Data that Informs Community Action: Review & Update

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Kalamazoo Infant Mortality Community Action Initiative

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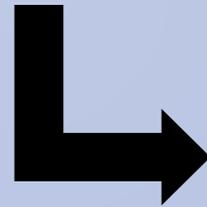WMU School of Medicine
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WESTERN MICHIGAN UNIVERSITY
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SCHOOL OF MEDICINE

NATIONAL
NF[MR
FETAL–INFANT MORTALITY REVIEW PROGRAM

Action that is….

- **Data-driven**

- **Informed by community members and experiences**

└→ RECAP

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
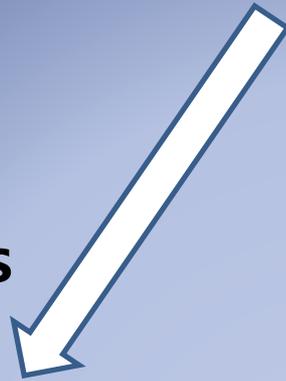
Largest Poverty Disparities
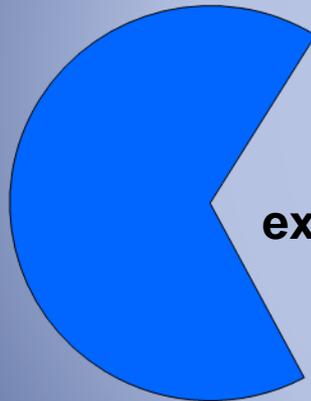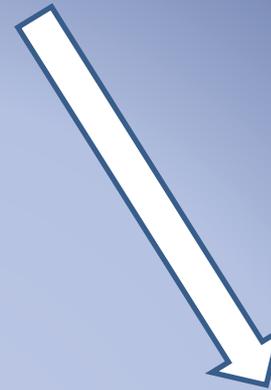
2/3 of excess deaths
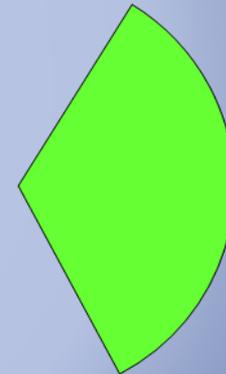
1/3 of excess deaths

Maternal Health

Infant Health

Known, Leading Contributors

Maternal Health

Infant Health

Unintended pregnancy

Previous poor birth outcome

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

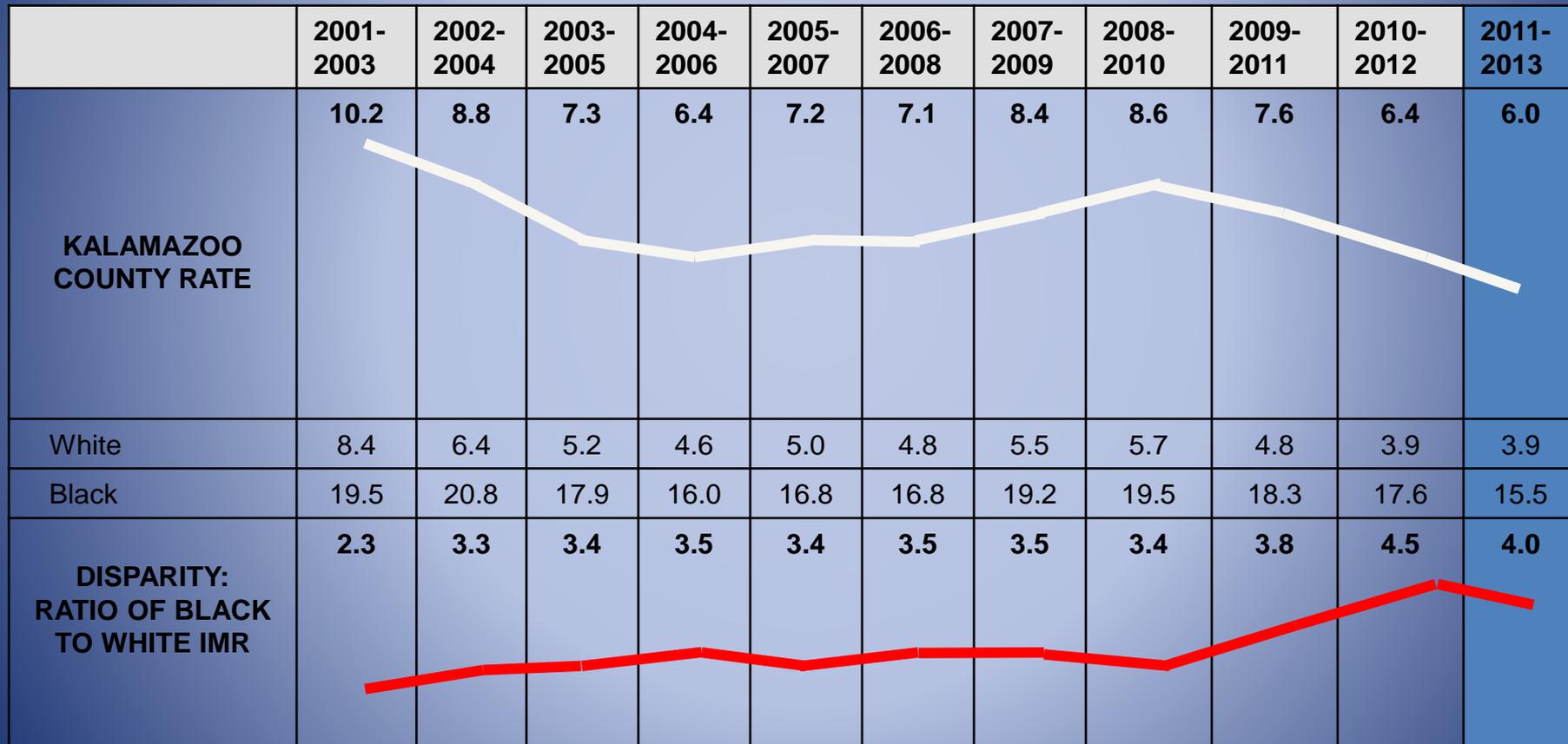|	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
KALAMAZOO COUNTY RATE	10.2	8.8	7.3	6.4	7.2	7.1	8.4	8.6	7.6	6.4	6.0
White	8.4	6.4	5.2	4.6	5.0	4.8	5.5	5.7	4.8	3.9	3.9
Black	19.5	20.8	17.9	16.0	16.8	16.8	19.2	19.5	18.3	17.6	15.5
DISPARITY: RATIO OF BLACK TO WHITE IMR	2.3	3.3	3.4	3.5	3.4	3.5	3.5	3.4	3.8	4.5	4.0

Source: Michigan Department of Community Health, Division for Vital Records and Health Data Development. *Michigan Infant Death Statistics*. March, 2014.

TARGET POPULATION FLOWCHART, KALAMAZOO COUNTY*

POPULATION

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

| **48,000** | **2,000** | **7,000** |
| White women | Hispanic women | Black women |

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BIRTHS

2,400	200	600
White births**	Hispanic births**	Black births**

*Estimates   **Annually

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Black births** |

RISK FACTORS

| **900**
Medicaid | **150**
Medicaid | **500**
Medicaid |

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Prev poor outcome

5
Prev poor outcome

85
Prev poor outcome

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

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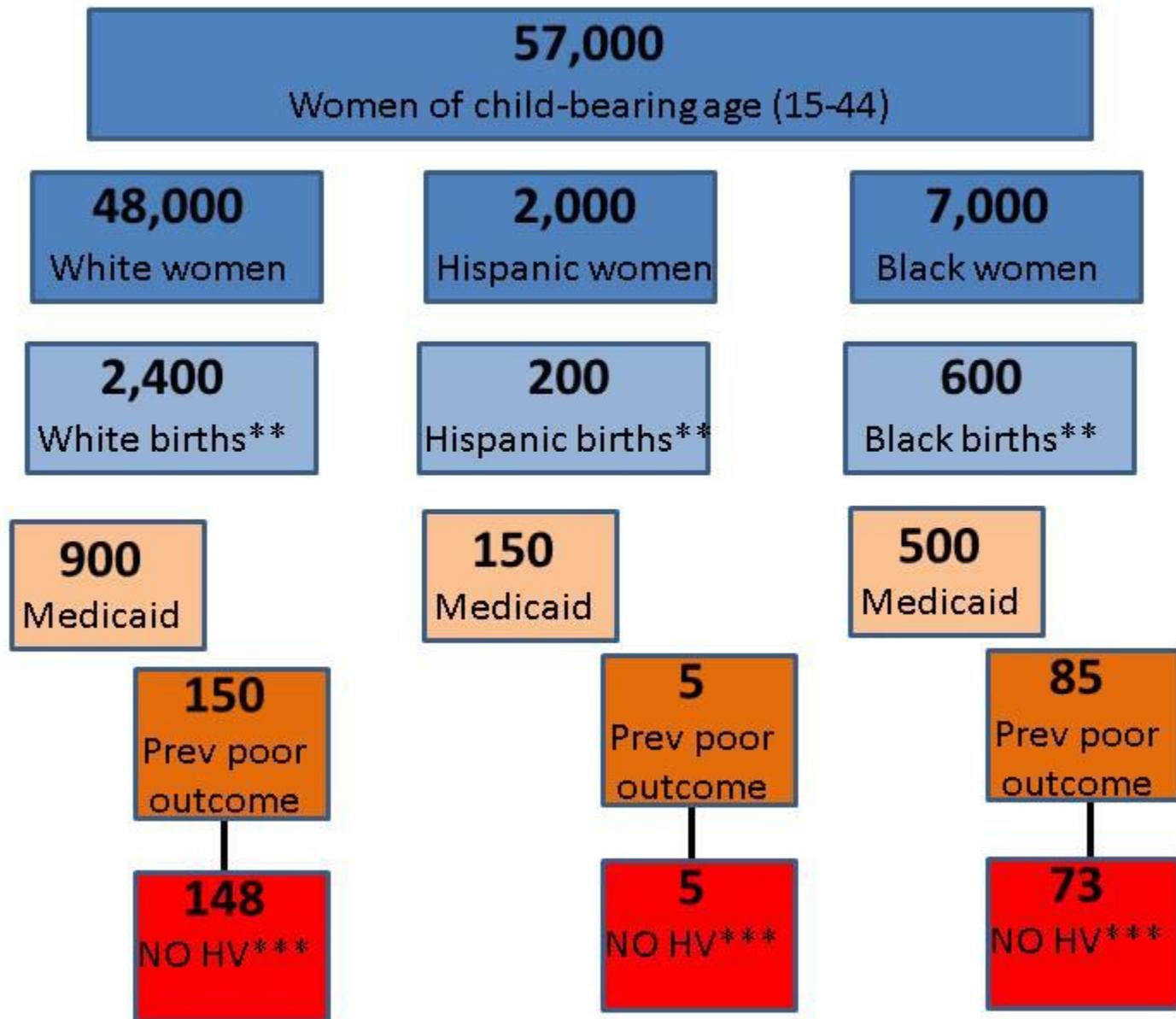
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GAP

148
NO HV***

5
NO HV***

73
NO HV***

*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

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
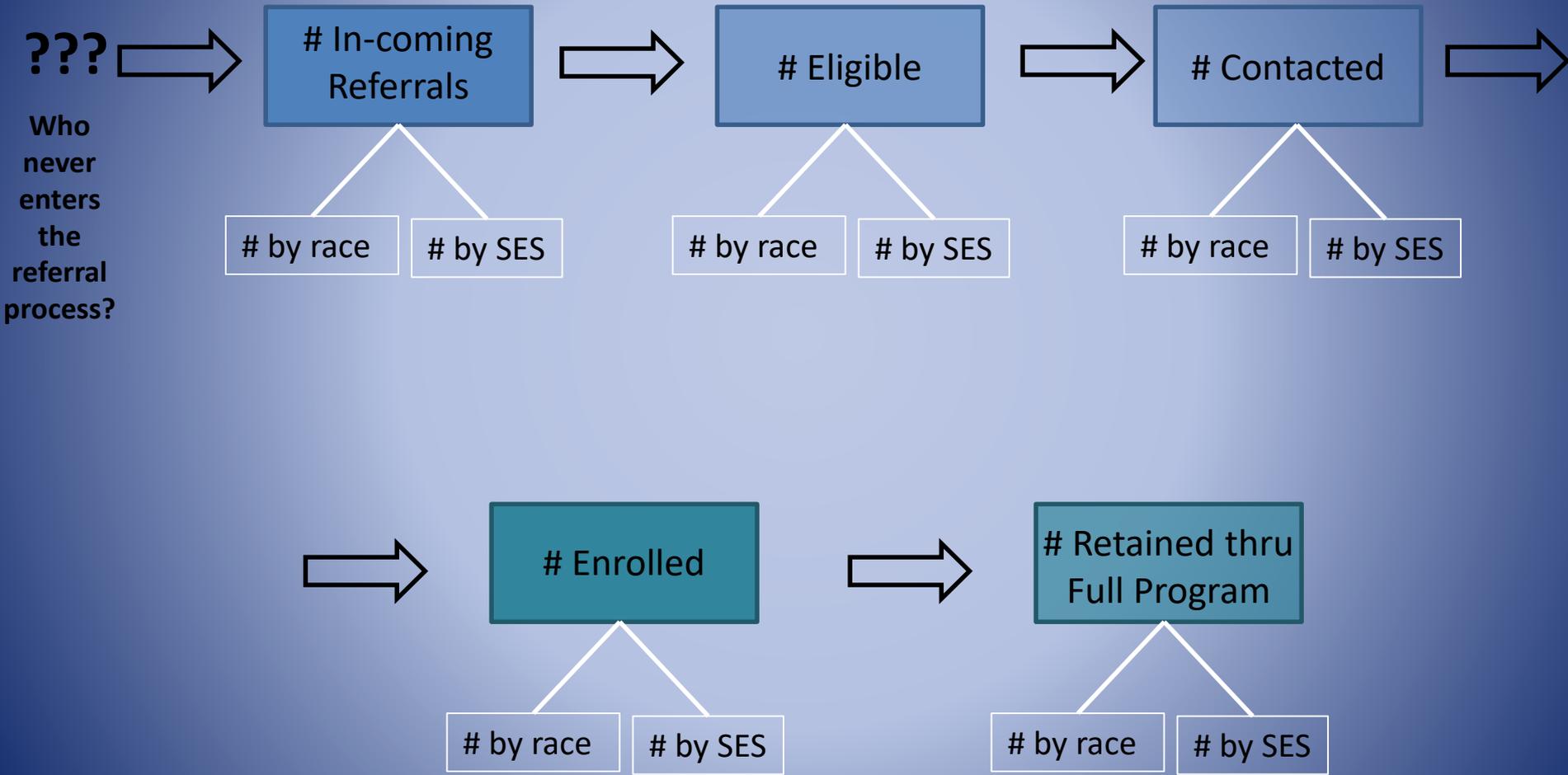
What Women say…

- "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

???

Who never enters the referral process?

→ **# In-coming Referrals**
- # by race
- # by SES

→ **# Eligible**
- # by race
- # by SES

→ **# Contacted**
- # by race
- # by SES

→

→ **# Enrolled**
- # by race
- # by SES

→ **# Retained thru Full Program**
- # by race
- # by SES

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  - **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**

- **Healthy Babies-Healthy Start Community Report on Maternal Health, Birth Outcomes & Infant Mortality**

Fetal Infant Mortality Review

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
Faith community
Community members

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

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

Kalamazoo County FIMR: Two-Tiered Process

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….. the front line

Goals:
a) **Review individual cases,**
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Led by:

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Kalamazoo County Health & Community Services

Members:

Hospitals, EMS
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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

CRT

2. COMMUNITY ACTION TEAM:
….. leadership

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

Led by: Kalamazoo Infant Mortality Action Initiative

eliminating racism empowering women
ywca
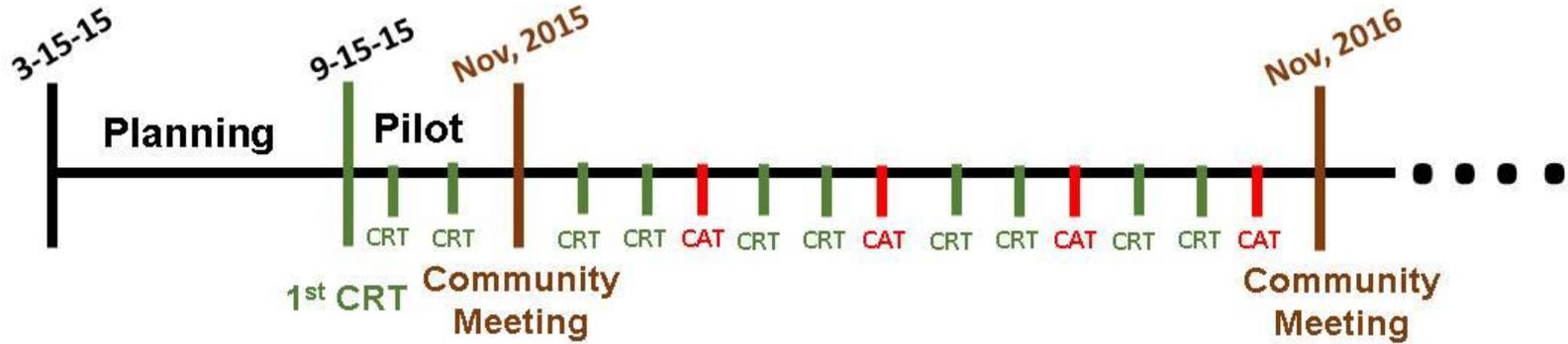
Members:

Institutional administrators
Community leaders
Government
Funders

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

TIMELINE

CRT=Case Review Team   **CAT=Community Action Team**