Birth Equity Community Council (RC-BECC)

Saint Paul - Ramsey County Public Health

BECC Review

- Ramsey County Birth Equity Community Council (RCBECC) Background
- CityMatCH (CMCH) Framework
- Perinatal Periods of Risk (PPOR)
- RC-BECC Timeline
- Next Steps

Ramsey County Birth Equity Community Council (RCBECC) Background

- Birth Equity is a SPRCPH Priority Area (See Charter)
- **Infant mortality rate 2010 to 2013:**
  - Non-Hispanic American Indians was 2.6 times higher than Whites (statewide)
  - U.S born Black women was 2.5 times higher than White women (Ramsey Co.)
- **Low-Birthweight 2010-2013:**
  - Ramsey County **low-birthweight infants** 7.2%
  - U.S born **Black** women (13.8%)
  - U.S born **White** women (6.0%) **Foreign born Black** women was (6.6%)
- **Prematurity 2010-2013**
  - Ramsey County **prematurity** 10.1%
  - **American Indian** women (12.6%.)
  - **Foreign born Black** women (9.9%)
  - U.S born **Black** women (14.5%)
  - U. S born **White** women (9.0%)

RC-BECC Framework

"Ready-Set-Go":

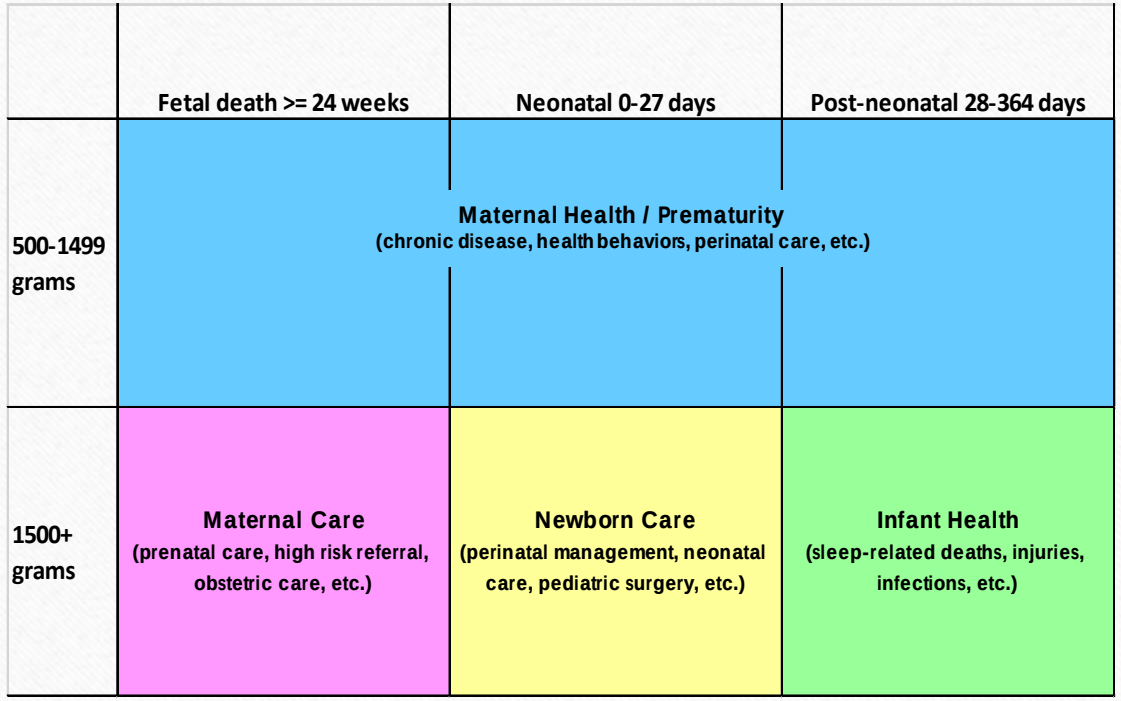
- CityMatCH Nationally recognized 3 Phase Model
- CMCH Birth Equity Institute
- Community-Engaged
- Incorporates Cultural health & healing strategies

https://dexmedia-wpengine.netdna-ssl.com/media/3-steps-that-can-help-you-generate-better-leads.jpg

CityMatCH Framework

Phase I	Phase II	Phase III
• Evaluate current capacity • Build community coalition • Look at local data- *PPOR Analysis • Narrow down priorities • Begin collecting data to tell Ramsey County community's story *PPOR-Perinatal Periods of Risk	• Select *Up/Downstream • Create logic model & evaluation plans ***Upstream**: Initiative that includes strategy aimed at addressing the known driver(s) of inequities in birth outcomes (e.g., poverty, racism, racial healing, prenatal care, etc.) ***Downstream:** Initiative that includes strategy aimed at producing measurable improvements in local inequities in birth outcomes. This strategy(ies) will be one that leads to measurable changes in the 2-year span of the Equity Institute.	• Implement intervention strategies • Evaluate impact of interventions • Quality Improvement • Disseminate findings

Perinatal Periods of Risk (PPOR)



- Identify/Understand & Interpret (Impact)
- Infant & Fetal deaths in a community
- A way to help communities use data to reduce infant mortality
- Phase 1: Divides deaths into the 4 categories of risk.
- Phase 2: More deeply into the causes of death.

Four Perinatal Periods of Risk

- **Maternal Health/Prematurity**
  - All very low birthweight babies and fetuses (1 pound 2 ounces - 3 pounds 5 ounces)
  - May be related to: maternal health, maternal age, infections, smoking, twins/triplets, poverty, availability of high level NICU, etc.
- **Maternal Care**
  - Stillborn births weighing 3 pounds 5 ounces or more
  - May be related to: maternal health, older mothers, twins/triplets, smoking, high risk referral, obstetric care, etc.
- **Newborn Care**
  - Babies who died in the first 27 days of life weighing 3 pounds 5 ounces or more
  - May be related to: birth defects, maternal complications, availability of neonatal care/pediatric surgery, etc.
- **Infant Health**
  - Babies who died 28-364 days of age weighing 3 pounds 5 ounces or more
  - May be related to: sleep-related deaths, injuries, infections, etc

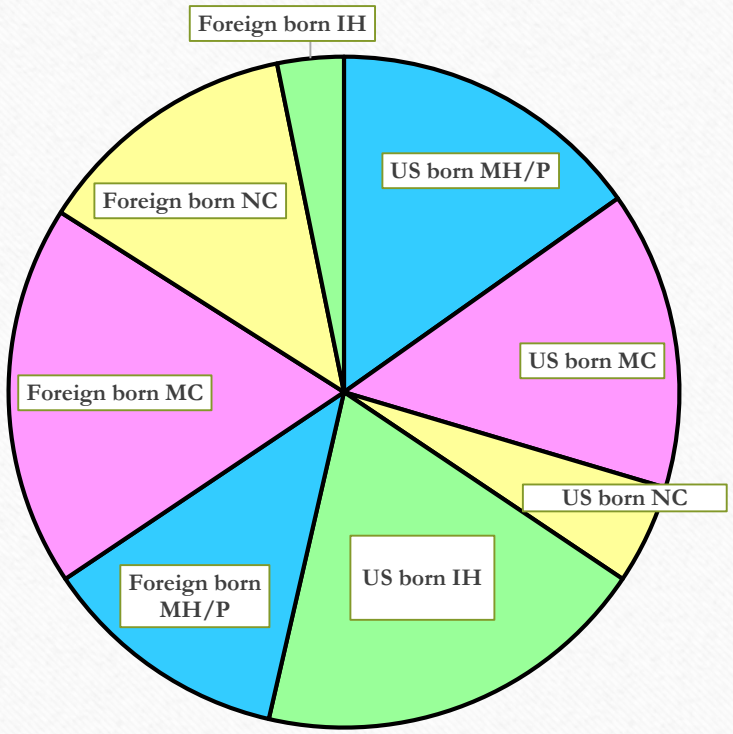
Populations of Interest and Reference Group

- **Populations of interest** –Ramsey and Hennepin County Residents

- **Reference group**
  - Reference group has better birth outcomes
  - Assumption, "If 1 group.".. Then All groups." should have this level of birth outcomes.
  - White women in Ramsey & Hennepin Counties
- **Opportunity Gap**
  - PPOR categories with the largest difference between the populations of interest & the reference group. *"Where might the community have the greatest impact?"*

What have we learned from PPOR Phase 1

- Larger slices =greatest differences in PPOR mortality rates between populations of interest & reference group



- US born Black women
  - Infant Health had the largest gap
  - Next largest gap was Maternal Health/Prematurity & maternal care
- Foreign born Black women
  - Maternal Care had the largest gap
  - Next largest gap was Newborn Care & Maternal Health/Prematurity

PPOR-Phase 2

- RC-BECC (Phase 1-Completed & Beginning Phase 2)
- **The aim in PPOR phase 2:**
  - Create list of risk factors that contribute to the gaps between interest and the reference groups
  - Look at causes of death of infants in the Infant Health category
  - Look at maternal risk factors for babies and fetuses in the Maternal Health / Prematurity category

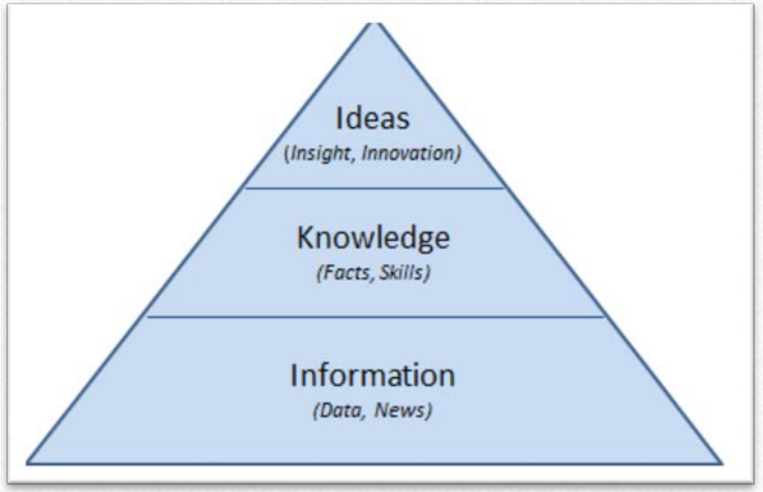
- This information can help the community decide where to take action.
- Determining the most likely contributing causes of death/risk factors that lead to those causes
- Estimating the potential impact of addressing these contributing risk factors

Phase 2 PPOR
Next Steps- Foreign born Black women

- Look at risk factors for stillborn births for deaths in the Maternal Care category
- Unusual-Newborn Care (major category in a big city)
- Other considerations-where the baby was born: home births/ hospital transfers to lower level NICU, etc.

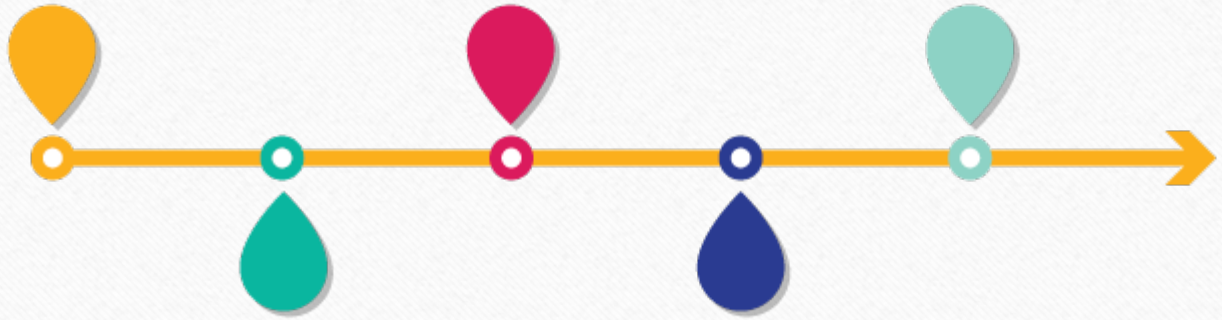
Phase 2 PPOR Next Steps- Data Sources

- Continue to look at birth certificate data
- Community knowledge
- Health care experts
- Other sources of information that can fill out the story
- Logic Model-Inputs/Outputs
  - Align data PPOR PH 1 & 2 w/Community Voice/Experience
  - Collaborative Engagement/Impact



Birth Equity Community Council (BECC's) Timeline

- Current movement on the timeline:
  - 04/12/17- Community Dialogue #1-**(RCBECC Intro & World Café)** SDOH & Birth Equity
  - 07/17/17- Community Dialogue #2-**(Envisioning 12 mo. Victories)**
  - 07/25/17- CMCH travel team – **(Annual Birth Equity Institute Training)**
  - 09/13/17- (Community Dialogue #3) **(Comprehensive Conversations)** Victories-Engagement Planning



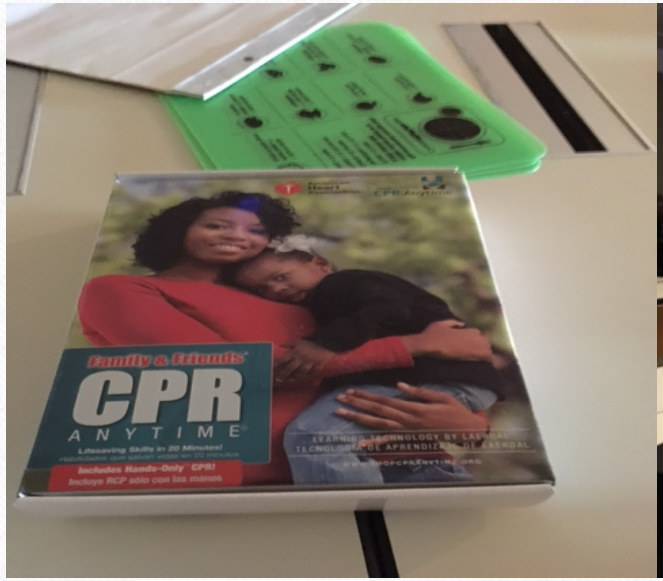
http://med-fom-fmprpostgrad.sites.olt.ubc.ca/files/2016/02/Timeline-for-Scholarship-Projects.png

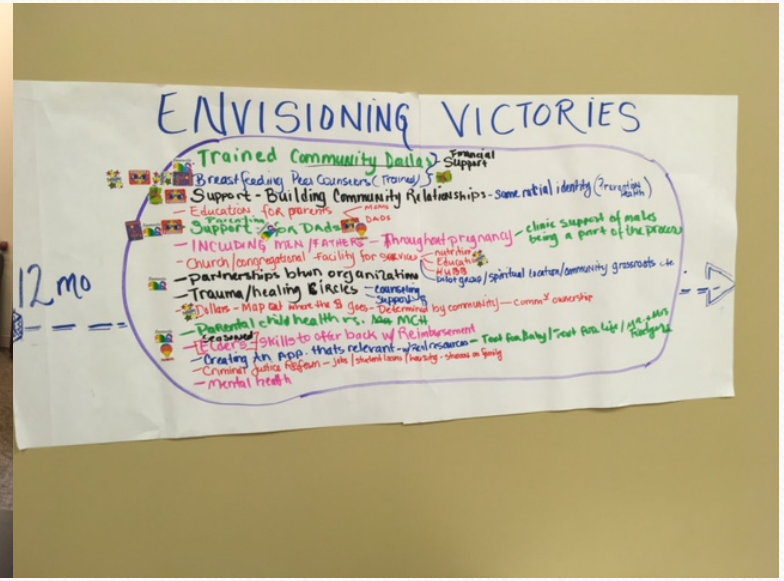
Community Dialogues

Title	**Community Dialogue #1** (April 2017)	**Community Dialogue #2** (July 2017)	Community Dialogue #3-Sept.
Location	Ujamaa Place	Wilder Foundation	Wilder Foundation
Attendees	Community residents, Stakeholders and participants of Club Mom & Club Dad	Community residents, Stakeholders and participants of Club Mom & Club Dad	To be determined
Topic	Healthy Families and Healthier Communities (including what is RCBECC & CityMatCH? What is infant mortality & Social Determinants of Health?)	Envisioning Victories (12 months)-> Dot vote & Hands only CPR	Comprehensive Planning around Victories
Incentives	Meal, Childcare, Club Mom & Dad Participants: Gift card, taxi rides	Meal, Childcare, Club Mom & Dad Participants: Gift card, taxi rides	To be determined
In-Kind Contribution	**Hafia Gray**, Ujamaa Place **Ujamaa Place** -Space **Sameerah**-African American Babies Coalition. **Huda A**, U of M-PHDR **Dr. Hardeman**, PHDR **U of MN-PHDR** Meal	**Sameerah**-AABC **Wilder space** -AABC **Hafia Gray**, Ujamaa Place **Michele C, MDH** **Intern Support** St. Kates/ULEAD Programs **U of MN PHDR**-Meal	PHDR Academic Partner 15min CDS rlt Victory area BECC Co-Chairs -Hafia -Sameerah
SPRCPH staff support	Tamiko R., Amy L, Nina H, Sharon G., Marsha M.	Tamiko R., Nina H, Amy L. , Sharon G., Roshani S. LaSherion M.-PH Intern	BECC Team LaSherion M-PH Intern

April: BECC World Café

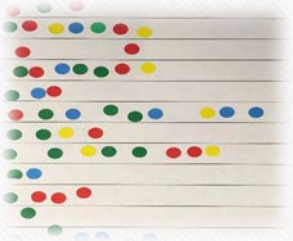
July 2017
Envisioning Victories





Community Dialogue #2
Envisioning Victories-DOT VOTE

Interest Areas:



1. **Training**:

   -Community Doula's & Peer Breastfeeding Counselors

   -Parents (Mom/Dads)

   -Youth as Birth Equity Ambassadors

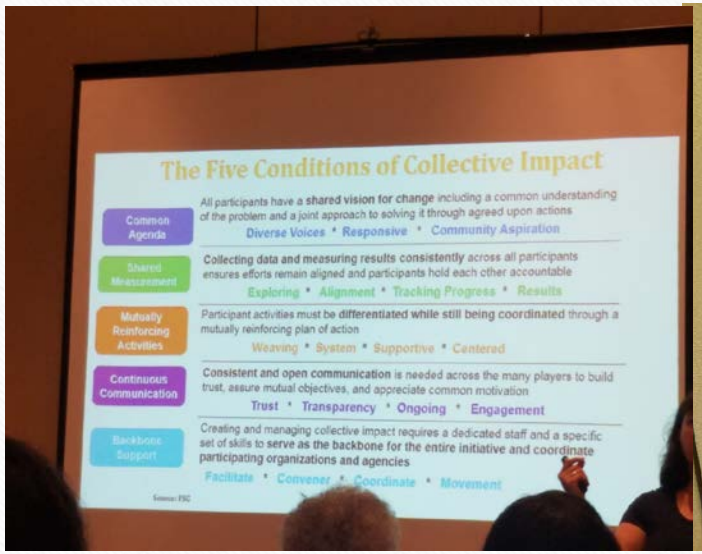
   *Safe Sleep-BECC Team

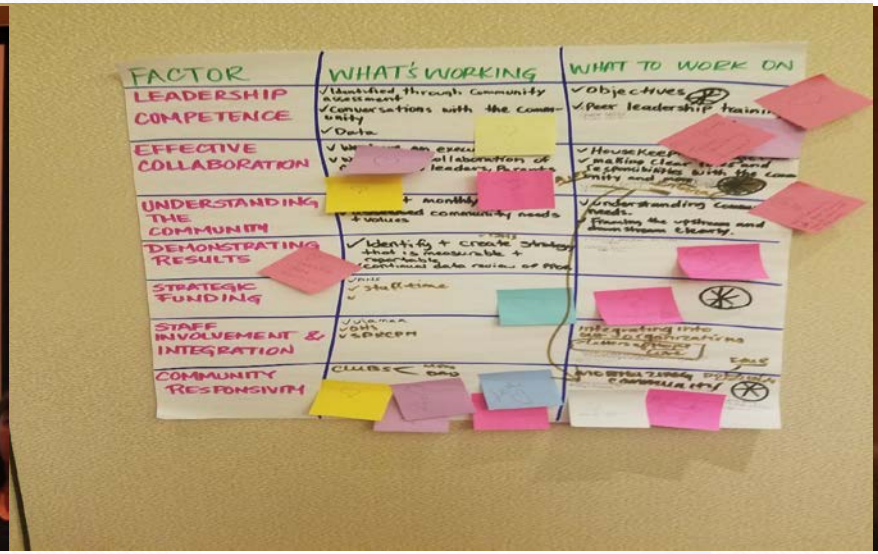
2. **Parenting Support for Fathers**

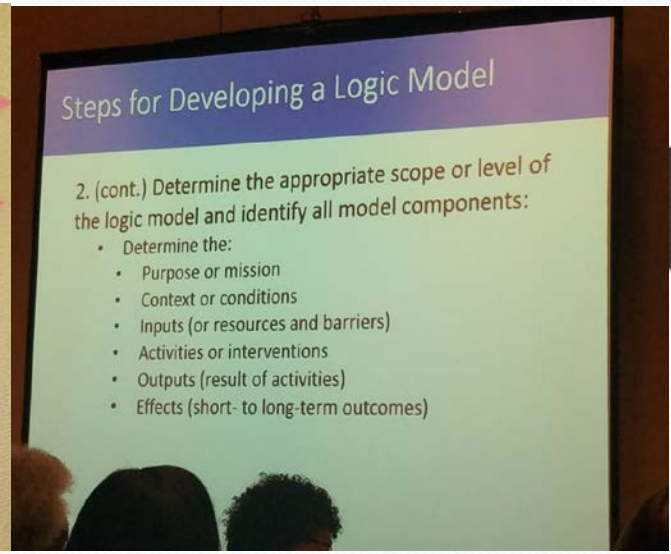
3. **Building Community Relationships (Prevention based-matching of community needs/providers)**

   -Asset Mapping

CMCH Training







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citymatch The National Organization of Urban MCH Leaders

Next Steps

- **Community Engagement (CDS-related to Victories)**
  - Comprehensive Planning- What does the 3 Dot areas really look like?
  - Participants-scope-work/interest & view?
- **Linking: PPOR PH 1 & 2 ←→ CDS**
  - Logic Model & Evaluation Plan
  - Upstream & Downstream considerations/interventions
- **Engaging American Indian Communities**
  - Community Leaders/ Stakeholders
  - MDH-Review data sets outside of PPOR tool
  - Ready/Set/GO..Phase I /II & II based on Statewide Data rather than PPOR tool

Questions?