Community Meeting, May 14, 2015

ACTION PLAN: Summary Recommendations

On behalf of the Action Planning Team...

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Action that is....

Goal-based: Reduce infant mortality rate in racial ethnic minorities to 6.0 in Kalamazoo by 2020

• Data-driven

• Informed by community members and experiences
Contributing Factors

• Being Black and being poor often go together, and they EACH contribute risk

PPOR (2003-2012)

Excess Mortality: Black Women

Maternal Health 7.3

Maternal Care 0.7
Newborn Care 0.9
Infant Health 2.1

PPOR (2003-2012)

Excess Mortality: Poor Women

Maternal Health/Prematurity 3.5

Maternal Care 0.7
Newborn Care 0.1
Infant Health 1.6

* Medicaid-paid birth
Proportion of our Efforts

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
Over Arching Actions

E-RACE Training, EVERYONE

Distribution of resources should match the distribution of risk

Explicit identification of structural racism / povertyism

Assess and support cultural competence
Immediate Action

Maternal Health

1. Prenatal contraception planning
2. Immediate contraception for negative pregnancy / STI tests
3. Direct linkage of + pregnancy tests to outreach/case mgmt/home visitation

Infant Health

1. Programmatic outreach/support for families with poor outcome
2. Prioritize identification and outreach to prenatal women with prior poor outcome

Sleep-Related

1. Target education/outreach/support for families unsafe environments
2. “Our babies are dying. But here’s what you can do…”
3. Providers: Always look, always ask

Reinstitute FIMR (Fetal Infant Mortality Review)
Planned Action Requiring More Resources

**Maternal Health**

<table>
<thead>
<tr>
<th>Unintended pregnancy</th>
<th>Prev. poor outcome</th>
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<tbody>
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<td>1. Immediate contraception for negative pregnancy / STI tests</td>
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**Infant Health**

<table>
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<th>Sleep-Related</th>
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<td>1. Culturally &amp; linguistically appropriate public health education campaign</td>
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<tr>
<td>2. Grassroots community action … targeting fathers, grandmothers, friends, neighbors</td>
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“Tuesday Triage” model
Identify What Else We Need to Know

**Maternal Health**

1. Assess the yield of outreach strategies—what ones produce the greatest gains?
2. Explore barriers to contraception (long term, emergency contraception)
3. What can we learn from “near misses”?
4. How have community changes affected contributors and their impact on outcomes?

**Infant Health**

**Sleep-Related**

1. Dig deeper…what are the underlying reasons for unsafe sleep practices? What could be done or said differently?
2. Can we narrow even further the homes at greatest risk? For intensive targeting or customizing efforts.

What are we missing? Who's voice are we missing?

STRESS: Measure it. Talk about it. Integrate it into programming, education.
QUESTIONS?

COMMENTS?