KANSAS HEALTH INSTITUTE

For additional information contact:

Gianfranco Pezzino, M.D., M.P.H.
Associate Director of Public Health Systems
212 SW Eighth Avenue, Suite 300
Topeka, Kansas 66603-3936
Tel. 785.233.5443 Fax 785.233.1168
E-Mail: gpezzino@khi.org
Web Site: www.khi.org

Senate Ways and Means Committee
March 14, 2008

SB 653
Appropriation for maternal and child health prenatal care

Gianfranco Pezzino, M.D., M.P.H.
Associate Director of Public Health Systems
Kansas Health Institute

Information for Policymakers. Health for Kansans.

Mr. Chairman and members of the Committee, my name is Gianfranco Pezzino and I am associate director of public health systems at the Kansas Health Institute, an independent, nonprofit health policy and research organization based in Topeka. I am here today to provide neutral testimony on SB 653.

It has been said that "the healthy future of society depends on the health of the children of today and their mothers, who are guardians of that future."[1] This is the fundamental premise of public health programs that protect and promote the health of mother and children. Most societies, including ours, recognize the special status of women and children and protect them from harm the best they can.

For many years health officials all over the world have used some standardized indicators to monitor the health of women and children. Perhaps the best known indicator is the infant mortality rate (IMR), which describes the rate at which babies die in their first year of life. In the United States, the IMR has decreased considerably in the past decades, but despite this major drop, our country is still lagging behind other countries in relation to this indicator. There are about 40 countries that have better IMRs than the U.S. Furthermore, within the U.S., there are substantial disparities in the IMR by state and race/ethnicity. National rates among African American babies are particularly high, about twice as high as the rates among white babies. In some states the IMR is twice as large as in other states. The worst rates are reported in East South Central and South Atlantic states, and the best rates are in the Pacific and New England states.

How does Kansas rank on this important indicator? Unfortunately, not well. After years of performing better than the rest of the country, the IMR in Kansas is now higher than the national average. What's worse, in 2004 and 2005, while there was a decline nationally, the IMR increased in Kansas. As a result, in 2005 the IMR in Kansas was one point higher than that in the U.S. (7.5 versus 6.5 per 1,000 live births). Preliminary results from 2006 show that the IMR in Kansas slightly decreased, but it remains higher than the national average.

[1] World Health Organization. World Health Report, 2007.

Why do our babies die? The table below shows the top causes of infant deaths in the country. The same ranking applies to Kansas. These causes account for almost 60 percent of all infant deaths.

1. Congenital malformations, chromosomal abnormalities
2. Low birth weight, disorders related to short gestation
3. Sudden Infant Death Syndrome (SIDS)
4. Maternal complications of pregnancy
5. Complications of birth (placenta, cord and membranes)
6. Accidents (unintentional injuries)

Can anything be done to stop this? Fortunately, yes. For many of the conditions listed above there are interventions that have been shown to be effective. For example, the number of low birth weight babies can be reduced by expanding access to health care, focusing intensively on smoking prevention and cessation during pregnancy, and ensuring that pregnant women get adequate nutrition. The number of deaths from SIDS (which kills disproportionally more babies in Kansas than in the rest of the country) can be reduced by educating parents about the risks associated with tummy (prone) or side sleeping, soft sleep surfaces, smoking, and bed sharing. A recent national report from Harvard University[2] identified interventions that when done in concert can favorably impact the health of young children. First, the report recommends improving access to basic medical care for pregnant women. Unfortunately, this is another area in which Kansas does not compare favorably to the rest of the country, with almost one in four pregnant women not receiving early prenatal care (compared to 18 percent in the country as a whole). Prenatal programs include both access to basic medical care and early and intensive support for pregnant women by skilled home visitors. The second recommendation calls for increasing early home interventions for vulnerable families, especially those expecting their first

[2] Center on the Developing Child at Harvard University (2007). A Science-Based Framework for Early Childhood Policy: *Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children.* http://www.developingchild.harvard.edu. August 2007.

baby, through skilled home visitors. Finally, the report stresses the importance at the community level of adopting an integrated approach that can assure preventive, clinical and health education initiatives tailored to the risk profile of each community and of individual pregnant women and babies. This is the approach followed by our local health department staff through a variety of initiatives, education interventions, home visits, and referral for clinical care.

Thank you for the opportunity to provide this information on how to improve the health of our women and babies. I will be happy to address any questions that you may have.

	2000	2005
Infant Mortality Rate:		
KS	6.8/1,000	7.5/1,000
US	6.9/1,000	6.5/1,000
SIDS rate:		
KS	99/100,000	106/100,000*
US	62/100,000	55/100,000
Early prenatal care:		
KS	87/100	76/100
US	83/100	83/100

* 2004