



WHBC Quarterly Meeting June 2018 MINUTES

Worcester Department of Public Health

NETWORKING UNTIL THE MAJORITY OF MEMBERS ARE PRESENT 5 MIN

WELCOME, CALL-TO-ORDER, & INTRODUCTIONS- Sara Shields MD 10 MIN

Self-Introductions, Minutes Reviewed & Approved

- March minute's approved

Final Mission and Vision Statement

- Planned to have new mission and vision

Was set in March meeting

Now on website

Celebrations--acknowledging Cathy Violette DNP

Subcommittee Reports 45 MIN

Restructuring

- Becoming a non-profit

Is becoming a 501 a good choice?

Christina: becoming a non-profit isn't as daunting as you may think, in terms of paperwork. Need new positions but they can double as board positions. Would increase work on tax papers; have to show that money is coming from diverse sources and that money is going into the mission of the organization.

Benefits: this is how most groups start out, could be possible take on a larger capacity at some time— committee thought

that this was not a good idea at this time.

– Membership in the WHBC means not just going to the quarterly meetings, but consistently working in between them.

– Every other year we should have elections.

Sara reminded us that this was a notification that elections will be held.

Can we nominate people?

– Keep infant mortality at the forefront of Worcester's public health efforts.

Must need representation from the collaborative for meetings on CHA
Social health determinants key issue in community health improvement plan

We need to talk about infant mortality in relation to the social health determinants.

– Should we have a more formal agreement/documentation with organizations supporting the collaborative?

Subcommittee will continue to talk about this

Who else should be here? Who isn't here?

- Need representation from communities that are shown to have the highest vulnerability for infant mortality. Need their perspective.

- Casey Burns

Should we rethink our meeting time/date?

– In September we are merging our quarterly meeting with the 5th annual summit on infant mortality at city hall on September 7th.

Baby Box

– Comes with firm mattress and quilt; educational information; and, books.
Boxes will not have owls on them, result of suggestion from Ghanaian community.

Is it a good idea to use rockets as the visual on the baby box? May be representative of violence and war for some people. We

will contact the Baby Box company to share this worry.

- Baby Box has agreed for a donation of 100 boxes to be here in less than 2 weeks.
- Send families survey on how they use the baby box.
Contact families month after baby is born to see how they have been using the box
- We got a small grant from UMASS, helped fund our project manager, summer student, and others working on this project.

Data

- Committee looks at infant mortality and fetal deaths. We do miss some infant deaths, as we do not always receive all of the death certificates or notifications.
- In 2017 there were only 5 infant deaths, which is extremely low and good. The lowest that this collaborative has looked at. There may be a spark in stillbirths, however.
- In Worcester leading cause of infant death is prematurity. We don't have a lot of teen moms; mothers who have infants who die are not usually teens. Most of these women are cigarette smokers.
- Seems as if disparity between race/ethnic populations has been decreasing over the last 3 years.
- Massachusetts Infant Mortality Rate is just above 4, the Worcester 3-year rolling average currently is 5.

Clark University Master Students Research

- 60% of infant mortality is due to prematurity. Not true state wide or nationally.
- Where are these deaths occurring on the census tract level?
Mapped infant mortality alongside race, poverty, air pollution, and toxic sites to show which areas are most at risk for infant mortality.
This map did not match where the infant deaths in Worcester were concentrated.

Census tract in North West of Worcester that was shown to be at a low risk, despite having a relatively high number of infant mortality deaths.

Strategic Goals: are we on track (1, 2, 3 year) 10 MIN

- Grant for data and diversity deep dive
- 2020 goals

Expand community presence

Advance communication (website, social media)

More home visiting in Worcester– should this be a 3-year goal?

It is an expensive program but has shown to be very effective in reducing child abuse and other social determinants for infant mortality.

Home visiting needs to be destigmatized in extreme need areas.
"Getting children's health out of the footnotes, and into the headlines"

How can we discuss home visiting with health care providers? What is the benefit for them?

Fetal Infant Mortality Review (FIMR) Ideas ZOOM meeting 20MIN
Speaker from BPHC--Heather Gasper, Katie Donovan

Heather Gasper

Bill 81219

Boston Public Health Commission helped to implement this. It has been well received.

This bill does not have any funding attached to it.

Will this bill help the collaborative get the data on infant mortality more quickly?

Call state representative about Bill 81219

Other participants:

Two community groups: Empty Arms – Western MA, Community Birth Loss Support Group – UMASS

Empty Arms--Carol McMurrich spoke about the group

Goal: break social isolation after discharge from hospital post infant death.

Research is finding that many women raise concerns with their health care providers prior to a stillbirth death

Empty Arms also does education directly in the hospital, offering support groups, bedside companions, etc.

How can the WHBC use the Empty Arms model in Worcester?

Vulnerable populations won't go back to health care providers for support after infant death. Peer companion program seems like a better idea – these peers need to have cultural sensitive training.

Summit Sept 7th 9am-2pm at City Hall: Topic Discussion 10MIN
Home Visiting in MA: add to our 2020 goals?

– Invite health care administrator services

Need data about how much we will be saving with home visiting in MA.

Goal for Mass. is universal home visiting.

CHA/CHIP 2020: Keeping Infant Mortality on the Radar 10MIN

Remaining 2018 Meeting Schedule

- September 7 Combined Summit/Quarterly Membership Meeting 9am-2pm City Hall
- December 3 Quarterly Membership Meeting 8:00 am – 10:00 am WDPH

June 16 Multicultural Women's Health Summit, UMass

June 30 Baby Box Distribution Day

- Summited small grant for supplies and organization for the summit.
- Have table at UMASS for the Multicultural Women's Health Fair, June 16.
 - Need volunteers