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
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

1.1.b.2: Decrease the percentage of infants born with low birth weight among American Indian/Alaska Native populations from 8.7% in 2011 to 8.5% by 2016
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: 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
Customer Focus:

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

Black Infant Health Program
Tacoma-Pierce County Health Department

Results Washington Commission
Lea Johnson, RN, IBCLC
Beth Wilson, MEd
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

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.
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

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.
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

Questions?
Partner: American Indian Health Commission for WA State

Stephen Kutz
Chair, AIHC and Elected Official, Cowlitz Tribe

Marsha Crane
MIH and Clinical Consultant, AIHC
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

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.

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
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
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

American Indian Health Commission for WA State

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
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

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
American Indian Health Commission for WA State

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
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
<table>
<thead>
<tr>
<th>Task</th>
<th>Task Lead</th>
<th>Partners</th>
<th>Expected Outcome</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the Black Infant Health Project in collaboration with the Tacoma-Pierce County Health Department and Health Care Authority.</td>
<td>Leslie Carroll, Department of Health</td>
<td>Tacoma-Pierce County Health Department, Health Care Authority</td>
<td>Increased number of Black women in Pierce County with access to services to improve birth outcomes.</td>
<td>On Track</td>
<td>6/30/2016</td>
</tr>
<tr>
<td>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.</td>
<td>Polly Taylor, Department of Health</td>
<td>American Indian Health Commission, Washington State Hospital Association</td>
<td>Tribal Health Centers adopt standards of care for optimal preconception health.</td>
<td>On Track</td>
<td>6/30/2016</td>
</tr>
<tr>
<td>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.</td>
<td>Leslie Carroll, Department of Health</td>
<td>Health Care Authority, American Indian Health Commission, Department of Early Learning</td>
<td>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.</td>
<td>On Track</td>
<td>6/30/2016</td>
</tr>
<tr>
<td>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.</td>
<td>Jan Olmstead, American Indian Health Commission and Sheryl Pickering, Department of Health</td>
<td>Tribes and Urban Indian health organizations</td>
<td>Tribally-driven strategies to enhance WIC services in Tribal and Urban Indian communities that will increase participation in WIC.</td>
<td>On Track</td>
<td>6/30/2016</td>
</tr>
<tr>
<td>Support the Tobacco 21 legislation.</td>
<td>Governor's Office, Attorney General's Office</td>
<td></td>
<td>Decrease in the percentage of youth smoking.</td>
<td>On Track</td>
<td>3/30/2016</td>
</tr>
</tbody>
</table>
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

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