

**REGIONAL HEALTH ALLIANCE**

**Maternal and Infant Health Commission**

**MEETING MINUTES**

**October 14, 2015**

**Members Present:** Diana Buist, Michelle Datema, Sondra Fettes, Jill Hardy, Melina Hautau, Cheryl Hinds, Susanna Joy, Diane Marquess, Tim Meyer, Erin Somerlott, Alyssa Stewart, Jennifer VanValkenburg, Catie Zamarion, Jessica Rauch

* **Welcome and Call to Order:** Meeting called to order at 8:00 a.m. by Michelle Datema.
* **Approval of September Minutes:**

**Motion**: Approve September 2015 Minutes

Sondra Fettes

Cheryl Hinds

Motion Carried

* **PRAMS** – Pregnancy Risk Assessment Monitoring System
  + - **PRAMS has been collecting data statewide if additional funding is available, they would like to collect Calhoun County data.**
* **History of PRAMS** 
  + Ongoing since 1987
  + Collaboration with Centers for Disease Control and prevention
  + 85 questions long
  + 44 states participate (21 years in Michigan)
  + Sample out of the Birth File
  + Measures mothers’ behaviors and experiences before, during, and after pregnancy.
  + Public Health Surveillance
  + Population-based
  + Sampled from/linked to birth file
  + Sample 4-9 month window
  + Primary and only source for many measures
  + Postpartum women receive 3 surveys and if they don’t respond then PRAMS will contact via phone
  + Administered through Michigan Department of Health and Human Services
  + **Selection of Topics:** 
    - Breastfeeding
    - Safe Sleep Practice
    - Health Conditions
    - Nutrition (mom and baby)
    - Demographics
    - Oral Health
    - Weight
    - Substance Use/Abuse
    - Many more
    - Issue of consequences to each state.
      * This year the survey is in the field for 3 years
* **Current work in Calhoun County** 
  + Initiated by W.K. Kellogg Foundation approaching CDC
  + Intended to increase response rates with low-responding population
  + Currently oversampling Black mothers in Calhoun, Kent, Wayne, counties concluding April 2016.
  + Increasing outreach through social media, local WIC, and changing the incentives
* **Nature of State Level Estimates**
  + Benefits:
    - Timely
    - Ongoing
    - Shows Trends
    - Accurate state-level estimates based on large sample
  + Limitations:
    - Only able to say things about Michigan
    - Though local information is collected, sample sizes in those locations are too small to make local estimates
    - Can’t answer questions from counties regarding local estimates
* **Local- Level Possibilities**

Local estimates, 3 study methods. Large enough sample required depending on population numbers and unique weighing based on local population characteristics

* + **Retrospective** 
    - Using available historic data
    - Would require reweighting
    - Would be able to say things about Calhoun County specifically.
    - Would be within a range of years…
      * Example: *In Calhoun County between 2007-2013…. \_\_\_\_ % of mothers smoked during pregnancy*
      * This would make it difficult to measure trends
  + **Prospective: Oversample** 
    - Would facilitate the oversample of specific location, such as Calhoun County
    - Would require much more time
    - Would provide more useful information
    - Would increase the sample size within the county to a size needed to make meaningful estimates about the county’s outcomes
    - No unique measures/ questions could be added
  + **Prospective: Stand Alone**
    - All the benefits of an oversample
    - Ability to add unique questions for unique populations
    - Could choose 20% of questions
    - Current CDC funding opportunity
      * *Example: Counties, Cities, Tribes*
      * *RFP: Due November 20th- 3 years*
      * *County Health Department would need to apply*

**The MIHC would need to seek funding for PRAMS to move forward on any of the study methods. PRAMS is unable to seek funding from the CDC on behalf of the group.**

* **Questions:** 
  + Funding for stand-alone was just released. RFP will be send to Michelle and Jennifer.
  + PRAMS will always be a resource and keep their eyes open for more funding possibilities.
  + **Results:** Would be shared with the MIHC as preferred.
  + Estimate of what each of these cost?
    - Interested in knowing the amount of the Kellogg grant and what activities it covered
    - Costs for the complete survey
  + Small group to evaluate this.
    - Alyssa, Jennifer, Diana, Michelle
* **Community Partners Follow-up** –
  + - Pregnancy Care work group asked for a grant for Baby Basic Books
      * Community Partners is considering funding at $5,000, BCCF will find partners to fund $5,000.
        + Cheryl Hinds is looking into ordering more books because they currently only have 60 left.

Grace Health is evaluating their own distribution process since they have Centering Pregnancy Books for their moms as well.

* + - IHP has committed to help with OB offices and provide the training.
* **Infant Safe Sleep Certified:** Oaklawn is now Infant Safe Sleep Gold Certified, the first and only in Michigan.
  + - * Some requirements:
        + Training for staff who care for a children one year and younger
        + Community outreach and attending health fairs.
        + Discharging newborns with wearable blankets.
* **NFP Advisory Group Update** – (Send out)
* Breastfeeding and Family Engagement from CoIIN work and Western’s External Evaluation
* **Breastfeeding:** 
  + Of infants born to NFP participants between 2011 and 2015, 77% (127 infants) initiated breastfeeding at delivery. This exceeds the Michigan PRAMS study results from the 2004-2008 period of 73.5% initiation rate statewide.
  + By six months of age, 10.2% of infants in the program continued to receive breastmilk. None of the infants were exclusively breastfeeding at six months. By 12 months of age, 96.1% of infants in the program had stopped receiving any breastmilk..
  + Black were least likely to receive breastmilk for more than one month and also had the lowest average weeks of breastfeeding.
* **Completed HV- COIIN**
  + Standardize prenatal education, materials, referral processes, nurse training and infant feeding assessments.
  + Implementation of prenatal visits by the Breastfeeding Support Nurse to prepare clients for early postpartum period. The focus of the JHV became preparation for BF during the hospital stay i.e. first hour, skin to skin, hospital lactation support, call NHV ASAP after birth, planned follow up visit in first 2-3 days at home.
  + Implementation of postpartum visits during the first three days after discharge from hospital after birth.
* **Family Engagement:** 
  + The Calhoun County NFP program enrolled a greater proportion of women of black race than in the general county population or in the population of Medicaid-eligible first time mothers and a lower proportion of those who were white or Asian than occurred in the Calhoun County population. Overall 30% black and there was an increase along with teens also.
* **Current Plans:** 
  + Branding
  + Hire the right staff- Currently have 3 Nurses who are at full capacity and one who is ramping back up and another new hire.
* **Future:** 
  + Continue to target services to eligible black and teen women, as NFP program efforts have resulted in measurable successes in reducing poor birth outcomes of low birthweight and preterm birth in that group of at-risk women. Meet HRSA (Health Resource and Services Administration).
* **Next Meeting: There will be no meeting November 11 due to Veterans Day. Next meeting will be December 9th, 2015, 8:00am – 9:30am at Battle Creek Community Foundation.**
* **Meeting adjourned**

**Minutes submitted by: Jessica Rauch**

**Managed and Operated by the Battle Creek Community Foundation**

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