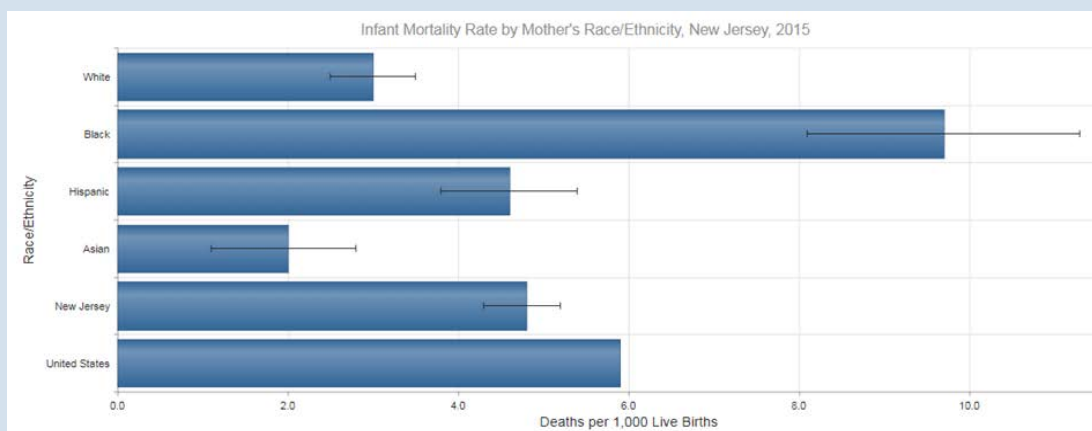


Finding Solutions for New Jersey’s Health Disparities in Infant Mortality

What was the problem/situation?

Worldwide, the infant mortality rate (deaths within a child’s first year of life per 1,000 live births) is one of the most widely-used indicators of population health. In 2015, the most recent year with available data, the Centers for Disease Control and Prevention (CDC) reported 5.9 deaths per 1,000 births nationally compared to 4.8 in New Jersey, which has one of the lowest infant mortality rates in the nation. NJ’s infant mortality rates by race however vary widely, and New Jersey has the third largest disparity between rates among white and black mothers among U.S. states. In 2015, 137 (9.7% per 1000 live births) black NJ infants died before age one versus 137 (3.0% per 1000 live births) white infants. The three-fold difference in NJ infant mortality rates by race is a long-standing problem.



How was Tracking involved?

The NJ Tracking data portal, known as the NJ State Health Assessment Data ([NJSHAD](#)) System, was designed to serve as the NJ Department of Health’s one-stop public health data portal for local public health officials, environmental and health advocacy

organizations, environmental justice organizations, academics, researchers, and community improvement groups. The NJ Department of Health's Center for Health Statistics and Informatics partnered with NJ Tracking to create indicators and online dataset queries for NJ births, deaths, infant and fetal deaths, inpatient hospitalizations, and emergency department visits. Users of the Birth Query can analyze low infant birth weight using a mother's characteristics (age, race, ethnicity, education, marital status, drug use, smoking, parity); year of birth; residence (county or municipality); health service utilization (prenatal care onset, method of delivery); and infant characteristics (sex, plurality, birth order, gestational age, Apgar score). These options make NJSHAD highly useful to local health departments, academics, and New Jersey's health and environmental advocacy organizations who need detailed health data at the municipal, county, and state level.

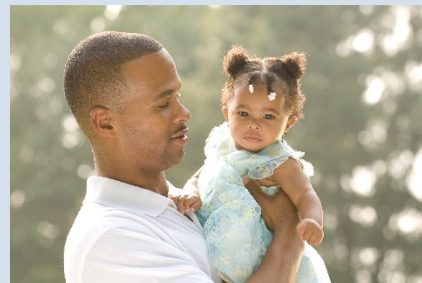
NJ Tracking and partners have worked to promote [NJSHAD](#) as NJDOH's website for public health data. Public health organizations and health advocates have increasingly turned to NJSHAD when documenting health issues impacting NJ families. Media usage of the NJ Tracking Data Portal, NJSHAD, has increased with multiple news stories citing and linking to relevant health indicators and datasets:

- [“Deaths from SIDS plummet, but it's still a leading cause of baby death”](#);
- [“NJ Infant Mortality Gap is the Nation's Largest”](#);
- [“No Easy Answers to NJ's Racial Disparities in Infant, Maternal Health”](#),
- [“Lawmakers drill down on policies to improve maternal-child health”](#),
- [“Black Mamas Highlight Racial Maternal-Health Disparities”](#),
- [“Could 'Maternity Report Card' Help Reduce NJ's High C-Section Rate?”](#).

What action was taken to resolve the problem?

The NJ Department of Health (NJDOH) is working collaboratively across state government to identify multiple opportunities for community support and interventions to decrease NJ's infant mortality. NJDOH conducted root cause analysis using data, literature review, and focus groups; which indicated that efforts to decrease Black infant mortality must be interdisciplinary. Transportation, housing, a living wage, affordable accessible childcare, and increased access to family planning are all important factors. Improvements in pre-conceptional health are also required, since an estimated 48% of Black births 2013-2015 resulted from unintended pregnancies. NJDOH realizes factors beyond the traditional health scope must be addressed in order to impact racial disparities in infant mortality.

In response to growing awareness and concern regarding the significant disparity in infant and maternal mortality in New Jersey by race, on February 12th, 2018, U.S. Congresswoman Bonnie Watson Coleman hosted an emergency roundtable meeting in Trenton with selected healthcare experts to discuss how New Jersey can better address the racial gap in infant and maternal mortality. New Jersey's First Lady Tammy Murphy attended the meeting which received extensive press coverage.



Increased awareness of NJ's health disparity in infant mortality by race contributed to passage of the [Vitale-Ruiz Bill](#), which was signed into law by NJ Governor Phil Murphy on May 30th, 2018. The law, S-1870, will require NJ's Child Fatality and Near Fatality Review Board to examine the effects of racial and ethnic disparities on infant mortality and make recommendations within one year for legislative and other actions to improve birth outcomes and increase access to maternal and infant health care. As stated by NJ State Senator Joseph Vitale, "This is just the first step in placing a greater emphasis on the health of mothers and children in every community in our state, regardless of race, ethnicity and geographic location."

On July 11th, 2018, NJDOH announced the awarding of \$4.7 million in grant funding to six NJ maternal and child health agencies to decrease black infant and maternal mortality. As stated by First Lady Tammy Murphy "Through the Healthy Women, Healthy Families Initiative, Dr. Elnahal and the Department of Health are working to help community-based programs improve services and provide quality access to perinatal care to reduce disparities in birth outcomes. I find it shameful that race persists as a factor in maternal health and infant mortality rates in New Jersey. We must continue to address the need for greater access to quality healthcare and services for our expectant mothers, especially for women of color. This grant funding represents a firm commitment on behalf of the administration to improve healthier outcomes for mothers and their babies."

As stated by NJDOH Commissioner Shereef Elnahal, "It's a tragic reality that race determines health outcomes for some New Jersey mothers and babies. Everyone — regardless of skin color — should be given an equal chance at a healthy, productive life. This is unacceptable, and we are confident these dollars will result in lives saved and results improved for families."