

## TABLE OF CONTENTS



**Governance Board Members** Pg # 05



Cradle Goals and Impact Pg # 08



Strategic Focus Areas and Structure
Pg # 10



**Subcommittee Accomplishments** Pg # 16



Finance Summary Pg # 25



Cradle Partners
Pg # 26



Note of Gratitude Pg # 27



[My home visitor] has been awesome, and I thank God I have her because she and I are able to talk about anything under the sun, moon, and stars. And I feel she understands my struggles and can empathize and relate and has given great insight on how to help correct my wrongs when it comes to raising a toddler.

CRADLE HOME VISITATION PROGRAM PARTICIPANT



#### ASCENSION BORGESS

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SANDY BARRY-LOKEN
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DEPUTY HEALTH OFFICER, HEALTH & COMMUNITY SERVICES DEPARTMENT

JIM RUTHERFORD, MPA HEALTH OFFICER/DIRECTOR

#### **NORTHSIDE MINISTERIAL ALLIANCE**

PASTOR ADDIS MOORE PRESIDENT, NMA

PASTOR LENZY BELL VICE PRESIDENT, NMA

#### FETAL INFANT MORTALITY REVIEW (FIMR)

**NIA EVANS** 

POPULATION RESEARCH COORDINATOR, WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE

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TERRA BAUTISTA
PROGRAM SUPERVISOR, KCHCS

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#### YWCA KALAMAZOO

DEMETRIAS WOLVERTON, MSA
VICE PRESIDENT OF SOCIAL JUSTICE AND ADVOCACY
GRACE LUBWAMA, PHD
CEO

#### **VOTING EX OFFICIO**

CATHY KOTHARI, PHD
CRADLE KALAMAZOO SENIOR EPIDEMIOLOGIST,
WESTERN MICHIGAN UNIVERSITY HOMER STRYKER
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Cradle Kalamazoo recognizes that achieving our goal of reducing infant mortality rates in Kalamazoo County to 3 deaths per 1000 live births and zero disparities by 2030 requires consistent effort and an anti-racist approach. The impact of racism and discrimination on maternal and infant health outcomes is well-documented, and we are committed to dismantling the systemic racism that contributes to these disparities.

As part of our anti-racist approach, Cradle Kalamazoo is committed to centering the voices and experiences of Black families and other communities of color disproportionately impacted by infant mortality rates. We recognize that addressing the root causes of these disparities requires ongoing engagement and collaboration with affected communities. Additionally, we will continue to promote data-driven strategies that include home visitation, reproductive justice, clinical health equity, and evidence-based safe sleep education.

Finally, we will continue to help shape policies and practices that address the social determinants of health and promote health equity. This includes working to improve access to affordable housing, healthy food options, and transportation, as well as advocating for policies that promote maternal and infant health, such as paid family leave and access to affordable childcare.

Cradle Kalamazoo is committed to an anti-racist approach to reducing infant mortality rates in Kalamazoo County. By centering the voices and experiences of impacted communities, promoting culturally competent care, and advocating for policies that address the social determinants of health, we can create a more just and equitable future for all families in our community.

AARON LANE-DAVIES, MD

CHERYL DICKSON, MD, MPH
GOVERNANCE BOARD CO-CHAIR

**GOVERNANCE BOARD CO-CHAIR** 



— 99

Everything the program has provided has been very helpful. Thanks to all the staff.

CRADLE HOME VISITATION PROGRAM PARTICIPANT

### **OUR GOALS**



GOAL #1

Reduce infant mortality rates to less than 3.0 per 1,000 live births by 2030.



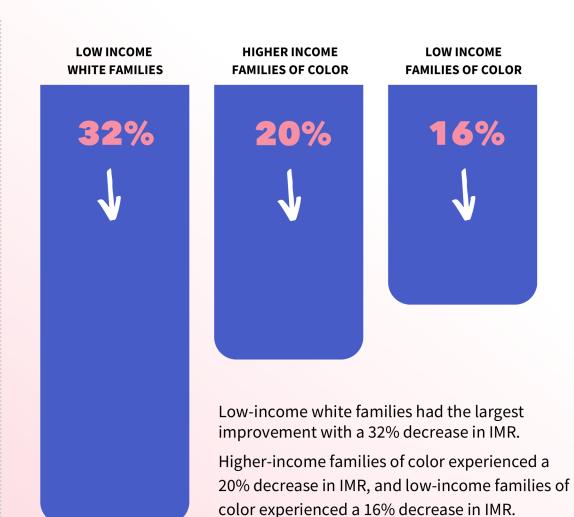
GOAL #2

Create zero disparities in infant mortality rate.

## OUR **IMPACT**

12% **IMPROVEMENT** 

> Since Cradle began, the infant mortality rate (IMR) has decreased from 6.5 to 5.7, an improvement of 12% fewer infant deaths rate.



### CRADLE OVERVIEW

Babies of color are 3-4x more likely to die before their first birthday, regardless of income level.







15 DEATHS FOR EVERY 1,000 **BIRTHS TO LOW-INCOME FAMILIES OF COLOR** 





**5 DEATHS FOR EVERY 1,000 BIRTHS TO LOW-INCOME WHITE FAMILIES** 



11 DEATHS FOR EVERY 1,000 **BIRTHS TO HIGHER-INCOME FAMILIES OF COLOR** 









**3 DEATHS FOR EVERY 1,000 BIRTHS TO HIGHER-INCOME WHITE FAMILIES** 









#### **PROBLEM**

Black, Brown, and poor babies are dying at disproportionate rates in Kalamazoo County.

#### **CAUSES**

- Stress resulting from poverty, racism, and discrimination
- Fragmented systems of care
- Lack of opportunity and access
- Inaccessible and culturally incompetent health language

#### **OBJECTIVES**

- Coordinating perinatal home visitation network
- Incorporating health equity into clinical and social practices, policies, and structures
- Providing reproductive health education
- Providing safe sleep education
- Advocacy and systems change through public policy

#### **INPUTS**

- ADMINISTRATIVE BACKBONE
- RESEARCH/DATA **BACKBONE/FIMR**
- COMMUNITY ENGAGEMENT
- OUTREACH/ HV

- HEALTH / CLINICAL **EQUITY**
- SAFE SLEEP
- REPRODUCTIVE HEALTH
- POLICY/ADVOCACY

#### **OUTPUTS**

- EMPOWER **COLLABORATION**
- ALIGN INFRASTRUCTURE
- INCREASE CAPACITY

- EQUITABLE RESOURCE **DISTRIBUTION**
- SYSTEMS CHANGE

#### **OUTCOMES**

**IMPROVE** MATERNAL-**INFANT HEALTH AND WELL** BEING (IMR)

**ELIMINATE DISPARITIES** IN IMR

REDUCE **OVERALL IMR TO 3.0 PER** 1,000 LIVE **BIRTHS** 

# ABOUT CRADLE'S BACKBONE

Cradle's Backbone Infrastructure is a container for birth justice movement work in Kalamazoo.

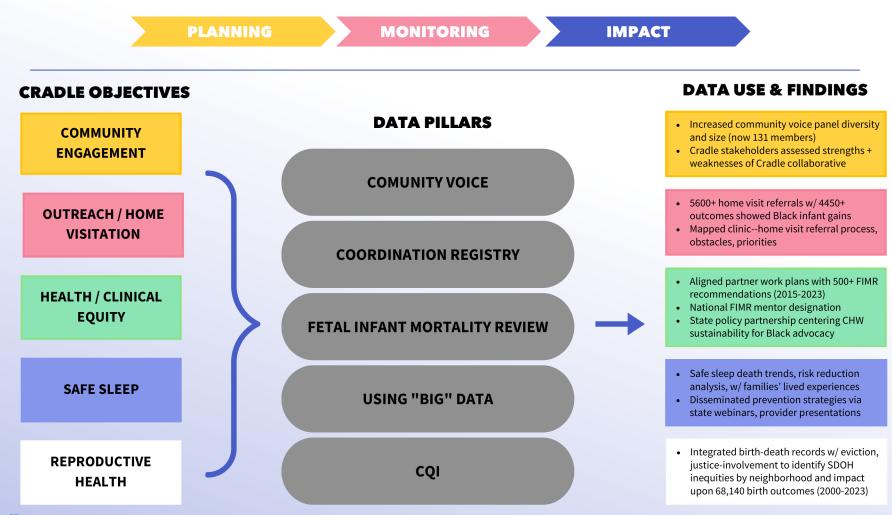
Our Backbone infrastructure has Administrative functions, led by YWCA Kalamazoo, and Data functions, led by Western Michigan University Homer Stryker M.D. School of Medicine (WMed).

Together, the Administrative and Data Backbone use Cradle's collective vision and strategies to guide community partners towards changing systems that shape birth outcomes.



#### CRADLE BACKBONE

This supports the work of sub-committees, partners, and Cradle collectively. The Data Backbone, led by WMed's population health research team, supports the work of sub-committees, partners and Cradle as a whole by informing strategy (planning), documenting impact (monitoring), and measuring outcomes (impact). Aligning with Cradle strategic objectives, the Data Backbone has developed multiple ongoing sources of information (data pillars) that center family voice, engage frontline stakeholders in equity solutions, and track the outcomes of this work upon disparities.

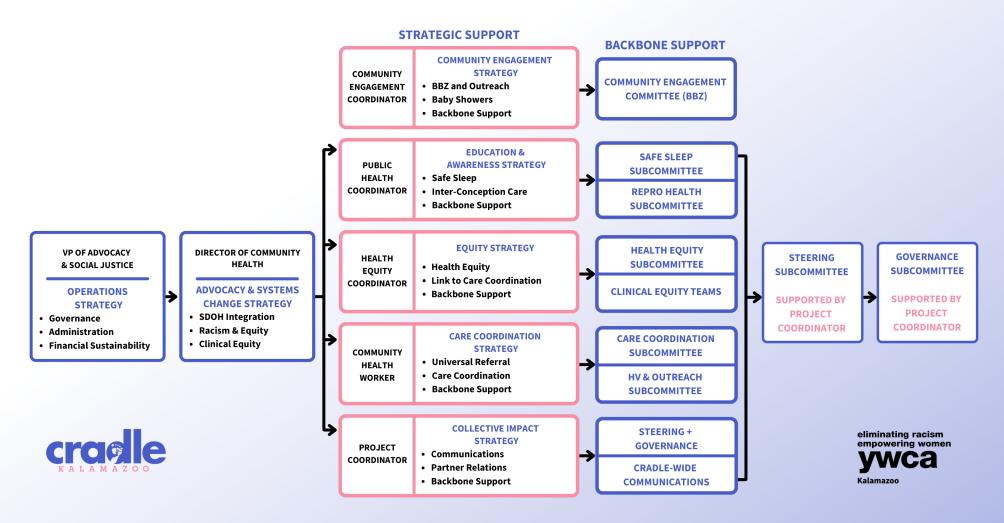






## CRADLE ADMINISTRATIVE BACKBONE

The Care Coordination Subcommittee was formed out of the Fetal Infant Mortality Review team recommendations to address fragmented systems of care. The Care Coordination Subcommittee consists of leadership of health systems, home visiting providers, education, public health, and community-based organizations. This group works in collaboration with the Frontline Subcommittee. The Frontline Subcommittee organizes and coordinates a network of home visitation programs with the goal of building meaningful partnerships, professional development and networking opportunities.



## 99

## I was able to learn more about breastfeeding and resources for me and my child.

CRADLE COMMUNITY BABY SHOWER PARTICIPANT



## Best Babies Zone (BBZ) and Community Engagement

The Best Babies Zone (BBZ) is a component of Cradle Kalamazoo's Community Engagement strategy. The BBZ in our community is the Northside neighborhood.

This initiative is a grassroots approach to support maternal infant health by empowering community members to identify their needs and lead the implementation of interventions. The vision of the Best Babies Zone is that all babies are born healthy, into communities that enable them to thrive and reach their full potential. In addition to BBZ, Community Baby Showers are also a component of Community Engagement strategy.

To learn more about BBZ and Community Engagement, contact Tami Rey, Community Engagement Coordinator: trey@ywcakalamazoo.org



## **Care Coordination and Frontline**

The Care Coordination Subcommittee was formed out of the Fetal Infant Mortality Review team recommendations to address fragmented systems of care.

The Care Coordination Subcommittee consists of leadership of health systems, home visiting providers, education, public health, and community-based organizations. This group works in collaboration with the Frontline Subcommittee.

The Frontline Subcommittee organizes and coordinates a network of home visitation programs with the goal of building meaningful partnerships, professional development and networking opportunities.

#### **Resource First**

Launched in January 2022, Cradle Kalamazoo's Resource First program connects Kalamazoo County's pregnant and parenting families to community-based resources and home visitation programs. With the support of a Cradle Community Health Worker, Resource First reduces barriers to increase and streamline access to resources that promote positive health outcomes for babies and families.

From the start, Kalamazoo families have shaped the Resource First program. A community voice panel of parents, assembled by Cradle Kalamazoo's Data Backbone, provided input on where Resource First is promoted, what resources are available for families to be connected to, and how the program can benefit families to the fullest.

Within its first year of operation, Resource First connected with 50 families. Of these families, 25 pregnant and parenting residents were referred to home visitation programs, which are a promising means of reducing infant mortality for Black babies.



- Over 1,217 people served collectively through home visitation and WIC services.
- 175 events hosted, including parenting classes and support groups, safe sleep training, and car seat installation courses.
- 50 Kalamazoo County residents connected to social and medical resources, including baby supplies, rental assistance, and home visitation services, through Cradle Kalamazoo's Community Health Worker and Resource First program.
- Resource First received referrals from 15 community organizations, conducted community outreach at 15 community events, and hosted the Resource First form at 26 community partner sites.
- Over 672 families linked to community services and resources through home visiting.
- Dozens of essential items distributed to pregnant and parenting families including diapers, toys, gas cards, and food supplies.
- Improved coordinated care between families and providers through EPIC access for Nurse-Family Partnership staff.
- Established and engaged 9 new community partners: St. Luke's Diaper Bank, Partners in Transition, Communities in Schools Kalamazoo, Kalamazoo Public Schools/Kalamazoo Innovative Learning Program, and Children's Protective Services/Child Welfare Services.

## **Clinical Equity Teams**

The Clinical Equity Teams (CET) function as the clinical arm of Cradle Kalamazoo and work in collaboration with the Health Equity Subcommittee, linking to the larger efforts of Cradle.

CETs are established at Bronson,
Ascension Borgess, WMed OBGYN,
and the Family Health Center—each
with an interdisciplinary team
supporting maternal and infant
health.

The CETs focus on shifting policies, practices, and procedures to ensure early and equitable access to prenatal and postpartum care in the clinical space.

To learn more about the Clinical Equity Teams, contact Trinity Walker: twalker@ywcakalamazoo.org

- Assisted with establishing Resource First form/flier
  hosting sites in 11 offices and clinics at Ascension Borgess,
  Bronson, Family Health Center, and WMed locations.
- Linked clinical providers to Cradle trainings for the following topics:
  - Shared-Decision Making for Direct Service Providers
  - Trauma Informed Care for Direct Service Providers
  - Social Determinants of Grief: The Impact of Black
     Infant Loss
  - Brave Space
  - Human Trafficking 101
- Hosted guest presentations from the following:
  - Michigan Department of Health and Human Services
  - Kalamazoo County's Fetal Infant Mortality Review
- Majority of women (over 70%) in Kalamazoo County attended first trimester visits in 2021 2022.
- 64% of women of color attended their first trimester visits in 2021 2022.
- 83% of women of color had babies in the normal weight range in 2021 2022.

#### **Health Equity**

The Health Equity Subcommittee (HES) works to ensure the cultural competency of infant mortality initiative programs, providers, and the community at-large.

The team plans anti-racist and health equity trainings for Cradle partners and builds health equity into the strategies and practices of Cradle.

This team also mobilizes leaders and community residents to support systems change that results in health equity in relation to infant mortality reduction and racial disparities.

To learn more about the Health Equity Subcommittee, contact Trinity Walker: twalker@ywcakalamazoo.org



- Delivered presentations on health equity, infant mortality, and reproductive health care access to over 180 community members across 4 organizations: WMU School of Nursing, Kalamazoo College, Western Michigan University Homer Stryker M.D. School of Medicine, and the Kalamazoo City Commission.
- Facilitated health equity and anti-bias education for 240 pregnant and parenting families. Survey respondents reported a 24.6% increase in knowledge.
- Assisted Community Homeworks with securing a grant to provide critical home repair services for households with expectant mothers, babies, and children under 5.
- Onboarded 3 community member representatives onto the Health Equity
   Subcommittee to inform a grassroots approach to the work group's efforts.
- Recruited half a dozen new Cradle partners from healthcare, grassroots, and public service sectors.
- Provided 720 hours of audience-specific equity workshops and presentations to
   224 community members on the following topics:
  - Shared-Decision Making, Trauma-Informed Care, The Social Determinants of Grief: The Impact of Black Infant Loss, Eliminating Racial Disparities in Infant Mortality, Brave Space Workshop, Human Trafficking 101.
- Collaborated with Kalamazoo County's Fetal Infant Mortality Review, the Cradle Data Backbone, and Frontline Subcommittee to engage and mobilize key sector leaders, including 9 elected officials, on the intersection of housing and
- infant mortality.
- Presented and distributed Cradle's Health Equity definition video to providers and maternal-child health organizations in Kalamazoo County.

#### **Reproductive Health**

The Reproductive Health Subcommittee supports and designs initiatives that increase access to reproductive health services while striving for reproductive justice. The subcommittee believes access to comprehensive reproductive health services is an essential step towards decreasing the disparities between Black, brown, and white infant deaths in Kalamazoo.

The subcommittee works to understand the local landscape of sexual and reproductive health services, focusing on access and priorities in the LGBTQIA+ community and engaging health systems around abortion access.

The Reproductive Health Subcommittee also engages clinicians, health systems, and community organizations to develop reproductive health initiatives and address identified gaps in care. The subcommittee develops and supports policy initiatives to improve health access and decrease barriers to care.

To learn more about the Reproductive Health Subcommittee, contact Cassy Jones McBryde: cassy@fullerwoman.org and Dr. Sravani Alluri: sravani.alluri@med.wmich.edu

- Provided reproductive health education with a focus on postpartum concerns and staying well between pregnancies to 240 pregnant and parenting families via Cradle Community
- Baby Showers.
- Collaborated with local LGBTQIA+ organizations to conduct a LGBTQIA+community health needs assessment designed to identify reproductive health focus areas.
- Created and distributed fliers promoting reproductive health rights for Kalamazoo County residents.
- Rallied community members to vote for reproductive health care access via speeches delivered at reproductive rights events.
- Established subcommittee goals with 3 main focus areas: community health needs assessment, local reproductive health service costs, and advocacy for reproductive health services, including access to abortion care.



#### Safe Sleep

The Safe Sleep Subcommittee brings together representatives from diverse organizations that work with mothers, infants, and families to discuss ways to enhance community awareness of infant mortality due to unsafe sleep practices. Members develop best practices to enhance education in a culturally responsive manner that will promote behavior change to Safe Sleep practice.

The subcommittee increases awareness of Safe Sleep practice and provides Safe Sleep trainings to empower community partners to implement continued programs in their organizations. The subcommittee collects and develops evidence-based strategies for promotion of Safe Sleep practice to align with the needs and resources of families.

To learn more about the Safe Sleep Subcommittee, contact Dr. Cheryl Dickson: cheryl.dickson@med.wmich.edu and Dr. Amy Damashek: amy.damashek@wmich.edu



- Distributed 18 pack n' plays and 300 sleep sacks to pregnant and parenting families in Kalamazoo via Cradle's Community Baby Showers.
- Conducted 3 safe-sleep training sessions and 1 Trainthe-Trainer workshop for staff from community agencies: Goodwill Life Guides, WISH, KCAN, Best Babies Zone Subcommittee, and YWCA Kalamazoo.
- Certified 10 Child Passenger Safety Technicians.
- Distributed 30 pack n' plays and 36 car seats to direct service providers.
- Hosted guest presentations from the following organizations:
  - MomsBloom
  - Kalamazoo Breastfeeding Coalition
  - The Fatherhood Network

#### **Financial Overview**

Everyday we witness the consequences of unchecked racism and fragmented care coordination in systems designed to support marginalized and vulnerable community members. Such failures are deeply and critically experienced by many and are manifested in the significant disparities found between Black babies and their white neighbors. The work of Cradle Kalamazoo and YWCA Kalamazoo positions us directly in the gap to ensure that every child survives to celebrate their first birthday. All children in our community, especially Black children, deserve to not just survive, but thrive.

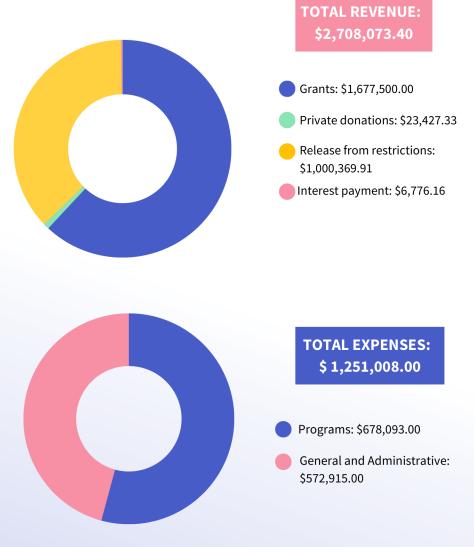
Together, we must show our commitment to babies and their mothers, fathers, caregivers, supporters, birthing partners, families, and anyone who lifts their voices in support of saving and changing lives. It is our responsibility to collaborate and collectively advocate for children - they are not only the future, but they are our present. They need us from the very beginning of their lives.

Your commitment is demonstrated through gifts of time, energy, and financial resources. We are grateful for our community of supporters. If you have not yet made the pledge to Cradle Kalamazoo, the time is now. Today, and everyday, we must prioritize the health and wellbeing of Black babies.

In Solidarity,

#### **LISA RODRIGUEZ**

INTERIM CHIEF EXECUTIVE OFFICER YWCA KALAMAZOO



\*Management is responsible for the preparation and presentation of consolidated financial statements which are audited annually.

However, external auditors do not issue an opinion on financial results specific to programs such as Cradle.

#### **Cradle Partners**

ASCENSION BORGESS HEALTH

**BRONSON HEALTHCARE** 

ELIMINATING RACISM AND CREATING/CELEBRATING EQUITY (ERACCE)

**ELIZABETH UPJOHN COMMUNITY HEALING CENTERS** 

**FAMILY HEALTH CENTER** 

**FATHERHOOD NETWORK** 

GOODWILL INDUSTRIES OF SOUTHWEST MICHIGAN

INTEGRATED SERVICES OF KALAMAZOO (ISK)

INTERFAITH STRATEGY FOR ADVOCACY AND ACTION IN THE COMMUNITY (ISAAC)

KALAMAZOO COMMUNITY FOUNDATION

KALAMAZOO COUNTY GOVERNMENT

- KALAMAZOO COUNTY COMMISSION
- KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES
  - HEALTHY BABIES HEALTHY START
  - HEALTHY FAMILIES AMERICA
  - NURSE FAMILY PARTNERSHIP
  - 4DAD FATHERHOOD
  - o WIC

KALAMAZOO PROMISE

**KRESA** 

NAACP - METROPOLITAN KALAMAZOO BRANCH

NORTHSIDE MINISTERIAL ALLIANCE

**OPEN DOORS KALAMAZOO** 

PLANNED PARENTHOOD OF MICHIGAN

ROOTEAD ENRICHMENT CENTER

TWENTY HANDS

UNITED HEALTHCARE COMMUNITY PLAN

UNITED WAY OF SOUTH CENTRAL MICHIGAN

WESTERN MICHIGAN UNIVERSITY DEPARTMENT OF PSYCHOLOGY

WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE

YWCA KALAMAZOO





























































#### **Note of Gratitude**

We are deeply grateful for the support of our partners, donors, and volunteers. Your dedication to ending Black infant mortality, improving birth outcomes, and championing health equity, keeps us strong.

Because of your belief in our mission, we have amplified our impact. In 2022, Cradle Kalamazoo increased its capacity to meet the medical and social needs of pregnant and parenting families. Powered by your contributions, our partners rose to the challenge of a nationwide formula shortage with robust and nimble responses. Across sectors, we leveraged partnerships to sustain access to life-affirming services for residents of reproductive age.

As we strive to give every baby the best chance at life, our strategies will continue to be as bold as our vision. Thank you for trusting our capacity to be changemakers: shifting narratives, transforming systems of care, and protecting lives.

I am proud of the foundation we have built to carry out our collective vision. Even as I transition from YWCA Kalamazoo to president and CEO of the Kalamazoo Community Foundation, my commitment to eliminating racial disparities between white and Black babies is unwavering. Together, we will bring birth equity to every Black family in Kalamazoo.

Grace Lubwama, PhD, MPH CEO, YWCA Kalamazoo

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To learn more about Cradle Kalamazoo, please visit cradlekalamazoo.com or contact us at cradlekalamazoo@ywcakalamazoo.org



