



**Worcester Healthy
Baby Collaborative**
Working to reduce premature birth
& infant mortality

Worcester Department of Public Health

Thursday, May 23, 2019 8:00 -10:00 AM

NETWORKING UNTIL THE MAJORITY OF MEMBERS ARE PRESENT 5 MIN

WELCOME, CALL-TO-ORDER, & INTRODUCTIONS- Sara Shields MD 5 MIN

Self-Introductions – Sara Shields, Christine Gebel, Tammana (REACH Program), Stephen Sycks, Alex Wenk-Bodenmiller, Pablo Hernandez, Melissa Windroth (EI at Pernet), Heather Alker, Sheila Dooley, Gina Rodriguez (Health Resources), Amie Richard, Anne Covino, Cathy Violette (NP), Paul Oppedesano (DPH), Tina Growosky (Tobacco Free Partnership), Kim Racort (Community Benefits), Heather-Lyn Haley (Sociologist), Jessie Colbert (mental health services for new parents in MA)

Minutes Reviewed & Approved- Cathy and Heather approved and seconded

SUBCOMMITTEE REPORTS

15MIN

Restructuring

Community friend vs member

Baby Box

2 recent distribution days – May 4 at Webster Methodist Church, May 11 at St. Andrew's church, connections with African community

Working with FMCH research team for preliminary analysis on survey data
Fri June 21 in the afternoon- presenting data (will submit that information to members)

Distribution continues at EMK and Family Health Center of Worcester

Translation is underway in Portuguese

Grants- waiting to hear on translation grant, will be applying for a research grant
NICHQ – NICU quality improvement, Sara has joined that group and is planning to discuss baby box project, currently “quiet distribution” has been occurring

Communication

Website

Checking link for donations via United Way

Other dates- June 15 at UMass Women's Health Summit

Event for participation- “Out to Lunch” in Worcester on Thursday's in summer

<http://www.worcesterma.gov/calendar/out-to-lunch-summer-concert-series>

STRATEGIC GOALS: TRACKING (1, 2, 3 year)

10 MIN

Short-term goals- funding to support data review/analysis by Clark U student, FIMR development

Long-term goals- administrative support, full FIMR (conduct interviews)

Christine suggested support for home visits and doula support for Medicaid beneficiaries (“mommy bill”)

DATA REVIEW**10MIN**

Dr. Alker presented preliminary 2018 infant mortality data
7 infant deaths, 3 died of prematurity, 2 died of anomalies, 4 were Hispanic, 2 were using marijuana
Prematurity is generally around 60%, immigrant population is high
There is limited data on mother's employment
Stillbirth (fetal death) – state has a definition – 20 weeks or 350 g
Infant death – if there were signs of life at birth
Fetal death + live births = 2317
Surge in Hispanic infant mortality in 2006 and the numbers have lowered since there
Black infant mortality has steadily gone down – black infant mortality is now lower than Hispanic infant mortality
Black population in 1990s/2000s was primarily from African immigrant population – the community took ownership of maternal health (e.g. food, diet)
Future studies – hot spot analysis

DATA REVIEW from Massachusetts Department of Public Health**30MIN****Paul Oppedisano guest speaker**

State data – WIC, PRAMS
Will be sending PDF version of powerpoint
Teen births have fallen significantly in Worcester/MA
C-sections lower in state
Lower prenatal care and prenatal care in Worcester compared to rest of MA
Increase in PTB rate and low birth weight in Worcester (not statistically significant)
Rolling average 2014-2016- showed blip up in IMR in Worcester
SUID in 2016- 91.2 per 10000 persons in US, 36.5 per 10000 persons in MA (rate in Worcester is not too different from MA)
MA SUID cases are higher in PTB, low birth weight, and maternal age <20 years compared to all births
Only ~60% of those eligible for WIC in Worcester are actually served
WIC has performance measures – BMI, prenatal weight gain, immunization, pregnant women who enrolled in WIC, breastfeeding
Higher percentages of Black and Hispanic enrolling in EI in Worcester vs state b/c we have higher Black and Hispanic population

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

CHIP Working Groups – Access to Care

Introduction of REACH Grant Program Manager

Focus of grants is systemic change at the level of organizations (less about individual change)
REACH partners – EMK (chronic disease focus), UMass Memorial (breastfeeding)

St. Vincent's first baby friendly hospital in Worcester- safe sleep education, breastfeeding, bonding time – involved staff education and re-education in various areas

INFANT MORTALITY SUMMIT PLANNING for September: date and theme **15MIN**

Monday September 23 at City Hall 9 am to 3 pm (2 to 3 pm will be quarterly meeting)

Survey Monkey results – bias and racism, marijuana, mental health, other suggestions: opioid, patient safety, engaging the village, neonatal safety

Weighted average- #1 implicit bias and racism, #2 mental health

General organization - mayor speaks, Boston and Springfield speakers, lunch

Can we tie in both #1 and #2 topics together?

Can we look at structural racism and how it impacts maternal mental health?

Implicit bias in perinatal care – March of Dimes will offer grant to organization out of Boston

There's data that suggests black mothers have higher rates of postpartum depression

Sara approved and Tina seconded

Formal invitation will be put together for the event

Recording capabilities would be appreciated

ANNOUNCEMENTS and ACTION STEPS wrap up-Sara Shields, MD **10 MIN**

City Council IM update report – summer student will begin draft, small group of 2-3 people to volunteer help edit (Cathy), plan to complete by end of August

Multicultural Women's Health Summit June 15 volunteers--we can raffle a Baby Box – 8:30 to 10 am, volunteers: Tina, Heather-Lyn, Alex, Tasmina (maybe)

Update on Advocacy

2019 Meeting Schedule

- March 4 Quarterly Membership Meeting 8:00 am – 10:00 am WDPH
- May 23 Quarterly Membership Meeting 8:00 am – 10:00 am WDPH
- September 23 Infant Mortality Summit 9am-3pm
- December 2 Quarterly Membership Meeting 8:00 am – 10:00 am WDPH

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