



Supporting Healthy Pregnancies for Healthy Babies

Project of the Wisconsin Partnership Program  
University of Wisconsin School of Medicine and Public Health



University of Wisconsin  
SCHOOL OF MEDICINE  
AND PUBLIC HEALTH

# Lifecourse Initiative for Healthy Families (LIHF)

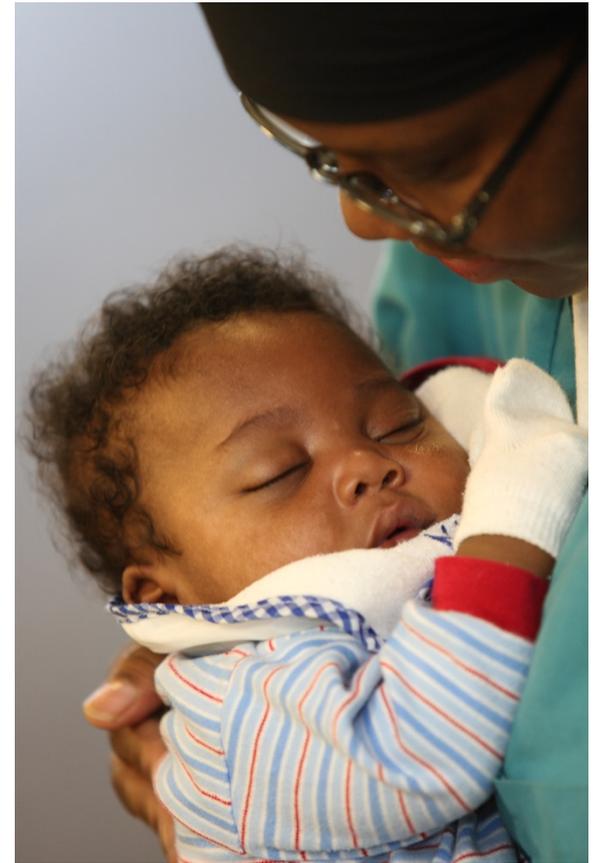
**Presenter:**

**Lorraine Lathen, Project Leader**  
Jump at the Sun Consultants, LLC

March 17, 2011

# Program Goals and Outcomes

- Improved health status of African American women over the lifespan
- Improved African American infant survival and health
- Elimination of racial and ethnic disparities in birth outcomes



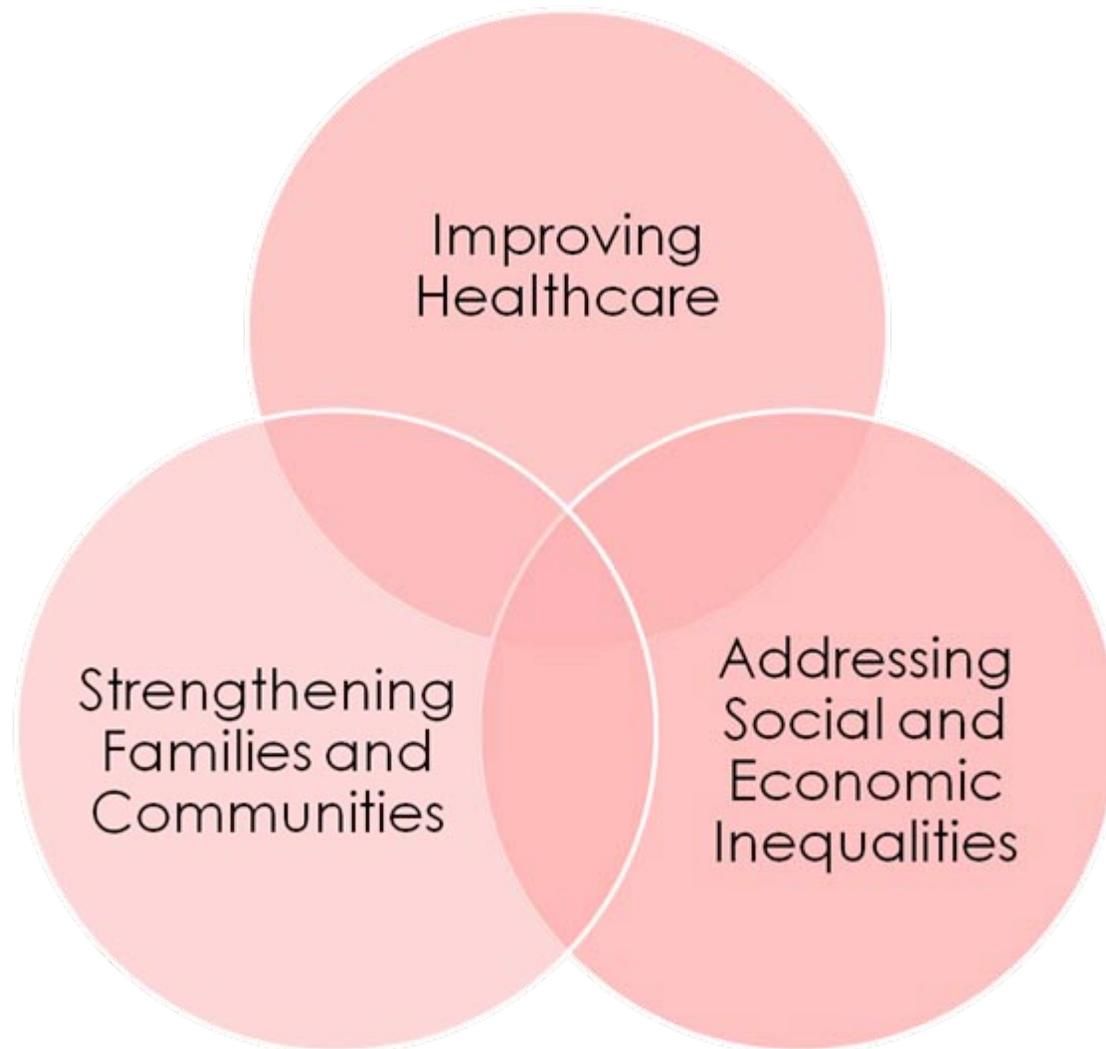


# Life Course Perspective

Suggests that biological, psychological, behavioral and **social protective and risk factors** contributes to health outcomes over a person's life span

The life course perspective conceptualizes birth outcomes as the end product of not only the nine months of pregnancy, but **the entire life course of the mother leading up to the pregnancy.**

# A Paradigm Shift to Address MCH





# LIHF Program

## Planning Phase (December 2009 – July 2011)

- Guided by Steering Committee and OAC
- Early Implementation Projects
- Conducting a Needs Assessment
- Developing a Community Action Plan (CAP)
- Establishing a Life Course Collaborative
- Developing an Evaluation Plan
- Raising Public Awareness
- Fund Development

## Implementation Phase (January 2012 - beyond)

- Continuation of Life Course Collaboratives
- Implementation of CAPs
- Public Awareness
- Program Evaluation
- Fund Development



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# Beloit Lifecourse Initiative: Pathways to Healthier Families

*In Partnership with the University of Wisconsin School of Medicine and Public Health, Wisconsin Partnership Program "Lifecourse Initiative for Healthy Families (LIHF)"*

***Presenter:***

**Angela Moore, Project Coordinator**  
Stateline Community Foundation

March 17, 2011



# Background

1. Fall 2009 – Beloit positioned to respond to an RFP issued by the Wisconsin Partnership Program (WPP) in the ‘Fall of 2009
  2. Stateline Community Foundation volunteers to serve as convening agency
  3. June 2010, funds were awarded by WPP
1. A Collaborative was formed made up of 21 agency representatives; service providers; and citizens

# Background

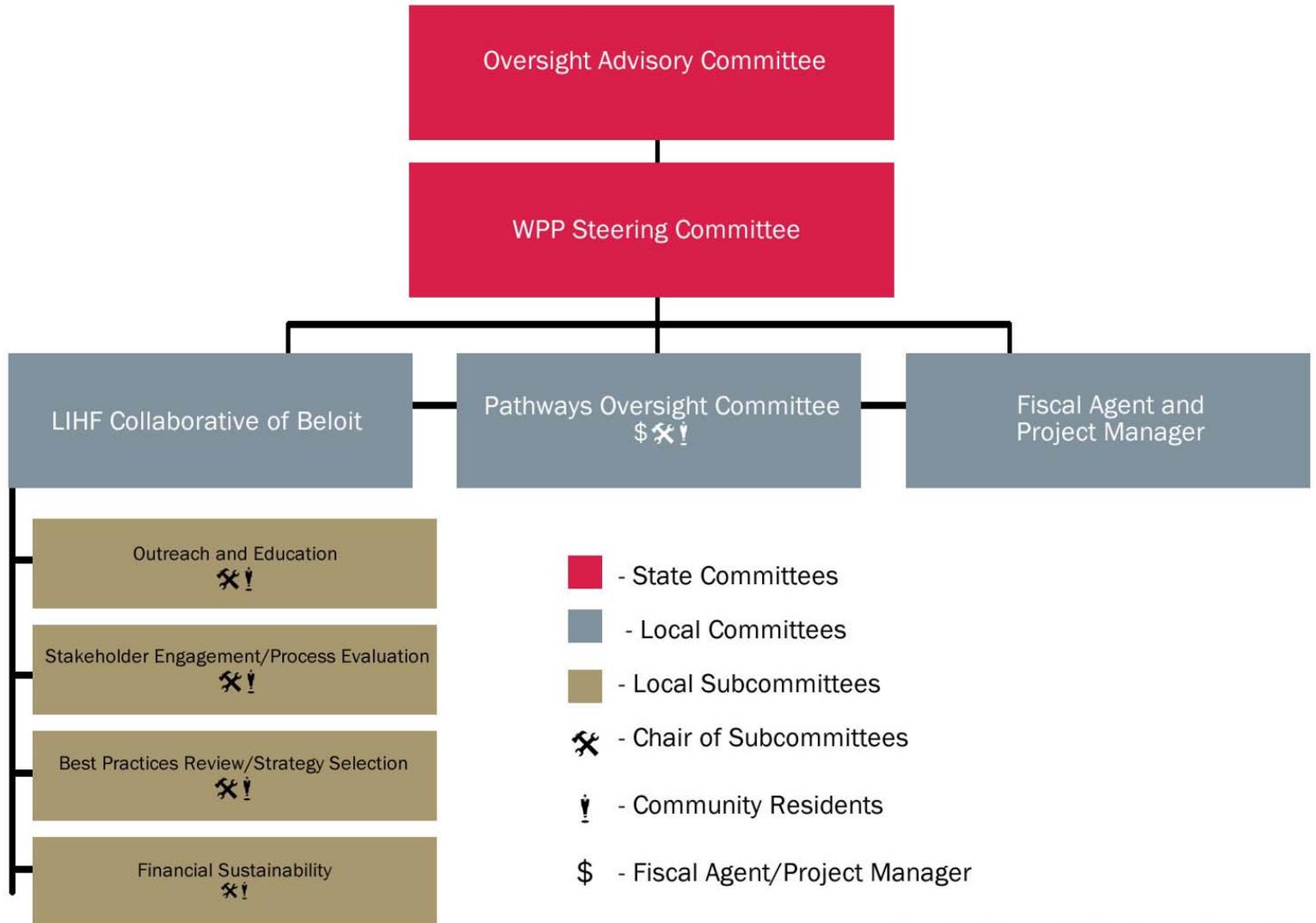
## Beloit Demographics (2000 census – www.census.gov)

<b>African American</b>	<b>Latino (of any race)</b>	<b>Native American</b>	<b>Asian American/Pacific Islander</b>	<b>White</b>
15.37%	9.10%	1.16%	1.16%/.07%	75.75%

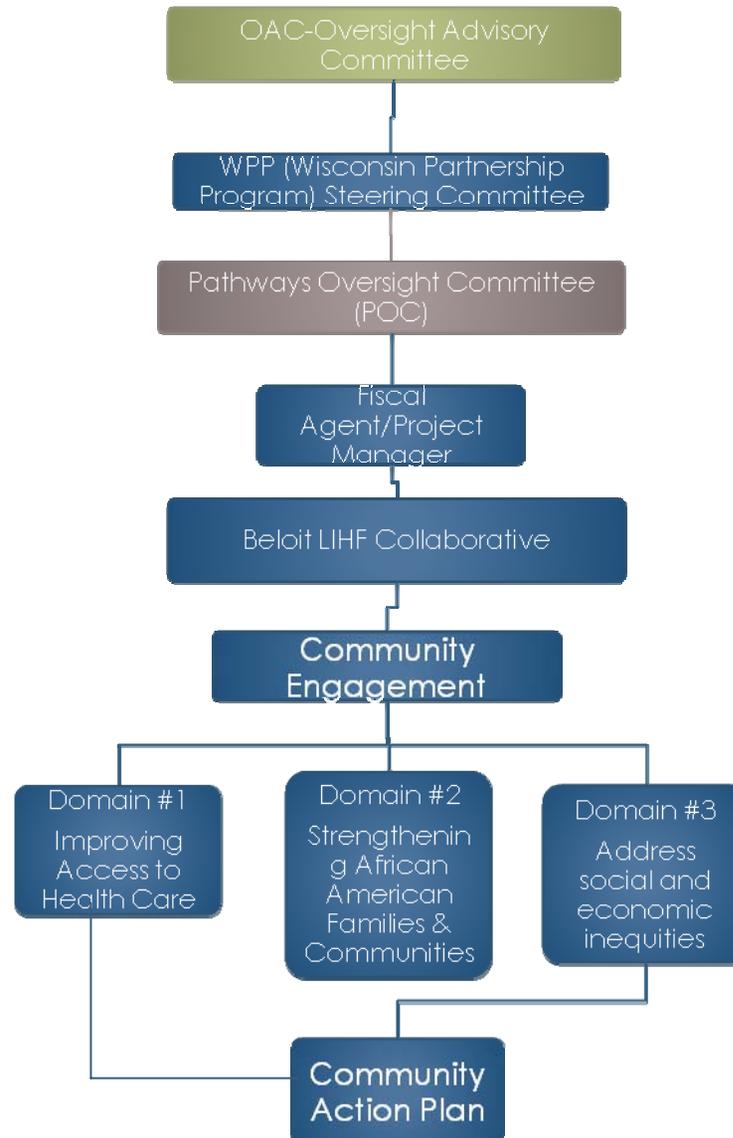
<b>Beloit, WI</b>	<b>White</b>	<b>African American</b>	<b>Latino</b>
<b>Infant Mortality Rate</b>	7.5	<b>16.8</b>	4.6

*WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 11/30/09.*

# Our Structure (Former)



# Our Structure (Existing)





# Mission

To build a Beloit Community Collaborative to close the black-white gap in birth outcomes by improving the health and well-being of African American families and communities and addressing social economic inequalities. It is formed to reduce the African American Infant Mortality rate in Beloit



# Building a Lifecourse Collaborative

- AAIMC served as our foundation
- At the beginning of the formation, 21 members, have grown to over 85 partners involved.
- Meetings are monthly at the Merrill Community Center, located in the heart of the impacted community. 9-11 a.m. every second Monday of each month.

# Who are Our Partners?

<b>African American Infant Mortality Coalition</b>	<b>Head Start – Early Head Start</b>	<b>Minority Parent Organization</b>	<b>Dream Works Teen Center</b>
<b>Nutrition and Health – WIC</b>	<b>Stateline United Way</b>	<b>Infant Death Center of Wisconsin</b>	<b>Rock County Youth to Youth</b>
<b>Beloit Memorial Hospital</b>	<b>WI Division of Public Health</b>	<b>Rock County Health Department</b>	<b>Beloit City Council Member</b>
<b>Children’s Service Society</b>	<b>Rock County Board of Supervisors (2)</b>	<b>Beloit School District</b>	<b>Beloit Area Community Health Center</b>
<b>Beloit College</b>	<b>Merrill Revitalization Group</b>	<b>Stateline Community Foundation</b>	<b>Beloit Housing Authority</b>
<b>Merrill Community Center</b>	<b>Wisconsin Department of Health Services</b>	<b>HMO-Managed Health Services-Badgercare</b>	<b>YWCA of Rock County, Women’s Empowerment Programs and Alternative to Violence Program</b>
<b>Community Action -Teen Parent Programs and The Fatherhood Initiative</b>			



# Community Voices

1. Efforts focused on Community Outreach
2. Conducting feedback sessions
3. Developing Discussion Groups for:

- Fathers/Males
- Mothers
- Elders
- Faith Based
- Teens (various programs)
- Churches
- Upward Bound
- Pregnant Participants

- Families and Couples
- Homeless
- Substance Abusers
- Criminal Justice
- Working Class
- Mothers with young children
- Unemployed



# Conducting a Needs Assessment

- Collection of Data in all 3 Domains focusing on Birth Outcomes; Fatherhood Initiatives and Involvement; Healthy Families; Support Systems; Racism and Access to Health care.
- Collaborative is in the process of identifying existence and non-existence of ideals; capacity to impact; and barriers.
- Information will be used to complete the Community Action Plan
- Existing Community Needs Assessments were summarized and reviewed



# Community Action Plan (CAP)

- All work of the collaborative focuses on the Community Action Plan
- Information gathering, existing and needed community assets, policies, programs and community voices will be a strong component of the plan
- Site visits
- CAP will provide a comprehensive overview of the needs in the community and solutions to meet the needs
- CAP can be used by numerous service providers and funders



# Successes

- Lifecourse Training with over 55 participants
- African American Stakeholder Engagement Luncheons
- Panel conducted on “When a Baby Dies in Beloit”.
- Two Lifecourse training sessions were provided to physicians at Beloit Memorial Hospital
- Heightened Community Awareness about Infant Mortality
- Increasing the number of Collaborative members to over 86 members
- Resources and information gathering, including speakers and learning at each meeting
- Informal agency collaborations to better serve the target population
- African American “Meet and Greet” Networking Session evolved out of domain 2 brainstorming portion of the Community Needs Assessment



# Challenges

1. Engaging and maintaining numerous community residents in the process
2. Focusing agency representatives on the overall mission and not individual agendas
3. Accomplishing the numerous objectives and project responsibilities within the planning phase timeframe
4. Mediating group challenges involving group dynamics
5. Impatient stakeholders who want to move quickly into the Implementation Phase



# Lessons Learned

- Collapse the amount of time needed for preliminary administrative functions accomplished early in the process so that precious planning time is not utilized
- Identify functional Collaborative structure earlier in the process
- **Planning IS work!**



# Next Steps

- Currently conducting interviews for cultural competency training scheduled for May 5<sup>th</sup> and 6<sup>th</sup>
- Conduct Site Visits
- Conduct Discussion Groups
- Needs Assessment Completion
- Continue Community Outreach and Development
- Focus on the Community Action Plan



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# Kenosha LifeCourse Initiative for Healthy Families

*In Partnership with the University of Wisconsin School of Medicine and Public Health, Wisconsin Partnership Program "Lifecourse Initiative for Healthy Families (LIHF)"*

## ***Presenter:***

**Pamela Smith, MS, Kenosha LIHF Project Coordinator,  
Black Health Coalition of Greater Kenosha**

March 17, 2011



# Background

Infant Mortality Delegation -- United Way



Black Health Coalition of Greater Kenosha

Town Hall Meeting



Medicaid Navigator

Wingspread IM Conference

WPP Lifecourse Initiative for Healthy Families

Kenosha LIHF  
June 1, 2010

# Background: Kenosha Demographics

## Local Area Unemployment Statistics, Qtr 3, 2010

	<b>Kenosha</b>	<b>State</b>	<b>USA</b>
Black	7.7	5.9	12.9
Poverty/Individuals	15.6	10.7	13.2
Unemployment	12.4	7.9	9.6
Less than HS Ed	16.4	13.3	17.1
Single HH	34.5	24.0	28.5

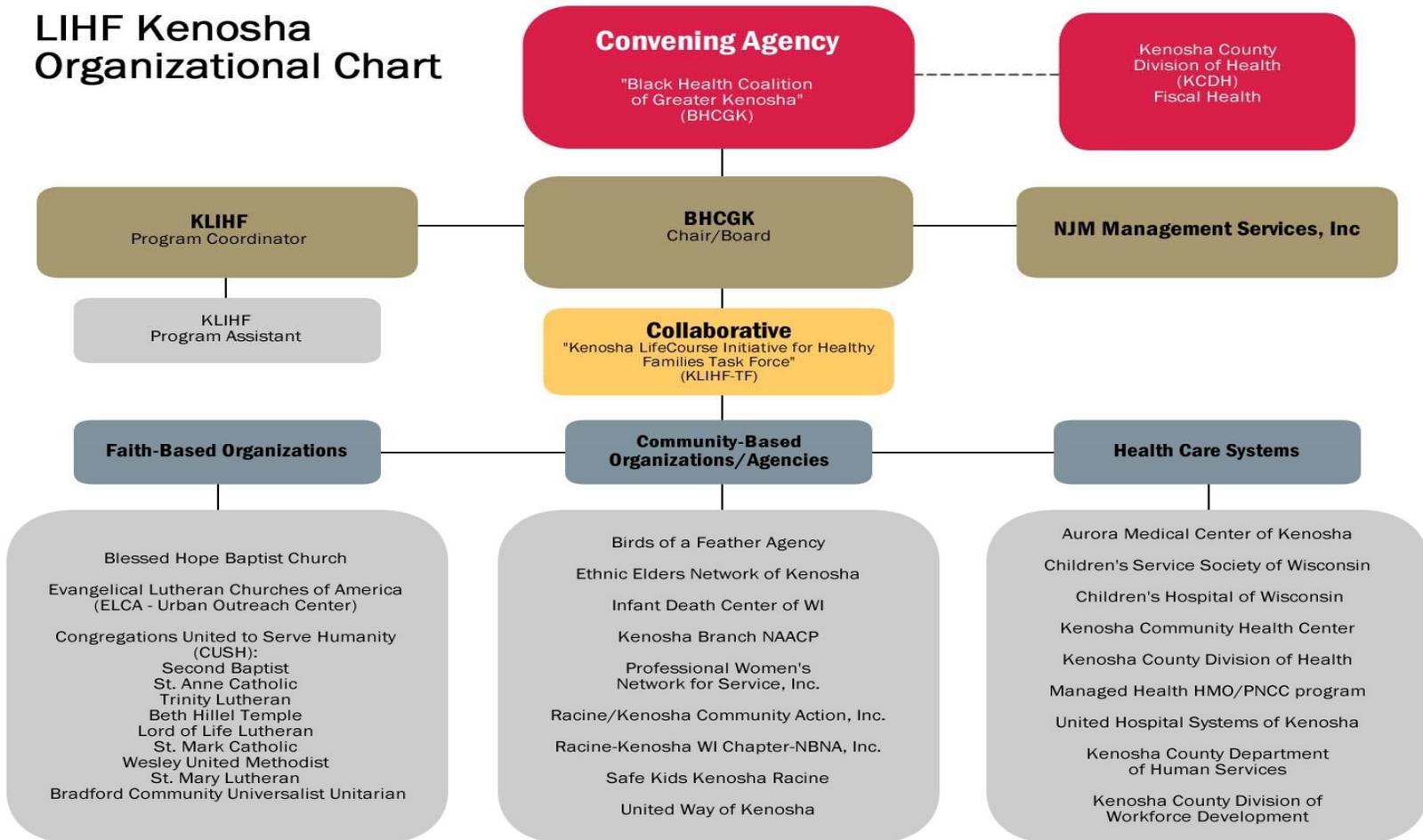
US Census, American Factfinder, 2006-08;

### City Comparison (%): Black Population, Poverty and IM ACS06-08 Estimates; WISH 04-08

	<b>Kenosha</b>	<b>Racine</b>	<b>Milwaukee</b>	<b>Beloit</b>
Black	7.7	21.7	38.3	15.5
Poverty	15.6	15.3	24.4	22.1
B/W Ratio	3.4	3.7	2.4	2.2
B/W Rate	15.1	22.9	16.0	16.8

# Building a Lifecourse Collaborative

## LIHF Kenosha Organizational Chart



# Conducting a Needs Assessment

## Rating Factors

Coverage & Accessibility	Quality	Coordination	Duplication	Barriers
How many people who need this service are actually getting it?	How would you rate the overall quality of this program/service?	How well does the provider of this service/program coordinate with other relevant providers in the community?	To what extent is there unneeded duplication of this service in the community?	List the main barriers (if any) that prevent this program/service from fully meeting community needs.

**Likert Scales: 1 – 5**



# Community Voices

## **DISCUSSION GROUPS:**

- African American mothers
- Fathers
- Faith based organizations
- Youth
- Kenosha Community Health Center  
(Medicaid population)
- Urban community based organizations

# Community Action Plan

1. Kenosha's collective vision of the 12 Point Plan
2. Minimum of 3 proposals ~
  - Strategies to address medical and social factors of health across the lifespan
3. Identifies evidence based programs and practices to reduce infant mortality
4. Continuous collaborative expansion and community engagement



# Greatest Challenges and Opportunities

1. Sector and stakeholder representation
2. Planning process and 'cooperative agreement' model
  - WPP work groups; tool box
  - cross-site collaboration/leverage
3. Evidenced-based, emerging programs, promising practices

# Early Implementation Program: Mom/Baby Talk

	2009	2010		Total	Non-completion Reasons	
	Pilot	Group I	Group II			
<b>Enrolled</b>	8	9	11	<b>28</b>	Relocated	2
<b>Completed</b>	7	6	5	<b>18</b>	Miscarriage	1
<b>Rate</b>	87.5	66.6	45.0	<b>64.3</b>	No Show	4
					Personal	3

Gestational Age of Infants		
< 37 weeks	37 weeks	> 37 weeks
1	2	15

Birth Weights of Infants (lb.oz)				
5.7 -5.15	6.0 -6.15	7.0 -7.15	8.0 -8.15	9.0+ lbs
3	7	4	3	1

## Results

- Completion rate: 65%
- Racial background: 13 AA, 3 H, 2 W
- 50% enrolled infants in EHS
- No infant deaths

## Topics

- Nutrition during Pregnancy
- Breastfeeding
- Safe Sleep
- Postpartum Depression
- Domestic Violence/Sexual Assault
- Child Passenger Safety/Healthy Homes

# Next Steps: April-July

- Finalize Community Needs Assessment
- Convene Discussion Groups
- Compile CNA and DG findings
- Evidenced Based Programs selection process
- EBP Recommendations
- Implementation Proposals
- Summit
- Community Action Plan



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# Milwaukee Lifecourse Initiative for Healthy Families

*In Partnership with the University of Wisconsin School of  
Medicine and Public Health, Wisconsin Partnership Program  
“Lifecourse Initiative for Healthy Families (LIHF)”*

## **Presenter:**

**Quinton Cotton, Project Manager**

Planning Council for Health and Human Services

March 17, 2011



# Background

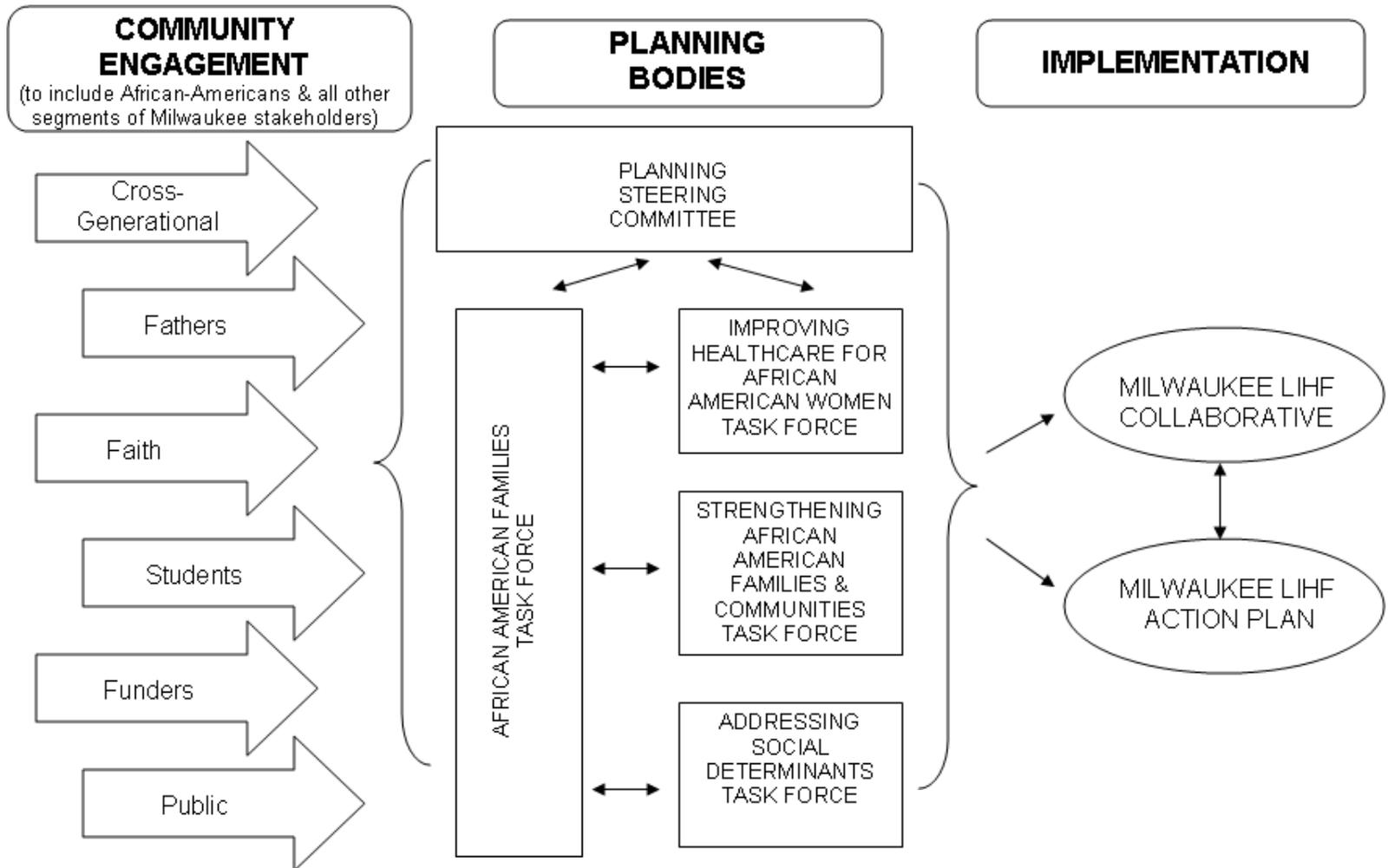
- WPP provides funding to address infant mortality.
  - Maternal Child Health Collaborative
  - Community Action Plan
- Community members invited to join the effort.
- Project formally launched in Milwaukee in October 2010.



# Building a Lifecourse Collaborative

- **Planning Phase Structure**
  - Temporary
  - Focus on community engagement and the identification of strategies
  - Lay groundwork to build collaborative
- **Implementation Phase Structure**
  - Permanent, nimble, and evolving
  - Focus on moving strategies forward
  - Sub-Committee has formed to develop structure and by-laws

# Milwaukee LIHF: Planning Phase Structure





# Conducting a Needs Assessment

- Snapshot of the community
  - What things exist?
  - What things are needed?
- Emphasis on the documentation of formal and informal supports
- Tool that will assist taskforces in the development of strategies



# Community Voices

- African-American Taskforce
- Cross-generational focus groups
- Media Spokesperson Training
- Public Allies
- TRIUMPH and Urban Pathway medical student interns



# Community Action Plan

- Bold, clear, and realistic vision for the community
- Moves beyond seeing infant mortality solely as a health care issue
- Identifies specific strategies to reduce infant mortality among African-Americans



# Milwaukee LHF Timeline

The work of the taskforces in the planning phase will be divided into three main parts.

- **(July 2010-July 2011)** Learn about the issue of infant mortality, the Lifecourse Model, review data on infant mortality, and establish taskforces.
- **(December 2010-April 2011)** Define community vision, examine assets, conditions and resources, identify what is still needed/missing, and learn about what works.
- **(April-July 2011)** Make a recommendation about what strategies should be carried forward to reduce infant mortality and finalize action plan.

# Where are we now?

<b>Activities</b>	<b>Progress</b>	<b>Expected Outcomes</b>
Engage the public	Current	Increase awareness and involve the community
African-American Taskforce review strategies and identify resources and gaps	Current	Strategies reviewed and designed by members of the Taskforce are vetted and informed by members of the priority population
Review strategies and literature; document resources and gaps	Current	Community exposed to a range of evidence –based and promising practices

# Where are we now?

<b>Activities</b>	<b>Progress</b>	<b>Expected Outcomes</b>
Identify most pressing issue in each domain	April 2011	Resources focused on issues of greatest concern and highest impact
Develop a theory of change and logic models for each domain	July 2011	The work is understandable and theory based; outcomes are identified and linked to strategies
Identify a set of combined strategies across domains	July 2011	Strategies chosen in each domain complement and reinforce each other to maximize impact



# Greatest Success

- Organized an emerging collaborative
- Increased public awareness about infant mortality and the Lifecourse Perspective
- Deliberately planned to have African-Americans lead and inform the work
- Documented the process to share lessons with the community
- Increased the attention of local media on the issue of infant mortality



# Lessons Learned

- Address the impact of the ISMs on the formation of a collaborative
- Clearly define roles, expectations, and outcomes of the process
- Create a space to have the difficult conversations
- Track progress and share successes with collaborative members

# Next Steps

<b>Activities</b>	<b>Progress</b>	<b>Expected Outcomes</b>
Develop action plan	July 2011	Details addressed for implementation of strategies
Review, adapt, and approve plan	July 2011	Community members critique, support, and commit to the plan
Finalize plan	July 2011	Key stakeholders advance the plan and assist in the identification of support for the action plan
Share results from the planning process	July 2011	Document process; lessons learned will be summarized shared with the community



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# The Greater Racine Collaborative for Healthy Birth Outcomes/Racine LIHF Project

*In Partnership with the University of Wisconsin School of Medicine and Public Health,  
Wisconsin Partnership Program "Lifecourse Initiative for Healthy Families (LIHF)"*

***Presenter:***

**Samantha Perry, MPH, CHES,**  
Racine/Kenosha Community Action Agency

MARCH 17, 2011



*Conferences that Inspire Solutions*

# Background: Infant Mortality

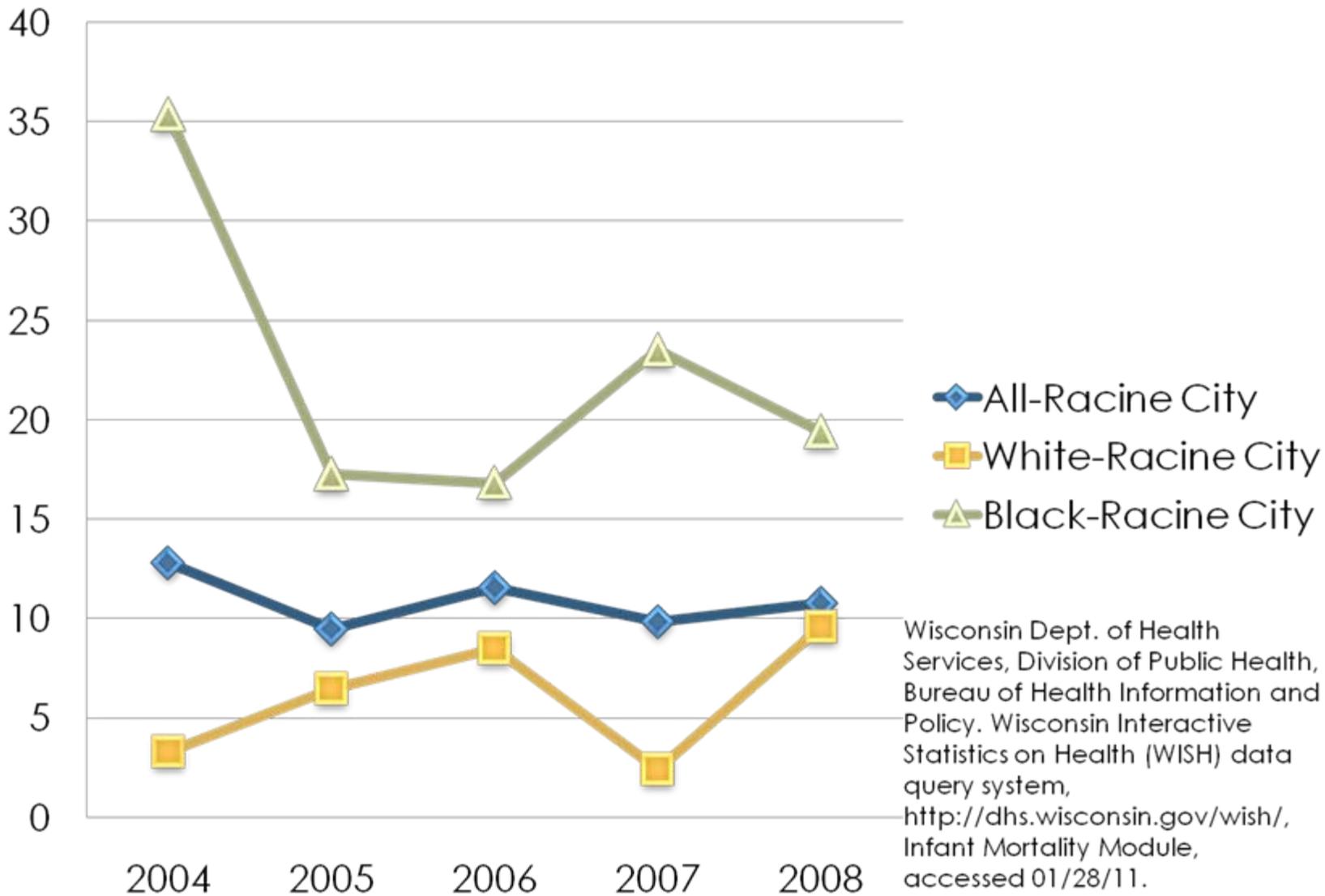
During 2006 - 2008, the infant mortality rate for African-American infants in **Racine City was 19.9/1000 compared to 6.8/1000** for Caucasian infants, more than 3 times higher

Mother's Race/Ethnicity	Maternal Age (Grouped)						
	All ages	<u>15-17</u> yrs	<u>18-19</u> yrs	<u>20-24</u> yrs	<u>25-29</u> yrs	<u>30-34</u> yrs	<u>35-39</u> yrs
All Selected	11.19	16.76	5.76	15.19	11.44	9.10	4.02
<u>Non-Hispanic</u> <u>White</u>	6.81	13.16	5.88	7.68	7.28	5.67	5.03
<u>Non-Hispanic</u> <u>Black</u>	19.90	19.42	5.65	<u>25.64</u>	<u>22.44</u>	<u>23.08</u>	X

Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Infant Mortality Module, accessed 01/28/11.

## Infant Mortality Rate (<365 days) per 1,000 Live Births City of Racine

Rate





# Background

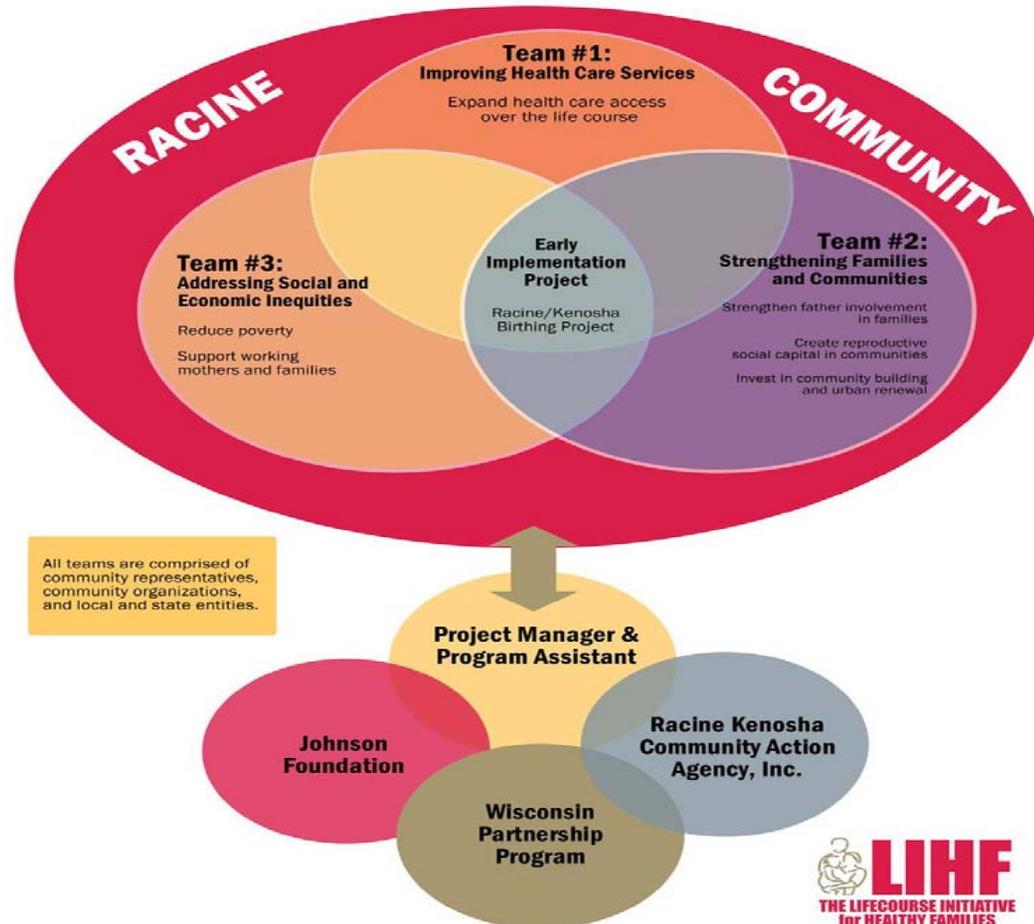
1. Evolved from a conference convened by Johnson Foundation at Wingspread in September 2008
2. Recipient of the Wisconsin Partnership Program-Lifecourse Initiative for Healthy Families Action Planning Grant in April 2010
3. Funds are targeted to the development of a comprehensive plan to reduce infant mortality, and support the Birthing Project
4. Led by the Johnson Foundation at Wingspread in cooperation with the Racine Kenosha Community Action Agency

# Our Structure

## Racine Lifecourse Initiative for Healthy Families

### Mission

Expand and solidify the efforts that have been undertaken to address African American infant mortality and improve the health status of African American women and families in our community.





# Needs Assessment

- **Reviewed programs/services present and needed**
  - Incorporated Strengths, Weakness, Threat and Opportunities (SWOT) analysis conducted in Fall 2009
- **Key findings**
  - Services operating in silos
  - Funds needed to expand
  - Communication amongst services needed
  - Good programs/services exist and are at the table
- **Information used during model selection process**



# Community Voices

- **Conducted 7 discussion groups between November 2010-December 2010**
  - Majority of the participants knew someone who and/or lost a baby (miscarriages, preterm births, or infant loss)
  - Stressors at the workplace and instances of racism were identified
  - Identified things that play a role in health (racism, safety, stress, and food)
  - Identified actions/behaviors to have a healthy baby (prenatal care, seek help with anger issues, personal health, using resources appropriately, etc)
  - Identified perceived factors that contribute to infant mortality (lack of support, lack of knowledge, poor sex education in schools, poor health, and single family homes)
- **Feedback will help discover needs, community awareness, and dispel incorrect perceptions**



# Community Action Plan

- **Models/Projects selection process**
  - Reviewed literature and recommend sources
  - Reviewed community discussion groups
  - Visit sites that display a “neighborhood-centered approach”
- **Site visits will provide implementation information**
  - Challenges/successes
  - Budget
- **Community Plan should serve as a blueprint for collaborative and community**

# Early Implementation Program

- Professional Women's Network for Service, Inc., Racine/Kenosha Birthing Project: Sister Friends
- Awarded \$10,000 in July
- Since February 2010, ten volunteer Sister Friends
  - served 22 mothers
  - celebrated 7 healthy babies (6 lbs 7oz. To 8 lbs 6 oz.)
- Currently serving 8 little sisters





# Successes

1. Inspired the creation and establishment of a transportation service for pregnant women and children in Racine, Baby Express
2. Faith Based Outreach
3. Earned media coverage
4. GIS Mapping & Racine Social Media Campaign Plan
  - Launched Facebook & Twitter Page
  - Racine LIHF Website-under construction

# UW-Parkside students provide plan to fight infant mortality



Students in UW-Parkside Professor Megan Mullen's "Unders" present their recommendations for using social media to fight infant mortality at Wingspread.

VOL. 20, No. 15 | December 1-15, 2010 | Web site: Racineinsider.blogspot.com | E-mail: insider

## Healthy Baby Express

Researchers and health experts have sought unsuccessfully for years to determine why African American women suffer significantly higher infant mortality rates than their white counterparts. As this gap between black and white infant deaths continues to expand, it is time to adopt new approaches towards addressing this issue.

Nicole Urquhart is doing her part to destroy the infant mortality rate by helping parents access healthcare and keep their children healthy. She is the founder and owner of Baby Express. This business is a non-emergency medical transport service for any individuals, adults and children, on Title 19 who need rides to medical appointments. Those appointments include eye, dental, regular physician, specialty, and counseling.

Urban System in Racine does provide door-to-door transportation for the elderly and disabled, but not pregnant women because it is not considered a disability. Her heart is to cater to pregnant women and moms and dads, who have trouble getting to appointments, which can be a factor in the infant mortality rate.

The service is free to those covered by Title 19. Others not covered can ride for a small donation, although transportation will not be denied if a donation cannot be given. The donations collected will go towards providing newborn baby packages. For moms, those packages include such things as socks, toiletries, a comb, and a hat for the newborn. For dads, it includes toiletries. This transportation service is available to fathers as well as mothers. Urquhart said, "We encourage fathers to come along with the mothers to accompany them to their own appointments and the children's appointments. We want them to be involved."



Car seats are also provided as an extra benefit. Urquhart said, "I feel that customer service is key to this business." Maintaining service can register. Customers need membership ID. In addition, to be a member, you must be a resident of Racine and your appointment must be by a physician.

## Mapping the problem of infant mortality

Story Discussion

Font Size: - +

JANINE ANDERSON janine.anderson@journaltimes.com | Posted: Friday, December 17, 2010 6:51 pm

(13) Comments

3 retweet

WIND POINT - People working to reduce the city's black infant mortality rate know stress contributes to poor birth outcomes, and on Friday they saw maps that showed what stressors are present in the neighborhoods with the most infant deaths.



# Challenges

- Timing of the needs assessment
- Maintenance of HMO involvement
- Explaining purpose during community outreach



# Next Steps

- University of Wisconsin-Parkside website assistance
- Draft of the Community Action Plan
- Model/Program Selection & Site Visits
- Community Briefing/ CAP Discussion
- Planning for Implementation
- Establishing a Formal M/PCH Collaborative