

# Community-based approaches to infant mortality reduction: What works

Denise C. Carty, Tonya French-Turner, Bettina Campbell,  
E. Hill DeLoney, Kent Key, Derek M. Griffith  
Genesee County REACH US

American Public Health Association Annual Meeting  
October 29, 2012

# Introduction

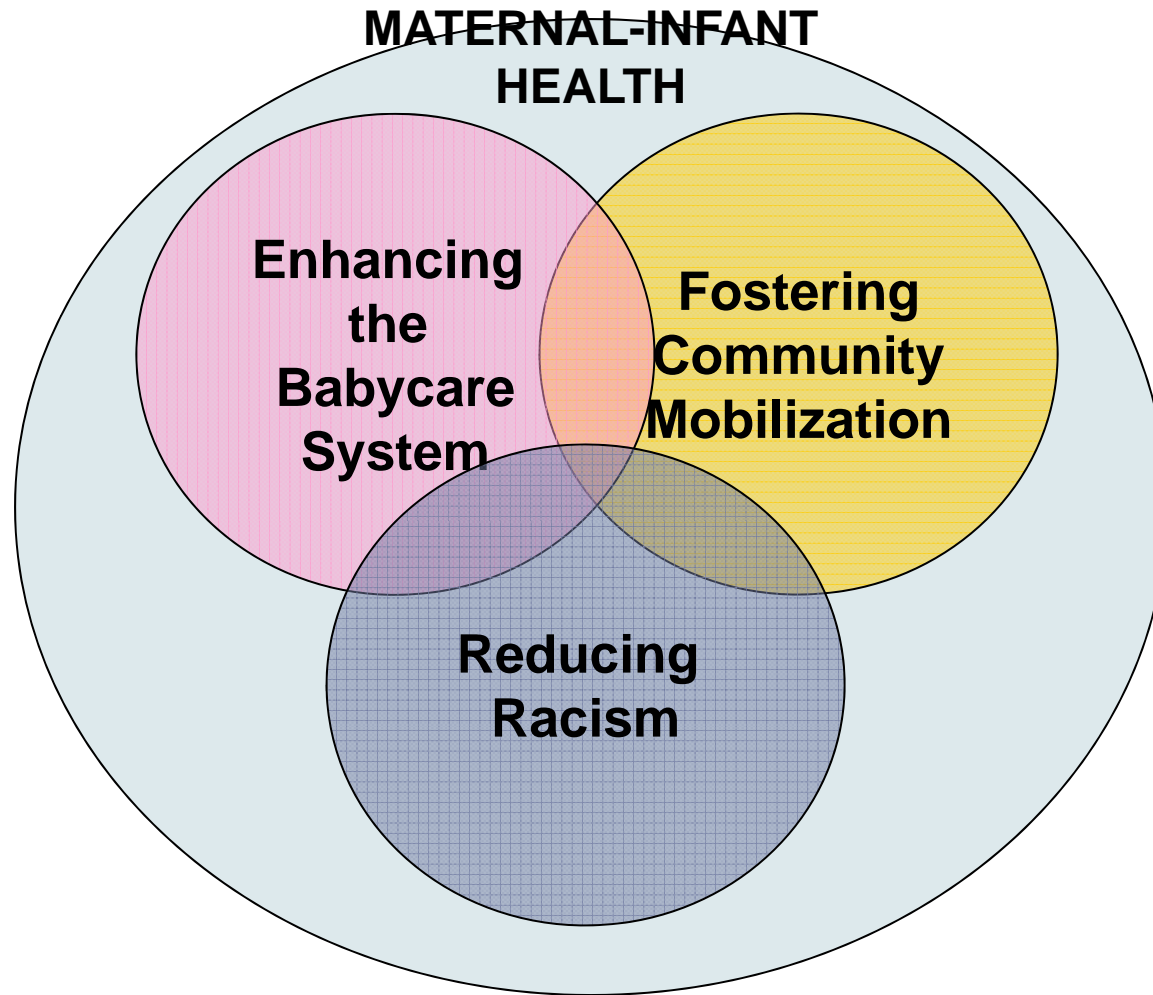
---

- ▶ Genesee County REACH has existed since 2000 with the goal to reduce racial disparities in infant mortality in our county.
- ▶ We approach the problem of infant mortality from a multifaceted, strengths-based, social determinants, and anti-racism perspective.
- ▶ Our intervention framework is guided by the socio-ecological model and community-based public health approaches.
- ▶ We are a CDC-funded Center of Excellence in the Elimination of Health Disparities.



# Community-Action Plan (Framework)

---



# Background

---

- ▶ There is **limited published information** documenting the health impact of community-based and anti-racism approaches specific to African American infant mortality reduction.
  - ▶ Baffour and Chonody (2009)
  - ▶ Carty et al. (2011)
  - ▶ Holden et al. (2011)
  - ▶ Mullings et al. (2001)
  - ▶ Pestronk and Franks (2003)
  - ▶ Salihu et al. (2011)
  - ▶ Savage et al (2007)



# Purpose

---

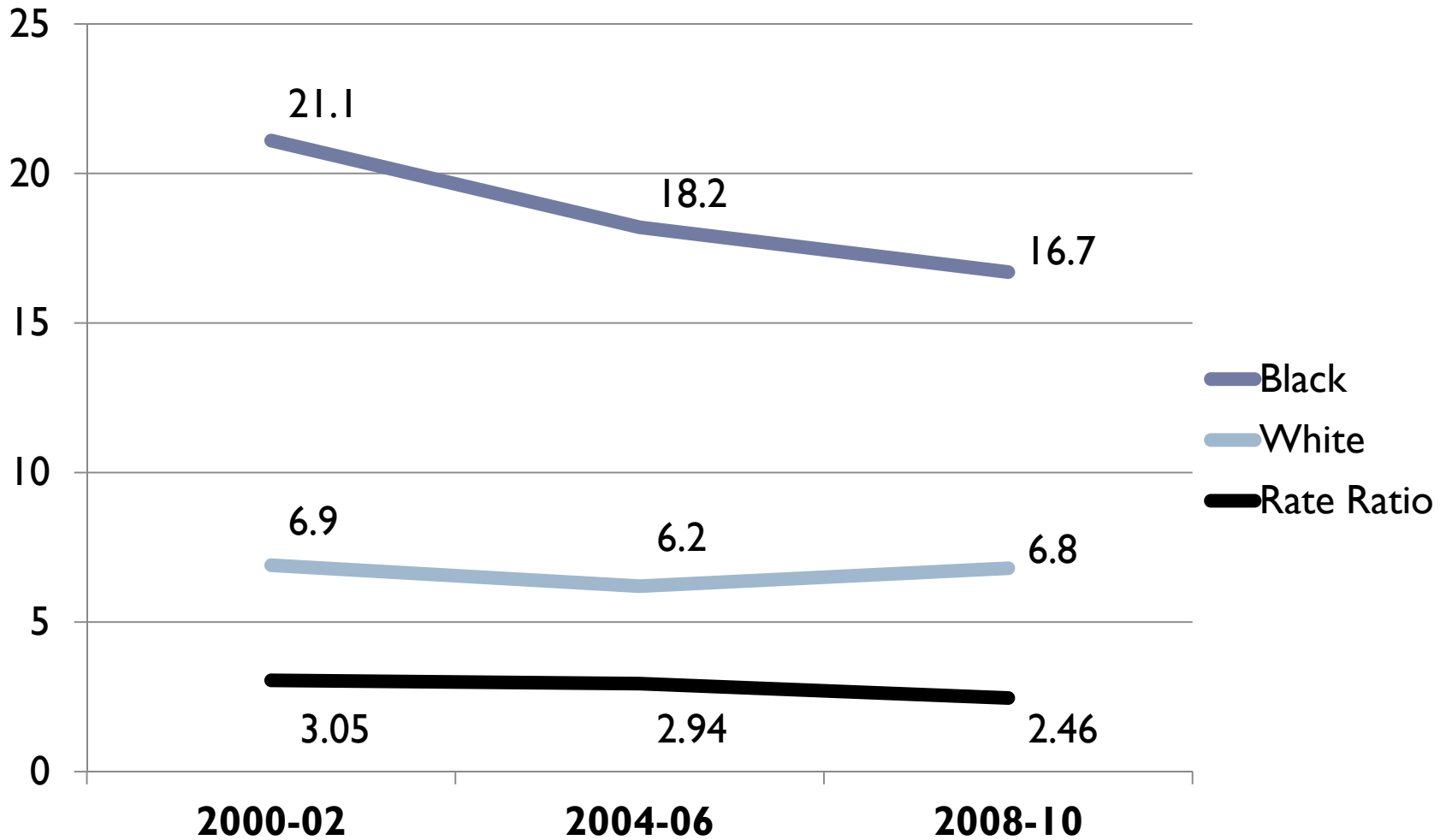
- ▶ **Build the evidence** for how racism-focused interventions may contribute to reducing adverse infant health outcomes.
- ▶ **Encourage replication** of community-based practice to reduce infant health disparities with an emphasis on anti-racism focused intervention strategies.





# Genesee County REACH: Quantitative Evidence of Impact

# Reducing Disparities, Flint, Michigan



# Genesee County REACH Racism and Health Disparities Community Survey

---

- ▶ Carty, D. C., Kruger, D. J., Turner, T. M., Campbell, B., DeLoney, E. H., & Lewis, E. Y. (2011). Racism, health status, and birth outcomes: Results of a participatory community-based intervention and health survey. *Journal of Urban Health*, 88, 84-97.
  - ▶ REACH participants had better self-rated physical and mental health status
  - ▶ Racial discrimination and racism-related stress were associated with worse self-rated physical health, mental health, and smoking
  - ▶ Emotional responses to racism predicted worse self-rated mental health.
  - ▶ **More extreme emotional responses to racism were marginally associated with low birth weight**







# Genesee County REACH: Qualitative Evidence of Impact

What works

# Qualitative Evaluation: Questions

---

- ▶ What are the **key components** of community-based anti-racism awareness, education, and intervention activities deemed effective toward reducing adverse birth outcomes and infant mortality?
- ▶ How does REACH demonstrate excellence in reducing infant mortality disparities (i.e., what are the **best practices**?)



# Qualitative Evaluation: Method

---

- ▶ **Semi-structured questionnaires**
  - ▶ Based on intended program impact
- ▶ **In-depth interviews and focus groups (N = 30)**
  - ▶ REACH program coordinators
  - ▶ Program participants
- ▶ **Analysis of narrative data (manual and NVivo)**
  - ▶ Review transcripts and program documents
  - ▶ Extract and code relevant data
  - ▶ Identify common themes





# Results: Summary of 7 Genesee County REACH Best Practices

What works

# I. Community Engagement and Mobilization

---

- ▶ Utilize genuine community-based participatory approaches; don't just conduct outreach or services in communities
- ▶ Take services to the people and adapt approaches to community needs
- ▶ Community must be involved from the very beginning and in all phases of program planning, design, implementation, dissemination, and evaluation of 'success'



## Quote: Community Engagement

---

- ▶ *“In order to address any disparity – and I’m talking disparities across the board, across all races – you really have to involve the community. The community has to be top priority. They have to be equal players at the table, and I mean equal in their voice, equal in the resources, equal in the implementation, in the decision making and everything.” [REACH program coordinator]*



## II. Anti-Racism Awareness/Education

---

- ▶ Enhanced awareness and knowledge of racism has motivated actions to reduce health disparities
- ▶ This finding provides support for anti-racism education as an intermediary step to improving African American general and infant health outcomes



## Quote: Anti-Racism Awareness

---

- ▶ *“One of my classmates shared that if a male child didn’t come home on time, the first thought for African Americans would be to call the police department, where our first thought, as Caucasians, would be to call the hospital. That was a turning point in my head of racial differences. That opened my eyes to just be more aware of other differences.” [REACH program participant]*
- 





### III. Addressing Infant Mortality from a Historical and Cultural Perspective

---

- ▶ Education that highlights how historical and systemic racial inequities shape thinking and behaviors that harm health across generations and contribute to racial disparities
- ▶ Our clients demonstrated improved nutritional practices, stress-coping behaviors, educational and economic development, and youth academic performance
- ▶ These characteristics are supportive of healthier lifestyles and enhanced maternal health and birth outcomes



## Quote: History and Culture Education

---

- ▶ *“We have done a great job working with African Americans in our community, helping them to understand who they are and understand why they may think, feel, behave the way they do based on past things that have happened to them. We’ve really promoted self-integrity, pride, and sense of worth and wanting to do something in your community to make things better, whether it’s around addressing inequitable policies or systems or just changing yourself to speak up and advocate on your behalf and moving people to want to better themselves.” [REACH program coordinator]*
- 



## IV. Pregnancy Risk Assessment Tool (PRAT)

---

- ▶ An original tool created for Genesee County
- ▶ Facilitates standard assessment of high-risk women across institutions
- ▶ Incorporates evidence-based guidelines for perinatal care
- ▶ Emphasizes assessment, referral, and follow-up for medical and social determinants of health



## Quote: PRAT

---

- ▶ *“The PRAT was developed with input from across the three hospital systems and varying levels of experts from maternal-fetal medicine, community nursing and so on. I’m pretty proud that they’ve used the PRAT as a foundation in their electronic medical records—that speaks to its credibility and usefulness.” [REACH program coordinator]*



## V. Community Windshield Tours

---

- ▶ Increases awareness of the lived experiences and unique challenges encountered by clients served at varying institutions
- ▶ Also highlights community assets as well that often go unrecognized and fosters a more holistic appraisal of ‘at risk communities’
- ▶ We have observed changes in provider sensitivity/office practices, flexible clinic scheduling, and new, more accessible bus routes inspired by the Windshield Tours



## Quote: Windshield Tours

---

- ▶ *“I went to have an ultrasound, and the ultrasound technician found out what I did and she was so excited about the Windshield Tour, and she explained to me how it really opened up her horizons and how she had a newfound respect for certain groups of people.” [REACH program staff]*



## VI. Community Health Advocates

---

- ▶ Facilitate access to clinical care and community resources, provide case management, and reinforce health promotion behaviors for pregnant/postpartum women
- ▶ Effective community health advocates are often from the same communities as their focus population and have lived similar experiences



## Quote: Community Health Advocates

---

- ▶ *“I have a client who was living in an apartment complex that was infested and wasn’t fit to live in. [The complex] should have been condemned. I was able to connect with the resource that I knew at another apartment complex. I wrote a letter to the company, explaining the circumstances to them. They relocated her into a better apartment, a better environment.” [REACH program staff]*





## VII. Media Campaign

---

- ▶ “Black babies are 3 times more likely to die.”
- ▶ “Your body is your baby’s first crib.”
- ▶ Heightened awareness among both the community and health professionals as to the scope of infant mortality disparities
- ▶ Most effective in coordination with specific calls to action and availability of resources to provide direct benefit



## Quote: Media Campaign

---

- ▶ *“We were actually reading [the billboards]. I’m like, “Oh boy. We’ve been letting the kids all on our chest and putting the stuff all in the bed and stuff like that.” God must have been really watching over us because I didn’t know we were actually putting our kids in danger doing that ‘til we actually read up on them on the web.” [MIHAS client]*





## Lessons Learned

# Lessons Learned

---

- ▶ Embrace ‘non-traditional’ approaches to infant mortality reduction – don’t just focus on healthcare
- ▶ Community must be at core of health equity work
- ▶ Successful community outreach involves sustained engagement with residents/organizations embedded in the community with well-established relationships and trust.
- ▶ Develop unique approaches to addressing racism and health disparities based on the uniqueness and composition of the community.



# Lessons Learned

---

- ▶ Address basic needs first (food, clothing, shelter)
- ▶ Improving health equity and social determinants of health should be a shared communitywide issue
- ▶ Importance of multi-sector engagement to develop shared solutions and to embrace a social determinants of health perspective
- ▶ Build on relationships, and get the commitment of influential leaders within agencies and organizations



# Questions?

---

▶ **Contact:**

Denise Carty, PhD Candidate

Department of Health Behavior and Health Education

University of Michigan School of Public Health

[dccarty@umich.edu](mailto:dccarty@umich.edu)

Tonya M. French-Turner

REACH US Coordinator

Genesee County Health Department

630 S. Saginaw Street

Flint, MI 48502

(810) 257-3194 [tturner@gchd.us](mailto:tturner@gchd.us)

---

