



13 mins

1

Should our 2025 target in Durham be the same as the state's?

disparity ratio should be the same

It should be lower - we have healthcare resources within the county that should be leveraged to get this number as low as possible.

No we should have EQUITY NOT disparity ratio decrease. We should drop to same as state even though starting higher. We need to work harder to reduce to black/white parity in IM ratios

No, it should be backed up; missing data

The county with the most high quality healthcare resources should have the lowest IM

2

If no to #1, what should change? The data source? The number?

Targets with more focus on pregnant people's health and health care. In order to have healthy babies we have to have healthy pregnant people.

Number - we need to get these lower than the national average (for infant outcomes); higher for women's health

The target date itself

3

What information do we need to set a Durham-specific 2025 target?

Better breastfeeding data

pregnancy intendedness data would be helpful - currently only statewide

breastfeeding data broken down by race, ethnicity, insurance status, etc.

Pregnancy intendedness - should be captured during women's health visits. We also should look at how many women get post-partum appointments.

Paid parental leave data.

Need to consider prenatal care (timing of initiation, # of visits attended, etc.)

We need to ask the doctors offices to track breastfeeding data using epic in more practices in Durham.

Low birth weight data, pregnancy intendedness, women's preventative health visits, infant mortality rates, and poverty data are missing for Durham

We need county-level data on women's health visits

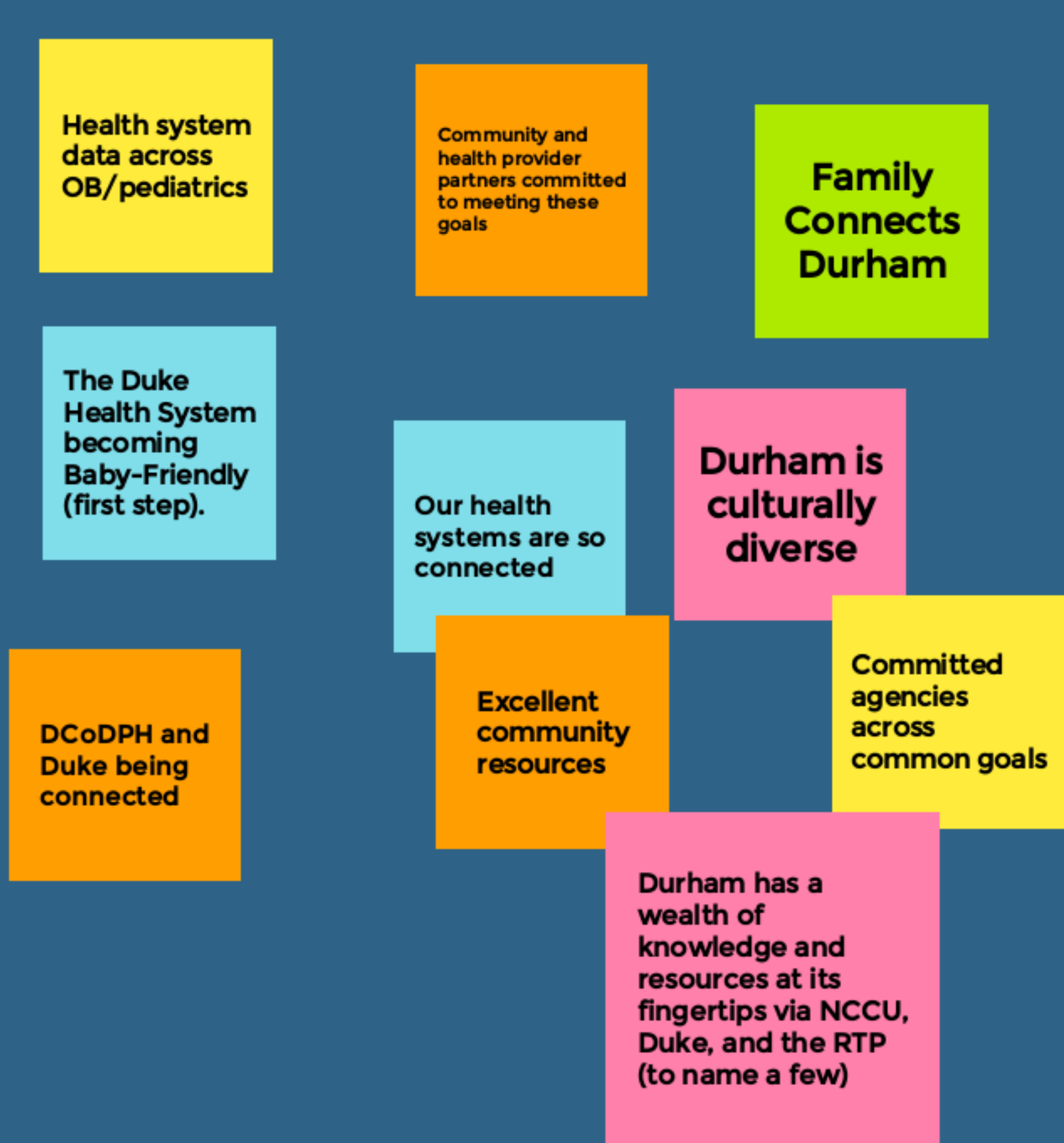


13 mins

What are the 3 biggest systems-level challenges in Durham that need to be addressed before we can meet this goal?

One way you could do this:
- Brainstorm many systems-level challenges and strengths
- Prioritize
- Pick top 3 for each

What are the 3 biggest systems-level strengths in Durham that we can leverage to meet this goal?





13 mins

Whose experience will help us better understand the challenges, strengths, and opportunities we have in Durham to meet our 2025 target?

How can we bring in those perspectives and think creatively about authentic engagement amidst the pandemic?

La Leche League

Families receiving WIC

People giving birth

Breastfeeding mothers

Paying people with lived experience for their leadership and expertise - seeing them as leaders and experts, not just as participants in an agenda we set

Go to where people already are (healthcare visits, basic needs distributions, etc)

baby bistro

pay people for their time!

Provide childcare

ICN, SCN, PCICU families

People who have delivered a preterm baby

Expertise at our local institutions

recruit patients at the health department and pay them!

Authentic engagement would look like people with lived experience leading the process with backing (funds, resources, assistant work) from others,

Participate in WIC's parent groups/classes

Pay people for their time & expertise

Welcome baby classes

NCCU, Duke, RTP

The families themselves

technology challenge

HealthySteps at Duke Children's

Advertise via social media parenting groups / next door?

TAPS groups

Centering parenting and/or pregnancy

Medical professionals, academic instructors/facilitators

Churches, church center

Support / Collaboration via Lincoln Community Health Center, DPS, others?? Surveys? Work/focus groups?

El Futuro

Centering Parenting @ LCHC

