Updates on Worcester’s Infant Mortality Reduction Work

September 7, 2018
Infant Mortality Summit
Sara Shields, MD
Chair, Worcester Healthy Baby Collaborative
With Gratitude

• City Hall
• Worcester DPH
• March of Dimes
• Cathy Violette
• Students working on Baby Box
  – Umass Remillard Foundation
Participants

• City Manager/Mayor/City Councilor
• UMass Office of Community Benefits
• UMass Family Medicine (Preventive Medicine), Ob-gyn, and NICU
• Worcester DPH
• Massachusetts DPH
• Community Agencies: Worcester, Springfield
• Other?
Agenda

• Introductory Presentations
  – WHBC
  – The Community
  – The Evidence about Home Visiting
  – The Fourth Trimester
• State Updates
  – Bureau of Family Health and Nutrition
  – Home Visiting Programs
• Community Examples
  – Somerville
  – Worcester
• Lunch: small group topic tables ➔ action steps
• Debriefing
• WHBC Business Meeting 2-3pm
5th Annual Infant Mortality Summit

• 2014—Westboro at MOD offices
  – Best Practices: Boston PHC, Springfield Project Baby, WHBC

• 2015—with CoIIN (Waltham)
  – National Program: Collaborative Improvement and Innovation Network for IM

• 2016—Community Healthy Baby Forum

• 2017—Summit at Worcester City Hall
Background

The Worcester Infant Mortality Reduction Task Force (WIMRTF) was formed fall 1998 as a volunteer coalition of community programs, the public health service, and healthcare providers to address rising infant mortality rates (IMR), particularly in the African immigrant population.
Something to celebrate!
Why We Can’t Rest on Our Laurels

• Risk factors for poor birth outcomes remain
• “Social determinants of health”
  – Poverty (and increasing inequality)
  – Housing costs/availability
  – Racism persists (refugees & immigrants)
• Community engagement is still critical
Infant Mortality Rate by Zip Code, Worcester 2004-08

**IMR by Zip Code**

**ZIP Code Areas**

<table>
<thead>
<tr>
<th>IMRzip</th>
<th>Description</th>
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<tbody>
<tr>
<td>none</td>
<td>0.00 (Suppressed)</td>
</tr>
<tr>
<td></td>
<td>0.01 - 6.51 per 1,000 live births</td>
</tr>
<tr>
<td></td>
<td>6.52 - 8.29 per 1,000 live births</td>
</tr>
<tr>
<td></td>
<td>8.30 - 9.67 per 1,000 live births</td>
</tr>
<tr>
<td></td>
<td>9.68 - 11.76 per 1,000 live births</td>
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**Towns**

- Interstate
- Coast

The Getis-Ord statistic or hotspot map displays areas of statistically significant hot or cold spots. In other words, parts of Worcester that have high or low amounts of infant deaths that are surrounded by areas of similarly high or low values. P-values and Z-scores are used to determine bins of confidence levels. In other words, the probability that these hotspots are actually occurring in space and are not due to random chance.

Data obtained from the Worcester Division of Public Health
Map made by Edward Peluso
Public Health and History Lesson: Racism Matters

Focus Groups

• 2003: Ghanaian women (J Rich Edwards)
  – fear of and dissatisfaction with the health care system in Worcester
  – a widespread perception of racism within the health care community in the city

• 2003-4: African American women
  – Similar themes; less of a local community

• 2005: Recently immigrated African women
  – Rosemary Theroux (Umass GSN)
  – Work, diet, traditional practices; churches

• Today: understanding implicit bias, unconscious bias, impact of longstanding racism across generations
Public Health and History Lesson #5: Go to the Community

Nhyira Ba Model

• Locally adapting March of Dimes “Blessed Baby” curriculum

• “by the community and for the community”, engaging collaboratively with the local community

• Students and professors linked us with local Ghanaian leaders, who encouraged a positive message rather than “mortality”

• Collaboratively created culturally and linguistically appropriate social media sites, educational pamphlets, and videos about prenatal nutrition
Recommendations to City Council Across the Years

2007
• Public education campaign
• Case management
• Encourage learning about other cultures and valuing differences
• Address racial and ethnic disparities

2013
• Health education outreach to underserved communities
• Address the issues of perceived institutional racism and lack of trust in the health care system by immigrant communities.
• Advocate at state level to expand case management in Worcester for programs like the Maternal, Infant, and Early Childhood Home Visiting program.
• Improved data access to inform policies in Worcester regarding prenatal care to refugees and immigrants.

2016
• Support opportunities for anti-racism trainings and adoption of culturally and linguistically appropriate community services.
• Advocate for funding:
  ➢ For Worcester's community health programs and agencies to receive Maternal/Child Health funding and postpartum depression funding at state level.
  ➢ For Worcester's community health programs and agencies to receive funding for MA Healthy Families program.
  ➢ For EITC expansion
WHBC 2017-2018

• December 2017 Strategic Planning
  – Short term goals
    • Restructuring ➔ membership definitions, governance
    • Data ➔ further deep dive ➔ Dr Alker, MOD donor
    • Baby Box ➔ distribution day, ongoing work
    • FIMR ➔ state legislation support, June meeting
  – Longer term goals
    • Home visiting program ➔ can we expand
Our Mission

The Worcester Healthy Baby Collaborative is a passionate and diverse coalition of Maternal and Child Health Professionals and Community Leaders who seek to improve health outcomes for babies and their families – by engaging and working collaboratively with community to reduce health inequities – so that Worcester’s infant mortality rate is decreased and every baby and family have the opportunity to thrive and prosper.
Our Values

We value:

• Passion for our work
• Interdisciplinary partnership
• (By/Of/For) community engagement
• Addressing and improving health equity
• Gathering and analyzing data
Worcester Healthy Baby Collaborative

Homepage for the Worcester Healthy Baby Collaborative located in Worcester, MA