Data that Informs Community Action: Review & Update

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Kalamazoo Infant Mortality Community Action Initiative

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Action that is....

- Data-driven
- Informed by community members and experiences
## Data

- **National & State Infant Mortality & Health Disparity Initiatives**
- **Evidence based programming**
- **National, State & Local Infant Mortality Rates & Trends**

### Local

- **Infant mortality in Kalamazoo**
  - Rates, trends, causes of death, risk clusters, geographic distribution
- **Contributors, multivariate study using birth records data**
  - Interaction of poverty and race, at the individual & neighborhood level
  - Differential contributors by race
- **Home visitation programming**
  - Who receiving (demographic, geographic)
  - To what effect
- **Perinatal Periods of Risk Analysis**
  - Excess mortality among Black infants, among poor infants
- **Kitagawa Analysis**
  - Infant risk, by race and by poverty
- **Stakeholder interviews, focus groups, community meetings**
Proportion of our Deaths

Largest Racial Disparities

2/3 of excess deaths

Maternal Health

Largest Poverty Disparities

1/3 of excess deaths

Infant Health
Known, Leading Contributors

Maternal Health

- Unintended pregnancy
- Previous poor birth outcome

Infant Health

Sleep-Related

- Unsafe & unstable environments
- Substance Abuse
- Violence
- Homelessness
- Mental illness
UPDATE
Update

• Infant Mortality Rates, Trend

• Service breakdown: Gap analysis (MIECHV, Kothari)
## Kalamazoo County Infant Mortality Rates

### Infant Mortality Rates per 1,000 Live Births, Three-year moving Averages

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<td><strong>DISPARITY: RATIO OF BLACK TO WHITE IMR</strong></td>
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TARGET POPULATION FLOWCHART, KALAMAZOO COUNTY*

57,000
Women of child-bearing age (15-44)

48,000
White women

2,000
Hispanic women

7,000
Black women
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48,000
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2,000
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7,000
Black women

2,400
White births**

200
Hispanic births**

600
Black births**

*Estimates  **Annually
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900
Medicaid

150
Medicaid

500
Medicaid

*Estimates
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Medicaid

150
Prev poor outcome

150
Medicaid

5
Prev poor outcome

500
Medicaid

85
Prev poor outcome

*Estimates

**Annually

***Based upon 2009 figures, a low point in perinatal HV capacity in Kalamazoo
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NO HV***

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Black births**

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Medicaid

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Prev poor outcome

73
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*Estimates
**Annually
***Based upon 2009 figures, a low point in perinatal HV capacity in Kalamazoo
Additional Data

• **FIMR Review** (Kothari, Damashek, Kuchipudi, Romph)
  – Funded by Healthy Babies Healthy Start
  – Reviewed the final three years of FIMR summaries (N=31)

• **Focus Groups** (Geist, Frank-Brenton, Kalamazoo College students)
  – Funded by Kalamazoo College & YWCA
  – Conducted 9 focus groups with...
    • Providers (22)
    • Women from at-risk community (25)

• **Partner Agency Survey** (Corbit, Kothari)
FIMR Review* – Preliminary

**Women**
- Chaotic lives
  - Family / Interpersonal chaos and violence
  - Housing, transportation, childcare....constant struggle
- Ripple effect (depression, substance abuse/use, poor health)
- "Faking Good"

**Systems serving them**
- Giving instructions is not enough
- Emergency department healthcare fits my life better
- A lot of misses between providers and women

**Recommendations...**
- Need to reach more than the woman herself
- With more than single point education
- Some women/families need “supersize” outreach & service
- Loop in emergency departments

*Funded by Healthy Babies-Healthy Start*
Focus Groups- Selected Quotes

What Providers say...

• “Healthcare is not a priority when they are worrying about putting food on the table”

• “It sucks being poor...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.”

• “Kalamazoo is rich in resources, but there is a disconnect...”

• “...the stress of racism over a lifetime, no matter how well you are doing in your pregnancy – can still affect you.”
Focus Groups- Selected Quotes

What Women say...

• “We shut down as black women. We have an attitude that is not even an attitude; it’s called, um, we have this shell. No matter what is going on, I don’t care. We won’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.”

• “You scared to really find out what the doctor really has to say....You know, when I go to take tests for diabetes, whatever, I’m scared to go take tests cuz I’m scared of what the doctor gonna tell me.”

• “I had a miscarriage. And I didn’t know I was pregnant....the person who I was pregnant by was stressing me out, just stressing me out. And, um, we had gotten into a fight on the side of the highway and something happened and I ended up at the emergency room and found out that I was miscarrying.”

• “...I know that I was under a lot of stress....it was compound stress; it wasn’t just that one thing – that violence.... “
Partner Survey

- Response:
  - 100 Participants invited
  - 14 completed survey

- Questions:
  - Population served & services
  - Program participant demographics (age, race, Medicaid status)
  - Service flow
Where are the system breakdowns? Who are we losing where?

Program-level reporting

# In-coming Referrals

# Eligible

# Contacted

# by race

# by SES

# by race

# by SES

# by race

# by SES

# by race

# by SES

# Enrolled

# Retained thru Full Program

# by race

# by SES

# by race

# by SES

# by race

# by SES

Who never enters the referral process?
Partner Survey

• Response:
  • 100 Participants invited
  • 14 completed survey

• Questions:
  • Population served & services
  • Program participant demographics (age, race, Medicaid status)
  • Service flow

• Answers (14)
  • Less than half provided numbers
MOVING FORWARD

- Support agency reporting mechanisms
- Develop library of evidence based strategies and programs
Fetal Infant Mortality Review
Goals:

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

Members:

Hospitals, EMS
OB & Pediatric primary care
Behavioral health
Public Health, Home visitors
Criminal justice, Courts
Child welfare, Domestic violence
Faith community
Community members

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

1. CASE REVIEW TEAM:
   ..... the front line

Led by:
Kalamazoo County FIMR: Two-Tiered Process

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2. COMMUNITY ACTION TEAM: .....leadership

Kalamazoo Infant Mortality Action Initiative

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:

- Synthesize data,
- Prioritize issues,
- Take action
TIMELINE

3-15-15
Planning

9-15-15
Pilot

Nov, 2015
1st CRT
Community Meeting

CRT = Case Review Team
CAT = Community Action Team

CRT
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Nov, 2016
Community Meeting