“Large-scale social change requires broad cross-sector coordination....”

"...yet [we] remain focused on the isolated intervention of individual organizations."

COLLECTIVE IMPACT – The Parts

• COMMON AGENDA
  Getting in the Door and Staying There
  Grace Lubwama DPPD MPH (CEO, YWCA & Cradle lead)

• BACKBONE SUPPORT
  Collective Funding
  Alyssa Stewart (Vice President, Strategy & Engagement, UWBCKR)

• SHARED MEASUREMENT
  Data for Health Justice
  Cathy Kothari PhD (Assoc Prof, WMed & Cradle Epi)

• CONTINUOUS COMMUNICATION
  Expanding the Network
  Katie Corbit (Cradle Program Manager)

• MUTUALLY REINFORCING ACTIVITIES
  Coordinating across Agencies & Programs
  Intersection of Local & Regional Efforts
  Partnering w/ Medical Centers for Equity
  Terra Bautista
  Dianne Shaffer & Danielle Persky
  Cheryl Dickson
Getting in the Door and Staying There
Grace Lubwama DPPD, MPH
CEO, YWCA & Cradle lead
• Complex issues require **multidisciplinary strategies & interventions**.

• No one solution or organization will be able to solve infant mortality by themselves.

• Cradle’s overall goal is to improve infant mortality, knowing that only **10-20%** of health is impacted by clinical care.
CRADLE GOALS

• **Cradle Kalamazoo**: In the next 10 years, Cradle is organizing strategies to **create zero disparities** in infant mortality and an overall infant mortality rate of **less of 3.0** per 1,000 lives births

Overall well-being of all children & families in Kalamazoo
GETTING STARTED

PHASE 1: GENERATING IDEAS AND DIALOGUE: 2014

ACTIVITIES

- One-on-one meetings with stakeholders
- Kickoff Conference (November, 2014)
- Media coverage

• Build awareness
• Build Community Partners
• Identify the issue in the community
• Learn from the past

Equity Focus — Data-Driven — Collective Impact — Community Engagement
PHASE 1: GENERATING IDEAS AND DIALOGUE: 2014

ROOTED IN STRATEGY

PHASE 2: STRATEGIC PROCESS: 2015

Funding:

- Identify priority areas
- Identify strategic partners
- Analyze baseline data and key issues
- Map the landscape and use data to make case

ACTIVITIES
- Community Workshops (March & May, 2015)
- Fundraising
- Research Race X SES further
- Strategic Planning Consultant / Process

Equity Focus — Data-Driven — Collective Impact — Community Engagement
ALIGNING STRATEGY WITH CAUSE

Problem

1. Fragmented Systems of care
2. Stress from poverty & discrimination
3. Lack of opportunity & access
4. Health Literacy

Cause

1. Coordinating perinatal home visitation network,
2. Incorporating health equity into practices & policies,
3. Providing reproductive health education,
4. Providing safe sleep education.
ORGANIZING

PHASE 1: GENERATING IDEAS AND DIALOGUE: 2014

PHASE 2: STRATEGIC PROCESS: 2014-15

PHASE 3: INITIAL ACTION: 2015-16

Funding:
• Kalamazoo County Health Plan
• Michigan Health Endowment Fund

ACTIVITIES
• Announced plan at annual meeting
• Workgroups to develop each objective
• Hired administrative backbone
• Public Health Marketing
• Fundraising

• Facilitate community outreach
• Identify funding
• Establish shared metrics

Equity Focus  Data-Driven  Collective Impact  Community Engagement
IMPLEMENTATION

PHASE 1: GENERATING IDEAS AND DIALOGUE: 2014

PHASE 2: STRATEGIC PROCESS: 2014-15

PHASE 3: INITIAL ACTION: 2015-16

PHASE 4: ORGANIZE FOR IMPACT: 2016 - 2018

Funding:

• Create infrastructure and process
• Create common agenda, goals and strategy
• Continue to engage

ACTIVITIES

• Baby Hotline
• Implement Data Hub
• Fundraising
• Continuum of care

Equity Focus  Data-Driven  Collective Impact  Community Engagement
## CRADLE ACHIEVEMENTS

<table>
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### Admin & Data Backbone

- Coordinated over 30 community partners (via subcommittees, partner development, & research meetings)
- Received national recognition for work especially for our health equity work, care coordination registry, and FIMR
BACKBONE SUPPORT

Collective Funding
Alyssa Stewart,
VP Strategy & Engagement, UWBCKR
BACKBONE SUPPORT

Collective Funding
The Cradle Kalamazoo Journey

Timing is Everything
• Cradle Kalamazoo efforts began without funding as an effort to coordinate and align existing resources.
• Partners connected out of interest in the issue and shared goals, not money. Funders were present but not yet investing.

2015: United Way of Battle Creek & Kalamazoo Region (UWBCKR) established Infant Mortality as the sole focus of Health grant making.

Coordination & Complication
• Efforts to coordinate grant applications occur, but inadvertent competition does also
• Current funding models often don’t align with how collective action initiatives work.
Collective Funding
The Cradle Kalamazoo Journey

The Future

• UWBCKR is largest local funder of Cradle Kalamazoo Initiative, but funding diversity continues to grow
• New governance structure will include collaborative fund development
Data for Health Justice
Cathy Kothari PhD (Assoc Prof, WMed & Cradle Epi)
Infant Mortality Rate
Kalamazoo County, 2010-2017 estimate

- Infants of Color: 16.3 (70) vs. 11.4 (16)
- White: 5.3 (37) vs. 3.2 (40)

$ vs. $$$
 Parsing Root Causes: Structural Racism

Race

Structural Discrimination (SES)
Parsing Root Causes: Poverty

% Exposed to Poverty (N=240)

70.2%

30.1%

White women (n=146)
Women of color (n=94)

Poverty is deeper among women of color
- more likely to be going hungry
- without transportation

Isolated
- without a support network
- or a network that is just as deprived

* p<.001
**Segregated into poverty**
-Concentrated poverty in 100% higher density Black neighborhoods (11 of 11 census tracts)

**VS**

-Concentrated poverty in 21.1% of higher density White neighborhoods (8 of 38 census tracts)
Parsing Root Causes: Interpersonal Racism
POLLING QUESTION:

How often are you treated with less courtesy and respect than other people? (daily, weekly, monthly, once or twice a year, rarely never)
Experiences of Discrimination Scale*
1. How often are you treated with less courtesy or respect
2. How often do you receive poorer service than other people
3. How often do people act as if they think you are not smart
4. How often do people act as if they are afraid of you
5. How often are you followed around in stores
6. How often are you threatened or harassed

Interpersonal Discrimination (EoD scale)

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26.0%</td>
<td>43.6%</td>
</tr>
<tr>
<td>2</td>
<td>12.3%</td>
<td>22.3%</td>
</tr>
<tr>
<td>3</td>
<td>16.0%</td>
<td>28.7%</td>
</tr>
<tr>
<td>4</td>
<td>9.6%</td>
<td>16.1%</td>
</tr>
<tr>
<td>5</td>
<td>4.1%</td>
<td>16.0%</td>
</tr>
<tr>
<td>6</td>
<td>1.4%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

*Discrimination Index: Almost every day, At least once a week, A few times a month, A few times a year, About once a year, Never
0 to 30, higher indicates greater discrimination

* p<.001
Coordinating Resources: Intentionality

Cradle Goal: Overall Child Well-being

Strategic Objective: Perinatal Home Visitation Network

**Objective 1:** Universal process between clinics and community services for maternal and infant health

**Objective 2:** Building outreach capacity through community health workers

**Objective 3:** Realign resources/investment to support the overall well-being of children and families

**Objective 4:** Equity assessment of policies/procedures that impact maternal & infant health
Coordinating Resources: Data Backbone

CRADLE CARE COORDINATION REGISTRY

INPUTS....

AUTOMATED, WEEKLY EXPORTS

REAL-TIME REFERRAL PORTAL

CRADLE REGISTRY
Clinic to Community Links

OUTCOMES

...OUTPUTS

CARE COORD.

SYSTEM CQI
Coordinating Resources: Process Metrics

CRADLE REGISTRY
Clinic to Community Links

3748 women
PREGNANT POPULATION:
6966 women

INCOMING REFERRALS*
1896 women
51% REFERRAL RATE

697 women
ENROLLED**
37% ENROLLMENT RATE

* Prenatal referrals in during 27-month period: January 1, 2016 through April 1, 2018
** Enrolled as of June 1, 2018
*** Retained as of June 1, 2018
Measuring Impact: Outcomes

CRADLE REGISTRY
Clinic to Community Links

Enrolled in Home Visitation program

(336) Expected: 5 deaths
Actual: 0 deaths

(223) Expected: 1 death
Actual: 1 death

Infants of Color (10 Enrolled)
White (13 Enrolled)

$ $$$$
Expanding the Network
Katie Corbit (Cradle Program Manager)
WHERE WE STARTED: Cradle’s first structure (2015)

Steering Committee

Administrative Backbone
- Oversee day-to-day
- Marketing
- Status of projects

Data Backbone
- Database/Care Coordination Registry
- Mom’s Experience Survey
- Cradle Kalamazoo Research

Fetal Infant Mortality Review (FIMR)

Health Equity Subcommittee
- Best Babies Zone

Home Visitation Subcommittee
- Community Engagement / CHWs
- Frontline Meetings

Reproductive Health Subcommittee

Safe Sleep Subcommittee

Intentional Equity Focus

Awareness

Equity Focus

Intentional
PROPOSED CRADLE RE-STRUCTURE

**Cradle Kalamazoo Governance Board**

Collectively, this Board will support shared strategic and operational leadership by: (1) promoting **coordinated action**, (2) ensuring **institutional alignment** around a shared vision and shared accountability, (3) facilitating **open communication**, and (4) supporting **collective funding efforts**.

This Board will have a **Fund Development Committee** chaired by UWBCKR to decide funding priorities, ensure transparency and support collective funding (i.e., donor development, endowment, grant writing).

* Governance Board consists of Cradle Partners, National/Local Experts, & Community Residents

---

**Shared Strategic & Operational Leadership**

---

**Operation & Implementation**

- **Coordinated Care**
  - SDOH Collaboration Platform
- **Coordinated Care**
  - Clinic to Community
- **Research, Data & Eval.**
  - Care Coordination Registry
  - Community Based Participatory Research
  - Fetal Infant Mortality Review
- **Partnership & Strategy**
  - Implementation
  - Operational Staffing
- **Admin**
  - Communication & Marketing
  - Social Media & Website
- **Partnership & Strategy**
  - Brancing
  - Messaging
- **Coordinated Care**
  - Home Visitation (CHWs, Care Managers, Doulas)
  - Street Outreach
  - Community to Clinic
  - Community Education
- **Community Engagement**
  - Best Babies Zone
  - Community Events
  - Community Residents
  - Partner Agencies
- **Health Equity**
  - Partnership Development
  - Social & Clinical Strategy
  - Streamlined Process
  - Training
- **Community Engagement**
  - Faith-Based Community
  - Advocacy

---

**Ascension Borgess**

**WMed**

**FHC**

**Bronson**

**KCHCS**

**YWCA**

**NMA**

**KZCF**

---

**30+ Cradle Kalamazoo Community Partners**

---

**Operations Partner**

**Hiring Executive Director & housing admin staff**
CRADLE ACHIEVEMENTS 2014-2018

• Leadership backbone raised $1.8 million (2014-2018) to support admin, data, and expanded programming

• Coordinated over 400 meetings with 30 community partners at 8 committees

• In 2017-2018, Hosted 22 community events with a total of 784 attendees and volunteers
SOCIAL NETWORK ANALYSIS

• Measured the connectivity and strength of our relationships

• 79% of partner agencies responded to the survey
POLLING QUESTION

• People involved in my collaborative of partners trust each other

A. Strongly Disagree
B. Disagree
C. Not Applicable
D. Agree
E. Strongly Agree
SOCIAL NETWORK ANALYSIS

• Strong Social Network – tightly woven & interconnected

• 22 agencies

• 412 connections

• 89% of all possible partnerships are occurring between agencies

• 92% of partners agreed on their partnership

• 100% reciprocity between YWCA and partners (all at coordinating or collaborating)
Communication

- **45 of 46 partners** think that their agency and Cradle Kalamazoo communicate openly with one another.

- **45 of 46 partners** think that Cradle Kalamazoo staff is accessible and approachable.
Collaboration

- **88%** feel confident explaining the Cradle Kalamazoo agenda & strategies
- **90%** think their organization and Cradle Kalamazoo are working towards the same or similar goals
- **80%** receive data (programmatic, outcomes) from Cradle Kalamazoo

How do we continue to build and maintain partnerships?

- "clear communication on the roles and contributions for each partner"
- "transparency, what is the ask of the relationship and what is the benefit"
- "continued open communication"
Engagement

- 95% think Cradle Kalamazoo is sensitive to race, power, and class differences

- 71% think Cradle Kalamazoo is effective at sharing useful tools and approaches

“I have gotten to meet so many people I never knew and have learned so much about the resources in our community … definitely silos have been torn down.”
ROOM FOR IMPROVEMENT

Trust
• Building a sense of trust among partners

Engagement
• Providing opportunities for community members to take on meaningful leadership

“Cradle Kalamazoo is still largely an agency based collaborative and has not completely began engaging community members as much as the initiative has attempted”

“There are definitely more opportunities for greater community involvement, ownership.”

“discover a mechanism that will allow current structure to incorporate the voices of mothers/parents”
MUTUALLY REINFORCING ACTIVITIES

Coordinating across Agencies & Programs
Terra Bautista (Healthy Babies Healthy Start Coordinator)

Intersection of Local & Regional Efforts
Dianne Shaffer & Danielle Persky

Partnering with Academic Medical Centers for Equity
Cheryl Dickson M.D. (Assoc Dean & AAMC lead)
“Alone we can do so little…”
Cradle Hotline…. 2-1-1 Gryphon Place

Cradle Hotline (888-KIDS) & 2-1-1 Screening
- 100+ calls into hotline
- 10,000 2-1-1 callers screened annually for pregnancy
- 61 women enrolled in home visitation program

Call 269-888-KIDS for your baby needs!
With a single phone call, pregnant and newborn families in Kalamazoo County can connect to crucial services and resources to improve health and infant survival.

Anyone can call 269-888-KIDS (5437) to help get connected to programs that support families both inside and outside the home.

For more information visit www.CradleKalamazoo.com

https://www.youtube.com/watch?v=GBC5Gu8MQFU&t=1s
# CRADLE COORDINATION ACHIEVEMENTS

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## Admin & Data Backbone

• Coordinated over 30 community partners (via subcommittees, partner development, & research meetings)

• Received national recognition for work especially for our health equity work, care coordination registry, and FIMR
COORDINATED CARE STRATEGIES

1. Clinic to Community
   • Home Visitation (*case managers, doulas, CHWs*)
   • Planning for automatic, universal referral

2. SDOH Collaboration Platform, ASCENSION BORGESS TAV
   • Promote coordination between clinic & community resources

3. Community to Clinic
   • Street outreach, resource linkage & re-engagement
   • Community education

4. Care Coordination Registry
   • Updated contact info for enrollment / retention
   • Referral portal for agencies, clinics, & community
CLINIC TO COMMUNITY COORDINATION

COORDINATED CARE
“… together we can do so much”

- Over 4,000 referrals logged into the registry, w/ updated contact info
- Sixty weekly frontline meetings
- 38 cases brought for brainstorming
- 200+ cases handed off
SDOH COLLABORATION PLATFORM

Pilot an electronic care coordination platform
Bridging services

Community to clinic

Clinic to Community
Coordinated Care: CHW Strategy

Clinic to Community

Community Engagement

Community to Clinic
- Increased support for families
- Wrap-Around Case Sharing
Outreach increases community-engagement:
MUTUALLY REINFORCING ACTIVITIES

Coordinating across Agencies & Programs
Terra Bautista (Healthy Babies Healthy Start Coordinator)

Intersection of Local & Regional Efforts
Dianne Shaffer & Danielle Persky

Partnering with Academic Medical Centers for Equity
Cheryl Dickson M.D. (Assoc Dean & AAMC lead)
Intersection of Local & Regional Efforts

Where did we come from?
Intersection of Local & Regional Efforts

Moving from local to regional
Intersection of Local & Regional Efforts

FROM NOW ON, WE WILL REFER TO ALL OF OUR PROBLEMS AS OPPORTUNITIES.

ONE OF YOUR IDIOT SPAWN WAS PLAYING WITH THE OVEN AND BURNED DOWN YOUR HOUSE.

CAMPING OPPORTUNITY?
Intersection of Local & Regional Efforts: Building Partnership, Encouraging Engagement

<table>
<thead>
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<th>Section</th>
<th>Description</th>
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<tbody>
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<td>Cast the net wide</td>
<td>Include all organizations who interact with mothers/children/families, have a vision for change and a common agenda</td>
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<tr>
<td>Early engagement with Great Start Collaboratives</td>
<td>Include GSC Parent Coalitions and other local parent groups and coalitions with stakeholder participation</td>
</tr>
<tr>
<td>Consistent communication</td>
<td>Provide regular SWMPQIC updates at internal and community collaborative meetings</td>
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<tr>
<td>Personal invitations &amp; meeting recaps</td>
<td>Connect with indicated professionals to provide meeting recaps and ongoing invitations</td>
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<tr>
<td>Establish dedicated staff</td>
<td>Ensure one or more professionals in the county are dedicated to coordinate and manage local impact and cooperation</td>
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Intersection of Local & Regional Efforts

SWMPQIC Meetings (Steering Committee, Workgroups)

SWMPQIC Meeting Attendees & Dedicated Community Point Person

Region 8 SWMPQIC

Early Childhood Development/Education

Stakeholders, Parent Coalitions & Groups

Faith Community

Non Profits

Health System

Mental Health & Substance Use
MUTUALLY REINFORCING ACTIVITIES

Coordinating across Agencies & Programs
Terra Bautista (Healthy Babies Healthy Start Coordinator)

Intersection of Local & Regional Efforts
Dianne Shaffer & Danielle Persky

Partnering with Academic Medical Centers for Equity
Cheryl Dickson M.D. (Assoc Dean & AAMC lead)
Building a Systems Approach to Community Health and Health Equity for Academic Medical Centers

RFA Informational Webinar

Philip M. Alberti, PhD
Senior Director, Health Equity Research and Policy
September 29, 2016

This project is supported by grant number R13HS024884 from the Agency for Healthcare Research and Quality
# Year 1 – Health Equity Inventory

## WMED: Infant Mortality & Access to Medical Care

<table>
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<tr>
<th>INTERNAL PARTNER:</th>
<th>PROJECT:</th>
<th>EXTERNAL PARTNER:</th>
</tr>
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</table>
| WMED: OB/GYN Clinic & Residency Program | Develop Family Medicine Residency in FQHC:  
- Project Goal: Increase access to primary care physicians by 2016 for underserved populations  
- Evidence of Impact: Increased, Battle Creek FWHC replicated this model. | Community Mental Health:  
- CHAP/CHAPs  
- Whole Health Initiative |
| WMED: Internal Medicine, Pediatrics, Family Medicine | Cradle Kalamazoo:  
- Project Goal: Reduce infant mortality for infants of color to ≤ 3/1,000 births  
- Evidence of Impact: GOAL NOT MET | YWCA:  
- Cradle Kalamazoo Community Infant Mortality Initiative |
| WMED: Family Medicine  
- Access Initiatives: Develop Family Medicine Residency in FQHC |  | Family Health Center:  
- FHC Mobile Health Unit |
| WMED: Associate Dean of Health Equity & Community Affairs, Cheryl Dickson |  | Education:  
- WMU (Syracuse Health Center, Health & Human Svc College)  
- KPS  
- KAESA |
| WMED: Division of Epidemiology & Biostatistics, Cathy Kothari | Whole Health Initiative (Integrated Behavioral Health):  
- Project Goal: Facilitate comprehensive care services for individuals with mental health problems & decrease ED utilization and acute care hospitalization  
- Evidence of Impact: Enrolled # of community mental health clients | Hospitals/Public Health:  
- Borgess (Women’s Clinic and Emergency Depart.)  
- Bronson (Women’s Clinic and Emergency Department)  
- KCHCS (WIC, maternal-infant home visitation, CHW)  
- Pharmacies  
- Independent maternal-infant health programs  
- Planned Parenthood |
| WMED: Associate Dean for Clinical Affairs, Joe D’Ambrosio |  | Community:  
- Gryphon Place (Cradle hotline)  
- Eastside  
- Northside  
- Edison  
- Douglass  
- ERACCE  
- Urban Alliance  
- Boys & Girls Club  
- Gospel Mission  
- Ministry with Community  
- Leves & Fishes  
- Hispanic American Council  
- Islamic Center  
- ISAAC |

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*Note: Some initiatives have been abbreviated for brevity.*
Cradle Kalamazoo - AAMC partnership

Problem

Cause

1. Fragmented Systems of care
2. Stress from poverty and discrimination
3. Lack of opportunity and access
4. Health Literacy

AAMC Strategic Objectives

1. HEI-Mapping existing external and internal partners
2. Integration into the Cradle collective impact team in a meaningful way
3. Developing a process to address area of need
4. Integration of UME, GME
**positive pregnancy test**

- ED Clinics-WMED, Bronson Borgess FHC KCHCS-Health Dept Home – pharmacies

- Early pipeline

- Community Health workers/home visitors

- Need for early appointment

- Cradle Kalamazoo

- Early-OB-GYN-Practice Pre-natal visit
Intermediate Process Outcomes

By February 2019, our team will have developed a recommendation for a community wide protocol triggered by a positive pregnancy test that includes health education and timely prenatal care visits within the first trimester for women of color and for women with low SES

- CRADLE-Data Backbone / AAMC: The referral process has been mapped at FHC and CHAP
- CRADLE-Data Backbone / AAMC: Planning mystery shopper audit of prenatal intake process, with FHC and hospitals
- AAMC identified opportunities for involvement of UME learners to help map process for earlier referrals with first pregnancy test
Current State of WMed student involvement

Two arms of mapping project:

1) **Semi-structured (live) interviews with:**
   a) ED directors at Borgess and Bronson Hospitals
   b) FHC: CEO, CMO (or designate) **not** associated with WMed Family Medicine
   c) Associate Dean (or designate) for WMed Clinics

2) **Surveys (emailed) to WMed residents**
   a) WMed Fam Med clinic (FHC)
   b) WMed Clinics (IM, Peds, Med-Peds)
   c) WMed EM residents
Current State of WMEd student
Semi-Structured interview basics:

1) Under what circumstances do you order preg test?
2) What’s your process if patient has (+) pregnancy test?
3) Is there a referral(s) made?
4) Is there a follow-up process with a (+) preg test?
5) Admin: how do you ensure this process of care for (+) pregnancy test is carried out?
6) What is the ideal time is for a first prenatal visit?
7) For (-) preg test, what is the process of care or recommendations


Equity Focused Long-Term Impact:

• **Long Term Goal:**
  The percentage of pregnant women of color and/or low-socio-economic status residing in Kalamazoo county that received pre-natal care in their first trimester, will increase from 53.4% to 77.9% (Healthy People 2020 goal).

• **Give and Take:**
  • Unanimous recognition
  • Zero ownership
  • Competing Interest

• **Inform – Influence – Improve:**
  • Resource allocation
  • Administrative Backbone
  • Call to action
Successes

• WMED neutral trusted and respected community convener
• WMED-Strong collaborator with Cradle
• WMED major contributor for clinical expertise, evidence-based practices, and research data backbone for all of the work
• Involvement of Medical learners in Cradle; AC, forums, IHI Chapter
• FHC-WMed Family Practice: implemented new policy: all positive pregnancy tests (at time of capture) reported to CHW, Nurse or Social Worker to connect w/ patient
• Improved public awareness for resources, safe -sleep messaging and free pregnancy testing
• Cradle-MDHHS: Internal equity teams at major affiliate hospitals and FHC working to streamline prenatal intake process
Thank You!!

Funding:
- United Way of the Battle Creek and Kalamazoo Region
- LIVE UNITED
- United Way
- Healthy Babies
- Healthy Start
- In Kalamazoo, Michigan
- Kalamazoo Community Foundation
- Jamila Stilmae Foundation
- Eliminating Racism
- Empowering Women
- YWCA Kalamazoo
- Borgess
- Ascension
- Bronson
- MDHHS
- Michigan Department of Health & Human Services
- Michigan Health Endowment Fund
- Healthie
- Kalamazoo County Plan

71