# A Brief (& Incomplete) History of Worcester's Infant Mortality Reduction Work

September 22, 2017
Infant Mortality Summit
Sara Shields, MD



#### **Background**

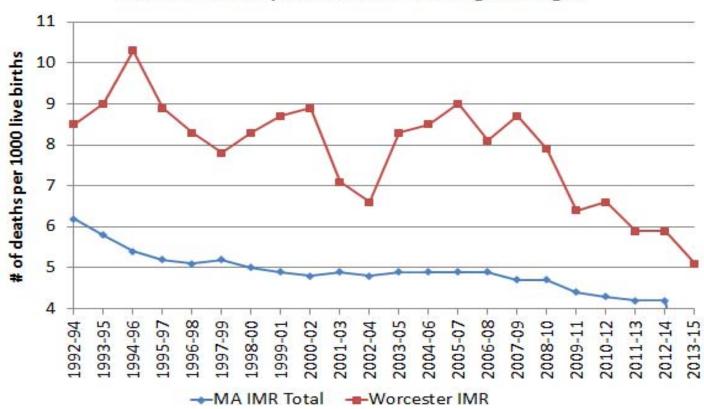
The Worcester Infant
Mortality Reduction Task Force
(WIMRTF) was formed fall 1998
as a volunteer coalition of
community programs, the public
health service, and healthcare
providers to address rising infant
mortality rates (IMR), particularly
in the African immigrant
population.

### From our 2016 Report



Worcester has higher infant mortality rates than similar cities in Massachusetts

#### Infant Mortality Rate 3-Year Rolling Averages



# Public Health and History Lesson #1: Timely Data Matters

#### **Collaborate: WHSI**

From 2000-2012, the
Worcester Healthy Start Initiative
(WHSI)
offered case management
to Worcester's
neediest pregnant women
and families for up to two

years' postpartum.



Funded by grant from federal DDHS's HRSA's Maternal/Child Health Bureau

Participants in WHSI had lower IMR than non-participants

Working with the Worcester Healthy Start Initiative (WHSI), WIMRTF sponsored biannual community education seminars.

wimker also produced radio public service announcements about perinatal and infant health in both English and Spanish.

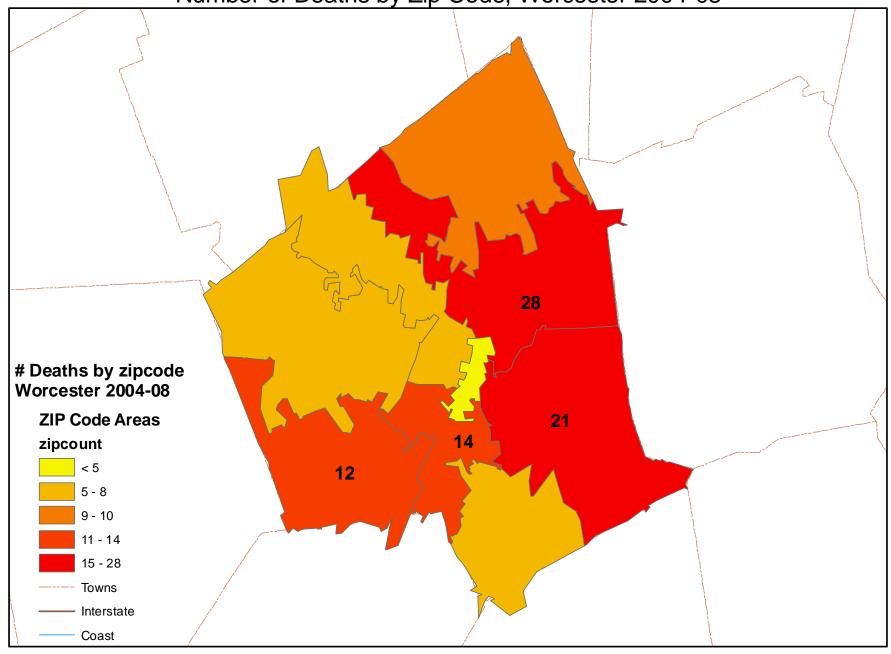
# Public Health and History Lesson #2: It's Not Just Medical

**Research: Geo-Coding** 

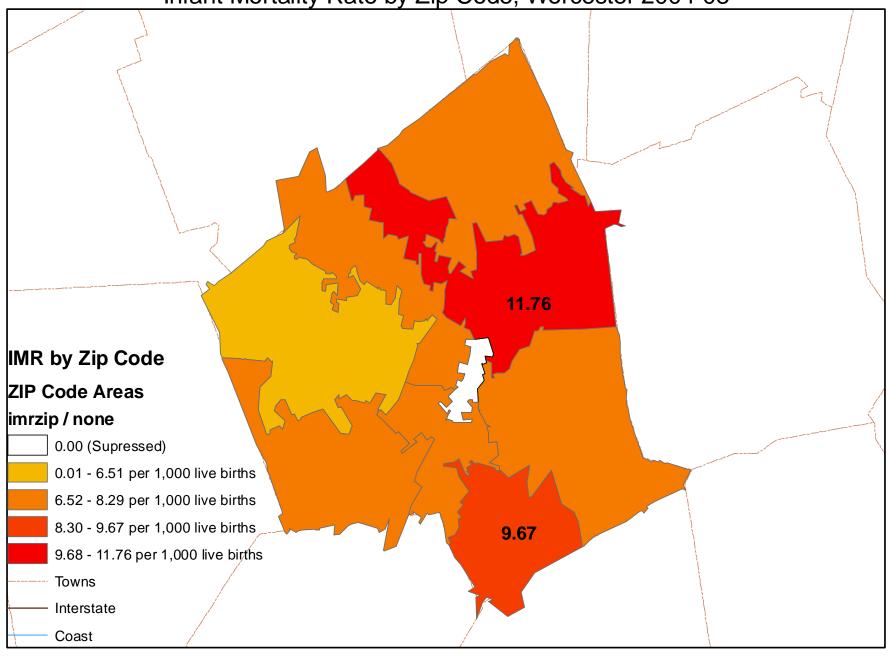
Mark Hayward, Clark U 2001 1990 Census & IM data 87-97

Certain areas: clusters
No concrete correlations

Number of Deaths by Zip Code, Worcester 2004-08



Infant Mortality Rate by Zip Code, Worcester 2004-08



Public Health & History Lesson #3: Place Matters

### **Community**

- Focus Groups
- Meetings in Churches

## **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

# Public Health and History Lesson #4: Racism Matters

## 2011: Honey Child curriculum efforts

- "WIMRTF aims to develop a curriculum that not only covers the major tenets of perinatal health, but also one that provides an orientation to the health care system in Worcester, educates about where to find help navigating the system, and *empowers* individuals to be their own advocates
- An important part of the curriculum will be educating about how to file a complaint in the different health care settings in the city
- WIMRTF wants to give a voice to women who have been victimized by racism
- **Empowering women to expose racist behavior** in the health care system is an important first step in tackling the problem
- For too long women in Worcester have expected and accepted racism as a part of the fabric of health care in Worcester and have avoided seeking timely care as a result."

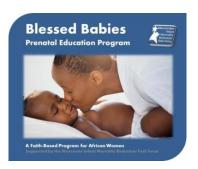




- MOD collaboration c. 2010
- Chair of group, with administrative support
- WHBC: name change 2012
  - Focus on education
- Blessed Baby curriculum development
  - Based on "Honey Child" from MOD in Texas
  - Adapted for African immigrant families



# The 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
- These leaders encouraged us to focus on a positive message rather than "mortality"
- With these leaders, students and WHBC members created culturally and linguistically appropriate social media sites, educational pamphlets, and videos about prenatal nutrition

# "By the community, for the community..."



# **Community Quilts**



With special thanks to WHBC Vice Chair Cathy Violette, MSN, WHNP-BC, AWHC-RNC and her team of quilters



# Public Health and History Lesson #5: Go to the Community

### Worcester Infant Mortality Task Force 2001-2011

#### Monitor

- Review infant mortality data yearly (D. Magee)
- Worcester Infant Mortality Assessment Project (WIMAP): BCBS Foundation/ MA DPH

#### Research

- Focus Groups (clay; herbal meds; racial discrimination); 2001, 2002, 2010
- 2007-2009: Structured Interviews
- SNP (genetic) analysis
- DPH Grant (Town Forums) Perceived discrimination; cultural insensitivity
- Chart Review of all W, B, & H Premature Births (Moore Simas, Johnson, Felice, Magee in progress).
- Ghana Visit: To learn from Ghanaian experts

#### Educate

- City-wide community education program
- UMass Interdisciplinary Course for nursing & medical students (R. Theroux and T. Moore Simas)

#### Share knowledge

 Regular meetings of Infant Mortality Task Force with information exchange among medical and social services organizations

#### Case Manage

 Worcester Healthy Start Initiative (Edward M. Kennedy Community Health Center); since 1998; Case Management & Community meetings

Source: Marianne Felice, MD Task Force chair

#### Retreat 2008

Umass Memorial cosponsored a day-long retreat for the WIMRTF in 2008 where we developed mission, vision and values statements and a strategic plan

The mission of the Worcester Infant Mortality Reduction Task Force is to define the causes of and promote efforts To decrease infant mortality in Worcester.

#### **WIMRTF Vision Statement:**

As a diverse, volunteer collaborative, we will engage and coordinate the Worcester community in a shared effort to insure that all babies are healthy in our city.

### December 2015 "Reinvention"



# Other Reinvention Concepts



- Community
   Collaborative
- DescribeFunctions/InviteMembers
- Business Plan
- Organizational Structure
- Goals/Mission
- Revenue/Expens es

# Public Health and History Lesson #6: Strategic Planning

## Reports to City Council

• 2007: Dr Felice

• 2013: Dr Shields et.al.

• 2016: City Manager's Report

# Worcester Infant Mortality Task Force Recommendations to City Council 2007

- Public education campaign to improve population Health: healthy diets, exercise, weight control, healthy teeth and gums, decrease smoking, planned pregnancies, safe sex
- Promote early and regular prenatal care for all pregnant women.
- Incorporate the **case management** model of the Worcester Healthy Start Initiative into the city's health care systems
- Do Not Smoke campaign
- Support programs that encourage learning about other cultures and valuing differences.
- Address racial and ethnic disparities following the model used by the Mayor of Boston.
- Keep young people in school
- Support programs to eliminate infant deaths to older infants such as a Safe Sleeping Campaign.
- Support efforts by the Coalition to Prevent Shaken Baby Syndrome.
- Hire a statistician for the DPH

Source: Marianne Felice, MD Task Force chair

## Recommendations to City Council 2013

- Improve educational opportunities and health literacy for Hispanics, & all immigrants and refugees
- Support intensive health education outreach to underserved communities to connect with primary care.
- Support expansion of intercollegiate/community-driven efforts at such health education at WPI, Clark and UMass.
- Encourage targeted outreach and bridge-building to 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.
- Support the Worcester Health Baby Collaborative (WHBC) plans for an Infant Mortality Summit in September 2014. Use this summit as an opportunity to prioritize and align the City Council's Health Subcommittee focus on the prevention of infant mortality and pre-term birth.
- Advocate for improved data access, including development of a city-wide birth registry, to inform timely data-driven policies in Worcester regarding prenatal care to refugees and immigrants.

# Recommendations to City Manager 2016

- Annual day of IM awareness
- Representative to WHBC meetings
- Collaborate with March of Dimes to implement Healthy Babies, Healthy Business
- Work to improve educational advancement and job opportunities for disadvantaged populations.
- Encourage and support targeted outreach work and collaboration with Worcester's academic institutions, through the Center for Public Health Practice at Worcester's DPH.

- 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 adequate staffing of the Worcester DPH
- For increasing the minimum wage and the Earned Income Tax Credit

# Public Health and History Lesson #7: Summarize and Present Regularly

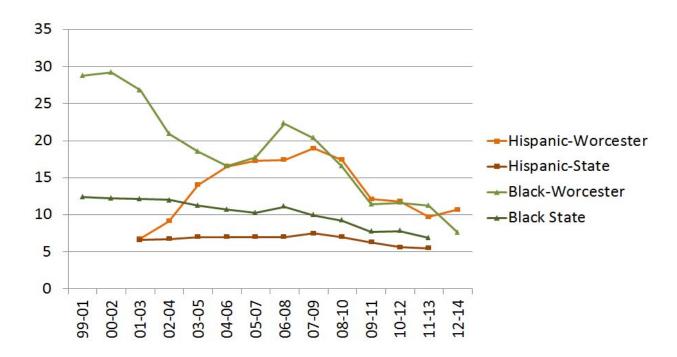
# **Infant Mortality Summits**

- 2014—Westboro at MOD offices
  - Best Practices: Boston PHC, Springfield Project
     Baby, WHBC
- 2015—with CollN (Waltham)
  - National Program: Collaborative Improvement and Innovation Network for IM
- 2016—Community Healthy Baby Forum
- 2017—today

### From our 2016 Report

Hispanic infant mortality rates in Worcester are higher than similar cities in Massachusetts







## 2016: March of Dimes Grant Implementing a Community Engagement Model for Reducing Hispanic Infant Mortality: Goals

- Regular Hispanic leadership participation in WHBC
- Connecting with community
  - Student project summer 2016
  - Neighborhood health fairs
  - Community quilts
- Community Healthy Baby Forum September
   2016 at Worcester's City Hall
- Toolkit

# WHBC Next Steps Overall

- Baby Box Program
- Fetal and Infant Mortality Review (FIMR)
  - Partnering with Boston Public Health Commission to support proposed legislation
- Ongoing real-time chart audits
  - City DPH epidemiologist
- Strengthening community connections
- Worcester's CHIP
- Strategic Planning

