

Infant Health Disparities/  
Infant Mortality Coalition

## Minutes Thursday May 28, 2009

Sparrow RNICU

**Present:** Debby Starnes (ICHHD), Sarah Bryant (ICHHD), Jennifer Lawson (CAUW), Carol Buzzita (EPO), Ruby Rogers (GLAAHI), Marcie Schwartz (ICHDD), Sandy Gellar (Sparrow), Evelyn Taylor (Sparrow clinic)

### 1. Welcome and introductions, All

- a. Approval of the April minute deferred
- b. No other additions to the agenda

### 2. New business

- a. FIMR findings/recommendations, Marcie Schwartz-. Will schedule meeting with director of Sparrow ED to identify a process to share findings related to ED care of pregnant women.
- b. Funding: Sarah Bryant reported that that due funding cuts from the executive order from the Governor, not new mothers will be added to the Interconception Care project (currently 20 mothers enrolled). Will continue to use already acquired resources and services will continue to be provided by PHN. Funding for FIMR may continue if Ingham receives a Healthy Start Grant.

### 3. Old business (20 minutes)

- a. Work group updates
  - i. Access to Prenatal Care, Kathy Way No report
  - ii. Smoking Cessation, Tiffany Doolittle

House Calls received second year grant form Legacy

- b. Community Updates

- i. Great Start Collaborative, Ken Sperber No report
- ii. MDCH Grant updates, Lisa Chambers/Sarah Bryant No report

- iii. Neighborhood Network Centers

Working to bring the Pastors “on-board” and encourage them to support pregnant mothers to receive care.

- iv. Tomorrow’s Child, Rachel Copeland No report

#### **4. Other announcements**

- a. Shared minutes from Power of WE coalition meeting.
- b. Future agenda items
  - i. Common screening tool for community
  - ii. Development of tool that Mothers carry to record visits to any health care provider
  - iii. Plan Fall Lunch and Learn– possibly have a personal “story” about how attitudes and treatment effect mothers and their returning for care.—(front office staff)

Next meeting:

**Thursday June 25, 2009**

**1:30–3:30pm Sparrow RNICU**

**Infant Health Disparities/Infant Mortality Coalition**

**Thursday May 28, 2009–1:30pm**

Infant Health Disparities/  
Infant Mortality Coalition

## **AGENDA Thursday May 28, 2009**

Sparrow RNICU

### **Welcome and introductions, All**

- a. Agenda additions

- b. Approval of minutes for April (if available)

#### **New business**

- a. FIMR findings/recommendations, Marcie Schwartz
- b. Potential impact budget cuts
- c. Future plans

#### **Old business**

- a. Work group updates
  - i. Access to Prenatal Care, Kathy Way
  - ii. Smoking Cessation, Tiffany Doolittle
- b. Community Updates
  - i. Great Start Collaborative, Ken Sperber
  - ii. MDCH Grant updates, Lisa Chambers/Sarah Bryant
  - iii. Neighborhood Network Centers
  - iv. Tomorrow's Child, Rachel Copeland

#### **8. Other announcements**

**Next meeting: June 25, 2009**

Infant Health Disparities/  
Infant Mortality Coalition

## **MINUTES Thursday April 23–1:30pm**

**Sparrow NICU**

**Present:** Sandy Geller (NICU), Tiffany Doolittle (ICHD), Ruby Brown (GLAAHI), Jennifer Lawson (CAUW), Kathy Brandenburg (Tomorrow's Child), Sheri McCluen (NWI), Debbie Edokpolo (ICHD), Marcie (ICHD/FIMR), Lisa Chambers (ICHD), Rachel Copeland (Tomorrow's Child).

## **1. Welcome and introductions, All**

- a. Approval of 3/26/09 minutes–approved with Kathy Brandenburg added to the list of meeting attendees.

## **2. New business:**

### **a. Updates on April training**

i. Overall, evaluations were very positive (see attached). Seven attendees expressed interest in receiving additional information focused on the work of the IM Coalition. Discussion over seeing if they would be able to attend a meeting or at least send information to this group.

ii. Six to seven different practices attended, though no representation from Ingham practices. Discussion focused on establishing a personal connection (either via phone or in person) with IRMC practices for future trainings; as well as hosting at Dawe Auditorium next time to see if that would impact attendance.

### **b. Planning for future events**

i. Plan events for Fall 09, Spring 10, and Fall 10. Ideas included:

1. FIMR data presentation/updates
  - a. Continue with information dissemination, but provide more details
  - b. Glean ideas of where to take the findings
  - c. Assessment tool usage
2. Focus group session
  - a. Brief updates followed by three key questions
3. Service provider panel
  - a. Incorporate someone who can tell their story

ii. Future incorporation of other service providers who are impacted such as Medicaid, dentists, Emergency Departments.

iii. Need to present as a community health issue by involving groups such as the Power of We, Board of Health, Board of Commissioners, etc.

iv. Discussion of web presence (Facebook, website)

Next meeting: **Thursday May 28, 2009 1:30–3:30**

Infant Health Disparities/  
Infant Mortality Coalition

## **Minutes Thursday March 26–1:30pm**

### **Sparrow RNICU**

**Present:** Lisa Chambers (ICHD), Dawana Ben (NWI), Kevin Benson (ICHD Resident), Jennifer Lawson (CAUW), Ken Sperber (GSC), Debbie Edokpolo (ICHD), Marcie Schwartz (ICHD/FIMR), Rubie Zuchowski (ICHD), Kathy Way (ICHD), Rachel Copeland (Tomorrow's Child), Sarah Bryant (ICHD), Debby Starnes (ICHD), Ruby Brown (GLAAHI), Sandy Geller (Sparrow), Sheri Eldred (March of Dimes); Katie, Hallie, Lauren (MSU Nursing students).

#### **1. Welcome and introductions, All**

- a. Approval of 2/26/09 minutes
- b. Agenda additions–none noted

#### **2. New business (90 minutes)**

- a. Planning for April training
  - i. Sponsorship information should be acknowledged on print materials
  - ii. Include information/contacts for persons interested in joining the IMC, along with a one pager describing the purpose of the coalition

iii. Other logistical information (including budget, food, resource packets, information tables, speakers, and evaluation) was discussed by the group.

b. FIMR findings/recommendations, Marcie Schwartz

i. Discussion of how we might approach the use of a psycho-social assessment tool at the April training. Several were shared with the group, and the recommendation was to include a question on the evaluation asking practices about their use of such a tool.

**3. Old business (20 minutes)**

a. Work group updates

Way-tabled

i. Access to Prenatal Care, Kathy

Doolittle-tabled

ii. Smoking Cessation, Tiffany

b. Community Updates

Sperber

i. Great Start Collaborative, Ken

1. Ken shared that there was a proposed 2010 budget elimination for a number of maternal/child issues, and discussed the potential impact of the economic stimulus package.

2. The GSC recently submitted four mini-grants to the Community Foundation to expand some of its initiatives (play and learn sites, literacy events, and others).

3. Lansing's 150 year celebration is holding a parade on May 16, and the GSC is looking to march to support of early childhood issues.

ii. March of Dimes, Sheri Eldred

1. Sheri shared several MoD data updates that included decreases in preterm birth and their 4 point plan to continue to address this issue.

2. Community grants–letters of intent due April 3; if selected full proposals will be due September 2009.

3. The March of Dimes walk will be held on April 25 at Riverfront Park.

iii. MDCH Grant updates, Lisa

Chambers/Sarah Bryant

1. Close to 20 women are enrolled in the project.

2. Sarah introduced the MSU nursing students who worked on a project to introduce the IC project into the WIC office.

iv. Neighborhood Network Centers

1. Some discussion over discrepancies in information shared with prenatal women (alcohol use) and its impact on miscarriage and overall prenatal education.

v. Tomorrow's Child, Rachel

Copeland

1. Sudden Unexplained Infant Death webcast available on project impact website (<http://www.sidsprojectimpact.com/>)

2. Rachel shared a new safe sleep DVD and solicited feedback from the group.

**4. Other announcements (10 minutes)**

a. The group decided to move forward with holding an April meeting.

Infant Health Disparities/  
Infant Mortality Initiative

**AGENDA Thursday March 26–1:30pm**

**Sparrow RNICU**

**1. Welcome and introductions, All**

- a. Approval of 2/26/09 minutes
- b. Agenda additions

**2. New business (90 minutes)**

- a. Planning for April training
  - i. Update on budget
  - ii. Food update
  - iii. Resource packet updates
  - iv. Information tables
  - v. Speakers update/talking points
  - vi. Evaluation
- b. FIMR findings/recommendations, Marcie Schwartz

**3. Old business (20 minutes)**

- a. Work group updates
  - i. Access to Prenatal Care, Kathy Way
  - ii. Smoking Cessation, Tiffany Doolittle
- b. Community Updates
  - i. Great Start Collaborative, Ken Sperber
  - ii. March of Dimes, Sheri Eldred
  - iii. MDCH Grant updates, Lisa Chambers/Sarah Bryant
  - iv. Neighborhood Network Centers
  - v. Tomorrow's Child, Rachel Copeland

**4. Other announcements (10 minutes)**

**Next meeting: Thursday April 23, 2009 1:30-3:30**

Infant Health Disparities/  
Infant Mortality Initiative

**MINUTES Thursday February 26-1:30pm**

**Sparrow RNICU**

**Present:** Ruby Brown (GLAAHI), Jennifer Lawson (CAUW), Debby Starnes (ICHD), Lisa Chambers (ICHD), Debbie Edokpolo (ICHD), Sarah Bryant (ICHD), Marcie

Schwartz (ICHD/FIMR), Ken Sperber (GSC), Carol Buzzita (EPO), Tiffany Doolittle (ICHD), Sandy Gellar (Sparrow), Katie (MSU nursing student), Jackie (MSU nursing student), Anne (U of M intern), Judy Dekun (IRMC), Rachel Copeland (TC), Sheri Eldred (MoD).

### **Welcome and introductions, All**

- a. Approval of 1/22/09 minutes
  - i. Ruby Brown's name was changed to correct a typo listing her as Ruby Rogers.
- b. Agenda additions
  - i. None noted.

### **New business (90 minutes)**

- a. Planning for April training
  - i. Update on budget

Secured funding includes: \$500 from the League of Women Voters, \$150 from Community Churches, and \$100 from the Capital Area United Way. Jennifer is also looking into the possibility of additional funds from the Sparrow Foundation.

A draft of an invite was shared and the group provided feedback. Lisa will e-mail the mailing list to Sandy so that the invitations can be sent out.

Lisa will contact several catering options to plan for food

- ii. Resource packet updates

The coalition will purchase folders to distribute at the event. The folders will contain the key pieces of information that we want all participants to be able to take with them.

Additionally, there will be information tables available for participants to collect additional information from. Lisa will contact individual agencies to determine their participation at the event.

- iii. Speakers update/talking points

## **Draft agenda:**

12–12:15: Registration and lunch

12:15–12:20: Welcome, purpose (Sandy)

12:20–12:35: Dr. Renee Canady, ICHD

12:35–12:50: Dr. Ira Gewolb, Sparrow RNICU

12:50–1: Question and Answer, visit info tables, evaluation, wrap up

A ‘running loop’ of Q + A focusing on infant mortality information/statistics/ medical access/enrollment with graphics was proposed to run for the first 15 minutes while participants registered and got their food. Lisa will work on and send to the group for feedback.

Lisa will work with Marcus Cheatham, the ICHD’s information officer to see how we might get some media coverage for the event.

### iv. Evaluation

Tabled until next meeting

### b. FIMR findings/recommendations, Marcie Schwartz

#### i. Recommendations are attached.

ii. Additional discussion focusing on benefits at DHS. It was shared that when cash assistance and Medicaid are ‘batched’ together, it prolongs a client’s ability to receive benefits.

## **Old business (20 minutes)**

### A. Work group updates

#### i. Access to Prenatal Care, Kathy Way

Continued discussion of implementing a mini-PRAMS study at area delivery hospitals, particularly focusing on issues of access to care. Include access information/data in Renee’s talking points.

#### ii. Smoking Cessation, Tiffany Doolittle

Working to complete a local prevention resource assessment looking at what kinds of smoking cessation services and supports are available.

The group is looking to do some outreach activities at sites such as bus stations and homeless shelters.

## B. Community Updates

### i. Great Start Collaborative, Ken Sperber

1. The GSC is pursuing a fund mapping project looking at what funds are available for families and young children in Ingham County.

### ii. MDCH Grant updates, Lisa Chambers/Sarah Bryant

1. Sarah reported that she has 17 women enrolled in the MDCH interconception care project.

2. MSU students approached Sarah to get a better sense of the services that she provides, as well as some of the larger issues impacting IM in Ingham County. They will work with several coalition members to develop an 'access to prenatal care' video/clip.

### iii. Neighborhood Network Centers

1. No report.

### iv. Tomorrow's Child, Rachel Copeland

1. New safe sleep DVD will be finalized and available soon.

2. Looking to do some promotional/media events focusing on safe sleep for Safe Sleep month in September. Current ideas include a display at the ICHD, and working with area newspapers to develop articles/information pieces.

## Other announcements (10 minutes)

a. March of Dimes grants are available; letters of intent will be due in May 09.

b. Expectant Parents Organization is having their annual auction on March 25.

**Next meeting: Thursday March 26, 2009 1:30–3:30**

Infant Health Disparities/  
Infant Mortality Initiative

**AGENDA February 26, 2009 1:30pm**

**Sparrow RNICU**

**1. Welcome and introductions, All**

- a. Approval of 1/22/09 minutes
- b. Agenda additions

**2. New business (90 minutes)**

- a. Planning for April training
  - Update on budget
    - i. plan for food
    - ii. Resource packet updates
    - iii. Speakers update/talking points
    - iv. Evaluation
    - v. Finalized mailing list

- b. FIMR findings/recommendations, Marcie Schwartz

**Old business (20 minutes)**

- a. Work group updates
  - i. Access to Prenatal Care, Kathy Way
  - ii. Smoking Cessation, Tiffany Doolittle

**b. Community Updates**

- i. Great Start Collaborative, Ken Sperber
- ii. MDCH Grant updates, Lisa Chambers/Sarah Bryant

- iii. Neighborhood Network Centers
- iv. Tomorrow's Child, Rachel Copeland

**4. Other announcements (10 minutes)**

**Next meeting: Thursday March 26, 2009 1:30–3:30**

Infant Health Disparities/  
Infant Mortality Initiative

## **MINUTES Thursday January 22–1:30pm**

**Sparrow RNICU**

**Present:** Anne Stone (Sparrow), Debbie Edokpolo (ICHHD), Debby Starnes (ICHHD), Sarah Bryant (ICHHD), Jennifer Lawson (CAUW), Carol Buzzita (EPO), Ken Sperber (GSC), Ruby Rogers (GLAAHI), Lisa Chambers (ICHHD), Marcie Schwartz (ICHHD), Kathy Way (ICHHD), Sandy Gellar (Sparrow), Ira Gewolb (Sparrow), Tiffany Doolittle (ICHHD), Claudia Blazen (CAMW), Judy Dekun (IRMC).

**1. Welcome and introductions, All**

- a. The 12/11/08 minutes were approved with the addition of Jennifer Lawson to the attendees.
- b. No other additions to the agenda

**2. New business (90 minutes)**

- a. Planning for a community event for office managers focusing on IM, All

**I. Logistics**

- 1. Events are planned and reserved on 4/21 at Sparrow (Clark Conference Center) and 4/29 at Ingham Regional (Dawe Auditorium)
- 2. Both events roughly will run 11–1:30
- 3. Costs (food, copies, materials, other?)
  - a. Projected food costs around \$500
- 4. Funding sources
  - a. March of Dimes funding not available due to budget cuts. Coalition members agreed to check with the following sources to

fund the event:

- i. League of Women Voters (Debby)
- ii. Greater Lansing Convention Bureau (Jennifer)
- iii. MDCH (Lisa)
- iv. Area churches (Ruby)
- v. Each member was also asked to approach their own agency to look into the possibility of contributing \$100 for the events.
- vi. Need to include list of sponsors on all promotional and event materials.
  - b. If funding not available, the group will make alternate arrangements for sharing information (possibly a packet of information)

5. Marketing materials

- a. Work group to develop save the date postcard/letter to send out to potential attendees. Members included: Sandy, Lisa, and Sarah.

**II. Content/Message**

1. Core concepts:
  - a. Ingham County data (Lisa will send out prior to the next meeting)
  - b. Local resources
2. Dialogue with participants: what else would be helpful to you
3. Format
  - a. Proposed speakers included Dr. Renee Canady to focus on the local data and efforts, and Dr. Ira Gewolb to focus on the NICU experience

**III. Local resources**

1. Focus on looking at the gaps in existing resources in the community.
2. Format suggestions included both an information packet and resource tables for participants to visit at the event. Ideas included:
  - a. Great Start Collaborative
  - b. Tomorrow's Child
  - c. Early On
  - d. ICHD/FIMR/HMBB
  - e. EPO
  - f. Postpartum Depression support groups

3. Work group to develop packet of materials includes: Debby S, Debbie E, and Ken.

#### **IV. Evaluation**

1. Sandy and Anne will work to develop a pre-post test

#### **V. Goals for February meeting**

1. Clarification of what to include in a resource packet

2. Evaluation

3. Finalized mailing list

4. Update on budget/plan for food

FIMR findings/recommendations, Marcie Schwartz-No report

#### **3. Old business (20 minutes)**

a. Work group updates

i. Access to Prenatal Care, Kathy Way

1. Kids Count data shared that demonstrates a 127% worsening in access to prenatal care in Ingham County between 2000 and 2006.

ii. Smoking Cessation, Tiffany Doolittle

1. House Calls has enrolled 60+ moms in home based smoking cessation efforts.

2. Project is working to bring more community players to the table. Ideas included bus stops/stations, domestic violence and homeless shelters.

#### **Community Updates**

i. Great Start Collaborative, Ken Sperber

1. Shared information on the recent Kids Count press release

2. Parent education coalition working to do play and learn groups for specific groups: teens, homeless families, refugees, and those at Food Bank sites.

3. Pediatric medical home conference at Lansing Center on 2/13

4. Maternal/perinatal health conference-3/4

ii. MDCH Grant updates, Lisa Chambers/Sarah Bryant

1. Fourteen moms enrolled in HMBB

2. Commonalities include: need to connect with a medical home, working with moms to make them feel comfortable in a primary care situation, transportation

iii. Neighborhood Network Centers

1. No report

iv. Tomorrow's Child, Rachel Copeland

1. Next safe sleep meeting–2/9 at 9am

2. Safe sleep display at Coming together for children conference at LCC and Women's Expo at Lansing Center

**4. Other announcements (10 minutes)**

a. Information shared on MSU students who are interested in working on the issue of IM and need a community service project.

**Next meeting:**

**Thursday February 26, 2009 1:30–3:30**

Infant Health Disparities/  
Infant Mortality Initiative

**AGENDA Thursday January 22, 2009 1:30pm**

**Sparrow RNICU**

**I. Welcome and introductions, All**

A. Approval of 12/11/08 minutes

B. Agenda additions

**II. New business (90 minutes)**

A. Planning for a community event for office managers focusing on IM, All

i. Logistics

a. Dates – April 21 (Tuesday) and April 29 (Wednesday)?

b. Locations

- c. Costs (food, copies, materials, other?) and funding sources
    - d. Marketing materials
  - ii. Content/Message
    - a. Core concepts:
    - b. Dialogue with participants:
    - c. Format? Presenter (s) vs. round table
  - iii. Local resources
    - a. What to include
    - b. Format
  - iv. Evaluation
    - a. Pre-post test
- B. FIMR findings/recommendations, Marcie Schwartz

### **III. Old business (20 minutes)**

- A. Work group updates
  - i. Access to Prenatal Care, Kathy Way
  - ii. Smoking Cessation, Tiffany Doolittle
  
- A. Community Updates
  - i. Great Start Collaborative, Ken Sperber
  - ii. MDCH Grant updates, Lisa Chambers/Sarah Bryant
  - iii. Neighborhood Network Centers
  - iv. Tomorrow's Child, Rachel Copeland

### **▪ Other announcements (10 minutes)**

**Next meeting: Thursday February 26, 2009 1:30–3:30**

Infant Health Disparities/  
Infant Mortality Initiative

## **Meeting Minutes Thursday December 11, 2008–1:30pm**

**Sparrow RNICU**

**Present:** Lisa Chambers (ICHHD), Ruby Brown (GLAAHI), Jeanne Sullivan (Tomorrow's Child), Judy Dekum (IRMC), Kathy Way (ICHHD), Dr. Ira Gewolb (Sparrow), Tiffany Doolittle (ICHHD), Debby Starnes (ICHHD), Marci Schwartz (ICHHD–FIMR), Sheri Eldred (March of Dimes), Sandy Gellar (Sparrow)

### **1. Welcome and introductions, All**

1. The minutes from 10/23/08 were approved.
2. There were no additions to the agenda.

### **2. New business (90 minutes)**

1. Planning for a community event focusing on IM, All (60 minutes)
  - i. Focus on training for office managers
  - ii. Judy (IRMC) will check on Dahl Auditorium for both dates; need to do the same for Sparrow
  - iii. Looking at existing tools (MIHP screener suggested) to determine how to refer clients for services
  - iv. Suggestion made to develop brochure with pullout information; some concern over keeping information up to date

- v. There was much discussion on local data, implications, and the nature of disparities in Ingham County.
  - vi. Developing a dialogue with the audience (office managers) to determine what they can do in reducing IM in Ingham County. Suggestions included:
    - 1. Early recognition (of both pregnancy and preterm labor)
    - 2. Transportation
    - 3. Where to refer for services
2. Messaging of infant mortality, MSU students (10 minutes)
- i. Power point put together by MSU students shared with the group. The group wanted to add some additional data, particularly local data looking at the disparities in our community; as well as local resources.
3. Healthy Start grant submission (10 minutes)
- i. ICHD submitted the Healthy Start grant to focus local efforts on ways to reduce IM and the disparities that exist in our community. Efforts include: perinatal system mobilization, community based organization, and direct service. Direct service will focus broadly on women at risk for a negative pregnancy outcome as well as those women who have already experienced a negative outcome (prematurity and/or low birth weight).
  - ii. Expected to hear back from HRSA in June 2009.

4. FIMR findings/recommendations, Marcie Schwartz (10 minutes)

- i. Four cases reviewed since last presentation. Findings included:
  - 1. Providers need knowledge about DHS resources
  - 2. Need for comprehensive psycho-social issues
  - 3. Increased cultural knowledge and translation services particularly for refugees
  - 4. Information on connecting women to hospital with RNICU if experiencing preterm labor
  - 5. Need for additional perinatologists in our community
  - 6. Protocol for post assessment of stillborns
  - 7. Protocol for pediatricians with positive pregnancy tests

3. Old business (30 minutes)

1. Work group updates

- i. Access to Prenatal Care, Kathy Way
  - 1. Working to develop a list of prenatal providers who accept Medicaid along with a handout that could be used at a pregnancy test (including local resources, the importance of prenatal care).
  - 2. Still in discussions to determine how the group might administer focus group or hospital questionnaire (a mini PRAMS); looking to complete by spring.

ii. Smoking Cessation, Tiffany Doolittle

1. Shared information on the House Calls project through the American Legacy Foundation which targets pregnant and parenting women who are enrolled in home based services through the ICHD (Public Health Advocates/Nurses).
2. Suggestion made to look at March of Dime funding for continuation of services. Expected release of information date in May 2009.

## 2. Community Updates

- i. Birth to Five Coalition, Ken Sperber–no report
- ii. MDCH Grant updates, Lisa Chambers–no report
- iii. Neighborhood Network Centers–no report
- iv. Tomorrow's Child, Mary Adkins
  1. Received a HRSA grant to serve as a communication hub between local and state services/programs. Will work with target 11 communities through MDCH

## 3. Coalition structure and purpose, All

- i. Revised draft purpose of Coalition–tabled
- ii. The IMI 2008 WORK PLAN–tabled

## 4. Other announcements (10 minutes)

1. No other announcements

**Next Meeting January 22, 2009 1:30–3:30**

Infant Health Disparities/  
Infant Mortality Initiative

## Meeting Minutes October 23, 2008

**Present:** Lisa Chambers (ICHHD), Marcie Schwartz (ICHHD), Ruby Brown (GLAAHI), Carol Buzzita (EPO), Sandy Gellar (Sparrow), Jennifer Lawson (CAUW), Lyndsey Soetgen (Sparrow intern), Ken Sperber (GSC), Kathy Brandenburg (Tomorrow's Child), Jo, Sandra Enness (MSU student), Jo Mcglew (MSU Student) Shannon Hurst (Sparrow intern), Janet Bowen (ICHHD), DaWana (NWI)

### 1. Welcome and introductions

- a. September minutes approved
- b. No additions to the agenda

### 2. New business

- a. Infant mortality messaging
  - i. MSU students approached the IMC to see how they might approach some messaging concepts focusing on infant mortality. Sandy E. and Jo attended the meeting in order to follow up with the larger coalition members. Key points included:
    1. The need to define the intervention strategy (early prenatal care or interconception care), desired behavior change, target audience, potential barriers, benefits, demographics, age, race, and timelines.
    2. Develop a comprehensive community picture of infant mortality and the work of the IMC.
    3. Developing multiple media strategies (brochures, video to use in DHS lobby to use with different audiences to use in different kinds of media.
    4. Incorporate a life course perspective in messaging—for a message to be successful, it must include more than one aspect

- ii. Ideas/next steps included:
  - 1. Piloting interconception messages at different sites (for example: a provider on the North side, ICHD, a sole provider)
  - 2. General community education and awareness as a starting point, but what do I do about it.
  - 3. Bring more people to the table and raise awareness of the concern

b. Planning for a community event

- i. Carol brought a list for OB providers who deliver at Sparrow deliveries (24), still need providers who deliver at IRMC (ICHD, IRMC–Meridian, Dewitt)
- ii. The group felt that office manager and nurse managers should be the target for the community event. Inviting two staff from each office, 60 attendees is target
- iii. Do we want to host two events? One at IRMC (work with Janet/Jodi to get auditorium availability) and one at Sparrow.
  - 1. Tentative dates include: April 21 (Tuesday) and April 29 (Wednesday)
- iv. Key components to share with this group includes:
  - 1. Data: rates of deaths, who's dying/when,
  - 2. Reasons why IM occurs (Note: include impact of stress–racism controversy–cite Dr. Lu's research)
  - 3. Strategies that providers can become engaged in/ resources available in the community.
- v. The group also felt it was important for this to be a two–way conversation, so that we learn from providers as well. Ideas shared included:
  - 1. What are the gaps that you know in the community?

2. What can we do to get you that information?
  3. Would you be willing to come back in 6 months to talk about some solutions?
  4. What happens to women who get kicked out of a practice for missing appointments?
- vi. A workgroup format was suggested to begin the process of planning the event. Activities should include:
1. Identify relevant print/resource materials/reference materials, including: 211, current system and initiatives, other psycho- social issues that impact a woman's outcome on pregnancy.
  2. Content/Messaging
  3. Logistics
  4. Assessment piece-opening questions
  5. Suggestion to develop a pre-post test to best determine what providers know about infant mortality using survey wizard.
- c. Healthy Start grant
- i. Currently being written to focus work on reducing infant mortality/disparities in Ingham County. The grant is due in early December and Lisa shared the current proposal, which includes: a Perinatal System Coordinator, a Community Coordinator, and direct services to high risk women and women who have experienced a negative pregnancy outcome.
- d. FIMR findings
- i. Major findings: DHS problems-woman didn't understand how to take time off to get circlage; DHS reports time for bed rest for women who need it. Discussion about impact of cultural

issues this woman didn't know that she could ask questions from findings.

- ii. CAT recommendations: Invite DHS to community event, and invite IMC to DHS meeting

### **3. Old business**

- a. The Ingham County Great Start Collaborative is working on a fund mapping project to identify funding streams for projects/initiatives that impact families and young children.

**Next meeting: December 11–1:30–3:30**

Infant Health Disparities/  
Infant Mortality Initiative

## **AGENDA Thursday August 28, 2008–1:30pm**

**Sparrow RNICU**

### **1. Welcome and introductions, All (10 minutes)**

- a. Approval of 7/24/08 minutes
- b. Agenda additions

### **2. New business (60 minutes)**

- a. Planning for a community event focusing on IM, All
  - i. Focus on training for office managers
- b. FIMR findings/recommendations, Marcie Schwartz

### **3. Old business (40 minutes)**

- a. Work group updates
  - i. Access to Prenatal Care, Kathy Way
  - ii. Smoking Cessation, Tiffany Doolittle
- b. Community Updates
  - i. Birth to Five Coalition, Ken Sperber
  - ii. MDCH Grant updates, Lisa Chambers
  - iii. Neighborhood Network Centers
  - iv. Tomorrow's Child, Mary Adkins
- c. Coalition structure and purpose, All
  - i. Revised draft purpose of Coalition
  - ii. The IMI 2008 WORK PLAN

**4. Other announcements (10 minutes)**

**NOTE LOCATION CHANGE:**

**Next Meeting: September 25, 2008 1:30pm,  
Capital Area MI Works–Lake Michigan room  
(2110 S. Cedar Street)**

Infant Health Disparities/  
Infant Mortality Initiative

**MINUTES 7/24/08**

**Sparrow RNICU**

**Present:** Debbie Edokpolo (ICHD), Kathy Way (ICHD), Peggy Roberts (PoW), Marcie Schwartz (FIMR), Claudia Blazen (CAMW), Jennifer Lawson (CAUW), Ken Sperber (GSC), Sandy Geller (Sparrow), Janet Bowen (ICHD), Maria Zavala (NWI), Sheri Eldred (March of Dimes), Debby Starnes (ICHD), Lisa Chambers (ICHD).

**1. Welcome and introductions, All (10 minutes)**

- a. Approval of 6/26/08 minutes

- b. Approval of agenda/revised format

## 2. New business (60 minutes)

- a. March of Dimes resources, Sheri Eldred

- i. Focus of MoD is preconception through the child's first year of life, and targets all women of childbearing age.
- ii. Peri-stats section of the MoD webpage provides local data that can be imported into presentations and resources.
- iii. Sheri shared a number of materials and resources with the group. If anyone is interested in ordering, contact Sheri at 699-4863 x10 or [seldred@marchofdimes.com](mailto:seldred@marchofdimes.com) to see if she may be able to get them at a reduced cost.
- iv. MoD has pregnancy tests available. Contact Sheri for more information.
- v. Community grants available in January of each year which may be able to help with the planning of the sessions described below.

- b. Planning for a community event focusing on IM, All

- i. Incorporating FIMR findings/recommendations, Marcie Schwartz (please see attached).
- ii. Clarifying the message: what is the take home message that we want the community to hear?
- iii. Process:
  - 1. Slogan
  - 2. Marketing (possible connection to MSU students)
  - 3. Education
    - a. Community (network centers, faith based, etc.)
    - b. Office managers (lunch)
    - c. Physicians-OB/GYN providers (dinner)
  - 4. Content: TBD, but include both a general overview of the data locally, and link to community based resources. Also include handouts/brochures, ordering information, websites.
  - 5. Next meeting will focus on plans for training for office managers, through the connections that Sparrow has.

### 3. Old business (40 minutes)

- a. Work group updates
  - i. Access to Prenatal Care, Kathy Way
    - 1. Working to develop resource list
    - 2. Planning focus groups for fall (women and providers)  
and will tie those into/collaborate with the event above.
  - ii. Smoking Cessation, Tiffany Doolittle
    - 1. Working to find a way to get women to 'tell their story.'
- b. Coalition structure and purpose, All-TABLED
  - i. Revised draft purpose of Coalition
  - ii. The IMI 2008 WORK PLAN
- c. Community Updates
  - i. Birth to Five Coalition, Ken Sperber
    - 1. League of Women Voters is looking to host five community forums focusing on children and health issues. They will be looking for community partners to participate in the trainings.
  - ii. FIMR Updates, Marcie Schwartz
    - 1. Tabled
  - iii. MDCH Grant updates, Lisa Chambers
    - 1. Three clients enrolled in the interconception care project, two additional clients pending.
  - iv. Neighborhood Network Centers
    - 1. Maria reported that she reached out to the other Network Center Outreach Coordinators to encourage them to attend the IMI meetings.
    - 2. The Northwest Initiative is hosting a family event on Friday July 25, 2008.
  - v. Tomorrow's Child, Mary Adkins
    - 1. No report

**4. Other announcements (10 minutes)**

- a. Community baby shower on August 23 sponsored by DRM
- b. Baby shower on August 11 at the ICHD sponsored by MSUE/WIC
- c. Home visiting grant focusing on reducing child abuse and neglect not submitted locally; state level agencies submitted.
- d. The September meeting will take place at Capital Area Michigan Works
- e. Meeting successes: plan of work, tangible project to work on
- f. Meeting challenges: need to streamline time allocations to adequately reflect discussions

**Next Meeting: August 28, 2008, 1:30pm, Sparrow RNICU**

Infant Health Disparities/  
Infant Mortality Initiative

**AGENDA Thursday July 24, 2008–1:30pm**

**Sparrow RNICU**

**1. Welcome and introductions, All (10 minutes)**

- a. Approval of 6/26/08 minutes
- b. Approval of agenda/revised format

**2. New business (60 minutes)**

- a. March of Dimes resources, Sheri Eldred
- b. Planning for a community event focusing on IM, All
- i. Incorporating FIMR findings/recommendations, Marcie Schwartz

**3. Old business (40 minutes)**

- a. Work group updates

- i. Access to Prenatal Care, Kathy Way
  - ii. Smoking Cessation, Tiffany Doolittle
- 
- b. Coalition structure and purpose, All
    - i. Revised draft purpose of Coalition
    - ii. The IMI 2008 WORK PLAN
  - c. Community Updates
    - i. Birth to Five Coalition, Ken Sperber
    - ii. FIMR Updates, Marcie Schwartz
    - iii. MDCH Grant updates, Lisa Chambers
    - iv. Neighborhood Network Centers
    - v. Tomorrow's Child, Mary Adkins
4. Other announcements (10 minutes)

**Next Meeting: August 28, 2008 1:30pm, Sparrow RNICU**

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### **Ingham County Infant Mortality Initiative Purpose Draft**

Infant mortality is a complex issue confounded by a combination of medical and psycho-social factors which impact our community's youngest members in a measure that has long been seen as a community's overall wellbeing. Common medical factors that influence infant mortality include inadequate prenatal care, prematurity, low birth weight babies, substance use including smoking during pregnancy, and other maternal complications including sexually transmitted infections and the impact of periodontal disease. Psycho-social factors are sometimes more difficult to track and include issues of housing, unemployment, education, and neighborhood environments.

Michigan's overall infant mortality rate of 7.4% has continued to remain higher than the national average. This picture is further clouded by the differences among those rates, which result in a disparity that is three times higher for

African American babies. In Ingham County's overall infant mortality rate of 7.1% is comparable to the state's rate; though further examination raises the discrepancies described earlier. In Ingham County, the African American infant mortality rate is 20.1%. When compared to the White infant mortality rate of 4.3%, we notice that an African American baby is nearly five times as likely to die before its first birthday when compared to a White baby (Michigan Department of Community Health, 2007).

To address these issues, the Ingham County Infant Mortality Initiative (IMI) began in 2005. The group is made up of representatives of organizations throughout the Capital Area who are dedicated to addressing increasing disparities of infant mortality rates in our community. The initiative does this by working to address issues that impact infant mortality, including

- Ø Prevention of prematurity and increased access to prenatal care;
- Ø Substance use, including improving smoking cessation efforts;
- Ø Maternal complications including sexually transmitted infections

An innovative and critical component of the initiative is the incorporation of efforts to combat health inequities in each of the focus areas described above. Since such broad disparities among rates of infant mortality exist within Ingham County, efforts will be targeted towards African American women in our community, with the expectation that the lessons learned will then be translated into efforts with additional groups.

This initiative also works closely in partnership with the Ingham County Great Start Collaborative/ Birth to Five Subcommittee and the Safe Sleep Coalition to provide seamless services for women and families in Ingham County. Additionally, the IMI serves as the Community Action Team for the Ingham County FIMR (Fetal Infant Mortality Review); providing guidance in implementing strategies aimed at reducing fetal and infant losses.

The IMI functions to develop a culture of agency collaboration and communication. Its primary foci include:

- 1) Serving as a clearing house through information sharing and dissemination
- 2) Avoid redundancy and programmatic overlap by identifying gaps in services

- 3) Building inter-agency rapport and partnerships
- 4) Legislation information and advocacy

Infant Health Disparities/  
Infant Mortality Initiative

## Meeting Notes 6/26/08

Sparrow RNICU

**Present:** Ken Sperber (GSC), Sandy Geller (Sparrow), Marcie Schwartz (ICHHD/FIMR), Jennifer Lawson (CAUW), Sarah Bryant (ICHHD/PHN), Ira Gewolb (MSU), Tiffany Doolittle (ICHHD/PHN), Jeanne Sullivan (Tomorrow's Child), Kathy Brandenburg (Tomorrow's Child), Lisa Chambers (ICHHD), Maria Zavala (Northwest Community Initiative).

- 1. Welcome and introductions, All (10 minutes)**
    - a. Approval of 5/22/08 minutes
    - b. Approval of agenda
  
  - 2. Concluding discussion-coalition structure and purpose, All (60 minutes)**
    - a. Revised draft purpose of Coalition
      - i. Please see attached
  
    - b. The IMI 2008 WORK PLAN
      - i. Nominate co-chairs
1. Sandy Geller, Sparrow RNIC, agreed to act as co-chair for the IMI.

ii. GOAL #4. Expand NETWORKING by identifying and engaging with community entities that have a role to play in eliminating infant health disparities in Ingham County.

1. Following discussion of this item, the suggestion was made to bring the groups described in the goal together in a community dialogue type of event. Planning will begin at the July meeting.

iii. GOAL #5. Deepen the general public's understanding of the ways infant health disparities affect families and the overall quality of life in our community. Motivate broad OWNERSHIP of the problem and a COMMITMENT to take action to eliminate these infant health disparities.

1. Tabled.

### **3. Work group updates (10 minutes each)**

a. Access to Prenatal Care, Kathy Way

i. The group did not meet so there was no report.

b. Smoking Cessation, Tiffany Doolittle

i. Tiffany shared a number of resources and information from a training that she had recently attended. These will be incorporated into intervention strategies focusing on smoking cessation efforts.

ii. The next meeting is scheduled for Thursday July 24 at 9am.

### **4. Community Updates (20 minutes)**

a. Birth to Five Coalition, Ken Sperber

i. Finalizing grant opportunity through the Community Foundation and Capital Area United Way.

ii. Working on a grant opportunity focusing on home visitation to prevent child abuse and neglect.

b. FIMR Updates, Marcie Schwartz

i. New reporting format was shared and approved for the group.

c. MDCH Grant updates, Sarah Bryant

i. Plans have been finalized to move forward with a partnership at the Sparrow RNICU.

ii. Program overviews were shared with members.

iii. The project currently has two clients enrolled, with up to four additional women pending.

d. Neighborhood Network Centers

i. No report.

e. Tomorrow's Child, Mary Adkins

i. Reminder about the TC grief/interconception care project which can serve a very broad population.

ii. Kristin Patmos left TC and her position is posted online.

iii. The Safe Sleep Coalition is scheduled to meet in August and plans to partner with the Literacy Coalition to host a booth at their annual mall event.

5. Announcements (10 minutes)

**Next Meeting: July 24, 2008–1:30 pm Sparrow RNICU Conference**

Infant Health Disparities/  
Infant Mortality Initiative

## **AGENDA Thursday June 26, 2008–1:30pm**

**Sparrow RNICU**

### **AGENDA**

- 1. Welcome and introductions, All (10 minutes)**
  - a. Approval of 5/22/08 minutes
  - b. Approval of agenda
  
- 2. Concluding discussion–coalition structure and purpose, All (60 minutes)**
  - a. Revised draft purpose of Coalition
  - b. The IMI 2008 WORK PLAN
    - i. Nominate co–chairs
    - ii. GOAL #4. Expand NETWORKING by identifying and engaging with community entities that have a role to play in eliminating infant health disparities in Ingham County.
    - iii. GOAL #5. Deepen the general public’s understanding of the ways infant health disparities affect families and the overall quality of life in our community. Motivate broad OWNERSHIP of the problem and a COMMITMENT to take action to eliminate these infant health disparities.

**3. Work group updates (10 minutes each)**

- a. Access to Prenatal Care, Kathy Way
- b. Smoking Cessation, Tiffany Doolittle

**4. Community Updates (20 minutes)**

- a. Birth to Five Coalition, Ken Sperber
- b. FIMR Updates, Marcie Schwartz
- c. MDCH Grant updates, Lisa Chambers
- d. Neighborhood Network Centers
- e. Tomorrow's Child, Mary Adkins

**5. Announcements (10 minutes)**

- a. Home visitation to prevent child abuse and neglect grant opportunity

**Next Meeting: July 24, 2008**

Infant Health Disparities/  
Infant Mortality Initiative

**MINUTES Thursday May 22, 2008**

**Ingham County Health Department, Conference Room C**

Present: Sarah Bryant (ICHHD/PHN), Debbie Edokpolo (ICHHD/MIOP), Jeanne Sullivan (Tomorrow's Child), Janet Bowen (ICHHD/PHN), Hollie Hammel (Allen Neighborhood Center), Peggy Roberts (Power of We), Ken Sperber (Great Start Collaborative), Maria Zavala (Northwest Initiative), Ira Gewolb (Sparrow), Sandy

Gellar (Sparrow), Kathy Way (ICHD/WH), Lisa Chambers (ICHD/JS/MIOP).

**1. Welcome and introductions, All (10 minutes)**

- a. Approval of 4/24/08 minutes—the title of the document was changed to ‘minutes’ and subsequently approved by the group.
- b. Approval of agenda—the agenda was approved by the group

**2. Concluding discussion—coalition structure and purpose, All (60 minutes)**

a. DRAFT—purpose of Coalition

i. There was discussion about adding additional data to this statement, including (1) factors that impact infant mortality—including medical, social, and post-natal; (2) demographic data about the issue in our community; and (3) specific statistics about each of the target areas described below.

ii. Additional conversation about changing language of focus areas to include: (1) prevention of prematurity and improved access to prenatal care; (2) broadening to the impact of substance abuse (from just smoking), and the inclusion of a new target to include (3) sexually transmitted infections.

iii. The purpose will be revised and brought back to the coalition for further input.

b. The IMI 2008 WORK PLAN

i. GOAL #2. Establish and define the operating STRUCTURE for the Coalition, including clear roles and responsibilities for the oversight body, leadership, member organizations, work groups, and staffing.

1. Two co-chairs will be identified at the June 2008 meeting.
2. A reporting template will be established for the FIMR process to share with the larger coalition.
3. The remaining items under goal 2 will be adjusted for completion status and shared at the next meeting.

ii. GOAL #4. Expand NETWORKING by identifying and engaging with community entities that have a role to play in eliminating infant health disparities in Ingham County.

1. Tabled until June

iii. GOAL #5. Deepen the general public's understanding of the ways infant health disparities affect families and the overall quality of life in our community. Motivate broad OWNERSHIP of the problem and a COMMITMENT to take action to eliminate these infant health disparities.

1. Tabled until June

### **3. Work group updates (10 minutes each)**

a. Access to Prenatal Care, Kathy Way

i. There was discussion on getting additional data about the number of providers trained in Ingham County. This could include the number of: deliveries, infant mortality rates among area counties, NICU beds, perinataologists. This information will be brought to the next full coalition meeting, along with information from the 2006 Black infant death certificates to glean the causes of death.

ii. There were some additional thoughts about adding some activities focusing on the impact of substance abuse, dental care, and involving those providing direct service to this high risk group of women.

iii. Objective three–Develop plan to increase access to care for those who are uninsured–add language about the online Medicaid enrollment system.

iv. Objective four–Develop patient education strategies to convey what is included in comprehensive prenatal care–look to March of Dimes community grants for additional supports.

b. Smoking Cessation, Tiffany Doolittle

i. There was discussion about the Legacy foundation grant, and the supports that will be built in to the home based services already being provided through the work of Public Health Nurses and home visiting Advocates.

ii. Additional thoughts about connecting to alternative education sites to share information in a less threatening way.

#### **4. Community Updates (20 minutes)**

a. Birth to Five Coalition, Ken Sperber

i. Information about the Capital Area United Way–Community Foundation grant and the services/supports that have been submitted for approval.

b. FIMR Updates, Marcie Schwartz

i. No report.

c. MDCH Grant updates, Lisa Chambers

i. Forms and flyers have been developed for use with the interconception care project.

d. Neighborhood Network Centers

i. Maria Zavala (Northwest)–there has been a change in focus to work with more prevention initiatives; canvassing continues

ii. Hollie (Allen)–canvassing, some discussion about doing some short presentations or surveys at their farmer’s market.

e. Tomorrow’s Child, Mary Adkins

i. Discussion about their connection to the Refugee Coalition and the impact that the group may have in looking at culturally appropriate approaches to grief/loss.

#### **5. Announcements (10 minutes)**

- a. A Community Conversation about infant safe sleep: “Why aren’t you listening?” Tuesday June 10 in Detroit.
- b. Unnatural causes presentations through the ICHD.

**Next Meeting: June 26, 2008–1:30pm**

**Sparrow RNICU**

Infant Health Disparities/  
Infant Mortality Initiative

## **AGENDA Thursday May 22, 2008**

**Ingham County Health Department, Conference Room C**

- 1. Welcome and introductions, All (10 minutes)**
  - a. Approval of 4/24/08 minutes
  - b. Approval of agenda
- 2. Concluding discussion–coalition structure and purpose, All (60 minutes)**
  - a. DRAFT–purpose of Coalition
  - b. The IMI 2008 WORK PLAN
    - i. GOAL #2. Establish and define the operating STRUCTURE for the Coalition, including clear roles and responsibilities for the oversight body, leadership, member organizations, work groups, and staffing.
    - ii. GOAL #4. Expand NETWORKING by identifying and engaging with community entities that have a role to play in eliminating infant health disparities in Ingham County.
    - iii. GOAL #5. Deepen the general public’s understanding of the ways infant health disparities affect families and the overall quality of life in our community. Motivate broad OWNERSHIP of the problem and a COMMITMENT to take action to eliminate these infant health disparities.

**3. Work group updates (10 minutes each)**

- a. Access to Prenatal Care, Kathy Way
- b. Smoking Cessation, Tiffany Doolittle

**4. Community Updates (20 minutes)**

- a. Birth to Five Coalition, Ken Sperber
- b. FIMR Updates, Marcie Schwartz
- c. MDCH Grant updates, Lisa Chambers
- d. Neighborhood Network Centers
- e. Tomorrow's Child, Mary Adkins

**5. Announcements (10 minutes)**

- a. A Community Conversation about infant safe sleep: "Why aren't you listening?" Tuesday June 10 in Detroit.

**Next Meeting: May 22, 2008–1–3pm**

**Ingham County Health Department, Conference Room C**

Infant Health Disparities/  
Infant Mortality Initiative

**AGENDA & NOTES Thursday April 24, 2008**

**Ingham County Health Department, Conference Room C**

**Present:** Peggy Roberts, Power of We; Sarah Bryant, PHN/ICHD, Sarah Brown, Resident; Ken Sperber, Great Start Collaborative; Kristin Patmos, Tomorrow's Child; Mary Adkins, Tomorrow's Child; Carol Buzzita, Expectant Parents Organization; Jeanne Sullivan, Tomorrow's Child; Kathy Brandenburg, Tomorrow's Child; Debbie Edokpolo, MIOP/ICHD; Lisa Chambers, ICHD; Amy Moore, Health Promotion/ICHD; Janet Bowen, PHN/ICHD; Kimberly Fiero, PHN/

ICHD, Yvonne Phillips, Mayor's office/Great Start Collaborative; Sandy Geller, Sparrow NICU.

**1. Welcome and introductions, All (10 minutes)**

- a. Minutes dated 3/27/08 were approved by the group.
- b. The agenda was approved for today and as a format as a standing agenda. The one change noted was that Amy Moore was speaking on behalf of Tiffany Doolittle for the smoking cessation work group.

**2. Continued discussion-coalition structure and purpose, All (45 minutes)**

- a. Adjustments to the IMI 2008 WORK PLAN
  - i. There was discussion of the scope of the infant mortality initiative-is the scope too narrow as written? Should goals be re-written to broaden our work to include all groups?
  - ii. There was some concern over the visual diagram that had been drafted to display the various workgroups of the IMI. Many felt that the 'silo' visual didn't adequately capture how many of the different issues impacted each other (smoking, for example).
  - iii. There was additional discussion about how the IMI relates or collaborates with the Birth to Five Coalition in order to draw in the larger early childhood community.
  - iv. Representatives from the ICHD, IMI, Birth to Five, Tomorrow's Child, and the Power of We Consortium are meeting on May 9. The IMI will wait for feedback from that meeting before moving forward.
- b. DRAFT-purpose of Coalition
  - i. Tabled for the next meeting.

- c. Meeting time/date change?
  - i. Tabled for further discussion/clarification.

### **3. Work group updates (10 minutes each)**

- a. Access to Prenatal Care, Kathy Way
  - i. The group is looking to conduct additional focus groups to hear from women and community based workers. The group is planning to work with Renee and Doak to best facilitate the process.
- b. Grief support, Mary Adkins
  - i. There was discussion about developing a series of trainings/ community conversations/ a speaker's bureau focusing on grief.
  - ii. There was additional discussion about the impact of language and cultural beliefs in pregnancy. Tomorrow's Child is planning to send someone to the Immigrant and Refugee Coalition, which meets the second Monday of each month at 9am at 801 South Waverly.
- c. MDCH Grant updates, Lisa Chambers
  - i. The grant has refocused its efforts to include those women who have experienced a negative pregnancy outcome, including low birth weight and preterm delivery.
  - ii. The goal is to target 25 Black women who have experienced such an event and work with them for up to two years to delay their next pregnancy.
  - iii. Sarah Bryant is the Public Health Nurse working on the project, along with a Maternal Infant Outreach Program (MIOP) Advocate.
- d. Safe sleep, Carol Buzzita
  - i. The group did not meet, and is now likely looking to move back to its initial schedule of the fourth Monday of every month at 9am.
- e. Smoking Cessation, Amy Moore
  - i. The group felt that they needed clarification on the proposed structure of the coalition and subsequent work groups. Additionally, as

described earlier, there needed to be clarification as to who the target population should be (Black women or all smokers).

#### **4. Community Updates (10 minutes)**

- a. Birth to Five Coalition, Ken Sperber
  - i. The Birth to Five Coalition/Great Start Collaborative has been selected by the Capital Area United Way and Capital Region Foundation to receive a grant aimed at improving school readiness.
  - ii. Funding will be up to \$225K each year for three years. If there are ideas to submit for funding consideration, please contact Ken.
- b. FIMR Updates, Marcie Schwartz
  - i. Marcie was out ill, so there was no FIMR report.
- c. Neighborhood Network Centers
  - i. No report from the network centers.
- d. Tomorrow's Child, Mary Adkins
  - i. Tomorrow's Child will hold a statewide project focusing on safe sleep in hospitals on April 29.
  - ii. The Association of Infant Mortality Professionals will host a training September 18–19 in Dearborn. There will be a medical examiner panel, which will focus on how to determine the cause of death.
  - iii. Kathy shared that the women served through the Interconception Project very much appreciated the grief services available through Tomorrow's Child.

#### **5. Announcements (5 minutes)**

- a. Reducing Infant Mortality in Michigan:  
Lessons From the Field–May 5 at the Lansing Center

**Next Meeting: May 22, 2008–1–3pm**

**Ingham County Health Department, Conference Room C**

Safe Sleep Coalition &  
Infant Mortality Initiative

## **Joint Meeting Reminder 3/27/2008**

**JOINT MEETING SAFE SLEEP & INFANT MORTALITY COALITIONS  
on 3/27/08 from 1–3pm  
at Ingham Human Services Bldg 5303 S Cedar Lansing, MI 48911  
(Conf Rm C)**

### **AGENDA Thursday March 27, 2008**

1. Welcome and introductions
2. Safe Sleep Updates, Carol Buzzita
3. MDCH Grant updates, Lisa Chambers
4. Other grants updates
  - a. FACT and Fatherhood
  - b. Legacy Foundation
  - c. Healthy Start
  - d. March of Dimes
5. FIMR Updates, Marcie Schwartz
6. IMI 2008 ACTION PLAN, Doak Bloss
7. Unnatural Causes: PBS Health Disparities documentary
8. Reducing Infant Mortality In Michigan: Lessons From the Field–May 5
9. Power of We Presentation: March 28, 2008
10. Other?

Next Meeting: April 24, 2008–1–3pm  
Ingham County Health Department, Conference Room C

Infant Health Disparities/  
Infant Mortality Initiative

## IMI Meeting Reminder 1/24/2008

Our next Infant Mortality Meeting is scheduled for Thursday January 24 from 1-3pm in conference room C at the ICHD. At this meeting, we will finalize our plans for our work in 2008 and beyond.

A reminder that our meetings will always take place on the fourth Thursday of each month from 1-3pm, and we are scheduled in Conference Room C at the ICHD for the rest of the year.

Thanks,

Lisa

[LChambers@ingham.org](mailto:LChambers@ingham.org)

Lisa Chambers, MSW

Jump Start/MIOP/NAOP Coordinator

Ingham County Health Department

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Lansing, MI 48911

Phone: 517.272.4122

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Infant Health Disparities/  
Infant Mortality Initiative

Please click on the link below to view the Powerpoint presentation focusing on the current Ingham County IM data that was presented at our last coalition meeting (on 11/27/07).

[ICHD Comprehensive Infant Mortality Strategy Planning](#)

Infant Health Disparities/

## Infant Mortality Initiative

### Report on Planning Work – September 27, 2007

**BACKGROUND.** The Infant Mortality Initiative is engaged in a planning process to define its future work, based upon the five recommendations generated in July. Earlier decisions that were reached include the following:

- The **name** of the collaborative is changed to “The Infant Mortality Initiative,” because the prior name (Infant Health Disparities Coalition) was derived from the state grant and did not reflect the real focus of the group.
- The IMI is a collaborative of **the Power of We Consortium**. Its work is complementary to the work of another PWC collaborative, the **Birth to Five Subcommittee** (which is also known as the Great Start Collaborative). Because the IMI focuses on infant mortality explicitly and the Birth to Five Subcommittee on early child development, the two collaboratives should not be redundant or duplicative.
- As issues are surfaced by the IMI that require **policy or community action** that is beyond the scope of the IMI to effect, they should be brought to the PWC. The IMI should also regularly look for opportunities to convene community members and organizations to raise awareness of infant mortality concerns through the PWC.
- The IMI should have **two co-chairs**, ideally one with a “community” orientation and one with an institutional/agency affiliation; and the latter should not necessarily “default” to ICHD. Co-chairs should act as facilitators of the group’s work, striving for forward motion as defined by the priorities of the action plan.
- **Two standing items should appear on all meeting agendas:** a report on the IHD grant, and the provision of information from the FIMR. Once

the current planning process is complete, qualitative discussion on FIMR information should be a major part of the regular meetings.

- A **template for meeting minutes** should be developed, one that clearly identifies decisions reached on tasks to be completed (who/what/by when).
- The IMI will not have standing subcommittees, but rather will work through **task-oriented, time-limited work groups** to advance specific action steps as they are defined.
- ICHD will explore whether **clerical support** can be donated to support the initiative's work.

There are three areas of work that need to be addressed in the planning process:

- Ø What specific issues/actions should the IMI prioritize in the coming year?
- Ø How should the IMI expand its networking and communication with other groups whose work relate to infant mortality?
- Ø How should the IMI deepen public understanding of infant mortality?

## **DISCUSSION OF PRIORITY ACTIONS**

As a step toward determining the issues the IMI might focus on in the coming year, Renee Canady presented information from focus groups held in 2005 under the direction of Public Sector Consultants, which were used to inform the original plan as part of the state grant. Participants discussed this information in "open dialogue" format. At the October meeting, it will engage in a more structured dialogue to determine an appropriate priority focus for action.

The following points were made:

- Ingham County focus group participants were hesitant to acknowledge racism as a problem in accessing services (unlike participants in other Michigan cities). However, they also spoke of being ignored, minimized, or not getting their questions answered. Important issues that emerged in Ingham County were bias based on the absence of fathers; class bias (reflected in differences in treatment based on insurance/coverage type); bias against teenage parents; fear of Child Protection Services and distrust of DHS and other systems.
  
- The idea of “planning” pregnancy was understood in many different ways by focus group participants, i.e. planning for conception, planning for pregnancy, and planning for motherhood. Fatalism and resignation were common themes, and it was clear that the participants did not share the conventional understanding of “planning” as used by providers and health educators.
  
- Concluding impressions of the focus groups were that we need to:
  - Better understand the relationship between women’s perceptions and health institution goals;
  - Understand our role in advocacy;
  - Validate women’s experiences; and
  - Change practice to better reflect the context of care as suitable to all patients (including under-represented, at-risk populations).
  
- It was noted that the drop in infant mortality in 2006 coincides with the first year of the Safe Sleep campaign.
  
- Regarding the discussion of different care for different types of insurance coverage, it was noted that this would also usually involve seeing a different provider (one who takes Medicaid or IHP). Many ICHD patients

plainly distinguish between coming to the health department and “seeing a real doctor,” despite messages to the contrary. It was noted that many patients in Women’s Health are seen by residents, and that there are more support services available to women going to Child Health.

- Regarding the confusion about “planning,” members of the group noted that:
  - Condoms were seen as expensive by many, and that lots of women don’t have access to other forms of birth control.
  - Taboos in education confuse the issue, i.e. being able to talk about reproduction but not sex in school; abstinence-only messages.
  - For girls under 16, there is often no connection made between having sex and making babies. Also for younger girls, a common presentation is “I don’t plan to have sex,” but the desire for a relationship is strong, and leads them to sexual activity.
  
- An aspect of the “culture of poverty” is that young women and girls don’t recognize that control is an option. When social workers or nurses try to empower them to communicate with their provider, the patient can get discouraged by the provider’s attitude. (Example: a woman phoned her provider because her baby would not stop crying and was repeatedly told “That’s what babies do.”) Empowering patients requires that we work with providers as well.
  
- Addressing the absence/presence of fathers, members of the group noted the following:
  - The presence of a father can improve the power dynamic between patient and provider.
  - The father’s involvement may be negative or even hazardous if the woman is in an abusive relationship with the father. Rather than assuming positive involvement of the father, it’s important to ask women, “Who in your life is making you feel safe?”

- In the focus groups and in the literature, there is evidence of differing relational patterns by race. For example, the involvement of the mother's mother is seen as a stressor for white women, and a positive influence for black women.

Asked to sum up what this conversation implied about strategies of reducing disparities in infant mortality in Ingham County, participants suggested the following:

- We need to work with providers as well as patients: providing knowledge and background while validating concerns on both sides.
- By "providers," we mean doctors, nurses, and all levels of health center staff. Agency staff don't necessarily understand the clients we serve and the issues they face.
- We need to understand issues of generational poverty and what it means to function in a world defined by that experience: how do we break the cycle? (Activities, educational/support tools)
- We need to help clients "problem-solve," moving from "do for" to "do with" and "cheer on."

Asked what we could do to pursue these strategies, participants suggested:

- Bring more people to the table. Outline what each organization does related to their involvement with the Infant Mortality Initiative. Organize the available resources in the community.

- Prioritize tasks. (Example: the Tobacco Task Force prioritized reducing smoking during pregnancy.)

## **NEXT MEETING**

At the October 25 meeting, we will attempt to narrow down the possible focus for action, based on the September conversation and any other information members bring to the table. If time allows, we will also brainstorm strategies for expanded networking and increased public understanding of infant mortality disparities.

Infant Health Disparities/  
Infant Mortality Coalition

## **AGENDA Thursday August 23, 2007, 1–3pm**

Ingham County MSU Extension Conference Room

1. Welcome and introductions
2. Project updates
  - a. Grant updates and training opportunities, Lisa Chambers
  - b. FIMR Updates, Marcie Schwartz
3. Thoughts about the Coalition from a state and local perspective, Dr. Canady

4. The future of the Coalition, a continuing conversation facilitated by Doak Bloss
5. Set next meeting date
6. Other?

Infant Health Disparities Coalition (IHDC)

## 8/23/07 Meeting Reminder

Our next meeting will take place on Thursday August 23 from 1–3pm. We will again meet in the MSU Extension Conference Room, located at the Human Services Building (5303 South Cedar). At that time, we will continue our facilitated discussion with Doak Bloss.

Please contact me with any questions.

Thanks,  
Lisa

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Infant Health Disparities Coalition (IHDC)

## **AGENDA Monday July 30, 2007**

**Conference Room C–Ingham County Health Department**

1. Welcome and introductions
2. Project updates
  - a. Renee Canady–Deputy Health Officer, Nursing and Special Services
  - b. Marcie Schwartz, FIMR Coordinator
3. The Status of Young Children in Ingham County–Report to the Community on the well-being of Ingham County’s young children and their families–2007  
The Birth to Five Ingham Great Start Collaborative
4. The future of the Coalition–Doak Bloss
5. Other?

Infant Health Disparities Coalition (IHDC)

**Infant Health Disparities Coalition**

**Report on Planning Session – June 28, 2007**

On June 28, 2007, members of the the Infant Health Disparities Coalition (also referred to as “the collaborative” in this report) met to assess the group’s progress since the creation of the 2006 Implementation plan, and begin a process of considering ways to re-energize the collaborative’s work. The overall Focus Question to be answered by the session was **“What do we need**

## **to do to improve this collaborative’s effectiveness in reducing disparities in infant mortality in Ingham County?”**

**Process:** The session began with a review of the five major goals of the 2006 plan, and the strategies and action steps related to each goal. As these were presented, participants identified actions that had been taken. The facilitator then asked participants a series of “summary questions” intended to organize the information the group needed to consider in answering the Focus Question. Finally, participants brainstormed their individual answers to the Focus Question, shared these answers in small groups, and clustered the group answers on an adhesive board. The clusters thus formed were translated by the facilitator into the five recommendations found at the end of the report. These will be further refined at the group’s next meeting, July 30, 1:00 to 3:00 p.m.

### **I. REVIEW AND ASSESSMENT OF PLAN ACTIVITY**

**Plan Goal:** To keep mothers and infants alive and well before, during, and after birth, and to reduce disparities in survival among population groups.

#### **Objective 1: Public Awareness and Outreach**

##### **Strategy 1: Increase community awareness**

**Actions:**

- 1) Develop public education messages about the rates of infant mortality, focusing on the disparity between African American and white infants; increase community ownership of the issue.
- 2) Develop a specific message that deglamorizes having a baby at a young age.
- 3) Bring residents, health care, providers, and agency staff together, provide information about issues and current services; train neighborhood based facilitators to lead dialogues within the community.

##### **Strategy 2: Educate young men and women about healthy pregnancies and infant health**

## Actions:

- 1) Work with local media and community based news outlets to inform young mothers and fathers about resources available.
- 2) Design outreach activities through neighborhood centers and associations and faith-based organizations.
- 3) Strengthen and expand delivery of the “Safe Sleep” message, making the message clear and consistent.

## What has been done:

- Neighborhood centers and community groups have used some grant funding and Title V dollars to provide information about issues and current services. They produced newsletters with educational messages, and designed an implemented outreach strategies.
- Daylong training was provided to professionals, paraprofessionals, and neighborhood/community/faith groups working with young mothers.
- The Birth to Five Committee reports data to the community on health outcomes; one part of their report addresses infant mortality.

## Other Comments

- Regarding “deglamorization”: Pregnancy rate among 15- to 19-year olds is higher for Ingham County than for the state as a whole.
- Public awareness and education has been a topic of discussion at many of the coalition’s meetings.

## **Objective 2: Address underlying causes of infant mortality**

### **Strategy 1: Focus on social, economic, and environmental conditions.**

#### Actions:

- 1) Establish FIMR in Ingham County, focusing on deaths due to prematurity and post–neonatal deaths; use findings to refine and strengthen actions.
- 2) Strengthen death scene investigation and child death review process.
- 3) The Power of We Consortium should educate the public on the connection between infant health and survival and the social, economic, and environmental conditions within the community.
- 4) The consortium should receive regular briefings on the findings and recommendations of FIMR. Incorporate actions into broader strategies, and include this information in community briefings.

### **Strategy 2: Address internalized oppression and racism through a coordinated initiative among all neighborhood network centers.**

- 1) Expand role of community outreach workers to engage neighborhood residents in peer outreach to young families and provide avenues for resident advocacy with institutions and providers.
- 2) Implement group prenatal care models facilitated by nurse midwives, emphasizing empowerment of women.

#### What has been done:

- FIMR was established.
- Useful information is coming to light at the FIMRs; this may soon be ready to share with a wider audience.

- Guidelines are being revised for death scene investigation, with the hope that they will be adopted by more counties, thereby unifying the process for Protective Services, nurses, law enforcement, etc.
- Power of We Consortium (PWC) was consulted in review of targets.

#### Other Comments

- Repeatedly acknowledged the difficulties of tracking down information on infant deaths; contradictory records; inability to locate mothers for follow-up.
- No real attempt to identify the lessons or forge new strategies through PWC.
- “Expanding the role of community outreach workers” is a promising and frequently proposed idea, but it can’t really be accomplished without supplying the resources needed to do it.

#### **Objective 3: Build continuum of supports at the neighborhood level.**

##### **Strategy 1: Start work to build the entire continuum, beginning with prior to pregnancy and after newborns come home.**

###### Actions:

- 1) Improve health of women prior to pregnancy by educating children (both girls and boys) about nutrition, exercise, and the risks associated with sex.
- 2) Improve health of women prior to pregnancy by educating women of childbearing age about preconception health and maternal health.
- 3) Improve infant health through outreach connecting parents to resources and supports.

**Strategy 2: Deliver and expand programs and services in neighborhoods, both universal (outreach to all new parents) and targeted, continuing one-on-one support in high-risk areas/populations.**

- 1) Increase home visitation, using peer outreach workers.
- 2) Educate about healthy pregnancy and infant health and screen for risks, e.g., deploy a “mobile Pre/Postnatal Health Van.”
- 3) Increase alternatives for young women.

What has been done:

- Expectant Parents Organization went to neighborhood groups to provide sessions on a variety of topics, such as kinship care.
- Neighborhood health teams continue to incorporate IHP and other resources into their canvassing and other contacts.
- Physicians Health Plan involved itself with neighborhood centers, health fairs, schools, and other community outreach points. It also provided incentives for Well Child visits.

Other Comments

- Incentives are definitely helpful in the engagement process with the target population; example, coupons for diapers in exchange for participating in post partum assessment.
- These efforts are focused only in the Lansing area; there are no similar resources (health outreach teams) in the rural parts of the county.

- The plan doesn't address smoking cessation, which has been the focus of much of our efforts. Ingham regularly ranks smoking cessation as a high priority issue in preventing infant mortality.
- The risk of domestic violence during pregnancy is another important issue that is not explicitly addressed.

#### **Objective 4: High quality health care.**

**Strategy: Reduce barriers (“red tape,” lack of respect, and judgmental treatment).**

Actions:

- 1) Convene groups of teen parents, new parents, and African American women at the neighborhood level to review and evaluate existing programs that educate health providers: provide suggestions for improving those programs.
- 2) Provide cultural competency, self-awareness, and sensitivity training and supervision for health care providers and front-line staff.
- 3) Health care providers and organizations conduct a joint review and improve the process by which they work together to provide services to expectant and new parents: provider follow-up on quality of care; peer interviews on quality of care, with findings given to providers.

What has been done:

- Focus groups were held in 2005 as part of the initial plan development process.
- ICHD's Social Justice Project examined racism, classism, and gender discrimination as underlying causes of health disparity and outlined a plan for addressing these. Project is in the process of developing internal

capacity to do trainings on multiculturalism and root causes of health inequity.

- Public Health Nurses and Women's Health Services have liaison relationship. High risk prenatal cases are assessed. Hospitals also call for prenatal intakes and outreach.
- Changes in practice: One public health nurse's job (J. Bowen) changed to be more responsive to needs of high-risk cases. ICHD pays for services that are not reimbursable. At IRMC, every person who has a baby on a weekday gets a visit from the ICHD nurse.
- Cultural competency session incorporated into daylong training for professionals, paraprofessionals, and neighborhood groups.

Other comments:

- Recent "REACH US" grant application submitted by ICHD would provide roles for Greater Lansing African American Health Institute and Lansing Latino Health Alliance in assessing and improving cultural competency within health institutions such as ICHD, hospitals, and colleges.

**Objective 5: Strengthen the role of fathers.**

Strategy: Promote volunteerism and enhance the role and responsibilities of fathers.

Actions:

- 1) Neighborhood centers convene groups of new fathers to find more effective ways of helping them prepare for fatherhood and strengthening their roles as caretakers.
- 2) Neighborhood centers, BCFI, GLAAHI, Cristo Rey work together to construct and provide volunteer and mentoring programs for young fathers.
- 3) Increase community awareness of existing father's groups and send the message that it is OK for men to nurture and support others.

What has been done:

- Baker Donora had fathers group for some time.
- Barry Kaufman from CMH continues to work with fathers support groups lasting 6 - 8 weeks.
- Presentation on fathers' programs was incorporated into the 2006 daylong training.

NOTE: The following, sixth objective was inadvertently left out of the trigger exercise by the facilitator. It is provided here, with the facilitator's comments only.

**Objective 6: Establish oversight and monitor progress by the Power of We Consortium.**

Strategy 1: Oversee the implementation of the action plan

Actions:

- 1) Adopt the goal and incorporate in regular reports to the community.
- 2) Incorporate strategies and actions underway in regular briefings to the community.
- 3) Review progress monthly.

4) Use website to inform the community about the issue and actions underway in the community.

Strategy 2: Monitor progress on objectives.

- 1) Select measures to monitor objectives
- 2) Assess overall progress in September 2006

Strategy 3: Set targets for reducing infant mortality rates.

- 1) Initiative proposes targets for reducing overall rate and the disparity between rates.
- 2) Consortium continues to use the overall rate of infant mortality as an indicator of community well-being, informs the community of the targets that have been set to help reach the goal and progress toward achieving the targets.

What has been done:

- PWC did adopt goal and plan, and receive periodic updates on progress. PWC also adopted targets recommended by the initiative, which will be used in the next edition of the indicators report.
- Website has not been used to inform the community, except through the indicators report.

## **II. "SUMMARY QUESTIONS" RESPONSES**

The following comments were made in response to "Summary Questions" asked by the facilitator.

### **General Observations**

- The needs haven't changed much since the plan was created.
- The plan's approach is comprehensive, embracing many facets of the problem. No one entity could be expected to do all that the plan entails.
- Each objective has multiple targeted activities; the plan perhaps isn't as "systematic" as it could be in its approach.
- The plan represents a snapshot of conditions as they existed in 2005, which hasn't been revisited since. The process to produce the plan was a distinct activity, not part of a cohesive flow of inquiry by the community.
- There is no clear feedback or communication mechanism attached the plan, other than occasional contact with the PWC.
- Health care providers are a "missing player." There are no activities in place that address cultural competency issues with providers. Could Ingham Medical Society have a role to play in providing this connection? Community Mental Health?
- Membership in the coalition is not broad, and may need to be expanded to accomplish all the things in the plan.
- Remember, some of the responsibilities of oversight and awareness fall to the PWC.

### **Things that Frustrate**

- We haven't kept up with plan by regularly revisiting it, or tracking our activities within it. The grant functions have primarily driven activity of the coalition.
- We haven't really connected our activity to "the big picture," for example, the economic issues underlying infant mortality and low birth weight. Other collaboratives deal with "other" issues that are in fact integral to infant mortality; i.e. Birth-to Five, Substance Abuse.

## Things that Gratify

- A lot is being done.
- We come together regularly, sharing and exploring ideas for improvement.

## Challenges

- We know the problem, but need to find a way to trigger action by others —preferably more comprehensive, systemic action. We need a hook, a way to empower the community to pursue a different approach.
- In moving from general infant mortality to disparities in infant mortality, there is a sense that the urgency of the issue gets “softened.” The target-setting group helped to reveal the impact on overall infant mortality that would be achieved by reducing disparities, but it is a challenging message to convey.
- Cultural competency needs to be addressed at an institutional level. Structural racism needs to be confronted through a social justice approach.
- It’s been challenging to move beyond the focus that the funding dictates to deal with the wider issues.

## Opportunities

- May be ready to achieve greater communication about what is going on, and a more collaborative approach through sharing of resources.
- We need to explore the real barriers that contribute to disparity. For example, on paper everyone may have access to care, but are there

different obstacles for different groups, in the form of attitudes, distrust, etc.?

- Different geographic neighborhoods have access to different resources for pregnant women. Perhaps we could find ways to work together to expand availability across the neighborhood centers.
- In providing an update to the Power of We Consortium on the plan, we have an opportunity to strengthen and deepen key strategies.
- Faith-based groups represent an opportunity for new outreach, education, access.

### **Envisioning Success** (if we succeed, what will be true?)

- An updated plan, with a more structural, systemic approach to the problem.
- Data showing infant mortality disparities in decline.
- New strategies for contacting the people we don't reach now.
- We know people who know people who can help us attack the problem.
- Documentation of greater number of African Americans accessing services, and receiving quality services.
- The whole community sees this as an issue the whole community must take responsibility for.
- A larger coalition, with a steering committee and various subcommittees and work groups.

### **III. RECOMMENDATIONS**

Participants generated five “clusters” of answers to the Focus Question (What do we need to do to improve this collaborative’s effectiveness in reducing

disparities in infant mortality in Ingham County?). These clusters have been used to formulate five draft recommendations for review at the July 30 meeting. It should be noted that the last of these recommendation, “Specific Strategies and Issues,” contains a number of discreet strategies that the collaborative may want to pursue (addressing structural racism, supportive role models, father involvement, smoking cessation, etc.)

The five recommendations are

- **STRUCTURE:** Establish and define the operating structure for the Coalition, including clear roles and responsibilities for the oversight body, leadership, member organizations, work groups, and staffing.
- **PLANNING:** Revise the 2006 Implementation Plan to reflect the real work being done, and create a feasible approach to reducing infant mortality disparities over time.
- **EXPANDED NETWORKING:** Identify and engage with all community entities that have a role to play in eliminating infant health disparities in Ingham County.
- **PUBLIC AWARENESS AND OWNERSHIP:** Develop new ways to make infant health disparity relevant to the community at large, motivating broad ownership of the problem and creating the community will to take action.
- **SPECIFIC STRATEGIES AND ISSUES:** Identify and prioritize specific actions the Coalition will concentrate on to reduce infant mortality among African Americans in Ingham County.

The recommendations are provided in greater detail on the following pages. On July 30, the coalition members will attempt to refine and validate them, and determine next steps implementation.

**1. STRUCTURE: Establish and define the operating structure for the Coalition, including clear roles and responsibilities for the oversight body, leadership, member organizations, work groups, and staffing.**

In its first two years of operation, the Coalition's work has largely been driven by the parameters of the grant from the state. However, the implementation plan that was developed in 2006 is far more encompassing, and there is a desire by the participants in the Coalition to take a more comprehensive approach to eliminating disparities in infant mortality. In order to do that, a new organizational structure needs to be defined and implemented. Within the structure, clear roles and responsibilities also need to be defined. Issues that need to be resolved for each component of a new structure include:

- **OVERSIGHT:** The Coalition is a community collaborative of the Power of We Consortium (PWC). As such, the PWC has oversight over the Coalition's work, and should serve as a vehicle for disseminating information, facilitating policy change, and blending resources. The Coalition needs to think through how it can best utilize and communicate with the PWC in pursuing its strategies.

- **LEADERSHIP:** The Coalition originally had designated Co-chairs, but for some time now has been coordinated by Health Department staff without officially assigning leadership roles. The Coalition should consider what leadership arrangement will best serve the goal of making the Coalition a

broad-based, community collaborative that can effectively pursue strategies to eliminate disparities in infant mortality.

- **COMMITTEES or WORK GROUPS:** How should the work of the Coalition be carried out? It may be advisable to organize the membership into committees or work groups addressing specific issues or a specific core functions. Such groups would move work forward between Coalition meetings, and perhaps meet more frequently than the entire Coalition.
- **STAFFING:** Dedicated staff would greatly help move the Coalition's work forward. The Coalition should seek funding for Coalition staff; in the absence of funding, the possibility of getting a member organization to contribute support staff time should be pursued.
- **COMMUNICATION:** The Coalition should establish or pursue a mechanism for facilitating ongoing communication between its members, and with other community entities that are involved in eliminating infant health disparities.

**2. PLANNING: Revise the 2006 Implementation Plan to reflect the real work being done, and create a feasible approach to reducing infant mortality disparities over time.**

The original Implementation Plan was created without a clear understanding of the resources that would be available to carry the work forward. The Coalition now has a better sense of the need to work with existing capacities, combining resources and linking services where feasible. The current facilitated dialogue process should therefore be used to create a new plan of action, one that more clearly defines goals, roles, responsibilities, and expectations. This plan should then be taken to the Power of We Consortium for validation and buy-in, with an understanding that the collaborative will seek additional resources whenever possible but in the absence of additional funding will work with the limited, existing capacity of participating organizations. Appropriate linkages should also be made to other PWC collaboratives, such as those that address early child development and substance abuse.

Action steps:

- Articulate an Action Plan based on the findings from the current dialogue process. Include in the plan recommendations for new structure, expanded communication and networking, public awareness and ownership, and responses to specific health and social factors contributing to disparities in infant mortality.
- Present and seek approval of the plan from the Power of We Consortium. Achieve clear buy-in to the PWC's role in disseminating information and working toward positive policy changes.
- Assign work tasks to committees or work groups.

**3. EXPANDED NETWORKING: Identify and engage with all community entities that have a role to play in eliminating infant health disparities in Ingham County.**

Clearly the full array of stakeholders, service providers, and people of influence who could transform our community's approach to reducing infant health disparities are not immediately engaged in the Coalition as it is currently configured. While it may not be necessary to convince all such entities to become regular, active participants in the Coalition, we should use the current planning process to invite new members into the Coalition, and identify ways to maintain networking ties with those that are interested but unable to commit to membership. To identify the entities that should be approached to join in this network, Coalition members should engage in a brainstorming activity that teases out the health and social factors that contribute to infant mortality disparity.

Action steps:

- Identify through brainstorming all stakeholder groups that have a role to play in eliminating infant health disparities.
- Strategically select specific entities to participate in the Coalition's planning process, and invite to join the process.
- Devise other means for engaging with additional stakeholders once the plan is adopted by the PWC, possibly through a "community awareness / update" event.
- Construct ongoing mechanisms or avenues for regular communication between all entities that are involved in reducing infant health disparities, regardless of their official membership in the Coalition.

**4. PUBLIC AWARENESS AND OWNERSHIP: Develop new ways to make infant health disparity relevant to the community at large, motivating broad ownership of the problem and creating the community will to take action.**

The facts about disparities in infant mortality and infant health are striking; however, the facts alone often fail to illuminate a pathway to positive action or coherent community strategies for reducing these disparities. To do this, it is important to provide contextual information through narrative or supplemental data on social inequities that create the conditions for poor health. A committee or work group should be assigned the task of creating new strategies for increasing public understanding of the phenomenon of infant health disparities, why they have persisted, and the importance of eliminating them.

The reasons for increasing public awareness and ownership are threefold: to create new avenues for communication and action by the general public; to

influence policy-makers whose actions can impact policy and programming; and to garner additional public and private resources to fight infant mortality.

Action steps:

- Create a Public Awareness Committee or Work Group within the Coalition.
- Develop strategies for deepening public understanding.
- Seek additional funding or expertise as needed to implement strategies.

**5. SPECIFIC STRATEGIES AND ISSUES: Identify and prioritize specific actions the Coalition will concentrate on to reduce infant mortality among African Americans in Ingham County.**

While much of the Coalition's focus is on the "big picture" of infant health disparities, it must also explore opportunities to prevent infant mortality through more targeted actions. A number of possible targeted issues and actions have been proposed by the members of the committee, including the following:

- o Reduce smoking before, during, and after pregnancy
- o Reduce substance abuse before, during, and after pregnancy
- o Increase father involvement
- o Increase access to doulas or supportive role models before, during, and after pregnancy
- o Increase access to pre-natal care
- o Increase community awareness of existing resources and how to access them effectively
- o Reduce teen pregnancy

- o Provide Safe sleep education
- o Identify and confront structural racism at both the institutional and interpersonal levels

In order to maximize its effectiveness and energy, the Coalition should select a small number of priorities, with clear, achievable, and time-limited indicators or benchmarks, and organize committees or work groups around these priorities. Staying mindful of the Coalition's networking function, it is also important to acknowledge and remain linked to other community efforts led by other community stakeholder groups, and to avoid unnecessary duplication of effort.

Action steps:

- Determine a small number of specific goals to pursue within a given time frame, and criteria for selecting them.
- Prioritize goals and assign responsibility to committees or work groups, with specific benchmarks for action or outcomes within a specified time frame.

### Infant Health Disparities Coalition (IHDC)

A reminder for the next Infant Health Disparities/Infant Mortality meeting scheduled for Thursday June 28 from 1–3pm. We will again meet in the Ingham County MSU Extension Conference room.

Doak Bloss will facilitate the meeting that day, and we plan to discuss the coalition's goals and objectives, and determine those actions that we need to put in place to get there. It is important that we get a broad representation from the community so that different perspectives are heard.

I look forward to seeing you all next week. Please let me know if you have any

questions prior to the meeting.

Thanks,  
Lisa

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Infant Health Disparities Coalition (IHDC)

## **AGENDA Thursday March 22 – 1pm MSU Extension Conference Room**

1. Welcome and introductions
2. MDCH update
3. Work First Presentation by Tekea Jackson and Mary Welling-Bonney
4. Target setting workgroup update-Maria Zavala
5. Other?

**Next Meeting: Thursday May 27, 2007 1-3pm  
Location TBD**

Infant Health Disparities Coalition (IHDC)  
**Meeting MINUTES Thursday March 22, 2007**  
Ingham County MSU Extension Conference Room

## **1. Welcome and introductions**

- Present: Lisa Chambers, Chuck Goeke, Debbie Edokpolo, Nancy Hayward, Mary Welling Bonny, Tekea Jackson, Ken Sperber, Janet Bowen, Eldon Ligon, Peggy Roberts, Debby Starnes, Connie McQuaid, Barb Artis, Monica Kwasnik, Jerin Messerrol, Doak Bloss, Jeanne Sullivan, Pete Vargas, Natasha Davidson, Dean Sienko, Carol Buzzitta, and Maria Zavala.

## **2. MDCH update**

- We have received approval from MDCH to proceed with our grant proposal. The grant funds focus on the interconception period and target African American women. The project will track 50 women who have experienced either a fetal or an infant loss, and will provide case management services and grief support for up to two years. Additional funding has been allocated to FIMR, a portion of the smoking cessation coordinator's position, and several community partners.

## **3. Community Presentations**

- At our last meeting, we talked about how we might better link with the services and programs offered by DHS and Work First. Thanks to Tekea Jackson (JET Coordinator), Mary Welling-Bonney (Successful Parent), and Jerlynn Messeroll (Ingham County DHS) for their willingness to share information with us.
- When a family applies to DHS for a cash grant, a referral is made to Work First, where individuals must attend a week long orientation.
- Work First (WF) has now transitioned to the JET program (Jobs, Education, and Training). Instead of solely focusing on obtaining a job as WF did, JET also provides life skill information, education and training, and other supports that individuals need to be employed (some transportation assistance, clothing); and the program supports individuals in becoming more self sufficient.

- If an individual is noncompliant with the JET program, they receive a sanction. The first time, their cash grant is closed for 90 days, the second time it is closed for another 90 days, and the third time it is closed for a year. Tekea reported that they do all that they can to ensure that families remain in compliance.
- For pregnant women in the JET program; doctor or hospital visits, WIC, counseling, and other appointments can be included in their weekly program requirements.
- Those women who are more than seven months pregnant enter the Successful Parent program. They receive supportive services, such as education and training; a link to other community services (Shared Pregnancy, EFNEP); and other issues that they may face (DV, mental health issues).
- Doak facilitated the follow up discussion about those things that we could do to develop a relationship that would benefit the women that we are both working with. We talked about linking the services that coalition members provide to the women served at Successful Parent, connecting to the network centers, providing information/linking with the smoking cessation program. Follow up information will be shared at the next meeting.

#### **4. Target setting workgroup update–Maria Zavala**

· Lisa shared that she was approached by Melany Mack, in order for the target setting work group to move forward. Lisa shared that we first needed to revisit the recommendations that were developed last fall and get support from the coalition. The recommendations would then be taken to the Power of We Consortium for larger community support, and shared in the community data book (to be released later this year).

· Maria had chaired the group last year, and presented to the group. The recommendations included:

1. The Ingham County Health Disparities Coalition recommends to the Power of We Consortium that the Community be engaged in a comprehensive, coordinated effort to reduce the African American infant mortality rate in

Ingham County to no more than 10 per 1,000 live births by 2020, while reducing the overall infant mortality rate to no more than 5.5 by 2020.

2. To reach this target by 2020, the African American infant mortality rate must be reduced by an average of 0.4 percent per year.

- There was discussion about the appropriateness of some of the language, and questions about how the recommendations were calculated.

- The group was not able to come to a consensus recommendation. But because the recommendations are to be included in the data book, the target setting work group will reconvene to clarify the recommendations, e-mail them out to the larger coalition, and get support prior to the next PoW meeting (4/20). Maria will coordinate setting the meeting up.

## 5. Updates

- No updates were shared due to time constraints.

## 6. Other?

- Mary Welling Bonney asked to be added to the mailing list for involvement in future meetings. If anyone is interested in contacting her before then, her e-mail is [MWellingBonney@camw.net](mailto:MWellingBonney@camw.net).
- To access the In-touch database, visit: <http://www.referweb.net/lansing>
- Focus of next meeting will be on determining overall coalition objectives and functions, so that there is a clear purpose to the work we do.

Infant Health Disparities Coalition (IHDC)

**AGENDA Thursday January 25 – 1pm MSU  
Extension Conference Room**

1. **Welcome and introductions**
2. **FIMR update**
3. **2007 MDCH proposed plan–update**
4. **First quarter report**
5. **Role of the coalition–discussion**
6. **Meeting changes**
7. **Other**

Infant Health Disparities Coalition (IHDC)

## **MINUTES – Ingham County Infant Mortality Initiative – January 25, 2007**

### **1. Welcome and Introductions**

**Present:** Lisa Chambers, Maria Zavala, Chuck Goeke, Kristin Patmos, Ken Sperber, Peggy Roberts, Janet Bowen, Rachel Copeland, Eldon Ligon, Doak Bloss, Debbie Edokpolo, Lisa Hale, Barbara Artis, Jeanne Sullivan, Carol Buzzita, Natasha Davidson, Sophia Hines, Sandy Gellar, Chuck Steinberg, Monica Kwaznick

### **2. Role of the Coalition**

The Coalition serves two purposes. First, they are the advisory committee to the Infant Mortality Initiative proposal submitted to MDCH. Second, they are the Community Action Team for the FIMR, which puts actions in place that are raised during the reviews that take place at FIMR.

### 3. FIMR Update

- Jeanne shared that there were 12 deaths in 2006 (there had been 21 in 2005). She continues to face challenges in getting the interviews. Suggestions were made to connect to WIC and to outreach workers. Common issues facing these women include: depression, substance use, poverty, and 1/3 were pregnant again.
- There was discussion about Work First and the requirements placed on the individuals in that system. Effective February 1, the JET (Jobs Employment and Training) program is in place, which puts additional parameters on clients (i.e. if they were non compliant before JET, their cash assistance would be cut off for 30 days; now it's 90 days without those benefits).
- The idea of having a "life coach" was raised for those women who had experienced a loss. Janet shared that the Refugee Coalition was working on a similar concept.
- The following **action steps** were proposed prior to the next meeting:
  - Set up a small group meeting among members of the coalition and representatives from DHS and WF to discuss some of our issues.
  - Invite them to the next larger coalition meeting to share their information and answer questions from the group.
  - Connect with Mary Wellington of Successful Parents, a group for pregnant women at WF.

### 4. MDCH proposed plan-update

- After our last full coalition meeting, a group from the ICHD met with representatives from MDCH who asked us to revise our plan. We have adapted it to include case management services for those women who have experienced either a fetal or an infant loss. We plan to provide both interconception care services, as well as grief support (funded, in part, by a grant that Tomorrow's Child received from the March of Dimes). We plan to utilize the neighborhood network centers and GLAAHI to spread the word about this project and to refer those women who have

experienced a loss. We also plan to work with EPO to hold educational sessions at each of those area sites.

- The revised plan was submitted to MDCH on 1/29/07, and they plan on providing us feedback later this week.
- The plan will be sent to the group once we receive final approval from MDCH.

#### **5. First quarter report**

- The first quarter report was submitted to MDCH on 1/16/07. It provided an overview of our planning and organizing during the first quarter. Contact Lisa if you'd like to review a copy.

#### **6. Proposed meeting changes**

- Because the focus of the grant has changed to include a specific targeted group and intervention, it was proposed that the group move from meeting monthly to quarterly. There was some discussion on the rationale of that idea, and it was decided, instead, that the group would meet on an every other month basis.

#### **7. Other**

- Super Saturday was held 1/27 and focused on the Earned Income Tax Credit. Contact Maria Zavala for more information.

**Next Meeting: March 22–1pm**

**Meeting location TBD**