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
# CityMatCH Framework

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<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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<tr>
<td>• Evaluate current capacity</td>
<td>• Select *Up/Downstream</td>
<td>• Implement intervention strategies</td>
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<td>• Build community coalition</td>
<td>• Create logic model &amp; evaluation plans</td>
<td>• Evaluate impact of interventions</td>
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<tr>
<td>• Look at local data- *PPOR</td>
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<td>• Quality Improvement</td>
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<td>Analysis</td>
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<td>• Disseminate findings</td>
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<td>• Narrow down priorities</td>
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<td>• Begin collecting data to tell Ramsey County community’s story</td>
<td>*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.)</td>
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<td>*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.</td>
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<td>*PPOR-Perinatal Periods of Risk</td>
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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
# Community Dialogues

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<tbody>
<tr>
<td>Location</td>
<td>Ujamaa Place</td>
<td>Wilder Foundation</td>
<td>Wilder Foundation</td>
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<tr>
<td>Attendees</td>
<td>Community residents, Stakeholders and participants of Club Mom &amp; Club Dad</td>
<td>Community residents, Stakeholders and participants of Club Mom &amp; Club Dad</td>
<td>To be determined</td>
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<tr>
<td>Topic</td>
<td>Healthy Families and Healthier Communities (including what is RCEBCC &amp; CityMatCH? What is infant mortality &amp; Social Determinants of Health?)</td>
<td>Envisioning Victories (12 months)-&gt; Dot vote &amp; Hands only CPR</td>
<td>Comprehensive Planning around Victories</td>
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<td>Incentives</td>
<td>Meal, Childcare, Club Mom &amp; Dad Participants: Gift card, taxi rides</td>
<td>Meal, Childcare, Club Mom &amp; Dad Participants: Gift card, taxi rides</td>
<td>To be determined</td>
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<td>SPRCPH staff support</td>
<td>Tamiko R., Amy L, Nina H, Sharon G., Marsha M.</td>
<td>Tamiko R., Nina H, Amy L., Sharon G., Roshani S. LaSherion M.-PH Intern</td>
<td>BECC Team LaSherion M-PH Intern</td>
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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

The Five Conditions of Collective Impact

1. Assurance of入睡
2. Alignment
3. Building trust
4. Common agenda
5. Evaluation

Steps for Developing a Logic Model

1. Determine the appropriate scope or level of the logic model and identify all model components:
   - Determine the:
     - Purpose or mission
     - Context of conditions
     - Inputs (or resources and barriers)
     - Activities or interventions
     - Outputs (result of activities)
     - Effects (short- to long-term outcomes)
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?