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)

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Excess Mortality: Black Women

Excess Mortality: Poor Women





* Medicaid-paid birth



Known, Leading Contributors



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

Unintended pregnancy Prev. poor outcome

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

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

Infant Health

Sleep-Related

- Target education/ outreach/ support for families unsafe environments
- "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





Sleep-Related

- 1. Culturally & linguistically appropriate public health education campaign
- 2. Grassroots community action ... targeting fathers, grandmothers, friends, neighbors

Identify What Else We Need to Know

Maternal Health

- 1. Assess the yield of outreach strategies which 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?



Sleep-Related

- 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?