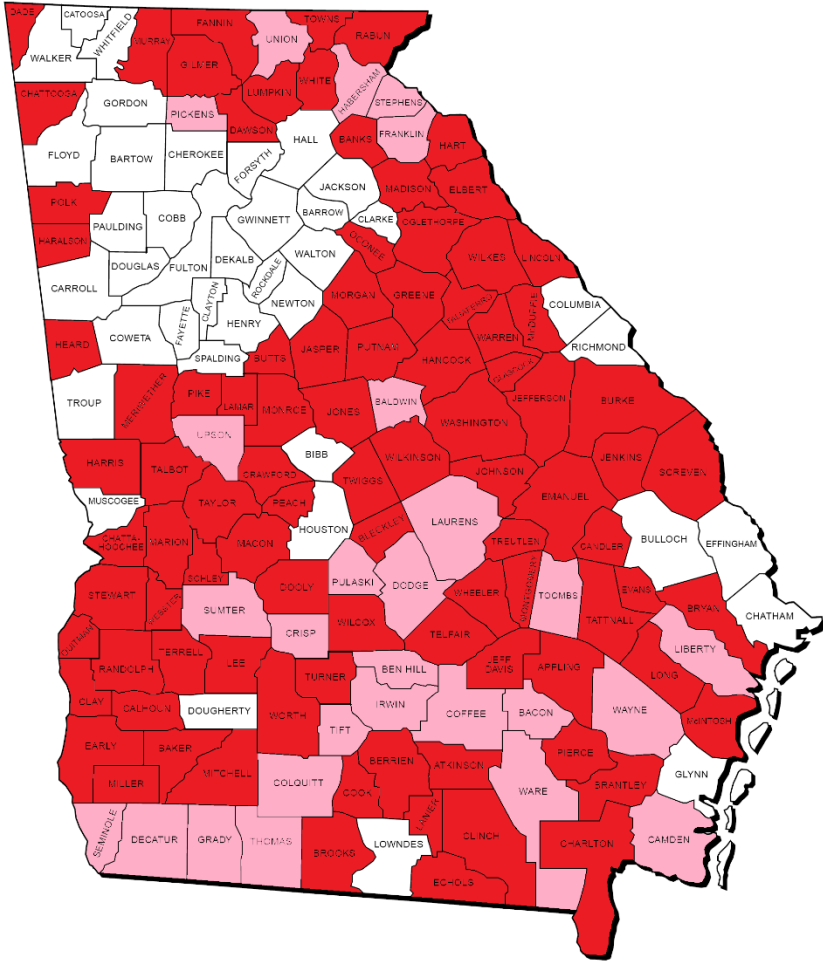


Resource Limitations

- Rural parents face increased burden associated with
 - Transportation, Shift work (time off), Supportive organizations, Social services availability
- Leads to baseline differences in health status and subsequent inadequate prenatal and postpartum care
- Complicates pediatric care

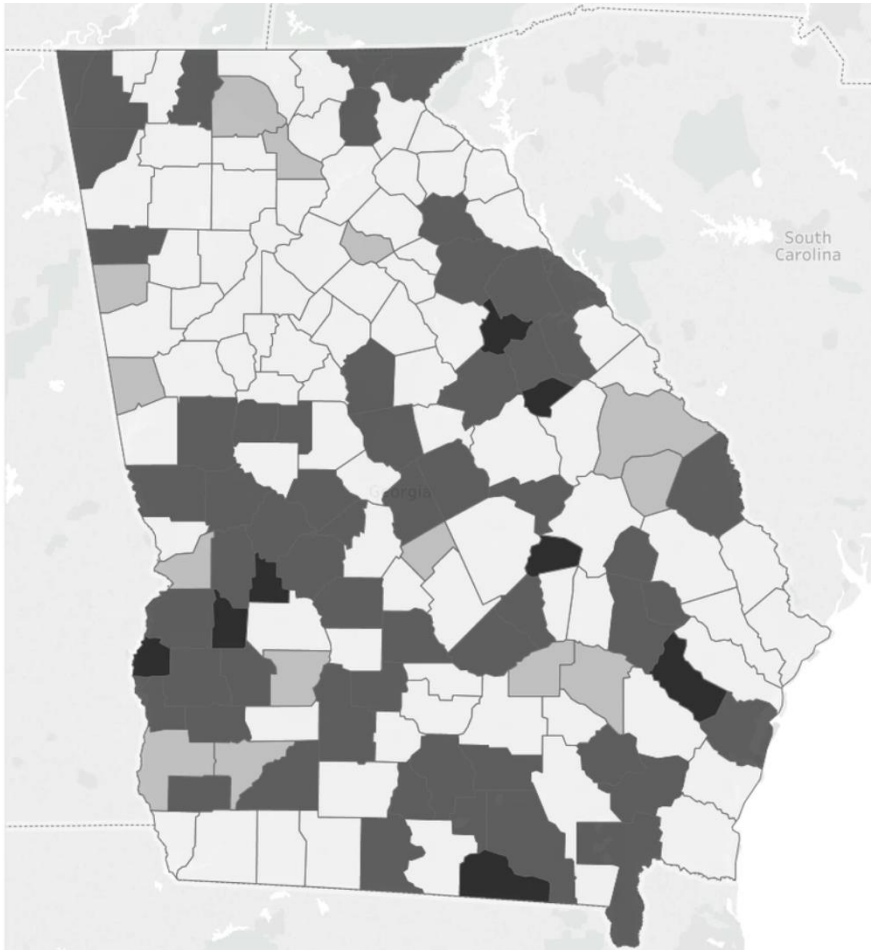


Access to Care



- 93 rural GA counties have no hospital with a labor and delivery unit
 - 43% closed past 20 yrs
- No rural counties have a MFM specialist
- 2/3 of rural births outside home county

Access to Care



AJC, 2018

- 79 counties have no OB/GYN
- 64 counties have no pediatrician
- 9 have no physicians at all



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Access to Care

- Happens within context of lack of preconception primary care, greater EMS response time, greater distance to hospitals when postpartum and pediatric emergencies occur, etc.

Social Determinants

- **Economic stability** - poverty, maternal uninsurance, safe environment, nutrition
- **Health literacy** – *accessibility* of care
- **Social and Community Context** - Low-resource environment, racism and discrimination, ACEs
- **Neighborhood and Built Environment** - broadband for telehealth, pollution, lead



Solutions - FIMR

Problem

Data on the true underlying causes of infant mortality are largely unavailable

Solution

Pass legislation to authorize and provide necessary legal protections for participation in statewide Fetal and Infant Mortality Review (FIMR) Committee (similar to MMRC)

Impact

Understanding of both the state-wide and regional (e.g., rural) factors affecting infant mortality



Data-driven decision making



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Solutions - Transportation

Problem

Rural residents often encounter challenges in securing Medicaid-funded transportation, particularly if they have another child

Solution

Modify existing CMO transportation requirements to include coverage for any enrolled child even if not seeing a physician

Impact

Increased 6-week postpartum visit completion rate

Increased well-child visit completion rate



Solutions – Provider Types

Problem

Rural areas are primary care, prenatal, and pediatric care deserts

Solution

Codify incentives (e.g., enhanced reimbursement) for expanding access to OB and peds in rural areas (e.g., FMOB, midwifery)

Impact

Increased access to prenatal, postpartum, and pediatric care

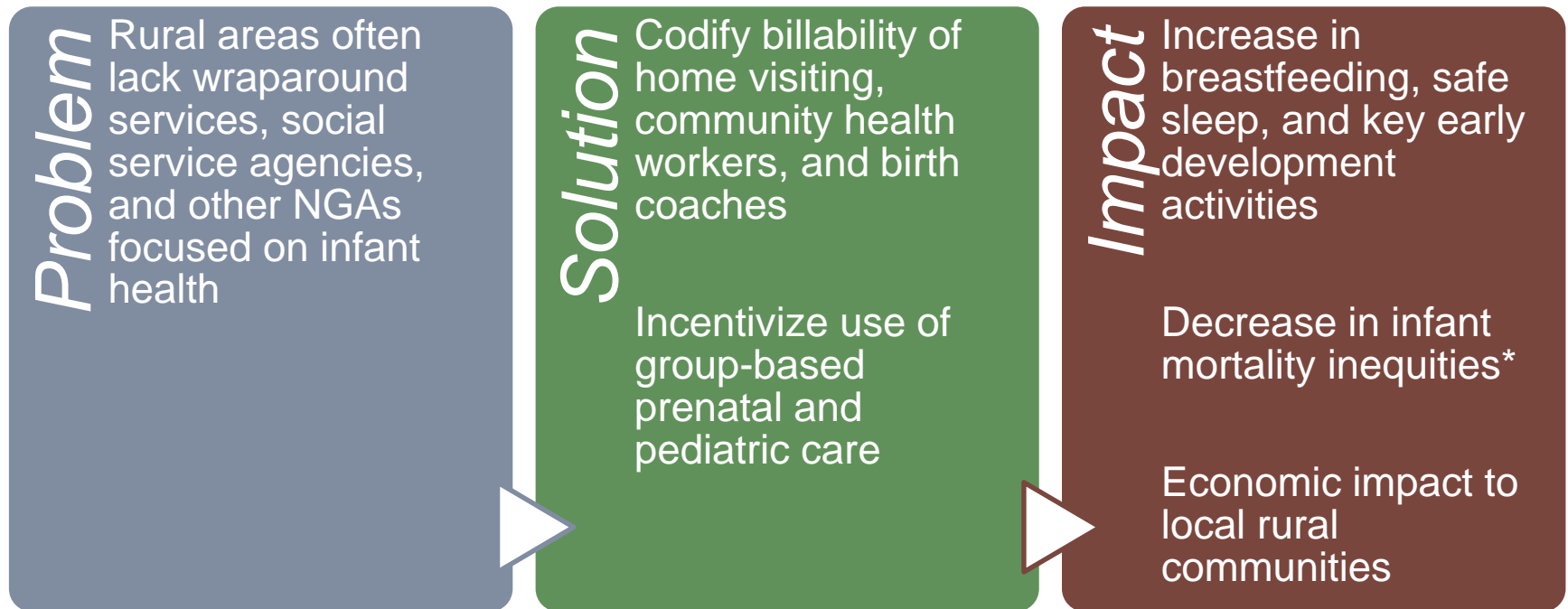
Reduced net cost*

**Midwives have been shown to improve outcomes at a lower marginal cost*



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Solutions – Community-Based Strategies



** Home visiting, CHWs, and birth coaches are each evidence-based approaches for decreasing infant mortality with a particular impact on achieving health equity*

Solutions – Housing

Problem New rural mothers are at risk for becoming unhoused and face challenges in securing new housing if necessary

Solution Provide financial support to communities with housing shortages, with a particular focus on short-term housing for new mothers

Impact Safer living environments for infants
Improved economic stability of the family unit



Solutions – Broadband

Problem

Rural areas (and even rural providers) often face challenges in accessing high-speed internet necessary for maximum benefit of telehealth services

Solution

Expand investment in broadband infrastructure in rural areas

Impact

Increased access to primary, prenatal, and pediatric care

Increased access to health information

New revenue stream for local providers (presenting site fees)



Thank You

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SUPPLEMENTAL SLIDES



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Access: The Medicaid Myth

- >50% of births are covered by Medicaid
- Widely-held misconception that this covers all pregnancy needs
- Recent expansion of Right from the Start coverage to 6 months is vital in ensuring mother's health (and thereby supporting infant)
- However, lack of primary care for the years leading up to pregnancy has a profound effect on mother and baby

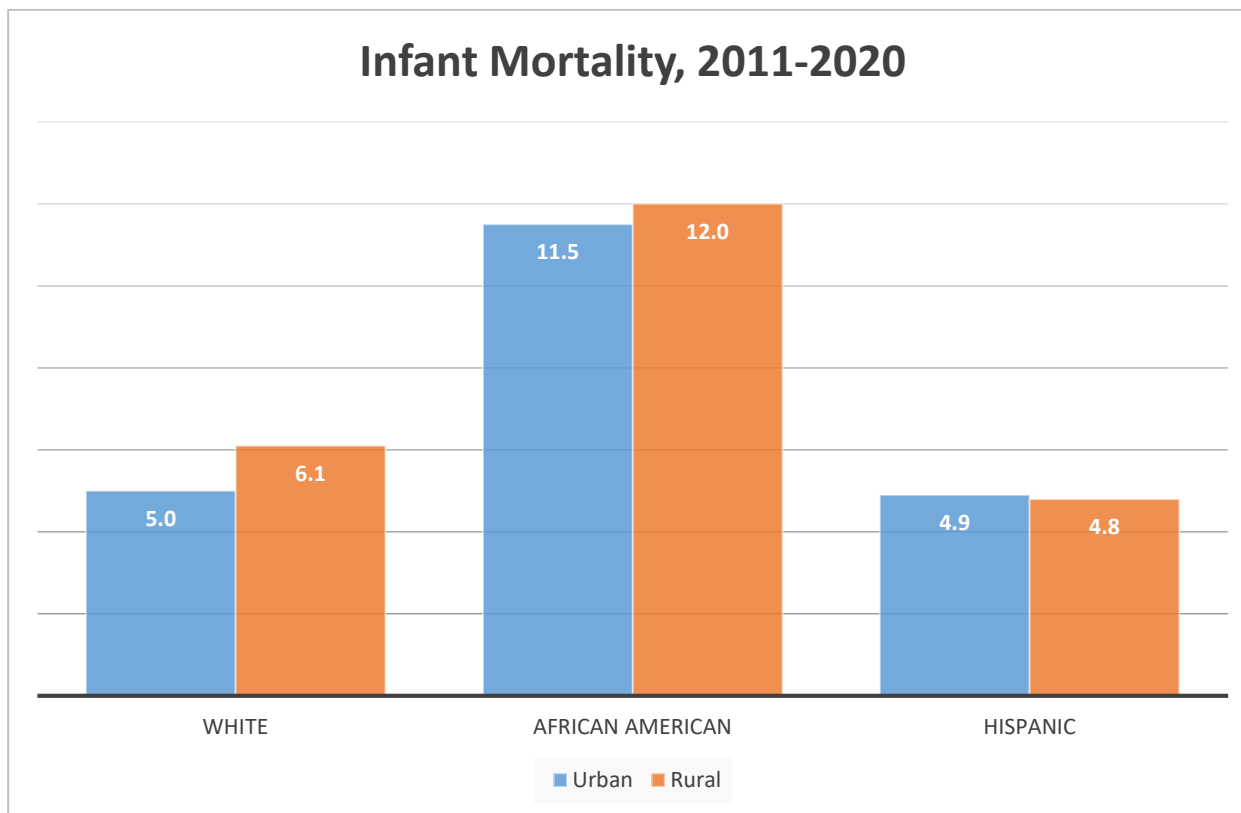


Rural Environmental Scan

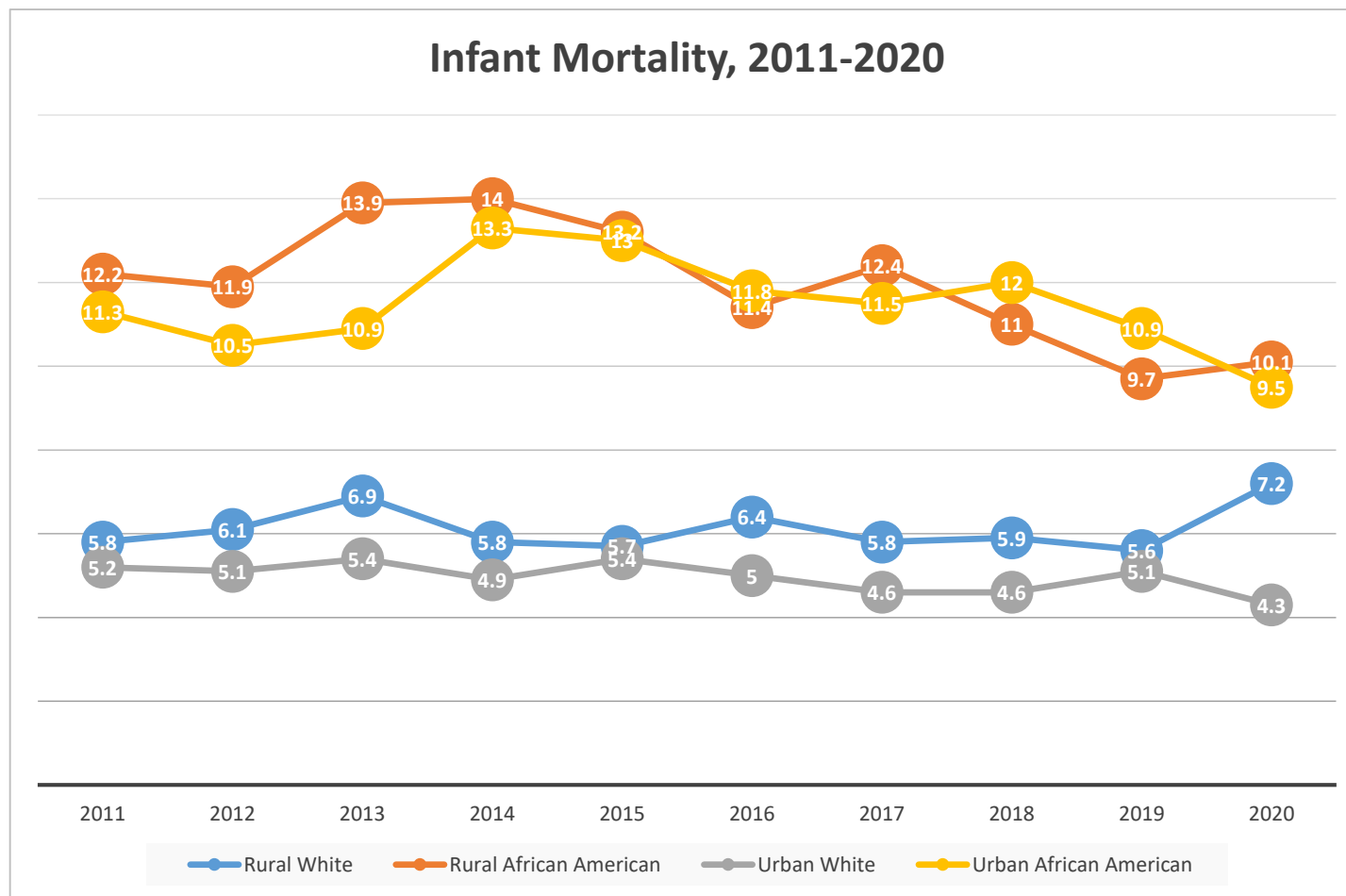
- In partnership with DPH, CRHHD is working to conduct a statewide environmental scan to better understand the dynamics of infant mortality in rural Georgia
- 3-phased initiative designed to generate actionable recommendations to guide strategic planning and decision-making regarding rural infant mortality prevention in the State
- Targeted Completion: Spring 2022



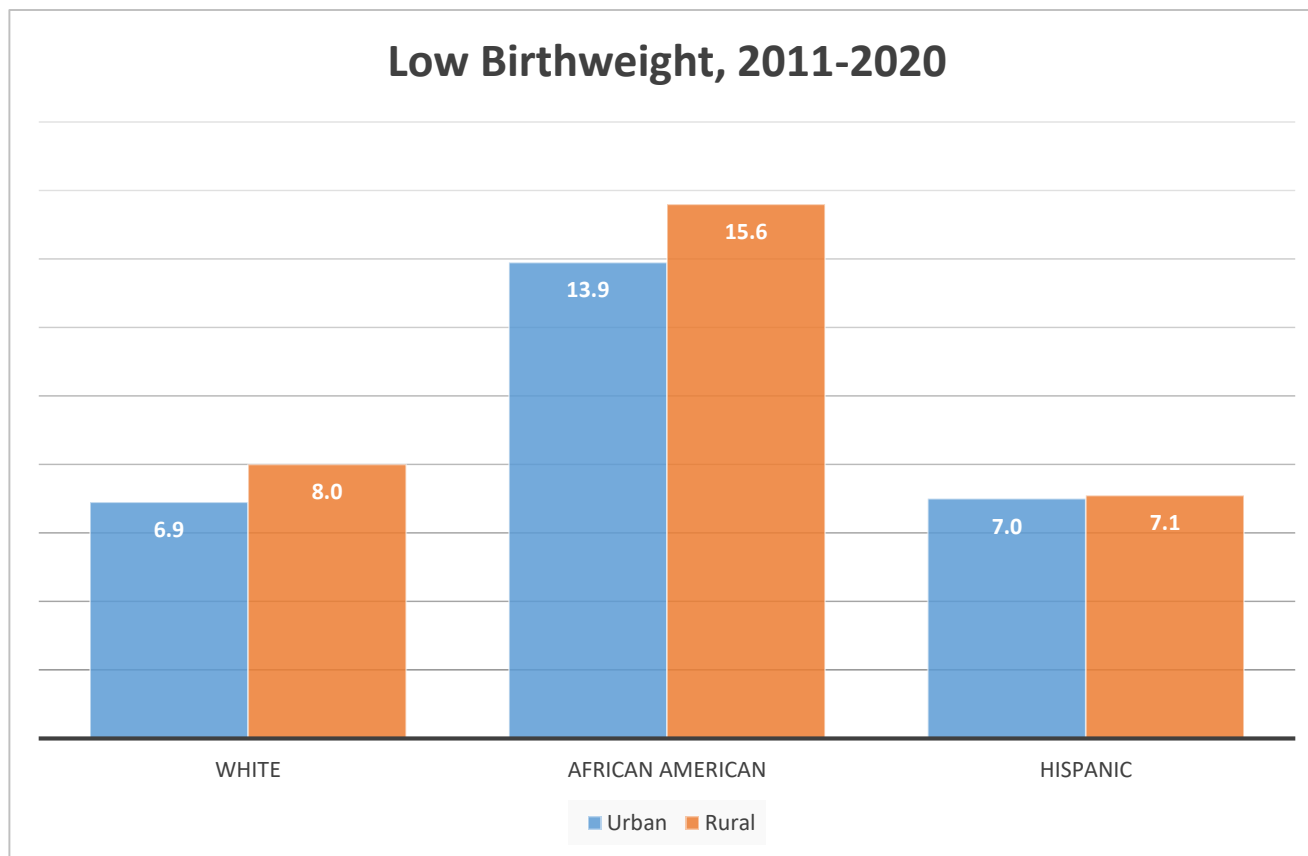
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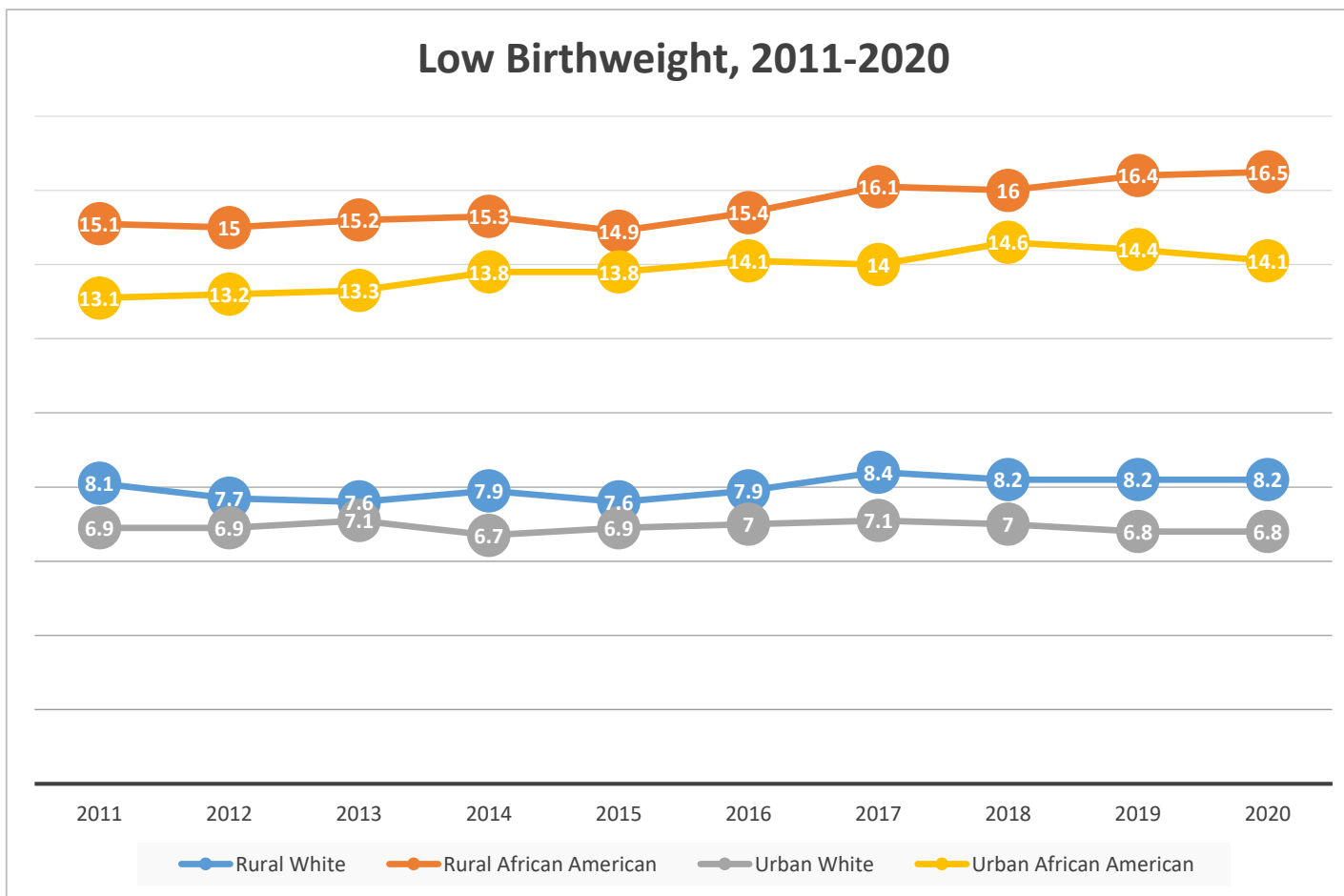
Infant Mortality



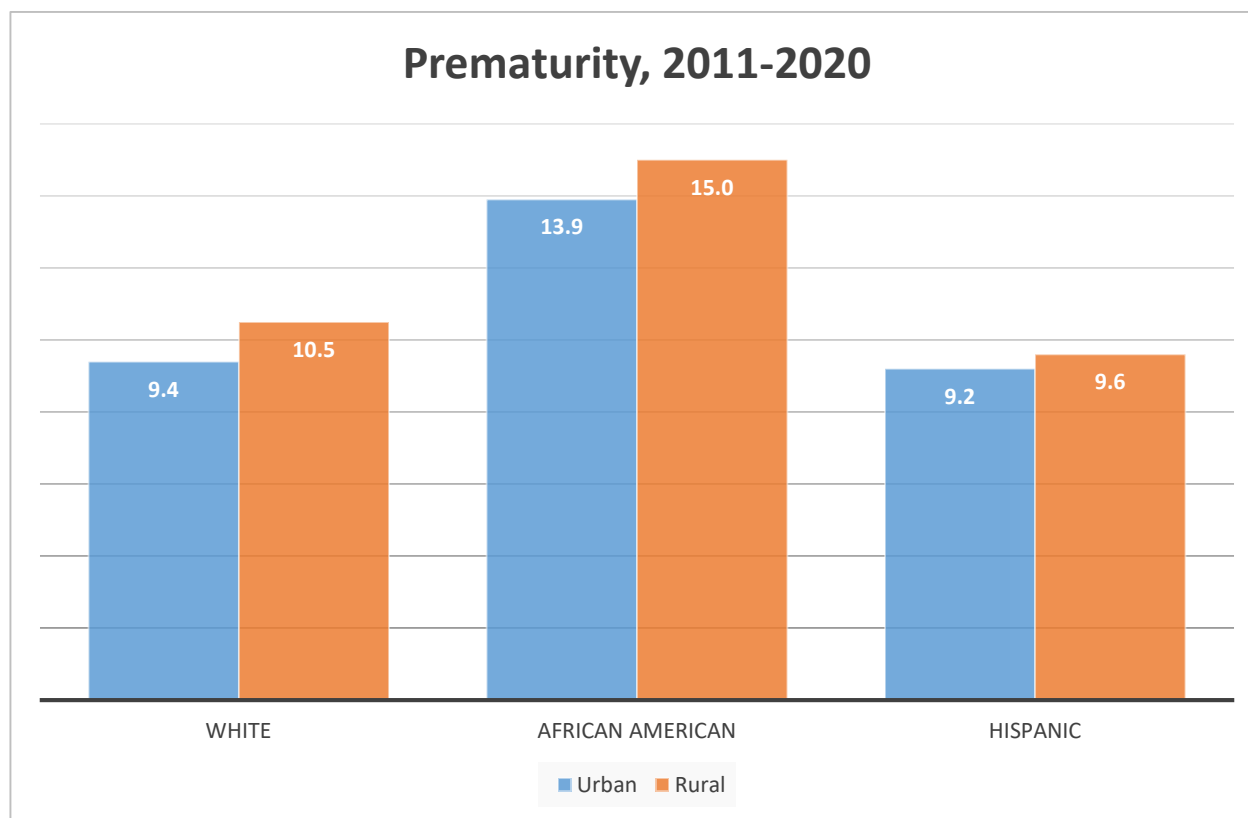
Low Birthweight



Low Birthweight



Prematurity



Prematurity

