



Advancing Maternal and Child Health: Healthy Women, Healthy Families (HWHF)

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Overview

- NJ Profile
- NJ Priorities
- Healthy Women, Healthy Families
 - BIM Focus
 - Community Engagement
 - Cross-Sector Collaboration
 - Opportunities/Challenges



Black Infant Mortality (BIM) in the News

Shame on us for allowing maternal death rates to soar | Editorial

Updated Nov 20; Posted Nov 20

Shame on the United States, for scoring the worst maternal death rate in the developed world. And shame on New Jersey for ranking [35th among the states](#) in terms of pregnancy-related deaths.

Behind the Cover: The Hidden Toll

By THE NEW YORK TIMES MAGAZINE APRIL 11, 2018

Why are black mothers and babies in the United States dying at more than double the rate of white mothers and babies? The answer has everything to do with the lived experience of being a black woman in America. By Linda Villarosa



The New York Times Magazine

Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

The answer to the disparity in death rates has everything to do with the lived experience of being a black woman in America.

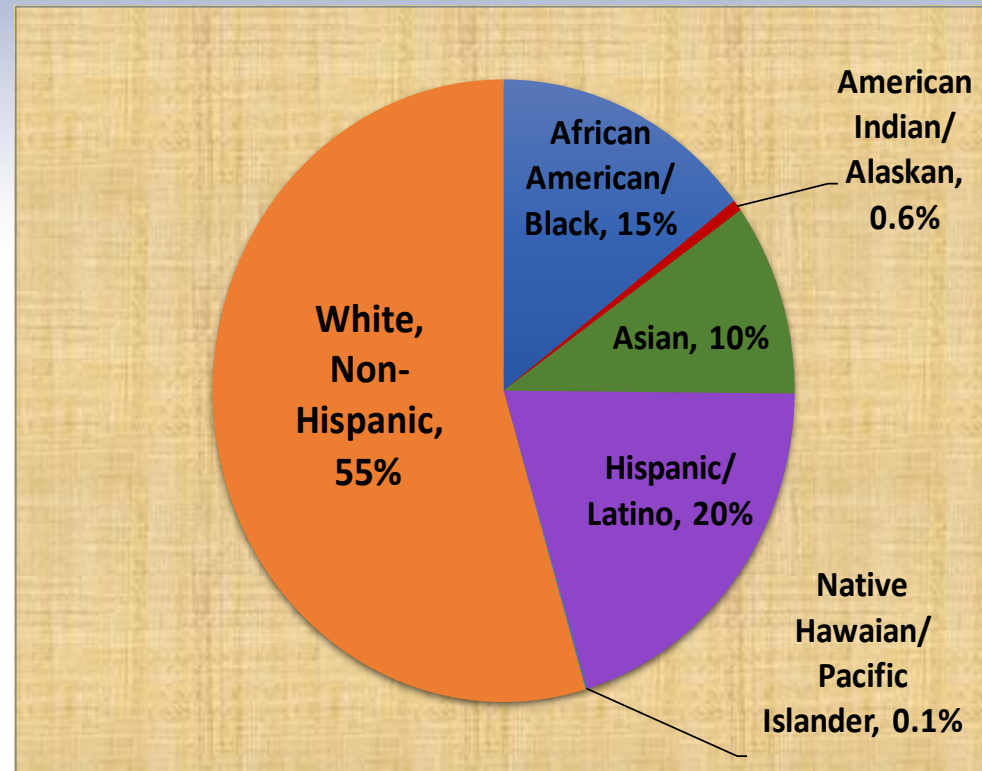
By LINDA VILLAROSA APRIL 11, 2018



NJ DEMOGRAPHICS

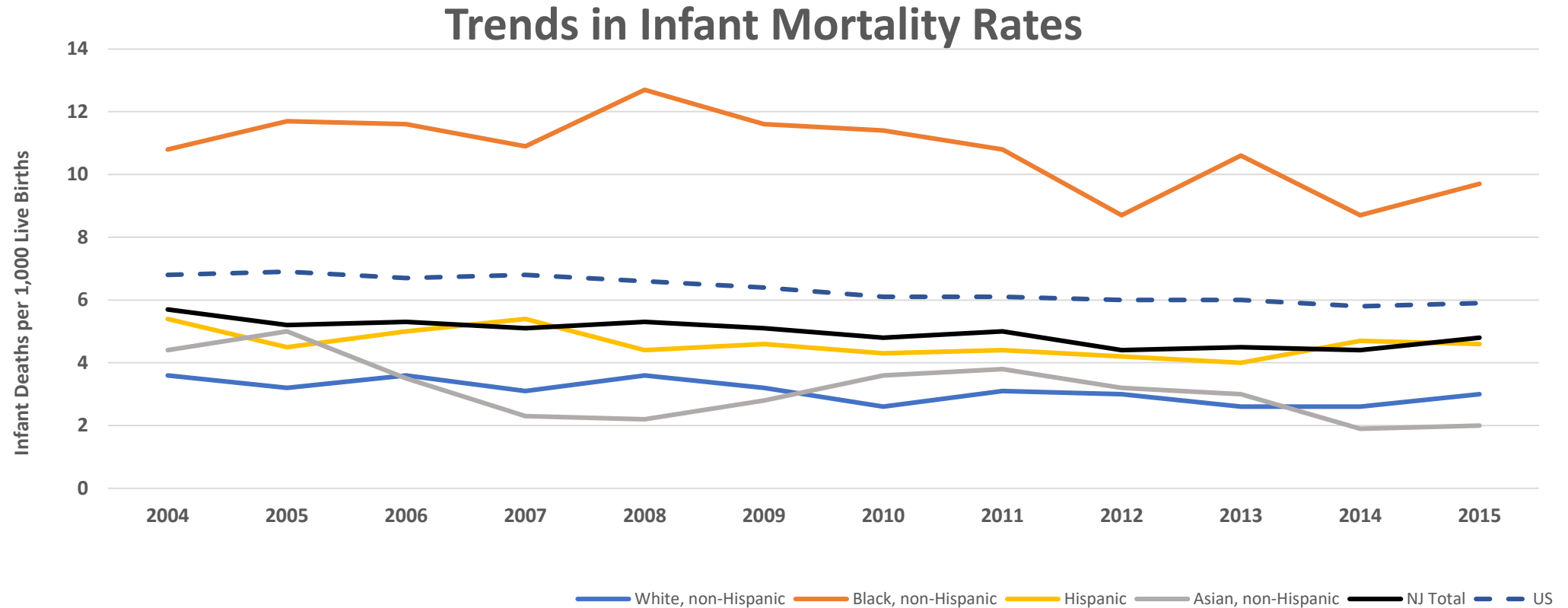
- 9.0 Million People
- 1,195.5 persons per sq mile (most densely populated state)
- 22% Foreign-Born
- 89% High School Grads
- 38% Bachelor's Degree
- Median Household Income = \$73,702
- 31% Language Other Than English Spoken at Home

NJ Population by Race/Ethnicity, 2017



U.S. Census Bureau: State and County QuickFacts, ACS Population Estimates.

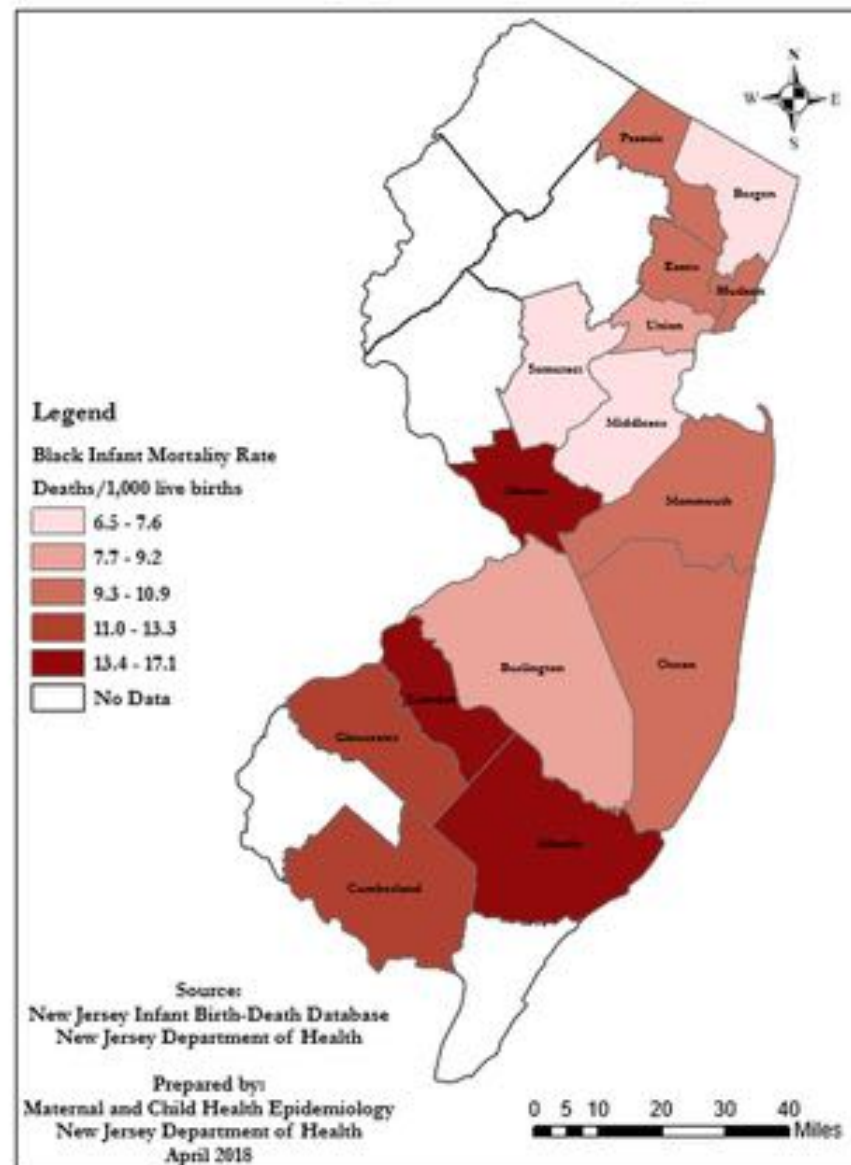
NJ Data



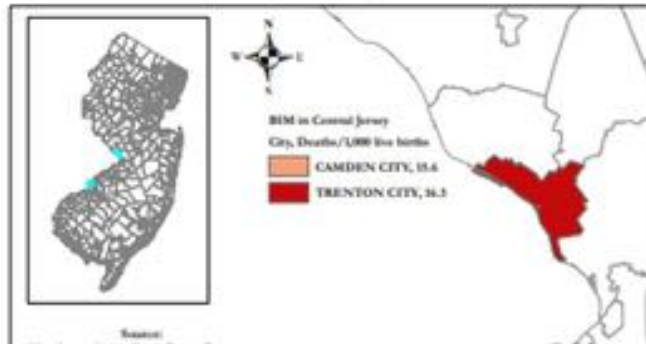
Sources: New Jersey Infant Birth and Death Databases, New Jersey Department of Health and National Center for Health Statistics

Counties Impacted

Black Infant Mortality by County, New Jersey, 2005-2015



Black Infant Mortality - Camden City and Trenton, NJ, 2005-2015

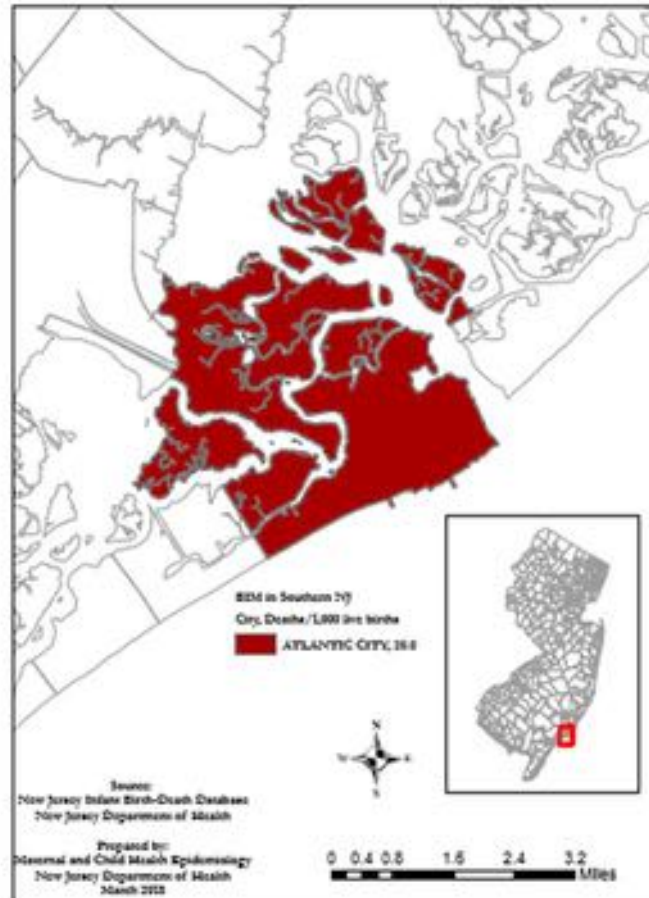


Source:
New Jersey Infant Birth-Death Database
New Jersey Department of Health

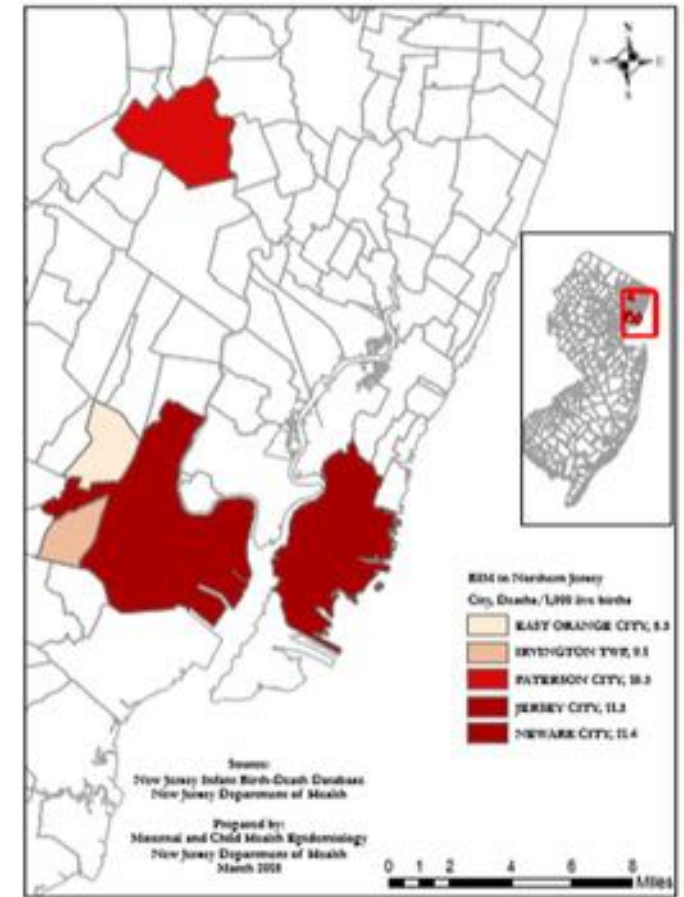
Prepared by:
Maternal and Child Health Epidemiology
New Jersey Department of Health
March 2018



Black Infant Mortality - Atlantic City, NJ, 2005-2015



Black Infant Mortality - Northern New Jersey, 2005-2015



Stress Factor

Most Stressed Out States



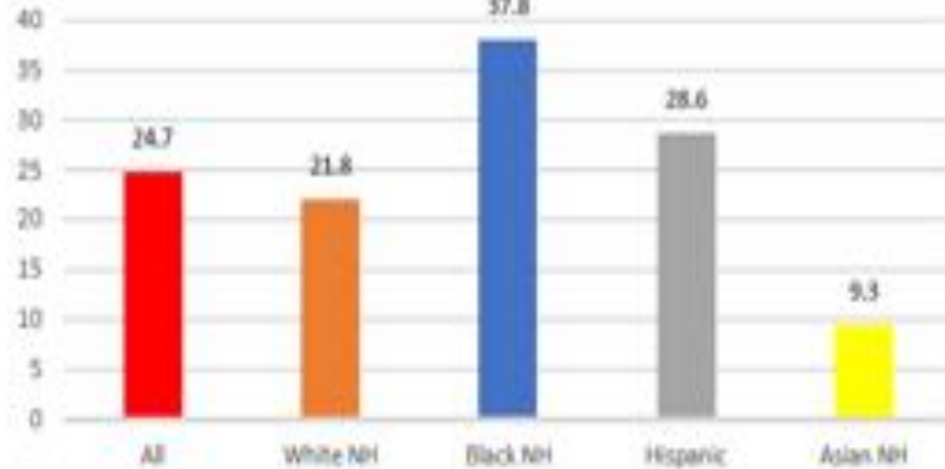
Top 10:

1. New Jersey
2. Georgia
3. Florida
4. California
5. New York
6. Louisiana
7. Maryland
8. North Carolina
9. Virginia
10. Mississippi

<https://www.zippia.com/advice/most-stressed-states-in-america/>

Risk Factors

Women who reported 3 or more stressful events 12 months before pregnancy, by race/ethnicity, NJ, 2012-2015

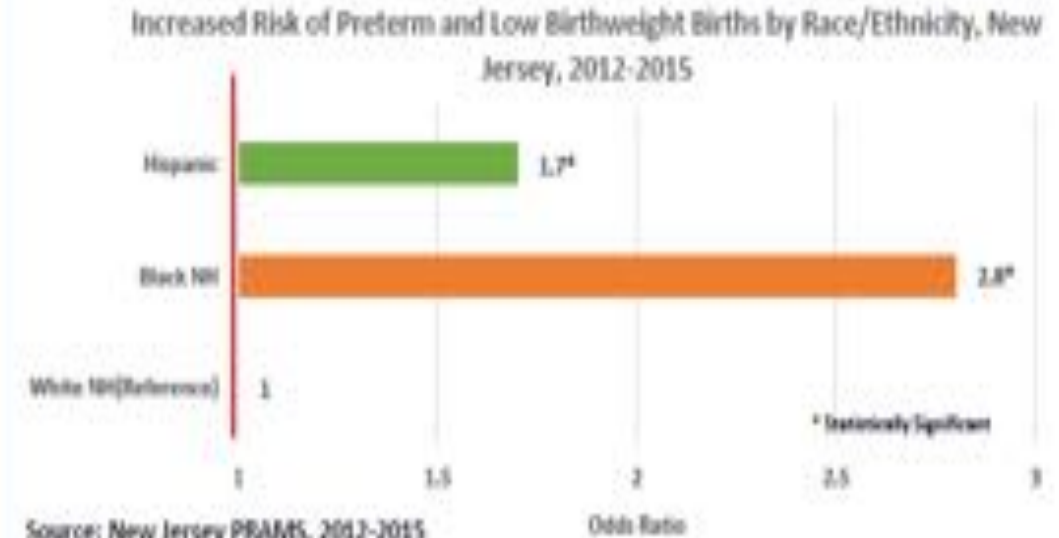


Data Source: New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS), New Jersey Department of Health

Top 3 Stressors by Maternal Race/Ethnicity

White NH	Black NH	Hispanic
I moved to a new address (26.8%)	I argued with my husband or partner more than usual (35.6%)	I moved to a new address (28.8%)
A close family member was very sick & had to go into the hospital (26.2%)	I moved to a new address (33.9%)	My husband, partner, or I had a cut in work hours or pay (21.0%)
Someone very close to me died (16.3%)	I had problems paying the rent, mortgage, or other bills (26.0%)	I argued with my husband or partner more than usual (20.2%)

Increased Risk by Race/Ethnicity



Source: New Jersey PRAMS, 2012-2015

Increased Risk Chart Description: After adjusting for Income, Age, Insurance Status, and Stressors, Black, NH, mothers were nearly 3 times more likely to experience a preterm and LBW birth than White, NH, mothers. Hispanic mothers were nearly twice as likely to experience a preterm and LBW birth compared to White, NH, mothers.

NJ Priorities and Goals

NJ Department of Health Priorities

EXTERNAL

- 1. Eradicate the opioid epidemic in NJ.**
- 2. Enhance access and quality of mental health care.**
- 3. Reduce disparities in public health outcomes, including infant mortality.**
- 4. Decrease maternal mortality, and improve access to women's reproductive health care.**
- 5. Increase coverage while lowering premiums and out-of-pocket health care costs**
- 6. Improve and expand access to medicinal marijuana.**

Black Infant Mortality - HWHF Development Root Cause Analysis

1. Literature Review

A Literature review was conducted that highlighted potential root causes of BIM.

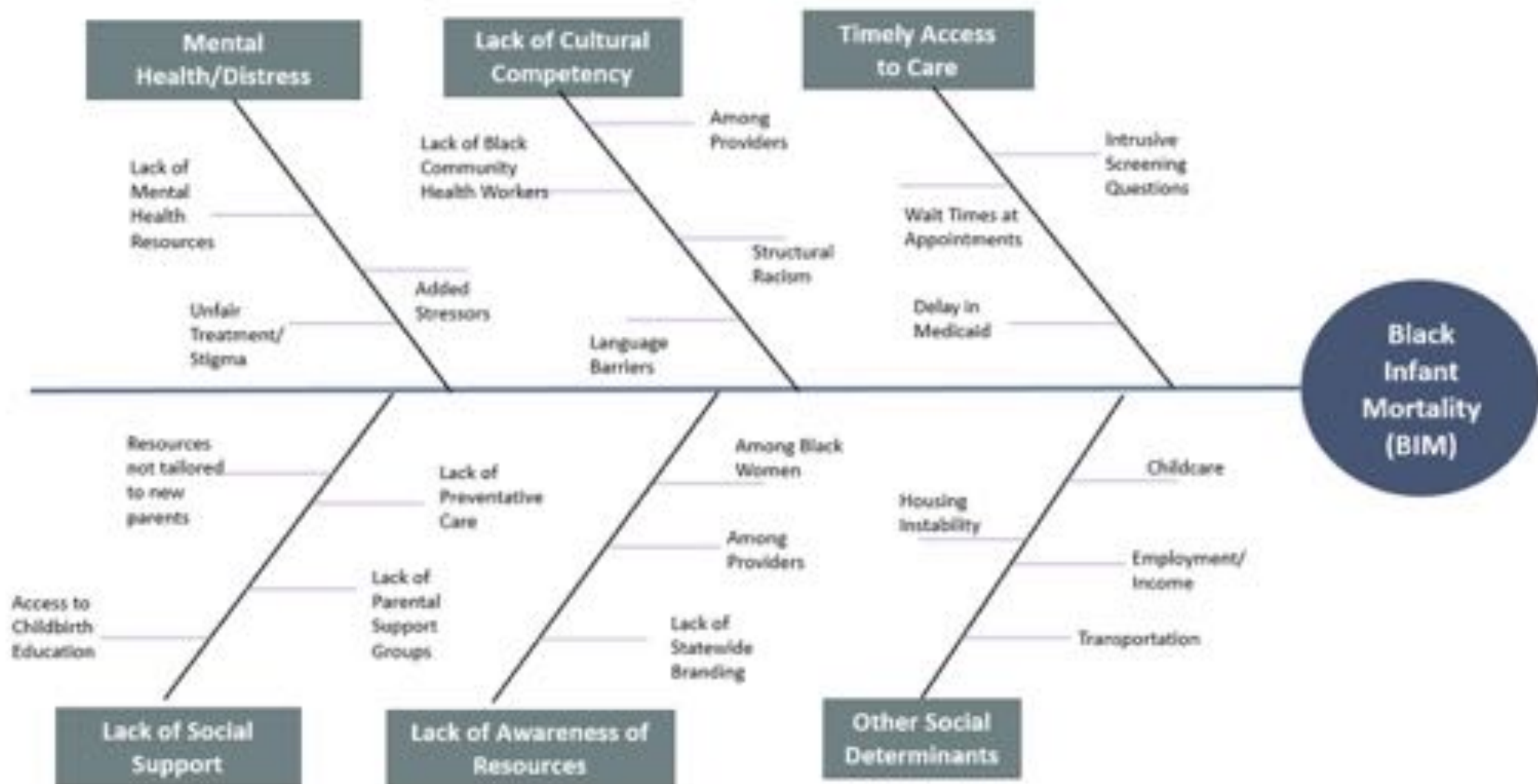
2. Quantitative Analysis/Fact Sheet

Data analysis of PRAMS data and the 2015 Infant Death file was conducted to examine any racial and ethnic disparities in birth outcomes.

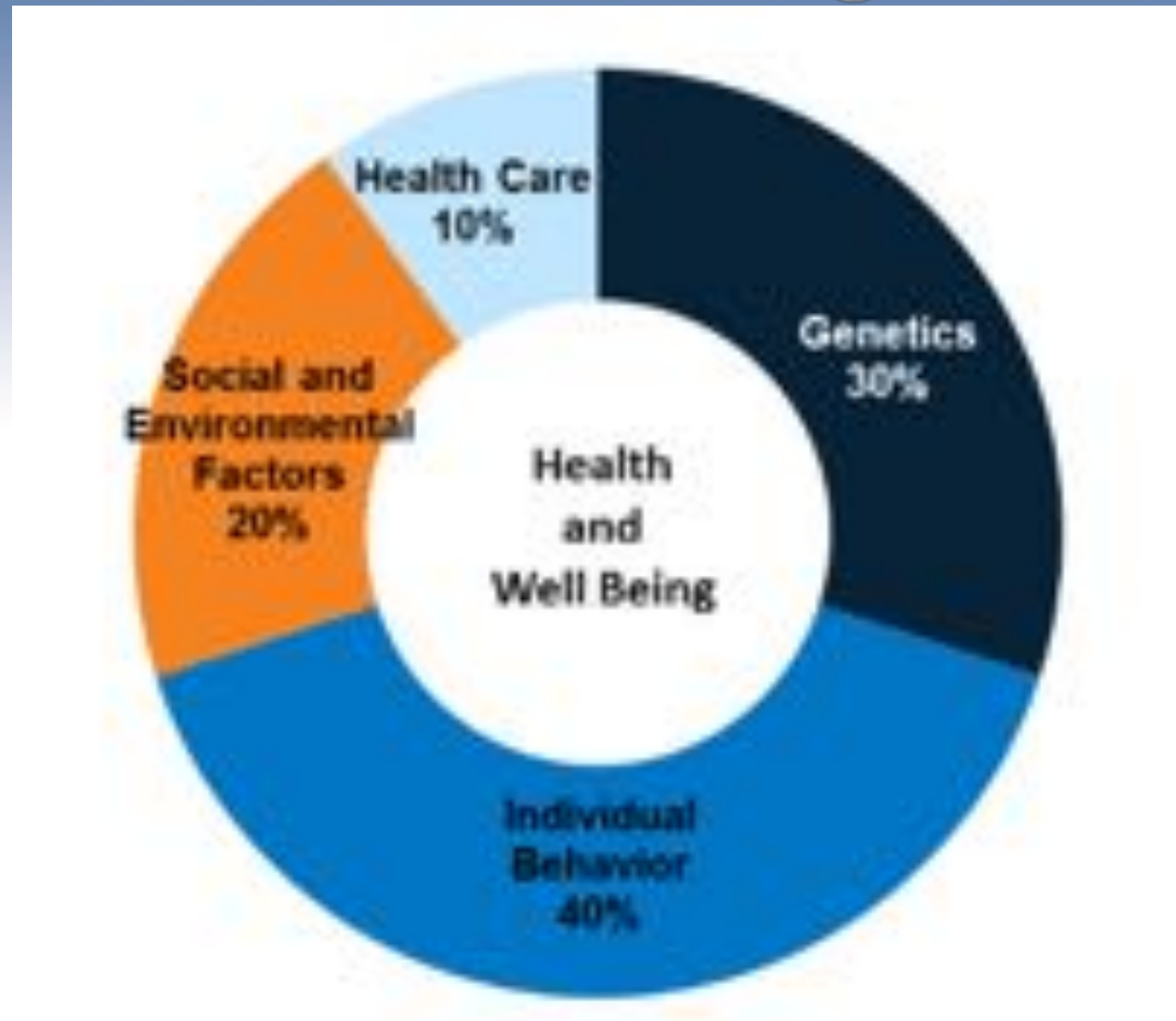
3. Focus Groups

FHS held three regional focus groups for Community Health Workers (CHWs) and Central Intake (CI) Workers to inform FHS' root cause analysis for black infant mortality (BIM) and maternal mortality (MM) and help design a DOH Action Plan on BIM and MM. In total, 29 individuals participated.

Focus Group Results



Factors Influencing Health



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

HWHF Goals

1

Develop an initiative that is intentional in its focus on reducing black infant mortality, in addition to reducing health disparities

2

Expand multi-sectoral partnerships at the local and state level to focus on improving outcomes for Black NH women and their families

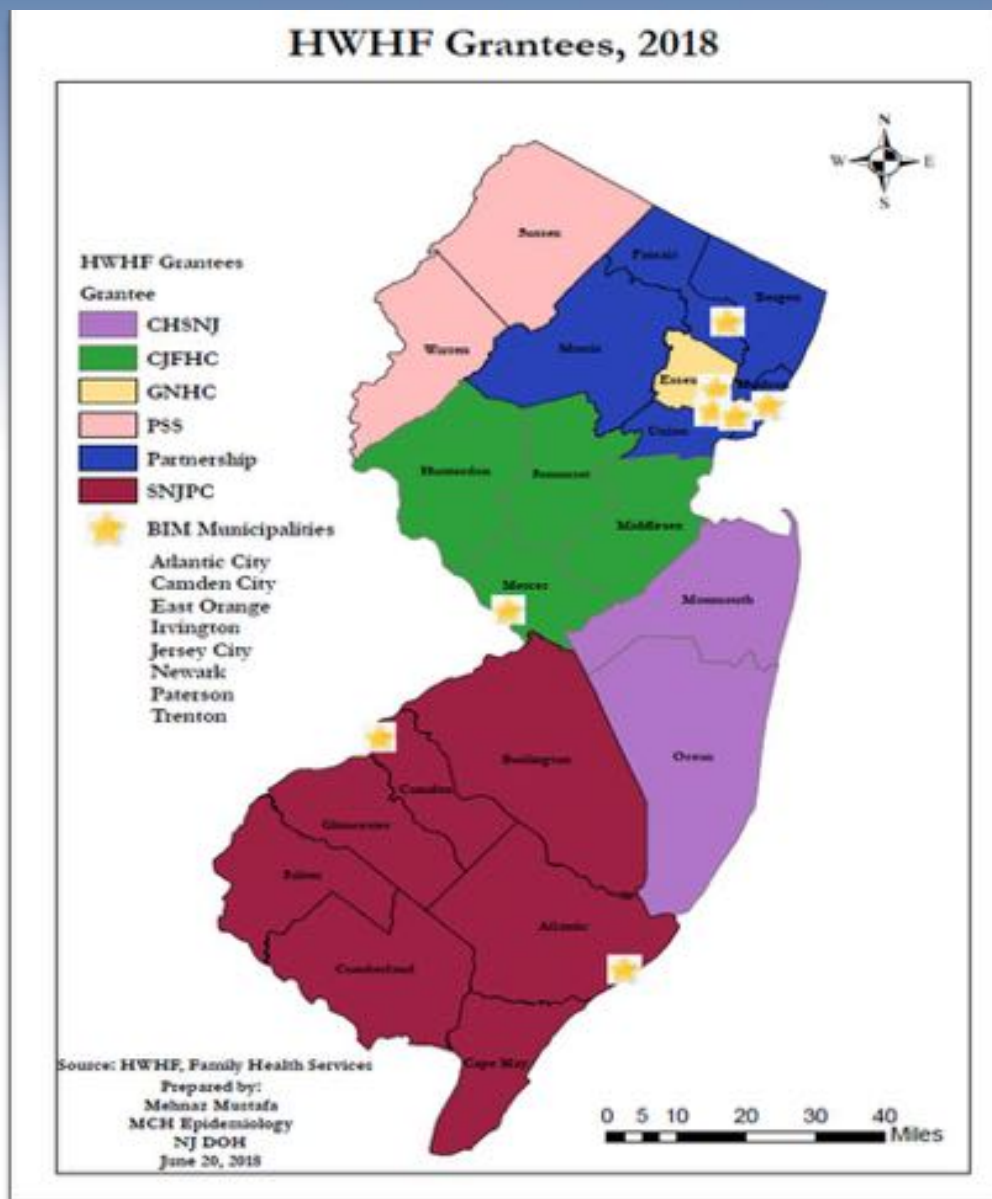
3

Document the effectiveness of our efforts through data and evaluation.

HWHF RFA Strategies

- **Healthy Women, Healthy Families (HWHF) RFA (released April, 2018) - \$4.7M**
- **Targeting specific municipalities where BIM rates are the highest**
- **Intensified case management**
- **Using strategies and interventions that are intentional**
 - Group prenatal care
 - Community doulas
 - Father engagement
 - Breastfeeding support
- **Addressing social determinants of health by engaging diverse community partners**

Highest Incidence Municipalities



Atlantic City
Camden City
East Orange
Irvington
Jersey City
Newark
Paterson
Trenton

HWHF Program Activities

- **Centralized Referral System**
- **Engagement of clients for up to 3 years**
- **Diverse community partnerships/community advisory boards**
- **Inclusion of non-traditional partners**
- **Program Monitoring and Quality Improvement**
- **BIM focused programs/supports**

Interdepartmental Collaboration Underway

■ Coordination by First Lady's Office

- Monthly interdepartmental meetings
- Creation of comprehensive list of programs working to address BIM/MM
- Upcoming Stakeholders meeting

■ Examples

- Creation of comprehensive checklist of all services across departments available to expectant and new moms for home visit workers (CHWs, HVNs, DCF home visit workers)) to use to ensure moms are
 - Include TDLI, FMLA, Family Planning Clinics, HWHF programs, etc.
- Family Festivals in high incidence municipalities to inform and enroll moms and families in programs and provide sorely needed items
 - Representatives from State agencies and community partners on site



Collaborating Partners

- **Addressing social determinants of health through collaboration**
 - Department of Human Services –Division of Family Development initiatives, SNAP-Ed implementation
 - Department of Children and Families – Central Intake, PDG (Preschool Development Grant)
 - Department of Education – Central Intake, RTT-ELC (Race to the Top-Early Learning Challenge)
 - Department of Labor and Workforce Development – TDI/FLI

Foundation Partnerships

- **The Nicholson Foundation**
- **The Burke Foundation**
- **The Henry and Marilyn Taub Foundation**

The Nicholson Foundation, The Burke Foundation

- Technical Assistance
 - Centering Pregnancy/Parenting with the support of the Centering Healthcare Institute
- Training
 - Doula training
- Ongoing Implementation Support
 - Doulas
 - Centering
- Health Equity Training

Accomplishments

- **Capacity Building**

- Over 50 frontline staff members hired
- 40 community doulas trained

- **Client Recruitment**

- Current system recruits about 5,000 clients per quarter through Perinatal Risk Assessment (PRA) and Community Health Screens (CHS)
- CHS recruitment has increased from Quarter 1 to Quarter 2

- **Service referrals to**

- | | | |
|-----------------------------------------------|------------------------------------|---------------------------------|
| • Concrete services (clothing, shelter, etc.) | • Counseling and intensive support | • Employment/Training/Education |
| • Family and Social Support | • Healthcare | • Nutrition |
| • Affordable Care Act Navigation | | |

Accomplishments

- **Increased collaboration with local WIC agencies**
- **Health Equity Trainings**
- **Development of a Case Management System**

Challenges and Lessons Learned

- **Need to develop targeted outreach strategies to ensure we reach population at greatest risk of BIM**
- **Need for more tailored training of Community Health Workers who are in the field to recruit, enroll and engage clients.**
- **Need to expand outreach workforce**
- **Lack of awareness of HWHF**

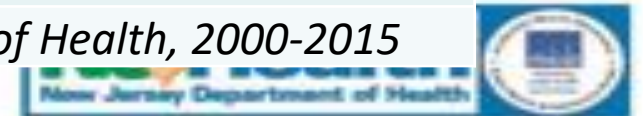
Recommendations

- **Enhance outreach to populations at highest risk**
- **Expand from the 8 HWHF BIM municipalities to BIM areas to include neighboring municipalities with high BIM rates**
- **Expand program staff to focus on outreach and recruitment efforts**
- **Develop trained workforce**
- **Promote and increase awareness of HWHF initiative**

Municipalities Impacted

COUNTY	MUNICIPALITY	BLACK INFANT MORTALITY RATE (deaths per 1,000 live births)
Atlantic	Atlantic City	20.0
Atlantic	Pleasantville City	18.3
Burlington	Willingboro Township	10.8
Camden	Camden City	15.6
Camden	Winslow Township	12.5
Cumberland	Millville City	18.1
Essex	Newark City	11.4
Essex	Orange City	10.8
Essex	Irvington Township	9.1
Essex	East Orange City	8.3
Hudson	Jersey City	11.3
Mercer	Trenton City	16.3
Passaic	Paterson City	10.5
Union	Elizabeth City	9.9
Union	Plainfield City	7.8

Source: New Jersey Infant Birth and Death Database, New Jersey Department of Health, 2000-2015



How can you help?

- **Additional resources to expand from 8 BIM Municipalities**
- **Outreach, recruitment and engagement efforts**
 - Hiring and placement of a dedicated outreach Community Health Worker in each of the BIM areas
- **Building workforce capacity**
 - Increase Community Doulas
 - Increase Community Health Workers
- **Better training of workforce**
 - IMPaCT training or an equivalent training for Community Health Workers to include, among other things:
 - Trauma Informed Care
 - Motivational Interviewing
 - Childbirth Education
 - Intimate Partner Violence
- **Increase awareness of Healthy Women Healthy Families through branding**
 - Create logo
 - Create messaging



Questions/Discussion