

## Programs root out the reasons for infant death

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**Destiny Swatts and Makayla Turner wait to play a board game at Springfield Community Center this month. The third-graders are part of Capital Area Healthy Start Coalition's S.T.R.O.N.G.E.R after-school program for girls. / Glenn Beil/Democrat**

### About this series:

“Healthy Babies” is a month-long effort by the Tallahassee Democrat intended to enlighten the community about efforts to reduce infant deaths and promote positive birth outcomes.

### Coming Sunday:

The Democrat will post a long-form video documentary summing up the series on Sunday. See it on [www.tallahassee.com](http://www.tallahassee.com).

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## March for Babies

If you go:

Money raised during the March for Babies supports community programs aimed to help moms have healthy, full-term pregnancies and funds research to find answers to serious problems that threaten babies.

- Saturday at Tom Brown Park, 1125 Easterwood Drive
- Registration at 9 a.m., Walk begins at 10 a.m.
- For more information on registration and fundraising incentives visit [www.marchforbabies.org](http://www.marchforbabies.org) or call the March of Dimes Big Bend Division at 850-422-3152.

If greater progress is to be made in reducing infant deaths and ending the racial disparity that sees black babies die at three times the rate of whites in Leon County, experts say it will start with girls like Destiny Swatts and Makayla Turner.

The Riley Elementary School third-graders are members of the Capital Area Healthy Start Coalition's girl's after-school program S.T.R.O.N.G.E.R. The group, which meets three afternoons a week at Springfield Community Center in the Joe Lewis public housing complex, is designed to encourage girls 8 to 14 to take a more active interest in their health and promote self-esteem. (The program's acronym stands for Strength to Trust and Respect; an Opportunity to be Nice, Graceful, Encouraging and Responsible.)

The girls learn about eating right, the benefits of exercising and personal hygiene, and get lessons in goal setting, how to be respectful and develop a positive character. They dance and sew, cook and swim and go on field trips. The program is provided free of charge thanks to a \$38,000 grant from the city, county and United Way of the Big Bend partnership, which pays for the activities as well as group leader Denee Glenn, a community health educator.

While the program is not focused on maternal health or sex education, the lessons the girls learn are directly tied to social determinants known to be root causes of infant mortality and that drive the racial divide in birth outcomes. Lack of education, racism, poverty, crime, stress and poor health care all conspire over a woman's lifetime and put her baby at risk.

“The secret to all of this is to get people who are very young and teach them how to care for their bodies, how to take care of themselves and to have future goals and hopes,” said Ann Davis, who, as executive director of the coalition,

has been focused on the issue of infant deaths for two decades.

## **Keeping it real**

Dr. Alma Littles, senior assistant dean at Florida State's College of Medicine, said health education for girls and women can't start early enough, but it has to be presented in the right way.

"It has to be education that is delivered in a manner that the girls you are speaking with can relate it to who they are," Littles said.

Many girls and young women come to Neighborhood Health Services in Frenchtown for medical care. Up until about three years ago, clinic director Oretha Jones said she was like most health care providers, treating them for their immediate medical problem. Not anymore.

After delving into the local statistics on infant deaths and other poor birth outcomes and seeing the connections to unplanned births and pre-pregnancy health, she changed her approach.

"When we get the young ladies in, it doesn't matter what they are in for, we start discussing with them family planning," Jones said. "A lot of them say, 'I'm not planning on being pregnant.' But I say, 'You are having unprotected sex — yes you are.' "

Jones said she's making headway in her effort to change the mindset of young women that health is a continuum, not a disconnected series of diagnoses. Information about being healthy before pregnancy is beginning to stick.

Everything from better school lunches to sophisticated scientific advances are helping to create a "chain reaction" of better birth outcomes. But more straight talk early on is needed, Jones said.

"We need to really start having open, adult conversation with both young ladies and young men about health and pregnancy, period," she said. "You have to catch them when they are willing to listen and willing to learn. If you don't, it doesn't matter what we do."

While such frank conversations may be uncomfortable for parents and caregivers, Jones said the alternative is far more awkward: "How weird is it for your 13-year-old to come home with a baby?"

## **Reinforcing same messages**

Most of the messages that need to reach and be embraced by moms and families are neither new nor novel. A lack of safe sleep practices, for instance, still remains a serious problem, said Dr. Judy St. Petery, a longtime Tallahassee pediatrician.

In the child death review meetings she attends each month, she said there is always at least one case of Sudden Unexplained Infant Death. In 2010, the year black infant deaths in Leon County skyrocketed, SUIDs was found to be the cause in four of the 24 cases. That same year, only 1 white baby died from the cause.

"We must be more aggressive in educating families," St. Petery said. "I'm tired of tip-toeing around about playing Russian roulette with a baby. It's time to get real: Do you really want your baby to have a greater chance of not waking up in the morning? Then, at least, put the baby to sleep on her back, in her own firm crib, no soft bedding or toys and never with you."

Quashier Flood-Strouble, a 30-year-old married mom of four boys, said women and families also should take more advantage of programs such as Healthy Start. When the New York native first became pregnant at 24 while working on her master's degree in criminology at Florida A&M, she was referred by a university nurse to the Leon County Health Department.

"Although I was college educated, I knew nothing about children," Flood-Strouble said. "I wasn't looking for a handout, I was looking for education. There is a stigma if you are on a program and it is so silly."

She joined Healthy Start and loaded up on educational materials about eating right and safe sleeping practices. She joined the nutrition program Women, Infants and Children, and was enlightened about the benefits of breast feeding, including a lower risk for sudden infant death. About two years ago, she was hired by WIC as a breast-feeding peer counselor, working to promote breastfeeding among black women. She and her brother even produced a video aimed at giving black fathers the tools to help.

“For some reason we just don’t breast feed and we really should,” Flood-Strouble said of other black mothers. “I tell moms, you don’t have to be that marathon nurser, just try. If you only have three weeks to nurse because you work at McDonald’s that’s OK, do whatever you can do.”

### **Systems need to change**

But not all the work to reduce infant deaths can be tackled by moms, families and health professionals. Systems have to change and do better, too, experts say.

Medicaid, for example, needs to be expanded to cover mothers beyond the current cutoff two months after their child is born, said St. Petery and other health care and social service providers. Without health care coverage, many young moms fail to get follow-up care for chronic diseases and put them back at risk for future birth outcomes.

On average, from 2009 to 2011, 70 percent of black births in Leon County were covered by Medicaid, as were 28 percent of white births.

“The Florida Legislature could do something right now,” St. Petery said. “Implement the optional Medicaid expansion portion of the Affordable Care Act to insure these young adults so they would have continuous coverage, and could go somewhere besides the ER for medical care.”

Ed Feaver, a former Department of Children and Families secretary, human service’s expert and past chair of the Whole Child Leon Steering Committee, said social service programs themselves also need to do a better job focusing on individual needs.

“We have too many programs and not enough services,” he said. “We invest in structures, not in the process of helping a person with respect to the needs that they have. It’s all related to how the money is allocated. It is so hard to change that.”

Some strides are being made by groups locally to work together and get limited resources to the front lines, Feaver said, but those efforts are in their beginning stages.

“You can’t make quantum leaps on these (infant mortality) statistics,” Feaver added, “but you’ve got to deal with poverty and you’ve got to deal with politics and we don’t want to deal with either one.”

Angel Trejo, current Whole Child Leon chairman put it simply: “Every time we see a pregnant woman we should be running out there and grabbing her and saying, ‘How can we help you?’ ”

Dr. Brown, who came to FSU a year ago and joined the effort to reduce infant deaths and end the racial disparity, praised the community’s effort and energy. But, she, like others, conceded there is still a long way to go.

“One person can’t do it. The health providers alone can’t do it, health educators in the community alone can’t do it, the politicians alone can’t do it,” Brown said. “Everyone has to work together and think about system issues to improve the health environment that we, as women, grow up in. It takes time.”