

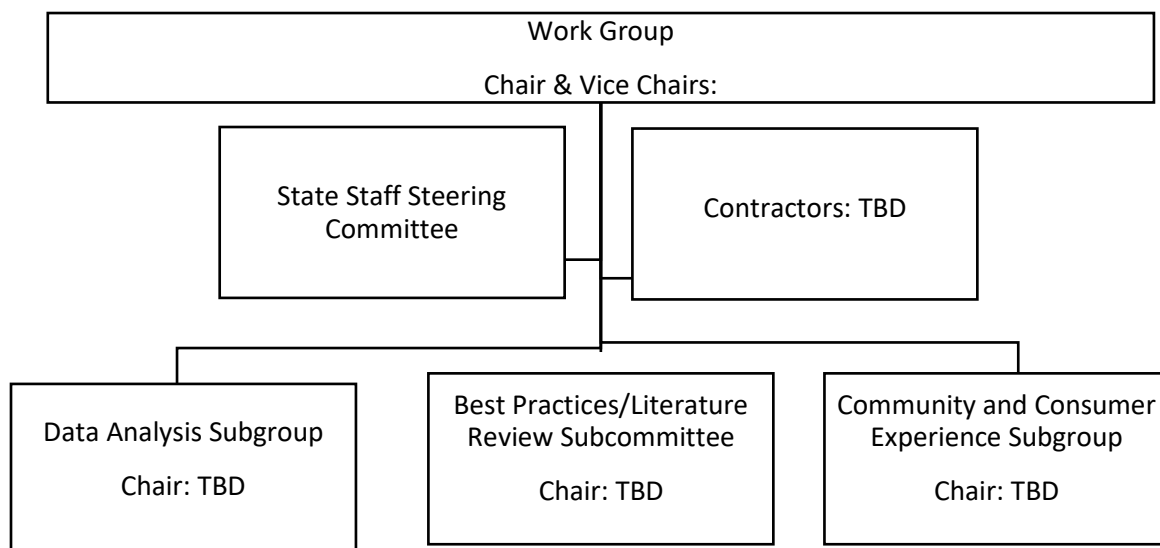
Purpose of meeting

Discuss and refine subgroup goals, responsibilities, and key steps to accomplish those tasks, with goal of providing staff guidance for development of a clear work plan for subgroup activities.

Background: Study Tasks contained in Legislation

1. examine factors, beyond the known factors of low birth weight, teen pregnancy, poor nutrition, and lack of prenatal care, affecting the mortality of African American infants and infants in rural areas in the United States and in the State; [*Data analytics subgroup*]
2. research programs in other countries, states, and localities, including Baltimore City, that have aimed to reduce the infant mortality rate; [*Innovative Programs Subgroup & Contractors*]
3. make recommendations on methods to reduce the mortality rate of African American infants and infants in rural areas;
4. make recommendations on ways to use pregnancy navigators or community health workers to assist pregnant women with the goal of reducing the infant mortality rate; [*contractors describe current use*]
5. make legislative recommendations regarding the establishment of a permanent council for lowering rates of disparity with respect to infant mortality; and [*Agenda item for January Work Group meeting*]
6. make recommendations regarding methods to reduce the costs associated with low birth weight infants and with infant mortality. [*Data analytics for cost analysis*]

Organizational Structure



Purpose of Community and Consumer Experience Subgroup

Items from draft work group charter.

- Share experiences and lessons from Maryland communities and consumers
- Provide input to state staff (and a contractor TBD) as they develop an inventory of programs focused on infant mortality in Maryland (including both statewide and local/regional programs), including lessons learned from any existing evaluations of those programs.
- Provide input on the presentation of the results to the larger work group for inclusion in the study report.
- Develop draft recommendations for consideration by the larger workgroup.

Review table 1 (see page 4)

Discussion questions:

- If you could set the agenda for this subgroup, what would you like to accomplish? [The Innovative Programs group hasn't met.]
- Narrative and story are important ways of sharing information, and quite different than the more academic data analytics and literature reviews that will be conducted within some work streams for this study. How would you recommend that this work group collect this sort of information?
- What kind of impact do we want to make with the study recommendations, and what sort of information do we need to support that effort?
- Are we thinking sufficiently “outside the box”? What “off-the-wall” ideas do you have that we should consider?
- What additional ideas and questions do you have that I haven't asked about?

Evaluation/prioritization of ideas based on study charge, available staff, and the study timeline.

Review of timeline & describe staffing/contracting for study.

Discussion questions:

What are the highest priority ideas for you from our discussion?

- Do these ideas fit in the study tasks?
- How time consuming/complicated are these ideas and how could we accomplish them with our resources and timelines?
- Are there any high priority items that we can't address in this study but that we should include as a potential recommendation for the future?

Clarify basic subgroup work plan based on priorities & define next steps

Background: Summary of Data from 9/17/18 meeting

- Infant mortality (IM) rates have decreased, but racial and geographic disparities persist
- Infant mortality among other minority women has increased in recent years, however
- Compared to other states, Maryland Black NH IM rates are among the lowest.
- Rural infant mortality rates were on the decline but have increased since 2012 (slide 12)
- The rural vs non-rural comparison depends on race.
- Rural IM is higher than non-rural if race-adjusted analysis, due to worse rural rate in Blacks. The recent race-adjusted rural disadvantage is entirely due to the Black rural disadvantage (compared to Black non-rural)
- Black rural is worse than Black non-rural recently. Black rural did not improve recently, while Black non-rural did
- Regardless of geographic area, IM's among Black NH infants consistently higher than other groups.
- Census tract specific definitions of rural areas should be considered
- White rural and non-rural trends are essentially identical to each other.
- The solution is to address rural and non-rural Black outcome

This analysis identified a number of factors that are strongly associated with infant mortality, but it doesn't tell us which factors are actually causing deaths (administrative data sets are not well designed for this).

**Discussion Guide for Meeting of Community and Consumer Experience Subgroup
 Infant Mortality in African American Infants and Rural Communities Study
 November 19, 2018, 9:30-11:30**

Table 1: *potential division of labor between subgroups*

	Data	Innovation	Experience
Identify high risk	<p>*What items in our surveillance data identify high risk? *Which items are true determinants (causal)?</p> <p>*Are determinants distributed differently between Black/White and rural/non-rural?</p> <p>*Do determinants have different effects between Black/White and rural/non-rural?</p> <p>*Are rural communities doing even worse than rural counties (the granular rural definition question)</p>	<p>What innovative approaches exist in the literature and elsewhere for identifying women at high risk for bad pregnancy outcomes</p> <ol style="list-style-type: none"> 1) When pregnant 2) Before/between pregnancies 	<p>*How would the community identify high risk persons?</p> <p>*What does the community think of our current approaches to identifying high risk persons?</p>
Reach and engage	<p>Are Maryland programs reaching Black and rural persons in appropriate numbers and proportions?</p>	<p>What innovative approaches exist to reach and engage these women?</p>	<p>*How would the community want reach and engage? *What does the community think of current efforts to reach and engage?</p>
Deliver interventions	<p>What programs are being delivered in Maryland? How many served, with what interventions?</p>	<p>What new determinants, or innovative interventions exist?</p>	<p>What does the community think about current intervention delivery?</p>
Track outcomes	<p>What do the data say in Maryland about program success?</p>	<p>What is the evidence of success for these innovations?</p>	<p>Does the community think what we do works?</p>