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

Healthy Babies  
Healthy Start  
In Kalamazoo, Michigan
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-

<table>
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</thead>
<tbody>
<tr>
<td>black</td>
<td>9.8</td>
<td>13.2</td>
<td>14.0</td>
<td>20.8</td>
<td>19.5</td>
<td>18.0</td>
<td>16.1</td>
<td>16.7</td>
<td>16.7</td>
<td>19.2</td>
<td>19.5</td>
<td>18.1</td>
<td>17.4</td>
<td>15.5</td>
<td>14.2</td>
<td>15.5</td>
<td>15.5</td>
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<tr>
<td>white</td>
<td>7.0</td>
<td>6.5</td>
<td>7.2</td>
<td>8.6</td>
<td>8.5</td>
<td>6.4</td>
<td>5.4</td>
<td>4.7</td>
<td>5.0</td>
<td>4.7</td>
<td>5.4</td>
<td>5.7</td>
<td>4.8</td>
<td>3.9</td>
<td>3.9</td>
<td>4.7</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Note: The black line represents black infant mortality rates, and the white line represents white infant mortality rates. The graph shows a significant difference in mortality rates between black and white populations, with a ratio of 4.1X.
KEY CONTRIBUTORS TO RACIAL DISPARITIES IN KALAMAZOO
Overlap between Race and Poverty
-2010 to 2014-

**BIRTHS**
- Poor
- Black

- 75.9% of Black women giving birth are poor

**DEATHS**
- Black
- Poor

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

Poverty 2.0X↑ + Black Race 1.7X↑

...but what kind of risk?

...and does it vary?

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

- 500-1499 g
- 1500+ g

Infant birth weight
Perinatal Periods of Risk (PPOR)

Fetal  Neonatal  Post neonatal

500-14 99 g

1500+ g

Age at death
Perinatal Periods of Risk (PPOR)

Fetal  Neonatal  Post neonatal

- Maternal Preconceptional/ Prenatal Health
- Maternal Care
- Newborn Care
- Infant Health

500-14 99 g

1500+ g
Perinatal Periods of Risk (PPOR)

Fetal

500-1499 g

Maternal Preconceptional/ Prenatal Health

Prenatal Care, Referral System, High Risk OB Care, etc

Postneonatal

1500+ g

Maternal Care

Newborn Care

Infant Health

Unintended pregnancy, Prenatal Smoking, Stress, etc

Sleep-Related, Injury Prevention, etc

Prenatal Care, Referral System, High Risk OB Care, etc

Perinatal Management, Perinatal System, Pediatric Surgery, etc
“Excess Mortality”
BLACK RACE
PPOR (2003-2012)
Excess Mortality: Black Women

<table>
<thead>
<tr>
<th>Black women</th>
<th>Reference*</th>
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<tbody>
<tr>
<td>15.2 IMR</td>
<td>4.2 IMR</td>
</tr>
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*REFERENCE: White, non-Hispanic women, age 20+, with 13+ years of education
PPOR (2003-2012)
Excess Mortality: Black Women

\[
\begin{array}{c}
\text{Black women} & 15.2 \text{ IMR} \\
\text{Reference} & 4.2 \text{ IMR} \\
\end{array}
\]

= 11.0 IMR
11.0 IMR Excess

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

# 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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| MATERNAL HEALTH: |                   |                                 |   |
|------------------|                   |                                 |   |

| PRIOR PRETERM DELIVERY |                   |                                 |   |
|------------------------|                   |                                 |   |

| PRENATAL CARE |                   |                                 |   |
|---------------|                   |                                 |   |

| PRENATAL SMOKING |                   |                                 |   |
|------------------|                   |                                 |   |

| DELIVERY COMPLICATIONS: |                   |                                 |   |
|-------------------------|                   |                                 |   |

* Each predictor adjusted for income (Medicaid-paid delivery or not)
## Predictors of Premature Delivery (<37 weeks gestation)
### Black Women, Kalamazoo County, 2008-2012 (N=2,720)

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<td><strong>MATERNAL DEMOGRAPHICS:</strong></td>
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<td>22.8% (620)</td>
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<td>.292</td>
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<td>&lt; High School education</td>
<td>25.1% (683)</td>
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<td>1.12</td>
<td>.362</td>
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<td><strong>DELIVERY COMPLICATIONS:</strong></td>
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| PRIOR PRETERM DELIVERY                    | 6.4% (174)       | 4.44                           | <.001 |

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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**

<table>
<thead>
<tr>
<th>Race</th>
<th>Estimated Births</th>
<th>Estimated Deaths</th>
<th>Estimated Rate (#) per 1,000 Births</th>
</tr>
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<td>White-Only</td>
<td>(est 14,506)</td>
<td>(55)</td>
<td>3.8</td>
</tr>
<tr>
<td>Infants of Color</td>
<td>(est 4,227)</td>
<td>(66)</td>
<td>15.6</td>
</tr>
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*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 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 Dying from Different Causes Depending upon Race/Ethnicity and Income

-Top 2 Causes of Death-

**Infants of Color**
- Prematurity (67%)
- Cong. Anom. (25%)

**White**
- Prematurity (39%)
- Unsafe-sleep (23%)

• 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
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
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:
## Kalamazoo County Fetal & Infant Deaths

<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><strong>2014</strong></td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td><strong>2016</strong></td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>2017</strong></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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</table>

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

**Goals:**
- Review individual cases,
- Identify system gaps,
- Draft recommendations

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

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

**Led by:**

**Members:**
- Institutional administrators
- Community leaders
- Government
- Funders

**Goals:**
- Synthesize data,
- Prioritize issues,
- Take action

**Member Responsibilities:**
- Leverage institutional resources
- Focus on community realities
- Commit to collective impact
- Data driven, Evidence based action
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<th>RECURRING PROBLEMS</th>
<th>RECOMMENDATIONS</th>
<th>ACTIONS</th>
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| **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

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<th>RECOMMENDATIONS</th>
<th>ACTIONS</th>
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| 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 |
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
FATHERHOOD NETWORK
Supporting Fathers in Kalamazoo.

Healthy Babies
Healthy Start

FATHERHOOD NETWORK
Supporting Fathers in Kalamazoo.

Healthy Babies
Healthy Start

SUPPORTING FATHERS
strengthens our community.

Healthy Babies
Healthy Start

FATHERHOOD NETWORK
BARBER SHOP
TALK

EPISODE 1

MANE ATTRACTION
HAIR • NAILS • FACIALS • MASSAGE

FATHERHOOD NETWORK

Healthy Babies Healthy Start
In Kalamazoo, Michigan

EPISODE 1

WEDNESDAY JANUARY 18TH 2016
4250 W. MAIN KALAMAZOO MI
7:00PM-8:30PM

7:00PM WELCOME & INTRODUCTIONS
7:15PM DISCUSSION GUIDELINES
7:15PM BARBERSHOP TALK
8:20PM WRAP UP
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 bySteve Love

Featuring

Thursday, February 20, 2014
4:30pm - 6:30pm
at the United Way Building
799 S. Westnedge Ave Kalamazoo, MI 49007

Call (269) 373-6275 with Questions

Healthy Babies
Healthy Start

Community Action Agency
Health & Human Services

In celebration of Kalamazoo's first-ever Fatherhood Conference, this event is designed to raise awareness and support for fathers and their families. The conference will feature workshops, panel discussions, and networking opportunities to explore the role of fathers in today's society. For more information, please call (269) 373-6275.
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.

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.
**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>Community Systems</th>
<th>Economic Development</th>
<th>Health Systems</th>
<th>Education &amp; Early Care</th>
<th>Infrastructure/Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase social cohesion (living wage, food, and shelter)</td>
<td>Build a steady and robust local economy and increase asset and human capital formation</td>
<td>Increase women’s health (both adult and child)</td>
<td>Increase child academic success</td>
<td>Strengthen collective impact (e.g., shared measurement, mutually reinforcing activities, common agenda, backbone organization)</td>
</tr>
<tr>
<td>Increase community ownership of Best Babies Zone projects</td>
<td>Increase loan availability and access to capital for early childhood development initiatives</td>
<td>Reduce premature births</td>
<td>Increase infant and child health care access</td>
<td>Accelerate successful development and spread of BBZ across the U.S.</td>
</tr>
<tr>
<td>Increase residential stability</td>
<td>Increase and improve employment opportunities</td>
<td>Reduce infant mortality</td>
<td>Increase overall health care access across the lifespan</td>
<td></td>
</tr>
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**LONG-TERM OUTCOMES (7-10 YEARS)**

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<td>Increase supportive family interactions and social support for families (including other involvement)</td>
<td>Increase access and referrals to early childhood programs</td>
<td>Increase access to medical home (adult and child)</td>
<td>Increase perinatal involvement with child development</td>
<td>Increase inter-sectoral collaboration</td>
</tr>
<tr>
<td>Increase community engagement</td>
<td>Increase access and referral to child care and supportive services</td>
<td>Increase insurance coverage (pre- and post-partum)</td>
<td>Improve access to child care and preschool</td>
<td>Increase shared knowledge and exchange of ideas for implementation, innovation, and evaluation</td>
</tr>
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<td>Increase safety of parks and neighborhoods</td>
<td>Increase access to affordable housing</td>
<td>Increase early childhood care and education</td>
<td>Increase daily reading to children 0-2</td>
<td>Increase understanding of systems change concepts through collaborative improvement and innovation at each site</td>
</tr>
<tr>
<td>Increase access to affordable housing</td>
<td>Reduce experiences of racism and discrimination</td>
<td>Increase breastfeeding initiation rates</td>
<td>Increase access to children’s books</td>
<td></td>
</tr>
</tbody>
</table>

**MID-TERM OUTCOMES (5-7 YEARS)**

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

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</thead>
<tbody>
<tr>
<td>Increase community networking, civic engagement, local identity, trust, and sense of solidarity and equity</td>
<td>Increase access to quality reproductive services, home visits, and screenings</td>
<td>Increase awareness and use of community services in BBZ</td>
<td>Increase inter-sectoral collaboration</td>
<td></td>
</tr>
<tr>
<td>Increase access to parenting workshops and parent education</td>
<td>Increase awareness of and use of community services in BBZ</td>
<td>Increase awareness and use of community services in BBZ</td>
<td>Increase inter-sectoral collaboration</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**Note:**

- Item is site-specific
- Outcome is key indicator of progress towards reducing infant mortality.
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
Infant Mortality: WHITE GLOVE TEST

...an indicator of how well a community is taking care of its most vulnerable citizens

...high infant mortality is considered the tip of an iceberg
19 infant deaths in Kalamazoo County, 2015
Cradle Kalamazoo Strategic Objectives

Upstream (root cause)....

...Downstream (most obvious cause)

CULTURE/VALUE
Ensure Cultural Competency of Cradle programs, providers and the community at large
Cultural Competency Subcommittee

Jax Lee Gardner
Arcus Center for Social Justice Leadership

• Develop and implement culturally competent policies throughout the Cradle Kalamazoo initiative

• Develop anti-racism training with an emphasis on health disparities and infant mortality

• Support and engage the community to champion Cradle Kalamazoo efforts
Cradle Kalamazoo Strategic Objectives

Upstream (root cause)....

...Downstream (most obvious cause)

CULTURE/VALUE
Ensure Cultural Competency of Cradle programs, providers and the community at large

COORDINATED SERVICES
Build a perinatal network to identify, enroll & retain pregnant women & mothers into home visitation programs
Home Visitation Subcommittee

Terra Bautista
Healthy Babies Healthy Start

• Building a Home Visitation Network
  – Standardized Triage Process (269-224-BABY)
  – Integrated Care and Case Management
  – Data Driven Process
Upstream (root cause)…

Downstream (most obvious cause)

**CULTURE/VALUE**
Ensure Cultural Competency of Cradle programs, providers and the community at large

**COORDINATED SERVICES**
Build a perinatal network to identify, enroll & retain pregnant women & mothers into home visitation programs

**PREVENTION**
Promote reproductive health education for the prevention of unintended & rapid repeat pregnancies
Reproductive Health Subcommittee

Jan Werbinski
Sex and Gender Women’s Health Collaborative

- Designing and implementing reproductive health education trainings and events
Cradle Kalamazoo Strategic Objectives

Upstream (root cause)....

...Downstream (most obvious cause)

CULTURE/VALUE
Ensure Cultural Competency of Cradle programs, providers and the community at large

COORDINATED SERVICES
Build a perinatal network to identify, enroll & retain pregnant women & mothers into home visitation programs

PREVENTION
Promote reproductive health education for the prevention of unintended & rapid repeat pregnancies

INTERVENTION
Promote safer infant sleep practices
Safe Sleep Subcommittee
Cheryl Dickson
WMU Homer Stryker M.D. School of Medicine

• Designing and implementing safe sleep education trainings and events

• Planning and implementing safe sleep policy interventions

• ABCs of Safe sleep – Alone, Back, Crib