Key Contributors to Racial Disparities in Kalamazoo & Healthy Start Collective Impact Programming

Evaluator: Cathy Kothari PhD, WMU Homer Stryker MD School of Medicine
MCH Supervisor: Deb Lenz MA, Kalamazoo County Health & Community Services
HBHS Coordinator: Terra Bautista, Kalamazoo County Health & Community Services
Kalamazoo is an Infant Mortality Hot Spot

Source: Vital Statistics Birth & Linked Infant Death Cohort (2009-2013)
Map created by Sue C. Grady, PhD, MPH Geography, Michigan State University
Three Year Moving Average Infant Mortality Rate, Kalamazoo County
-1997 to 2015-
Three Year Moving Average Infant Mortality Rate, By Race
-1997 to 2015-
Three Year Moving Average Infant Mortality Rate, By Race
-1997 to 2015-

![Graph showing the trend of infant mortality rates by race from 1997 to 2015. The rates are presented for black and white populations, with a notable difference of 4.1 times in some years.]
KEY CONTRIBUTORS TO RACIAL DISPARITIES IN KALAMAZOO
Overlap between Race and Poverty -2010 to 2014-

75.9% of Black women giving birth are poor

79.2% of Black infants dying are poor
BOTH Poverty and Race contribute risk…

Poverty 2.0X↑

Black Race 1.7X↑

Low Birth Weight

…but what **kind** of risk?

…and does it vary?

Perinatal Periods of Risk (PPOR)
Perinatal Periods of Risk (PPOR)

Infant birth weight

- 500-1499 g
- 1500+ g
Perinatal Periods of Risk (PPOR)

- Fetal
- Neonatal
- Postneonatal

Age at death

500-1499 g

1500+ g
Perinatal Periods of Risk (PPOR)

- Fetal
- Neonatal
- Postneonatal

500-1499 g
- Maternal Preconceptional/Prenatal Health

1500+ g
- Maternal Care
- Newborn Care
- Infant Health
Perinatal Periods of Risk (PPOR)

- **Fetal**
  - Maternal Preconceptional/Prenatal Health

- **Neonatal**
  - Newborn Care
  - Infant Health

- **Post-neonatal**

**500-1499 g**
- Maternal Care
- Newborn Care
- Infant Health

**1500+ g**
- Maternal Care
- Newborn Care
- Infant Health

- Prenatal Care, Referral System, High Risk OB Care, etc
- Perinatal Mgmt, Perinatal System, Pediatric Surgery, etc

- Unintended pregnancy, Prenatal Smoking, Stress, etc
- Sleep-Related, Injury Prevention, etc
“Excess Mortality”
BLACK RACE
PPOR (2003-2012)
Excess Mortality: Black Women

<table>
<thead>
<tr>
<th>Black women</th>
<th>Reference*</th>
</tr>
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<tbody>
<tr>
<td>15.2 IMR</td>
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</tr>
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*REFERENCE: White, non-Hispanic women, age 20+, with 13+ years of education
PPOR (2003-2012)
Excess Mortality: Black Women

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= 11.0 IMR
PPOR (2003-2012)
Excess Mortality: Black Women

Black women - Reference
15.2 IMR - 4.2 IMR = 11.0 IMR

Excess Mortality:  Black Women
Maternal Health
7.3

Maternal Care
0.7

Newborn Care
0.9

Infant Health
2.1

Perinatal Periods of Risk Assessment

TRENDS in Excess Mortality of Black Women

1997-2006

Maternal Health/ Prematurity 5.1
Maternal Care 2.0
Newborn Care 0.2
Infant Health 2.9

2003-2012

Maternal Health/ Prematurity 7.3
Maternal Care 0.7
Newborn Care 0.9
Infant Health 2.1

“Excess Mortality”
POVERTY
Perinatal Periods of Risk Assessment (2003-2012)

Excess Mortality: Poor Women*

[Poor women – Reference Group]

* Medicaid-paid birth

BLACK
“Excess Mortality”
After Accounting for POVERTY
Perinatal Periods of Risk Assessment (2003-2012)

Excess Mortality: Black women – Poor Women

Maternal Health/Prematurity

3.8

Maternal Care 0.0

Newborn Care 0.8

Infant Health 0.5

## Predictors of Premature Delivery (<37 weeks gestation)
Black Women, Kalamazoo County, 2008-2012 (N=2,720)

<table>
<thead>
<tr>
<th>MATERNAL DEMOGRAPHICS:</th>
<th>Prevalence % (#)</th>
<th>Odds of Premature Delivery aOR*</th>
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* Each predictor adjusted for income (Medicaid-paid delivery or not)
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<td>22.8% (620)</td>
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<td>&lt; High School education</td>
<td>25.1% (683)</td>
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<td>Single</td>
<td>82.1% (2232)</td>
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<td>19.8% (538)</td>
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<td>6.4% (174)</td>
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Compare Infant Mortality Rates…

Estimated Rate (#) of Deaths, 2010-2015*

White-Only (est 14,506 births)  
White (55) 3.8

*Unofficial Rates:  # deaths per 1,000 births (N=121).

Infants of Color have Worse Birth Outcomes

Estimated Rate (#) of Deaths, 2010-2015*

Infants of Color (66)\(^{15.6}\)

DISPARITY  4.1 Relative Rate

White (55) \(^{3.8}\)

Infants of Color (est 4,227 births)

White-Only (est 14,506 births)

*Unofficial Rates: # deaths per 1,000 births (N=121).

Poverty brings Risk

Estimated Rate (#) of Deaths, 2010-2015*

Poverty brings Risk

Estimated Rate (#) of Deaths, 2010-2015*

Poverty brings Risk

Estimated Rate (#) of Deaths, 2010-2015*

Infants of Color have Worse Birth Outcomes, Regardless of Income

Estimated Rate (#) of Deaths, 2010-2015*

Disparity Grows as Income Grows

Estimated Rate (#) of Deaths, 2010-2015*

Infants Dying from Different Causes Depending upon Race/Ethnicity and Income

-Top 2 Causes of Death-

Infants of Color

White

Infants Dying from Different Causes Depending upon Race/Ethnicity and Income

-Top 2 Causes of Death-

Prematurity (37%) & Unsafe-sleep (35%)

Cong. Anom. (46%) & Prematurity (33%)

Infants Dying from Different Causes Depending upon Race/Ethnicity and Income

-Top 2 Causes of Death-

Unsafe-sleep (41%) & Prematurity (39%)

Prematurity (39%) & Unsafe-sleep (23%)

Infants of Color

Infants Dying from Different Causes Depending upon Race/Ethnicity and Income

-Top 2 Causes of Death-

Unsafe-sleep (41%) & Prematurity (39%)

Prematurity (39%) & Unsafe-sleep (23%)

Prematurity (67%) & Cong.Anom. (25%)

Cong. Anom. (46%) & Prematurity (33%)

• Racial disparities have gotten worse over time, largely due to women’s health before and during pregnancy
  • Pervasive poverty accounts for some of this
  • Prior poor birth outcomes and chronic disease are strong risk factors for Black women across income levels

• Prematurity–related loss is greatest among higher-income Black women

• Poverty compromises infant health and safety
  • Through unsafe sleep practices
  • Increased prematurity rates (especially among those with no pnc)

Systematic, unfair differences…
- in the way people are treated
- the opportunities they are offered
- the resources they have access to
COLLECTIVE IMPACT PROGRAMMING

- Arcus Center for Social Justice Leadership
- Borgess Medical Center
- Bronson Methodist Hospital
- Catholic Charities Diocese of Kalamazoo-Caring Network
- Department of Health and Human Services
- Eliminating Racism Claiming/Celebrating Equity (ERACCE)
- Family Health Center
- Gryphon Place
- Interfaith Strategy for Advocacy and Action in the Community (ISSAC)
- Kalamazoo Branch NAACP
- Kalamazoo College Center for Civic Engagement
- Kalamazoo Community Mental Health & Substance Abuse
- Kalamazoo Community Foundation
- Kalamazoo County Health & Community Services
- Kalamazoo Regional Educational Services Agency (KRESA)
- The Links, INC
- Northside Ministerial Alliance
- Planned Parenthood Mid and Southwest Michigan
- United Way of the Battle Creek and Kalamazoo Region
- Western Michigan University Department of Psychology
- Western Michigan University Homer Stryker School of Medicine

Home Visiting Agencies, in addition to HBHS
- Catholic Charities Diocese of Kalamazoo-Caring Network
- Elizabeth Upjohn Community Healing Center-Parents as Teachers, Early Intervention Program
- Family Health Center CHW
- Healthy Families America
- KRESA-Early-On, Parents as Teachers
- Nurse Family Partnership
- Savior’s- Maternal Infant Health Program
- Twenty Hands- Maternal Infant Health Program
- YWCA Kalamazoo-Maternal Infant Health Program, YWCA Parents as Teachers
- YWCA WISH Program
INTENTIONAL FOCUS:

1. Families of color
2. Families living in poverty
3. Pregnant women with previous poor birth outcomes
**COORDINATED SERVICES**
Build a perinatal network to identify, enroll & retain pregnant women & mothers into home visitation programs

<table>
<thead>
<tr>
<th>BABY HOTLINE (2-1-1):</th>
<th>1-269-888-KIDS (5437)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CARE COORDINATION REGISTRY:</th>
<th>Referral / Enrollment / Discharge</th>
</tr>
</thead>
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<tr>
<th>WEEKLY CASE REVIEWS:</th>
<th>Home visitors, community health workers, CHAP service navigators</th>
</tr>
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<table>
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<tr>
<th>COMMUNITY ACTION TEAM:</th>
<th>Cradle Steering Team, Agency &amp; Community leadership</th>
</tr>
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</table>
Collective Evaluations

Formative:

Mom’s Health Experiences Survey
(10% of county birth population)

Voices of Perinatal Women...
1. Experiences of Discrimination
2. Community & living conditions
3. Treatment by Providers
4. Maternal & infant health outcomes

Process & Outcome:

Incoming Referrals ➔ Contacted ➔ Enrolled ➔ Discharge / Transfer

= PNC & Birth outcomes

Formative, Process, & Outcome:
<table>
<thead>
<tr>
<th>Year of Death</th>
<th>Infant deaths</th>
<th>Fetal deaths (known to ME)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Reviewed</td>
</tr>
<tr>
<td>2014</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>2016</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>2017</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>42</td>
<td>21</td>
</tr>
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NA – do not plan to review  
intv = # with interviews (incl pending interviews)
1. CASE REVIEW TEAM:  
.....the front line

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

**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

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

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

**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
## FIMR Recommendations

<table>
<thead>
<tr>
<th>RECURRING PROBLEMS</th>
<th>RECOMMENDATIONS</th>
<th>ACTIONS</th>
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</table>
| **High Risk Women falling through the cracks** | 1. Coordinated system of referrals  
2. Promote HV to providers, community  
3. CHW workforce development | • Easy access (888-KIDS hotline)  
• Care Coordination Registry  
• Weekly frontline HV meetings |
| **Persistent unsafe sleep practices** | 1. Repetitive, consistent messaging  
2. Focus on all family members caring for infant  
3. Discussion of alternative sleep environments | • Safe sleep toolkit; provider training – motivational interviewing  
• Marketing awareness with a consistent message |
| **Unknown/missing FOB engagement** | 1. Engage and empower fatherhood involvement  
2. Map barriers and gaps in engagement  
3. Emphasize benefits of father engagement | • Implementation of Fatherhood Initiative (United Way grant; Healthy Start partner)  
• Public awareness events  
• Education and health promotion  
• Case management |
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<tr>
<td>Unmet mental health, addiction problems (MOB, FOB)</td>
<td>1. Reinforce the NAS protocol implementation</td>
<td>• Discussions to build a provider network to minimize quick access to services</td>
</tr>
<tr>
<td></td>
<td>2. Promote the use of MC3 (provider phone consult for psychopharmacology questions)</td>
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<tr>
<td>Dismissive, non-respectful provider communication with families</td>
<td>1. Develop mechanisms for customer comments to agency administrators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Skills training for providers regarding shared decision making and communications</td>
<td></td>
</tr>
<tr>
<td>Large gaps in grief/bereavement services</td>
<td>1. Create local, coordinated grief system</td>
<td>• Sub-group committee discussion to build/enhance provider network</td>
</tr>
<tr>
<td></td>
<td>2. Utilize FIMR Family Interviewer for outreach</td>
<td></td>
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<tr>
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<td>3. Create vetted resource list of providers, locations, service type</td>
<td></td>
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<tr>
<td></td>
<td>4. Offer Spanish language services</td>
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Healthy Babies-Healthy Start Special Initiatives

1. Fatherhood Initiative
2. Best Baby Zone
Fatherhood
Existing Programs

- Found that there were 3 existing programs in the community and many were lacking funding and support.

- Decided to partner with a Father that worked in and with the community, who had a passion and a vision for serving Dads.

- To move forward this Father needed more...
Organic Grassroots Movement

• We began with 4 focus groups within the community
  • Averaged 15 participants
  • Ages ranged from 14-75
  • Group was primarily African American males

• The focus groups lead to a core set of members consisting of 10 men
  • They began to meet monthly to discuss, facilitate, and network.
What has been done

• Men do not want to just meet and talk, that want to do actionable, impactful things.

• So far FHN has done:
  • Fatherhood Celebration
  • Designed infant mortality T-shirts for men
  • Adopted the name Fatherhood Network
  • Created logo
  • Developed a mission/goal Statement
  • Appearance on Lori Moore Show
  • Father’s Do Read Event
  • Delivered water to Flint
  • Celebration of Fatherhood Event
  • 4 Barbershop Talks
  • Black Love Event
  • And more...
Support from Healthy Start

- Healthy Start supported the group by providing:
  - Marketing
  - Provided incentives
  - Administrative backbone
  - Nutritional supplements
  - Facebook
  - Connections
  - Strategic Planning session facilitated by NFI
  - Sponsored the facilitator to go to the HBHS conference
Kalamazoo County Fatherhood Initiative

- Granted by United Way
- Program mirrors Healthy Babies Healthy Start
- Male Community Health Educator
- Male Care Coordinator
- 5 year plan for sustainability
- Healthy Babies, Healthy Start advocated to have Fatherhood Network as part of Cradle Kalamazoo initiative
Community Impact
We aim to restore the image of fatherhood in our communities through events and community collaboration.

Round Table
We come together as a group to discuss important issues and support each other throughout our fatherhood journey. Including connecting with community resources.

Brotherhood
Enjoy family friendly outings with fellow members and build your network.

Meetings every 2nd Thursday of the month at
The United Way Building
709 S Westnedge Ave
7:00pm - 8:30pm

Call (269) 373-5279 for more information

When you support a father you strengthen the community
BARBER SHOP TALK

EPISODE 1

FATHERHOOD NETWORK

Healthy Babies Healthy Start
In Kalamazoo, Michigan

Wednesday, January 18th, 2016
4250 W. Main Kalamazoo MI
7:00PM-8:30PM

7:00PM Welcome & Introductions
7:10PM Discussion Guidelines
7:15PM Barbershop Talk
8:20PM Wrap UP
Fatherhood Support Network

What does it mean to be a father in Kalamazoo?

Kalamazoo

Do you feel supported as a father?

HAVE YOUR VOICE HEARD!!!

Hosted by Kerri Loveless Jr.

February 20th, 2015

6:00pm - 8:00pm

at The United Way Building

500 S. Westnedge Ave Kalamazoo, MI 49007

Call (269) 379-5877 with Questions
MEN’S FOCUS GROUP
THURSDAY
SEPT. 8, 5:30-7:30PM
UNITED WAY BLDG.
709 S. WESTNEDGE

Join us on Thursday, September 8th to tell us what you are thinking about improving HEALTH OUTCOMES for you and your family!

Dinner and Child Care Provided. Space is limited so please RSVP to Kevin Lavender ASAP.

269-216-8321

This focus group is sponsored in partnership between Bronson Healthcare Group and the Fatherhood Initiative.
BEST BABY ZONE
Best Baby Zone

- Cradle Kalamazoo applied for Best Baby Zone Technical Assistance Grant 2016
- Kalamazoo was one of three communities awarded TA - 2nd cohort
- Funded by W. Kellogg
- BBZ partners include AMCHP, National Healthy Start association, W. Kellogg
- Social Determinants of Health and protective factors
Mission and Vision

■ Mission:
  - To give every baby born in a Best Babies Zone the best chance in life.

■ Vision:
  - Every baby is born healthy, into communities that enable them to thrive and reach their full potential. To achieve this the BBZ initiative has focused on a multi-level strategy, simultaneously engaging with place-based and national-level work.
**THE BIG IDEA**

When it comes to reducing infant mortality, health means more than health care. Health is the product of one's environment, opportunities and experiences. We believe that to address these interrelated conditions, a holistic, neighborhood-based approach is needed.

**WHAT WE DO**

Using a place-based, collective impact approach, we engage residents and local community organizations in small neighborhood zones to identify opportunities for collaborative action to improve neighborhood health so that babies, mothers and families thrive.

**HOW WE DO IT**

We are a catalyst and a convener, bringing together resources with community vision to foster neighborhood-led initiatives that link health services, early care and education, economic development and community systems.

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Voice</td>
<td>We engage community partners and residents to work together, bringing their voices and visions to transforming their community. Achieving and sustaining success in a neighborhood zone requires the active participation of residents in the zone, as well as the support of local community organizations and the surrounding city.</td>
</tr>
<tr>
<td>Innovation</td>
<td>A bold, outside-the-box approach is needed to improve birth outcomes and eliminate health disparities. We look at health from a broad perspective that goes beyond health services to encompass many social determinants and interrelated sectors of the community.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Our integrated approach draws on opportunities and points of intersection in four interrelated areas that influence community health and birth outcomes: health services, early care and education, economic development and community systems. Neighborhood residents, community organizations and national partners work together side by side to learn from and collaborate with each other.</td>
</tr>
<tr>
<td>Concentrated Effort</td>
<td>Concentrating our efforts in a small neighborhood zone enables us to maximize our successes. By focusing our work in these zones, we can engage residents in aligning community assets and addressing multiple factors influencing birth outcomes and people's health in the neighborhood.</td>
</tr>
<tr>
<td>Movement Building</td>
<td>Our intention is to foster fresh ideas in our pilot zones and use the most successful to build a model that can be replicated in communities across the country. We aim to cultivate a broad-based, nationwide social movement to improve birth outcomes and health for all families. Zone by zone our goal is community transformation.</td>
</tr>
</tbody>
</table>
Best Babies Zone Evaluation Outcomes

This overview document presents the incremental outcomes that the Best Babies Zone initiative is working towards in our efforts to address and reduce infant mortality.

### Reduce Infant Mortality

**BROAD OUTCOME OBJECTIVES (10-20 YEARS)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve health outcomes across the lifespan</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Reduce barriers</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Reduce school drop-out</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Reduce poverty</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Reduce racial disparities</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Reduce educational inequities</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Reduce health inequities</td>
<td>10-20 years</td>
</tr>
<tr>
<td>Paragon shift in approach to maternal and child health in the U.S.</td>
<td>10-20 years</td>
</tr>
</tbody>
</table>

**LONG-TERM OUTCOMES (7-10 YEARS)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase social cohesion</td>
<td>7-10 years</td>
</tr>
<tr>
<td>Increase community efficacy</td>
<td>7-10 years</td>
</tr>
<tr>
<td>Increase community ownership of maternal and child health projects</td>
<td>7-10 years</td>
</tr>
<tr>
<td>Increase resilience</td>
<td>7-10 years</td>
</tr>
<tr>
<td>Improve employment opportunities</td>
<td>7-10 years</td>
</tr>
<tr>
<td>Improve access to affordable child care</td>
<td>7-10 years</td>
</tr>
<tr>
<td>Reduce experiences of racism and discrimination</td>
<td>7-10 years</td>
</tr>
</tbody>
</table>

**MID-TERM OUTCOMES (6-7 YEARS)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase supportive family interventions and social support for families (including family involvement)</td>
<td>6-7 years</td>
</tr>
<tr>
<td>Increase community engagement</td>
<td>6-7 years</td>
</tr>
<tr>
<td>Increase safety of parks and neighborhoods</td>
<td>6-7 years</td>
</tr>
<tr>
<td>Increase access to affordable produce</td>
<td>6-7 years</td>
</tr>
<tr>
<td>Increase access to affordable child care</td>
<td>6-7 years</td>
</tr>
</tbody>
</table>

**SHORT-TERM OUTCOMES (3-5 YEARS)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to quality reproductive services, home visits, and screenings</td>
<td>3-5 years</td>
</tr>
<tr>
<td>Increase access to parenting workshops and parent education</td>
<td>3-5 years</td>
</tr>
<tr>
<td>Increase awareness and use of community services in BBZ</td>
<td>3-5 years</td>
</tr>
<tr>
<td>Increase inter-sectoral collaboration</td>
<td>3-5 years</td>
</tr>
</tbody>
</table>

**FOUNDATION FOR SUCCESS (1-3 YEARS, ONGOING)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship building with BBZ residents, between sectors, and across BBZ sites</td>
<td>1-3 years</td>
</tr>
<tr>
<td>Intersectoral action-oriented approach</td>
<td>1-3 years</td>
</tr>
<tr>
<td>Quality improvement strategies</td>
<td>1-3 years</td>
</tr>
</tbody>
</table>

While BBZ is working to reduce infant mortality, there may not be definitive changes in every outcome listed in this document. 

**JAX:**

Item-specific outcomes are key indicators of progress toward reducing infant mortality.

**harder+company**

Community Research
Best Baby Zone 3 Strategies

1. A small zone is selected where change is greatly needed and resources are aligned to produce and measure impact

2. A broad collaborative is formed to work across four sectors (health, economics, education and community) to achieve collective impact

3. A social movement is cultivated within the city to do whatever it takes to improve birth outcomes in the zone
“Healthy Start has been a leader in this respect by serving women within the broader context of their lives and laying groundwork for initiatives that address the social determinants of health. BBZ is one such initiative. Integrating the BBZ approach with Healthy Start improves not only the health of women and babies, but of the health of the broader community by addressing community conditions.” --BBZ
THANK YOU!!!

Evaluator: Cathy Kothari PhD, WMU Homer Stryker MD School of Medicine
MCH Supervisor: Deb Lenz MA, Kalamazoo County Health & Community Services
HBHS Coordinator: Terra Bautista, Kalamazoo County Health & Community Services