



1.1.B.1: DECREASE PERCENTAGE OF INFANTS BORN WITH LOW BIRTH WEIGHT AMONG BLACKS FROM 9.6% TO 9.3% BY 2016

1.1.B.2: DECREASE PERCENTAGE OF INFANTS BORN WITH LOW BIRTH WEIGHT AMONG AMERICAN INDIAN/ALASKA NATIVE POPULATIONS FROM 8.7% TO 8.5% BY 2016

Department of Health

John Wiesman
Secretary of Health

November 16, 2015

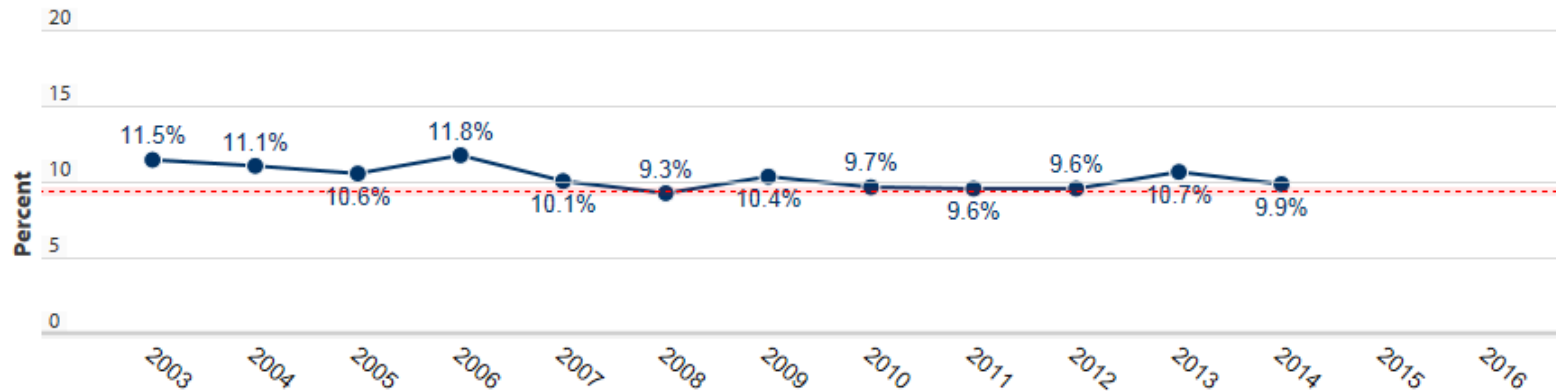


1.1.b.1: Decrease % of infants born with low birth weight among Blacks from 9.6% to 9.3% by 2016

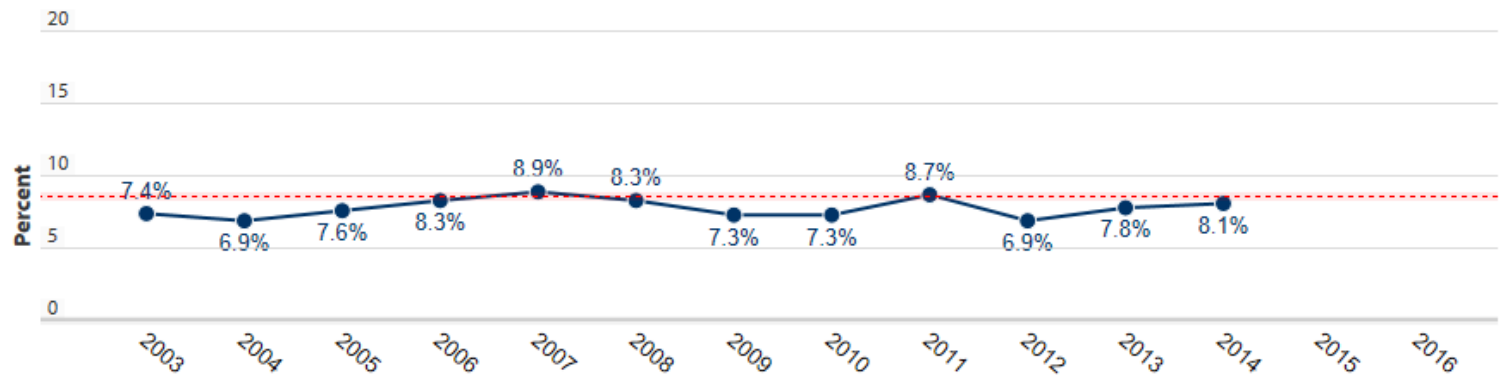
1.1.b.2: Decrease % of infants born with low birth wt. among American Indian/Alaska Native populations from 8.7% to 8.5% by 2016

Current State: Where are we today

1.1.b.1: Decrease the percentage of infants born with low birth weight among Blacks from 9.6% in 2011 to 9.3% by 2016

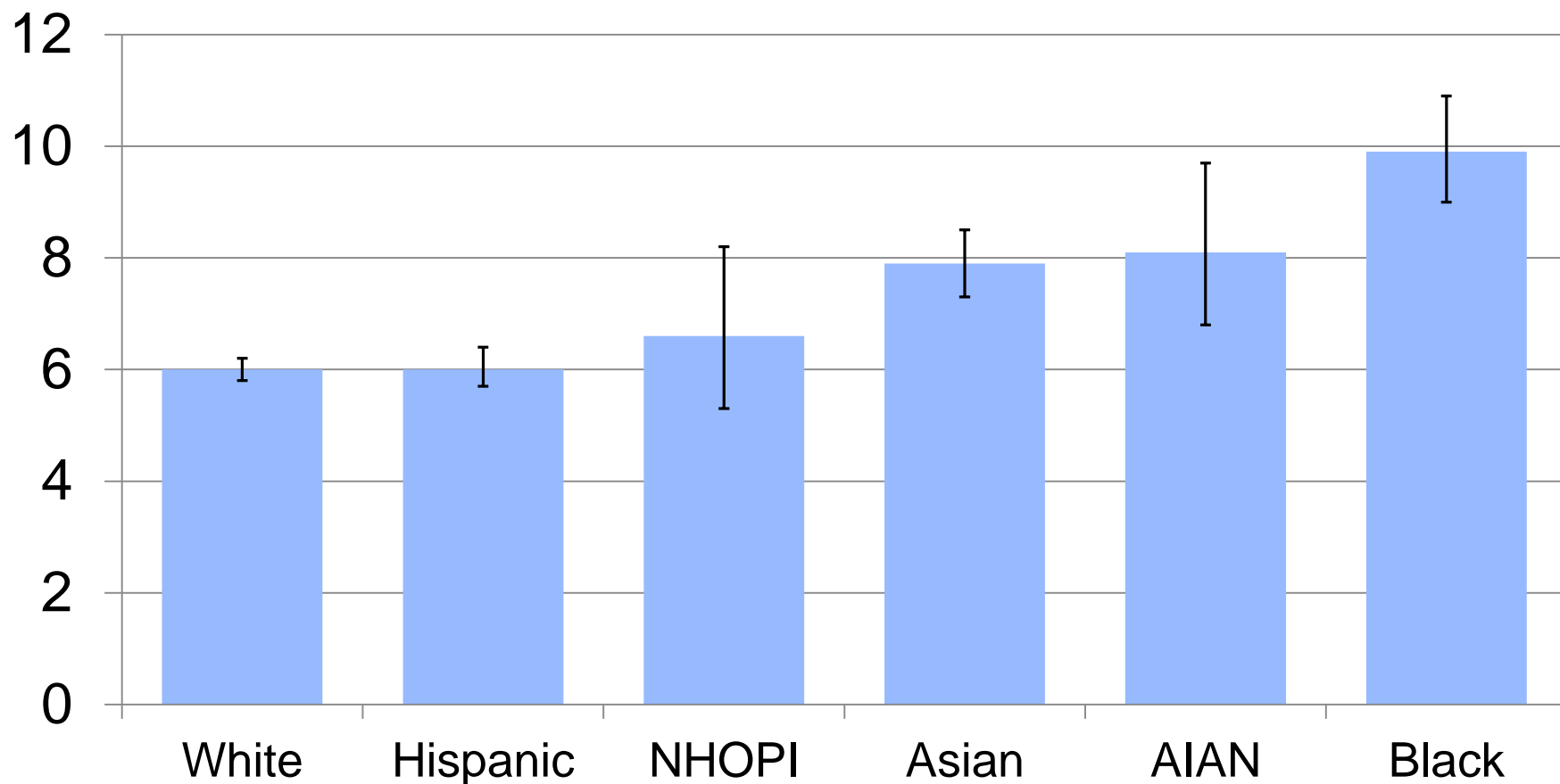


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Current State: Low Birth Weight by Race

**Percent low birth weight births by race/ethnicity
WA residents, 2014**

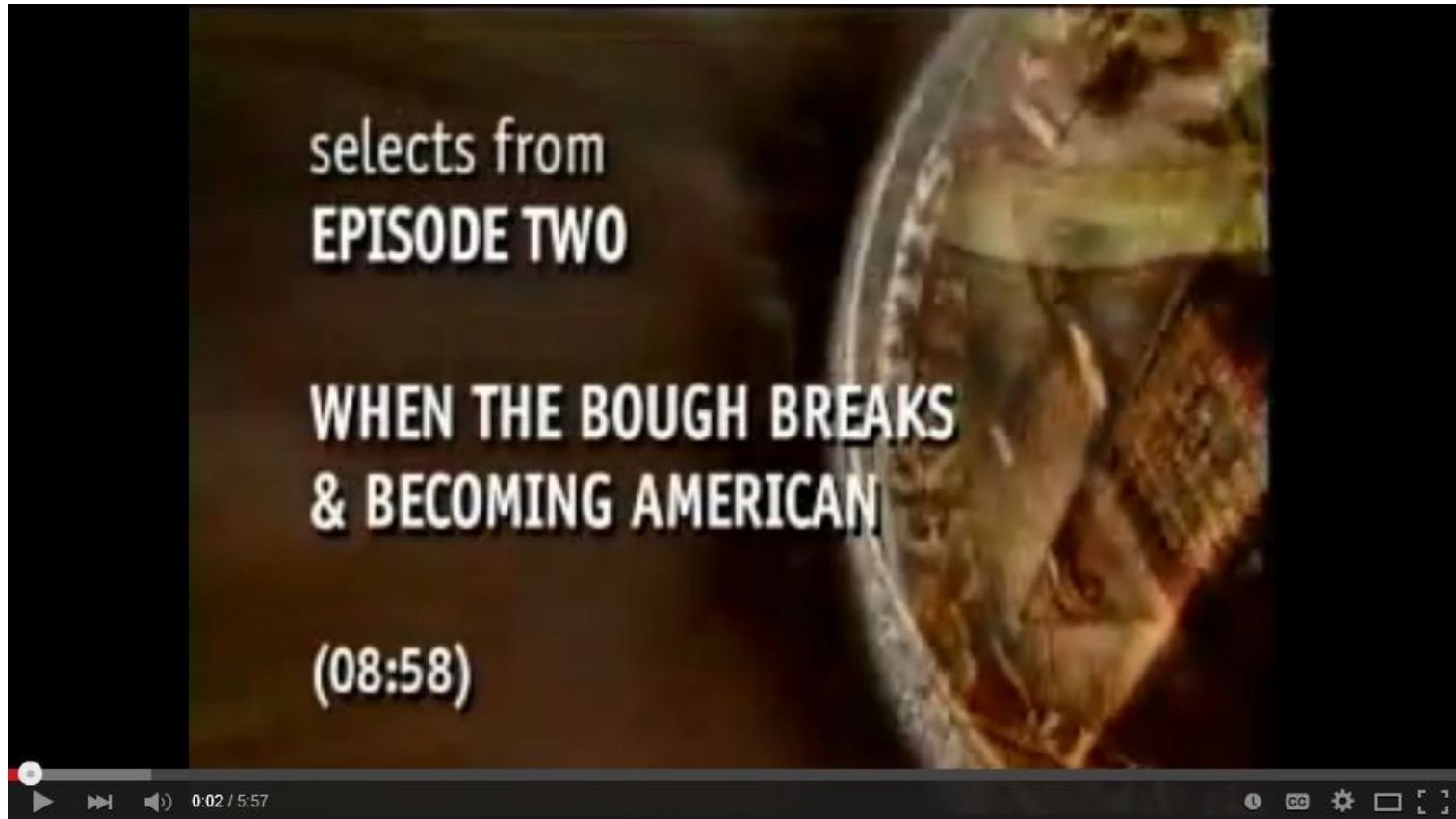


NHOPI – Native Hawaiian, Other Pacific Islander

AIAN – American Indian, Alaska Native

Current State: African American Low Birth Weights

Unravelling the Mystery of Black-White Differences in Infant Mortality



<https://www.youtube.com/watch?v=INc1a6u8yP4>

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Customer Focus:



Black Infant Health Program Tacoma-Pierce County Health Department

Results Washington Commission

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November 16, 2015

Goals

- To increase health pregnancies and births among African American women in Pierce County
- To decrease infant mortality of African American infants in Pierce County
- To increase the capacity of African American churches to support pregnant women in their congregations and community.



Methods:

- Enroll African American churches in the Black Infant Health Program
- Train Health Ministers from those churches on health messages for pregnant women and women parenting infants
- Link together the churches to form a community of practice to support perinatal women
- Conduct community events for perinatal women and their infants (baby showers, play days and celebrations of life)
- Provide referrals to prenatal care, social services, resources and support.

RESULTS

- Healthy pregnancies and births
- Increases in breastfeeding and community support of breastfeeding
- Uptake of health messages that go beyond pregnancy to impact each church more widely. (i.e. healthy eating messages impact church potlucks, concern about second hand smoke)
- Strong social network is developing between churches as they work to support pregnant women.
- Health Ministers are seen as community leaders in the African American and wider community.
- Increasing social cohesion within the African American community in Pierce County.

Resources

- \$12,500 from Department of Health
- \$12,500 from Health Care Authority
- Inkind support from Tacoma-Pierce County Health Department
- Hundreds of volunteer hours from Health Ministers and their church members
- Inkind donations of baby gifts and supplies from churches and food for the social events.



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Questions?



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Partner: American Indian Health Commission for WA State



Stephen Kutz

Chair, AIHC and Elected Official, Cowlitz
Tribe

Marsha Crane

MIH and Clinical Consultant, AIHC

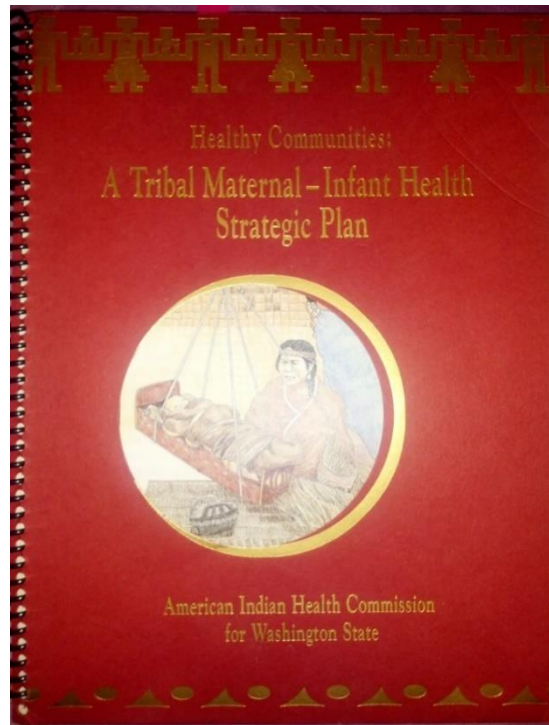
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American Indian Health Commission for WA State

Healthy Communities: Maternal-Infant Health (MIH) Strategic Plan, 2010, is the official plan supported by Tribes and Urban Indian Programs in WA State.



<http://www.aihc-wa.com/files/2011/09/MIH-Plan-web-FINAL-030811-13.pdf>

Overarching Goal

- Decrease the severe maternal and infant health (MIH) disparities in American Indian and Alaska Native (AI/AN) women and infants in Washington State.
 - Partnerships with AIHC and WA State Department of Health, Department of Early Learning and the Health Care Authority
 - AIHC provides outreach, technical assistance, and education to Tribes and Urban Indian Health Programs



American Indian Health Commission for WA State

Major Concerns

- **Low Birth Weight:** 2014 AI/AN population at 8.1%; compared the White population at 6%
- **Premature Birth:** Native Americans have the highest preterm birth rate at **11.9** percent, compared to the White population at 7.8 percent (March of Dimes, November, 2015). *Premature birth is the leading cause of infant death and the number one killer of babies*
- **Infant Mortality**
- **Smoking Before and During Pregnancy**
- **Breast feeding**
- **Post-Partum Depression**
- **Immunization Rates**



American Indian Health Commission for WA State

Maternal Infant Health Strategic Plan Implementation

- Provide outreach, education and technical assistance on an individual Tribe/Urban Indian Program level
 - Assist Tribes and Urban Programs individually in finding funding for MIH related projects
 - Currently at least 2 Tribes are developing their own Maternal and Infant Health Strategic Plans
- Integrate AIHC's Healthy Communities ***"Pulling Together for Wellness"*** framework and a tribal specific "Vision and Values" that addresses MIH disparities (see handouts)
- Reduce SIDS/SUIDS rates
 - The Baby Box Project
 - Home Visiting
 - Healthy Native Babies project and work of NAWDIM
 - Safe Sleep Cribs project
 - Cradle Board Project
 - DSHS Committee on Infant Death Investigation and referral to expert investigator



American Indian Health Commission for WA State

Maternal Infant Health Strategic Plan Implementation

- Reduce smoking before and during pregnancy
 - Home Visiting
 - Policy, Systems, and Environmental Approach
 - Tribal and Urban Framework
 - CoINN Project Team with WA DOH
- Increase breastfeeding initiation and duration rates
 - WIC needs assessment includes questions related to Breastfeeding
 - Home Visiting
- Increase immunization rates
 - Working with DOH to improve immunization rates and acceptance
 - WIC
 - Home Visiting
- Increase early entry into prenatal care
 - Inform Tribes of AI/AN PRAMS data related to access to prenatal care
 - The Baby Box Project

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Maternal Infant Health Strategic Plan Implementation

- Improve access to care: Increase Medicaid insurance coverage and access
 - Tribal Assisters have been trained to help Native people get signed up for Insurance. Insurance coverage helps women access appropriate care. (The vast majority of Tribes do not provide Obstetrical care so these patients are seen by local Obstetricians, Midwives, and Family Practice Physicians.)
- Increase access to Maternity Support Services and First Steps programs
 - Working with the HCA to resolve barriers in providing MSS and First Steps at the Tribal level
 - Requested and received recognition of ***Tribal Community Health Representatives*** as equal to CHW's for purposes of MSS team membership and reimbursement; special outreach materials being developed and introduced
- Increase availability and access to accurate and appropriate data:
 - Ongoing relationship with DOH PRAMS staff; provided input for next PRAMS cycle survey; granted half time access to PRAMS CDC Fellow for 2 years for work on AI/AN MIH data



American Indian Health Commission for WA State

Issue

- We cannot be 100% sure about the current data since we do not have direct access to specific AI/AN data for WA State-we are working on addressing that specific barrier



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What we know

- Virtually every Tribe and UIHO in WA is currently engaged in a project to improve MIH disparities
- According to recent Results WA data we appear to be on track for goals to reduce *low birth weight*—*although a significant disparity still exists*
- According to the latest March of Dimes data we are the hardest hit of all populations for ***premature births***
- We need to update the data for the MIH Strategic Plan—which was published in 2010, and based on the most currently available data at that time which was from 2008
- Funding for reducing these severe MIH AI/AN disparities is disproportionate to the problem itself: it is greatly underfunded



American Indian Health Commission for WA State

What we know

- There is a greater awareness among Tribes about the specific MIH disparities and strategies, including Tribal Best Practices, Promising Practices and Evidence Based Practices
- Several Tribes are engaged in MCH Home Visiting projects, including a new pilot project with the Confederated Tribes of Colville
- There is great interest in the implementation of a Baby Box project (over half of the Tribes in WA and with several Urban organizations)
- Positive changes have been made within the HCA to make access to MSS program more feasible for Tribes by overcoming several of the barriers listed in the Strategic Plan, including recognition of the Tribal Community Health Representatives
- Oral Health was recognized in the Washington State Hospital Association's Pre Conception Roadmap as a result of AIHC advocating for its inclusion

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DOH Action Plan:

Task	Task Lead	Partners	Expected Outcome	Status	Due Date
Support the Black Infant Health Project in collaboration with the Tacoma-Pierce County Health Department and Health Care Authority.	Leslie Carroll, Department of Health	Tacoma-Pierce County Health Department, Health Care Authority	Increased number of Black women in Pierce County with access to services to improve birth outcomes.	On Track	6/30/2016
Partner on the Safe Deliveries Roadmap Project to develop standards of optimal preconception care and disseminate to tribal health centers through the American Indian Health Commission.	Polly Taylor, Department of Health	American Indian Health Commission, Washington State Hospital Association	Tribal Health Centers adopt standards of care for optimal preconception health.	On Track	6/30/2016
Support implementation of the Tribal Maternal-Infant Health (MIH) Strategic Plan to address health disparities among pregnant American Indian and Alaska Native (AI/AN) women and their children in Washington.	Leslie Carroll, Department of Health	Health Care Authority, American Indian Health Commission, Department of Early Learning	At least 5 tribes will receive Technical Assistance site visits from AIHC's Maternal Infant Health consultant to assist in implementing strategies from the Tribal MIH plan.	On Track	6/30/2016
Conduct key informative interviews (with Tribal leaders, elders, Tribal administrators, Tribal health directors, Tribal medical providers, WIC staff), and WIC client focus groups with Tribes and Urban Indian health organizations who agree to participate.	Jan Olmstead, American Indian Health Commission and Sheryl Pickering, Department of Health	Tribes and Urban Indian health organizations	Tribally-driven strategies to enhance WIC services in Tribal and Urban Indian communities that will increase participation in WIC.	On Track	6/30/2016
Support the Tobacco 21 legislation.	Governor's Office, Attorney General's Office		Decrease in the percentage of youth smoking.	On Track	3/30/2016

Assistance Needed:

- Expand Black Infant Health projects beyond Pierce County
- Support and fund state-specific recommendations from the Tribal Maternal-Infant Health Strategic Plan
- Support and pass Tobacco 21 Legislation