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Place matters: The social determinants for infant mortality

More babies die before their first birthdays in Wayne County and the city of Detroit than in many parts of the United States and the world. Sadly, the infant mortality rate in this region has been extremely high for several decades. This is unacceptable. It inflicts tragedy on families and costs billions of dollars in medical care. In addition, the infant mortality rate - the number of babies per 1,000 live births who die within the first year of life - is an important indicator of a community's health. In addition to overall high infant mortality rates, racial disparities also exist. Black babies in Wayne County and Detroit are more than twice as likely to die before their first birthdays as white babies. In Wayne County (excluding Detroit), the Infant Mortality Rate is 11.9 deaths per 1,000 live births for black babies (the same as some Third World Countries) and 5.9 deaths per 1,000 births for white babies (2008), according to the Michigan Department of Community Health. The rates in Detroit are even higher: 13.4 deaths per 1,000 births for black babies and 5.4 deaths per 1,000 births for white babies for the same year. Addressing the social determinants of health which are the conditions in which people are born, grow, live, work and age is important to understand how these factors contribute to infant mortality rates. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced, by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. These factors include where a girl or woman lives and goes to school, what she eats, how she's perceived and treated, whether she has a good job with equal pay, the quality of her relationships, and the extent to which she's affected by racism. An "upstream" strategy is a radical departure from the traditional, "downstream" methods that have been tried for decades but have had limited and sporadic results. Traditional, downstream interventions may be too little, too late.

Biography

Mouhanad Hammami completed his postdoctoral research in Pediatrics at the Newborn Center of the University of Tennessee in Memphis, and then accepted a faculty appointment at Wayne State University School of Medicine in Detroit, Michigan and a research position at the Detroit Medical Center, Department of Pediatrics. During his tenure at Wayne State he researched growth and nutrition in the newborn period specifically bone mass and body composition assessment using Dual Energy X ray Absorptiometry (DXA) in small subjects i.e. neonates and infants. He was involved in many clinical studies ranging from the effect of infant formula on bone mineralization in newborns to new childhood vaccine trials. In 2004 he conducted the first clinical study ever to assess the growth and living conditions of Palestinian children living in refugee camps in Lebanon. This study was done in collaboration with ACCESS Health and Research Center in Dearborn, Michigan. This study was later published in *Ethnicity and Disease* as the only data available on this population. In 2006 he was granted the American Medical Association (AMA) foundation for Excellence in Medicine and Leadership award for his public health advocacy and community work. He is listed in the Marquis 2006-2007 Who's Who in Medicine and Healthcare, Strathmore's 2006-2007 Who's Who in Healthcare and Madison's Who's Who in the World 2008 - 2009. He was awarded the "Health Policy Champion Award" by the Michigan Department of Community Health in 2011. He currently serves as the Chief of Health Operations of Wayne County Department of Health and Human Services and County Health Officer for Wayne County where he oversees all health related operations for the 13th largest County in the Nation.

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