

**Worcester Healthy Baby Collaborative  
Department of Public Health  
Monday October 7, 2019 0800-1000**

**Minutes of quarterly meeting**

**Members present:** Sara Shields, Christina Gebel, Temana Aguilar, Sheilah Dooley, Michael Hirsch, Alex Wenk-Bodenmiller, Vanessa Villamarin, Pablo Hernandez, Melissa Wenderoth, Heather Alker, Gina Rodriguez, Amie Richard, Anne Covino, Cathy Violette, Paul Oppedesano, Tim Temple, Tina Grosowsky. Guest: Steven Ward

**Call to order at 0804 by Dr. Shields.**

**GIS Coding:** Dr Heather Alker Preventive Medicine/Family Medicine at UMass presented updated GEO coding results by Fin Mooney, Clark University graduate student.

Used state birth data and, as reported out at Infant Mortality Summit, numbers are small and preliminary.

State data from 2016; Worcester data from 2017-2018-not final

Summer project used mapping by census block versus census tracts.

Worcester Infant Mortality Rate (IMR) three year rolling average running ~6 with uptick 2014-2016. Rate is down 2017-2018 on preliminary numbers.

By race: black rate down and approaching state rate.

Hispanic spiked 2007 for unknown reasons, came down and then spiked in 2016.

Preliminary data shows increase in Worcester in 2017-2018. State rate does not have the same pattern.

Of the three groups: black, hispanic, white: 2017 data show increased rate in hispanic and white, decrease in black

1998-2015 infant deaths: Most deaths neonatal (in first month)

Major causes: 1) 50-60% prematurity

2) anomalies

3) SIDS

Looking at birthplace of the mothers: approaching 50% of mothers were not born in the continental US.

From the Summer project: Non-US born 2000-2018 315 deaths mapped. Hispanic and black >white. Origin distribution: Puerto Rico, Ghana, Vietnam.

In comparison, for continental US born mothers, the rate of infant death is decreasing *more quickly* than rate of infant death for non continental US born mothers; infants of mothers not born in continental US are less likely to be born at later gestation, thus more early-GA infant deaths pointing to maternal health issues as an important factor.

For both moms born in continental US and those born elsewhere: there is a “spike” of deaths related to “micro preemies (ega 20-24 wks)” which are related to maternal health; for moms born in the continental US there is a 2<sup>nd</sup> spike of near-term infant deaths that may be more about pregnancy care complications

Mapping: Last summer: census block data-new, very small numbers. Downtown showed increased rate but the numbers are very small. Some hotspots were noted with highest number downtown, increased minority, increased English isolation, increased low income, areas of environmental

Conclusions:

- 1) highest rates: downtown, Great Brook Valley, some overlap of areas.
- 2) Impact of living in areas of less diversity, cultural isolation, minority stress
- 3) Consider? Review of IMR data for country of origin: Puerto Rico, Ghana (differences in medical care?)  
(other countries: too small numbers for comparison)
- 4) Prenatal visits: the average number of prenatal visits in "infant death census tract hot spots" was 6.08 and for the rest of census tracts average number of prenatal visits was 7.25

**Self introductions**

**Minutes reviewed and approved.**

**Updates:**

WGBH coverage 7/1/19

WTAG coverage of Summit 9/23/19

Website: Christina Gebel updated  
Facebook: ? access, moderator

Meeting with Congressman Joe Kennedy at Pernet 10/6/19

Informal information gathering meeting. He asked us to let him know what we need. Sara suggested a steering committee convene to figure out how and what to ask for.

**Baby Box:** Vanessa Villamarin, Alex Wenk-Bodenmiller

Report on reception of Mick Huppert Community Health Award supporting distribution of forty-seven boxes, purchase of gift cards for follow up participants.

FMEC Conference: 11/1 presentation planned

Distribution days: 7/19 at Ministerios de la Trinidad with plans to continue the partnership

8/19 Community Baby Shower

9/19 UMass Teddy Bear Clinic

Population Health Clerkship:

(UMass) two medical students, two nursing students.

Distribution day planned for early November

Data: eighty-seven boxes distributed as of 9/1/19

37% primiparas

Self reported increased likelihood of healthy behaviors post videos.

Follow up: twenty-seven surveys- gift card incentive.

Bed sharing: 35%=some sharing

Qualitative feedback: portability is big positive, ? what to do when baby outgrows the box. We are hoping to have the option for both box, cribette

Dr Hirsch: commented re boxes versus “pack and play”; AAP statement coming.

Dr Shields: No way to certify boxes, “pack and play”/cribettes are regulated. Cost: boxes are free. We have applied for grant monies to be able to offer cribettes or “pack and play”

**Strategic goals:**

Grant for data evaluation, advocacy support  
FIMR development grant applied, not received  
Home visiting,  
Star Legacy (support for mothers with loss), Early Intervention involvement; how to promote.

3 year goals: By 2020

Explore broader root causes and disparities

- Summit was a start: Racial disparity and bias informing
  - Explore qualitative aspect: Interviews from hotspots
  - Community development corporations, church groups to have focus group meetings to connect with community
- Possibly revisit 2016 sites to talk about community needs:  
More formalized focus group(s)

**Needs:**

Someone with qualitative experience to mentor or guide in this. Christina Gebel has offer to assist with qualitative

Communication: build on resources. Facebook: need more admins, Twitter.

Website: new parent sections on site as well as Collaborative information

Full fledged FIMR: on hold

Investigate who we are and can be, building member diversity

**CHIP:** Vulnerable children, families, immigrants, racial and ethnic considerations are the areas where our work matches Worcester's CHIP

**CHA:** Information; increased percentage of non US born (SS slide). Working groups

**2016 CHIP**

talks about infant mortality, home visits, access to care, endorsing anti-racism—where our work overlaps

working group:

increase CHW,

increase resource booklet distribution,

provide mechanism for providers to hear community voices

Racism and discrimination

Cultural discrimination

Training: Trauma, Resiliency, Racial Equity Training Institute three days in January /February

Starting 2020 CHIP planning 10/10: 875R Main ST.

WHBC needs representation: Temana Aguilar, Dr Hirsch

**Population Health Clerkship/UMass**

Collaborate with Safe Sleep project

Work with local agencies: NICU, FHCW, Pernet, EMK, MOD, MA MSOC

Social Determinants Symposium in Needham: DPH

**Infant Mortality Summit 9/23/19**

Successes: Panel, bias training, media coverage. 58 attendees

Thanks to DPH, MCPAP for Moms, March of Dimes for support

Improvement ideas:

Offer CMEs, bringing to Grand Rounds, Openly talking to colleagues.

Jessie Colbert: ? opportunities for connecting speakers  
?speakers' bureau

Possibility of getting cable coverage: *Health Matters* Dr Hirsch to check

Connecting to public via Facebook, use Facebook to connect to YouTube posting

WHBC encouraged to attend Racism and Bias trainings:  
Educating ourselves on the issues and racism and bias.  
Ways to hear the stories

### **Announcements and Action Steps:**

City Council and DPH

1:A lot fits in with REACH grant: Temana Aguilar discussed qualitative mixed method data collection. The focus is primarily breastfeeding but REACH has resources that can be shared for related issues.

Discussion re Partnership Health Network through relationship with Men of Color where health information was offered in barbershops, Consider the same model for women of color where women may gather: beauty salon, nail salon. A way of connecting with the community

2:CHIP: Major Focus, DPH is up for reaccreditation in 2021.

Biggest challenge: dealing with the surrounding six towns. The demand for services does not match resources. 500,000 from city, 4,000,000 in budget

Colleges, Grants:

City financial support is frugal, staff is grant supported

Academic Health Collaborative: now have a relationship with seven schools. It was suggested that Dr Shields be invited to address this group to access resources and inform.

#### City Council Report:

Last report was 2016, 2017 with Dr Castille.

Data from Summits and minutes to be pulled together in report form

#### Grants/Funding:

Dr Shields will speak with Fallon Community Health regarding feedback on our process. Plan to work on timing, budgeting, get application materials in ready to go format to streamline future proposals.

WHBC has applied for UMass Public Service Grant with UMass Neonatology.

#### Options for WDMS:

- Health Matters TV program
- Present to Medical Society
- Many meetings with possible opportunities for a presentation:
- Spring meeting possible. Dr Hirsch re Public Health Committee
- Worcester Medicine Magazine

#### Meeting of Association of Maternal Child Health Programs:

Meeting in Washington DC. Poster presentation/report out GEO coding data

REACH: facilitating work groups around breastfeeding, helping facilitate for clinical professionals and non clinical persons

#### Next Steps:

Quarterly meeting 12/2/19 at DPH

Baby Box meetings first and third Fridays and PRN

Plan for Strategic Planning day: possibly a second Spring meeting.

The meeting was closed at 0950

Respectfully submitted, Anne Covino