

33 Whitney Ave
New Haven, CT 06510

Voice: 203-498-4240
Fax: 203-498-4242
www.ctkidslink.org

Testimony Supporting:

Proposed H.B. No. 5076 An Act Concerning An Appropriation For A Fetal And Infant Mortality Review Program

Mary Alice Lee, Ph.D.
Mary A. Glassman, J.D.

Public Health Committee Public Hearing

February 21, 2007

Dear Senator Handley, Representative Sayers and Members of the Public Health Committee:

Mary Alice Lee is a Senior Policy Fellow and Mary Glassman is Director of Legislative Affairs with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well being of Connecticut's children, youth and families. We are here today to testify on behalf of the sister lobbying organization - Advocates for Connecticut's Children and Youth (ACCY), a statewide, independent, citizen-based organization dedicated to speaking up for children, youth and families.

We strongly support **Proposed H.B. No. 5076 An Act Concerning An Appropriation For A Fetal And Infant Mortality Review Program**. This bill will maintain funding for the five current Fetal and Infant Mortality Review programs in Connecticut and add additional funding for programs in other parts of the state.

Fetal and infant mortality review is an important public health strategy for identifying risk factors for perinatal morbidity and mortality and for developing information that can be used to design community interventions to improve the health of women and infants. Since the mid-1980s, medical advances have been enhanced with and greater understanding of the antecedents of perinatal health derived from the systematic study of poor pregnancy and infant health outcomes. Based on objectives and methods developed in partnership by the federal Maternal and Child Health Bureau and the American College of Obstetricians and Gynecologists, the National FIMR Program and local programs in more than 200 communities nationwide have worked to reduce health disparities by providing information about risk that can be used to improve health care delivery and health policies at the community level.

Despite its relative affluence, major indicators of infant health show that perinatal morbidity and mortality are not a whole lot better in Connecticut than elsewhere in the US. In 2000-02, the most recent years for which data are available, Connecticut's infant mortality rate was 6.4 deaths per 1,000 live births (US: 6.9 deaths per 1,000 live births).¹ In 2002, 273 Connecticut babies died during the first year of life. Just as it does in the rest of the nation, the infant death rate in Connecticut varies significantly by race/ethnicity and

is over two and a half times higher for babies born to African American mothers (14.2 per 1,000 live births) than babies born to White mothers (5.4 per 1,000 live births). Racial and ethnic differences are also evident in the two most important risk factors for infant death, low birthweight (<2,500 grams or 5 pounds 8 ounces) and preterm birth (birth before 37 completed weeks of pregnancy).ⁱ In 2004, nearly 13 percent of babies born to African American mothers in Connecticut were low birthweight, compared with about 9 percent of babies born to Hispanic mothers and 7 percent of babies born to White mothers. Babies born to African American and Hispanic mothers were more likely to be preterm (14.2% and 10.8%, respectively) than babies born to White mothers (9.2%). These stark differences indicate systematic and systemic differences in access to the good health and adequate health care necessary for optimal birth outcomes.

The FIMR programs aim to identify community-level factors that can be addressed to reduce these differences infant mortality. The FIMR programs work collaboratively with other initiatives aimed at improving maternal and infant health, including local health departments, hospitals, community health centers, State Title V agencies, and community agencies. Information generated by these efforts can be used to inform policy development for strengthening maternal and child health systems statewide and at the community level. The FIMR Program in Greater New Haven, for example, brings together the New Haven Health Department; Healthy Start; the Visiting Nurses' Association; United Way/Infoline; providers at Yale New Haven Hospital, the Hospital of St. Raphael, Griffin Hospital, Hill Health Center, and Fair Haven Community Health Center; and the Hygiea Foundation to work with the community and with families who have experienced a pregnancy loss, stillbirth or infant death.

We support ongoing funding for the FIMR programs and expansion of this vital public health funding to other communities in Connecticut. In addition, we support restoration of funding at the level the programs were funded in previous years (\$35,000 per program v. \$25,000 current funding). This step will ensure that communities and the State of Connecticut have the information they need for developing policies and programs that support the health of women and infants.

ⁱ Matthews JT, et al. Infant mortality statistics from the 2002 period linked birth/infant death data set. Division of Vital Statistics. National Vital Statistics Report, volume 53 number 10, November 24, 2004. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_10.pdf.

ⁱⁱ Martin JA et al. Births: Final data for 2004, Table 35, National Vital Statistics report, volume 55 number 1, September 29, 2006. Division of Vital Statistics, National Center for Health Statistics. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_1.pdf.