

Conferences that Inspire Solutions



Changing Perceptions. Improving Reality.

Reducing African American Infant Mortality in Racine

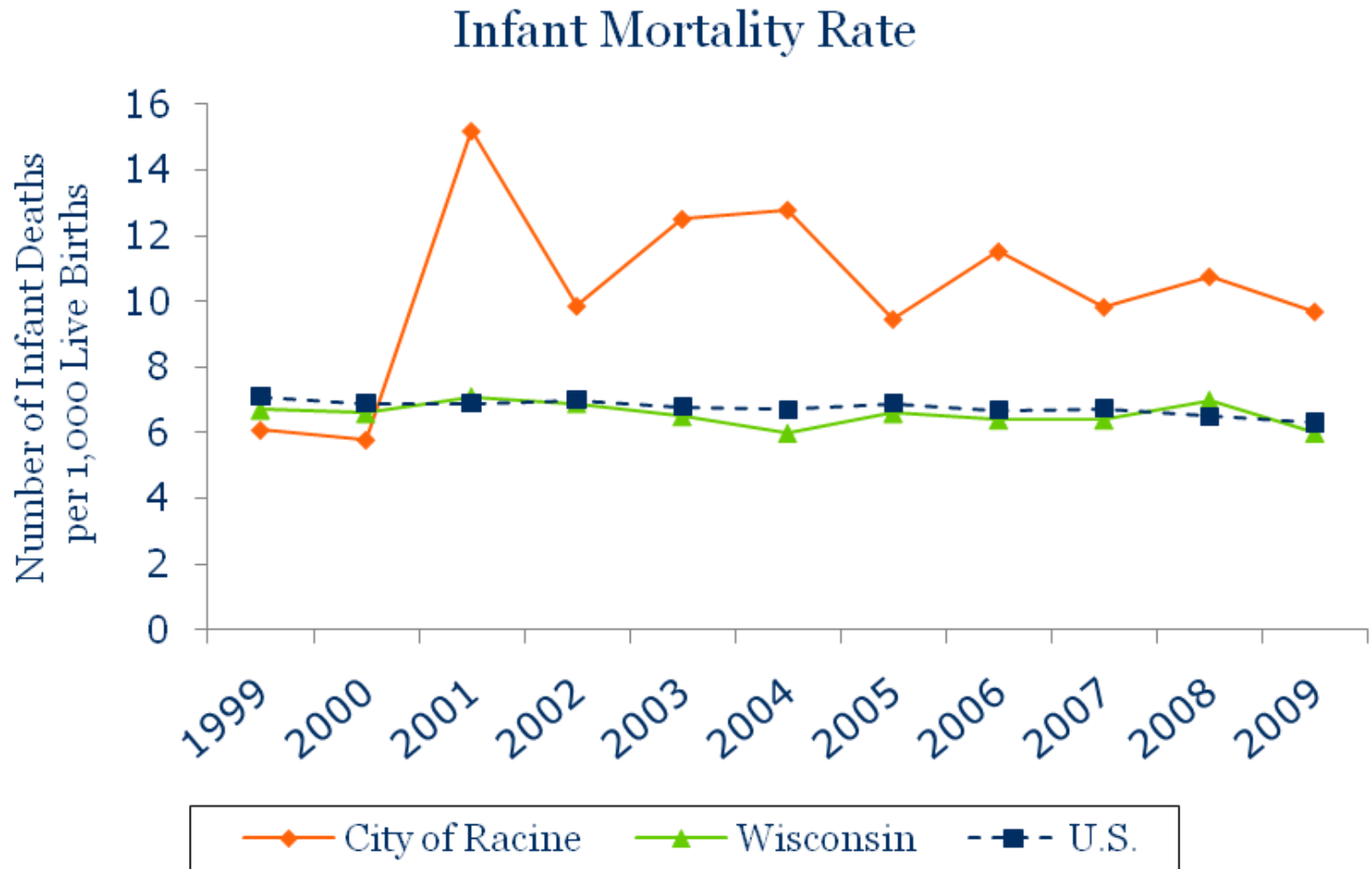
Presented by: The Greater Racine Collaborative for Healthy Birth Outcomes
June 23, 2011

Infant Mortality

- Death of a baby before it's first year of life
- Infant mortality “rate”
 - the number of infant deaths per 1,000 live births
- Racine rates higher than U.S. and Wisconsin averages
- African Americans experience much higher rates than other races



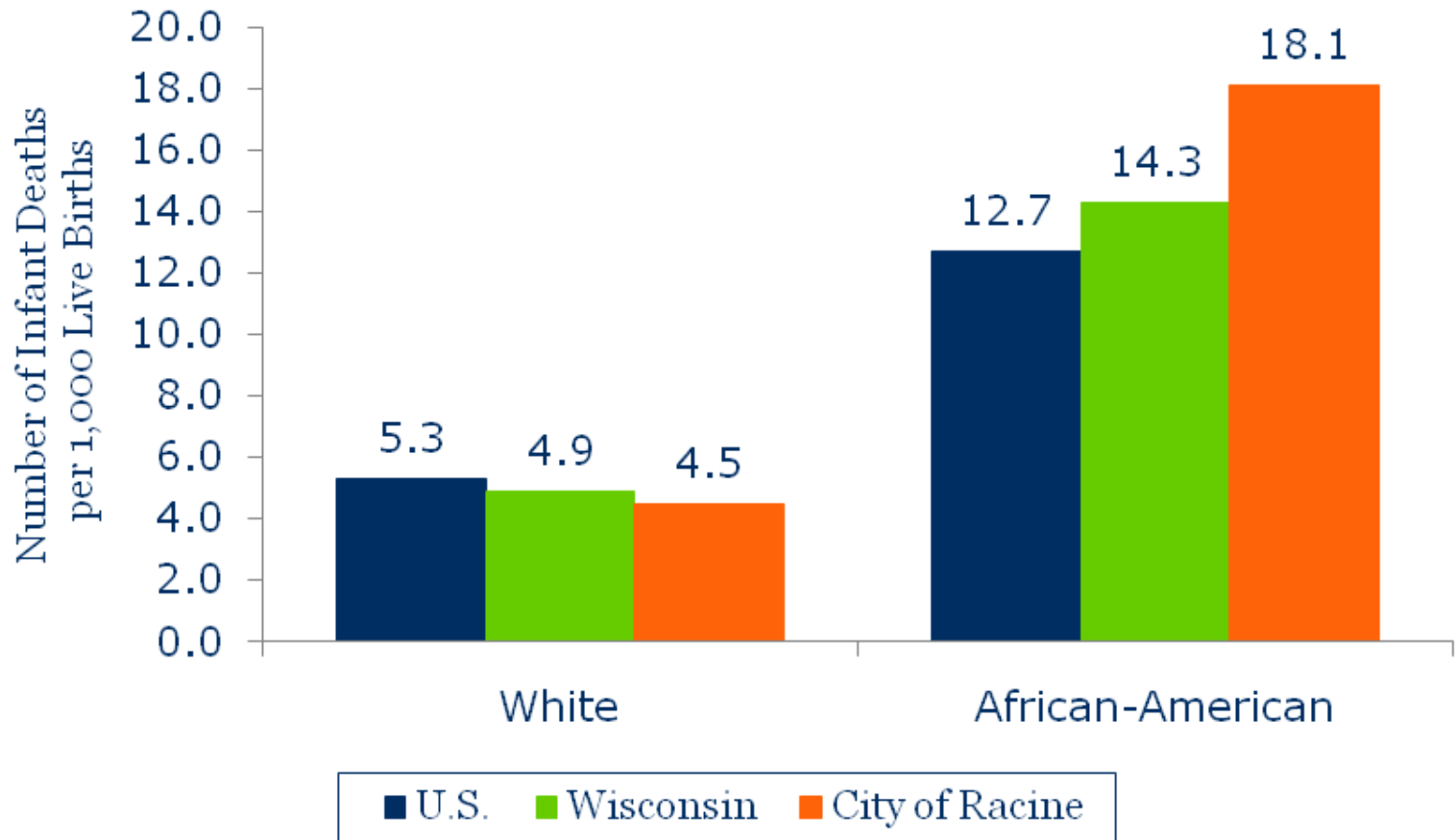
A Local Crisis



Source: Wisconsin Department of Health Services. Wisconsin Interactive Statistics on Health

Unacceptable Disparities

2009 Infant Mortality Rates



Source: Wisconsin Department of Health Services. Wisconsin Interactive Statistics on Health

Leading Causes of Infant Mortality

- Preterm birth/low birth weight
- Chorioamnionitis
- Sudden Infant Death Syndrome (SIDS)

The Benefits of Prevention

- Reduced economic costs

Normal, full-term delivery	\$3,514
Pre-term baby	\$51,600 over first few years
Very low birth weight baby	\$164,257 over first year

- Reduced emotional costs

- Reduced social costs

Sources:

Wisconsin DHFS Response to Legislative Council Special Committee on Infant Mortality (November 5, 2010)

Institute of Medicine's July 2006 Report Brief on Preterm Birth Costs

What Are the Underlying Causes?

- Complex inter-play of biological, social, environmental, and emotional issues
- Typical assumptions
 - Age
 - Education
 - Prenatal Care
 - Economic Status
 - Genetics

What's Really Happening

- Differing racial/ethnic experiences:
 - During pregnancy
 - Across the life span
- Issues related to:
 - Health care access, services and quality
 - Social support
 - Adverse environments
 - Life-long exposure to chronic stress

The Role of Stress

- Adverse situations create “fight or flight” response releasing cortisol
- Chronic stress creates cortisol buildup
- Buildup leads to:
 - Diabetes
 - Heart disease
 - High blood pressure
 - Early labor
 - Fetal infection
- Carries across generations



Bottom Line

- African American infant mortality rates are due to a complex inter-play of biological, social, environmental, and emotional issues
- Factors operate over a lifetime
- No one community program or service can solve the problem

Our Response: A Community Collaborative

- Convened a diverse group of stakeholders to address this alarming problem, 80+ members representing all areas of the issue:
 - Health, human service, education and community organizations
 - Faith-based organizations
 - Insurance representatives
 - African-American community members
- Engaged in partnership with WPP

Five-Year Collaborative Goals (Compared to 2007)

- Reduce African American fetal and infant deaths by 50 percent
- Reduce, by 25 percent, the incidence of primary causes of infant mortality including premature and low/very low birth weights for African Americans



Our Collaborative Process: Our Approach

- Adopted the Lifecourse approach to a lifecourse problem
- Identified key areas for intervention:
 1. Improve health care services
 2. Strengthen families and communities
 3. Address social and economic inequities
- Formed 3 teams of collaborative members
- Established measures of success

Adapted from Lu, et.al.'s (2010) 12-point plan

Our Collaborative Process: Shaping our Recommendations

- Understanding the issue and Racine
 - Called on national experts and researchers
 - Reviewed and conducted community assessments
 - Utilized mapping technology
 - Solicited feedback from the community and medical providers
- Planning a response
 - Searched for and identified evidence-based models and promising practices that address our unique, community needs
 - Identified opportunities for systems and policy-level change

Collaborative Recommendations: A Community Action Plan

- Promote systems and community level change
- Build on established models
 - Implement or expand identified evidence-based and promising practice models
- Address key policy strategies
- Measure success

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

Community Action Plan: Improving Health Care Services

- Expand/implement the following models:
 - *Birthing Project U.S.A.: Sister/Friends*
 - *Centering Pregnancy*
 - *Health Leads*
 - *Prenatal Care Coordination and Home Visitation*
- Continuous learning: Fetal and Infant Mortality Review

Community Action Plan: Strengthening Families and Communities

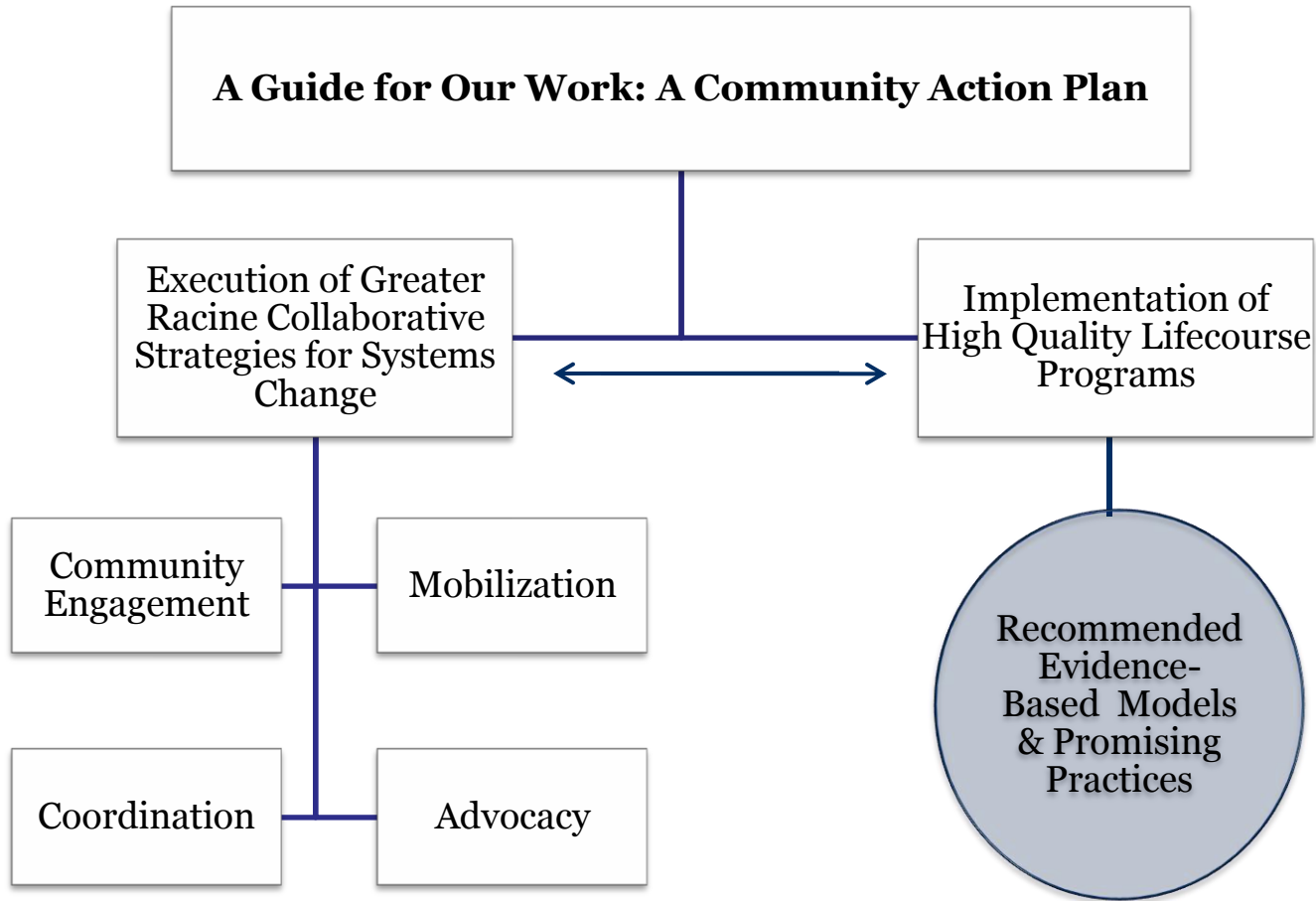
- Expand/implement the following models:
 - *Nurturing Fathers*
 - *Northern Manhattan Perinatal Partnership*



Community Action Plan: Social and Economic Inequities

- Expand/implement the following models:
 - *Mary Center-Carrera Program*
 - *Baby F.A.S.T.*
 - *Irvington Family Success Center*

A Visual “Snapshot” of Our Response



Priorities for 2011-2012

- Continue collaborative work
- Expand and implement these priority projects:
 - *Birth Project U.S.A.: Sister/Friends*
 - *Prenatal Care Coordination and Healthy Families America*
 - *Nurturing Fathers*
 - *Mary Center-Carrera Program*
- Initiate Fetal and Infant Mortality Review (FIMR) Process

Priorities for 2013

- Expand and implement:
 - *Centering Pregnancy*
 - *Health Leads*
 - *Northern Manhattan Perinatal Partnership*
 - *Baby F.A.S.T.* to include families east of I-94
 - *Family Success Center*



Evaluating our Success

1. Impact of the individual implementation projects
2. Impact of the Collaborative
3. Population-level change



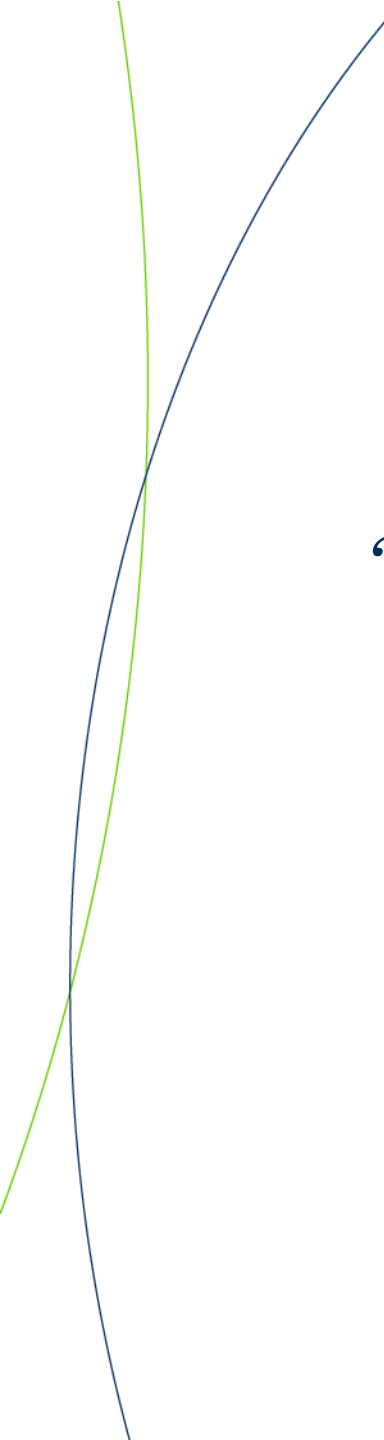
What Will Success Mean for Our Community?

- Healthier children, ready to succeed
- Stronger, healthier families
- Thriving community

What is Needed for Success

- Continued engagement and support by the Wisconsin Partnership Program: Lifecourse Initiative for Healthy Families
- Mobilizing local resources (like you!)
 - Volunteers
 - Funding
 - Community support/advocacy





*“If you want to go quickly, go alone.
If you want to go far, go together.”*
-African Proverb



A better Racine in sight.

Together we can make a difference.

HealthyBabiesRacine.org



LINF

**THE LIFECOURSE INITIATIVE
for HEALTHY FAMILIES**

Supporting Healthy Progresses for Healthy Babies

Project of the Wisconsin Partnership Program
University of Wisconsin School of Medicine and Public Health