Data Update: Preliminary Look at 2017 and 2018 Infant Mortality Data

Presenter:
Richard Stacklin, Data Analyst
Epidemiology, Surveillance, and Informatics
Presentation Outline

• Preliminary 2017 Infant Mortality (IM) Data

• Preliminary 2018 IM & Birth Outcome Data

• Comparison of 2017 to 2018 (through June)
  – Hispanic data now included

• Data from OH Department of Health – Vital Statistics (unless noted)
  – The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.
2017

Preliminary Summary of Infant Deaths
2017 Cuyahoga County IMR by Month

Overall Preliminary IMR = 8.11

*2017 data are preliminary
2017 Infant Deaths by Age of Infant – Cuyahoga County, OH

Total: Neonatal = 88, Postneonatal = 30

*2017 data are preliminary
2018

Preliminary Summary of Infant Deaths
2018 Cuyahoga County IMR by Month

Per 1,000 Live Births

Overall Preliminary IMR = 7.21

*2018 data are preliminary
2018 Infant Deaths by Age of Infant – Cuyahoga County, OH

<table>
<thead>
<tr>
<th>Month</th>
<th>Neonatal (&lt; 28 days)</th>
<th>Postneonatal (28-364 days)</th>
<th>Total: Neonatal = 33, Postneonatal = 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

*2018 data are preliminary*
22 Weeks or Less Gestation by Ethnicity or Race – through July 2018

- Hispanic: 9%
- Black non-Hispanic: 65%
- White non-Hispanic: 26%

- 38% decrease in # of these births from 2017
- Number of Black births decreased by 52%!
Comparing 2018 to 2017 (through June of both years)

Preliminary Summary of Infant Deaths & Birth Outcomes
2017 & 2018 IMR by Race (through June)

Per 1,000 Live Births


*2017 & 2018 data are preliminary*
2017 & 2018 Percent of Infant Deaths by Age of Infant (through June)

<table>
<thead>
<tr>
<th>Year</th>
<th>Neonatal</th>
<th>Postneonatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>77.4%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2018</td>
<td>58.2%</td>
<td>41.8%</td>
</tr>
</tbody>
</table>

*2017 & 2018 data are preliminary*
2017 & 2018 Percent of Preterm Births by Ethnicity or Race (through July)

- **Black non-Hispanic**: 16.6% (2017), 14.4% (2018) [13.1% Decrease]
- **Hispanic**: 14.1% (2017), 10.0% (2018) [40.1% Increase]
- **White non-Hispanic**: 9.3% (2017), 9.5% (2018) [4.4% Decrease]
- **Overall**: 12.2% (2017), 11.6% (2018) [4.4% Decrease]

*2018 data are preliminary
<table>
<thead>
<tr>
<th>Ethnicity or Race</th>
<th>2017</th>
<th>2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>4.5%</td>
<td>3.2%</td>
<td>[28.8% Decrease]</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.1%</td>
<td>2.5%</td>
<td>[121% Increase]</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>1.4%</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>2.6%</td>
<td>2.2%</td>
<td>[16.3% Decrease]</td>
</tr>
</tbody>
</table>

*2018 data are preliminary*
Black-White IM Disparity Ratio
2015 to 2018

*2017 & 2018 data are preliminary*
Summary

- **UNACCEPTABLE** Black-White IM disparity

- Significant decrease in white IMR since 2016

- Positive trends in preterm birth data in 2018

- The time is now to accept & share the burden
QUESTIONS???
CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive   Parma, Ohio 44130
216-201-2000   www.ccbh.net
Using Collective Impact to Address Racial Disparities

Community Action Meeting: Progress on Action Teams 1, 2, 3 OEI 44128 Initiative

Erica Chambers
Senior Program Director
First Year Cleveland

September 12, 2018
THE PROBLEM

OUR COMMUNITY’S #1 PROBLEM: RACIAL DISPARITIES

- For over 50 years, there has been a large racial disparities gap in Cuyahoga County between African American and White babies dying.

- Higher income and higher levels of education did not have better maternal and infant health outcomes for African Americans.

- Community and systems level approaches needed to address these complex issues.
FYC MOBILIZATION STRATEGY 2018-2020

Reduce Racial Disparities

2020 GOALS
By the end of 2020, our community will go from our current baseline of African American to Caucasian Infant death disparity rate of 6.7 and cut it in half in 2020 by executing a structural racism plan of action, have gained a better understanding the roles race and maternal stress plays in infant deaths and give a voice to the families that have experienced the loss of an infant, and to the faith-based community. Our community is striving with urgency that there be no racial disparities in infant deaths by 2025.

$200,000 Set Aside from FYC Operating Budget to Reduce Racial Disparities 2018

Action Team 1: Launch a system wide Roundtable to execute an awareness campaign and employee training campaign to address biases in the workplace that are negatively impacting maternal and child health outcomes (include leaders and Diversity and Inclusion Officers from health, education, employment, housing, and public safety).

Action Team 2: Gain a further understanding from African American families that have experienced a loss.

Action Team 3: Lead research efforts to better understand the roles race and maternal stress play in infant deaths.

Margaret Larkins-Pettigrew, University Hospitals & Marilyn Mobley, CWRU
$ TBD

Sabrina Roberts, Cuyahoga County & Tracy Carter, The MetroHealth System
$ TBD

Angela Neal Barnett, Kent State University & Christin Farmer, Birthing Beautiful Communities
Funded: $10,000

https://www.youtube.com/watch?v=wP2hBn4_aT4
FYC Racial Disparities Overall Goal

By end of 2020 our community will go from baseline of African American to Caucasian infant death disparity rate of 6.7 and cut in half by 2020. Our community is striving with urgency that there be no racial disparities in infant deaths by 2025.
Research on race, stress, and maternal child health

**Goal:** To conduct innovative community-based participatory informed research and/or applied research on unexplored subject areas to better understand role of race and stress in maternal child health

- To **understand** the role race and maternal stress play in infant deaths
- To **evaluate** the effectiveness of interventions designed to reduce the role of race-based stress in expectant and postpartum mothers’ lives
- To **develop** research that will inform other action teams’ work
Objectives

1. Increase expectant mom’s ability to recognize race and maternal related stressors

2. Increase expectant mom’s ability to successfully manage and cope with stress

3. Decrease levels of maternal stress

4. Decrease stress related physical tension by at least 75%
Approach and Deliverables

1. Weekly cognitive-behavioral psychosocial education, sister circles with culturally relevant programs and advocacy
2. Quantitative and qualitative assessments
3. Quarterly reports detailing impact of intervention
Measuring Impact

1. Chronic Stress
   Hair cortisol and psychosocial

2. Birth Indicators
   Birth weight and gestational period

3. Racism
   Quantitative and qualitative
Pregnancy and Infant Loss (PAIL) Initiative

Goals:

1. Surface stories of African American (AA) families who have experienced loss to drive all PAIL Initiatives

2. Engage AA families to refine existing and introduce new grief recovery and wellness services to support family loss

3. Establish Grief Recovery Institute with AA workforce
Objectives

1. Build committee of parents, social service leaders, advocates, funeral directors, artists, and policy experts
2. Build human and financial capital for PAIL Initiatives
3. Leverage media to inform and influence decision makers
4. Advance equitable polices, programs, and services driven by AA families
Approach

1. Market research: 125 AA families who experienced infant loss
2. Clinical coaching for committee and parents
3. Launch on-going healing support groups for grief recovery with YWCA
4. Programs and wellness initiatives designed by AA families
5. Update mental health resource guide with AA experts and toolkit for funeral homes
Measuring Impact

1. Evaluation:
   Benchmarks for community engagement, programming, improved self-reported well-being, and policy

2. AA led Grief Recovery Institute launched with new workforce

3. Measure impact of human, economic, social, political capital that helped accelerate equitable policies and services

4. Financial sustainability plan for PAIL by 2020
Addressing Structural Racism through Workplace Bias

Goals:

1. Launch Discovery Phase I: better understand inequities in navigating healthcare among African American, Latina, and White women receiving prenatal, birth, postnatal care

2. Implement and launch 12 month workplace bias campaign

3. Design Phase II: workplace bias intervention, programs, and training for Obstetrics and Gynecology departments & HR
Objectives

1. Build committee of clinicians, diversity and inclusion, and health equity leaders, policy experts, and researchers
2. Create assessments to learn from AA, Latina, and White women receiving Ob/Gyn (pre-natal, birth, and post-natal) care
3. Develop implementation plan and launch workplace bias campaign with major healthcare systems
4. Design Workplace Bias intervention for 2020-2021
Approach

1. Conduct at least 9 focus groups: up to 100 women to understand healthcare navigation experience
2. Create patient experience journey map to explore critical touchpoints in Ob/Gyn care to understand inequities
3. Use patient perspective to inform workplace bias campaign
4. Use patient data and “next practices” to design Workplace Bias intervention with training, programs, tools, HR strategies
1. **12 month Phase I Complete: development of assessments, data analysis and report**

   Data with critical touchpoints in Ob/Gyn care, best, and “next practices”

   Data detailing experiences of AA, Latina, and White women

   Strategies for partnership at MetroHealth, University Hospitals, Cleveland Clinic

2. **Workplace Bias Campaign developed and launched in 2019**

3. **Phase II Plan Developed: Workplace Bias intervention design, targets, tools, curriculum, evaluation plan for 2020-2021**
Call to Action or Questions

• Talk to your employer about bias testing
• Action Team 1 Leaders: margaret.larkins-pettigrew@uhhospitals.org or msm73@case.edu
• PAIL Initiative: connect with Yvonka Hall to participate in sharing your story of pregnancy and infant loss by phone: (216) 295-0283 email: neobhc@gmail.com
• Action Team 2 PAIL Leaders: connect with Sabrina.Roberts@jfs.ohio.gov or tcarter@metrohealth.org
• Researchers and community researchers: connect with Action Team 3 Leaders aneal@kent.edu or cfarmer@birthingbeautiful.org
Community Conversation

- 15 minutes to ask questions
- Please use mic
- Email Amy Neumann with ideas for community action council
  - Amy.neumann@case.edu
THANK YOU & CONTACT INFORMATION

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44128: One Community

Communities driving change
WHAT'S WORSE?
TAKING TIME OR TELLING HIM YOU'RE LATE

SAVE SEX
SEX HAS CONSEQUENCES

Free LARC is now available
(216) 664-3609
A City of Cleveland Department of Public Health Program

The “it’s totally nobody’s business but mine” birth control.
This is the Implant. A simple matchstick-sized method that fits discreetly in your arm.
Infant Mortality Rate by Race by Zip code
2010-2014 5-Year ACS – Census Data

Per 1,000 live births

<table>
<thead>
<tr>
<th></th>
<th>44105</th>
<th>44128</th>
<th>County</th>
<th>2014 - US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>18.7</td>
<td>26.2</td>
<td>15.6</td>
<td>15.6</td>
</tr>
<tr>
<td>White</td>
<td>2.0</td>
<td>15.6</td>
<td>5.7</td>
<td>8.9</td>
</tr>
<tr>
<td>Total</td>
<td>25.2</td>
<td>25.2</td>
<td>15.1</td>
<td>5.8</td>
</tr>
</tbody>
</table>

CCBH
Infant Death "Hot Spots" for 44128
2006 - 2015 Infant Deaths
Cuyahoga County, OH

Hot Spot Areas - (more than 20 infant deaths per square mile over a 10 year time period)

2006-2015 infant death data for 44128 from child fatality and all deaths are geocoded to 2010 U.S. Census Bureau Census Tracts

Map created and analysis performed by Epidemiology, Surveillance, and Informatics at the Cuyahoga County Board of Health.
Labor and Delivery Hospitals that Serve Cuyahoga County Women in 2016 with Infant Mortality Hotspot Locations in Zip Code 44128

<table>
<thead>
<tr>
<th>Hotspot Location in 44128</th>
<th>Closest Hospital Name</th>
<th>Miles to Closest Hospital</th>
<th>Private Auto – Minutes</th>
<th>Public Transportation – Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotspot - West</td>
<td>University Hospital - Main</td>
<td>6</td>
<td>15-25</td>
<td>50-60</td>
</tr>
<tr>
<td>Hotspot - Middle</td>
<td>University Hospital - Main</td>
<td>8</td>
<td>20-45</td>
<td>55-65</td>
</tr>
<tr>
<td>Hotspot - East</td>
<td>CCF - Hillcrest</td>
<td>8</td>
<td>12-20</td>
<td>90-105</td>
</tr>
</tbody>
</table>

Data Sources: Ohio Department of Health (ODH), Center for Public Health Statistics and Informatics. 2016 infant births (accessed Oct 13, 2017). The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. Map created and analysis performed by Epidemiology, Surveillance and Information at the Cuyahoga County Board of Health, May 2018. B Gray
COLLECTIVE IMPACT: could this change everything?