“The abundant life does not come to those who have had a lot of obstacles removed from their path by others. It develops from within and is rooted in strong mental and moral fiber”......William Mather Lewis
Background of Issue

- Kansas City’s infant mortality rate was ranked 33rd of the 100 largest U.S. cities in 1999
- Kansas City’s infant mortality rate has not shown a dramatic decline in the last 5 years
- Black infant mortality rate was almost double as the white

Background of Issue, con’t

- The rate of SIDS in blacks infants was more than 3 times higher than for whites
  
  (3.1 vs. 0.9 per 1,000 live births)
PPOR Approach

♦ Found two zip codes with the highest infant mortality rate, accounting for about 20% of all infant deaths
♦ Highest fetal-infant & SIDS mortality rates occurred in teen mothers
♦ Approx. 80% of all black fetal-infant deaths occurred in the period of maternal health & infant health

Best Practice

♦ The best practice used in the PPOR approach was the use of focus groups.
♦ Input from community residents is essential in addressing infant mortality.
Focus Group

♦ Through 4 focus group interviews & analysis of responses of pregnant and parenting women from the highest infant mortality areas, we learned what community residents saw as major contributors, from their point of view, to the high infant mortality rate.

Focus Group, con’t

♦ Women were able to tell their stories and discuss the disconnect which keeps the community from achieving better infant mortality outcomes.

♦ Their insightfulness has become the driving force for planning better care.
Purpose of Focus Group

♦ To describe the experience of being an African American, pregnant or parenting female in the 64127 and 64130 zip codes communities.

Objectives of Focus Group

♦ *Pregnant* focus group

Describe:

- Pregnancy experiences
- Barriers that impact their pregnancy
- Perception of support that helped them
- What’s needed to be the best parent
- How to have a healthy pregnancy
Objectives of Focus Group

♦ Parenting focus group

Describe:
- Parenting experiences
- Support that helped them
- Barriers to being the best parent
- How to have a healthy pregnancy/parenting experience

Expected Results

♦ Respondents will describe challenges in their respective communities that contribute to the incidence of infant death before the first birthday.
Expected Results, con’t

♦ **Respondents** will identify and prioritize interventions that could reduce lethal risk factors to newborn/infant health and development.

Methods

♦ Interviewed four groups in highest infant mortality zip codes to learn what pregnant and parenting women believe could improve outcomes for women and children.
Methods, Con’t

Interviewed 4 Focus groups:

- **Group 1:** Pregnant women age $\leq 17$
- **Group 2:** Parenting women age $\leq 17$
- **Group 3:** Pregnant women age $\geq 18$
- **Group 4:** Parenting women age $\geq 18$

Methods, con’t

- We interviewed forty-one women with over forty questions regarding barriers to care, transportation, alcohol, drugs, smoking usage, and domestic violence, etc.
Major Findings

♦ Teens deny pregnancy because they fear parental response, abandonment & guilt
♦ Developmentally, teenagers engage in risky behavior
♦ Prenatal visits are not perceived as necessary due to long waits and short visits
♦ Pregnant & parenting women need support

Major Findings, con’t

♦ Faith community is very important
♦ Other important areas included:
  - stress management
  - gainful employment
  - housing
  - quality childcare
Major Findings, con’t

- Self-esteem appeared to be low as indicated by high incidences of domestic violence.
- Lack of respect from providers was sited as a major barrier to accessing care.
- Racism is an issue.

Conclusions

- All women want to give their children a better life, and they understand that they must be mentally and physically healthy to facilitate this process.
Key Partners

♦ Kansas City, MO Health Department
♦ Kansas City Healthy Start
♦ March of Dimes
♦ University of Missouri-Kansas City-Institute for Human Development
♦ Women in Community

Collaborative Partners

♦ Kansas City Fetal Board
♦ MCH Coalition of Greater Kansas City
♦ SIDS Resources, Inc.
Major Accomplishments

- Better insight of the challenges and needs of those we served
- Women waiting to exhale…and seized the opportunity
- Conducting four focus groups, interviewing pregnant and parenting women all within one month, (2 days)
- March of Dimes awarded a $1,200 grant to conduct the four focus groups, which included a $25 stipend for each participant.

Major Accomplishments, con’t

- Increased awareness of maternal & infant health issues in the black community
- Local media coverage was received regarding the focus groups
- Non-traditional partnerships were formed to address community issues
- Community members were involved in identifying barriers and recommending solutions
Lessons Learned

♦ Respect and accept families where they are
♦ Include clients/residents in planning process
♦ All women desire best parent practices
♦ All women want to give their children a better life
♦ Safe and non-threatening support systems are essential to mental health

Lessons Learned, con’t

♦ Supportive case management
♦ Low income ≠ low intelligence
♦ Life coaching skills
♦ Promote self-advocacy and self-sufficiency
♦ Involve fathers and/or positive male role model
♦ Engage the community and be patient
Take Home Message

♦ Providers need to TALK to those they serve
♦ LISTEN to the voices of those who are experiencing life challenges that impact the lives of women, children and families.
♦ ENGAGE women IN the PLANNING process to develop best practices that address infant mortality issues.
♦ RESPECT!

Listen to Their Stories as They Speak Their Truth..............