Community of Practice Webinar

Goal #4: Support increasing the number of infants who are born healthy and continue to thrive
The Driving Force
2014: Kalamazoo was an Infant Mortality Hot Spot
Three-Year Moving Average Infant Mortality Rates per 1,000 Live Births by Race
Kalamazoo County, MI, 1997-2012

.....NOT because of it’s White Infant Mortality Rate
Because of its Black Infant Mortality Rate

Three-Year Moving Average Infant Mortality Rates per 1,000 Live Births by Race
Kalamazoo County, MI, 1997-2012

White  Black

Rate per 1,000 Live Births


7.01  6.55  7.18  8.61  8.46  6.45  5.38  4.73  4.98  4.71  5.36  5.72  4.78  3.88

4.5 RR

Black Babies in Kalamazoo were dying at 4.5X higher rates because of its Black Infant Mortality Rate.
Combination of factors...

• Economic downturn

• Significant reduction in funding for maternal-infant services

• Disincentives for coordination of care

• Pushback regarding focus upon Black babies
Both Race and Income contribute to IMR
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- Black Babies in Kalamazoo were dying at 4.5X higher rates

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- Black Babies in Kalamazoo were dying at 4.5X rates
- Both Race and Income contribute to IMR

![Graph showing the relationship between income and IMR for Black and White populations.](image)

- Black: 16.8 of Color vs. 11.9
- White: 5.9 vs. 2.6

Income levels: $ightarrow $$$
Both Race and Income contribute to IMR

Black Babies in Kalamazoo were Dying at 4.5X Higher Rates

Both Race and Income contribute to IMR.
Pressuring already-stressed families

what women said...

**Economy**

- “Even with a job though in our society. You cannot provide even living in subsidized housing and having a job and not getting food stamps. You’re not going to be able to provide for you house, especially with a child on the way”

**Health Services**

- “…and then with a lot of the referrals that they say they going’ give you, you never really receive them”
- “And then when I called, she’s like oh, you’re not a part of the program anymore...like when I was a part of the program I was waiting for the referral and you never sent it”

**Racism**

- “We shut down as Black women. We have an attitude that is not even an attitude; it’s called, um, we have this shell. Not matter what is going on, I don’t care. We don’t cry easily; you cannot make us cry, you cannot break us down... When we get alone we’ll cry, but we don’t want the world to think anything is wrong.”


And stressed systems

what providers said...

**Economy**
- “It sucks being poor. I’m just going to say it...you get asked different questions that people with money don’t get asked and then you’re supposed to tell them all this stuff and once you tell them maybe CPS gets involved...so it all gets turned around in a negative way.”

**Health Services**
- “Kalamazoo is rich in resources, but there is a disconnect.”
- “That’s the puzzle, because we feel like we are giving the same level of care and the same chances and the additional resources and the programs. So why are we still failing? Why are we losing these babies?”

**Racism**
- “Why does it seem to happen in this group so much more than in another? What’s different about them aside from the color of their skin? You know. And obviously there’s probably some cultural things, but it’s hard to pinpoint what a cultural factor would cause this.”

POLLING QUESTION: What’s the nature of the challenges in your community?

- Clear, single problem. If so, name it:

- Multiple, overlapping problems… in the lives of community members and the institutions designed to serve them.
First Steps
Our Vision

Reduce the infant mortality rate in racial ethnic minorities to 6.0/1000 in Kalamazoo by 2020.
Guiding Principles

- Equity Focus
- Data-Driven
- Collective Impact
- Community Engagement
Getting Started

Phase 1: Generating Ideas and Dialogue: 2014

- Build awareness
- Build Community Partners
- Identify the issue in the community
- Learn from the past

ACTIVITIES

- One-on-one meetings with stakeholders
- Kickoff Conference (November, 2014)
- Media coverage

Equity Focus — Data-Driven — Collective Impact — Community Engagement
Multisector Partner Engagement

- Aetna Better Health
- Arcus Center for Social Justice Leadership
- Borgess Medical Center
- Bronson Healthcare
- Catholic Charities Diocese of Kalamazoo – Caring Network
- Douglass Community Association
- Eliminating Racism Creating/Celebrating Equity (ERACCE)
- Elizabeth Upjohn Community Healing Center
- Family Health Center
- Gryphon Place
- Interfaith Strategy for Advocacy and Action in the Community (ISAAC)
- Kalamazoo Community Foundation
- Kalamazoo Community Mental Health and Substance Abuse Services
- Kalamazoo County Department of Health and Human Services
- Kalamazoo County Health & Community Services
- Kalamazoo Regional Educational Services Agency (KRESA)
- The Links, Inc.
- McLaren Health Plan
- Meridian Health Plan
- Molina Health Plan
- NAACP – Metropolitan Kalamazoo Branch
- Northside Ministerial Alliance
- Planned Parenthood of Michigan
- Priority Health Choice
- Rootead
- Savior’s Home Healthcare
- Seeds for Success
- St. Luke’s Diaper Bank
- Twenty Hands
- United Healthcare Community Plan
- United Way of the Battle Creek and Kalamazoo Region
- Western Michigan University Department of Psychology
- Western Michigan University Homer Stryker M.D. School of Medicine
- YWCA Kalamazoo
Phase 1: Generating Ideas and Dialogue: 2014

Phase 2: Strategic Process: 2015

**Funding:**
- Healthy Babies Healthy Start
- Ascension

**ACTIVITIES**
- Community Workshops (March & May, 2015)
- Fundraising
- Research Race X SES further
- Strategic Planning Consultant / Process

**Equity Focus**

**Data-Driven**

**Collective Impact**

**Community Engagement**
GRANTS: Early Wins Helped Maintain Momentum

1. Re-establish Fetal Infant Mortality Review

Kalamazoo County FIMR: Two-Tiered Process

1. CASE REVIEW TEAM:
   ..... the front line
   Led by:
   Members:
   Hospitals, EMS
   OB & Pediatric primary care
   Behavioral health
   Public Health, Home visitors
   Criminal justice, Courts
   Child welfare, Domestic violence
   Community members

   Member Responsibilities:
   Provide case-related information
   Attend Case Review meetings
   Maintain confidentiality
   Draft actionable recommendations

   Goals:
   a) Review individual cases,
   b) Identify system gaps,
   c) Draft recommendations

2. COMMUNITY ACTION TEAM:
   ..... leadership
   Led by:
   Members:
   Institutional administrators
   Community leaders
   Government
   Funders

   Member Responsibilities:
   Leverage institutional resources
   Focus on community realities
   Commit to collective impact
   Data driven, Evidence based action

   Goals:
   a) Synthesize data,
   b) Prioritize issues,
   c) Take action

2. Launch WISH community health worker program

   • Flexible safety net CHW program, focused upon highest risk women
RESEARCH: Participatory Research Helped Engage Community & Inform Planning

Multivariable Regression Statistical Analysis of Birth/Infant Death Records

Perinatal Periods of Risk Analysis

Geomapping

Workgroup breakout sessions in Community Meetings
Focus Groups with community members & health providers
STRATEGIC PLANNING: Gaps Identified by SWOT* Analysis

1. **Community**: Lack of awareness/understanding regarding disparities

2. **Health system**: Fragmented services & ineffective client engagement

3. **Prevention**: Not getting at root causes
   - Community / neighborhood environment and opportunities
   - Living circumstances (work, play, home)
   - Treatment by providers, institutions
   - Supportive relationships

4. **Data**: Connecting the dots

*SWOT: Strengths, Weaknesses, Opportunities, Threats
POLLING QUESTION: What is your best source of information that helps you identify what’s going on with infant health in your community?

- FIMR / CDR
- Local Public Health Department / local Epidemiologist
- State Public Health Department / State statistics
- Hospitals / Medical systems in your community
- Academic researchers / studies in your community
- Other community stakeholders / associations
- Other. Specify:
Strategic Action
Organizing

Phase 1: Generating Ideas and Dialogue: 2014

Phase 2: Strategic Process: 2014-15

Phase 3: Initial Action: 2015-16

Funding:
- Kalamazoo County Health Plan
- Michigan Health Endowment Fund

ACTIVITIES
- Announced plan at annual meeting
- Workgroups to develop each objective
- Hired administrative backbone
- Public Health Marketing
- Fundraising

Equity Focus — Data-Driven — Collective Impact — Community Engagement
Began Building Community Awareness

https://drive.google.com/a/ywcakalamazoo.org/file/d/0B-788Uc1ZCRGU0l0UnICdW42eTA/view?usp=drive_web

https://www.youtube.com/watch?v=f5tBqK-i6mw
Focus Populations: female residents of Kalamazoo County ages 15-44, who:
- Identify as Black
- Have incomes at/or below the FPL
- Have experienced a previous birth outcome

Four Strategic Objectives
Upstream (root cause)....

...Downstream (most obvious cause)

WORKGROUPS:

**CULTURE/VALUE**
Ensure Cultural Competency of Cradle programs, providers and the community at large

**COORDINATED SERVICES**
Build a perinatal home visitation network to identify, enroll & retain pregnant women & mothers into home visitation programs

**PREVENTION**
Promote reproductive health education for the prevention of unintended & rapid repeat pregnancies

**INTERVENTION**
Promote safer infant sleep practices
Cradle Marketing

- Billboards
- Website (www.Cradlekalamazoo.com)
- Radio spots, news interviews (featuring partners)
- Brochures
- Cradle business cards

Marketing focus groups for logos and messaging
Implementation

Phase 1: Generating Ideas and Dialogue: 2014

Phase 2: Strategic Process: 2014-15

Phase 3: Initial Action: 2015-16

Phase 4: Organize for Impact: 2016

Funding:

- Create infrastructure and process
- Create common agenda, goals and strategy
- Continue to engage

ACTIVITIES
- Baby Hotline
- Implement Data Hub
- Fundraising
- Continue marketing

Equity Focus — Data-Driven — Collective Impact — Community Engagement
Cradle Hotline.... 2-1-1 Gryphon Place

Call 269-888-KIDS for your baby needs!
With a single phone call, pregnant and newborn families in Kalamazoo County can connect to crucial services and resources to improve health and infant survival.

Anyone can call 269-888-KIDS (5437) to help get connected to programs that support families both inside and outside the home.

For more information visit www.CradleKalamazoo.com

https://drive.google.com/a/ywcakalamazoo.org/file/d/0B-788Uc1ZCRGX3ladDRhel9uejg/view?usp=drive_web

https://www.youtube.com/watch?v=GBC5Gu8MQFU&t=1s
Cradle Kalamazoo
Call Report Summary (2017 weeks 1 - 11)

4503 calls from 2-1-1 screened for pregnancy

66 calls answered Yes to pregnancy in home

23 calls agreed to FSS Follow Up

17 calls in focus

10 connected

38 calls to 888-KIDS

12 calls with pregnancy

11 calls in focus

9 connected
DATA HUB: Care Coordination Registry

- 913 women
  - 60% of color
  - 97% Medicaid
  - 41% PPBO

224-KIDS / Gryphon Place

KCHCS (HBHS, NFP, HFA) & CHWs

MIHPs (Savior, 20Hands, YWCA)
Accomplishments

**Home Visitation**
- Weekly Case Reviews
- Streamlined Referrals

**Reproductive Health**
- Education Module
- Literature Review

**Safe Sleep**
- Presentation Kit
- Community Awareness
- Training

**Community Engagement**
- Best Babies Zone

**Community Awareness**
- Training

**FIMR**
- Monthly Reviews
- Recommendations
- Interviews

**Health Equity**
- Training
- Accountability
- County Resolution

**Capacity Building**
- Backbone Team
- Cradle Kalamazoo Co-Branding

**YWCA WMed**
- HBHS MIHPs
- NFP
- HFA
- CHWs

**FHC Planned Parenthood**
- ERACCE Kalamazoo County
- Arcus
- Bronson
- NAACP

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**NMA NAACP ISAAC United Way**

**Home Visitation**
- weekly case reviews
- streamlined referrals

**Reproductive Health**
- education module
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**Capacity Building**
- backbone team
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**ERACCE**
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**Safe Sleep**
- presentation kit
- community awareness
- training
Preparing for Next Phase
Next Steps

Capacity Building

• Administrative Backbone
• Cultural Competency Accountability
• Data Hub *(Funded by United Way)*
• Education: Safe Sleep & Spacing
• Co-Branding *(Initiative vs. Individual Organization)*

Intentional Programming

• Community Outreach and Engagement
• BBZ
• Intentional Collaboration with Partners
• MDHHS Minority Health Grant

Gaps

• Strategic Planning
• Funding
• Continued Intentional Programming
• Strategic Engagement
Models that Work

**Collaborative Funding**

First Five LA California Endowment:
$100,000 (start-up) $1.5 million for next 5 years
What is Missing in Cradle?

Continued collective strategy both in funding and programming

- Intentional programming for focused populations
- Kalamazoo collective investment
  Shared Prosperity
  Kalamazoo Promise

**Funding STRATEGY Not PROGRAMS**
DATA HUB: Connecting the dots…. 

Moms’ Health Experiences Survey

Social Life
- Discrimination
- Tx by providers
- Neighborhood
- Social Support
- Partner Support

Living Conditions
- Income
- Food Security
- Housing Stability
- Transportation
- Childcare

- Stress
- Depression
- Substance use
- Prenatal Care

Birth outcomes

&

Disparities
DATA HUB: Impact of Home Health Visitors

Moms’ Health Experiences Survey

Social Life
- Discrimination
- Tx by providers
- Neighborhood
- Social Support
- Partner Support

Living Conditions
- Income
- Food Security
- Housing Stability
- Transportation
- Childcare

Home Health Visitors
- Stress
- Depression
- Substance use
- Prenatal Care

Birth outcomes
&
Disparities
POLLING QUESTION: In your community, what brings people and agencies together to help disadvantaged families have healthy infants?
Thank You!