

Infant Mortality Workgroup

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Why Infant Mortality Is a Board Priority

- African American infant mortality rate* (12.3) is more than twice the rate for Wake County as a whole (5.3).
- African American women have worse rates than White and Hispanic women for birthweight, gestational age, vaginal deliveries, and early and adequate prenatal care.
- Percentage of African Americans without health insurance (23.4%) is more than twice the overall uninsured rate for Wake County (10.1%).

*Infant mortality rate is per 1,000 live births

Infant Mortality and Board Goals



Community Health (CH2.4): Assess existing programs and identify gaps in order to develop and implement a comprehensive plan to support healthy and thriving babies and moms.



Social and Economic Vitality (SEV2.2): Develop and implement a strategy to reduce disparities in infant death among vulnerable populations.

Desired Goal and Outcomes

GOAL: Babies across Wake County from all backgrounds will have a healthy start in their first year of life.

OUTCOMES:

- Improved Birth Outcomes
- Reduced Infant Mortality
- Reduced Disparity in Infant Mortality
- Improved Health Status of Children Ages 0-5

1 Year and Beyond



Infant Mortality Workgroup

Soror Lillian Davis

President, Pan-Hellenic Council-Raleigh

Ms. Verna Best

Program Manager, Crosby-Garfield Center

Ms. Jessica Holmes,

Chair, Wake County Board of Commissioners

Ms. Vickie Adamson

Commissioner, Wake County Board of Commissioners

Dr. Michelle Bucknor

Chief Medical officer, United Healthcare

Dr. Anne Ford

Obstetrician and Gynecologist, Duke Raleigh Hospital

Dr. James Perciaccante

Chair of Neonatology, WakeMed Hospital

Ms. Stephannie Senegal

Nurse Family Partnership Program Manager, Wake County Human Services

Dr. Stefanie Etienne

Physician, Wake County Northern Regional Center

Dr. Kathryn Menard

Director, Maternal Fetal Medicine, UNC, UNC Rex

Ms. Paige Rosemond

Child Welfare Division Director, Wake County Human Services

Ms. Jennifer Brighton

Interim Executive Director, Wake County Medical Society Community Health Foundation

Dr. James Smith, III

Chair, Wake County Human Services Board and Carolina Partners

Ms. Kia Baker

Director, Southeast Raleigh Promise

Ms. Helen Poole

Chair, Wake County Commission for Women

Ms. Regina Petteway

Director, Wake County Human Services

Dr. Teresa Flynn

Chair, Wake County Child Fatality Prevention Team (CFPT)

Ms. Shana Arrington

Wake County resident with lived experience

Dr. Annette Bey

Women's Healthcare Consultant, PC

Charge and Expectations



The Workgroup will:

- explore the root causes of the infant mortality gap
- identify research-based practices
- agree on specific actions to reduce the disparity
- produce a 3-year plan to achieve the desired outcomes, including:
 - strategy implementation
 - needed resources
 - timelines
 - leadership

Meeting Information

Confirmed Dates
September 25th
October 23 rd
November 20th
December 3 rd (Action Plan Subgroup)
January 8th

Location:

- Wake County Human Services, Swinburne,
Conference Room 5032

Identified Gaps

- Access to timely, available prenatal care
- Breastfeeding support
- Well-women's health, including preconceptional care
- Home visiting/postpartum care
- Implicit bias/racial equity training
 - Caregivers
 - Health department staff
 - Private practices
 - Health systems and hospitals

Improving Community Outcomes for Maternal Child Health (ICO4MCH)

- Established in 2015 to provide competitive grants among local health departments to improve birth outcomes, reduce infant mortality and improve health among children ages 0-5.
- Funding Agency: North Carolina Department of Health and Human Services RFA#A370

Deadline: 12/4/19 (Internal 11/27/19)

Funding Amount: up to \$500,000.00 annually for two years

- Strong emphasis placed on health equity and disparities in all areas.

ICO4MCH: Evidence Based Strategies

PROGRAM AIMS	EVIDENCE-BASED STRATEGIES
Improved Birth Outcomes	Reproductive Life Planning (RLP) including implementation of Upstream USA
Reduced Infant Mortality	10 Successful Steps for Breastfeeding, with a specific focus on Steps 3 and 10- with increase of public lactation rooms
Improved Health Status of Children Ages 0-5	Family Connects Newborn Home Visiting

Best Babies Zone Initiative

- Infant Mortality Workgroup strategy implementation started with Best Babies Zone (BBZ) opportunity
- BBZ
 - will align and support other strategies identified by the Infant Mortality Workgroup
 - Wake County was selected for the 4th cohort
 - Second location in the south
 - administered by CityMatCH
- Local Media



Best Babies Zone Initiative

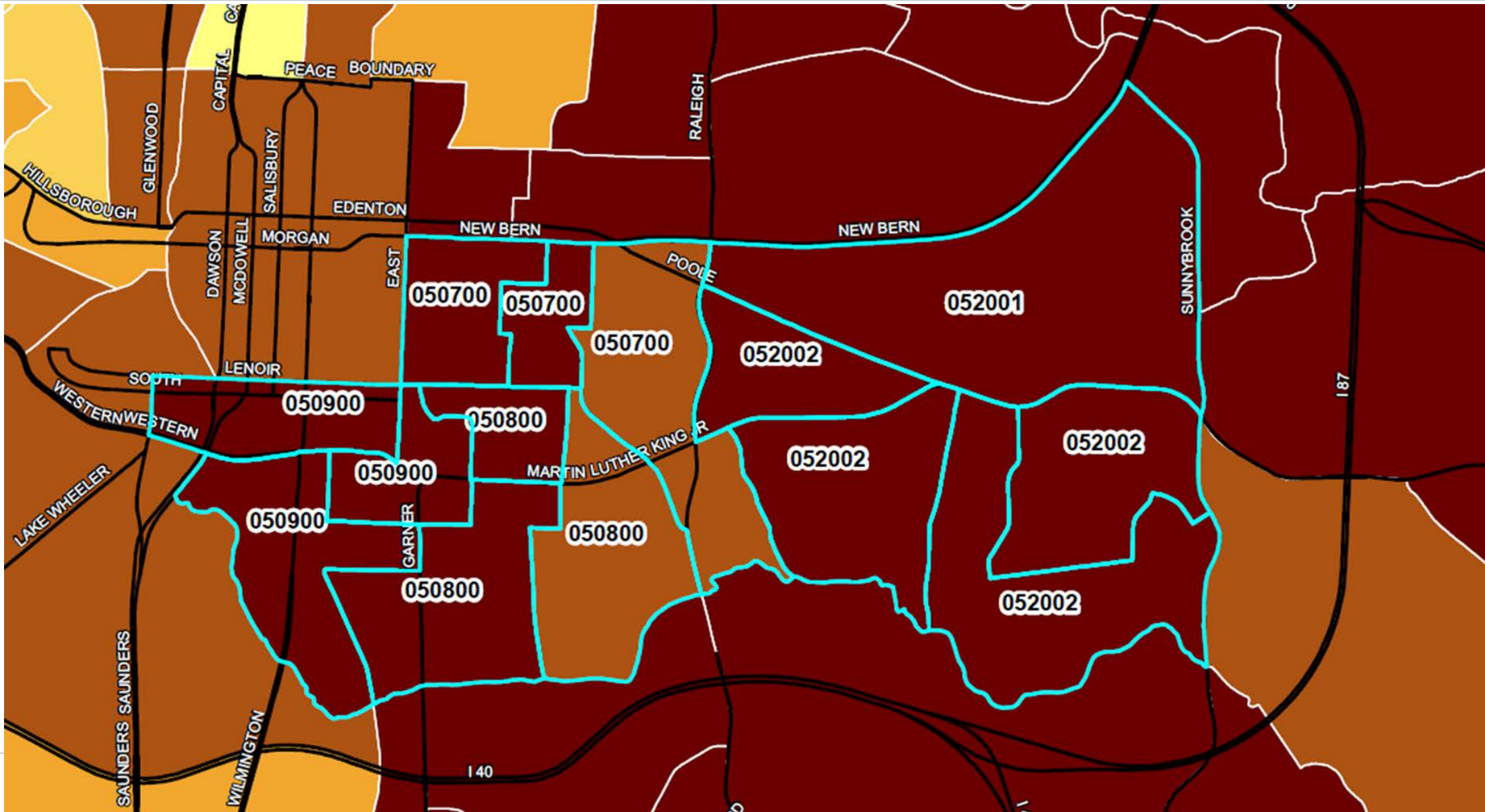
Zone Requirements

- Population between 8,000 and 20,000
- Over 100 births per year
- Racial inequity in birth outcomes
- Small geographic region

Wake County Zone

- Population 18,256
- 240 births
- Infant Mortality Rate per 1,000 births*
 - Wake County 5.3
 - African American 12.3
- Comprised of census tracts in South East Raleigh

Best Babies Zone



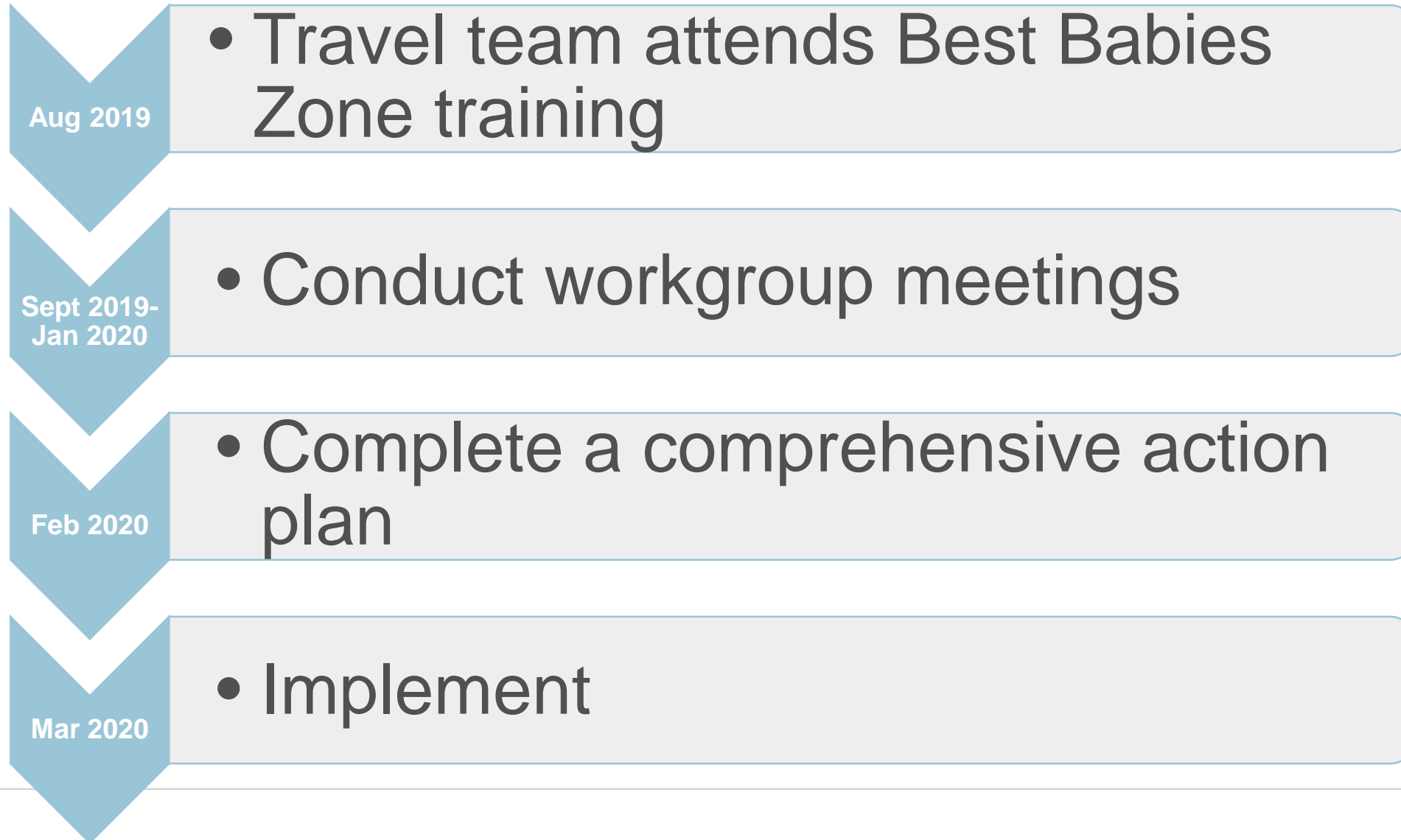
Roles

- **Co-Leads** Dr. Michelle Bucknor and Ms. Laura Harris
- **Local Champion** Jessica Holmes, Chair, Board of Commissioners
- **Program Manager** Paige Bennett
- **Team**
 - Two zone residents
 - Crosby Garfield Community Center
 - Southeast Raleigh Promise
 - Southeast Raleigh YMCA
 - WCHS, Maternal Child Health Program and Child Welfare

BBZ Provides

- Support to develop a strategic plan, fundraising strategies, and program evaluation
- Learning collaborative engagement
- Initial funding for training for three team members
 - Wake County supported two team members
- Structure and technical assistance

Timeline



Implementation Oversight

- Provided by staff in Public Health, under the leadership of Dr. Kim McDonald, Medical Director, Mr. Christopher Kippes, Public Health Division Director, and Ms. Heather Miranda, Clinical Services Division Director.
- BBZ/CityMatCH activities will fall under the direction of these individuals and will be included as part of this work.



Building Capacity

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This activities facilitate Wake County's efforts to ensure babies survive their first year by:

- developing a formal structure to address racial/ethnic disparities
- utilizing local experts to achieve desired outcomes
- aligning resources for planning and implementation with partners
- garnering community commitment to this cause