Dear Prof. Lisa A. Prosser.

Please find below a brief description of the WIN Network, a program to reduce child mortality, along with a kind invitation to participate in its improvement.

* **The WIN Network: a safety net to improve birth outcomes in Detroit.**

The city of Detroit experiences profound disparities in health care. Health outcomes across the lifespan of individuals are consistently unequal among people from different socio-economic status (Milbank, 2002). One of the major concerns of every stakeholder on health was the rampant increase in child mortality. The odds of low birth weight were 1.15 higher among inhabitants of Black-segregated neighborhoods compared to those who lived in communities that were not segregated. In 2008, Dr. Nancy Schlichting brought together the leaders of competing health systems to design a strategy to reduce child mortality. The WIN Network was created as a result of this partnership to improve maternal and children health, empower women, and promote the general well-being of the community. WINN addresses disparities in health that affect disproportionately African-American individuals, women, and people of low socioeconomic status that are more exposed to risk factors shared among many diseases, including those that produce poor birth outcomes. As a result of this upstream intervention, we have witnessed a drop in infant mortality rates from 10 deaths per 10000 in 2009 to zero in 2006 (<https://goo.gl/xH9ZHb>; 09/12/2017).

* **The present and the future of the WIN Network.**

The strengths of WIN include their capacity of achieving behavioral change, the integration of available resources, and the strong financing mechanism. Instead of creating a new aid organization, our aim was to connect existing resources with the people who needed them. WIN provided a framework to link women from three neighborhoods in Detroit to the resources available in their communities. For this purpose, the network recruited and trained six community health workers who are the heart of the organization. They are in close contact to women in the community and are aware of helpful resources. Services that they provide include follow-up after medical consultations, organization of medical appointments, and psychological support. These services are tailored to the specific needs that the social workers detect. For example, social workers have been resourceful in the coordination of prenatal collective appointments with nurses. Although much of this communication occurs in person, our vision of the future includes the effective use of social media strategies. Another feature of WIN is its strong ties to the different health systems. Beyond being a network that integrates community services, we are in close connection with Detroit’s four healthcare providers. A good example of how our ties with local health care represent an asset is the curriculum developed to engage health professionals in working towards health equity. In the future, the community health workers will be more integrated to the health system to create a bidirectional channel of communication.

It is our belief in quality improvement that makes us project to a future in which continuous monitoring guides our development. Furthermore, we envision expanding our reach to more communities. Although we receive funding from Detroit’s health systems, and other funding agencies, we acknowledge that long-term sustainability is one of the challenges to expand the implementation of our program. We believe that your team’s expertise will be crucial to allocate resources to cost-effective interventions with the projection to attain sustainability. Moreover, the information of comparative effectiveness research could help us in our search for funding through the Centers for Medicare and Medicaid Services.

In conclusion, the WIN Network is a feasible program with the potential to build a resilient community. Before we take further steps to expand it to other neighborhoods of Detroit, we need evidence that supports our model as a cost-effective strategy. The expertise of the Program in Comparative Effectiveness in Health Care that you lead will come timely in this endeavor.

**References**

1. Schultz, et al, Racial and Spatial Relations as Fundamental Determinants of Health in Detroit, *Milbank Quarterly* 2002, 80(4): 677–707.
2. <https://goo.gl/xH9ZHb>; 09/12/2017