



**Executive Committee Meeting**  
 Thursday, November 18, 2010  
 UROC, Room 107  
 2001 Plymouth Avenue North Minneapolis, MN 55411  
 12:00 p.m. – 2:00 p.m.

---

**Mission**

*To reduce infant mortality rates among the Minneapolis and St. Paul African American and American Indian communities.*

---

**Agenda**

11:45 a.m.	Lunch Served & Networking Opportunity	Committee
12:00 p.m.	Welcome/Introductions	Committee
	Approval of Agenda/Minutes	Brian Thomas May
12:05	New Executive Committee Processes <ul style="list-style-type: none"> <li>• Web Site Overview</li> <li>• New Nomination Process for New Seats</li> <li>• New Executive Committee Orientation Guide and On-boarding process</li> <li>• Current Member Interest Form</li> </ul>	Brian Thomas May
12:35	TCHS Data <ul style="list-style-type: none"> <li>• Grant Application Data</li> <li>• Enrollment Data Report</li> </ul>	Amy Godecker & Pat Harrison
1:15	Cheryl Fogarty Presentation	Cheryl Fogarty
1:35	Official Nomination of Cleora Brown as Committee Member	Brian Thomas May
1:40	Recognitions	Brian Thomas May
1:45	Announcements and Updates	Committee
	Next Meeting Details Date: <b>Thursday, January 20, 2010</b> Time: 11:45 a.m. – 2 p.m. Location: <b>UROC</b> Proposed Agenda Items: <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>	Committee
2:00	Adjourn	

*Healthy Babies for Generations to Come!*

**Twin Cities Healthy Start Executive Meeting: 1/18/11  
UROC**

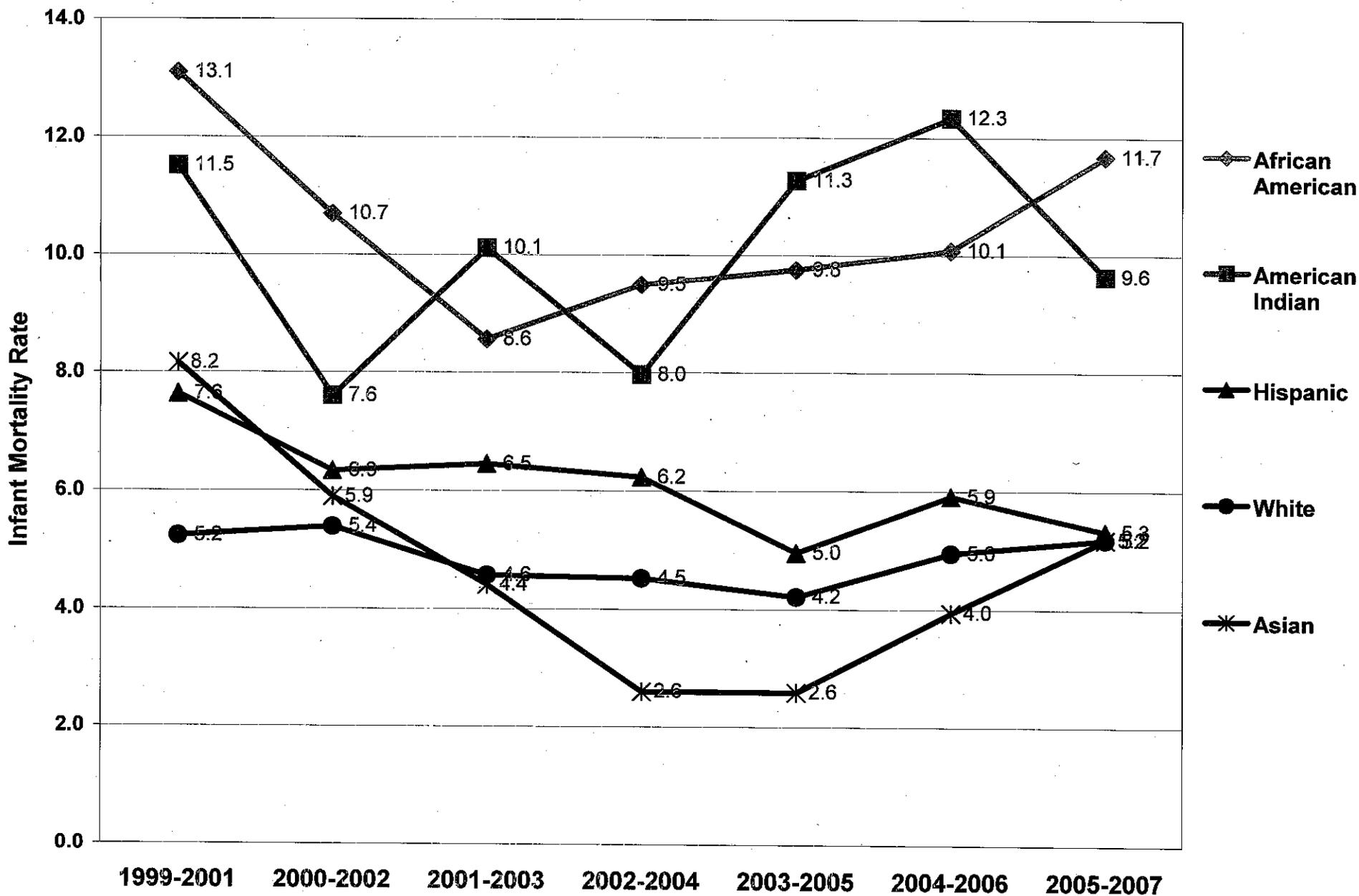
**Members Present: Grace Anderson, Ken Bence, Cleora Brown, Kathleen Fernbach, Cheryl Fogarty, Lauren Giammar, Phyllis Haag, Peg Shearen, Pat Harrison, Marianne Keuhn, Janice LaFloe, Jeanetta Lindo, Carla Lucas, Brian Thomas May, Dr, Tamiko Morgan, Linda Roberts, Ronel Robinson, Lesley Shabaish**

Item	Discussion	Outcome
Welcome/Introductions		
Approval of Minutes/Agenda		<ul style="list-style-type: none"> <li>• Phyllis Haag motioned to approve agenda and minutes.</li> <li>• Peg Shearen seconded the motion</li> <li>• Motion carried.</li> </ul>
New Executive Committee Processes	<ul style="list-style-type: none"> <li>• <a href="#">New Executive Committee Web site</a> unveiled.</li> <li>• New <a href="#">nomination process</a> and application forms discussed. Those who wish to join the committee will fill out a <a href="#">form</a>, applicants will be reviewed by Angela and committee chairs and nominees will then be brought to committee for approval.</li> <li>• The new <a href="#">orientation guide</a> was unveiled for all members. New members will receive an on-boarding training from Angela and committee chairs.</li> <li>• Current members are asked to fill out the interest form so that we can build the bio Web site.</li> </ul>	
TCHS Data	<ul style="list-style-type: none"> <li>• Infant mortality rates discussed (see attachment)</li> <li>• Native American rate decreasing faster than Minneapolis</li> <li>• African American rate increasing in Minneapolis (includes foreign born)</li> <li>• In 2005 both cities qualified for TCHS. In 2009 only certain geographic areas qualified (see attachment).</li> <li>• Both cities may not qualify in 2015 with current data. However state and national numbers take longer to update, so they may qualify under older data.</li> <li>• Focus needs to be on changing systems – cheaper to fund preventative care and prenatal visits than intensive post-birth trauma.</li> </ul>	

	<ul style="list-style-type: none"> <li>Overview of <a href="#">enrollment data</a> and forms of contraceptives used by participants</li> </ul>	
Cheryl Fogarty Presentation	<ul style="list-style-type: none"> <li>See attached.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Official Nomination of Cleora Brown as Community At-Large member		<ul style="list-style-type: none"> <li>Cheryl Fogarty Moved for official nomination</li> <li>Ken Bence seconded motion</li> <li>Motion carried- Cleora Brown now official member of committee</li> </ul>
Recognitions	<ul style="list-style-type: none"> <li>Cheryl Fogarty recognized for her dedication to infant mortality and TCHS as she prepares to retire.</li> <li>Christina Gonzalez and Gloria Ferguson recognized for their work with TCHS as they move on to new positions.</li> </ul>	
Announcements and Updates	<ul style="list-style-type: none"> <li>Grace: NHSA encourages involvement with Head Start. We are looking to partner with them for joint trainings and programming</li> <li>Peg: Head Start did great presentation for TCHS mothers at East Side.</li> <li>Janice: Question on open position in central staff. Pat explained that the City of Minneapolis is in a layoff procedure for hiring. The Minneapolis job bank has been notified of open position. She has shared concern that cultural needs are met and is looking at alternatives. A possible RFP for a cultural consultant is being looked at.</li> <li>Ken: Way to Better Health Program – 10<sup>th</sup> anniversary. Medicaid is improving prenatal and post-partum care.</li> <li>Ken: MPHA Forum – It’s all about the family is on 1-21-11. Next forum will be violence in the family.</li> <li>Ken: Health Care Reform Forum. How will politics affect public health? Tom Horner will be the speaker and Robin Robinson will host.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Next Meeting Details	<p><b>Thursday, January 20, 2011</b>  <b>UROC</b>  <b>12:00-2:00 p.m.</b></p>	<ul style="list-style-type: none"> <li></li> </ul>

Minutes submitted by: Brian Thomas May

### Minneapolis and St. Paul Infant Mortality Rates Three Year Rolling Average, 1999-2009



Data source: Minnesota Vital Records; Compiled Minneapolis Department of Health and Family Support. For more information, please contact Amy.Godecker@ci.minneapolis.mn.us or 612-673-3931

**2009-2014 Twin Cities Healthy Start Eligible Project Area and Eligible Populations based on 2002-2004 data**

	African American					American Indian				
	# births	# deaths	IM rate	% of city births	% of city deaths	# births	# deaths	IM rate	% of city births	% of city deaths
Threshold required: 10.35										
Minneapolis City total	5051	49	9.70	100%	100%	644	6	9.32	100%	100%
Minneapolis target area										
Camden	578	4				45	0			
Longfellow	336	2				53	1			
Near North	1234	13				61	1			
Phillips	506	9				186	2			
Powderhorn	891	9				142	1			
Southwest	174	2				17	1			
Total selected Minneapolis planning areas	3719	39	10.49	73.6%	79.6%	504	6	11.90	78.3%	100.0%
St. Paul City Total	3021	27	8.94	100.0%	100.0%	225	1	4.44	100.0%	100.0%
St. Paul target area										
Dayton's Bluff	216	2				14	0			
Hamline/ Midway	91	2				9	0			
Hazel Park/ Hayden	278	2				30	0			
Highland	136	1				4	0			
Merriam Park/ Lex/ Hamline	177	2				9	0			
North End	391	4				33	1			
Payne/ Phalen	391	4				45	0			
Summit Hill	9	2				0	0			
Summit/ University	387	3				13	0			
Sunray/ Battle Creek	331	3				9	0			
Total selected St. Paul planning districts	2407	25	10.39	79.7%	92.6%	166	1	6.02	73.8%	100.0%

	African American					American Indian				
	# births	# deaths	IM rate	% of target area births	% of target area deaths	# births	# deaths	IM rate	% of target area births	% of target area deaths
Minneapolis-St. Paul combined target area	6126	64	10.45	75.9%	84.2%	670	7	10.45	77.1%	100.0%

A project area is defined as a geographic community in which the proposed services are to be implemented. A project area must represent a reasonable and logical catchment area, but the defined areas do not have to be contiguous. Using verifiable three-year average data for 2002 through 2004, the proposed project area must have one or more racial/ethnic or other disparate groups with a three-year average Infant Mortality Rate of at least 10.35 deaths/1000 live births which is one-and-a-half times the national infant mortality rate for the period 2002 through 2004.

## Low Birth Weight among Medicaid and Non-Medicaid Births in Minnesota, 2005-2007

The Birth Certificate and Medicaid Data Match Project

Virginia Zawistowski  
Susan Castellano  
Minnesota Department of Human Services

Cheryl Fogarty  
Melanie Peterson-Hickey  
David Stroud  
Minnesota Department of Health



---

---

---

---

---

---

---

---

---

---

### Introduction

- **Low Birth Weight (LBW):**  
birth weight < 2500 g (5 lbs 8 oz)
- **Consequences of LBW throughout the life course:**
  - Major predictor of neonatal mortality and morbidity
  - Childhood disability, hospitalization
  - Increased risk of adult chronic disease
- **LBW has increased in MN over time**
  - 5.1% in 1990
  - 6.8% in 2007; 6.4% in 2008

---

---

---

---

---

---

---

---

---

---

### Fetal Origins

- Kind & quantity of nutrition
- Pollutants, drugs, infections
- Mother's health, stress level, state of mind
- Origins of cancer, CVD/high BP, diabetes, obesity, asthma, mental illness

---

---

---

---

---

---

---

---

---

---

**Researchers are all over this: NCS Ramsey County**

- Barker was first: poorest regions of England & Wales had highest heart disease—why?
- Women had inadequate food during pregnancy—saved the brain but babies were LBW & hearts were weaker

---

---

---

---

---

---

---

---

**Good news:**

- Pregnancy is an opportunity for prevention
  - Excess weight gain leads to obese children
  - High blood sugar in pregnancy leads to childhood diabetes
  - Pollution & cancer risk
  - LBW leads to heart disease &/or diabetes

---

---

---

---

---

---

---

---

**LBW is associated with low SES**

- Potential mediators of LBW and socioeconomic status relationship:
  - Health factors: nutritional status, infections, chronic health conditions
  - Behavioral factors: tobacco use, prenatal care initiation
  - Psychosocial environment: stress, lack of social/partner support, domestic violence, discrimination
  - Occupational environment: prolonged standing, physically strenuous work

---

---

---

---

---

---

---

---

## Research questions

- What is the relationship between LBW and Medicaid enrollment?
  - Medicaid enrollment = proxy for low income
- What about other LBW risk factors?

7

---

---

---

---

---

---

---

---

## Methods: Data Sources

- 2005-2007 MN resident birth certificates (n=218,110)
- Medicaid enrollment data for women with birth-related medical claims
  - Medicaid = Medical Assistance and Minnesota Care
- Matched on mother's name, child birth date, other identifiers
- 36.8% of birth certificates matched to Medicaid data

8

---

---

---

---

---

---

---

---

## Methods: Variables

- Medicaid status at delivery based on match with DHS enrollment data
- Variables from birth records:
  - LBW
  - Maternal age
  - Maternal race
  - Maternal educational attainment
  - Prenatal care adequacy
  - Reported tobacco use during pregnancy

9

---

---

---

---

---

---

---

---

## RESULTS

### Comparison of Medicaid and non-Medicaid populations

1

---

---

---

---

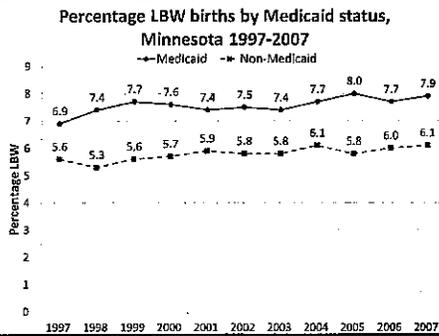
---

---

---

---

### LBW is significantly more common among Medicaid births



---

---

---

---

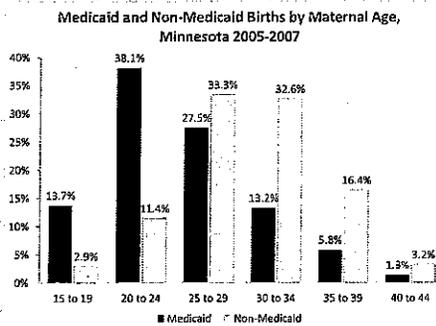
---

---

---

---

### Medicaid and Non-Medicaid births differ by maternal age



---

---

---

---

---

---

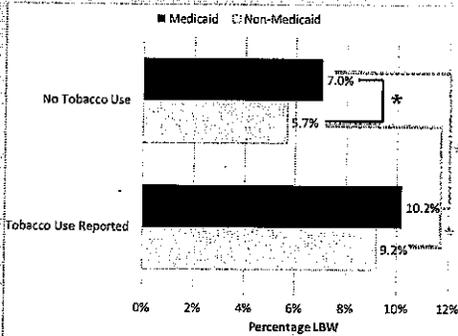
---

---





### LBW by tobacco use and Medicaid status



---

---

---

---

---

---

---

---

## DISCUSSION

### Race, Birth Outcomes, and the Life Course Perspective

---

---

---

---

---

---

---

---

### The biggest findings:

- African Americans had significantly higher rates of LBW than any other racial group, regardless of Medicaid status
- African American race and low income are independent risk factors for LBW
- Tobacco use is significant predictor of LBW

---

---

---

---

---

---

---

---

**The Life Course Perspective**

- Discrimination and disadvantage over a lifetime impact physiology
  - Increases in cortisol, the stress hormone
  - Decreased immune function
- Stress & infections increase rates of LBW, PTB
- Best prenatal care can't fix this in 9 months

---

---

---

---

---

---

---

---

**12 point plan to close the Black-White gap in birth outcomes\***

1. Provide interconception care to women with prior adverse outcomes
2. Increase access to preconception care to African American women
3. Improve the quality of prenatal care
4. Expand healthcare access over the life course
5. Strengthen father involvement in African American families
6. Enhance coordination and integration of family support services

\*Lu MC, Kotchick M, Hogan V, Jones L, Wright K, Halfon N. Closing the black-white gap in birth outcomes: A life course approach. Ethn Dis. 2010; 20(suppl 2):S2-62 - S2-76.

---

---

---

---

---

---

---

---

**12 point plan, continued**

7. Create reproductive and social capital in African American communities
8. Invest in community building and urban renewal
9. Close the education gap
10. Reduce poverty among African American families
11. Support working mothers and families
12. Undo racism

---

---

---

---

---

---

---

---

## **TCHS role in reducing LBW**

- Interconception care
- Early & regular prenatal care
- Smoking cessation
- Teen pregnancy prevention?
  - Especially repeat teen pregnancy
- Father involvement
- Outreach & coordinated care
- Social support

---

---

---

---

---

---

---

---

The full report and 3 fact sheets  
are available at:

<http://www.health.state.mn.us/divs/chs/raceethn/index.htm>

Thank You!

---

---

---

---

---

---

---

---

## **Contact Information**

Virginia Zawistowski, MPH  
Research Scientist- Maternal and Child Health Assurance  
Performance Measurement and Quality Improvement  
Minnesota Department of Human Services  
Phone: 651-431-2614  
virginia.zawistowski@state.mn.us

Cheryl Fogarty, PHN, MPH  
Infant Mortality Consultant  
Maternal & Child Health Section  
Minnesota Department of Health  
Phone: 651-201-3740  
cheryl.fogarty@state.mn.us

---

---

---

---

---

---

---

---