

What Happened During Session I:

Infant Mortality Strategic Planning in the Atlanta Perinatal Region

May 3, 2017

12:00PM – 4:00PM

Gainesville Civic Center
830 Green Street, NE
Gainesville, GA 30501

Planned Objectives:

1. Develop a common understanding about IM in the Atlanta Perinatal Region when compared to the state and nation, including definition, context and data.
2. Include and engage in a meaningful way rural and urban voices in the discussion about IM causes and facilitating factors in stakeholder communities.
3. Prioritize as a group the top factors driving infant mortality in the region.

Who Was in the Room?

Organization	Contact
Northside Hospital	Marci Biel
Grady / ROSE / CHOA	George Bugg, MD
Amerigroup	John Lue, MD
CareSource	Seema Csukas, MD
Feminist Women's Health Center	Megan Gordon
YWCA	Helen Robinson
Georgia Breastfeeding Coalition	Kathleen Chiu
Atlanta Healthy Start Initiative / Georgia Perinatal Association	Danette Glass
Prevent Child Abuse Georgia	Julia Neighbors
Stephanie V. Blank Center for Safe and Healthy Children	Angie Boy
GA DPH - STD Prevention	Latasha Terry
DeKalb Medical	Jamie Ray
Dekalb Medical	Christine Fisher
DPH District 2	Kimberly Stolp
DPH District 3-4	Debbie Crowley
Habersham County Medical Center	Linde Mitchell
Northeast Georgia Medical Center (Gainesville)	Brittany Smith



MAG Alliance	Dave Street
Unrecorded	Heretha Hankins
Emory	Brenda Baker
Georgia Department of Community Health	Janice Boyd
Georgia DPH – Health Promotion	Lara Jacobson, MD
DFCS	Peggy Woodard
Georgia Bureau of Investigation	Shavon Jones
HMHB Board / MAG Alliance	Merrilee Gober

Part I: Infant Mortality Data & Research

Criss Sutton provided an overview of current available data at the regional, state and federal levels pertaining to infant mortality. Infant mortality was defined as the fatality of a child who is less than 12 months of age at the time of death. Shavon Jones from the Georgia Bureau of Investigation’s Child Fatality Review Program shared a high level overview of available data pertaining to IM.

Data Requests from the Group:

- 1) The number of sleep related deaths wherein the infant lived in a household with one or more smokers.
- 2) The number of sleep related deaths wherein the infant had formula substitute for his/her last meal.
- 3) The number of sleep related deaths wherein the infant was “swaddled” at the time of death.
- 4) If it is available, the instance of infant mortality by location of delivery vs. location of residence.
- 5) Many guests wanted to know what number of these deaths represented LBW, preterm birth, and mothers that had not secured prenatal care for 2015 (or the most recent data they can offer).

This request was sent to the Georgia Bureau of Investigation for follow-up. Any data gathered will be shared with the group.

Part II: Interactive Group Survey

Based on the data and information provided, along with stakeholder experience, the group was asked to rank order the five facilitating factors they felt were the greatest priorities in terms of addressing infant mortality. Attendees were first asked individually to select from a list of 36 the top 5 facilitating factors and then rank them in order of (1 – greatest influence to 5 – least influence) influence on infant mortality in the Atlanta Perinatal Region. The result was a list of 18 factors.

Part III: Ranking Priorities

Attendees then broke into 4 groups. Each group began with the 18 factors selected, and were asked to add any they felt were missing and felt strongly about. Groups were provided a selection rubric to help guide their discussions and asked to select and rank the top 10 factors based on:

1. The ability to impact the issue
2. The level of energy there is around the issue
3. Both the resources required and resources available to address the issue
4. Issues that may constitute easy wins
5. The cost of doing nothing
6. If addressing the issue was likely to prevent infant mortality

Table below depicts rank order of the top 10 priorities selected by each group:

Priority	Group A	Group B	Group C	Group D
1	Lack of breastfeeding	Poverty	Sudden Infant Death Syndrome (SIDS)/Sleep Environment	LBW
2	Lack of Health Insurance	Lack of Health Insurance	Substance abuse	Poor Health Status/Obesity/HTN
3	Poor access/inadequate use of prenatal care	Poor Health Status	LBW	Substance abuse
4	Poor mental health	Low Educational Attainment	Poor access/inadequate use of prenatal care	Poor access/inadequate use of prenatal care
5	Poor health status	Preconception/interconception care and counseling	Poor health status	Tobacco use
6	Health inequity	Poor access/inadequate use of prenatal care	Stress and Lack of Support	Poor mental health
7	Preconception/interconception care and counseling	Sudden Infant Death Syndrome (SIDS)/Sleep Environment	Lack of Health Insurance	Preconception/interconception care and counseling
8	Poverty	Pre-term birth	Poor mental health	Stress and Lack of Support
9	Stress and Lack of Support	Obesity	Poverty	Health inequity
10	Lack of housing	Stress and Lack of Support	Congenital malformation and anomalies	Low Educational Attainment

Next Steps:

HMHB and the Georgia Health Policy Center will work to identify clusters of priorities within those listed above. Those priority clusters will then be used in Session II to determine the overarching goals for the strategic plan. In Session III, these priority clusters and goals will be used to then determine interventions to address infant mortality that impact each of these areas.

Setting Priorities During Session I:



Feedback from the Group: The high-level takeaways -

The group would like to have:

Materials to review ahead of time

A shorter icebreaker

Less technological glitches/less technology

Better framing and instructions for table top activities

The group wanted to have more information about:

A list of who is in the room (name and organizations)

Information on Maternal mental health related to outcomes for mother and baby

IM in rural areas, IM related to 14-20 yr. old mothers, IM related to no prenatal care, and IM related to HIV

Up-to-date data

IM causes

LBW prevention, where biggest gains can be realized

Policy solutions

The group liked:

The data

Table discussion

Networking opportunities

Ability to rank the indicators

Interactive activity

Thank you to those who filled out the evaluation survey! We have incorporated this feedback into the next two sessions.



Questions? Please email: Criss Sutton at: chopson@gsu.edu or Diana Garcia at diana.garcia@hmbga.org.