

# How to Promote CenteringPregnancy in Partnership with Local Organizations

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# Presentation Objectives

- Rationale for our strategy
- Kalamazoo Demographics
- How we are engaging the community
- Lessons learned
- Plans for the future



# Rationale for Strategy

- In Kalamazoo County, the infant mortality rate is **one of the highest** in the state of **Michigan**
- The **disparity** among babies of color and white babies has **increased** in Kalamazoo County
- Babies of **color** are **four times** more likely to **die** before their first birthday than white babies
- Ascension Borgess **had CenteringPregnancy before** between 2009-2015 but had to **suspend the program** due to a variety of extenuating circumstances



# Our Vision

In order to have a strong foundation in our community that supports group prenatal care as a means to improve our birth outcomes, we need to engage and educate our community about the benefits of CenteringPregnancy. We need to build relationships with local organizations that offer services to pregnant people and their families. A strong foundation in the community will help to engage patients, increase awareness, and promote enrollment in Centering groups which will in turn create a more successful and sustainable program.

# Kalamazoo, Michigan



- **Kalamazoo County 2010 Census:**
  - **250, 331 people**
  - 80.1% non-Hispanic white
  - 11.1% Black/African American
  - 2.2% Asian
  - 0.5% Native American
  - 3.0% of two or more races
  - 4% Hispanic
- **Kalamazoo 13<sup>th</sup> largest city in Michigan**
  - 76,545 people
  - 68.95% white
  - 21.25% African American
  - 6.3% two or more races
  - 2.24% Asian
  - 0.34% Native American



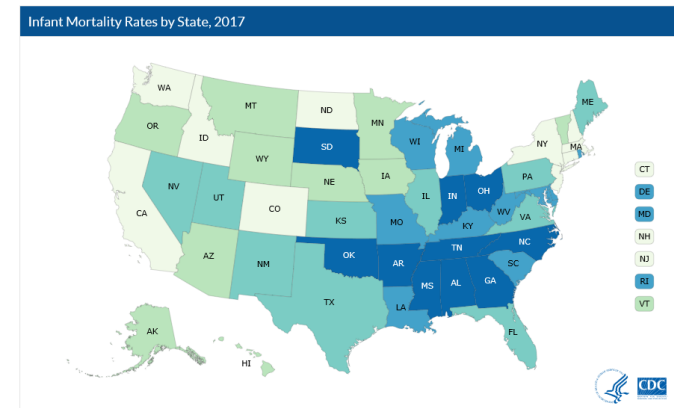
# Kalamazoo, Michigan



- **Poverty level:**
  - of the 43,524 **white** residents in Kalamazoo 11,617 (**26.69%**) live in poverty
  - out of the 14, 735 **black/African American** people living in Kalamazoo, 5,789 (**39.29%**) of them live in poverty

# Kalamazoo Infant Mortality Rate

- 2018 Michigan Infant Mortality Rate: 6.8
- Kalamazoo County overall infant mortality rate (IMR) has dropped from 10.2 (per 1,000 births) during the 2001-2003 period to 6.0 (per live births) during the 2011-2013 period
- However, the racial disparity between White and Black infant deaths has grown



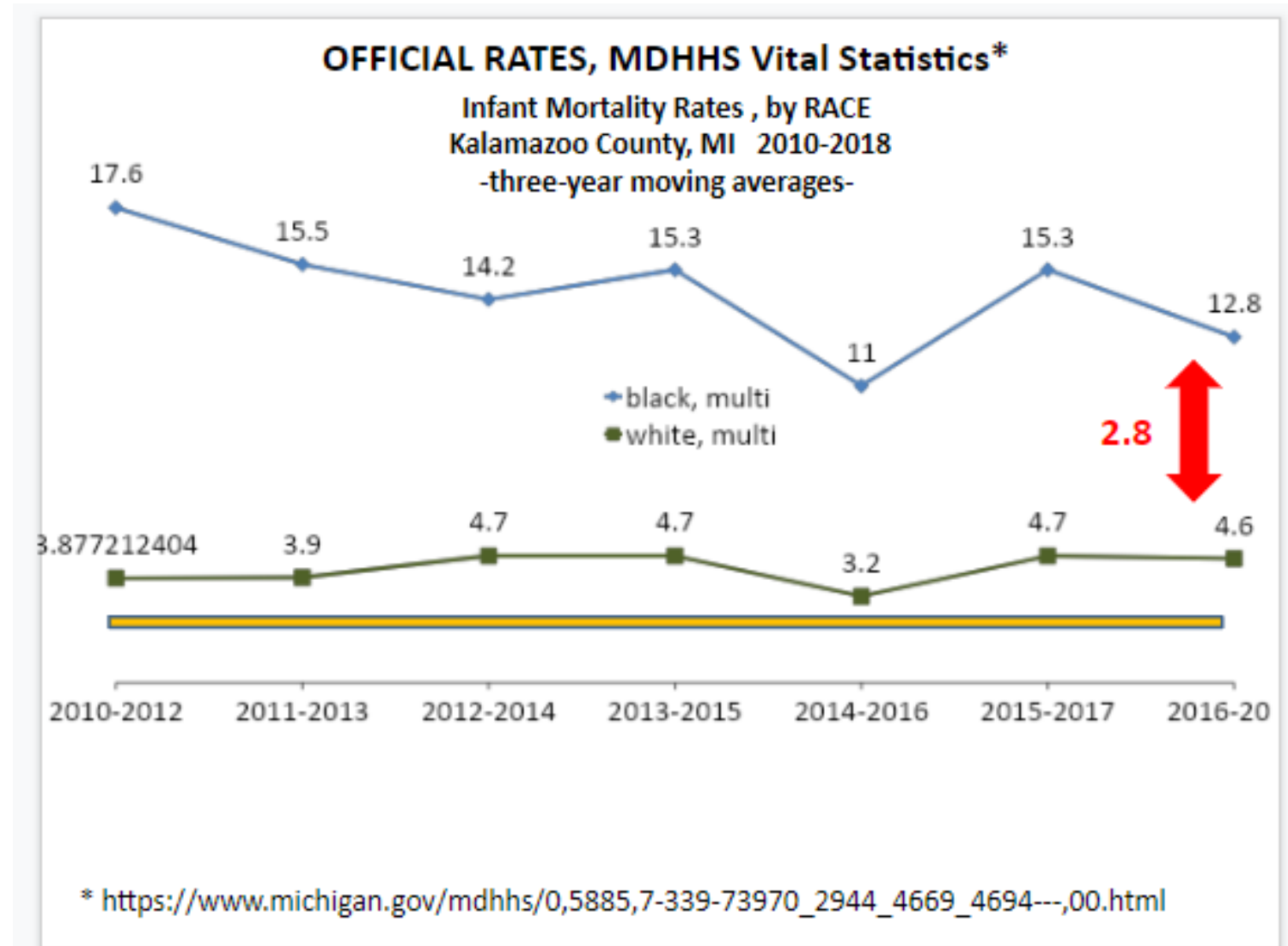
Death Rates<sup>1</sup>

United States 5.8

3.7 - 4.6  
4.6 - 5.7  
5.7 - 6.1  
6.2 - 7.1  
7.1 - 8.6



# Kalamazoo Infant Mortality Rate





# Cradle Kalamazoo

**Vision: To reduce the infant mortality rate of babies of color to 3.0 by 2020**



- Began in 2015 with awareness and strategic planning
- Multi-agency initiative focused on reducing infant mortality and eliminating health disparities in Kalamazoo County
- One of our goals in introducing Centering to our community is to highlight how extremely beneficial Centering can be to this cause

# Centering Pregnancy Can Help Decrease Infant Mortality In Michigan

	Michigan Centering Sites 2016 - present		State of Michigan 2013 - 2017	
	CPreg all (n = 533)	CPreg Black/African American (n = 207)	All Patients	Black/African American Patients
LBW (<2500g)	7.5%	12.1%	8.8%	14.6%
PTB (<37 weeks GA)	7.7%	9.7%	10.2%	14.8%



# Improving Infant and Maternal Health in Michigan Through CenteringPregnancy

A retrospective study conducted including all pregnant women participating in CenteringPregnancy at two prenatal clinic sites in Southwest Michigan from January 2010 to April 2012

- A case-control retrospective study of **CenteringPregnancy participants** and a **comparison group of women receiving traditional CNM care**.
- January 1 2010 through April 30 2013- 173 women received their care through CenteringPregnancy and delivered infants.
- Results showed that there was a **significant improvement** in the rate of **smoking cessation** and **rate of breastfeeding initiation** among the CenteringPregnancy participants.



# Ascension Borgess CenteringPregnancy

- Kick Off Day March 19th, 2019
- Patients started groups in March 2019 and delivered babies beginning in August of 2019
- 5 groups in progress, 53 patients attended groups between March 19, 2019- January 23, 2020
- **100% satisfaction score**



# How We Are Engaging the Community

- Community Centered Kick Off Event
- Community Networking Events
- Inviting local organizations to be guest educators
- Community Presentations
- Social Media






# Community Centered Kick Off Event

- March 19th, 2019
- Invited organizations from the community for a presentation about CenteringPregnancy, the Kalamazoo infant mortality problem, and how we can use CenteringPregnancy as a strategy to improve our birth outcomes
- Interactive activity, food and music

## Centering Pregnancy®



- Your prenatal check up
- Your Weight and blood pressure monitoring
- Private time with your healthcare provider
- Important information and resources for you and your baby
- Time to talk about pregnancy, childbirth, and family
- Time to get to know your other women in your group
- Time to talk and share about parenting, child development, and family issues

**Agenda**  
**6:00-6:10**  
Welcome  
**6:10-6:15**  
Brad  
**6:15-6:20**  
Jennifer Frink DO, FACOG  
**6:20-6:40**  
Amanda Ezekiel, CNM  
Amy Beach LPN, FLE  
Cathy Kothari  
**6:40-6:55**  
Activity  
**6:55-7:00**  
Hillary Cook, patient  
testimonial  
Closing  
Three Deep Breaths

**\*Everyone is welcome to stay for Q&A**  
**\*CEU certification will be available to pick up**

**Better Care**

Centering is patient-centered care. The visit schedule and content follow nationally recognized guidelines with flexibility and time to explore health and wellness topics that fit the group's needs. Receiving healthcare in a group setting leads to greater engagement, learning, and self-confidence.

**Better Health Outcomes**

Centering Pregnancy decreases the rate of preterm and low weight babies, increases breastfeeding rates, and leads to better pregnancy spacing.

**Lower Costs**

The cost of preterm birth and related conditions is more than 10x that of a healthy baby. Centering could save the healthcare system \$8 billion each year by preventing preterm birth alone.



# Community Centered Kick Off Event

## What Worked

- It was informative
- There was a good turn out from organizations and they were enthusiastic
- The activity was engaging

## What Didn't Work

- Not many office staff attended
- It did not fulfill our Centering consultant hours

# Community Networking Events

- Invited community organizations that serve pregnant patients and their families to host information tables at a networking event
- Organizations came to learn more about the Centering model of care while also having the space to market their own services
- Participating organizations included: WIC, nurse home visiting programs, chiropractors, doulas, childbirth educators, car seat specialist, safe sleep educators, a home cleaning company, etc.
- There was a brief presentation on the Centering model of care



# Community Networking Events

## What Worked

- Many organizations involved
- Organizations came well prepared to discuss their services
- Patients enjoyed the giveaways

## What Didn't Work

- Low patient turn out
- Not many of our own leaders attended
- There was not enough patient education materials for organizations to take for their own clients

# Inviting local organizations to Centering Sessions

- Provide dates/times of all CenteringPregnancy groups, including each session's theme, to local organizations
- Representative attends a Centering session and participates in a Centering discussion or activity
- Organizations may bring patient information sheets or advertise upcoming events



# Community Members as Guest Educators

## What Worked

- Positive feedback from guest educators
- Fun for patients
- More information for patients

## What Didn't Work

- Guest educators can seem like “strangers”
- We haven't seen many referrals from guest educators yet
- Some guests embrace the Centering Model better than others
- Guest educators are often used to lecturing and not facilitation

# Cradle Kalamazoo Goals

- 1. Ensuring health equity of programs, policies and providers
- 2. Building a perinatal home visitation network
- **3. Promoting and educating about infant safe-sleep programs**
- 4. Providing reproductive health education and support



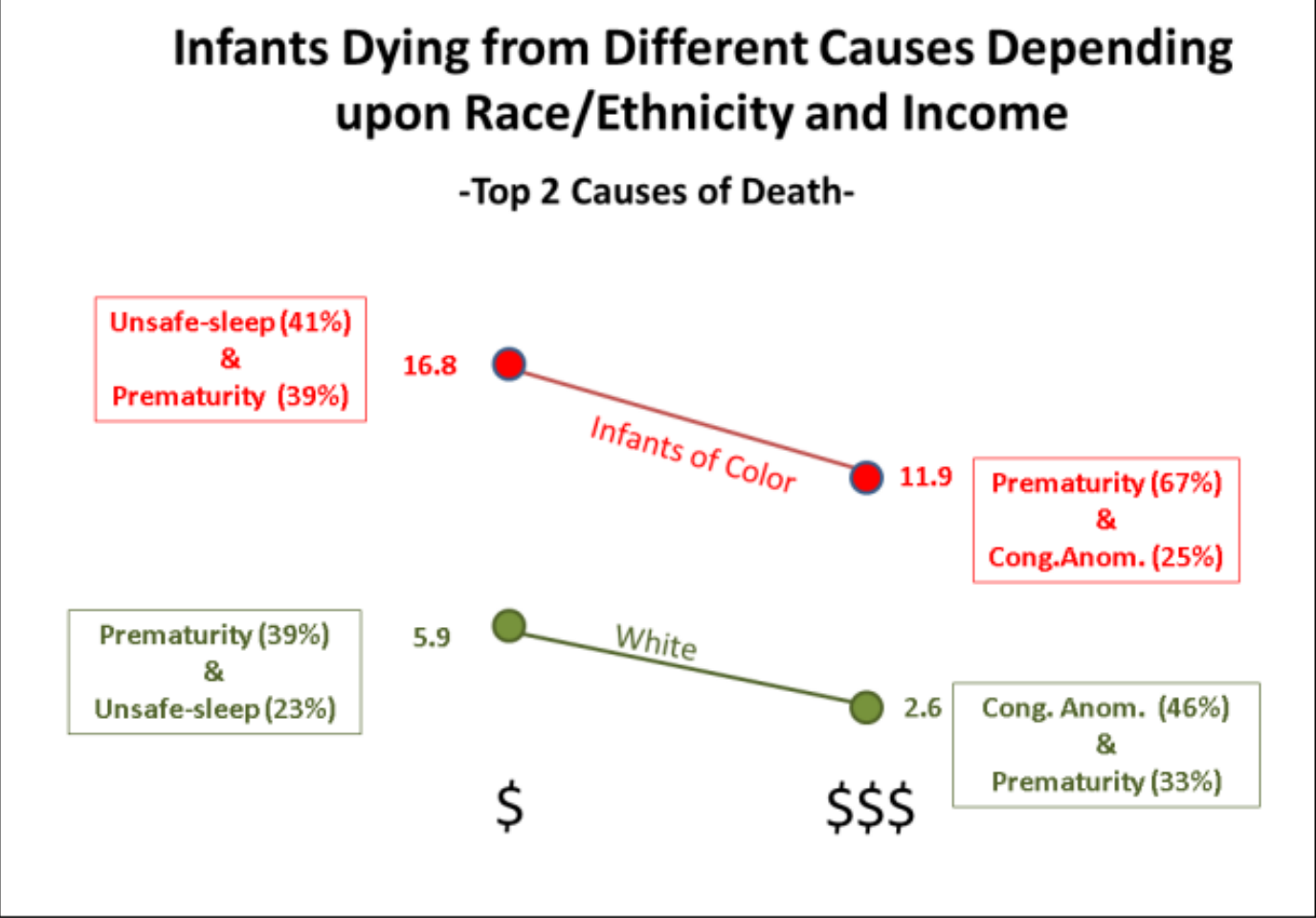


# Cause of Infant Deaths in Kalamazoo

Table 4. Cause of Death by Race and SES						
		People of Color		White-Only		Total
		Non		Non		
		Medicaid	Medicaid	Medicaid	Medicaid	
Non-Natural	Sleep-related	40.7% (22)	0.0% (0)	22.6% (7)	8.3% (2)	25.6% (31)
	Accident (non-sleep related)	1.1% (1)	0.0% (0)	6.5% (2)	0.0% (0)	2.5% (3)
	Homicide	0.0% (0)	0.0% (0)	3.2% (1)	4.2% (1)	1.7% (2)
Natural	Prematurity	38.9% (21)	66.7% (8)	38.7% (12)	33.3% (8)	40.5% (49)
	Congenital anomalies	11.1% (6)	25.0% (3)	16.1% (5)	45.8% (11)	20.7% (25)
	Infection / Disease	7.4% (4)	8.3% (1)	6.5% (2)	8.3% (2)	7.4% (9)
	Complications (pregn / delivery)	0.0% (0)	0.0% (0)	6.5% (2)	0.0% (0)	1.7% (2)
	TOTAL	54	12	31	24	121

# Cause of Infant Deaths in Kalamazoo

Figure 7. Graphic Depiction of Primary Causes of Death, by Race & SES



# CenteringPregnancy Safe Sleep Curriculum

- Partner with local safe sleep educators
- Invite local safe sleep educators to be guest educators during CenteringPregnancy sessions
- Develop safe sleep curriculum specifically designed for CenteringPregnancy
- **The goal is for every CenteringPregnancy participant to receive adequate and approved safe sleep education to aid in decreasing preventable unsafe sleep related deaths in Kalamazoo county**



# Community Presentations

- Short 10-15-minute presentations and Q&A sessions at local organizations to spread the word about CenteringPregnancy
- Meet and engage patients in the community setting with the goal that people will tell their friends and family about CenteringPregnancy



# Community Presentations

## What Worked

- Organizations have been supportive
- Meeting new people has opened up new opportunities for more presentations

## What Didn't Work

- When presenting to pregnant audiences, they are typically already established with their prenatal care
- Small groups



# Social Media

- Use social media to advertise CenteringPregnancy benefits
- Post pictures of current Centering Groups doing activities
- Advertise networking events
- Post current and future CenteringPregnancy group dates and times
- Invite local organizations to “like” and “share” our posts about Centering on their Facebook pages.





# Social Media

## What Worked

- People are engaged
- Posts are getting “liked” and shared”

## What Didn't Work

- Current or past patients are the most likely to engage in posts
- Not everyone is on social media

# Lessons Learned

- Survey patients prior to planning an informational event
- Focus more attention on staff engagement
- Account for patients not using social media
- Foster mutually beneficial relationship between guest educators and patients

# Future Plans and Goals

- Host workshops and meetings at Ascension Borgess
- Host more patient centered informational events
- Continue to expand our community presentations
- Continue to grow our relationships with local organizations and develop a strategy to increase participation in CenteringPregnancy as well as other local programs
- Develop curriculum that aligns with Cradle Kalamazoo's educational goals (i.e. safe sleep education, reproductive health education)
- Partner with home visiting programs
- Target low income populations and patients of color for recruitment into our CenteringPregnancy program
- Conduct research in partnership with local organizations regarding our birth outcomes

# Questions?