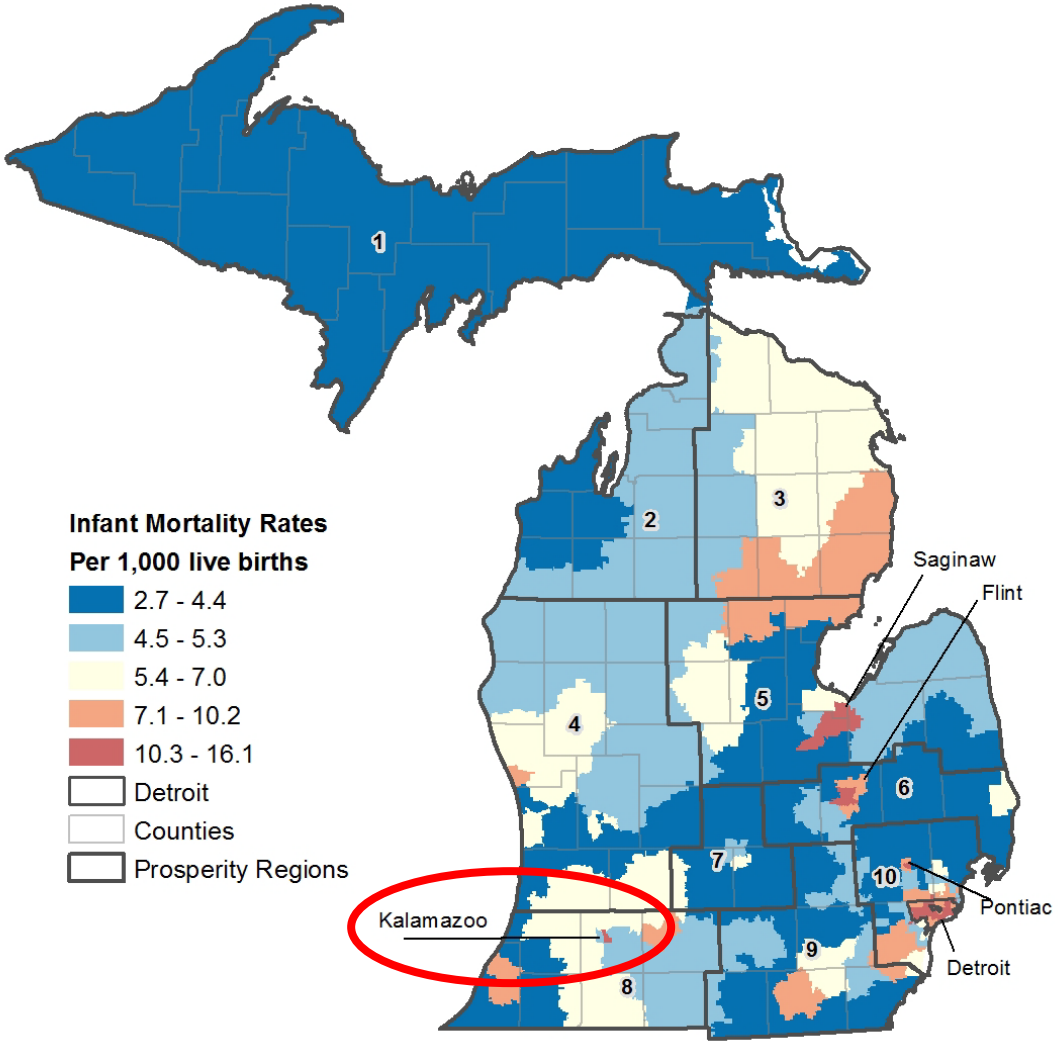
Michigan Statewide Meeting of Healthy Start Program Evaluation Teams

March 24, 2017

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

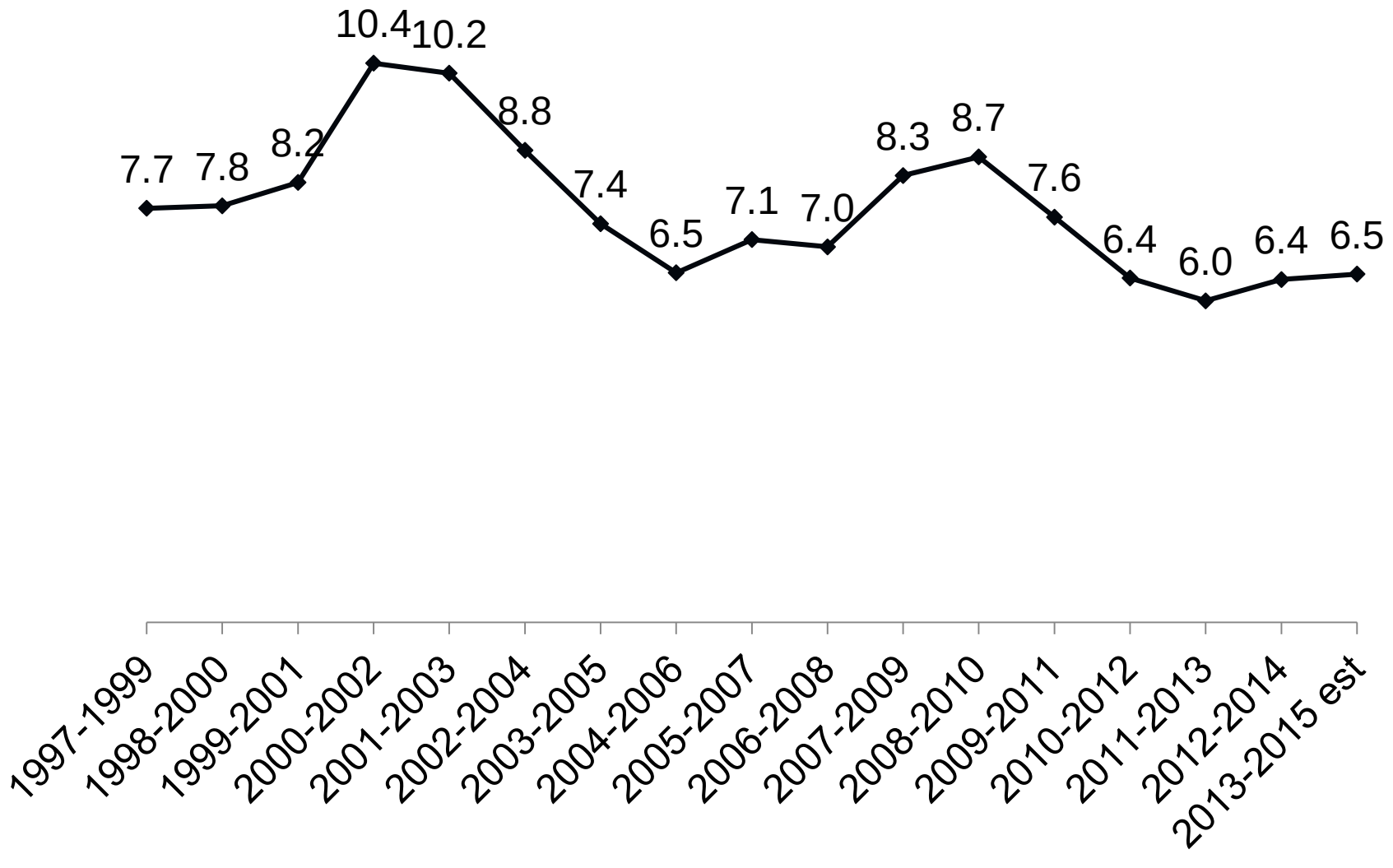
Evaluator: Cathy Kothari PhD, WMU Homer Stryker MD School of Medicine
MCH Supervisor: Deb Lenz MA, Kalamazoo County Health & Community Services
HBHS Coordinator: Terra Bautista, Kalamazoo County Health & Community Services

Kalamazoo is an Infant Mortality Hot Spot

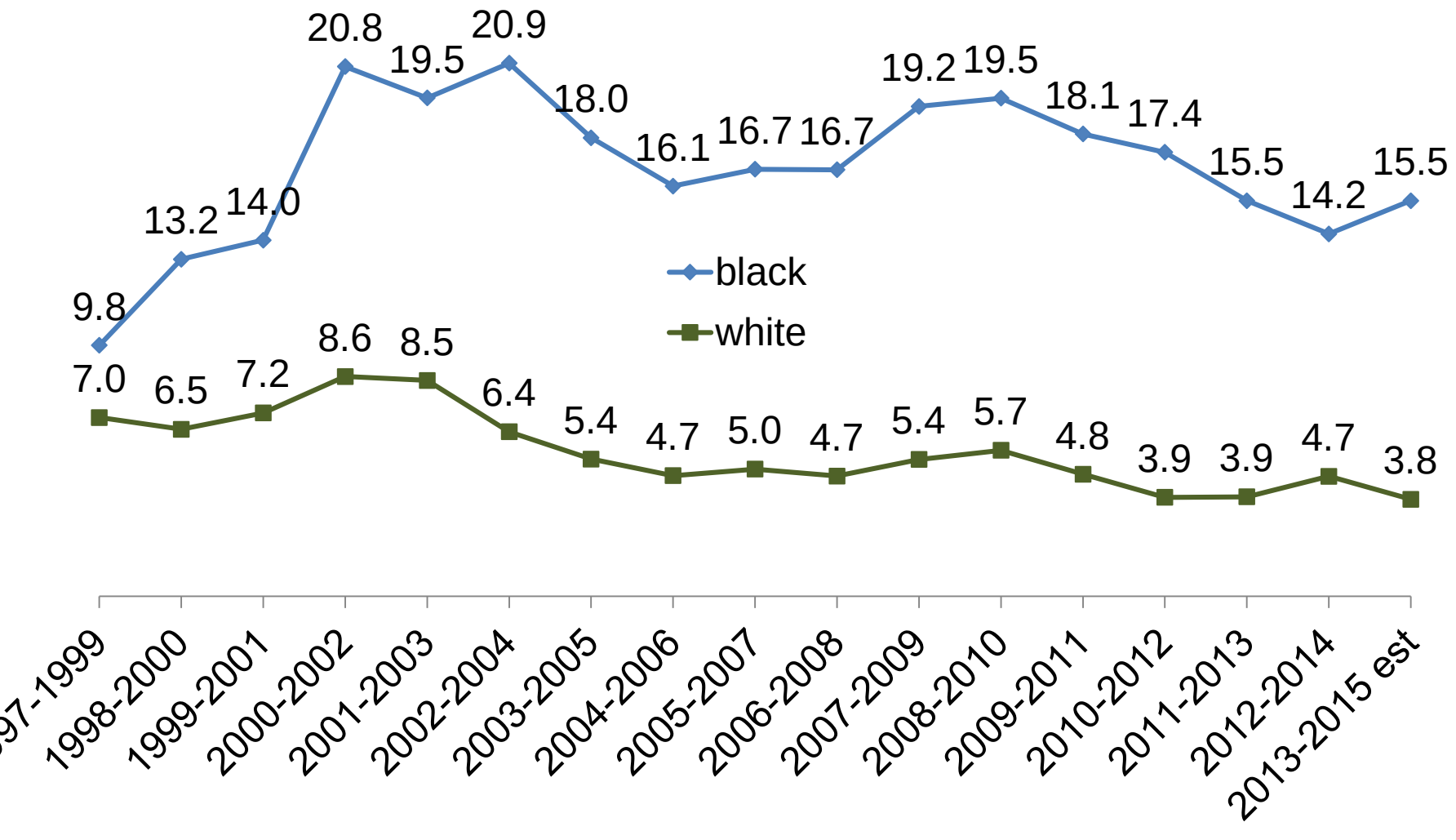


Source: Vital Statistics Birth & Linked Infant Death Cohort (2009-2013)
Map created by Sue C. Grady, PhD, MPH Geography, Michigan State University

Three Year Moving Average Infant Mortality Rate, Kalamazoo County
-1997 to 2015-



Three Year Moving Average Infant Mortality Rate, By Race -1997 to 2015-



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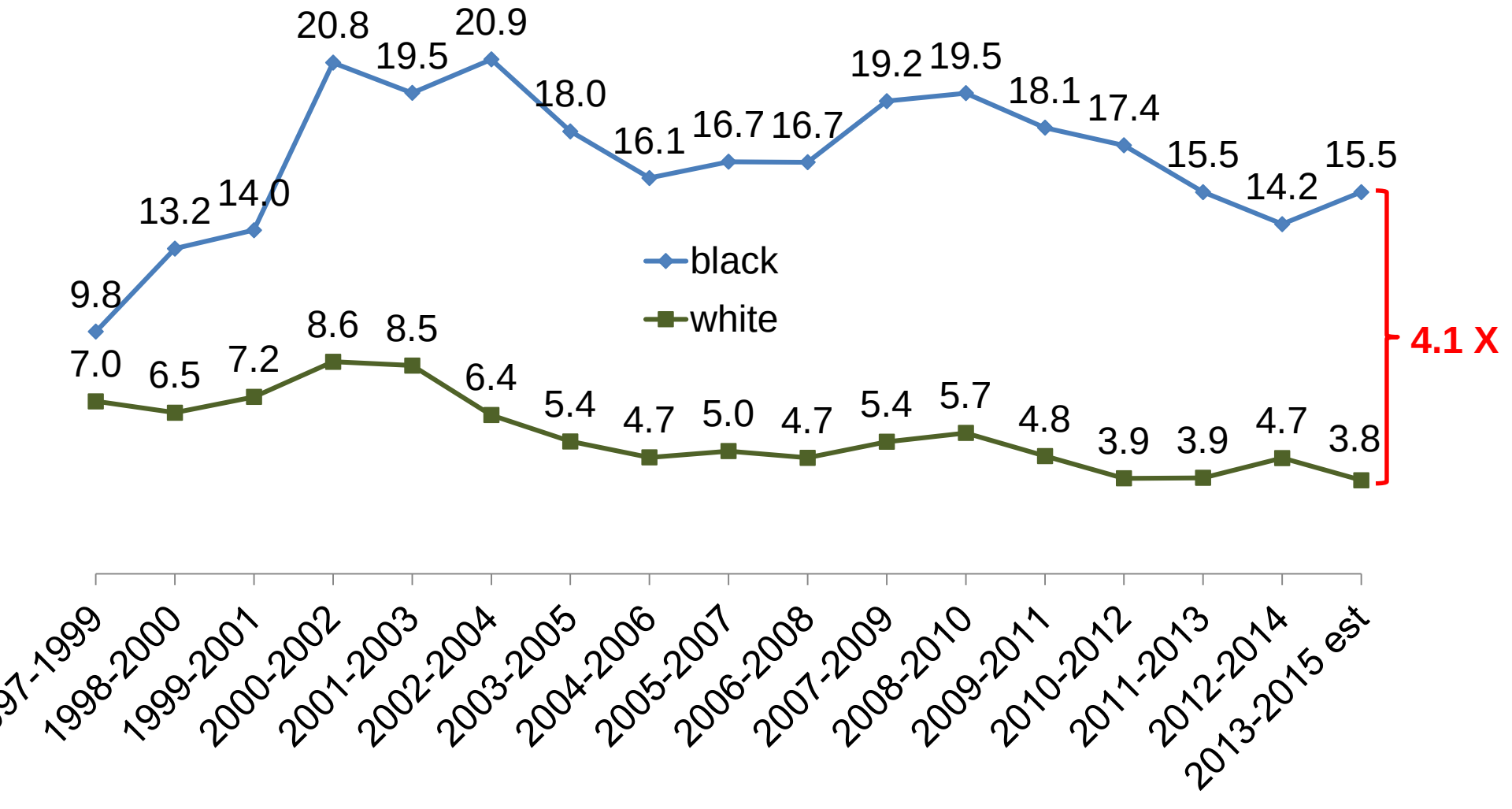
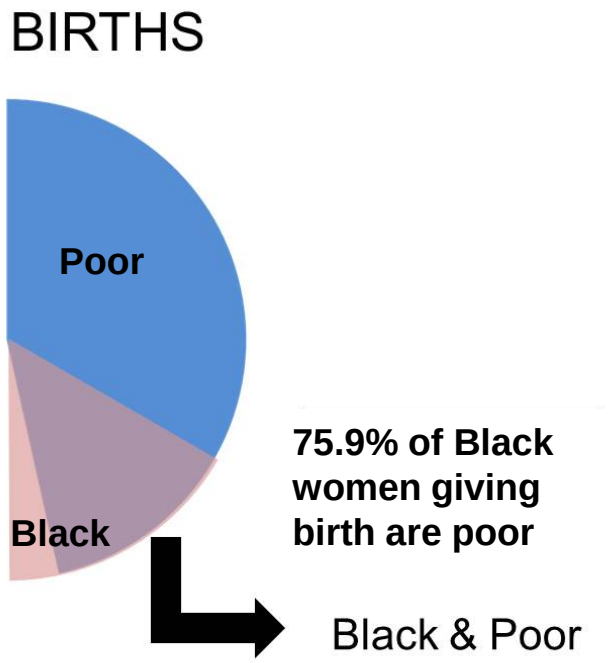
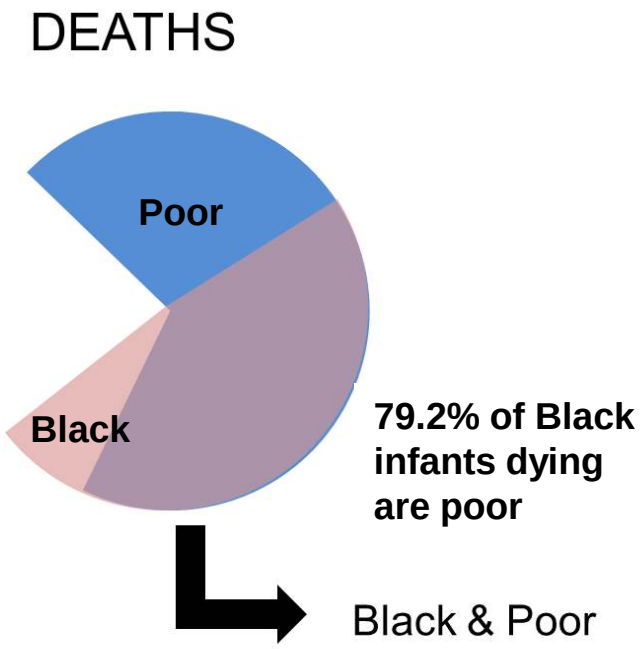


KEY CONTRIBUTORS TO RACIAL DISPARITIES IN KALAMAZOO

Overlap between Race and Poverty
-2010 to 2014-





BOTH Poverty and Race contribute risk…

Poverty
2.0X ⬆

+

Black Race
1.7X ⬆

} Low Birth Weight

…but what <u>kind</u> of risk?

…and does it vary?

Source: Kothari, C.L., Paul, R., Dormitorio, B., Ospina, F., James, A., Lenz, D., Baker, K., Curtis, A. (2016). *The intterplay of race, socioeconomic status and neighborhood residence upon birth outcomes in a high black infant mortality community*. Social Science & Medicine: Population Health 2:859-857.

Perinatal Periods of Risk (PPOR)

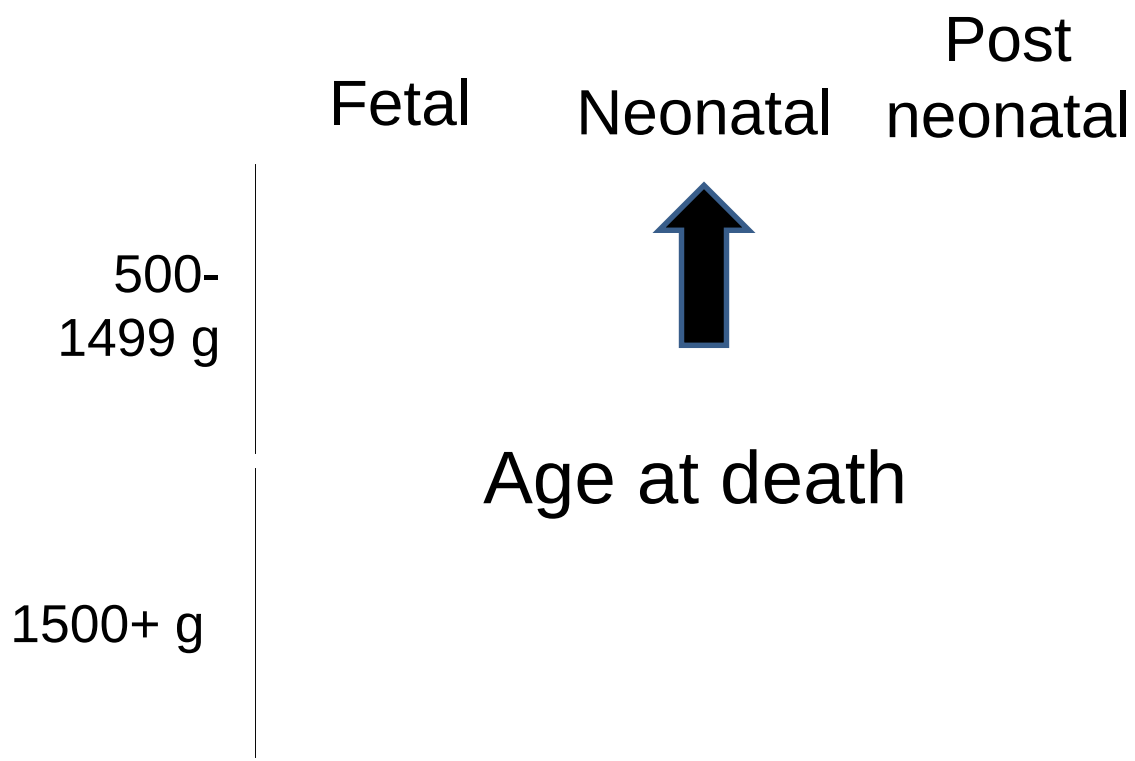
Perinatal Periods of Risk (PPOR)

500-1499 g

1500+ g

Infant birth weight

Perinatal Periods of Risk (PPOR)



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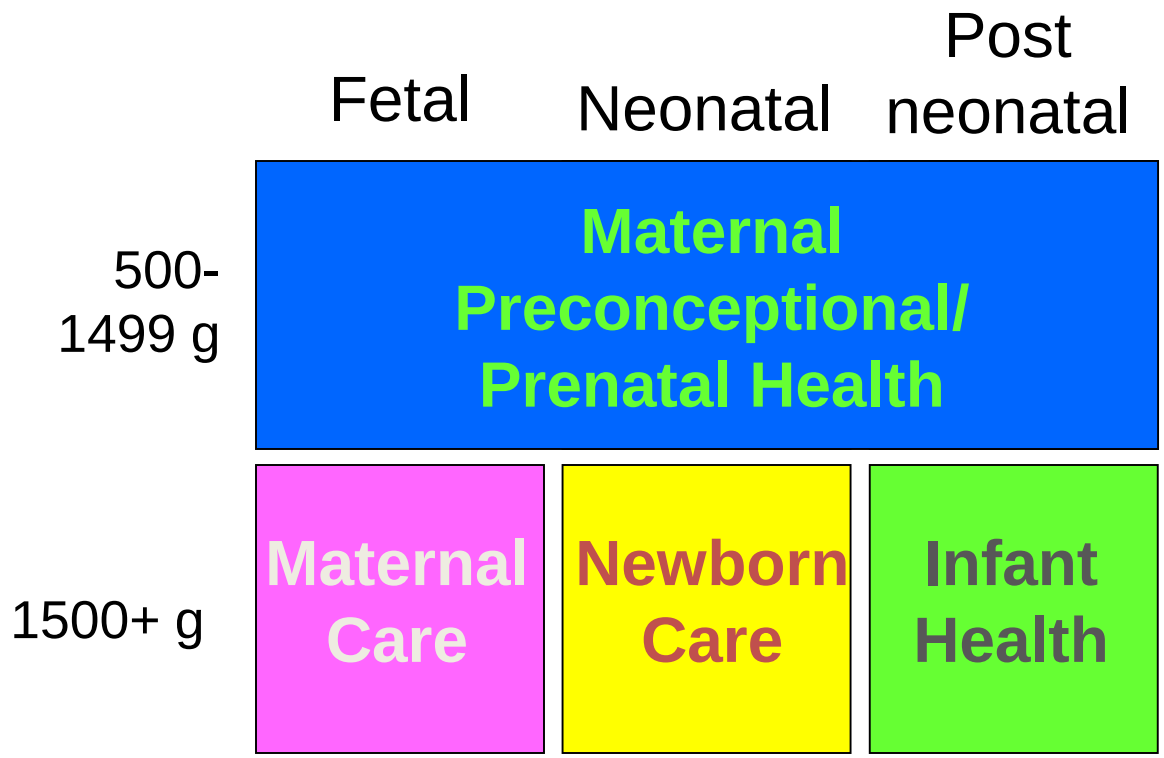

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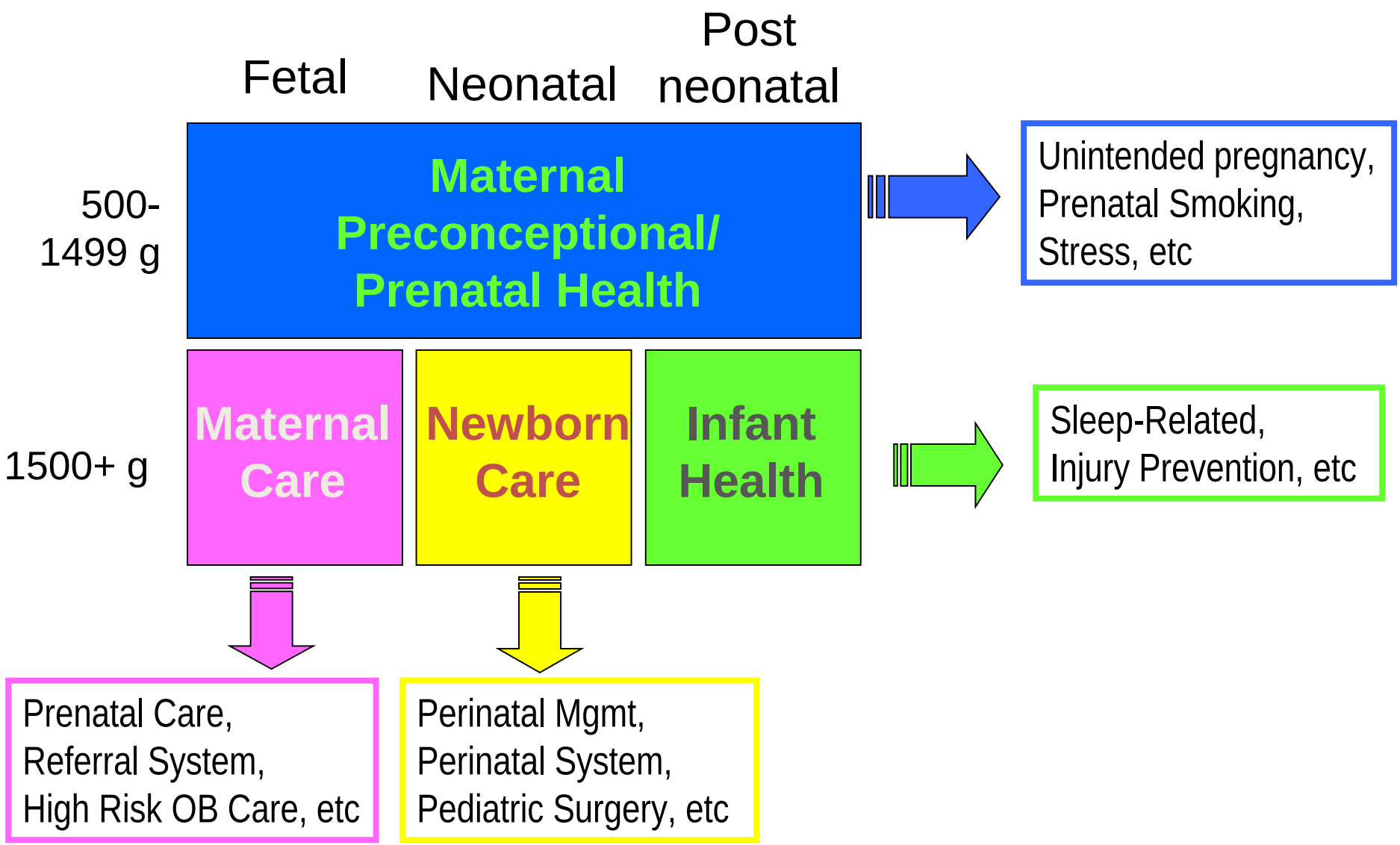

“Excess Mortality”
BLACK RACE

PPOR (2003-2012)

Excess Mortality: Black Women

Black women		Reference*
15.2 IMR	-	4.2 IMR

*REFERENCE: White, non-Hispanic women, age 20+, with 13+ years of education

PPOR (2003-2012)

Excess Mortality: Black Women

Black women		Reference		
15.2 IMR	-	4.2 IMR	=	11.0 IMR

PPOR (2003-2012)

Excess Mortality: Black Women

Black women	-	Reference	=	
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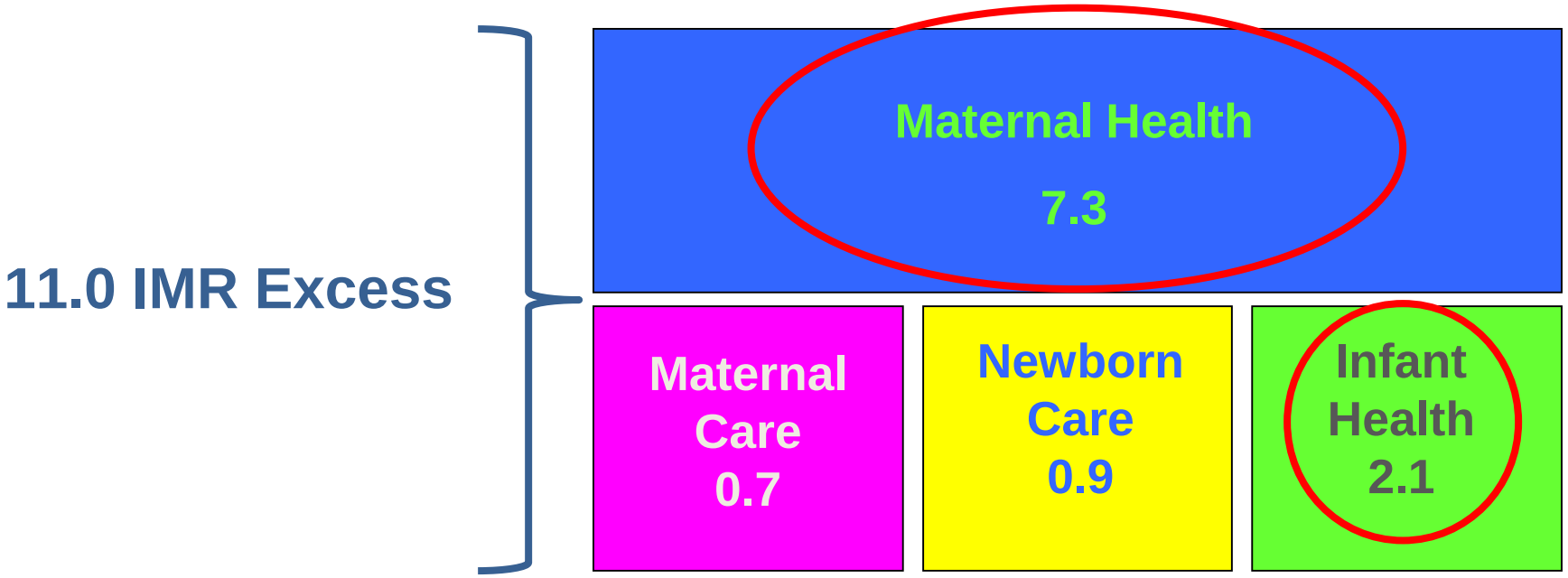
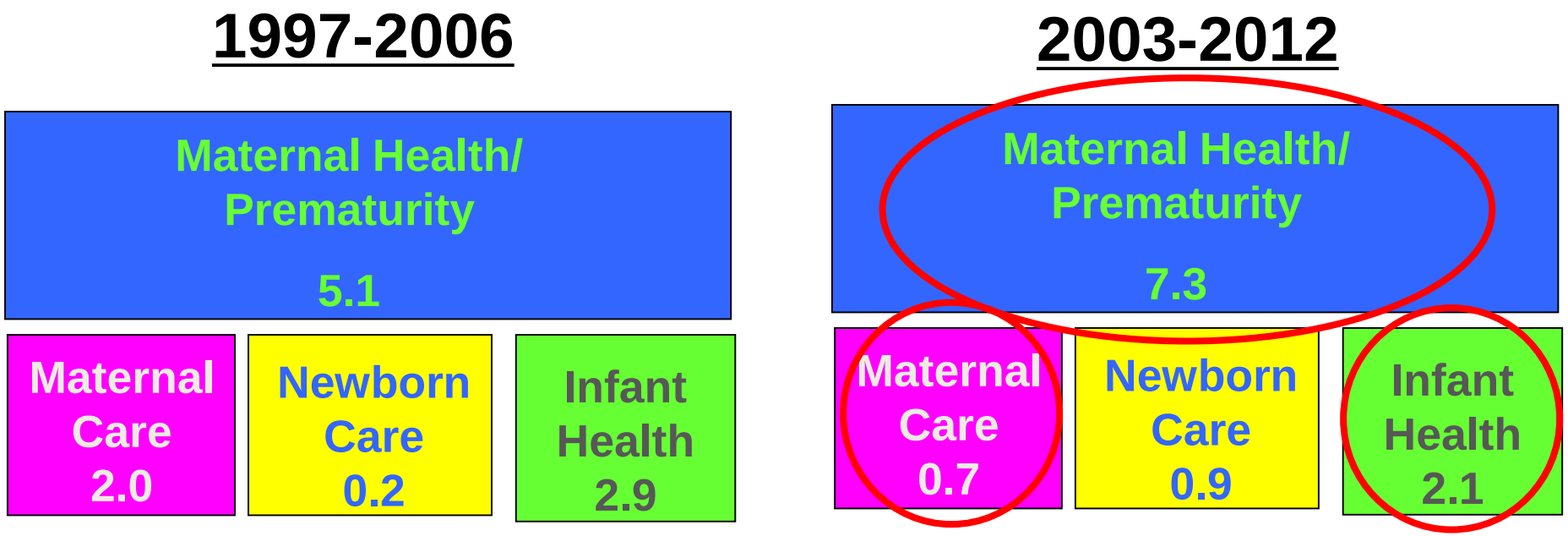


Source: Kothari, C.L., Romph, C., Bautista, T., Lenz, D. (under review). *Perinatal Periods of Risk Analysis: Disentangling Race & Socioeconomic Status to Inform a Black Infant Mortality Community Action Initiative.* Maternal and Child Health Journal.

Perinatal Periods of Risk Assessment

TRENDS in Excess Mortality of Black Women



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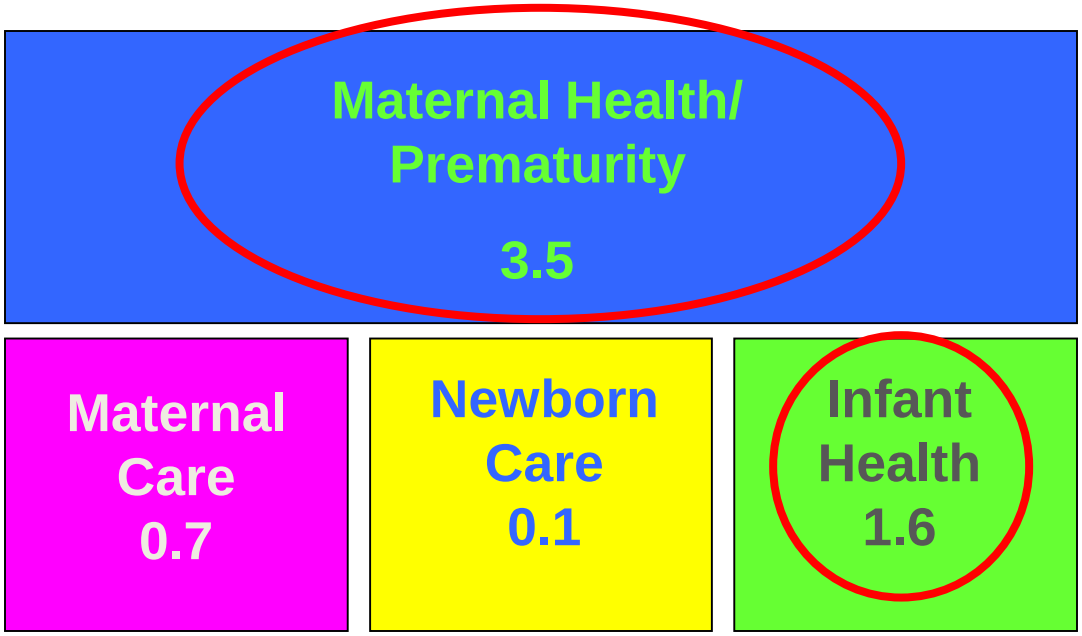
“Excess Mortality”
POVERTY

Perinatal Periods of Risk Assessment (2003-2012)

Excess Mortality: Poor Women*

[Poor women – Reference Group]



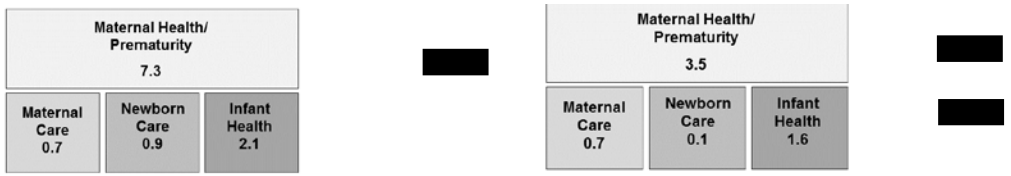
*** Medicaid-paid birth**

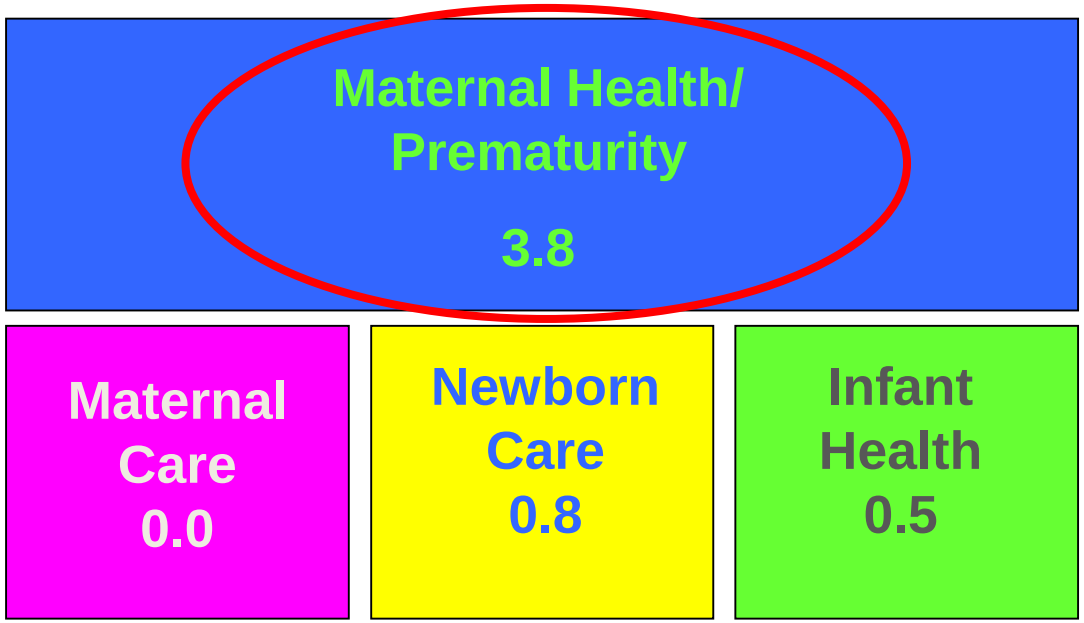
Source: Kothari, C.L., Romph, C., Bautista, T., Lenz, D. (under review). *Perinatal Periods of Risk Analysis: Disentangling Race & Socioeconomic Status to Inform a Black Infant Mortality Community Action Initiative.* Maternal and Child Health Journal.

BLACK
“Excess Mortality”
After Accounting
for POVERTY

Perinatal Periods of Risk Assessment (2003-2012)

Excess Mortality: Black women – Poor Women





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Maternal Health/
Prematurity

Predictors of Premature Delivery (<37 weeks gestation)

Black Women, Kalamazoo County, 2008-2012 (N=2,720)

	Prevalence % (#)	Odds of Premature Delivery aOR*	*p*
MATERNAL DEMOGRAPHICS:			
MATERNAL HEALTH:			
PRIOR PRETERM DELIVERY			
PRENATAL CARE			
PRENATAL SMOKING			
DELIVERY COMPLICATIONS:			

* Each predictor adjusted for income (Medicaid-paid delivery or not)

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	Prevalence % (#)	Odds of Premature Delivery aOR*	*p*
MATERNAL DEMOGRAPHICS:			
Adolescent	22.8% (620)	1.15	.292
< High School education	**25.1% (683)**	**1.52**	**.001**
Single	82.1% (2232)	1.04	.803
MATERNAL HEALTH:			
Sexually transmitted disease (non-GBS)	19.8% (538)	1.13	.397
Chronic disease (diabetes, hypertension)	**16.1% (439)**	**1.54**	**.002**
Obese BMI	**33.9% (921)**	**0.72**	**.009**
PRIOR PRETERM DELIVERY	**6.4% (174)**	**4.44**	**<.001**
PRENATAL CARE			
No prenatal care	**2.4% (66)**	**4.60**	**<.001**
Late to prenatal care (initiated past first trimester)	38.3% (1041)	0.87	.247
PRENATAL SMOKING	26.7% (727)	1.12	.362
DELIVERY COMPLICATIONS:			
Premature rupture of membranes	**10.1% (276)**	**4.16**	**<.001**
Chorioamnionitis	1.1% (29)	1.81	.203
Vaginal bleeding	**0.7% (18)**	**8.13**	**<.001**

* Each predictor adjusted for income (Medicaid-paid delivery or not)

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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).

Source: Kothari, C.L. (2016). *Infant Mortality Trend Analysis, Kalamazoo County 2010-2015.* Healthy Babies-Healthy Start Evaluation Report.

Infants of Color have Worse Birth Outcomes

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

Infants of Color
(est 4,227 births)

Infants of Color (66) 15.6

DISPARITY

4.1 Relative Rate

White-Only
(est 14,506 births)

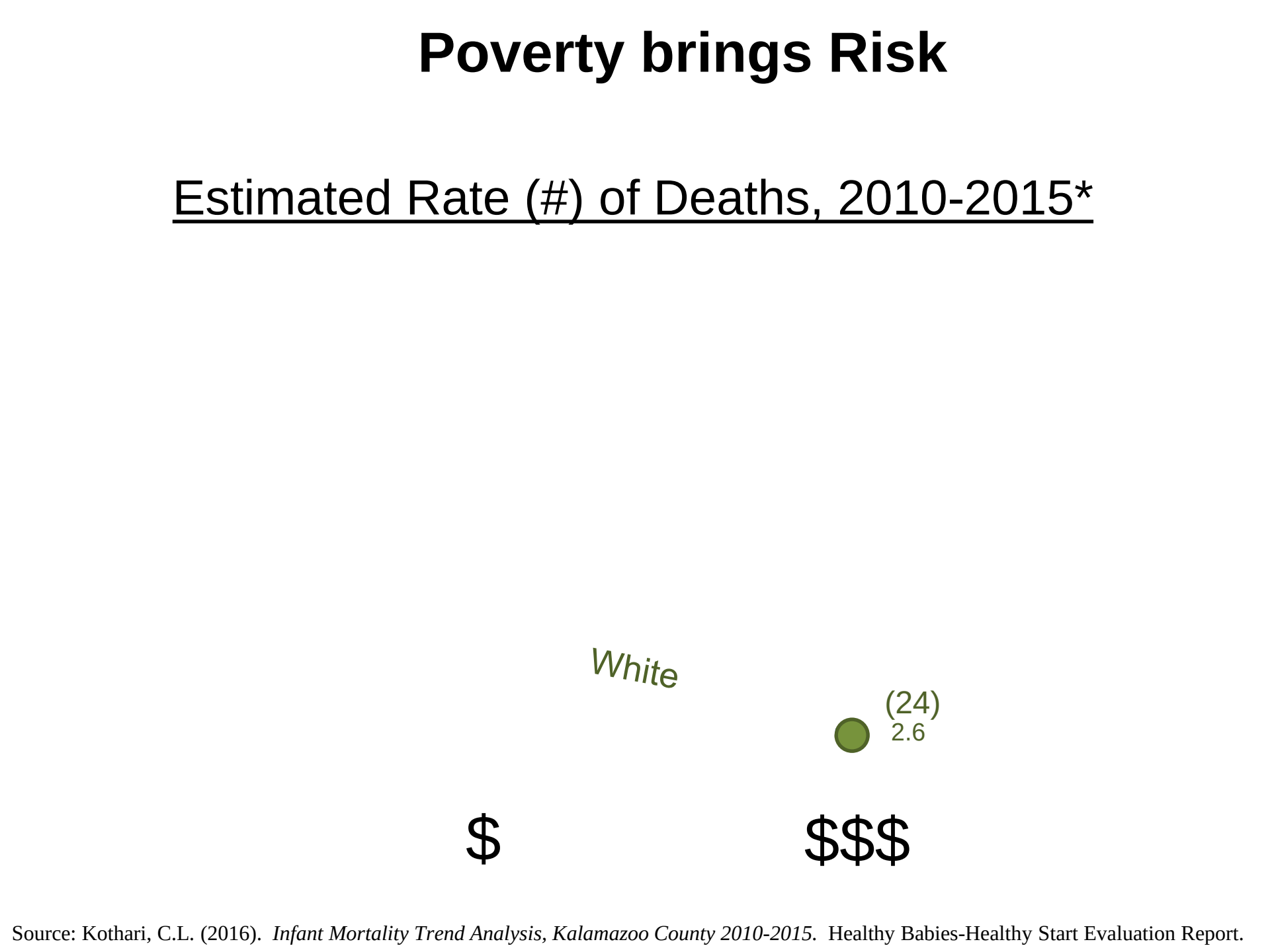
White (55) 3.8

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

Source: Kothari, C.L. (2016). *Infant Mortality Trend Analysis, Kalamazoo County 2010-2015.* Healthy Babies-Healthy Start Evaluation Report.

Poverty brings Risk

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



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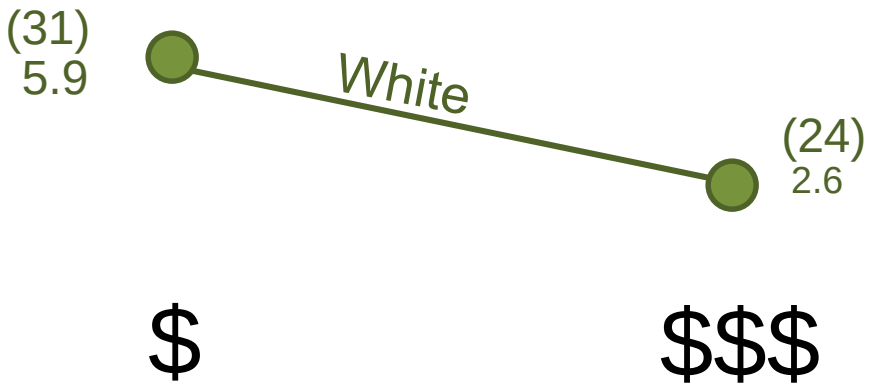

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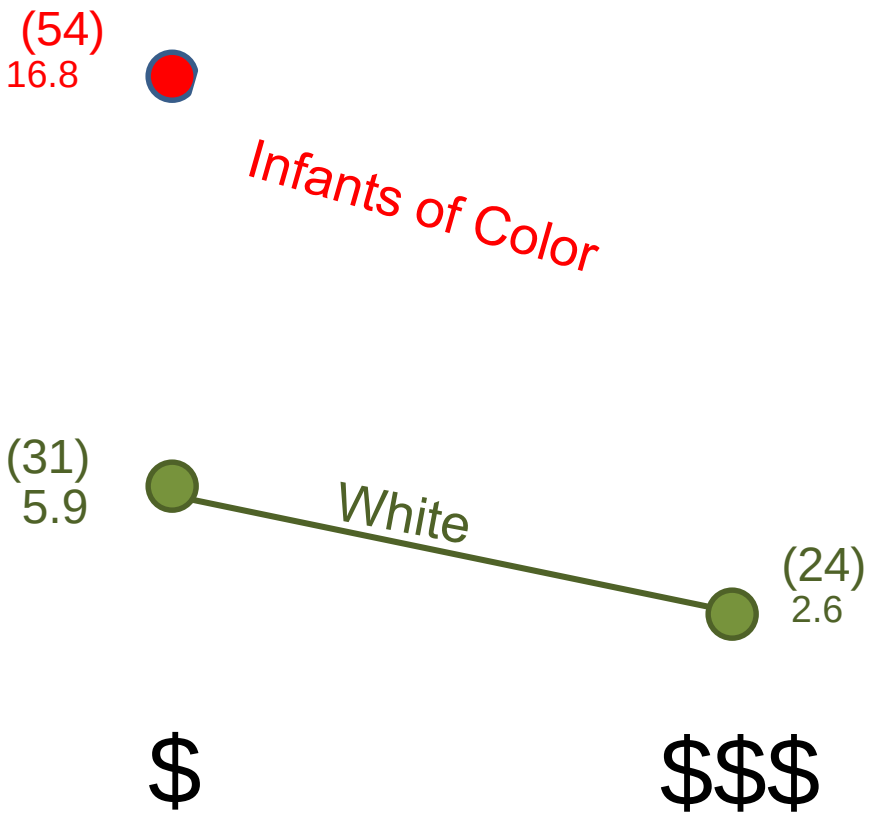

Source: Kothari, C.L. (2016). *Infant Mortality Trend Analysis, Kalamazoo County 2010-2015.* Healthy Babies-Healthy Start Evaluation Report.

Infants of Color have Worse Birth Outcomes, Regardless of Income

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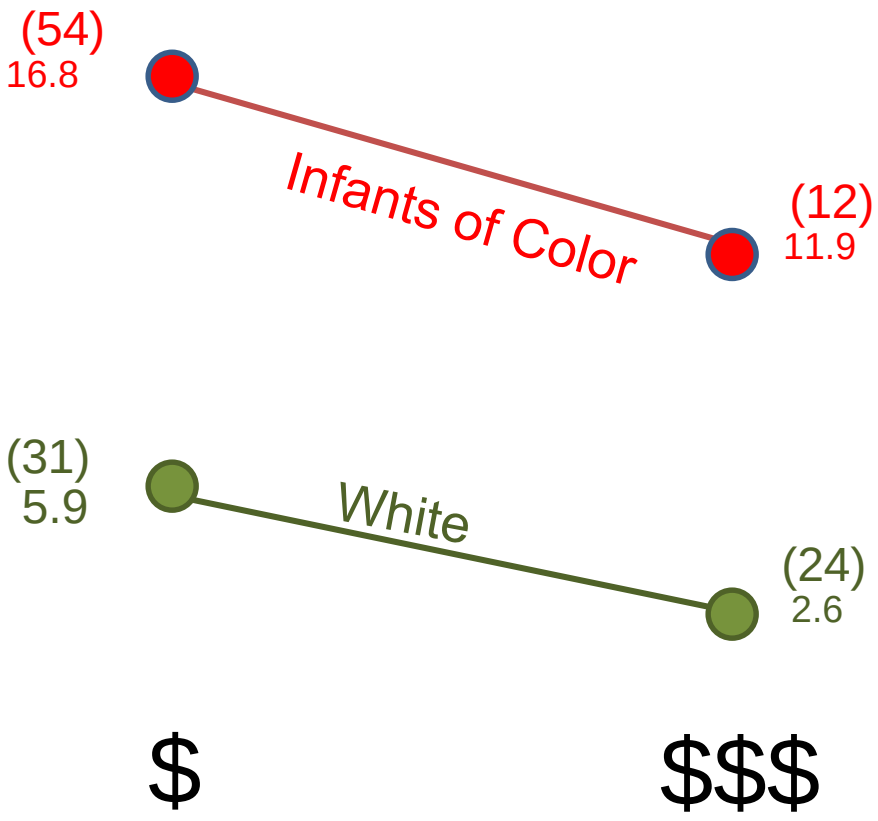
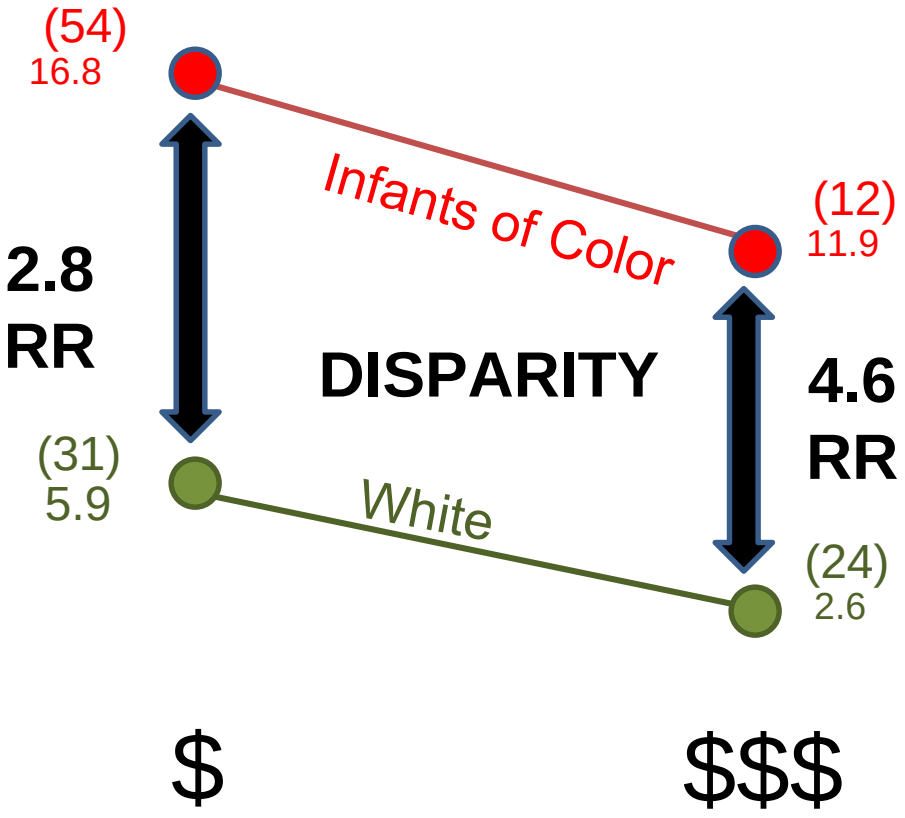


Source: Kothari, C.L. (2016). *Infant Mortality Trend Analysis, Kalamazoo County 2010-2015.* Healthy Babies-Healthy Start Evaluation Report.

Disparity Grows as Income Grows

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



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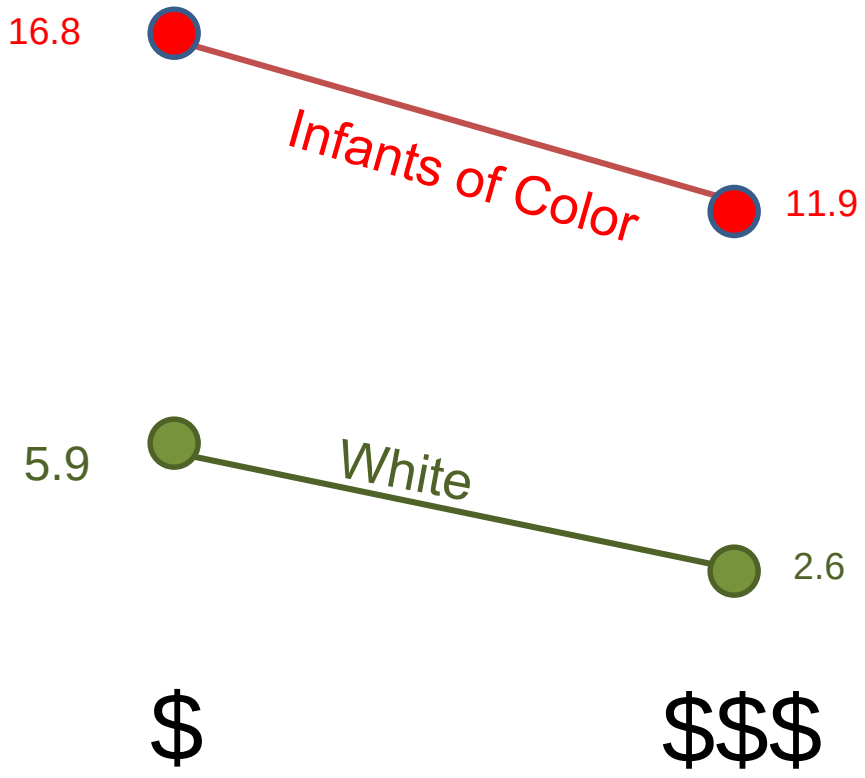
Infants Dying from Different Causes Depending upon Race/Ethnicity and Income

-Top 2 Causes of Death-



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

Source: Kothari, C.L. (2016). *Infant Mortality Trend Analysis, Kalamazoo County 2010-2015.* Healthy Babies-Healthy Start Evaluation Report.

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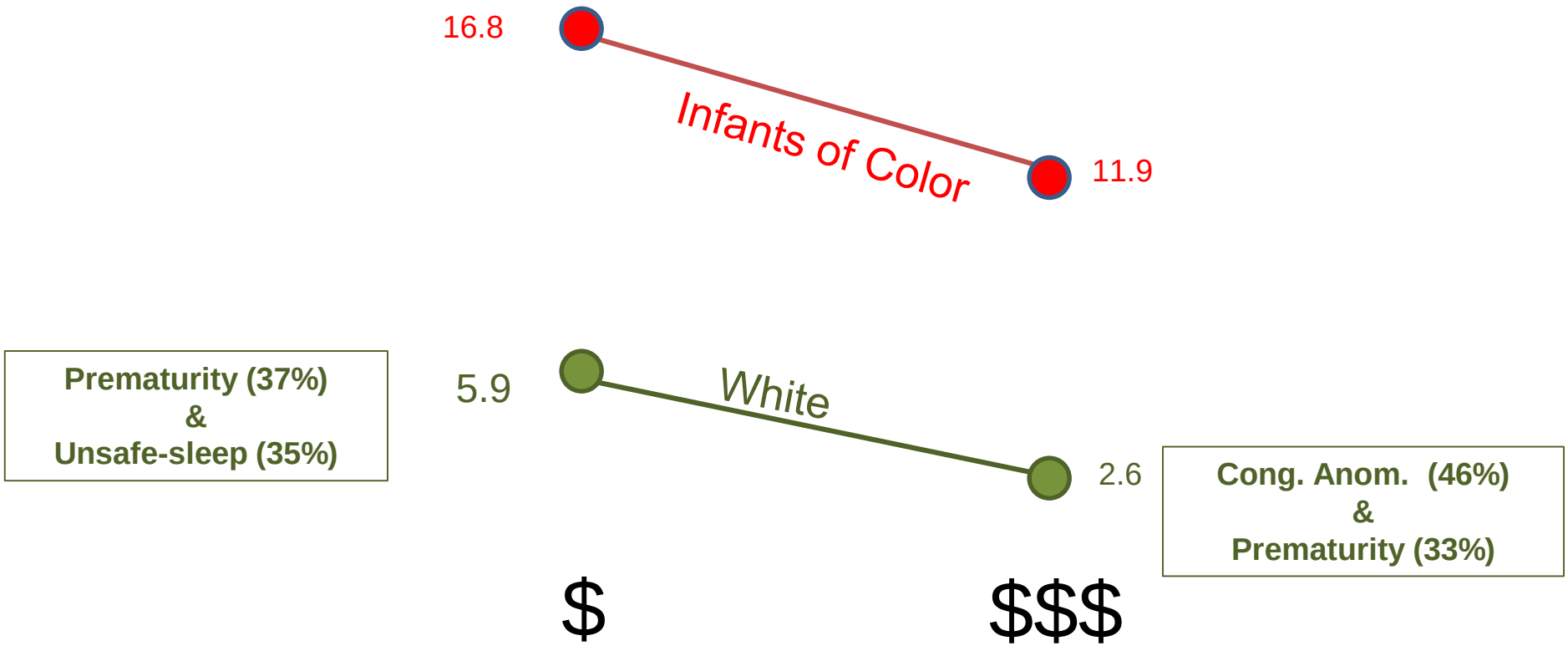

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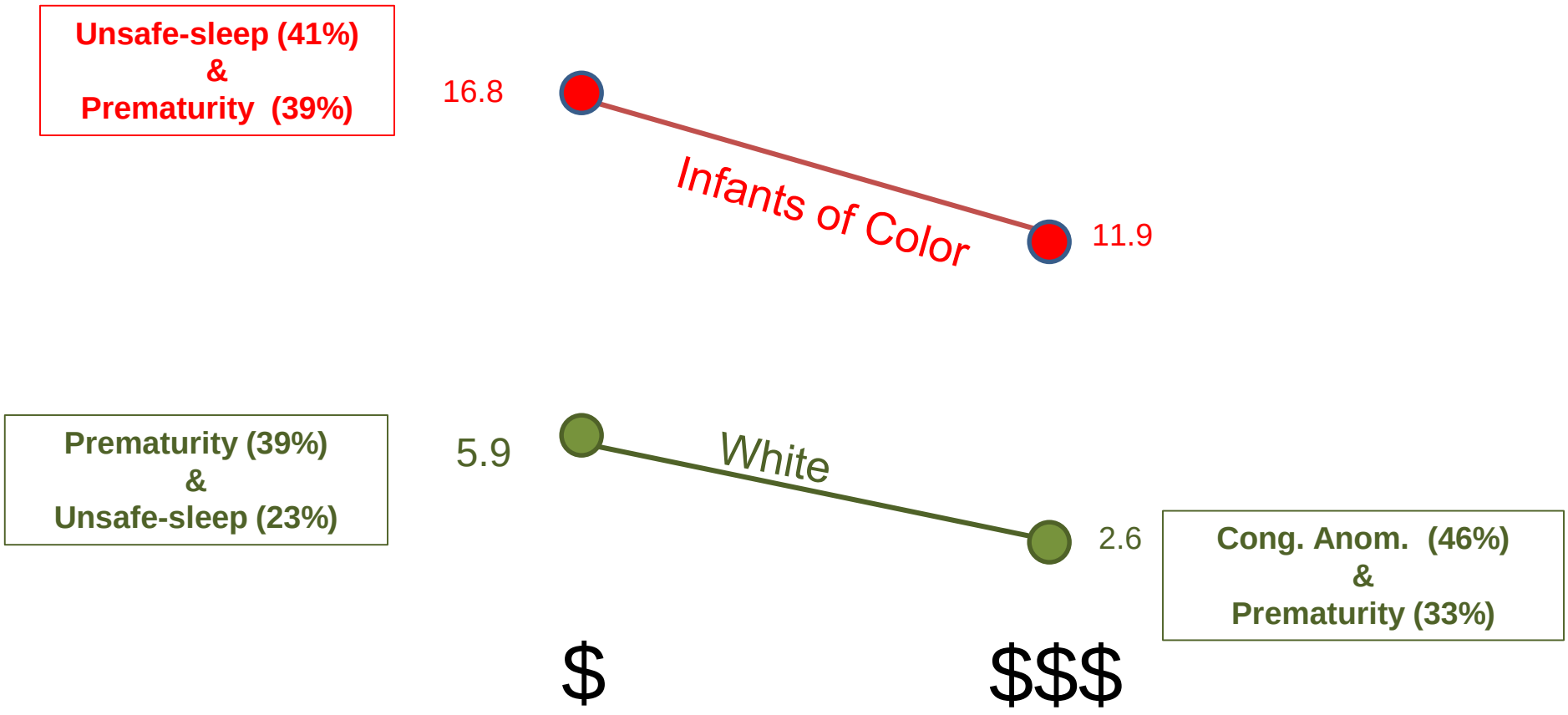

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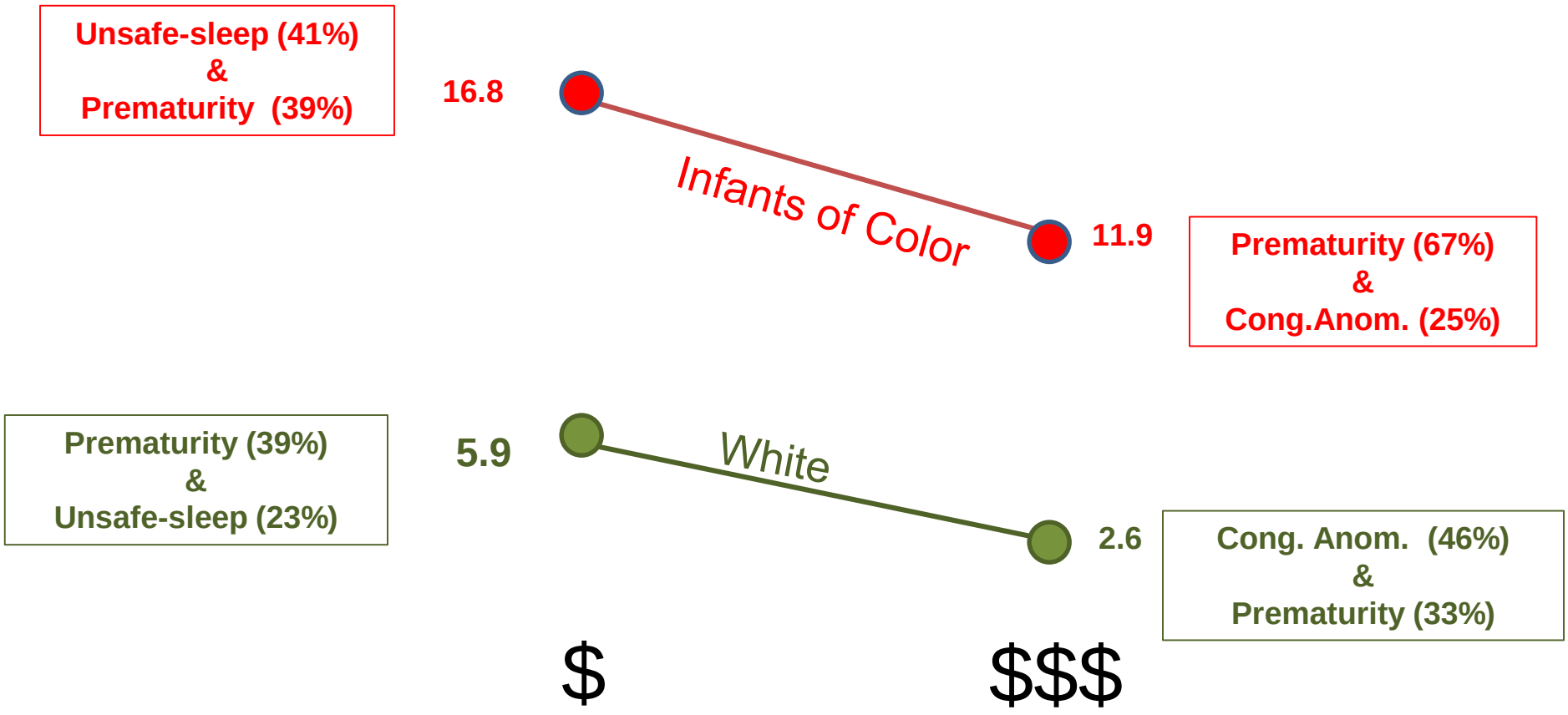

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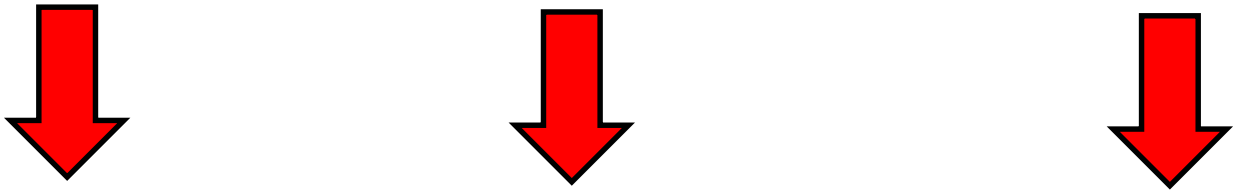
- **Racial disparities have gotten worse over time, largely due to women's health before and during pregnancy**
  - **Pervasive poverty accounts for some of this**
  - **Prior poor birth outcomes and chronic disease are strong risk factors for Black women across income levels**

- **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

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

- 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

cradle
KALAMAZOO
ending infant mortality together

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

BABY HOTLINE (2-1-1): 1-269-888-KIDS (5437)

CARE COORDINATION REGISTRY: Referral / Enrollment / Discharge

WEEKLY CASE REVIEWS: Home visitors, community health workers, CHAP service navigators

COMMUNITY ACTION TEAM: Cradle Steering Team, Agency & Community leadership

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:

NATIONAL FIMR
FETAL – INFANT MORTALITY REVIEW PROGRAM

Kalamazoo County Fetal & Infant Deaths

Year of Death	Infant deaths					Fetal deaths (known to ME)				
	Total	Reviewed		Remaining		Total	Reviewed		Remaining	
2014	16	1	0 intv	NA		NA				
2015	19	17	4 intv	2	0 intv	NA				
2016	7	3	0 intv	4	1 intv	14	0		14	6 intv
2017	4	0		4						
TOTAL	42	21	4 intv	6	1 intv	14	0		14	6 intv

NA – do not plan to review intv = # with interviews (incl pending interviews)

Kalamazoo County FIMR: Two-Tiered Process

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

RECURRING PROBLEMS	RECOMMENDATIONS	ACTIONS
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

FIMR Recommendations – cont'd

RECURRING PROBLEMS	RECOMMENDATIONS	ACTIONS
Unmet mental health, addiction problems (MOB, FOB)	1. Reinforce the NAS protocol implementation 2. Promote the use of MC3 (provider phone consult for psychopharmacology questions)	• Discussions to build a provider network to minimize quick access to services
Dismissive, non-respectful provider communication with families	1. Develop mechanisms for customer comments to agency administrators 2. Skills training for providers regarding shared decision making and communications	
Large gaps in grief/bereavement services	1. Create local, coordinated grief system 2. Utilize FIMR Family Interviewer for outreach 3. Create vetted resource list of providers, locations, service type 4. Offer Spanish language services	• Sub-group committee discussion to build/enhance provider network

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KALAMAZOO
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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-shits 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

FATHERHOOD NETWORK

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

Healthy Babies Healthy Start
In Kalamazoo, Michigan

Kalamazoo County Health & Community Services Department. The HCS Programs are open to all without regard to race, sex, color, national origin, religion, height, weight, marital status, political affiliation, sexual orientation, gender identity, or disability.
Healthy Babies Healthy Start of Kalamazoo project H49MC00047 from the US Department of Health & Human Services, HRSA, MCHB (Title V, Social Security Act)

FATHERHOOD NETWORK


FATHERHOOD NETWORK
Supporting Fathers in Kalamazoo.
Healthy Babies
Healthy Start
KALCOUNTY.COM/HCS

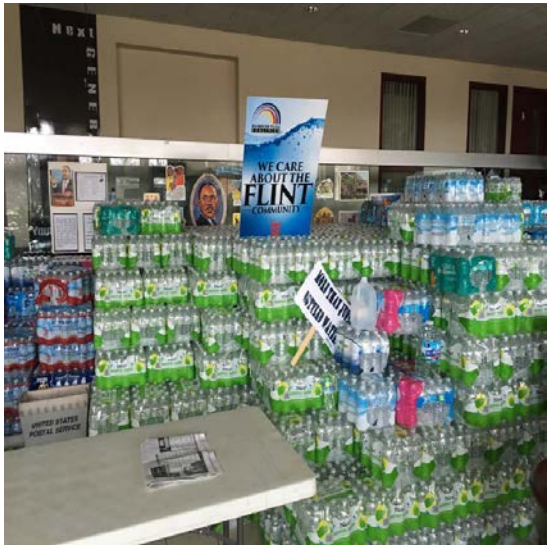

FATHERHOOD NETWORK
Supporting Fathers in Kalamazoo.
Healthy Babies
Healthy Start
KALCOUNTY.COM/HCS


SUPPORTING FATHERS
strengthens our community.
Healthy Babies
Healthy Start
FATHERHOOD
NETWORK

BARBER SHOP TALK

EPISODE 1


Fatherhood Support Network
What does it mean to be a father in Kalamazoo?
What is your role?
Kalamazoo
Do you feel supported as a father?
HAVE YOUR VOICE HEARD!!!
Hosted by Kevin Lavender Jr.
@TruthTonesMzk and @MzTruthTone
Thursday, February 4th, 2016
5:30pm - 8:00pm
at the United Way Building
709 S. Westnedge Ave Kalamazoo, MI 49007
Call (269) 373-5279 with Questions
Healthy Babies Healthy Start
Community Action Agency
Health & Community Services


WE CARE ABOUT THE FLINT COMMUNITY


LORI MOORE SHOW

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.*

BEST BABIES ZONE

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.

ATTRIBUTES

Community Voice

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.

Innovation

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.

Collaboration

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.

Concentrated Effort

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.

Movement Building

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.

OUR VALUES

Community Equity Flexibility Integrity Optimism Respect

Best Babies Zone Evaluation Outcomes[1]

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)

- Improve health outcomes across the lifespan
- Reduce father absences
- Reduce high school drop-out
- Reduce household poverty
- Reduce social and place based inequities
- Reduce economic inequities
- Reduce health inequities
- Reduce education inequities
- Paradigm shift in approach to maternal and child health in the U.S.

LONG-TERM OUTCOMES (7-10 YEARS)

Community Systems
- Increase social cohesion
- Increase community vibrancy
- Increase community ownership of Best Babies Zone projects
- Increase residential stability

Economic Development
- Meet basic needs (living wage, food, and shelter)
- Increase financial stability and asset development
- Increase and improve employment opportunities

Health Systems
- Increase self-rated health (both adult and child)
- Reduce premature births
- Reduce # of low birth weight births
- Improve overall health care access across the lifespan

Education & Early Care
- Improve child academic success

Inter-Sectoral Linkages
- Strengthen collective impact (e.g., shared measurements, mutually reinforcing activities, common agenda, backbone organization)
- Accelerate successful development and spread of BBZ across the U.S.

MID-TERM OUTCOMES (5-7 YEARS)

Community Systems
- Increase supportive family interactions and social support for families (including father involvement)
- Increase community engagement
- Increase safety of parks and neighborhoods
- Increase access to affordable produce
- Reduce experiences of racism and discrimination

Economic Development
- Increase access and referrals to safety net programs
- Increase job training and workforce potential
- Increase financial literacy
- Increase microfinance opportunities
- Increase food security

Health Systems
- Increase access to medical home (adult and child)
- Increase insurance coverage (pre-pregnancy and child)
- Increase early prenatal care
- Increase postpartum care
- Increase screenings for maternal depression
- Increase breastfeeding initiation rates

Education & Early Care
- Increase parent involvement with child development
- Improve access to child care and preschool
- Increase daily reading to children 0 to 5
- Increase access to children's books

Inter-Sectoral Linkages
- Increase inter-sectoral coordination
- Increase shared knowledge and exchange of ideas for implementation, innovation, and evaluation
- Increase understanding of systems change concepts through collaborative improvement and innovations at each site

SHORT-TERM OUTCOMES (3-5 YEARS)

- Increase social capital (increase community networks, civic engagement, local identity, trust, and sense of solidarity and equity)
- Increase access to quality reproductive services, home visits, and screenings
- Increase access to parenting workshops and parent education
- Increase awareness and use of community services in BBZ
- Increase inter-sectoral collaboration

FOUNDATION FOR SUCCESS (1-3 YEARS, ONGOING)

- Relationship building (with BBZ residents, between sectors, and across BBZ sites)
- Incremental action oriented approach
- Activities, referrals, and coordination across sectors
- Site-specific strategies
  - Design thinking
  - Quality improvement
  - Environmental justice

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

Key

Item applies to all sites

Item is site-specific

Outcome is key indicator 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

BBZ and HS

“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