Closing the Black/White Gap in Infant Mortality: Ideas, Successes and Lessons Learned from the WI Lifecourse Initiative for Healthy Families

DECEMBER 4, 2013
Thank you to AMCHP for providing the technology and telephones for this webinar.

This webinar is being recorded and archived.

All phones have been muted.

Please send us your questions via that chat function on the webinar. Or you can email them to sarahv@med.unc.edu

Q&A will take place at the end of the presentations.
Who We Are

A coalition of leaders in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee to build multi-state, multi-layered partnerships to improve the health of women and infants in the Southeast.
Every Woman Southeast Objectives

- Engage a wide range of stakeholders to build and sustain an equity focused, life course approach to women’s wellness.
- Promote and integrate program and policy strategies to support low income women and men in creating and actualizing their reproductive and life goals.
- Give voice to the ideas, needs and vision of women in our region.
Webinar Objectives

• Describe the 12-Point Plan to Eliminate Black/White Disparities in Birth Outcomes

• Describe how four communities applied this approach to local planning

• Discuss successes, lessons learned and next steps from the Wisconsin Life course Initiative for Healthy Families
Speakers

PHILIP M. FARRELL
University of Wisconsin School of Medicine & Public Health

QUINTON COTTON
WI Partnership Program, University of WI SOM and PH

SAMANTHA J. PERRY
Racine Life Course Initiative For Healthy Families Collaborative

SHARON SCHULZ
Racine Kenosha Community Action Agency
Closing the Black/White Gap in Infant Mortality: Ideas, Successes and Lessons Learned from the Wisconsin Lifecourse Initiative for Healthy Families

Presentation for Every Woman Southeast Coalition
December 4, 2013
Speakers

Quinton D. Cotton, MSSA
Program Officer
Wisconsin Partnership Program

Phillip Farrell, MD, PhD
Emeritus Dean and Professor
UW School of Medicine and Public Health

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Wisconsin Partnership Program

Phillip Farrell, MD, PhD
Emeritus Dean and Professor
UW School of Medicine and Public Health

Quinton D. Cotton, MSSA
Program Officer
Wisconsin Partnership Program
HISTORY
Wisconsin’s Greatest Public Health Challenge

African American Infant Mortality in Wisconsin

A tragic problem and a national disgrace that urgently needs and deserves more attention, resources, leadership and community partnerships
The Challenge

• Infant mortality rates in African Americans residing in Wisconsin are very high

• The black/white disparity gap has existed for at least three decades in affected WI communities

• The geographic distribution is highly specific
  – Southeastern Wisconsin and Beloit account for 88% of infant deaths

• Many lifelong maternal stresses are responsible

• Babies are innocent victims of long term risk factors, but mortality is the “tip of the iceberg”
Lifecourse Initiative for Healthy Families

- Regional effort to support deep partnerships with communities to address high infant mortality among African Americans in Wisconsin.
- Emphasis on sustainable health impact, social determinants of health and widespread improvements.
- Invest in community-academic partnerships, education, research and evaluation.
# History of the Lifecourse Initiative

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>• Commissioned White Paper</td>
</tr>
</tbody>
</table>
| 2008 | • Wingspread Conference  
   | • WPP Announces $10 M Commitment |
| 2009 | • LIHF Steering Committee Formed |
| 2010 | • Four Collaborative Planning Grants Awarded ($1M) |
| 2011 | • Evaluation Plan Developed |
| 2012 | • Community Action Plans Completed  
   | • Four Collaborative Implementation Grants Awarded ($1M) |
| 2013 | • Projects Grants Awarded ($4M)  
   | • Establish Regional Program Office  
   | • Recruitment of faculty leader |
| 2014 | • Four Collaborative Implementation Grants (Up to $4M) |
Cornerstone Strategies

Partnerships and Collaboration with Communities

Raising Public Awareness

New Investments in Effective Policies and Programs

Capacity Building and Technical Assistance
Infant Mortality Rates by Race/Ethnicity, Wisconsin, 1990-92 to 2008-10

African American Births, Deaths, and Infant Mortality Rates in WI, 2006-2010

<table>
<thead>
<tr>
<th>County</th>
<th>% AA births</th>
<th>IM rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown</td>
<td>2%</td>
<td>15.8</td>
</tr>
<tr>
<td>Dane</td>
<td>7%</td>
<td>12.2</td>
</tr>
<tr>
<td>Kenosha</td>
<td>3%</td>
<td>8.2</td>
</tr>
<tr>
<td>Milw.</td>
<td>76%</td>
<td>15</td>
</tr>
<tr>
<td>Racine</td>
<td>6%</td>
<td>18.1</td>
</tr>
<tr>
<td>Rock</td>
<td>2%</td>
<td>17</td>
</tr>
<tr>
<td>Total WI</td>
<td>35,612</td>
<td>14.7</td>
</tr>
</tbody>
</table>

Source: WI Interactive Statistics on Health, WI DHS
### WI Infant Mortality Data by Race and Selected Maternal Characteristics, 2008-10

<table>
<thead>
<tr>
<th>Maternal Characteristic</th>
<th>Infant Mortality Rate</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Races/Ethnicities</td>
<td>African American</td>
<td>White</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20 years</td>
<td>10.4</td>
<td>15.4</td>
<td>8.7</td>
</tr>
<tr>
<td>20-29 years</td>
<td>6.1</td>
<td>12.8</td>
<td>5.2</td>
</tr>
<tr>
<td>30-39 years</td>
<td>5.3</td>
<td>15.6</td>
<td>4.6</td>
</tr>
<tr>
<td>40+ years</td>
<td>9.1</td>
<td>23.4</td>
<td>8.3</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>9.6</td>
<td>15.8</td>
<td>9.6</td>
</tr>
<tr>
<td>High school graduate</td>
<td>7.1</td>
<td>11.9</td>
<td>6.4</td>
</tr>
<tr>
<td>More than high school</td>
<td>4.7</td>
<td>13.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>4.6</td>
<td>13.3</td>
<td>4.4</td>
</tr>
<tr>
<td>Not Married</td>
<td>9.1</td>
<td>14.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Trimester Prenatal Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Began</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>5.5</td>
<td>12.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Second</td>
<td>7.2</td>
<td>12.6</td>
<td>6.7</td>
</tr>
<tr>
<td>Third or None</td>
<td>15.2</td>
<td>25.3</td>
<td>11.3</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked</td>
<td>9.4</td>
<td>17.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Did not smoke</td>
<td>5.7</td>
<td>12.8</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Note: Rates are infant deaths per 1,000 births.

Percent of deaths due to selected leading causes, 2008-2010

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>All Races / Ethnicities</th>
<th>African American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital Malformations/Birth Defects</td>
<td>19.8%</td>
<td>11.0%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Perinatal: Disorders related to Preterm Birth and Low Birthweight</td>
<td>19.5%</td>
<td>29.1%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome (SIDS)</td>
<td>7.9%</td>
<td>7.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>6.4%</td>
<td>7.4%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Perinatal: Respiratory Distress of the Newborn</td>
<td>3.9%</td>
<td>3.7%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Perinatal: Newborn Affected by Maternal Complications of Pregnancy</td>
<td>3.7%</td>
<td>4.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Perinatal: Newborn Affected by Complications of Placenta/Cord/Membranes</td>
<td>3.6%</td>
<td>5.7%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health Services
Infant Mortality Crisis in Wisconsin

Prematurity and low birth weight are leading causes of African American infant deaths.

SIDS (Sudden Infant Death Syndrome) and Co-sleeping related deaths

Jasmine Zapata, a medical student at the University of Wisconsin-Madison, gave birth to Aameira in her 25th week of pregnancy. Zapata is educated, married, didn't smoke or drink, and yet her odds were higher for a premature delivery. Aameira now is almost 7 months old.

Premature delivery is a key cause of infant deaths in Milwaukee, especially among blacks.

By Mark Johnson and Tia Ghose

April 16, 2011 | (8) COMMENTS
Planning Outcomes

• Community Lifecourse Collaboratives
• Comprehensive Community Action Plans
• Evaluation Plan
Lifecourse Initiative for Healthy Families (LIHF)

- Improved health status of American women over the lifespan
- Improved African American infant survival and health
- Elimination of racial and ethnic disparities in birth outcomes
Investment Framework

Vision
Collaborative Formation
Promising and Evidence Based Programs

Collective Approach
Sustained Impact
Three Main Levels of Evaluation

1. LIHF Collaboratives
   Community/system change efforts and outcomes

2. LIHF Project Grants
   Evidence-based & promising practice programmatic outcomes

3. Impact of entire LIHF project
   Intermediate and long-term outcomes
PRAMS: Efforts to increase response rates among African Americans

- Supplemental funding from WPP
- “Purple envelope campaign” for all AA births in WI
- Additional oversample in four LIHF communities
- Preliminary results showing increased response rates
12 Point Plan to Close the Black-White Gap in Birth Outcomes (Lu et.al., 2010)

**Improving Healthcare for African American Women**
- Provide interconception care to women with prior adverse pregnancy outcomes
- Increase access to preconception care for African American women
- Improve the quality of prenatal care
- Expand healthcare access over the Lifecourse

**Strengthening African American Families and Communities**
- Strengthen father involvement in African American families
- Enhance service coordination and systems integration
- Create reproductive social capital in African American communities
- Invest in community building and urban renewal

**Address Social and Economic Inequities**
- Close the education gap
- Reduce poverty among African American families
- Support working mothers and families
- Undo racism

Birth  Childhood  Teen  Young adult  Women  35≥  Seniors
Process to Select Interventions

• Review Local Data
• Conduct Needs Assessment
• Conduct Study Tours
• Integrate Lifecourse Thinking
• Consensus Building
Funding Priorities
(informed by LIHF Community Action Plans)

- Develop **peer or social support networks** for pregnant women and new mothers and families (e.g., the Birthing Project USA, Patient Navigator or Community Health Worker)
- Enhance prenatal care through a **group prenatal care model** (e.g., Centering Pregnancy)
- Expand maternal, infant and early childhood **home visitation** programs in targeted areas (e.g., Nurse Family Partnership)
- Improve family access to utilization of **medical homes**
- Improve family supports, including an increase in **fatherhood involvement** and transitional and family sustaining **jobs**
Samantha Perry and Sharon Schulz

RACINE LIHF
Background

• Evolved from a conference convened by Johnson Foundation at Wingspread in September 2008
• Recipient of the Wisconsin Partnership Program-Lifecourse Initiative for Healthy Families Action Planning Grant in April 2010
• Funds are targeted to the development of a comprehensive plan to reduce infant mortality, and support the Birthing Project
• Led by the Johnson Foundation at Wingspread in cooperation with the Racine Kenosha Community Action Agency
Our Response: A Community Collaborative

• Broader engagement of diverse groups of stakeholders to address this alarming problem, 100+ members representing all areas of the issue:
  – Health, human service, education, local and county government and community organizations
  – Faith-based organizations
  – HMO representatives
  – African-American community members
Participating Agencies

The Johnson Foundation at Wingspread
Racine/Kenosha Community Action Agency
City of Racine Health Department
Professional Women’s Network for Service-Racine
African American Health Coalition
Infant Death Center of Wisconsin
Racine Community Health Center
Wheaton Franciscan Healthcare-All Saints
Central Racine County Health Department
Wheaton Franciscan Healthcare-All Saints
Foundation
Health & Nutrition Service of Racine
Racine County Human Services Department
Racine County Workforce Development Center
Racine Journal Times
Baby Express
Racine Family YMCA-Focus On Fathers
Racine Infant Mortality Coalition
Wisconsin Literacy Council-Health Literacy Initiative
Racine Unified School District

Gateway Technical College
UW-Milwaukee-School of Nursing
United Way of Racine County
Children’s Health of Wisconsin
Wheaton Franciscan Health Care Medical Group
Dr. Martin Luther King, Jr. Community Center
Foundations of Life, Inc.
Children’s Service Society of WI
WI Department of Public Health
WI Department of Workforce Development
CareNet Family Resource
Alverno College
UW-Extension
Next Generation Now
United Healthcare Community Plan
Children’s Health Community Plan
PLUS -Community Volunteers
Our Process

• Adopted 2 primary goals
  – reduce African American infant mortality by 50% in 5 years compared to 2007
  – reduce African American pre-term birth by 25% in 5 years compared to 2007

• Adopted Operating Principles

• Stage Setting Presentations
  – Dr. James Collins Jr. - *Insights into the Racial Disparity in Pregnancy Outcome: a Life-Course Perspective*
  – Dr. Sheri Johnson – *Social Determinants of Health*
Our Process

• Members of the collaborative self selected into an action team that focuses on each priority
• Determined gaps in services
• Secondary data/literature review
• *Unnatural Causes* viewed and discussed
• Collaborative met monthly for team planning and learning
• Expert Presentations were organized as requested
Our Process

- Support the Racine Kenosha Birthing Project, an evidence based service model of maternal and child health for African American women
- Site Visits
Our Process

Members with Mario Drummond and staff at Northern Manhattan Perinatal Partnership office

Members with Ilise Zimmerman and staff at the Northern New Jersey Maternal Child Health Consortium
Our Selected Priorities within the Three Point Plan

• Improving Healthcare for African American Women
  – Improve the quality of prenatal care
Our Selected Priorities

• Strengthening African American communities and families
  – Strengthen father involvement in families
  – Create reproductive social capital in African American communities
Our Selected Priorities

• Reducing allostatic load over the lifecourse
  – Reduce poverty among African American families
  – Support working mothers and families
Our Structure

Racine Lifecourse Initiative for Healthy Families

Mission
Expand and solidify the efforts that have been undertaken to address African American infant mortality and improve the health status of African American women and families in our community.

Team #1: Improving Health Care Services
Expand health care access over the life course

Team #2: Strengthening Families and Communities
Strengthen father involvement in families
Create reproductive social capital in communities
Invest in community building and urban renewal

Team #3: Addressing Social and Economic Inequities
Reduce poverty
Support working mothers and families

Team Manager & Program Assistant

All teams are comprised of community representatives, community organizations, and local and state entities.
Our Process-Community Voices

- Conducted 8 discussion groups between November 2010-December 2010
- Majority of the participants had either lost a baby themselves or knew someone who had (miscarriages, preterm births, or infant loss)
- Stressors at the workplace and instances of racism were identified
- Identified things that play a role in health (racism, safety, stress, and food)
- Identified actions/behaviors to have a healthy baby (prenatal care, seek help with anger issues, personal health, using resources appropriately, etc)
- Identified perceived factors that contribute to infant mortality (lack of support, lack of knowledge, poor sex education in schools, poor health, and single family homes)
- Feedback will help discover needs, community awareness, and dispel incorrect perceptions
Community Action Plan: The Role of the Collaborative

• Community Engagement
  – Educate community about the problem, our guiding framework, and our community response
  – Mobilize key community members and other resources for community action

• Coordination
  – Incorporate new and current initiatives aimed at improving healthy birth outcomes

• Advocacy
  – Continuously develop and promote recommendations for healthy behaviors, processes and policies
Infant Mortality Rates in Racine

Source: Wisconsin Dept. of Health Services, Division of Public Health
Our Successes

• Inspired the creation and establishment of a transportation service for pregnant women and children in Racine, Baby Express

• Faith Based Outreach

• Earned media coverage

• GIS Mapping & Racine Social Media Campaign Plan
  - Launched Facebook & Twitter Page
  - Racine LIHF Website-www.healthybabiesracine.org
UW-Parkside students provide plan to fight infant mortality

Mapping the problem of infant mortality

JANINE ANDERSON janine.anderson@journaltimes.com | Posted: Friday, December 17, 2010 6:51 pm

3 retweet

WIND POINT - People working to reduce the city's black infant mortality rate know stress contributes to poor birth outcomes, and on Friday they saw maps that showed what stressors are present in the neighborhoods with the most infant deaths.
Our Successes

- Collaborative seen as a resource
- Leveraged over $500,000 in funds for initiatives during planning phase
- Development of Community Action Plan
- Engaged over 100 partners
- Identified systems to develop
October 02, 2012 8:44 am

Racine’s rate of infant mortality is decreasing, but work remains

RACINE — In the past five years, Racine has gone from having among the highest rate of infant deaths statewide to seeing some of the most rapid improvement, and the state Department of Health Services shows the city is outpacing other high-risk areas like Milwaukee when it comes to preventin...

Baby born weighing 13.3 ounces survives

RACINE — Sitting in her living room, 3-month-old Ayana Kelley starts to fuss.

Nonprofits celebrate first birthdays, aim to ensure more of them in Racine

RACINE — One-year-old Jaquavis Canady ducked his small head under the table — and there it was.
Challenges

• Individual agendas
• Clarity regarding next steps
• Involvement of the African American community
• Staying connected; communication
Solutions

• Engaging African Americans based on their interests
• Created a collaborative newsletter to improve communication and keep the collaborative updated
• Created an “orientation” for newer members
• Created and maintain an open and transparent environment
Lessons Learned

• Relationships matter and must be nurtured
• Trust emerges through shared experience, shared work and shared commitment
• Process matters but allowing for serendipity can accelerate creativity/enthusiasm/commitment
• Patience, persistence and constancy of purpose are essential for achieving impact
• Solutions and their impact take time to emerge and achieve results
• Sustained participation generates shared ownership and demonstrates impact
• Collaborative and shared leadership matters to initiate and maintain progress and ownership
Lessons Learned

- Principles for working together defined by the group set the “rules” for the work to be undertaken
- Shared direction and priority goals unify the group
- Sense of mutual forward movement and incremental success enhance the shared experience
- Willingness to evaluate and measure progress over time is critical
- All change takes time and positive reinforcement
- Clear, unambiguous direction and tasks make a difference in creating a loose-tight relationship that leads to results
Conclusions and Observations

- The Lifecourse approach is an important framework for guiding policy and solving challenging issues such as African American Infant Mortality Disparities.
- This challenge will require many years of synergistic, innovative efforts targeting the key communities.
- Deep and sustained partnerships, along with more resources, will be essential for success.
Next Steps

• Build capacity of community partners through technical assistance provided through a Regional Program Office.

• Refine evaluation and communications strategies.

• Recruit faculty leader(s) to build maternal and child health capacity within UW SMPH.
Fall Webinar Series Archived and Available!

- City MatCH, AMCHP and National Healthy Start Association – Partnership to Eliminate Disparities in Infant Mortality
- Addressing Racism’s Impact on Women’s and infant’s Health: Lessons Learned from the Racial Healing Projects in Tennessee
- Connecting Women with Health Care in the South: Overcoming Challenges and Leading the Way
- And today’s webinar

See website to access for free
Every Woman Southeast is a coalition of leaders and agencies from nine states working together to build a multi-state, multi-layered partnership to improve the health of women and infants in the south.

Upcoming Webinar - Linked by Life: Building MCH Life Course ORganizations Inside Health Depts to Improve Women's Health

This webinar will take place on September 20, 2013 from 3:30-4:30pm EST. The webinar will illustrate how health departments are putting life course theory into practice by implementing internal...
The YouToons Get Ready for Obamacare

Written and produced by the Henry J. Kaiser Family Foundation (KFF) and narrated by Charlie Gibson, former anchor of ABC’s World News, the YouToons video describes the Affordable Care Act in a very engaging and easy to understand format. For more on health reform from the KFF, including an interactive subsidy calculator and other consumer tools, please click here.

AMCHP’s Who Will Be Covered for What in 2014? Guide to the ACA

The Association of Maternal and Child Health Programs has put together an overview of the projected public and private insurance coverage and essential health benefits for women.

This Month: Affordable Care Act

It's finally here! As of today, October 1, 2013, people can choose new insurance options through the Health Insurance Marketplace. While there is a lot of worry across the country about health care reform, in truth, there have already been some major changes that are improving the lives of millions of Americans. No longer can women be charged higher premiums because they are female. No one can be denied coverage if they have a pre-existing condition. And there are no more lifetime caps on spending. We have the opportunity to help make history by putting our energy into making health care reform happen successfully in our country. Read on to learn more about the Health Insurance Marketplace, how to spread the word about upcoming changes, as well as promising initiatives in the field. Thank you for your commitment to be change agents for women, children, and families this fall!

Women and Health Reform: What’s Next?

By Kay Johnson

Passed three years ago, the Affordable Care Act (ACA) has already been recognized as one of the most important health care reform efforts in the United States since Medicare and Medicaid in 1965. It is a historic accomplishment that will result in improved access to health care, insurance affordability, and improved health outcomes for millions of Americans.
Thank you!!

Contact:

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