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 its 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

Infant Mortality Rate

Number of Infant Deaths per 1,000 Live Births

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

2009 Infant Mortality Rates

Number of Infant Deaths per 1,000 Live Births

- **White**
  - U.S.: 5.3
  - Wisconsin: 4.9
  - City of Racine: 4.5

- **African-American**
  - U.S.: 12.7
  - Wisconsin: 14.3
  - City of Racine: 18.1

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**

<table>
<thead>
<tr>
<th>Normal, full-term delivery</th>
<th>$3,514</th>
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<tbody>
<tr>
<td>Pre-term baby</td>
<td>$51,600 over first few years</td>
</tr>
<tr>
<td>Very low birth weight baby</td>
<td>$164,257 over first year</td>
</tr>
</tbody>
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• **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


Execution of Greater Racine Collaborative Strategies for Systems Change

Implementation of High Quality Lifecourse Programs

Community Engagement
Mobilization
Coordination
Advocacy

Recommended Evidence-Based Models & Promising Practices
Priorities for 2011-2012

• Continue collaborative work
• Expand and implement these priority projects:
  • *Birthing 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